



Paramedic Student and Preceptor Handbook

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250 New Rutherford Avenue, Boston, MA 02129-2925

Dear Preceptor:

Thank you for agreeing to serve as a preceptor for the Bunker Hill Community College Paramedic Program. You will play a key role in the lives of our paramedic interns as they acquire the knowledge and skills to perform the job of a paramedic in our community. We value your dedication to the paramedic field and your contribution to the success of our paramedic interns.

This letter is to document that you have received the Preceptor Handbook from Bunker Hill Community College. This guide book has up-to-date information about precepting paramedic interns. The paramedic training staff at Bunker Hill Community College has reviewed this information and deemed it adequate for you to be able to competently evaluate the paramedic student. Your Bunker Hill Community College paramedic intern will ask you to sign this document and will return it to me.

Once again thank you for your assistance and please contact me at (617)-936-1973 should you have any questions.

Sincerely,

Nicholas J. Cardellicchio

Nicholas J. Cardellicchio, JD, NRP, B I/C

Received by: _____
Preceptor's Signature

Student's Name

Preceptor's Name
(Printed)

Date

The Key Role of the Field Internship Preceptor

The prospective paramedic arrives with two critical elements. Their initial didactic training has provided them with the basic foundation for their career as a paramedic and their clinical preparation has brought their basic foundation together within a somewhat controlled treatment environment in order to develop their basic patient interactions, thought process, and psychomotor abilities. The current phase that they are embarking on, and that you are such an integral part of, is their Field Internship. It will be your responsibility to evaluate, critique, and positively influence the new paramedics. You will be their mentor guiding them to develop a strong and effective foundation for a productive and meaningful career in the treatment of the sick and injured.

This manual is provided to you, as their Paramedic Preceptor, to assist you not only in the technicalities of the program, but to guide you and the paramedic intern through standard and consistent field experiences. It is incumbent upon you as their Preceptor to continually evaluate the social surrounding in which you are training the student in order to provide a professional and ethically superior environment for student learning.

Each student must be treated as an individual, without specific regard to his or her ethnicity, socioeconomic background, gender, disabilities, age, sexual orientation, religious beliefs, political views, or cultural background. Your individual standards, content, and methods should not differ from the other Preceptors. We thank you for your making every effort to create an atmosphere of mutual respect with your students, eliminating any harassment, exploitation or discriminatory treatment of students, peers, and patients.

Student Scores and Measurement

How the Student is measured:

- The student is measured against the standard, which is a competent, entry-level paramedic.
- The definition of competent, entry-level paramedic is an individual that can operate safely within the standard of care. The definition of standard of care is the degree of care, skill, and judgment that would be expected under similar circumstances by a similarly trained, reasonable paramedic in the same community.
- The student is NOT measured against another student, provider, liaison or Preceptor. The student is NOT measured by how well he/she is doing for a certain time in the field, or by whether the Preceptor likes the student or not. The student is NOT measured against past experiences of the Preceptor when he or she was a student.
- The student is measured by cognitive, psychomotor and affective skills.
- The student does not progressively improve throughout the clinical/field experience.
- The standard is not subjective but objective.

The Paramedic Profession

Description of the Profession

Goal: The goal of the Bunker Hill Community College Paramedic Program is to produce competent, entry-level Paramedics to serve in career and volunteer positions in their community.

Paramedic

In 1998 the National Highway Traffic Safety Administration (NHTSA) released its National Standards Curriculum for the Emergency Medical Technician Paramedic (EMT-P). These standards define the first step in the design phase of the project in terms of general competencies and expectations. The *Description of the Profession* was drafted and underwent extensive community and peer review. It was designed to be both practical and visionary, so as to not limit the growth and evolution of the profession. Ultimately it served as the guiding document for the curriculum development. *The Description of the Profession* also provided the philosophical justification of the depth and breadth of coverage and material.

A paramedic has fulfilled certain prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. The goal of a paramedic is to prevent and reduce mortality and morbidity due to illness and injury by means of providing assessments and medical care. Paramedics primarily provide care to emergency patients in and out-of-hospital settings.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks and organizations. The emerging roles and responsibilities of the paramedic include public education, health promotion, and participation in injury and illness prevention programs. As their scope of services continues to expand, paramedics will function as facilitators of access to care, as well as an initial treatment providers.

Paramedics are responsible and accountable to medical personnel's direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and to assume an active role in professional and community organizations.

Basic Scope of Practice

- (a) A paramedic may perform any activity identified in the scope of practice of an Emergency Medical Technician (EMT) as defined in 105 CMR 170 and in accordance with the Statewide Treatment Protocols as approved by the Massachusetts Office of Emergency Medical Services (OEMS).
- (b) A paramedic shall be affiliated with an approved paramedic service provider in order to perform within the scope of practice as specified in this chapter.
- (c) A paramedic student or a licensed/certified paramedic, as part of an organized Emergency Medical Service (EMS) system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a physician, registered nurse, nurse practitioner or physician assistant, or while at the scene of a medical emergency, during transport, during an inter-facility transfer, or while working in a hospital may perform all of the procedures and administer all medications when such are approved by the medical director in the written policies and procedures or the local EMS agency in accordance with 105 CMR 170 and the Statewide Treatment Protocols as approved by OEMS.

* Statewide Treatment Protocols are available for your review at: <http://www.mass.gov/eohhs/docs/emergency-services/treatment-protocols-1101.pdf>

STUDENT SELECTION CRITERIA BUNKER HILL COMMUNITY COLLEGE DEPARTMENT OF EMERGENCY MEDICAL STUDIES

Bunker Hill Community College's Department of Emergency Medical Studies Paramedic Program is an advanced level program.

Students who will be considered for acceptance must currently be certified as an EMT-Basic preferably in Massachusetts with at least one year of experience who have a desire to increase their knowledge in the delivery of pre-hospital emergency medical care to those individuals who are sick and injured. The successful applicant must have an overall positive attitude towards pre-hospital emergency medical care and a compassionate attitude for patient care. Students must be able to read, write and comprehend English, have a valid driver's license and be certified in American Heart Association, Cardio-Pulmonary Resuscitation, as Basic Life Support – Health Care Provider. Students must be healthy and free from drugs and alcohol. Students should preferably have prior 911 experience but this requirement may be waived as necessary. Students will be required to complete an application which may include references and will be required to submit to a CORI, SORI background check and a full panel drug test.

Paramedic Course Components

Didactic

Classroom study includes 608 hours of lecture, laboratory, and Advanced Cardiac Life Support training. Extra-programmatic options include the opportunity to obtain certification in Pediatric Advanced Life Support (PALS), International Trauma Life Support (ITLS), or Pre-Hospital Trauma Life Support (PHTLS).

Paramedic Curriculum Content

PREPARATORY

- EMS Systems/Roles and Responsibilities of the Paramedic
- The Well-Being of the Paramedic
- Illness and Injury Prevention
- Medical/Legal Aspects and Ethical Considerations
- Anatomy & Physiology
- General Principles of Pathophysiology
- Pharmacology
- Venous Access and Medication Administration
- Therapeutic Communications
- Life Span Development

AIRWAY

- Airway Management and Ventilation

PATIENT ASSESSMENT

- History Taking, Techniques of Physical Examination
- Patient Assessment
- Clinical Decision Making
- Communications
- Documentation

TRAUMA

- Trauma Systems/Mechanisms of Injury
- Hemorrhage and Shock
- Soft Tissue Injury
- Burns
- Head and Facial Trauma
- Spinal Trauma
- Thoracic Trauma
- Abdominal Trauma
- Musculoskeletal Trauma

MEDICAL

- Pulmonary
- Cardiology
- Neurology
- Endocrinology
- Allergies and Anaphylaxis
- Gastroenterology
- Renal/Urology
- Toxicology
- Hematology
- Environmental Conditions
- Infectious and Communicable Diseases
- Behavioral and Psychiatric Disorders
- Gynecology
- Obstetrics

SPECIAL CONSIDERATIONS

- Neonatology
- Pediatrics
- Geriatrics
- Abuse and Neglect
- Human Trafficking
- Patients with Special Challenges
- Acute Interventions for the Chronic Care Patient

OPERATIONS

- Ambulance Operations
- Medical Incident Command
- Rescue Awareness and Operations
- Hazardous Materials and Incidents
- Crime and Crime Scene Awareness

SKILLS/LAB

- Review of Basic EMT Skills
- Patient Assessment – Trauma
- Patient Assessment – Medical
- Spinal Immobilization (Seated Patient)
- Spinal Immobilization (Supine Patient)
- Basic Airway Management
- Advanced Airway Management
- Blind Insertion Airway Devices (Dual Lumen Airway, LMA, & King Airway)
- Bleeding Control/Shock Management
- Intravenous Therapy
- Intraosseous (Adult & Pediatric) Infusion
- Pharmacology
- Venous Access & Medication Administration
- Static Cardiology
- Dynamic Cardiology
- Defibrillation
- Pacing
- Synchronized Cardioversion
- 12 Lead ECG Interpretation

- CPAP
- Morgan Lens
- Chest Decompression
- Accessing Central Lines
- Waveform Capnography
- Pediatric Assessment
- Pediatric Ventilatory Assessment & Management

Clinical Practicum

Approximately 400+ hours of observation and practice in areas such as the Emergency Department, Labor & Delivery, Intensive/Critical Care Unit, Telemetry, Triage, Respiratory, Central Medical Emergency Dispatch (CMED), Psychiatric Unit, Pediatrics, the Morgue and other relevant rotations are required for completion of the program. Students may perform under the supervision of their Clinical Practicum Preceptor any of the topics listed in the scope of practice and as permitted by the Clinical Practicum Site.

Field Internship

The field internship is composed of monitored experiences on an Advanced Life Support (ALS) ambulance which will provide the student with the development of expanded patient care responsibilities. This will advance from observation to team leader for the both the patient and management of the scene. There are methods established for assessment of a student's progress. Students will perform a minimum of one hundred (100) hours (with additional hours, as necessary) of their field internship. The student shall have a minimum of thirty (30) ALS patient contacts during their field internship. Ten (10) of these ALS contacts will be a full continuum of care with the student acting as the lead paramedic. Students will practice skills and use information acquired from previous aspects of their training, didactic program, and clinical practicum. Upon successful completion of this portion of the program, the student will receive a Certificate of Completion. All documentation must be completed and collected by Bunker Hill Community College staff for review prior to receipt of the Certificate of Completion.

Integrating Didactic and Skills Lab Activities with Clinical Practicum and Field Internships

The paramedic student gains knowledge and skill practice during the didactic portion of the program, demonstrating the ability to progress from observer to participant and ultimately, to team leader by the end of the field internship.

The Clinical Practicum begins during the didactic portion of the program upon evaluation of skill acquired during practical skill sessions and upon a competency review assessment by the Program Director and/or the Medical Director for the program. The Clinical Practicum includes, but it not limited to, such clinical learning settings such as Triage, Emergency Department, Labor & Delivery, Operating Room (Intubation), Intensive/Critical Care Unit, Telemetry, CMED, IV Team, Psychiatric Unit, Pediatrics, the Morgue and other educational opportunities where paramedic students are able to apply the knowledge obtained in the classroom and skills laboratory. The student then begins to learn how to apply the cognitive knowledge and skills they developed in the skills laboratory and hospital clinical setting to the field environment. As the paramedic student progresses from observer to participant and then to team leader during the end of their field internship rotation, the student will have been given the tools for advancement to the level of entry-level paramedic.

Additional Fees for Paramedic Students

The total cost of tuition covers the fees for the didactic, clinical practicum, field internship and certification in ACLS.

In addition, after successfully completing the course, to gain licensure/certification by the National Registry of Emergency Medical Technicians (NREMT), the Commonwealth of Massachusetts, other states which recognize the NREMT, and other jurisdictions the student is responsible for all test application fees, licensure/certification fees and any additional fees required, as well as any travel expenses necessary to travel out of the area for testing, clinical practicum or field internships.

Didactic Program Goals and Objectives

At the completion of the didactic program:

- The student must have an understanding of medical/legal issues relating to the practice of EMS.
- The student must exhibit the knowledge and make progress toward the ability to safely administer medications.
- The student must exhibit the knowledge and make progress toward the ability to safely perform endotracheal intubation.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to safely gain venous access in all age groups.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to effectively ventilate intubated & unintubated patients of all age groups.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on pediatric patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on adult patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on trauma patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on psychiatric patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan for the trauma patient.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and to formulate and implement a treatment plan for patients with chest pain.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with dyspnea/ respiratory distress.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with syncope.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with abdominal complaints.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for the obstetric patient. This must include care of the newborn and postpartum care.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to serve as a team leader in a variety of pre-hospital emergency situations.

Clinical Practicum Goals and Objectives

During and at the completion of the clinical practicum, the student must demonstrate:

- An understanding of medical/legal issues relating to the practice of EMS.
- The ability to safely administer medications.
- The ability to safely perform endotracheal intubation.
- The ability to safely gain venous access in patients of all age groups.
- The ability to effectively ventilate intubated and unintubated patients of all age groups.
- The ability to perform a comprehensive assessment on pediatric patients.
- The ability to perform a comprehensive assessment on geriatric patients.
- The ability to perform a comprehensive assessment on adult patients.
- The ability to perform a comprehensive assessment on obstetric patients.
- The ability to perform a comprehensive assessment on trauma patients.
- The ability to perform a comprehensive assessment on psychiatric patients.
- The ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan for the trauma patient.
- The ability to perform a comprehensive assessment, and to formulate and implement a treatment plan for patients with chest pain.
- The ability to perform a comprehensive assessment, and formulate a treatment plan for patients with dyspnea/respiratory distress.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with syncope.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with abdominal complaints.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for the obstetric patient. This must include care of the newborn and postpartum care.
- The ability to serve as a team leader in a variety of pre-hospital emergency situations.

Evaluating the Intern during the Clinical Practicum

The performance of the Bunker Hill Community College Paramedic Intern will be evaluated daily by the Preceptor using the Daily Preceptor Evaluation of Intern form. To successfully complete the clinical portion of the program, the student must score a three (3) for each skill indicating the student exhibits knowledge and progress toward competency. The student must receive a rating of 3 on the Behavioral Evaluation for at the end of the Emergency Department clinical practicum for each behavioral area.

Field Internship Goals and Objectives (Terminal Objectives and Competencies)

By the end of the Bunker Hill Community College Paramedic Program field internship the student should perform as a competent, entry-level paramedic, ready to fulfill their career goals and the community's needs. Bunker Hill Community College Paramedic Program students must complete at least one hundred (100) hours of field internship, after which their Preceptors will evaluate them at the level of an entry-level paramedic. During and at the completion of the field internship the student must demonstrate:

- An understanding of medical/legal issues relating to the practice of EMS.
- The ability to safely administer medications .
- The ability to safely perform endotracheal intubation.
- The ability to safely gain venous access in patients of all age groups.
- The ability to effectively ventilate intubated and unintubated patients of all age groups.
- The ability to perform a comprehensive assessment on pediatric patients.
- The ability to perform a comprehensive assessment on geriatric patients.
- The ability to perform a comprehensive assessment on adult patients.
- The ability to perform a comprehensive assessment on obstetric patients.
- The ability to perform a comprehensive assessment on trauma patients.
- The ability to perform a comprehensive assessment on psychiatric patients.
- The ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan for the trauma patient.
- The ability to perform a comprehensive assessment, and to formulate and implement a treatment plan for patients with chest pain.
- The ability to perform a comprehensive assessment, and formulate a treatment for patients with dyspnea / respiratory distress.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with syncope.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with abdominal complaints.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.
- The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for the obstetric patient. This must include care of the newborn and postpartum care.
- The ability to serve as a team leader in a variety of pre-hospital emergency situations.

Evaluating the Intern during Field Internship

Using the Field Internship Performance Record form, the Preceptor will evaluate the intern's daily performance. In addition to daily evaluations, the student must complete a minimum of four (4) major evaluations at 25 hour intervals of their internship with their preceptor. By the last major evaluation the student must receive a rating of 3 in every category in order to successfully pass the field internship with a minimum of 100 hours.

The student must also receive a rating of 3 on the Professional Behavior Evaluation form at the end of field internship for each behavioral area. The Medical Director of the Paramedic Program will make the final determination as to a student's overall competence and ability to function competently as an entry-level paramedic.

Role of the Field Preceptor

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

Scene Management

- Safety and Work Environment
- Universal Precautions
- Crowd Control
- Use of Equipment

Assessment and Treatment

- Primary Assessment & Intervention
- Patient Information
- Physical Examination
- Assessment Interpretation
- Chest Auscultation
- Cardiac Rhythms
- Patient Management
- Patient Response to Therapy

Communication

- Leadership
- Professionalism
- Feedback & Guidance
- Inventory Management
- Equipment Operation

Airway

- Airway Management/Oxygen Therapy
- Advanced Airway (ET and/or BIAD Devices)
- Pleural Decompression

Circulation

- Defibrillation/Cardioversion
- Intravenous Access

Musculoskeletal

- Bandaging/Splinting
- Extrication/Patient Positioning
- Spinal Immobilization

Pharmacology

- Medication Administration
- Medication Knowledge

ROLE OF THE PRECEPTOR

Creating A Positive Learning Environment

It is important for the Preceptor to establish and maintain a positive learning environment. This can be accomplished in several ways.

Instruct in the positive. This allows the student to learn and respond to directions more quickly and easily.

Tell the student what you want them to do, not what you do not want them to do. This will be difficult in the beginning and will take practice. However, the results will be rewarding. Positive instructions are nurturing; negative instructions are controlling.

Counsel in the positive. In discussions with the student, tell them:

- What went well.
- What needs revision.
- How to fix the skill or behavior.

- In addition:
- Be an advocate for your student.
- Be the intermediary between your student and other practitioners.
- Praise in public.
- Critique in private.
- Maintain confidentiality for all students.

Keep in mind that your behavior has a significant impact on the behavior and attitude of your students. For example, your silence and distance are perceived by the student as an indication that they have done something wrong. Always be honest with your students. If you are upset with them and need time to reflect, tell them. If you are angry about something else and need time to reflect, tell them.

Instructions for Professional Behavior Evaluation And Professional Behavior Counseling

There are two primary purposes of an affective (professional behavior) evaluation system: 1) to verify competence in the affective domain, and 2) to serve as a method to change behavior. Although affective evaluation can be used to ultimately dismiss a paramedic student for unacceptable patterns of behavior, that is not the primary purpose of these forms. Bunker Hill Community College does recognize that there is some behavior that is so serious (abuse of a patient, gross insubordination, illegal activity, reporting for duty under the influence of drugs or alcohol, etc.) that it merits immediate dismissal from the educational program.

The two forms that follow are taken from the *EMT-Paramedic: National Standard Curricula* and were developed by the Joint Review Committee on Education Programs for the EMT-Paramedic. They represent extensive experience in the evaluation of a paramedic student's affective domain. The nature of this type of evaluation makes it impossible to achieve complete objectivity, but these forms attempt to decrease subjectivity and document affective evaluations. Bunker Hill Community College has modified the form to differentiate two levels of "not competent".

In attempting to change behavior, it is necessary to identify, evaluate, and document the behavior that is desired. The eleven affective characteristics that form the basis of this evaluation system refer to content in the "Roles and Responsibilities of the Paramedic" unit of the curriculum. This information was presented early in the course and served to inform the paramedic students as to what type of behavior is expected of them. It is impossible to enumerate all of the possible behaviors that represent professional behavior in each of the eleven areas. For this reason, the instructor, clinical coordinator, field coordinator, clinical and field preceptors should give examples of acceptable and unacceptable behavior in each of the eleven attributes, but emphasize that these examples do not represent an all-inclusive list.

This affective evaluation system has two instruments: Professional Behavior Evaluation and Professional Behavior Counseling.

The Professional Behavior Evaluation form should be completed regularly by preceptors for each paramedic student. On this form, the paramedic student is rated on the same "1", "2", "3" system as in all the other evaluation forms. For each attribute, a short list of behavioral markers is listed that indicates what is generally considered a demonstration of competence for entry-level paramedics. This is not an all-inclusive list, but serves to help the evaluator in making judgments. Clearly there are behaviors which warrant a "not yet competent" evaluation that are not listed. Any ratings of "not yet competent" require explanation in the space provided. Upon completion of the field internship, the paramedic student must score a "3" in all categories, thereby reflecting entry-level competence.

As many people as practically possible should complete this form. Once completed, the form becomes part of the paramedic student's record. The more independent evaluations of the paramedic student, the more reliable the results. The minimum number of evaluations required during the clinical internship is once on the first day and again on the last day. The minimum number of evaluations required during the field internship is one for every twenty-five (25) hours during each major evaluation. The Preceptor should also use this evaluation during the first few days of a field internship to identify any negative professional behaviors immediately so as to give the paramedic student an opportunity to improve.

The evaluator should focus on patterns of behavior, not isolated instances that fall outside the paramedic student's normal performance. For example, a paramedic student who is consistently on time and prepared may have demonstrated competence in time management and should not be penalized for an isolated emergency that makes him/her late for one shift. On the other hand, if the paramedic student is consistently late for his/her shift/class, he/she should be counseled and if the

behavior continues, rated as a “1” or “2” which denotes “not competent” in time management. This continued behavior may result in disciplinary action.

The Professional Behavior Counseling form is used to clearly communicate to the paramedic student that his/her affective performance is unacceptable. This form should be used during the counseling sessions in response to specific incidents (cheating, lying, falsification of documents, disrespect/insubordination, etc.) or patterns of unacceptable behavior. As noted before, there is some behavior that is so egregious as to result in immediate disciplinary action or dismissal. In the case of such serious incidents, thorough documentation is required to justify and institute disciplinary action. For less serious incidents, the Professional Behavior Counseling form can serve as an important tracking mechanism to verify competence or patterns of uncorrected behavior.

On the Professional Behavior Counseling form, the evaluator checks all of the areas that the infraction affects under “Reason(s) for Counseling” (most incidents affect more than one area) and documents the nature of the incident(s) in “Explanation of Incident”. Space is provided to document any “Follow Up”, which should include specific expectations, clearly defined positive behavior, and actions that will be taken if the behavior continues and dates of future counseling sessions.

By using a combination of these forms the program is able to establish that graduating paramedic students have demonstrated competence in the affective domain. This evidence is achieved by having many independent evaluations, by different faculty members or preceptors, at different times, exhibiting the competency of the paramedic student. These forms can also be used to help correct unacceptable behavior. Finally, these forms enable the program to build a strong case for dismissing paramedic students following a repeated pattern of unacceptable behavior. Having numerous evaluations by faculty members or preceptors documenting unacceptable behavior, and continuation of that behavior after remediation, is usually adequate grounds for dismissal.

Problem Resolution Procedure

Preceptors and interns are encouraged to openly communicate with each other regarding problems that may occur during the internship phase of their training. Should problems arise that are not resolvable at the time, the following procedure should be utilized. The Preceptor may ask the intern to leave during a shift for the following reason(s):

- Unauthorized or non-approved uniform or offensive personal hygiene;
- Intern's inability to adequately treat patients; knowledge deficit, unacceptable skill performance, deficiency in protocol knowledge;
- Impairment of the intern that jeopardizes patient care, including being under the influence of alcohol or an illegal substance;
- Failure to accept constructive criticism;
- Argumentative /hostile attitude towards patients, preceptor , or co-workers;
- Poor attitude that affects patient care;
- Potential medication, policy or protocol error;
- Actions or attitudes that jeopardize the safety of the patient or hospital and prehospital care providers, and/or;
- Any violation of federal, state or local law.

The intern may leave a shift for the following reason(s):

- Request to perform an illegal or unethical procedure
- Harassment or hazing by preceptor or co-workers
- Direction to disregard or deviate from established policies or Statewide Treatment Protocols, and or;
- Request to falsify or alter written documents

Whenever an intern is suspended for non-illness, injury or leaves prior to the end of their shift, the preceptor and intern shall notify the Field Coordinator as soon as possible. During this time, the intern's internship at that site will be suspended until the problem is resolved.

Records and Forms

A. Clinical Forms and Instructions

Internship Student Information and Agreement

The student must complete and submit this packet at least one (1) month prior to the end of didactic and prior to clinical placement. This packet will serve as proof of immunization and ability to provide direct patient care in the clinical and field setting.

This requirement may have additions depending upon any revisions of the State Wide Treatment Protocols and/or the requirements of the receiving hospital.

Permission to Commence Internship

The student must return this form on or before the first day of the field internship.

Hours do not count until the BHCC

Field Coordinator has received this form.

Preceptor Information

The student returns this form on or before the first day of their field internship. This form serves as documentation that the Preceptor is qualified to become a Paramedic Preceptor and that the student has provided a Preceptor Handbook to the Preceptor.

Clinical Attendance Record

The student must complete all columns of this and have their Preceptor sign it.

Patient Tracking and Competency Record

The student must complete one of these records for each and every patient and provide them to their Preceptor with a Field Intern Daily Competency Summary Evaluation form.

The Preceptor will summarize what the student did for the day and rate the student's competencies.

Patient Tracking and Competency Totals

Prior to turning in their clinical paperwork to the Field Coordinator, the student must total the number of patient experiences. If a student completed three IVs that day they would place the date and put (3) in Venous Access.

Daily Evaluation of Intern

The **Preceptor** completes this form every day. The Preceptor uses the student's patient tracking records to assist the Preceptor in completing this form. Students must be sure

to attach their completed forms to this Preceptor evaluation form.

Preceptor Letter

The student must give this letter to the Preceptor with a copy of the Preceptor manual. This documents that training material has been provided to their Preceptor with up-to date information about precepting paramedic interns, which is based on the information provided by the BHCC Program Director. The BHCC Training Staff has reviewed this training material and deemed it adequate in providing Preceptors the necessary information to competently evaluate the paramedic student.

Paramedic Intern and Preceptor Handbook

The student should keep one Handbook for him/herself and give one to their Preceptor. The student should READ THIS MANUAL THOROUGHLY. Students are responsible for knowing its contents and follow its procedures.

Evaluation of the Preceptor

The student completes this evaluation at the end of their field internship. The Field Preceptor completes one form during an internship visit.

Instructions for Professional Behavior and Professional Behavioral Counseling

Professional Behavioral Evaluation

The Preceptor is to complete this at the minimum on the first day and on the last day of the Clinical Practicum and one for every twenty-five (25) hours during the Field Internship .

Professional Behavioral Counseling

The Preceptor will complete as needed.

Paramedic Intern Report

BHCC Incident Report

B. Field Forms

Permission to Commence Internship (1 copy)

The student needs to return this form on or before the first day of internship. Hours do not count until the school receives this form back signed.

Preceptor Information (1 copy)

The student returns this form on or before the first day of internship. This form serves as documentation that the Preceptor is qualified to be a paramedic Preceptor and that the student has provided a Preceptor Handbook to the Preceptor.

Preceptor Letter

The student must give this letter to their Preceptor with a copy of the Preceptor Handbook. This documents that training material has been provided to the student's Preceptor with up-to-date information about precepting paramedic interns, which is based on the information provided by the Massachusetts Paramedic Program Directors group. The paramedic training staff at Bunker Hill Community College has reviewed this training material and deemed it adequate to provide the information necessary to be able to competently evaluate the paramedic student.

Attendance Record: Paramedic Internship

The student shall remain at his/her assignment until the end of the assigned shift. The intern is to report to the Preceptor and complete the paperwork before the end of the shift. The Field Internship Attendance Record has a place for the date, time in and out, hours scheduled, hours worked, interning agency, Preceptor's signature, student's initials, and an area for comments by the Preceptor. The comment area is for the Preceptor to note late arrival, leaving early departure and unexplained absences.

Patient Tracking and Competency Record

The student must complete one of these for each and every patient and provide them to their Preceptor with a Clinical Intern Daily Competency Summary evaluation form. The Preceptor will summarize what the student did for the day and rate their competencies.

Patient Tracking and Competency Totals

Before turning in their clinical paperwork to Bunker Hill Community College, the student must add up their total patient experiences.

If three IVs were completed that day, the student would place the date and put three marks or a #3 in *Venous Access (IV)*. If three infants were treated, the student would put three marks or #3 under *Assessment of Infant*. If one of the infants were a trauma patient, the student would put a mark or #1 under *Assessment of Trauma Patient*, and so on.

Field Criteria Form

The Field Criteria form is a rating guide for evaluation at a minimum of every 25 hours of scene management, assessment/treatment, communication, leadership, equipment, airway, circulation, musculoskeletal skills, and pharmacology.

The Field Criteria form has a rating of 1 to 3. A rating of 1 scores the student as frequently failing to complete the procedure accurately or proficiently. It is expected that a student will score 1s at the beginning of their field experience, with a gradual increase in rating to 2 and then 3. Few students will initially achieve a rating of 3. This score is expected towards the end of field internship.

PRECEPTOR FORMS

PRECEPTOR FORM 1

Preceptor Information

Student must complete this form on the first day of internship and return immediately to the BHCC Field Coordinator.

Preceptor Name: _____

Mailing Address: _____
Street City State Zip

E-Mail Address: _____

Type of Professional License and Number: _____

How long have you been a paramedic/nurse? _____

Where did you attend college? _____

When did you graduate college? _____

Please list the facilities where you have worked:

PRECEPTOR FORM 2

Daily Preceptor Evaluation of Intern Form Field Internship and Specialty Rotations

Student Name: _____

Preceptor Name: _____

I have reviewed the student's Patient and Competency Tracking Forms for today.

Rating: N/A = Not Applicable, No opportunity to Perform this Skill Today

 OBS = Observed Skill Today

 1 = Failed to perform (incompetent)

 2 = Borderline-inconsistent (progressing towards competence)

 3 = Competent

SKILL	STUDENT RATING
Medication Administration <input type="checkbox"/> Administered Medication	NA OBS 1 2 3
Airway Management <input type="checkbox"/> Endotracheal Intubation	NA OBS 1 2 3
Ventilatory Support <input type="checkbox"/> Effectively Ventilated Patient	NA OBS 1 2 3
Venous Access <input type="checkbox"/> Gained Venous Access	NA OBS 1 2 3
Patient Assessment Techniques <input type="checkbox"/> Performed Comprehensive Assessment	NA OBS 1 2 3

Preceptor Comments: _____

Preceptor Signature

Student Signature

PRECEPTOR FORM 3

Permission to Commence Field Internship

Intern: _____
[Please print full name]

Preceptor: _____
[Please print full name and title]

Preceptor's Phone Number: Work: _____ Home: _____ Cell: _____

Preceptor's E-Mail Address: _____

Internship Facility Name: _____

Internship Facility Address: _____

Supervisor Approving Internship: _____
[Please print name]

Supervisor Approving Internship: _____
[Signature]

Scheduled Start Date: _____ Shift Times: _____

SCHEDULE

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Bunker Hill Community College Field Coordinator: _____
[Signature]

This internship is not approved to commence until it is signed by all parties and the schedule has been provided to and approved by the BHCC Field Coordinator.

PRECEPTOR FORM 4

Paramedic Field Internship Attendance Record:

DATE	HOURS SCHEDULED	TIME IN	TIME OUT	HOURS WORKED	# ALS CONTACTS	COMMENTS ABOUT ATTENDANCE	PRECEPTOR'S SIGNATURE

- PLEASE USE MILITARY TIME

PRECEPTOR FORM 5

Paramedic Intern Report

Name of Student: _____ Date: _____

Field Coordinator: _____

Field Preceptor: _____

Is the student meeting the desired goals? ☐ YES ☐ NO

Comments:

Attendance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Plan of Action:

BHCC Field Coordinator/Program Director: _____
[Signature]

BHCC Field Coordinator/Program Director: _____
[Please print]

Student Signature: _____
[Please print]

Preceptor Name: _____
[Signature]

Preceptor Name: _____
[Please print]

- Please give a copy of this evaluation to the student & Preceptor at time of visit.

PRECEPTOR FORM 6

Professional Behavior Evaluation

Name of Student: _____ Date of Evaluation: _____
[Please print name]

Rating System: 1) Fails to Perform 2) Borderline-Inconsistent 3) Competent
[Please check off one in each category]

1. Integrity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---------------------	----------------------------	----------------------------	----------------------------

Examples of professional behavior include, but are not limited to: **consistently honest; can be trusted with the property of others; can be trusted with confidential information; competently and accurately documents patient care and learning abilities.**

2. Empathy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
-------------------	----------------------------	----------------------------	----------------------------

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

3. Self-Motivation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---------------------------	----------------------------	----------------------------	----------------------------

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

4. Appearance and Personal Hygiene	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---	----------------------------	----------------------------	----------------------------

Examples of professional behavior include, but are not limited to: **having appropriate clothing and uniforms that are neat, clean and well maintained; maintaining good personal hygiene and grooming.**

5. Self-Confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
---------------------------	----------------------------	----------------------------	----------------------------

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

6. Communications☐1☐2☐3

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

7. Time Management☐1☐2☐3

Examples of professional behavior include, but are not limited to: **being consistently punctual; completing tasks and assignments on time.**

8. Teamwork and Diplomacy☐1☐2☐3

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

9. Respect☐1☐2☐3

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

10. Patient Advocacy☐1☐2☐3

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

11. Careful Delivery of Service☐1☐2☐3

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

Use the space below to explain any rating below competent. Identify specific behaviors, and corrective actions:

PREECEPTOR FORM 7

Professional Behavior Counseling Record

Paramedic Student Name				
Date of Incident		Date of Counseling:		
<input type="checkbox"/> Reason for Counseling Check all that apply				
<input type="checkbox"/> Integrity <input type="checkbox"/> Empathy <input type="checkbox"/> Self-Motivation <input type="checkbox"/> Appearance/Personal Hygiene <input type="checkbox"/> Self Confidence	<input type="checkbox"/> Communications <input type="checkbox"/> Time Management <input type="checkbox"/> Teamwork & Diplomacy <input type="checkbox"/> Respect <input type="checkbox"/> Patient Advocacy <input type="checkbox"/> Careful Delivery of Service			

Explanation of Incident: (Use back of form if more space is needed)

Follow-up (include specific expectations, clearly defined positive behavior, actions that will be taken if inappropriate behavior continues, date of future counseling sessions, etc.)

Preceptor/Counselor Signature: _____

I have read this notice and I understand it.

[Student Signature]

REVIEW: _____

[Program Director]

[Medical Director]

PRECEPTOR FORM 8

BUNKER HILL COMMUNITY COLLEGE

INCIDENT REPORT

Name of Originator: _____

Daytime Telephone: _____ Evening Telephone: _____

Details of Incident:

Witnesses or Others Involved:

Name	Telephone Number

Action Taken and Outcome:

Name: _____ Signature: _____ Date: _____

This report was submitted to: _____

Evaluation/Investigation

Final Recommendation

PRECEPTOR FORM 9

PATIENT TRACKING AND COMPETENCY RECORD

STUDENT NAME: _____ PRECEPTOR NAME: _____

DATE: _____

TYPE OF PATIENT: (Check one or more below)

☐ Geriatric ☐ Obstetric ☐ Trauma ☐ Psychiatric ☐ Medical

LOCATION/DEPARTMENT (Check one below)

COMPLAINT (Circle one or more below)

☐ ED ☐ OR ☐ ICU ☐ CCU ☐ BURN

☐ CHEST PAIN ☐ DYSPNEA/RESPIRATORY ☐ SYNCOPE

☐ L&D ☐ PEDI ☐ FIELD

☐ ABDOMINAL ☐ ALTERED MENTAL STATUS

AGE OF PATIENT in years _____

SEX OF PATIENT ☐ MALE ☐ FEMALE

COMPETENCIES (Circle YES if competently performed, No if not competently performed, OBS if observation only)								
AIRWAY MANAGEMENT					FRACTURES & DISLOCATIONS			
Used BLS Airway Adjunct	YES	NO	OBS		Performed spinal immobilization	YES	NO	OBS
Endotracheal Intubation (Check One) <input type="checkbox"/> Live Pt., <input type="checkbox"/> Mannequin, <input type="checkbox"/> Cadaver	YES	NO	OBS		Used patient extrication devices	YES	NO	OBS
Suctioning	YES	NO	OBS		Performed splinting and traction	YES	NO	OBS
VENTILATORY SUPPORT					MEDICATION ADMINISTRATION			
Use of Bag-valve mask	YES	NO	OBS		Student safely administered medication (Right Pt., Dose, Drug, Route, Time)	YES	NO	OBS
Use of other artificial ventilator devices	YES	NO	OBS		<input type="checkbox"/> Inhaled, <input type="checkbox"/> Nebulized <input type="checkbox"/> Endotracheal, <input type="checkbox"/> IM, <input type="checkbox"/> SQ, <input type="checkbox"/> IV, <input type="checkbox"/> Topical, <input type="checkbox"/> Oral <input type="checkbox"/> SL <input type="checkbox"/> Rectal	YES	NO	OBS
Use of oxygen administration devices	YES	NO	OBS					
CIRCULATION AND SHOCK					OBSTETRICAL EMERGENCIES			
Basic Life Support techniques	YES	NO	OBS		Techniques of delivery	YES	NO	OBS
Established IV cannulation	YES	NO	OBS		Neonatal resuscitation	YES	NO	OBS
Vagal Stimulation Techniques	YES	NO	OBS		Fundus massage	YES	NO	OBS
Cardiac monitor lead placement	YES	NO	OBS					
Cardiac rhythm interpretation	YES	NO	OBS					
Synchronized and unsynchronized cardioversion and defibrillation	YES	NO	OBS					
PATIENT ASSESSMENT					COMMUNICATION			
Obtained pertinent patient history	YES	NO	OBS		Field communication equipment	YES	NO	OBS
Performed physical examination (including inspection, palpation, and auscultation)	YES	NO	OBS		Accurate and appropriate patient information	YES	NO	OBS
Performed rapid extrication and transport	YES	NO	OBS		Accurate and appropriate response to verbal and standing orders	YES	NO	OBS
Prioritized patient care	YES	NO	OBS		Accurate written reports	YES	NO	OBS
Triaged multiple casualties	YES	NO	OBS		Patient and family interpersonal communication skills (including crisis intervention)	YES	NO	OBS
					ADVANCED COMPETENCIES			
					Performed comprehensive examination	YES	NO	OBS
					Competently performed comprehensive assessment, formulated and implemented a treatment plan	YES	NO	OBS
					Competently served as a team leader in a prehospital emergency situation	YES	NO	OBS

Student Comments:

This record is to be completed by the paramedic intern with verbal input from the Preceptor. These forms will be used by the Preceptor to complete the Preceptor competency summary record.

Criteria Form

Scene Management

Evaluation Factors	Rating 1	Rating 2	Rating 3
Safety & Work Environment	Frequently fails to provide a safe and adequate work environment.	Inconsistently determines or provides a safe and adequate work environment or slowly initiates appropriate measures.	Consistently determines safety for patient, self and team members and ensures an adequate work environment in a timely manner.
Universal Precautions	Frequently fails to use appropriate precautions and personal protective equipment or to care for equipment adequately.	Inconsistently uses universal precautions and personal protective equipment or cleans equipment inappropriately.	Consistently uses universal precautions and wears appropriate personal protective equipment specific for patient condition. Cleans and sanitizes equipment in accordance with provider policy and procedures.
Crowd Control	Frequently fails to take steps to control crowd or deal effectively with family and bystanders.	Inconsistently initiates or delegates crowd control. Deals ineffectively with family and bystanders.	Consistently initiates or delegates appropriate crowd control and deals effectively with family and bystanders.
Additional Assistance and Equipment	Frequently fails to recognize the need for additional assistance and/or equipment needed.	Inconsistently or slowly recognizes the need for additional assistance or equipment.	Consistently recognizes the need for and requests additional assistance or equipment needed in a timely manner.

Assessment and Treatment

Evaluation Factors	Rating 1	Rating 2	Rating 3
Primary Assessment and Intervention	Frequently fails to perform an organized and complete primary assessment within 60 seconds or fails to intervene when appropriate.	Inconsistently or slowly performs a complete and/or organized primary assessment. Does not intervene in a timely manner.	Consistently performs a complete and organized primary assessment within 60 seconds and intervenes appropriately in a timely manner.
Patient Information	Frequently is disorganized or unable to elicit appropriate patient information.	Inconsistently or slowly obtains relevant or accurate patient information.	Consistently obtains a relevant and accurate patient history, chief complaint/patient problem, medications and allergies in a systematic and timely manner.
Physical Examination	Frequently fails to perform a thorough exam with appropriate inquiry and inspection and/or findings are inaccurate.	Inconsistently or slowly performs an exam. Needs assistance in being thorough and systematic.	Consistently performs a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint. Findings are accurate.
Assessment Interpretation	Frequently fails to determine a working diagnosis, or substantially misinterprets the patient's problem. Cannot formulate a working diagnosis for treatment.	Inconsistently or slowly determines a working diagnosis or substantially misinterprets the patient's problem.	Consistently interprets and correlates assessment information correctly.
Chest Auscultation	Frequently fails to demonstrate adequate assessment and identification of basic breath sounds.	Inconsistent knowledge of chest auscultation and breath sounds.	Consistently identifies breath sounds. Adequate knowledge of chest auscultation.
Cardiac Rhythms	Frequently fails to develop and implement an appropriate plan of action.	Inconsistently or slowly develops and implements an appropriate plan of action.	Consistently develops and implements an appropriate plan of action.
Patient Response to Therapy	Frequently fails to assess patient response to therapy interventions.	Inconsistently assesses patient response to therapy interventions.	Consistently assesses patient response to therapy interventions.

Communication

Evaluation Factors	Rating 1	Rating 2	Rating 3
Rapport with Patient, Family and Bystanders	Frequently fails and does not attempt to establish rapport with patient, family and bystanders. Is inconsiderate and disrespectful of others.	Inconsistently builds rapport with patient, family and bystanders. Inconsistently shows consideration and respect for others. Does not instill confidence in patient.	Consistently builds rapport with patient, family and bystanders. Shows consideration and respect for others. Instills confidence in patient.
Team Members	Frequently fails to report pertinent information to team members.	Inconsistently reports pertinent information to team members .	Consistently communicates all pertinent information to team members.
Radio Report	Frequently fails to recognize the need to utilize medical control.	Inconsistently utilizes and recognizes medical control. Reports are disorganized and incomplete.	Consistently utilizes medical control appropriately. Reports are organized and complete.
Documentation	Frequently fails to complete patient care reports in an accurate, thorough or legible manner.	Inconsistently completes patient care reports in an accurate, thorough and legible manner.	Consistently completes patient care reports in an accurate, thorough and legible manner.
Working Relationships with Team Members	Frequently fails to function as a member of the patient care team.	Inconsistently functions as a member of the patient care team.	Consistently functions as member of the patient care team.

Leadership

Evaluation Factors	Rating 1	Rating 2	Rating 3
Leadership	Frequently fails to assume leadership role. Does not direct team members appropriately.	Inconsistently assumes leadership role and direction of team members.	Consistently assumes leadership role and directs team members appropriately.
Professionalism	Frequently exhibits unprofessional conduct. Is rude, abrupt and/or out of uniform.	Inconsistently exhibits a professional demeanor.	Consistently exhibits professional demeanor.
Feedback & Guidance	Frequently fails to accept feedback; argues with others; uses excuses to justify mistakes.	Inconsistently accepts feedback. Does not take necessary steps to change performance.	Consistently participates in evaluation of self; accepts feedback and suggestions; takes necessary steps to correct performance.

Equipment

Evaluation Factors	Rating 1	Rating 2	Rating 3
Inventory Maintenance	Frequently fails to perform equipment inventory at the start of shift and does not resupply inventory.	Inconsistently resupplies all inventory per provider policy.	Consistently resupplies all inventory per provider policy.
Equipment Operation	Frequently fails to use equipment in a safe manner.	Inconsistently demonstrates proper use of all equipment. Needs direction.	Consistently demonstrates the ability to use all equipment correctly.

Airway

Evaluation Factors	Rating 1	Rating 2	Rating 3
Airway Management/Oxygen Therapy	Frequently fails to assure adequate delivery of oxygen to patient. Fails to utilize appropriate airway adjunct and/or maintain patency of airway in a timely manner.	Inconsistently assures adequate delivery of oxygen to patient and/or utilization of appropriate airway adjunct. Does not maintain patency of airway in a timely manner.	Consistently assures adequate delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner
Advanced airways	Frequently fails to demonstrate correct use of advanced airways. Inadequate knowledge base of indications and contraindications.	Inconsistently demonstrates or recognizes need for use of advanced airways. Needs some guidance to complete the procedure.	Consistently demonstrates correct use of advanced airways in a timely manner.
Pleural decompression	Frequently fails to recognize signs and symptoms of tension pneumothorax. Fails to demonstrate appropriate procedure.	Inconsistently recognizes signs/symptoms of tension pneumothorax. Needs some guidance to complete procedures.	Consistently recognizes signs/symptoms of tension pneumothorax. Demonstrates correct procedures.

Circulation

Evaluation Factors	Rating 1	Rating 2	Rating 3
Defibrillation/Cardioversion	Frequently fails to demonstrate correct procedure and indications for use.	Aware of indications for use but needs some direction to perform procedure.	Consistently performs correct procedure. Aware of indications for use.
Intravenous access	Frequently fails to establish IV access due to improper technique.	Inconsistently establishes IV access. Needs some direction to complete procedure.	Consistently uses proper technique. Completes procedure in a timely manner.
Pneumatic Anti-Shock Garment	Frequently fails to perform procedure in a systematic and timely manner.	Inconsistently performs procedure in a systematic and timely manner.	Consistently performs procedure in a systematic and timely manner.

Musculoskeletal

Evaluation Factors	Rating 1	Rating 2	Rating 3
Bandaging/Splinting	Frequently fails to apply appropriate and adequate bandages/splints in a systematic and timely manner.	Inconsistently applies appropriate and adequate bandage/splints in a systematic and timely manner.	Consistently applies appropriate and adequate bandages/splints in a systematic and timely manner.
Extrication/Patient Positioning	Frequently fails to initiate adequate extrication/patient positioning; does not have sufficient control to protect patient from injury.	Inconsistently initiates adequate extrication/patient positioning; does not have sufficient control to protect patient from injury.	Consistently initiates and directs extrication/patient positioning in a manner that protects the patient from injury.
Spinal Immobilization	Frequently fails to initiate spinal immobilization when indicated. Does not know complete or correct procedure.	Inconsistently initiates spinal immobilization when indicated. Knows complete and correct procedure.	Consistently uses spinal immobilization when indicated. Uses complete and correct procedure.

Pharmacology

Evaluation Factors	Rating 1	Rating 2	Rating 3
Drug Administration	Unfamiliar with drug administration procedure. Unable to calculate correct drug dosages.	Inconsistent knowledge of drug administration procedure. Unable to administer drugs in a timely manner	Consistently administers drugs correctly and in a timely manner.
Drug Knowledge	Inadequate knowledge of indications, contraindications, adverse effects and dosages of drug therapy.	Inconsistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy.	Consistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy.

The Bunker Hill Community College Paramedic Intern

The Role of the Student Intern

You are about to embark on one of the most exciting and important aspects of your preparation as a paramedic. You will be expected to demonstrate professional behavior and display the knowledge and skills you acquired during the didactic portion of your paramedic education and training. During your clinical practicum and field internship you are expected to progress from the role of the observer to the role of the paramedic participant and at the culmination of your internship, you will be expected to demonstrate performance at the level of an entry-level paramedic.

As a student, your role is to observe intently, and then perform skills and procedures as directed by your Preceptor. If in the course of your internship, you observe a technique or procedure that is performed differently from the way it was demonstrated in the Bunker Hill Community College classroom, you may ask your Preceptor to explain the difference in technique. Keep in mind that a technique presented during classroom instruction may not be the only appropriate way to perform the procedure. Facilities have different policies and procedures, and your role is to respect these differences.

You are to perform a skill and/or technique or activity only under the direct supervision of your Preceptor. If you are unsure how to complete any activity or skill properly and proficiently, you must ask your Preceptor to demonstrate the skill or activity for you.

There should be no more than one (1) student per Preceptor during a clinical practicum or field internship rotation.

Before You Begin Your Field Internship

There are several very important steps you must complete BEFORE you start your Field Internship.

- Complete the Permission to Commence Internship form and return it to your BHCC Field Coordinator.
- In the presence of a witness, sign the BHCC Internship Agreement. Any BHCC employee may witness your signature and return the Agreement to your Field Coordinator.
- Maintain a valid Massachusetts or NREMT certification/licensure as a EMT-Basic and current AHA, BLS Support Health Care Provider CPR card and an ACLS Certification which must be verified by the Field Coordinator.
- Have medical/Health Insurance.
- Maintain at least a B- for the program.
- Be current with your tuition with BHCC.

- **YOU MUST OBTAIN PRIVATE MEDICAL INSURANCE COVERAGE. IT IS REQUIRED.**

Paramedic interns are not considered employees of Bunker Hill Community College or the health facility or other sites where a field internship occurs. **Workers Compensation Insurance is not available.** INTERNS MUST HAVE MEDICAL INSURANCE TO COVER ANY INJURIES SUCH AS NEEDLE STICKS OR OTHER MORE SERIOUS INJURIES AND FOLLOW-UP TREATMENT.

On or Before the First Day of Your Internship

You must provide a copy of this Handbook to your Preceptor. You will also need to have your Preceptor sign the Preceptor Letter on page 2, which acknowledges receipt of the Handbook. This form must be returned to the BHCC Field Coordinator.

- Your Preceptor must also complete the Preceptor Information sheet (Preceptor Form 1) on page 23. This form should be returned along with your signed Preceptor Letter to the Field Coordinator.

If you prefer you may have your Preceptor complete both of these forms before you begin your first day of Field Internship.

- You are responsible for creating your own training calendar in concurrence with the Field Coordinator, to ensure there is no conflict with another student. Your attendance is mandatory at all scheduled shifts. Bunker Hill Community College and your internship provider have expended a significant amount of cooperative effort to coordinate your internship experience. Once there is an agreement about your internship, you are required to obtain a written permission form from the internship provider (Preceptor Form 1). This form must be completed prior to or on the first day of your internship and returned to the BHCC Field Coordinator.

If you begin a clinical practicum or field internship prior to receiving written permission from the internship provider and Bunker Hill Community College and you fail to provide BHCC with a training schedule in advance of beginning your clinical practicum or field internship, any accumulated hours and/or skills acquired WILL NOT be counted toward the required hours for your clinical practicum or field internship; moreover, BHCC reserves the right to terminate the student from an internship.

Important Legal Requirements You Must Know

The procedures that paramedic interns are authorized to perform are governed by 105 CMR 160, Massachusetts Office of Emergency Medical Services, State Wide Treatment Protocols, the BHCC Medical Director, a provider's medical director, local EMS agency and those of the Clinical Practicum.

PARAMEDIC STUDENTS MAY NOT PERFORM THE FOLLOWING PROCEDURES UNDER ANY CIRCUMSTANCES

**Arterial Punctures
Vaginal Examinations (Manual)
Suturing
Foley Catheter Insertion**

If you are asked to perform any one of these procedures, you should refuse. Performing any unauthorized procedure will result in disciplinary action and likely dismissal from the BHCC Paramedic Program.

What Every Bunker Hill Community College Intern Must Do

Failure to comply with any of these items will jeopardize the completion of your internship experience.

1. The Handbook

It is important that you keep a copy of this Handbook with you during your clinical practicum and field internship. It contains up-to-date information about the roles and expectations of the Paramedic Preceptor and the paramedic student. You will want to refer to the Handbook, as will the individuals who are supervising your clinical and field experience as a quick reference to the lengthier BHCC Paramedic Policy Handbook. The paramedic faculty and training staff at Bunker Hill Community College has reviewed this handbook and believes that it provides adequate information to enable your Preceptor to be able to competently evaluate your performance as a paramedic student intern.

Review this Handbook BEFORE you begin your clinical practicum or field internship. It contains all of the instructions to the Preceptor as well as all the evaluation forms enabling you to clearly understand all of the criteria against which your performance as a paramedic intern will be evaluated. Forms are clearly labeled as either "Preceptor" or "Student". In some instances the same form appears in both sections. This may be because the Preceptor must complete the form, but the student is responsible for returning it to the BHCC Field Coordinator or because the form requires the signature of the Preceptor and the student.

2. The Documentation

The paramedic student intern experience is a document laden one. There are numerous regulatory requirements related to the student evaluation process, and your Preceptor's primary role is to evaluate your competency as an entry-level professional in this field. It is your responsibility to ensure that your performance is adequately documented and verifiable by your Preceptor at the end of each intern shift that you complete. An internship experience that is not properly documented cannot be credited.

The Handbook contains a complete set of the forms that you and your Preceptor are required to complete. We do not recommend that you remove the forms from your Handbook. Instead use the packet of loose forms that accompanies this Handbook. The forms in the packet duplicate the forms in the Handbook. The loose forms may be easily copied and will allow you to make additional copies, as you need them. Do not discard any of the loose forms until your internship is completed so that you may make additional copies as needed for the duration of your internship experience. In addition, you must also log your time and skills in the tracking software installed on your tablet or iPad.

3. The Evaluation Records

The student is to keep copies, in an organized fashion, of all evaluation records and have them available during the clinical practicum or the field internship rotation for review by the BHCC faculty and staff. It is your responsibility to maintain all of the documentation of your progress in your internship in a neat and organized fashion. It must be available at all times for review by your Preceptor or any BHCC Paramedic Program faculty or staff member.

4. Monitoring by Bunker Hill Community College

You should expect scheduled and unscheduled visits and/or telephone calls by the BHCC Program Director, Clinical Coordinator or Field Coordinator at your clinical practicum sites or field internship locations. The purpose of these visits or calls is to monitor your progress in the program.

5. Questions

You should contact your Preceptor, BHCC Clinical/Field Coordinator or the Program Director should you have any questions about the clinical practicum or field internship training experience, or if you need clarification on any item contained in this Handbook.

6. Problems

Should a problem(s) develop regarding your performance during your internship, contact your Clinical/Field Preceptor, BHCC Clinical/Field Coordinator and/or Program Director by telephone immediately.

Working with Staff

At all times, you are expected to demonstrate an attitude that clearly signals your engagement, your interest in your internship experience, and your willingness to learn. There is a correlation between the enthusiasm that a student brings to a clinical practicum and field internship experience and the engagement and enthusiasm of the intern facility staff in the process. Asking questions about patient care is an important part of your internship. You must, however, exercise judgment, insight and perception to be sure that the questions you ask your Preceptor and the facility staff is asked appropriately and at the right time. As an example, it would not be appropriate to ask questions during an emergency. It would, however, be appropriate to query your Preceptor and others about the situation after the emergency has subsided.

You May Not:

1. Argue with the staff. It is NEVER permitted. If you find that you are unable to resolve any discord, you should contact your Preceptor or Clinical/Field Coordinator immediately.
2. Engage in noisy chatter in patient areas or restricted areas.
3. Smoke. Smoking is prohibited in all health facilities.

Paramedic Clinical and Field Attendance Policy

Each student is required to create a training calendar in concurrence with their respective Clinical/Field Coordinator. Attendance is mandatory for all scheduled shifts. In order to secure the greatest benefits from the training program, attendance is imperative. If absent or tardy for more than three (3) consecutive shifts of clinical or field internship, students may be released from training and the Program. If an absence is unavoidable, students are required to notify their assigned respective Preceptor and the Clinical/Field Coordinator at least thirty (30) minutes prior to the scheduled arrival time.

Students shall not leave the training area for any reason without the permission of the Preceptor. Students who are not in their designated area for the entire shift (excluding approved breaks) will be considered to have abandoned their assignment, will be recorded as having unexcused absences and are in jeopardy of being suspended from the Program.

Permission should be obtained and a training schedule provided to the Clinical/Field Coordinator one (1) month prior to the start of your internship. If permission is not obtained, accumulated hours will not be counted toward the internship and BHCC reserves the right to terminate the student from the internship or the Program.

Schedule Changes

Changes in schedules must be reported to the Clinical/Field Coordinator. If you call in sick you must notify your respective clinical/field Preceptor about the change in your schedule. Failure to notify your Clinical/Field Preceptor and your respective Clinical /Field Coordinator will have an adverse impact on your record and may impact your ability to successfully complete your internship.

For more information regarding attendance please refer to the BHCC Paramedic Policy Handbook.

Personal Appearance

Your personal appearance identifies you to the public as a professional. Your image is a direct reflection on you, BHCC and the paramedic profession. Your attire must comply with the professional dress code of the internship provider and with the requirement of Bunker Hill Community College. You will be dismissed from a clinical practicum or field internship if you are not dressed appropriately.

- Hair should be above the collar, extravagant hair styles are not acceptable.
- Makeup and perfume must be conservative.
- Fingernails must be clean. Cuticles must be trimmed. Nail polish must be clear or light in color. Acrylic, silk, porcelain or any other artificial nails are not permitted.
- Jewelry should be limited to small earrings and wedding ring sets.
- Female students may wear ONE stud earring per ear. Dangling or hoop earrings are not permitted.
- Visible tattoos must be covered while at your clinical practicum or field internship.
- Facial piercing of the nose, eyebrow, tongue, lip, chin, or cheek is not acceptable.

Uniform

- Approved uniform for clinical practicum or field internship.
- Clean, polished, non-skid black boots. Tennis shoes, clogs, sandals and cowboy boots are not permitted.
- Scrubs are permitted attire when in the operating suite for intubation and/or labor & delivery rotations.
- A stethoscope, penlight and watch with a second hand.
- Bunker Hill Community College approved name tag/photo Identification Badge.
- Hats and caps are not permitted.
- Other attire may be required in some areas. Your Preceptor will inform you of the appropriate uniform for your rotation.

Professional Conduct

Demonstrating professional conduct is of the utmost importance. It reflects on you and Bunker Hill Community College. You are expected to practice appropriate professional behavior and your Preceptor will be evaluating the following specific behaviors. You must receive a rating of three (3) for each area in order to successfully complete your internship. It is important to use the feedback provided by these evaluations to improve any areas of weakness in your professional behavior.

Integrity
Appearance & Personal Hygiene
Time Management
Patient Advocacy

Empathy
Self-Confidence
Teamwork & Diplomacy
Careful Delivery of Service

Self-Motivations
Communications
Respect

Personal Behavior Evaluation Grading Sheet

You are expected to practice good patient relations. This includes respecting the privacy of a patient at all times. All patient information is confidential, and any discussion of a patient's condition is prohibited. Conversations about patient information should never take place where it may be overheard by observers. Respect and dignity must be given to patients at all times. You should introduce yourself as a paramedic intern and ask the patient's permission to proceed with the procedure. If written consent is necessary, the Preceptor should notify the student. Patients have the right to refuse any or all medical treatment. If this occurs, notify your Preceptor immediately.

You need not be timid about talking with patients or their families. Except in unusual circumstances, most people are pleased by the attention and are eager to share their problems with an interested professional. Develop a receptive perspective. Never argue with a patient. Refer any specific questions about the patient's medical condition from either the patient or a patient's family member to the patient's physician or to other medical personnel in charge. Remember that you are NOT A MEDICAL PRACTITIONER, and you are not qualified to respond to any medical questions. Do not interrogate the patient or a family member for information and always seek the assistance of your Preceptor if you are unable to gather vital information during an emergency.

You must NEVER deal aggressively with any patient unless it is absolutely necessary to avoid danger or to ensure the patient's safety. Study carefully how other medical professionals handle difficult patients.

What to do in case of a Needle Stick and How to Avoid Them

Before exposing yourself to areas of blood and needles, be sure your immunizations are current, especially your HBV vaccination. Be sure to have your titer checked every eight (8) years and get a booster shot if the HBV antibody is no longer in your system.

Once a needle has been injected into a patient, that needle and its contents are contaminated. **In the event of a needle stick with a contaminated needle, these steps should be taken to control the risk of infection.**

- ☐ Squeeze as much blood as possible out of the wound.
- ☐ Clean the wound with soap and water or wound care solution.
- ☐ See the Emergency Department physician or go to an Emergency Department.
- ☐ Find out if the blood source has any disease.
- ☐ Report needle sticks and exposures to your Preceptor, Clinical /Field Coordinator and BHCC IMMEDIATELY and complete the Incident Report.

PREVENTING NEEDLE STICKS

- ☐ Dispose of needles immediately after use.
- ☐ Do not place a sharp on a tray or anywhere else that could cause another to get stuck.
- ☐ Use of protective devices on needle tips, if available, can also prevent needle sticks.
- ☐ Become educated about infection control.
- ☐ Be alert for potential harmful exposures.
- ☐ Always take appropriate preventive measures.
- ☐ Wear gloves, face masks or face shields when appropriate to the level of exposure.
- ☐ Dispose of needles properly (such as in a special needle (sharps) disposal box).
- ☐ NEVER recap needles under any circumstances.

Injuries

Interns should avoid accidents and injuries. Be alert to safety issues. Report any unsafe conditions to your Preceptor. If you are injured while on duty, follow the policies and procedures of the hosting facility/agency. Any injury you sustain should be reported to your Preceptor and to the Clinical/Field Coordinator immediately. Forms documenting your injury will be completed and a copy made available to the BHCC Program Director. Copies are also placed in your student file and in the file of the hosting facility/agency. You will receive a copy. You will find the Incident Report form (Preceptor Form 8) in this Handbook.

Fire Suppression

Fire suppression activities are not allowed during internship. Failure to comply will be cause for disciplinary action and possible dismissal from the program.

Administration of Medication

Paramedic students must receive constant supervision during training. During the internship training direct supervision will be provided by the Preceptor(s) in each area. The primary instructor and or the Clinical/Field Coordinator may make both scheduled and unscheduled visits to the clinical/field sites. Students are to contact the BHCC Clinical/Field Coordinator with any question about the internship experience.

Field Internship

Bunker Hill Community College Paramedic students will be placed into a field internship rotation when they have successfully completed the clinical practicum phase of their training and all clinical documentation has been completed and returned to the Clinical Coordinator for final review.

Prior to placement in a field internship assignment you are responsible for becoming familiar with the hosting agency's policies and protocols. A field internship consists, at the minimum, one hundred (100) hours. During this time period you are required to have at least thirty (30) ALS contacts, of which in ten (10) of those contacts you will act as the lead provider.

ALS Patient Contact

An ALS patient contact is defined as your performing one (1) or more ALS skills, except cardiac monitoring and basic CPR, on a patient. In addition to ALS interventions found in the scope of practice, in order for an ALS contact to be counted, a patient assessment must include the documented medical necessity for glucose stick, pulse oximetry, or any other ALS diagnostic procedure.

National Registry

Students will not be eligible to sit for the National Registry Examination until they have successfully completed all phases of the training program and have received a course completion certificate. A graduate may not take the National Registry Examination or receive a course completion certificate without turning in all required documentation as well as complete a post course student evaluation.

BHCC CLINICAL/FIELD INTERNSHIP GUIDELINES AND STUDENT DOCUMENTATION FORMS

- ❖ Clinical/Field Internship Documentation Guidelines
- ❖ Permission to Commence Internship
- ❖ Preceptor Information
- ❖ Preceptor Letter

Student Forms

CLINICAL INTERNSHIP FORMS

1. Student Daily Log Sheet
2. Clinical Preceptor Log
3. Clinical Internship Log
4. Skill Documentation
 - a. Obstetrical Deliveries
 - b. Endotracheal Intubation
 - c. Miscellaneous Airway
 - d. Intravenous (IV) Cannulation
 - e. Medication Administration, IV Bolus
 - f. Medication Administration, IV Infusion
 - g. Miscellaneous Medications
 - h. ECG Recognition & Interpretation
 - i. Electrical Therapies
 - j. ECG Recognition Mounts
 - k. Pediatric Patient Assessments
 - l. Psychiatric Patient Interview/Assessments
5. Miscellaneous Skills
6. Incident Report
7. Professional Behavior Education
8. Professional Behavior Counseling Record
9. Evaluation of the Preceptor
10. Patient Tracking and Competency Record
11. BHCC, EMT-Paramedic Clinical Internship Correction Page
12. BHCC, EMT-Paramedic Clinical Coordinator Skill Documentation Summary Log

FIELD INTERNSHIP FORMS

1. Field Internship Time Log
2. BHCC Field Internship Daily Performance Record
3. Advanced Life Support (ALS) Contacts
4. Intravenous (IV) Line Cannulation
5. Intravenous (IV) Medication Administration
& Miscellaneous Medication Administration
6. Cardiac ECG Recognition/Interpretation
& IV Bolus Medication Administration
7. Patient Care Report (PCR)
8. Field Internship Evaluation
9. Incident Report
10. Professional Behavior Evaluation
11. Professional Behavior Counseling Record
12. Evaluation of the Preceptor
13. Patient Tracking and Competency Record
14. BHCC EMT-Paramedic Field Coordinator Documentation Summary Log

Clinical/Field Internship Documentation Guidelines

It is the responsibility of the student to maintain neat and accurate clinical and field records while enrolled in the BHCC Paramedic Program.

The student will document all clinical and field hours and skills in their respective log books using blue or black ink and entry upon their tablet or iPad.

The documentation will be detailed in nature and is expected to reflect the hours, appropriate rotation area, signature of the Preceptor, and skills performed with an accurate but brief description.

Clinical assessments as well as the appropriate skills performed should be documented on the BHCC Clinical Assessment sheet.

Field Assessments and skills are logged on the service's Patient Care Run report (PCR) where the student is performing their ride time. A copy of the PCR report should be obtained with all demographic and identifiable patient information being redacted and should accompany the student field log.

Signature of the Preceptor is required to consider the skill being completed.

The Paramedic student's Clinical practicum / Field internship log book shall be reviewed bi-weekly by the BHCC Clinical / Field Coordinator and/or the Program Director.

At completion of the program the log book will be turned in and become part of the student's personal record of course completion. The student's clinical and field documentation are BHCC's official record of a student's clinical practicum and field internship.

In addition to entering information in the student's respective log book, all students are required to enter their information in their tablet regarding completion of their respective clinical/field hours and skills. These entries must be made within forty-eight (48) hours of the skills completion.

Failure to properly document clinical practicum/field internship time and skills is grounds for disciplinary action.

Errors made in the Clinical practicum / Field internship log book shall be corrected as in medical documentation, with a single line and initials of student, with an indication that it is an error. At no time shall white out or correction tape be used in a log book.

**BUNKER HILL COMMUNITY COLLEGE
CLINICAL PRACTICUM FORMS**

Student Logbook

Name _____

EMT No. _____

Hospital _____

Date _____

Time _____

7am – 3pm 3pm-11pm 11pm-12am 12am-7am

Location in the Hospital _____

ED/IC/OB/OR/MED/SURG

Print Name of Charge Nurse _____

Print Full Names of Nurses you worked with:

_____	_____
_____	_____
_____	_____

In accordance with HIPAA, do NOT write down the names or personal information about the patients.

Skills acquired during this shift:

Patient Assessment _____

Pediatric Assessments _____

Psychiatric Interviews _____

IV _____

Endotracheal Intubation _____

OB _____

EKG Interpretation _____

IV Bolus _____

IV Infusion _____

Miscellaneous Medications _____

Notes:

Student Signature _____