



NTCC

EMS

EMT-BASIC

CLINICAL

Policy & Procedures Manual

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EMT-Basic Clinical Course Schedule

SUMMER 2017

EMSP 1160

DATE	SUBJECT	REFERENCE
Day – June 21 *(8:30-4:00p)	<p>**Hospital Clinical Orientation**</p> <p>&</p> <p>**EMS Clinical Orientation**</p> <p><i>This is a MANDATORY class that students MUST go through BEFORE being allowed to go to the hospital AND EMS/Ambulance clinical sites. If you miss this class, you cannot complete clinical, thus you will fail the ENTIRE course!</i></p> <p>THERE ARE NO EXCEPTIONS!!</p>	Handouts, Video, Clinical Packet
Day – July 12 *(8:30-12:30p)	<p>MID TERM UPDATE & REVIEW</p> <p>Practice Narrative Writing – S.O.A.P.</p> <p>Practical Narrative Scenarios</p> <p>Review of Clinical Paperwork & Corrections</p>	Clinical Packet
Day – Aug. 2 *(8:30-12:30p)	<p>Final Clinical Class</p> <p>Review of Clinicals to date</p> <p>Review of Clinical Paperwork & Corrections</p>	Clinical Packet

EMS Program General Policies

WELCOME TO CLINICAL

Welcome to the clinical aspect of the Emergency Medical Services Profession (EMSP) Program. The NTCC EMS Program is committed to providing its students with the best quality educational opportunities available that will enhance the EMS student's learning to become successful in the EMS profession. The purpose of the clinical training portion of the program is to develop a set of clinical behaviors that not only include skills, but values, ethics, morals, critical-thinking skills, and competencies that are consistent with the EMS profession.

The following EMSP policies and procedures are guidelines to specifically how our program functions within the realm of the Texas Department of Health & Human Services (TDHHS), NTCC, and the Allied Health division of this college. These policies do NOT supersede the aforementioned agencies policies, but are in addition to those policies and the student is responsible for reading and complying to those policies as well. All policies and procedures (regardless of location) are designed to give structure and support to the student and to give him/her an understanding that will provide the student the best opportunity for success.

MISSION STATEMENT

The mission of the NTCC EMS Program is to **educate** its EMS students to prepare them to become entry-level EMS professionals through diligence, patience, and perseverance of a patient-focused health care education program.

VISION STATEMENT

The vision of the faculty and staff of the NTCC EMS Program is to graduate quality entry-level EMS professionals who can perform not only the MINIMUM required skills designated by the State of Texas and the National Registry, but who in the field also command a firm knowledge base of quality field care as well as exude compassion, professionalism, courtesy, and a quest for excellence in field practice AT ALL TIMES.

EMS PROGRAM CLINICAL PHILOSOPHY

The primary focus of the EMS Program Clinical training is to develop students' skills to make clinical assessments upon which sound treatment can then be administered. And while a large portion of the student's training consists of preparation for crisis/critical events in medical and/or trauma, we also wish to fully train the student to the "routine" of general EMS that does not involve such life-threatening events, but rather day-to-day general care and/or assistance – both physical and/or emotional. It is in the above-mentioned manner that we hope students will accept and embrace all aspects of this profession by showing not only the best of quality care they can provide, but by showing respect, compassion, and understanding for every person they encounter during and following their education here at NTCC.

PRIVILEGE TO PRACTICE

Students are granted a privilege to practice by the EMSP Program Medical Director as an extension of his medical license under the terms of the Medical Practices Act and rules through the Texas State Board of Medical Examiners. At anytime within the EMS Program (in class, lab, or clinical) that the Medical Director loses confidence in the student's academic, psychomotor, or affective abilities (including such things – but not limited to – such things as integrity, safety, and/or professionalism), the student may be PERMANENTLY removed from this program.

Hospital and Ambulance Clinical Internship Policies

The hospital and clinical ambulance internships are designed to provide the students with an opportunity to observe, participate, and transfer rote skills and cognitive concepts into actual/live situations. It further enhances knowledge and skill level to facilitate optimal pre-hospital care both in training and post-training performance. While a separately numbered course, it is an integral part of the student's course and thus must be successfully passed in congruence with the didactic portion of the program. The purposes of the NTCC EMS Program is to prepare potential future EMS personnel to:

- Function as practitioners in the pre-hospital care and emergency medical environment at the desired certification level.
- Serve as a self-motivated and self-directed practitioner in EMS, who strives for personal and professional educational proficiency and continued educational development.

INTRODUCTION

The purpose of the *Clinical Policy & Procedure Manual* is to ease the transition from didactic to Clinical/Field practice and to guide you through the Clinical/Field portion of your training. It is important that each student carefully read and understand this manual in totality, as you will be held accountable for all its contents.

As you enter this phase of your training, it is emphasized that you should treat all patients with respect, always demonstrating compassion and sensitivity throughout each patient encounter. The Clinical/Field phase of training provides the emergency medical services (EMS) student the opportunity to practice and refine assessment and technical skills. Clinical/Field rotations provide an opportunity to witness concepts taught in the classroom and to perform many of the skills practiced in the laboratory. Clinical/Fields are a time to...

- refine assessment skills
- further develop technical skills
- enlist constructive criticism on performance
- develop professional relationships with other health care professionals
- actively seek learning experiences

General Clinical Policies

A. Clinical Coordinator and/or Program Director Duties and Authority at Clinical Sites

The NTCC EMS Clinical Coordinator and/or Program Director are the program's liaison between the students and the clinical sites and vice versa. The Clinical Coordinator and/or Program Director is the student's PRIMARY contact when any issues, concerns, or queries about the clinical internships are involved. The Program Director is currently the person who manages all students scheduling at all clinical sites, monitors all students within the clinical sites by doing spontaneous checks, and reviews all clinical paperwork that students write and return and paperwork for corrections. So anything regarding the clinical aspect of the student's training, should be directed at either the Clinical Coordinator and/or the Program Director.

The Clinical Coordinator, the EMS Program Director and/or a clinical site Preceptor has the authority to dismiss a student from the field or clinical setting when indicated by a critical incident, as defined by the Preceptor or other clinical site authority. The student will leave the clinical site immediately upon ANY request to do so and immediately contact the Program Director. The Program Director will then conduct an investigation into the incident, write a written report detailing the findings, and then subsequently schedule a meeting with the student concerning the critical incident. The final outcome of the student's status within the program therefore is the sole discretion of the Program Director. However, the EMS Program Coordinator's focus will be to determine if the student behaved in a manner not congruent to the EMS program's general conduct, policies, and procedures. Inappropriate behavior may be defined as:

- *Any action, verbal or physical, which is deemed inappropriate by a clinical or field preceptor that may directly or indirectly effect patient care.
- *Any student obviously under the influence of alcohol or drugs.
- *ANY other actions deemed inappropriate.

B. Scheduling

The Program Director will manage ALL clinical site schedules for all EMS program students for all clinical rotations, regardless of who the student's didactic course Instructor is. Students have FULL CONTROL of choosing their own clinical rotation schedule, within certain limitations. Scheduling is done on a first come, first serve basis and ONLY on the designated days stated in the student's didactic course calendar, which means that scheduling will be done on a class day.....at the END of class.....and only on THAT day. So, if the student is absent during the sign up, the student will have to WAIT until the NEXT available sign up. Once a student is signed up for a clinical site and the schedule has been PRINTED, the schedule may not be changed unless EXTREME extenuating circumstances exist, so students should be VERY SURE of their personal schedules PRIOR TO signing up. The Program Director will NOT make ANY changes to the printed clinical calendars. However, if the calendars are still in their "sign-up" phase, any changes can be made without penalty. But it should be noted that ANY changes made during when schedules are available for updates, are subject to be noted to the student's clinical grade if such changes occur more than TWICE in a semester. Students may not switch time and/or locations with other students. Any student switching times and/or locations will be counted absent and receive an unexcused absence for that clinical rotation. If a student cannot attend their chosen clinical day, then it simply counts as an absence. Copies of the Master Set of calendars are usually posted in the student's respective classrooms/labs. However, the Program Director has the ONLY Master Set calendars and ONLY that set of calendars can have changes made on it IF the Program Director approves. Calendars posted in the rooms are NOT to be changed and WILL NOT qualify as a valid change.

C. Clinical Attendance

Students are REQUIRED to attend **BOTH** the clinical training sessions at the college as well as all of their clinical rotations at the clinical sites. At least 2 of the clinical training sessions scheduled at the college during the semester will be MANDATORY orientation for qualification to the clinical sites. If a student does not attend such training, the student will not be cleared for clinical. If the student doesn't complete clinical, they fail the ENTIRE course, and not just clinical. The clinical training sessions are scheduled to best accommodate the students' course schedules. As such, students are expected to attend all clinical training sessions, and not just the mandatory orientation ones. Students who miss more than 1 clinical training session in a semester will be counseled. If the student misses another clinical training session after the counseling, they are subject to being dismissed from the course. The student must realize the importance of clinical training and the ONLY way to get such training is simply being there to get it.

Students **MUST** report to their chosen clinical sites on time. All program prescribed hospital clinical and ambulance internship times are mandatory for full attendance for the satisfactory completion of the course. The Clinical Coordinator will verify any/all attendance in the clinical area. The Program Director has the authority to recommend that a student not receive a Course Completion for any of the following clinical issues:

- *One (1) unexcused absence.
- *Excused absences in excess of 10% of the clinical time (for Basics that are more than 1 shift).
- *Too few clinical hours as prescribed by the program and/or the state for certification.
- *Leaving clinical sites early or habitual tardiness to clinical sites.

D. Student Employment

It is understood that many students have obligations in addition to attending school. That being said, here are some things that need to be understood relating to the paramedic program and employment:

- 1) Students should plan their work schedule so that they are not working while they are in class or lab. Leaving class to respond to a call is not acceptable and will not be tolerated.
- 2) Students are highly discouraged from working a night shift prior to a day clinical/field experience. Students are also highly discouraged from working a night shift immediately after a scheduled day clinical/field experience. Sleep deprivation effects are similar to alcohol, jeopardizing yourself and patient care.
- 3) Many students will have clinical/field experiences at their place of employment. While you are participating in an assigned clinical/field experience at your place of employment, under no circumstances will you be “on the clock”. Your time during the assigned clinical/field experience is as a “student”. The reasons for this are too numerous to discuss here, just think “scope of practice”, “medical liability” and “practicing medicine without a license”. If you are “on the clock” as an employee, and claiming the same time, contacts and skills performed as a student, you will be subject to dismissal from the program without the option to re-apply.

E. Clinical / Field Documentation for EMT-Basic Students

Students should take ALL appropriate paperwork to their clinical rotation (preferably in a clipboard), as well as a black pen (pencils and other colored pens are NOT allowed). And while taking notes with a large clipboard is not always practical in a field setting, miniature pre-printed pocket note pads are available in the college bookstore at a minimal cost for the student’s convenience. While in the clinical area, the student will be required to document patient contacts and care provided by both the Preceptors and the student. The clinical forms are designed for needed information that describe not only the call / patient, but administrative information like call location, the Preceptor’s printed name, scene times, etc. Everything on the form that is shaded is for the Preceptor to write in, everything in white is the student’s responsibility. Each respective clinical form **MUST** be completed by the student at the clinical site **PRIOR TO** leaving at the end of shift. This allows the Preceptor to read / review the student’s work and offer any constructive advice. It is also the time when the Preceptor will fill out the small section on each form to evaluate the student’s performance for that clinical rotation and subsequently sign it.

Forms that are returned without a Preceptor’s signature will not count as acceptable clinical rotation verification. If the form is returned and is found to have a falsified signature, the student will be subject to review from the EMS Program Coordinator and could be dismissed from the entire program for an honor violation as it is an attempt to falsify documentation.

Along with the main Clinical Documentation form, the form titled "Student Clinical Evaluation Form" is to be filled out and returned with the main clinical documents. The student's Instructor will check in all clinical documents, date them, and pass them along to the Program Director who will evaluate them for their timeliness, completeness, continuity, adherence to format and the standard of care. Students who are not experiencing or accruing an acceptable amount of skill opportunities OR are reported by their Preceptors to not willing to get involved in patient care, will be counseled and encouraged to exercise more initiative. Feedback concerning the student's clinical documentation forms will be given primarily during the clinical training sessions, although it can be done during the student's didactic course time (usually on breaks) if the timeliness of the feedback is needed. The student must understand that the clinical documentation is an extremely important part of their training as the medical field is inundated with documentation requirements as they are usually tied to financial reimbursements and even legal issues. Therefore, the NTCC EMS Program puts a very high standard on this aspect of the student's training and requirements / compliance. Therefore, to educate the students to the same general importance of documentation, the clinical grade directly reflects the attentiveness to the paperwork. Chronic and/or consistent return of paperwork that is late, incomplete, or below the program standard will result in the student being counseled and will most likely result in lowering the student's grade.

F. Field Clinical Reviews / Conferences

The Program Director and Paramedic Instructor often go to many of the clinical sites during ANY 24-hour period, 7 days a week, during the semester. The purpose of the visits is to see the student in action, answer questions from the student and/or Preceptors, and to give a sense of presence of NTCC EMS Program staff in the clinical settings. The EMS faculty may debrief the student on site and even initiate an open forum of interesting/practice cases. Any such conferences could also address general trends in student's overall program performance as well as evaluate student's performance in the clinical area.

G. Clinical / Field Evaluation Procedures

Criteria for successful completion of the clinical and field area include the following: clinical attendance records (both training sessions and field clinicals), timely returns of clinical documents the class directly after the clinical, the quality of the clinical and field evaluation forms, and the documented patient contacts & skills evaluations from the Preceptors. Early in the clinical experience, the student's grade reflected by their paperwork has some latitude built into it for the learning experience. However, past the student's first times, any documentation deficits will have a direct impact on the student's grade. A grade that falls too far, could cause the student to fail clinical, thus the entire course. Therefore, the student has full control of his/her performance and product in clinical.

H. Grading the Clinical Course

To pass clinical course, students **MUST** complete the minimum number of required contact hours. In addition, passing the clinical course requires that ALL minimum patient contacts and procedures be achieved. Students who have the minimum number of contact hours but NOT the minimum patient contacts, will be required to attend more clinical rotations to meet that course requirement. While the student must make sure that all course minimums are met, it should also be noted that ALL clinical Preceptor evaluations that the student obtained in the clinical sites identify the student as competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical course which means the student fails the entire EMT-Basic course.

The grading scale for ALL NTCC EMS course(s) is/are:

92 to 100	--	A
84 to 91	--	B
75 to 83	--	C
74 to 67	--	D
Below 66	--	F

EMT-B Clinical Course Grade

Field Clinical Attendance	--	30%
Training Sessions Attendance / Affective Domain	--	30%
Clinical Documentation	--	30 %
Assignments / Exams	--	10%

Students can be advised of their general clinical grade status after the first couple of clinical rotations have been completed. Such information can be obtained from the Clinical Coordinator, not the student's course Instructor. However, if at any point in the course the student is noted to have a failing performance, attendance, or documentation issue, the Clinical Coordinator will call for an immediate conference with the student and develop a plan of action to improve on the student's deficits. **At the end of the course, a final grade of 70% or higher must be achieved in clinical to pass.** The grade then obtained in this course, is added to the student's didactic course grade. Thus, it reflects the importance of competent clinical training and performance for an EMS student.

SPECIFIC POINT GRADING

PAPERWORK RELATED DEDUCTIONS

<u>Deduction</u>	<u>Cause</u>
1pt	chronic exhibition of missed items on clinical paperwork
1pt	use of color of ink other than black (usu. in multiple locations)
1pt	messy and/or unreadable paperwork (usu. in multiple locations)
1pt	missed student signatures (per page)
1pt	missing/incorrect/incomplete administrative documentation on top of page
1pt	late return of paperwork (begins on class after paperwork due & accrues)
1pt	late entry of paperwork into FISDAP (begins on class after due & accrues)
2pts	missing Preceptor evaluation
2pts	missing student evaluation
2pts	missing daily run report (applies to 240 internship)
2pts	late entry into FISDAP beyond 24 hours after shift
2pts	not following SOAP format (applies AFTER 1 st rotation)
TBD	chronic late return of paperwork (beyond 1 week)
TBD	student turns in paperwork from wrong clinical date/location (usu. refused and counts as an unexcused absence)

NON PAPERWORK RELATED DEDUCTIONS:

0pts	first absence/missed clinical (per semester)
1pt	for each tardy or early class departure past the first 2 per class/lab/clinical
1pt	for EA. hygiene compliance issues past the first 2 per class/lab/clinical
2pt	for EA. uniform compliance violation past the first 2 per class/lab/clinical
2pt	for EA. violation of cell phone / computer policies
2pt	for EA. time student falls asleep in class, does not participate actively in class/lab
TBD	not achieving at least 80% of clinical competencies
TBD	multiple absences from class or clinical sites (unless medically authorized)
TBD	affective deductions for insubordination or non-professional attitudes/behaviors
1 letter grade	not completing the course / clinical requirements within the time frame designed (depending on incompleteness, may lower 2 letter grades)

H. Hospital and EMS Clinical Locations

The student will have the opportunity to go into the clinical realm with a wide variety of hospitals and EMS firms. The locations of these sites are both local and longer distance. All sites have signed contracts with NTCC and the EMS Program. Within those contracts are certain parameters regarding every part of the student's experience within their facilities/locations from times allowed, extent of duties, etc. The EMS Program currently has 5 Hospital ER's available, 2 Hospital OB locations, and 5 EMS Services under contract. The student is expected to attend one of the contracted sites at designated times. A student may ask if they can attend another location, site, or time, but if they are NOT under contract to the NTCC EMS Program, the student IS NOT ALLOWED to attend that site AS AN NTCC EMS student. We may pursue a contract with the site, but such undertakings can take anywhere from 6-18 months to become available, most likely AFTER the student will no longer be in the program. As such, the student will have to attend sites already contracted who have trained Preceptors willing to work with students.

I. Expected Clinical Competencies

The following clinical competencies are required for ALL students. Since certain types of patients or just patients in general cannot be created, in certain situations, scenarios and simulation may be substituted for a maximum of 20% of any given competency rather than clinical experience. Substitutions must be approved by the EMS Program Director. In order for verification, all skills and patient information must be documented as directed in the clinical policy.

Expected EMT-Basic Clinical Competencies

Skills

Vital Signs	50
Small Volume Nebulizer	2
Oxygen Administration	10
Spinal Immobilization	2
Bandaging / Splinting	5
Patient Assessments	12
CPR	1

Patients

TOTAL Patient Contacts	40
Medical Patients	18
Trauma Patients	17
Pediatric/Neonatal Patients	5

MINIMUM Clinical Times REQUIRED

MINIMUM Total ER Clinical Time	24 hours (3 - 8 hr. shifts)
MINIMUM Total OB Clinical Time	8 hours (1 - 8 hr. shift)
MINIMUM Total EMS Time	36 hours (3 - 12 hr. shifts)

*More time may be needed to achieve patient or skills set. Students **MUST COMPLETE ALL TIME REQUIREMENTS**, even if skill and patient competencies are met.

Course Completion Policy

A student is considered to have successfully completed this course when ALL clinical affective, cognitive, and psychomotor objectives as well as all clinical competencies have been successfully completed according to program criteria. Upon completion of the course, the Clinical Coordinator, the Course Instructor AND the student will ALL re-verify all required documents in the student's file. Upon re-verification, if all documents are in place and correct, the student will receive an official course completion certificate. An exit interview will also be conducted with the student. Failure of either the didactic or clinical portion of the program constitutes the failure of the entire course, and hence the student would be required to complete BOTH portions again if re-application is made.

****Patient Confidentiality****

Patient information garnered during clinical rotations is considered confidential both ethically and, in many cases, legally. Discussion with Preceptors, the Clinical Coordinator, the EMS Program Director, and/or the student's Instructor is permitted when used for educational or stress management purposes only, and when in private setting. Any other open or public discussion of any confidential patient information outside the clinical setting is strictly prohibited. Confidential patient information is defined as any information which would specifically identify an individual. This includes, but is not limited to: name, address, Social Security number, or driver's license number. At times this may also include specific details, not generally known to the public, which involve a media event.

Social Media Policy

GENERAL INFORMATION:

Distribution of sensitive and confidential information is protected under Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family Education Rights and Privacy Act (FERPA) whether discussed through traditional communication channels or through social media. Social media are defined as mechanisms for communication designed to be circulated through social interaction which is created using highly accessible publishing techniques. Social media is commonly thought of as a group of Internet-based applications that are built on the ideological and technological foundations of the web that allows the creation and exchange of user-generated content. Examples of social media formats include BUT ARE NOT LIMITED TO LinkedIn, Flickr, Wikipedia, Second Life, blogs, podcasts, RSS feeds, Allnurses.com, Twitter, Facebook, YouTube, and Vine.

Social media often spans traditional boundaries between professional and personal relationships and requires additional awareness to make sure that personal, professional, and college reputations are protected. When publishing information on social media sites, you must remain cognizant that this information may become public for anyone to see and can be traced back to you as the author. This form of two-way communications provides little control about how your posting will be used by others. As such, the student must always be cognizant that private social media sites do not exist. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. If you feel angry or passionate about a subject, it's wise to delay posting until you are calm and clearheaded. Do not use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace. Think twice before posting. If you have a question or feel the slightest bit uncertain about a post or a comment you are about to publish, it is in your best interest to review the suggestions in this policy and to seek guidance from EMS faculty.

If you in any form/fashion identify yourself as a student of Northeast Texas Community College and/or of the EMS Department through postings, personal web pages, social media accounts, etc., you **MUST** ensure that the content you publish and/or acknowledge, be it personal or school related, is consistent with your professional ethics and is compliant to all confidentiality and privacy laws. You should always consider the legal liability of each post you make and the posts that are made on your site as well as on the sites of others.

As an EMS student, you must always be aware that you are building a reputation while preparing for a profession of public service. The public, along with your future employers, expect high standards of professional behavior. Your reputation can be revealed through social media. Employers consistently conduct Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you. A great suggestion is to regulate your social accounts with “Approval before Posting” reviews/commands to make sure that you are compliant with all current confidentiality, privacy, obscenity, laws etc., and to delete comments and to block any individuals who repeatedly post offensive or frivolous comments.

POLICY:

HIPPA guidelines must be followed at all times. Identifiable information concerning clients/patients and clinical rotations must not be posted in any online forum or webpage. Zero-tolerance applies to anyone posting comments that violate HIPPA guidelines or this policy. Any infraction of this Social Media Policy will result in the immediate dismissal from the EMS Program.

CONSEQUENCES:

Violations of client/patient privacy with an electronic device will be subject to HIPAA procedures and guidelines. Consequences will result in termination from the EMS Department of Northeast Texas Community College. Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information from music, videos, text, and any other media. Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.

CLINICAL / FIELD ASSIGNMENTS

Definition of Clinical/Field Assignment

A Clinical/Field assignment is defined as all mandatory educational requirements which have been established for the learning experience of the EMS student while training at a Clinical/Field site. Attending at clinical sites is mandatory AS WELL AS active participation. The program does encourage students to take advantage of other educational opportunities within the facility not generally a part of the program, but ONLY after you have completed the required activities.

The EMS Program's Expectations of the Student

During the Clinical/Field portion each student is expected to:

1. Meet the behavioral objectives of each Clinical/Field site, including by not limited to full-attendance, punctuality, full participation in on-call and other work schedule assignments as outlined by the Clinical/Field site supervisors.
2. Adhere to the policies and procedures outlined in this manual and in the policies and procedures outlined by each Clinical/Field site.
3. Conduct yourself in a professional manner, working cooperatively with other health care team members.
4. Must comply with all HIPAA standards and regulations respecting the rights and privacy of all patients.
5. Maintain daily patient data information records of all patient cases seen during each Clinical/Field rotation.
6. Complete an *Evaluation of the Preceptor* form at the end of each Clinical/Field assignment.
7. Keep the EMS Program informed of current mailing address, telephone contacts and/or pager number at all times.
8. Be self-directed; anticipate & look for ways to contribute to the efficient function of the team & patient care.
9. Notify the Program Director immediately if patient related incidents occur. Document the incidents, name of the persons involved, and any other information that does not conflict with current rules and regulations that applies to patient confidentiality.

As an EMS Program Student, it is YOUR responsibility to:

1. Protect confidential, sensitive, and proprietary information: do not post confidential or proprietary information about the college, clinical EMS staff, students and peers, clinical facilities, clients/patients, or others you may come in contact with while in the role of Northeast Texas Community College EMS student.
2. Protect all private and confidential information related to you and to others. Be responsible for what you post and protect yourself and others.
3. Be aware that you are associated with Northeast Texas Community College and the EMS Department when engaging in online social networks. Regardless of how you identify yourself, be it personal or as a student, ensure that your profile and related content is consistent with how you wish to present yourself to colleagues, clients/patients, and potential employers.
4. Identify your views as your own. When posting your point of view, you should neither claim nor imply that you are speaking on Northeast Texas Community College's behalf, unless you are authorized to do so in writing.
5. Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the college.
6. Refrain from using Northeast Texas Community College or the EMS Department marks, such as logos and graphics, on personal social media sites. Do not use Northeast Texas Community College's name to promote a product, a cause, or a political party or candidate. Use of the EMS Department logos and/or graphics for School sanctioned events (posters, fliers, postings, or others) must be approved by the EMS Program Director.

7. Comply with the expectations for all electronic devices (such as PDAs, Notebooks, Tablets, and Smartphones) that are employed for social media communication during clinical activity. If a PDA is combined with a cell phone, cell phone aspect of the device must be silenced. Use of these devices will be authorized and approved/disapproved by EMS faculty.
8. Restrict the use of computers and electronic devices during class to note taking and approved classroom activities. Other methods of usage are not only distracting to yourself, but to the student within your immediate area.

STUDENT ATTITUDES DURING CLINICALS

- ❖ First week / First student - the first student the first week of Clinicals will set the tone for all other students. So, set the good example. Also remember, many of these places could be future employers, so ALWAYS strive to make good impressions.
- ❖ Clinical time is to be used to familiarize you with equipment, procedures and patients. It is suggested you read charts, then assess the patient and finally compare your findings with those from other health care professionals. Pay particular attention to any prehospital treatments/diagnosis of patients and compare with the emergency department or specialist treatment and/or diagnosis. **You must become proficient at conducting patient assessments on patients of all age groups – this is a priority in Clinical over simply doing a skill.**
- ❖ It is not your purpose at the Clinical site to perform all of the manual labor duties; however, you should assist the other health care professionals with such duties as this IS a service industry and cleaning, re-stocking, etc. only makes the place available for the next CUSTOMERS. A little cooperation goes a long way in developing trust and a positive attitude.
- ❖ Be assertive, but not aggressive. Remember, you are being invited to their location. No Clinical site is obligated to have you there participating in Clinical functions, so be a good GUEST.
- ❖ Be cautious with humor - it may be misinterpreted since staff or family do not know you.
- ❖ **Patient confidentiality is of utmost concern and has legal implications. Be extremely cautious where (elevators, cafeteria, etc.) and with whom you discuss patient information with. At no time should names of patients ever be divulged; this includes case studies that are to be turned in as assignments.**
- ❖ **Students need to be self-directed. This is your education; you must take the lead role in learning.**
- ❖ If you have problems:
 1. Talk with the Preceptor and/or the EMS Program Director.
 2. Talk with your Instructor.

*****The conduct of the student reflects upon the individual, agency, school and the EMS profession. Students are required to conduct themselves in a professional, mature manner at all times. Students are expected to adhere to the policies of the school and institution they are attending. Failure to comply with policies will result in disciplinary action and possible dismissal from the program.*****

For An Effective Clinical/Field Experience Consider The Following:

- **On Day 1, sit down with your Preceptor to review your objectives.**

Provide Preceptors with a brief background of your educational and Clinical experiences. Identify your strengths, weaknesses, and areas that you would like to focus on during your Clinical rotation. Skills or problems identified as needing improvement should be addressed with your Clinical Preceptor immediately.

- **Ask questions.**

Clinical Instructors need to be stimulated - that's why they teach. They also need to know that you are interested in learning. Asking questions meets this need, and is a primary way the Preceptor measures your initiative and involvement in your education.

- **Organized mini-courses for yourself.**

Each week take a few illnesses and injuries and learn about them. Focus on learning about specific diseases. (You can use your learning objectives and test topics to guide you). Select several patients whose problems you want to understand, in depth, and learn all you can about the disease process, treatment, etc. This type of learning will be more meaningful, and will be more productive in integrating information than trying to memorize information from a book.

- **Read.**

Your textbook is MORE THAN a paperweight or doorstop. READ IT.

Make/use 3"x5" index cards for referencing and review. Research about patients you are seeing. You may have twenty different patients, and obviously cannot read about twenty problems, so you will need to pick and choose, refocusing on problems you are likely to encounter in primary care. Study the typical/common problems especially. Remember, it is your responsibility to fill in the gaps between what you see at the site, and your objectives on which you will be tested. It is not possible for sites to provide you with experiences on every objective.

- **Support each other.**

Be "on call" for each other to share exciting cases and/or support each other with difficult cases.

- **Don't forget your physical exam skills.**

You will be exposed to many variations on the theme of skills examinations, including shortcuts, omissions and legitimately different approaches. Remember the way you were instructed and before you omit, THINK! Reason through what information each part of the skills examination gives you before leaving out parts of exam solely to speed-up. There are acceptable ways to speed up and streamline techniques. When in doubt, speak with your Instructor or Preceptor. BUT.....when all else fails.....what we teach INSIDE the program rules!

Academic progress, integrity and professional behavior are essential for your success in the NTCC EMS Program. Should you have questions or need assistance at any time during your Clinical or Field rotations, please contact your Instructor or the Program Director at the numbers provided to you during the Clinical and Field orientations.

GENERAL GOALS and OBJECTIVES

Goals

- To provide the student with an opportunity to perform assessment and treatment skills learned in the didactic portion of the program.
- To expose the student to the most current concepts in emergency care.
- To allow the student to develop a working relationship with other members of the health care team.

OBJECTIVES

At the completion of the Clinical/Field experience, the student shall be able to:

- Perform a comprehensive assessment on any age patient (newborns, infants, toddlers, preschoolers, school age, adolescents, adults and geriatric);
- Report the assessment information in a brief, organized and accurate manner;
- Correctly and concisely document the assessment information on an EMS report form.
- Describe the pathophysiology, signs & symptoms and appropriate prehospital care for patient encountered in the Clinical/Field setting.
- Demonstrate correct knowledge of basic airway management procedures.
- Demonstrate and describe correct resuscitation procedures.
- Take and properly record accurate vital signs.
- Identify normal and abnormal lung sounds.
- Safely administer medications that are indicated under EMT-Basic Protocols. All the while understanding all of those medications indications, contraindications, adverse reactions, and routes.
- Effectively ventilate a patient.
- Identify and demonstrate the correct procedures for treating fractures and hemorrhage.
- Know the procedures needed to safely assist other allied professionals in patient movement and transfers.
- Develop and maintain rapport with health care professionals.
- Demonstrate sensitivity to and provide support for the physical and emotional needs of both the patient and the family.

CLINICAL OBJECTIVES AND REQUIRED COMPETENCIES

A. Emergency Department:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the NTCC clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Clinical Coordinator at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgments in the clinical area.
3. On each clinical rotation, the student should generally be able to observe:
 - A. chronic disease processes.
 - B. acute illness presentations.
 - C. common injuries & critical trauma.
 - D. general patient entry triage
 - E. ER Team interaction.
 - F. medical control interaction.
 - G. definitive care procedures within AND outside of the normal EMS Scope of Practice.
4. The student should be able to perform the following skills under the direction of the assigned ER Preceptor or Clinical Coordinator with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) the general working ability to perform primary and secondary patient assessment skills as needed,
 - 4) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 5) oxygen administration and/ or artificial ventilation via BVM,
 - 6) oral/nasal airway placement and/or any needed oro/nasopharyngeal suctioning,
 - 7) proper CPR skills if a patient is in cardiac arrest,
 - 8) good general patient and ER Team interaction.
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

B. Labor & Delivery / OB-GYN / Nursery:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the NTCC clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.

2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Clinical Coordinator at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgments in the clinical area.
3. On the clinical rotation, the student should generally be able to observe the following:
 - A. stages of labor
 - B. fetal monitoring
 - C. vaginal and caesarian deliveries.
 - D. neonatal care.
 - E. health care continuum team interaction.
4. The student should be able to perform the following skills under the direction of the assigned L & D Preceptor or Clinical Coordinator with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 4) oxygen administration,
 - 5) good general patient and Labor & Delivery Team interaction.
 - 6) delivery assistance as requested
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

Emergency Medical Services:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the NTCC clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Clinical Coordinator at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgments in the clinical area.
3. On the clinical rotation, the student should usually be able to observe:
 - A. EMS ambulance operations.
 - B. primary advanced prehospital health care.
 - C. health-care provider / patient interaction
 - D. the multiple levels of the health care team
 - E. the multiple facets of the functioning public safety realm
4. The student should be able to perform the following skills under the direction of the assigned EMS Preceptor or Clinical Coordinator with AT LEAST a level 3 rating (see documentation form for further explanation):

- 1) a manual set of vital signs on every patient contacted,
 - 2) the ability of the student to obtain and/or assist in obtaining a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge of proper patient movement/lift techniques,
 - 4) oxygen administration and/ or artificial ventilation via BVM,
 - 5) oral/nasal airway placement and/or any needed oro/nasopharyngeal suctioning,
 - 6) proper CPR skills if a patient is in cardiac arrest,
 - 7) bandaging and/or splinting skills (including spinal immobilization) as requested,
 - 8) assist in EMT-Basic level patient medication administration as protocol allows,
 - 9) good general patient and EMS Team interaction.
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

Specified Student Roles and Responsibilities in the Clinical and Field Areas

****The student is to report to assigned department/ station fifteen (15) minutes early to get to assigned area and be assigned to/check in with a Preceptor. The student must ALSO perform the following while within ANY of the NTCC clinical affiliated sites:**

1. Be properly attired in the correct clinical and/or field uniform WITH your clinical ID, bringing with you ALL appropriate paperwork and a black pen.
2. Introduce them self to the Preceptor, tell them your SHIFT HOURS, and at what level of skill that you will be training.
3. Assist the Preceptor with checking supplies and/or daily inventory.
4. Assist the Preceptor with ANY general maintenance or cleaning needs as requested.
5. Actively participate in patient care as directed by the Preceptor.
6. Ask questions at the appropriate time regarding patient care approach, even if it differs from what was taught in class, in an area away from the patient and/or patient's family.
7. Perform each activity and skill under the direct supervision of the Preceptor, Clinical Coordinator, and/or physician.
8. If the student is unsure of a skill, they should request a demonstration by the Preceptor PRIOR TO any attempt to perform such skill and MUST BE within the Scope of Practice of the level of certification.
9. Perform only those skills instructed and proficiency has been verified in class. No skill is to be performed without the direct supervision of the Preceptor.
10. Review each skill activity with the Preceptor and accept their constructive criticism.
11. Assist the staff as much as possible in any duties requested as long as it's within the Scope of Practice.
12. Assure that the Preceptor completes the student's documentation / evaluation form and SIGNS IT.
Students who do NOT get the appropriate signature and documentation completed will NOT have their clinical time counted and will be REQUIRED to repeat the clinical rotation.
13. Complete the student evaluation of clinical and field experience form.
14. Return ALL COMPLETED clinical documents at the BEGINNING of your NEXT class. Students who do not turn in all documents or incomplete documentation will have their clinical grade reduced. Multiple infractions of late or incomplete paperwork will lead to student disciplinary actions.

Types of Clinical Experiences Available

- A. Emergency Department** -- The student will observe and participate in the definitive emergent care of all ranges and acuity of patients. Under the guidance of the Clinical Coordinator and the Preceptor, the student will be able to perform their appropriate EMT/Paramedic level skills.
For both EMT and Paramedic students.
- B. Labor & Delivery / OB-GYN / Nursery** -- Preceptors and the Clinical Coordinator will guide the student in the facets of care for ante-partum and post-partum patients. The student will also participate in newborn care and assessment.
For both EMT and Paramedic students.
- C. Emergency Medical Service** -- The student will be assigned to a Mobile Intensive Care rated ambulance service where they will observe, participate, and function with the EMS Preceptors. With guidance, direction, evaluation and feedback from the Preceptors and Clinical Coordinator, the student will perform their appropriate basic and/or advanced life support procedures. For Paramedics only: their last semester will be mostly dedicated to the ambulance internship as a capstone to the program.
For both EMT and Paramedic students.
- D. Intensive Care Unit** -- While in the Intensive Care Units, the student will be guided by the Clinical Coordinator and Preceptor to observe critical care medicine and participate in the care of acute trauma/medical/surgical patients. This will allow the student to develop a more comprehensive understanding of the health care continuum at a critical/delicate care level.
For Paramedic students ONLY.
- E. Surgical/Operating Room** -- Under close one-on-one supervision of an anesthesiologist or anesthetist, the student will conduct intravenous infusions, medication administration, as well as basic and advanced airway control skills, including being the primary location for students to obtain endotracheal intubations.
For Paramedic students ONLY.
- F. NICU / Pediatrics** -- The students will have the opportunity to observe, assess and participate in the care of neonate and/or pediatric patients in a hospital specializing in the definitive care of critical infants and children, while under the direct supervision by critical care Preceptors.
For Paramedic students ONLY.
- G. Home Health Care** -- Under the direct supervision of a Home Health Care RN, the student will observe and participate in the delivery of care to Home Bound patients.
For Paramedic students ONLY.

- H. Mental Health Services** -- The student will have an opportunity to observe and limitedly participate in the care of emotionally infirm and other psychiatric patients.
For Paramedic students ONLY.
- I. Dialysis Clinic** -- The student will have an opportunity to observe and limitedly participate in the care of patients who are undergoing formal in-clinic dialysis treatment.
For Paramedic students ONLY.
- J. Medical Examiner / Morgue** – The student will have the opportunity to observe the operations and functions of a morgue, funeral home, or Medical Examiner’s office. This opportunity would allow the student a unique perspective of the human in a post-mortem condition.
For Paramedic students ONLY.
- K. Aeromedical Internship** – On a limited basis, a select number of students will be given the opportunity to fly with an air ambulance for one shift as a Third Rider. The student would have to meet certain flight criteria and will have to sign separate documents not included in the student’s file. This is a RARE and unique opportunity for EMS students not usually available in any program. Of special interest for potential future flight medics.
For Paramedic students ONLY.
- L. Medical Director Fellowship** – For a very select number of students, this one-of-a-kind fellowship will be offered to students who meet a very specific criterion. The selected students will have the opportunity to “shadow” the EMS Program’s Medical Director for an entire day at Baylor Hospital in Rockwall. This rare opportunity will allow the student to be under the direct guidance of Dr. Pease at a higher level of care facility. No other known EMS training programs offer this.
For Paramedic students ONLY.

AMERICANS WITH DISABILITIES ACT – ALLOWABLE ACCOMMODATIONS

The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification. The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS.

- Exams are designed at least in part to measure the student's ability to read.
- A second example is one dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.
- Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Descriptions, outlined in the Appendix in the next section, describes the required skills and job requirements essential to EMS personnel. Those descriptions will guide any/all accommodations permitted for the EMT and Paramedic level students.

The following specific points about the Americans With Disabilities Act DO pertain to those involved in EMS training and education programs:

- Students *cannot* be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be *no* accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

****PLEASE NOTE****

There are accommodations that are NOT ALLOWED in the EMS Program because they are not in compliance with the essential job functions of an EMT or Paramedic as outlined in the Functional Job Descriptions. These include, but are not limited to:

1. *Students are not allowed additional time for skills with specific time frames.*

- Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.

2. *Students are not allowed unlimited time to complete a written exam.*

- This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
- Students will be allowed a maximum of time and one-half to complete written exams.

3. *Students are not allowed to have written exams given by an oral reader.*

- The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.

4. *Students are not provided a written exam with a reading level of less than grade eight.*

- The EMS profession requires a reading level of at least grade eight to work safely and efficiently.

5. *Students must take all exams during the scheduled time, as a member of the enrolled class.*

- The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and Paramedics.
- Exams are given to elicit immediate recall and understanding of emergency situations.
- Students will be permitted a private space to take the exam.
- Refer to the written examination policy of missed exams due to excused absences.

6. *Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.*

- Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
- Student must be able to understand and converse in medical terms appropriate to the profession. Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently. The Program Director and NTCC student services can further define the American with Disabilities Act as needed.

Functional Position Descriptions for ECA / EMT / EMT-I / EMT-P

Introduction

The following general position descriptions for the positions of EMS in Texas are for Emergency Care Attendants (ECA – more currently referred to as First Responders), Emergency Medical Technician – Basic (EMT-B), Emergency Medical Technician – Intermediate (EMT-I), and Emergency Medical Technician – Paramedic (EMT-P – includes the description for Licensed Paramedic (LP)) are provided as a guide for advising those interested in understanding the qualifications, competencies and tasks required for emergency medical services certification and/or licensure. It is the ultimate responsibility of an employer to define specific job descriptions within each Emergency Medical Services (EMS) entity.

Qualifications

To qualify for EMS certification or Licensure in Texas, an individual must successfully complete a State approved EMS course, achieve competency in each of the psychomotor skills within that course, and proficiently complete the clinical requirements of that course. Subsequently upon passing the course, the individual must achieve a passing score on the National Registry written examination. Upon passing the National Registry Exam, the individual may then make application to the Texas Department of State Health Services for either certification or Licensure (if making application with both a passing National Registry AND an appropriate college degree). All EMS personnel must be at least 18 years of age to be certified/Licensed. All EMS personnel must either have a high school diploma or its equivalent (GED).

All EMS personnel MUST have the following abilities:

- Ability to communicate verbally via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret written, oral and diagnostic form instructions
- Ability to use good judgment and remain calm in high-stress situations
- Ability to work effectively in an environment with loud noises and flashing lights
- Ability to function efficiently throughout an entire work shift
- Ability to calculate weight/volume ratios & read small print both under life threatening/time constraints
- Ability to read and understand English language manuals and road maps
- Ability to accurately discern street signs and address numbers; ability to interview patient, family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse in English with coworkers and hospital staff as to status of patient.

EMS personnel should also possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

Description of Tasks:

- Receives call from dispatch, responds appropriately to emergency calls, reads maps, drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.
- Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.
- Observes patient in route and administers care as directed by physician or emergency department or according to published protocol.
- Identifies diagnostic signs that require communication with facility.
- Moves the patient into the emergency facility from the ambulance.
- Reports verbally and in writing concerning observations about the patient, patient care at the scene and in route to facility, provides assistance to emergency staff as required.
- Maintains familiarity with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.

Student Notes

APPENDIX

ACKNOWLEDGMENT OF NTCC-EMS CLINICAL POLICIES AND POCEDURES

This is to affirm that each student has received an orientation to the policies and procedures, and they have read and understand all facets therein. The following confirms this understanding:

**I _____, have received the
(Print Student's Name)**

official NTCC-EMS CLINICAL Policies and Procedures Manual, orientation, and have read and fully understand the outlined policies and procedures for the Northeast Texas Community College EMS Program. Furthermore, I agree to fully abide by these policies and procedures.

Printed Name

Signature

Date

Student's EMS Instructor (print)

NTCC EMS Director (print)

Signature

Date

NTCC EMT – BASIC
EMERGENCY ROOM INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

STUDENT:				PRECEPTOR:			
LOCATION:				SHIFT TIME:		DATE:	
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION & THEN GIVE THE FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.							
PT. #1: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
ER FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A		CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A	
INFECTION CONTROL SKILLS		1 2 3 4 5 6 N/A		STUDENT / PATIENT RELATIONS		1 2 3 4 5 6 N/A	
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE							
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.							
1. Write any reasons for any Performance Ratings of 1 or 2.							
2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.							

PRECEPTOR
SIGNATURE _____

STUDENT
SIGNATURE _____

NTCC EMT – BASIC
EMERGENCY ROOM INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

STUDENT:				PRECEPTOR:			
LOCATION:				SHIFT TIME:		DATE:	
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION & THEN GIVE THE FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.							
PT. #1: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
ER FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A		CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A	
INFECTION CONTROL SKILLS		1 2 3 4 5 6 N/A		STUDENT / PATIENT RELATIONS		1 2 3 4 5 6 N/A	
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE							
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NTCC EMT – BASIC
EMERGENCY ROOM INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

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PT. #1: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
ER FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A		CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A	
INFECTION CONTROL SKILLS		1 2 3 4 5 6 N/A		STUDENT / PATIENT RELATIONS		1 2 3 4 5 6 N/A	
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TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
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CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
ER FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A		CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A	
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TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
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PT. #2: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
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CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
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TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
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TREATMENT OBSERVED:							
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CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
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CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
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CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
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ER FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
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TREATMENT OBSERVED:							
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PT. #2: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
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CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
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CHIEF COMPLAINT:							
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CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
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TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
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STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
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TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
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FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
ER FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A		CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A	
INFECTION CONTROL SKILLS		1 2 3 4 5 6 N/A		STUDENT / PATIENT RELATIONS		1 2 3 4 5 6 N/A	
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE							
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.							
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SIGNATURE _____

STUDENT
SIGNATURE _____

NTCC EMT – BASIC
LABOR & DELIVERY INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

STUDENT:				PRECEPTOR:			
LOCATION:				SHIFT TIME:		DATE:	
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF TWO (2) PATIENTS DURING THE ROTATION & THEN GIVE THE FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.							
PT. #1: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
OB / NURSERY FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A		CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A	
INFECTION CONTROL SKILLS		1 2 3 4 5 6 N/A		STUDENT / PATIENT RELATIONS		1 2 3 4 5 6 N/A	
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE							
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2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.							

PRECEPTOR
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STUDENT
SIGNATURE _____

NTCC EMT – BASIC
LABOR & DELIVERY INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

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LOCATION:				SHIFT TIME:		DATE:	
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PT. #1: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							

PERFORMANCE	RATING	PERFORMANCE	RATING
STUDENT APPEARANCE	1 2 3 4 5 6 N/A	OBSERVES ASSESSMENTS	1 2 3 4 5 6 N/A
STUDENT GENERAL ATTITUDE	1 2 3 4 5 6 N/A	OBSERVES HISTORY TAKING	1 2 3 4 5 6 N/A
FOLLOWS DIRECTIONS	1 2 3 4 5 6 N/A	LIFTING & MOVING SKILLS	1 2 3 4 5 6 N/A
WILLINGNESS TO PARTICIPATE	1 2 3 4 5 6 N/A	VITAL SIGNS SKILLS	1 2 3 4 5 6 N/A
OB / NURSERY FAMILIARITY	1 2 3 4 5 6 N/A	BANDAGING / SPLINTING SKILLS	1 2 3 4 5 6 N/A
ROOM MAINTENANCE SKILLS	1 2 3 4 5 6 N/A	CPR / OTHER EMT SKILLS	1 2 3 4 5 6 N/A
INFECTION CONTROL SKILLS	1 2 3 4 5 6 N/A	STUDENT / PATIENT RELATIONS	1 2 3 4 5 6 N/A

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NTCC EMT – BASIC
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PT. #1: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		PARA: GRAVITA: ALLERGIES:	
CURRENT L/D STATUS:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							

PERFORMANCE	RATING	PERFORMANCE	RATING
STUDENT APPEARANCE	1 2 3 4 5 6 N/A	OBSERVES ASSESSMENTS	1 2 3 4 5 6 N/A
STUDENT GENERAL ATTITUDE	1 2 3 4 5 6 N/A	OBSERVES HISTORY TAKING	1 2 3 4 5 6 N/A
FOLLOWS DIRECTIONS	1 2 3 4 5 6 N/A	LIFTING & MOVING SKILLS	1 2 3 4 5 6 N/A
WILLINGNESS TO PARTICIPATE	1 2 3 4 5 6 N/A	VITAL SIGNS SKILLS	1 2 3 4 5 6 N/A
OB / NURSERY FAMILIARITY	1 2 3 4 5 6 N/A	BANDAGING / SPLINTING SKILLS	1 2 3 4 5 6 N/A
ROOM MAINTENANCE SKILLS	1 2 3 4 5 6 N/A	CPR / OTHER EMT SKILLS	1 2 3 4 5 6 N/A
INFECTION CONTROL SKILLS	1 2 3 4 5 6 N/A	STUDENT / PATIENT RELATIONS	1 2 3 4 5 6 N/A

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NTCC EMT – BASIC
AMBULANCE INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

STUDENT:		PRECEPTOR:	
SHIFT LOCATION:		SHIFT TIME:	DATE:
CALL LOCATION:		TYPE CALL:	DISPATCH TIME:
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GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
AED / CPR	1 2 3 4 5 6		
KEY: 1 = Poor 4 = Good 2 = Marginal 5 = Excellent 3 = Adequate 6 = Did Not Observe			
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GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6		
ASSESSMENT	RATING	O)	
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING	A)	
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6		
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6		
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
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GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
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GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
AED / CPR	1 2 3 4 5 6		
KEY: 1 = Poor 4 = Good 2 = Marginal 5 = Excellent 3 = Adequate 6 = Did Not Observe			
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GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
AED / CPR	1 2 3 4 5 6		
KEY: 1 = Poor 4 = Good 2 = Marginal 5 = Excellent 3 = Adequate 6 = Did Not Observe			
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GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
AED / CPR	1 2 3 4 5 6		
KEY: 1 = Poor 4 = Good 2 = Marginal 5 = Excellent 3 = Adequate 6 = Did Not Observe			
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CALL LOCATION:		TYPE CALL:	DISPATCH TIME:
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GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
AED / CPR	1 2 3 4 5 6		
KEY: 1 = Poor 4 = Good 2 = Marginal 5 = Excellent 3 = Adequate 6 = Did Not Observe			
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PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
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CLINICAL SITE: _____ DEPT. _____
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