

# Lord Fairfax Community College

## EMS Program

### Field Preceptor Packet

As a preceptor, you are a vital resource in the education of our EMS students. These students, once certified, will be serving as Advanced Life Support providers on an emergency basis in the pre-hospital setting. We view your role as an extension of the program faculty. Below are instructions to assist you in making the experience as valuable and informative as possible. Please contact the Clinical Coordinator (Henry "Randy" Vick) at [randyvick@gmail.com](mailto:randyvick@gmail.com) if you have any questions.

#### **Goals:**

Each student is receiving instruction and training in the knowledge and skills specific to the certification level being sought (i.e. Advance EMT, EMT-Intermediate, Paramedic). The primary goal of the field rotation is for the student to have the opportunity to perform his/her new skills on actual patients in a safe and supervised environment. As their preceptor, you will provide the student with feedback on their performance based on National Standards and your experience. These experiences are designed to prepare the student to function as an "entry level" ALS provider once they are certified.

#### **Scheduling Rotations:**

The Clinical Coordinator will work with your agency liaison to arrange field rotations with a preceptor of the appropriate certification level. A student must be precepted by a provider at or above the certification level they are working towards. No rotations should be scheduled without prior agency approval.

#### **Internship binder:**

Each student will bring his/her Internship binder with them to each rotation. Here is a list of the contents and their significance:

- Skills check-off sheet - This is a list of skills the individual student has been cleared to perform and the date they were checked off. These are skills they should be performing in the field under your supervision. It is your discretion and according to the policy of your department as to which skills you allow the student to complete under your direct supervision.
- Field rotation pass-on log – This document provides observations from prior preceptors on student performance (e.g. exceptional v needing work). This serves as a guide to you on what areas the student needs improvement. You will enter your observations into the log prior to the student leaving your site.
- Syllabus – This document provides specifics on course structure and expectations.
- Preceptor list – For student scheduling purposes.
- Exposure Control Plan – Provides guidance for LFCC protocols in the event of an obvious or suspect exposure to a student.

## **Documentation:**

### 1.) Field Internship Evaluation (blue)- steps for completion:

- a. The students have been instructed to give this form to you at the start of the rotation and orientate you as needed. Be sure that your name, time-in, time-out, and appropriate date are filled in accurately and legibly at the top. Please carefully verify the times the student is with you.
- b. On the back is a competency chart of the skills and patient contacts that the student must obtain for certification purposes. You and the student should complete this section together. A “tick mark” should be placed in each appropriate box for each skill or assessment they perform **correctly** in the column for the appropriate age group. PLEASE DO NOT SIGN THIS OR ANY PAPERWORK UNTIL THE END OF THE SHIFT. Please write “N/A” in any section on the front that will be left blank.
- c. Complete the form as soon as possible at the end of the rotation and summarize your observations of the students performance during the rotation in the space provide. We encourage you to share this information with the student. If you need more space, please use a blank piece of paper with your name, the student’s name and date clearly printed along with your signature. Once complete, sign the back of the form to verify comments and skills and seal the evaluation form in the LFCC envelope the student will provide you and sign across the seal.
- d. The students do not need to, nor do they have the right, to photocopy this form once you have completed it. They are aware of this. If they ask and you do not mind letting them see your evaluation it is okay, but you reserve the right to keep your evaluation confidential.
- e. We rely on your thoughts and assessments of the student’s performance as an important tool in the educational process and as part of improving this program. We use your feedback to determine where a student needs more work and also to see if deficiencies are throughout the group, or an individual issue. Please take the time to give feedback, negative or positive.

(see appendix A: Paramedic form)

## **Skills & Protocols:**

You should be familiar with the student’s skills for the certification levels you are authorized to precept (i.e. AEMT, EMT-I & Paramedic). Refer to the ALS protocols for specifications. Please realize that the students may be from other jurisdictions. Therefore, if they are not completely familiar with your protocols, base your evaluation on National Standards. They are learning the National standards, but they know to ask if unsure of your specific protocols. All skills must be performed under direct supervision of the preceptor.

Students are to demonstrate competency for each skill (e.g. IV, electrical therapies) that they are authorized to attempt. You should evaluate their performance on the following:

- Knowledge of the need for procedure
- Accuracy of application (e.g. aseptic technique, safety)
- Knowledge of indications, contraindications and side-effects
- Airway management; the ability to recognize the patients initial and subsequent airway status and initial the appropriate interventions to maintain adequate ventilation and oxygenation in a timely manner

To complete their Internship students are required to demonstrate the capacity to function as the Team Lead on a single patient on an ALS event. AEMT students must have successfully completed 5 Team Member events prior to being authorized to function as the Team Lead (see Skills Verification sheet). In order to demonstrate competency as the Team Lead the following must occur:

- An IV/IO must be attempted & at least one medication, other than oxygen, must be administered
- The student must correctly evaluate the resources needed(e.g. need or no need for extra man power)
- The student must correctly anticipate intervention(s) needed (e.g. patient is in respiratory distress and deteriorating to respiratory arrest, call for ventilation)
- The student must correctly identify where the patient needs to be transported (e.g. AMI to PCI center)
- The student must correctly identify treatments and transport priority
- Field diagnosis is correct based-on patient presentation

### **Our Expectations of you:**

We expect the following of our preceptors:

1. Evaluate students open mindedly. Be objective not subjective.
2. Please comment on all aspects of performance both good and bad. A blank evaluation indicates no evaluation.
3. Critique all calls to ensure full understanding by the student of the medical and legal aspects that might have been involved.
4. In the absence of EMS responses find relevant tasks for the student (e.g. med math, ECG interpretation, airway management) and provide feedback on their performance.
5. As an extension of the program we count on you to be our eyes and ears in the field. These students may be practicing in our region, so your evaluation of them is a critical part of the process of releasing them as ALS providers.
6. Honesty and integrity are paramount in both the student and your evaluation.

## **Uniform Policy:**

The following guidelines apply for all clinical rotations as far as appearance:

- A. Uniform includes blue shirt with EMS program patch on the right shoulder, dark blue pants (no jeans), belt and clean, black skid resistant shoes.
- B. LFCC ID badge must be worn at all times. Facilities are to send a student home if they lack appropriate ID or uniform.
- C. No excessive make-up, cologne or perfume.
- D. No jewelry except earrings that must not hang below ear lobe and plain wedding bands. Maximum one earring per ear lobe.
- E. No fingernail polish or fake nails.
- F. All visible tattoos must be covered. This may require the student to wear a long sleeved shirt.
- G. No undergarments shall be visible at anytime.
- H. All students will be groomed appropriately. This includes, but is not limited to: clean uniforms, tucked in shirts, and shoulder length hair (or longer) must be pulled back at all times. There will be no tolerance for students appearing unprofessional.
- I. No monitors, pagers, cellular phones or radios should accompany the student while engaged in rotation activities.

**THE BOTTOM LINE: You have the right to send any student home who is not following these guidelines. If this occurs, be sure that I receive an email or phone call as soon as possible. You may call my home or cell phone for any urgent needs.**

Thank you,

Vincent McGregor Jr.  
LFCC EMS Program Director  
Office; (540)868-7189  
Cell: (540)327-2872  
vmcgregor@lfcc.edu

# Appendix A: Paramedic Form

## Field Internship Evaluation

Student Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time: \_\_\_\_\_

(Printed)

**Directions for Preceptor:** Please complete at end of each clinical shift. If you have any problems or questions contact the Clinical Coordinator – Randy Vick at [randyvick@gmail.com](mailto:randyvick@gmail.com) or the Program Director – Vince McGregor at (540)-868-7189 or [vmcgregor@lfcc.edu](mailto:vmcgregor@lfcc.edu). Please place this in the envelope with your signature across the sealed flap and return to student.

**Please indicate performance of each applicable objective:** 2= Competent 1= Need Improvement 0= Unsatisfactory NA= Not Applicable

OBJECTIVE	SCORE	COMMENTS
Arrive on Time		
Personal Appearance		
Communication skills with staff		
Rapport with patient (s)		
Treatment was appropriate with assessment findings		
Accepted constructive criticism		
Worked well with team (delegation of needs)		
Patient Assessment Skills		
Identified priority of patient (s)		
Identified signs and symptoms		
Ability to recognize and treat conditions		
Transfer of patient information with other staff (med com, ED, nurse)		
Assessment of breath sounds		
Ability to manage airway (basic or advanced)		
Ability to initiate <b>adequate</b> IV access		
Ability to prepare and deliver medications		
Ability to identify indications, contraindications, side effects and doses on medications		
Ability to monitor EKG and interpret rhythms		
Ability to perform appropriate electrical therapy (e.g. defibrillation, TCP or cardioversion)		

**Overall Comments (pros & cons):**

---



---



---

Medication Administration (60) IV,IM,PO,SQ,NEB			
IV Access (25)			
Airway Management (50)			
Ventilate Non-Intubated Patient (20)			
Endotracheal Intubation (1 real patient) <i>any age group</i>			
<b>ASSESSMENTS (120)</b>			
Trauma (10 in each age group, preferably 1 each sub group in ped's)			
Medical (10 in each age group, preferably 1 each sub group in ped's)			
Cardiovascular distress (20)			
Respiratory distress (20)			
Altered Mental Status (20)			
Obstetrics; delivery (2)			
Neonatal assessment/care (2)			
Obstetrics Assessment (10)			
Team Leader (BLS max 30)			
Team Leader (ALS min 20)			

Preceptor: \_\_\_\_\_  
(Signature)

Clinical Coordinator: \_\_\_\_\_

## ACKNOWLEDGEMENT OF PRECEPTOR PACKET & ORIENTATION

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
printed

Facility/Department: \_\_\_\_\_

I confirm that our agency has been provided a copy of the LFCC Packet for Field Preceptors and understand the contents. I will ensure that this information is distributed to our preceptors and that they are familiarized with its contents.

I am aware that I am to contact the Clinical Coordinator or the Program Director for Lord Fairfax Community College EMS programs if I need any further assistance. I acknowledge that these documents are extremely important to the training of ALS providers and will ensure that these documents are complete and accurate.

Representative Signature: \_\_\_\_\_