

# Clinical Internship Preceptor Orientation Manual

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Princeton Rescue Squad's Educational Institute



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## CLINICAL AND FIELD SITE GUIDELINES

### Clinical and Field Training Site Objectives

1. The main objective of clinical and field rotations is to allow the student to perform or observe as many medical skills as allowed during clinical rotation throughout the course of the program.
2. The EMS Education Clinical and Field Training is designed for the student's competency in specific patient disease states or conditions and is not primarily based on the number of clinical hours the student spends in each department.
3. Clinical and Field site locations essential awareness is that the EMS Education student is operating under the medical license and guidance of this Program's Medical Directors and no other physician is responsible for the student's activity during clinical and field rotations. It is this Program's sincere desire that various clinical and field sites will be made available for our students and that the clinical and field site will give our students the opportunity to gain competency in evaluating various medical conditions through the process of assessment, procedures, and communications with patients, family, and medical staff.

### Preceptor Role During Clinical and Field Rotations

1. Preceptors need to evaluate, assist, and monitor student's activity while they are performing clinical and field rotations within the department.
2. Preceptors need to evaluate what type of skills have been previously performed and sign off as completed by instructors of the program with every visit to the clinical or field site. NOTE: The skills proficiency that each student can perform will increase as the instructional education progresses.
3. Preceptors need to evaluate the student's patient assessment parameters.
4. The preceptor should monitor and assist the student's performance of these assessment skills.
5. The preceptor should complete clinical and field evaluation forms on the student's performance during rotation through that clinical or field site. The student is responsible for providing this form to the appropriate representative. Return form to the student for delivery to the Program's Instructor. The form must be **SEALED** in an envelope and the seal signed by the preceptor and then the student returns it to the clinical coordinator.
6. The Preceptor will use the "Field Internship or Clinical Internship Evaluation Form" for the student's evaluation. It should be noted that the preceptor has the right, at any time during clinical or field rotation, to immediately remove a student who has demonstrated:
  - a. Any rude/demanding manner to patients or staff.
  - b. Showed careless or reckless disregard for safety.
  - c. Showed a disinterest in clinical activities.

This problem must be noted on the evaluation sheet. The sheet should be sealed in an envelope and leave a message at 304-716-0129 ext. 602 for the Education Director to pick up this evaluation.

7. The preceptor, who can review pathophysiology of the disease process, would be an asset to the EMS student's education.
8. The preceptor should try to assist the student in the common understanding of patient's medical condition.

NOTE: Some of the medical emergency conditions will not be reviewed until future semesters and any additional help with informing the students of medical conditions will improve the student's understanding.

## **Student Role During Clinical Rotations**

1. Appropriate dress for the clinical rotation will include:
  - a. Dark blue or black work-type pants.
  - b. Official Princeton Rescue Squad's Educational Institute polo indicating the EMS program of study with the appropriate PRS Educational Institute logo.
  - c. Black shoes. Boots are preferred in the field and black soft-shoes are preferred in the hospital setting.
  - d. Students must wear ID badges for all clinical rotations and the ID badge needs to be surrendered to the Instructor at the end of the program.
  - e. The student cannot wear any non-Princeton Rescue Squad's Educational Institute symbols or lapel pins on uniform shirt or cap.
  - f. The student should not wear a cap during clinical rotations inside the hospital and the only allowable cap/hat during field rotations is a Princeton Rescue Squad cap or plain dark blue/black cap.
  - g. Long hair should be pulled up and away from the face.
  - h. No visible piercings unless it is a female student wearing post earrings only.
2. Transportation to and from all clinical and field assignments is the responsibility of the student.
3. The student should be at each clinical or field site at least 15 minutes before scheduled time.
4. If the student is unable to make clinical or field rotations for any reason, notify the Clinical Coordinator or Instructor as soon as possible.
5. If the student is unable to make clinical or field rotations due to car trouble, it is the student's responsibility to notify the Instructor or Clinical Coordinator at least one hour before scheduled start time.
6. The student is supposed to complete all clinical and field rotations as scheduled. If the student needs to reschedule a rotation, it is the student's responsibility to notify the Clinical Coordinator.
7. It is the student's responsibility to complete clinical and field internship forms and to hand deliver these forms to the Clinical Coordinator/Instructor. The recommendation is to turn in completed forms at least once per week.
8. Without rescheduling, missing two clinical or field rotations during the semester will place the student on probation. To remove probation, the student needs to successfully complete eight clinical or field rotations without an absence. One more absence will cause the student to exit the program.

9. While performing clinical rotations, students are to follow the EMS Code of Ethics (Integrity, Compassion, Accountability, Respect, Empathy):
  - a. Whether the student is interacting with staff, families, or patients, any deviation in behavior noted by the preceptor is grounds for dismissal and termination of that day's clinical rotation.
10. While performing clinical rotations, students are to:
  - a. Perform ONLY the skills they are signed off to perform on live patients.
  - b. Make good use of time.
  - c. Assist staff with their needs.
  - d. Ask questions as they arise in response to patient care plans, skills review, and other appropriate questions specific to their paramedic education.

## CLINICAL TRAINING GUIDELINES

**The following pages give you guidance on the actions that EMS students are allowed to perform in each individual clinical setting/unit to which he/she is assigned. *REMINDER: Only skills that have been signed off by the Instructor can be performed in the clinical setting. At any time a preceptor or department manager can request the student's documentation to identify/verify appropriate skills.***

### EMT STUDENT CLINICAL TRAINING GUIDELINES

#### FIELD INTERNSHIP

**Possible learning opportunities for the EMT student during field rotations include:**

1. Perform a basic history and physical examination to identify acute complaints and monitor changes.
  - a. Identify the actual and potential complaints of emergency patients
2. Communicate in a culturally sensitive manner
3. Safely and effectively perform all psychomotor skills listed on page 16 of this manual.
4. Demonstrate professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
5. Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care.
6. Report and document assessment data and interventions.
7. Perform a patient assessment and provide prehospital emergency care and transportation for patients with a variety of illness and injury complaints.
8. Serve as a EMS team member on an emergency call with more experienced personnel in the lead role. EMT's may serve as a team leader following additional training and/or experience.
9. Ensure the safety of the rescuer and others during an emergency.

# PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES

## EMERGENCY DEPARTMENT/TRIAGE

**Perform** comprehensive patient assessments of all age groups and chief complaints, including developing relevant medical history and conducting a physical examination. The assessment should include, at a minimum, taking vital signs and auscultation of chest sounds.

**Assist, Observe, and Review** the treatment of all chief complaints and emergencies.

**Formulate** a treatment plan for patients with all varieties of chief complaints as though the patient currently being assessed was brought into the ED for the first time. Students should work directly with precepting staff members on verification of the appropriateness for their hypothesized treatment plans,

**Assist** in the triaging of patients.

**Assist** in trauma cases requiring hemorrhage control, suturing and splinting.

**Perform** peripheral IV insertions using angiocaths and butterfly needles only.

**Prepare** and **Administer** intramuscular, SQ, and IV medications under supervision of an RN, MD, or course instructor/designee. Observe and record effects of medications.

**Record** and attempt to accurately **Interpret** EKG's.

**Draw** blood samples as appropriate.

**Perform** ventilations on unintubated patients of all age groups.

**Assist** in cases of cardiac arrest, including performance of CPR, airway management, intubation, defibrillation, drug administration, and suctioning.

**Assist** in prepping minor wounds.

**Assist** in setting up sterile fields for suturing, etc.

**Assist**, if appropriate, in the application of casts and splints.

**Assist** staff with other duties as needed within Scope of Practice.

**Become** familiar with the lab reports used.



## PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES, cont.

### FIELD INTERNSHIP CAPSTONE

*This is a capstone clinical experience intended to develop leadership ability and refine advanced life support assessment and treatment skills in the field setting. Pre-requisite: NRPM 201, NRPM 202*

**MINIMUM # OF SUCCESSFUL TEAM LEADS REQUIRED: 20**

#### DEFINITION OF A “SUCCESSFUL TEAM LEAD”:

The student has successfully led the team if he or she has conducted a comprehensive assessment (*not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment*), as well as formulated and implemented a treatment plan for the patient. This means that most (*if not all*) of the decisions have been made by the student, especially formulating a field impression directing the treatment, determining patient acuity, disposition and packaging/moving the patient (*if applicable*). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (*Preceptor should not agree to a “successful” rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate a willingness to try and are better than no attempt at all.*) To be counted as a Team Lead the paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field. For the NRPM 204 Capstone: Paramedic Field Practicum to meet the breadth of the paramedic profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care.

#### SPECIAL NOTATIONS:

**“Patient refusals and/or termination of care in the field”:** The paramedic student **MUST** complete and document an **assessment of ALL body systems** to count the patient encounter as a “Successful Team Lead”.

**18 of the 20 calls MUST be ALS** transports to an emergency room or an ALS Interfacility transfer to higher level of care.

**No more than 2 of the 20 calls** can come from: **“BLS transports, termination in the field, OR patient refusals.”**

**Capstone field internship team leads cannot be accomplished with simulation.**

## PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES, cont.

### ICU/CCU

**Perform** comprehensive patient assessments of all age groups and chief complaints, including developing a pertinent medical history and performing a physical examination. At a minimum, the patient assessment should include a review of the patients chart, the taking of vital signs and auscultation of chest sounds.

**Formulate** a treatment plan for patients with all varieties of chief complaints as though that patient currently being assessed would be transferred out from the facility. Students should work directly with precepting staff members on verification of the appropriateness for their hypothesized treatment plans.

**Review** all cases including patients' charts, diagnosis, and treatment.

**Perform** peripheral IV insertion, as appropriate.

**Prepare** and **Administer** intramuscular, SQ and IV medications.

**Monitor** IV infusions.

**Monitor** and attempt to correctly **Interpret** EKG's, attach/change monitor electrodes.

**Assist** in cases of cardiac arrest. Perform CPR, management of the airway, placement of ET tubes, ventilation of the unintubated patient, defibrillation and the administration of medications, all as is appropriate.

**Assist** in the care of patients with ET or Tracheostomy tubes and patients on ventilators.

**Assist** in the total care of patients with staff direction.

**Assist** and **Monitor** surgical cricothyrotomies

**Assist** and **Monitor** surgical chest tubes

## PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES, cont.

### PEDIATRICS

**Perform** comprehensive assessments on pediatric patients with a variety of chief complaints including, at a minimum, a review of the patient's chart, taking vital signs, and auscultation of lung sounds.

**Formulate** a treatment plan for patients with all varieties of chief complaints as though the patient currently being assessed was to be transferred out to another facility via ambulance transport. Students should work directly with precepting staff members on verification of the appropriateness for their hypothesized treatment plans.

**Preparation and Administration** of intramuscular and IV medications as is appropriate.

**Monitor** IV infusions.

**Starting** IV therapy as is appropriate.

**Perform** ventilations on unintubated patients of all age groups.

**Assist** in the care of patients as is appropriate.

**Observe** techniques used to manage difficult patients.

**Observe** techniques for family interactions.

## PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES, cont.

### RESPIRATORY DEPARTMENT

**Perform** comprehensive patient assessments on patients of all age groups and all varieties of chief complaints; including developing relevant medical history and conducting a physical examination. The assessment should include, at a minimum, noting vital signs and auscultation of chest sounds.

**Assist, Observe, and Review** the treatment of respiratory care cases, medical and trauma emergencies.

**Perform** peripheral IV insertions.

**Assist in preparation and administration** of IV medications and nebulized medications under supervision of respiratory department staff. Observe and record effects of medications.

**Record** and attempt to accurately **Interpret** EKG's.

**Assist** in 12 lead monitoring and interpretation.

**Draw** blood samples as appropriate.

**Assist** in cases of cardiac arrest, including performance of CPR, airway management, ventilation of the unintubated patient, perform intubation, defibrillation, drug administration, and suctioning as is appropriate.

**Assist** staff with other duties as needed within Scope of Practice.

**Assist** in the care of patients with ET or Tracheostomy tubes and patients on ventilators.

**Become** familiar with the lab reports used.

## PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES, cont.

### LABOR AND DELIVERY

**Perform** comprehensive assessments on obstetric patients.

**Perform** comprehensive assessments on neonate patients.

**Formulate** a treatment plan for obstetric patients and neonates as though the patient currently being assessed was initially being brought into the unit, or was to be transferred out to another facility via ambulance transport. Students should work directly with precepting staff members on verification of the appropriateness for their hypothesized treatment plans.

**Identify** and label the three stages of labor, common complications, and types of abnormal deliveries.

**Assist**, if possible, in normal cephalic deliveries.

**Observe** and **Assist**, if possible, in abnormal deliveries.

**Observe** or **Assist** in control of postpartum hemorrhage by uterine massage and infusion of oxytocin.

**Observe** and **Assist** in the management of the newborn, including severing the cord, suctioning, etc. as is appropriate.

**Observe** and **Assist**, if possible, in the resuscitation of the newborn.

**Perform**, as is appropriate, ventilation of the unintubated patients of all age groups.

## PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES, cont.

### OPERATING ROOM/RECOVERY

**Perform** comprehensive patient assessments of all age groups and chief complaints.

**Perform** endotracheal intubation under the supervision of anesthesiologist/anesthetist.

**Perform** peripheral IV insertion.

**Perform** aseptic endotracheal and orotracheal suctioning as directed.

**Prepare** and **Administer** IV medications and observe and record effects of pharmacologic agents.

**Maintain** airway in an unconscious patient using manipulations and positioning of the head, oropharyngeal airways, etc.

**Monitor** the cardioscope and attempt to accurately interpret an EKG, noting any irregularities.

**Operate** oxygen equipment and assist as directed in the operation of mechanical respirators.

**Observe** the treatment of various soft-tissue and musculoskeletal injuries; as well as the observation of a variety of surgical procedures, as is appropriate.

## PARAMEDIC STUDENT CLINICAL TRAINING GUIDELINES, cont.

### PSYCHIATRIC DEPARTMENT

As is allowed, **Observe** the management and assist in the interview of patients with the following disturbances:

- suicidal feelings
- hostility and violent behavior
- acute grief and depression
- paranoia
- hysterical conversion
- substance abuse

As is allowed, **Observe** the restraint of combative patients and review the protocols, and documentation, for doing so.

As is allowed, **Participate** in group sessions and counseling.

**Formulate** a treatment plan for psychiatric patients as though the patient currently begin assessed was to be brought into the facility for initial consult, or was to be transferred out to another facility via ambulance transport. Students should work directly with precepting staff members on verification of the appropriateness for their hypothesized treatment plans.

## CCT STUDENT CLINICAL TRAINING GUIDELINES

### FIELD INTERNSHIP

1. Observe and obtain patients history and complete physical exam.
2. Review chart thoroughly including labs, radiology reports and physicians progress notes.
3. Review any radiology films available
4. Observe and participate with the maintenance of basic and advanced airway management.
  - a. Suctioning
    - i. Orally
    - ii. Nasally
    - iii. Endotracheally
    - iv. Tracheally
  - b. Oxygen administration by various devices
  - c. Incentive Spirometer
  - d. Chest PT
  - e. Administration of Breathing Treatments
5. Observe and assist with peripheral or central IV placement and maintenance, including Swan Ganz Catheters, and focusing on:
  - a. Sterile techniques
  - b. Cardiac output
  - c. Pulmonary artery wedge pressure
  - d. All swan pressure readings and wave forms
6. Observe and assist with administration of medications as well as calculating drug doses on their own and showing work on the skill sheet. Participants must calculate all IV infusions that the patient would be receiving.
7. Observation and assist with Pulse Ox, ETCO<sub>2</sub>, pressure reading on ventilators, Accucheck, etc.
8. Read 12 Lead EKG's of patient and compares finding with preceptor and document finding on clinical skills sheets.
9. Observe IABP mechanics, inflation/deflation waveforms, timing ratio, and troubleshooting.
10. Observe ICP pressure monitoring devices, waveforms, maintenance and releasing of pressure.



## PERSONAL DOCUMENTATION RECORDS\*

It is vital that the preceptor keep the EMS student's informed throughout the rating period, field training, on what is expected and how well they are performing. This is usually done through the use of verbal feedback.

It is at the discretion of each individual preceptor to decide whether or not to keep a written record of the student's progress throughout the course of his or her rotations. It is recognized, however, that some of the judgments' made may be erroneous. This may result because the preceptor made a snap judgment based upon only one performance, or a personality conflict with the student occurs (sometimes unwittingly) or the assumption is made that this student, like all other students, knows very little about EMS or that the preceptor receives false information from another well-meaning but misguided student. Because of these erroneous judgments, some formal procedure or method is necessary to minimize the possibilities of bias and discrimination as well as uninformed judgments.

Documentation is an objective way to look at performance. It should not be viewed as a negative process or as "keeping a book" on the EMS student. Rather, it should be considered as a positive technique to support and sustain performance appraisals leading to performance personnel retention, remediation, or dismissal decisions.

It is necessary that the preceptor know what should be documented. Only those behaviors which are observable, measurable, and job related should be noted. For documentation to be legally defensible, an evaluator must show specific actions. Hearsay or an opinion about an attitude cannot be defended in either a court of law or the court of public opinion. The rules are simple; "if you didn't write it down, it didn't happen." Remember that documentation should be positive as well as negative. Documentation serves many functions:

- Provides recognition of a job well done;
- Prevents denial later by the EMS student;
- Aids the preceptor for a memory of events;
- Minimizes misunderstandings through remedial training;
- Stimulates the student's "thoughtfulness";
- Over the course of time the cumulative results show patterns of results;
- Speaks in your absence if you are promoted, transferred, or otherwise unable to complete the training; and,
- Supports observations of the EMS student for future supervisors who may have similar thoughts about a student's behaviors.

### The ABCs of Documentation

#### **Accurate, Behavioral, Consistent**

Documentation must be accurate. The preceptor should record only objective facts concerning actual performance. These should be direct observations, and it is better if they are

recorded as they occur. Negative quotes by showing unacceptable attitude or insubordination are valuable documentation.

Behavioral documentation should record only relevant behavior. The behavior should be described with specificity and should avoid meaningless non-behavioral descriptions like poor attitude, reasonable, adequate, attempted, and approximate. These words are difficult to define in a legal proceeding, either at the squad level or in a court of law. The behavior should be placed in the context of the assignment given to the paramedic student. For example, it is one thing to say “the EMS student could not take a blood pressure at this advanced date in his training” as opposed to “the EMS student could not take a blood pressure on the multiple stab wound victim who had been shot.”

The documentation should explain the consequences of the student’s behavior, whether positive or negative, upon the patient’s condition. Behavioral documentation does not describe the EMS student’s personality or general attitude unless they directly impact on job performance in a meaningful and measurable manner. You must be specific and show how the behavior relates to the job.

Consistency also plays a role in documentation. It is important that your documentation shows both positive and negative behavior. This demonstrates impartiality and evenhandedness. This is particularly difficult for those preceptors who were taught in a paramilitary model common in schools during the 50’s and 60’s. You must adopt consistent formats and levels of detail. You should periodically review the collective documentation of a student for consistency.

The time you decide to devote to documentation will depend upon your style as a preceptor, the quality of the EMS student, the nature and complexity of the assignment, and your familiarity with the student. There is a rule of thumb for how much documentation is enough. Someone else at your level with the appropriate experience should be able to read your documentation and come to the same conclusion or at least be able to say. “I can see how you reached that conclusion”.

Remember, you are only one judge of the student’s performance. The Education Director, EMS Program Instructor, and Medical Director might review your documentation at a later date. Remember the ABC’s: ACCURACY, BEHAVIORAL, CONSISTENCY and you will never have a problem supporting your recommendations.

*\*From Bassett Healthcare Paramedic Program-clinical instructor manual*

## INTERNSHIP EVALUATION FORMS\*

In the course of education every instructor meets the student whose performance is not acceptable or up to standards. With the student's best interest in mind, the instructor is obligated to commence a process of correction and remediation. The first step in that process is the Internship Evaluation Form.

An Internship Evaluation Form is not only documentation of the events within a given clinical rotation but is a means to document problem behaviors as well as a written plan (or suggestion) of remediation to correct those behaviors. Typically, an internship evaluation form is written and signed by the preceptor at the end of the clinical rotation, after the preceptor has sat down with the student and reviews the situation and discusses the problem as well as the preceptor's expectations.

The Internship Evaluation Form should contain the following elements (if a problem performance exists). First, the preceptor should begin with a description of the performance problem. This description should be tied to a written standard or other supporting documentation. If the misconduct involves a breach of ethics, for example, then the code of ethics should be cross-referenced.

It is important to include any previous statements that have been made to the student regarding the student's lack of progress with expected performance or misconduct and, specifically, if any verbal warnings were issued. These statements and warnings must be referenced in the evaluation form as a failure to do so may not permit the preceptor to raise these points later.

The next statement is important. The student needs to know how his or her failure to perform or misconduct has affected the organization in a negative manner and that these impacts, intended or unintended, are not acceptable. This statement should clearly place the conduct or performance as unacceptable.

With that said, the preceptor would then proceed to outline what changes in the student's behavior or performance are expected and how the student can facilitate those changes. These changes should be time-limited. Requirements without deadlines are a plan for disaster from a disciplinary perspective.

While every effort should be made to delicately word the consequences of the student's failure to comply, in order to spare the student's feelings, the consequences of such a failure should be clear and unequivocal. To a student ambiguity translates to an opportunity to test the preceptor's metal and the organization's resolve to maintain quality.

The preceptor should conclude the evaluation form with a statement that re-enforces the organizations commitment to its students and specifically what aspects about that student's performance are positive. These points are made in order to provide a platform from which to launch the plan of remediation.

Sometimes, a simple statement, such as thanking the student for addressing these matters, is all that is necessary. Of course, that statement should always be followed up with an invitation to the student to contact the preceptor if any further clarification is needed. This last statement helps remove ambiguity and places the onus on the student to ask questions before acting.

## Common Evaluation Appraisal Errors

**Person-oriented approach** suffers from numerous shortcomings and inevitably results in rating errors. Despite these facts, person oriented appraisals are still the most widely applied approach. Some of the most common errors of this appraisal approach are as follows:

**The Error of Leniency** occurs when the evaluator marks most of the reports in the highest categories resulting in an over-rating of the EMS student.

**The Error of Personal Bias** occurs when the evaluator allows personal feelings about the EMS student to affect the student's ratings. Likes and dislikes tend to limit appraisal objectivity.

**The Error of Central Tendency** occurs when the evaluator places all students somewhere near the center of the rating scale or when they routinely "bunch" the rating scores near the center. This occurs because the rater may not be aware of how the rating is to be used or subordinates are not well known or because justification is required in extreme ratings.

**The Error of Related Traits** occurs when the rater gives the same rating to traits that are considered to be related in some manner. The value of each rating is lost and the overall rating is less valid.

**The Halo Effect** occurs when the rate lets one or two traits, particularly those that the rater admires, dominate the appraisal of the student. The rater evaluates all remaining traits based on the dominant trait or traits. Halo effect may also occur when the rater is influenced in a particular category by one outstanding event which occurred in that category. For example: technical proficiency in CPR at the scene of a cardiac arrest. The rater's desire to avoid "playing God" in evaluating people negatively can result in an overwhelming over-evaluating of the EMS student.

These errors are passed on to "downstream" consumers of these student's i.e. Crew Chief's and the like. The process of change and remediation at those times is much more difficult and often results in dismissal or resignation of the student rather than re-education.

Use of personal traits does not provide needed guidance for performance improvement. There is often a defensive reaction by EMS students to "personal" evaluations which can lead to a breakdown in communications with the evaluator. There is questionable relationship between traits used for evaluation and those required for successful performance.

## Results Oriented Approach

This approach tends to be objective, center on the job performance rather than individual traits, and generally result in more effective motivation. Moreover, the preceptor does not have

to be a personality expert and he or she can identify effectiveness of performance more readily. Students want their performance and not their character discussed during performance review.

It is the job of the Advisory Board to obtain information about and make judgments of an Applicant's character. When the student is presented to the preceptor all such decisions should have been put to rest. If an issue does arise, then it should be handled by the Education Director/EMS Program Instructor, and as is deemed necessary, the medical director and various members of the Advisory Board. It is in this manner that the preceptor can keep "clear" of any potential conflicts and maintain the air of the professional educator.

## **Due Process**

Every student has a right to a fair hearing and a right to face his or her accuser and a right to defend their actions or decisions. An EMS student must be treated fairly. This includes the privilege of reviewing any evaluations that are written about him or her. Every internship evaluation form has two (2) sign offs; one for the preceptor and one for the EMS student.

If you as the preceptor are not comfortable with saying what you think to your student, then you should not write it down. There are times when the discussions may be brief. These final evaluations are summative not formative. That means to say they are not to teach the EMS student about his or her shortcomings and how they might improve. That particular issue should have been addressed in previous evaluations and laid to rest before the final summative evaluation. That is not to say that maximum leniency would not be applied to the student's case during the formative phase. A plan of remediation that is agreed upon by both the preceptor and the student should have already been put in place.

If it gets to a point that these plans do not appear to be having the desired effect, then the Education Director should be consulted. But, there is a point when further efforts are beyond the limits of endurance and practicality. And, unfortunately, these students must be released from the Program. However, this decision remains with the Education Director and the Medical Director, as well as (if necessary) members of the Advisory Board. But this process is greatly enhanced by your paperwork. And remember you are not involved with dismissing a student as much as maintaining the quality of patient care.

*\*From Bassett Healthcare Paramedic Program-clinical instructor manual*

*Please see the following Clinical Internship Evaluation Worksheet and Field Internship Evaluation Worksheet to be completed and turned into Princeton Rescue Squad's Educational Institute. If you have any questions, please contact 304-425-3914 ext.224.*

## DOCUMENTING CLINICAL/FIELD INTERNSHIP WORKSHEETS

If you are precepting an **EMT student**, and are documenting the day's encounter on the internship worksheet, you will need to confirm the trip sheets for each encounter and:

Preparedness		
Skill/Task	Obtainable Points	Received Points
Student arrived on time to clinical site.	5	
Student is wearing required clothing for clinical shift. (Clinical shirt, Dark EMS pants, black boots, badge)	5	
Student presents with clean appearance, neatly groomed, and no unnecessary fragrances or piercings.	5	
<b>Total</b>	<b>15</b>	
Please provide feedback for student improvement:		
Performance		
Skill/Task	Obtainable Points	Received Points
Student performs a comprehensive interview, including a detailed history, and demonstrates active listening.	5	
Student completes a primary assessment, to include general impression, level of consciousness, airway, breathing, and circulation examination.	5	
Student completes an appropriate secondary assessment: head-to-toe and/or focused physical examination.	5	
Student formulates a field impression based on their exam and implements a treatment plan appropriate to their current class studies.	5	
Student performed all interventions and treatments were completed in a satisfactory and timely manner appropriate to their current class studies.	5	
<b>Total</b>	<b>25</b>	
Please provide feedback for student improvement:		
<i>Evaluation Continued on Back</i>		

*The student will fill this out. You will need to confirm the date, & times reported.*

*Please follow these directions when completing the rest of the form.*

***Reminder:** EMT students have completed all skills PRIOR to release for internship*

*Any insights you can provide are helpful for student and faculty*

EMT Field Internship – PAGE 2

Affective		
Skill/Task	Obtainable Points	Received Points
Student was confident.	5	
Student appeared motivated.	5	
Student responded well to criticism and took responsibility for self improvement.	5	
Student exhibited strong values needed as a healthcare	10	
Student worked as part of the EMS team.	15	
<b>Total</b>	<b>40</b>	
<b>Please provide feedback for student improvement:</b>		
Shift Duties		
Skill/Task	Obtainable Points	Received Points
Student assisted with start of shift duties (Truck Check)	5	
Student assisted with post run duties (restock, decon)	5	
Student assisted with end of shift responsibilities	5	
Student stayed for entire duration of clinical shift	5	
<b>Total</b>	<b>20</b>	
<b>Please provide feedback for student improvement:</b>		
Evaluation Summary		
Skill/Task	Obtainable Points	Received Points
<b>Total of all points received in evaluation.</b>	<b>100</b>	
<b>Leadership, Development, and Progression</b>		
Student shows potential and development beyond mean of course. Student makes effort to participate without direction in a safe and proper manner. Student shows an understanding of the job and duties associated towards the level of an EMT.		
<b>YES</b>	<b>NO</b>	
<b>Please provide constructive feedback to assist student in development</b>		
<b>Number of Calls</b>		<b>Number of Patient Contacts</b>
<b>Departure Time</b>		
<b>Preceptor Signature:</b>		
<b>Student Signature:</b>		
<b>Clinical Coordinator Signature:</b>		
Educational Administrative Use Only:		
<b>Date Received:</b>		<b>Student Improvement Seen?</b>
		<b>YES</b> <b>NO</b>
<b>Does Student Require A Performance Review based on Preceptor's Evaluation?</b>		
<b>YES</b> <b>NO</b>		
Date Student Performance review was completed (If applicable)		
<b>Comments:</b>		

We absolutely **do not** expect a new EMT student starting internship to be a team leader; however, we do want to see development over time.

If you have precepted this student in the past, please provide as much detail here as you can to indicate progression in development

Please sign, after verifying the number of calls, number of contacts, and student departure time.





PARAMEDIC CLINICAL INTERNSHIP FORM – PAGE 2

The back of the form has also been streamlined for the preceptor to be able to rate the student globally in a more concise manner while still reporting the necessary components in competency development.

Preceptor Comments on any unsatisfactory ratings or discrepancies:


**Professional Behavior Objectives:** Student demonstrates they are: **Self-motivated:** Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance. **Efficient:** Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organized team to work faster/better. **Flexible:** Makes adjustments to communication style, directs team members and changes impressions based on findings. **Careful:** Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly. **Confident:** Makes decisions, trusts and exercises good personal judgement and is aware of limitations and strengths. **Open to feedback:** Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses)

**Pt. Interview/Hx Gathering:** Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient (s); demonstrated compassion and/or firm bedside manner depending on the needs of the situation.

**Physical Exam:** Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

**Impression & Rx Plan:** Student formulates an impression and verbalizes an appropriate treatment plan.

**Skill Performance:** Student performs technical skills accurately and safely.

**Communication:** Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a thorough written patient narrative.

**Team Membership Objective:** Clinical experience evaluation of field performance assesses a student as a Team Member and is isolated to evaluation of individual skill delivery or a portion of patient care that is delivered. The student is not assuming the Team Leader role but integrating with other Team Members. When evaluating the student performance as a team member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the students' cognitive understanding of complete patient care that paramedic's are expected to deliver.

*\*NOTE: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow an unsuccessful or inconsistent ratings.*

<p><b>Rating: NA</b> = Not applicable - not needed or expected; this is a neutral rating (Example: student expected to only observe, or the patient did not need intervention). <b>0</b> = <b>Unsuccessful</b> - required excessive or critical prompting; includes "Not Attempted" when student was expected to try; this is an unsatisfactory rating. <b>1 = Marginal</b> - inconsistent, not yet competent; this includes partial attempts. <b>2=Successful/competent</b> - no prompting.</p>	Pt. Interview & History Taking	Physical Exam	Impression/Treatment Plan	Skill Performance	Communication	Professional Behavior	Team Membership
Score on today's Clinical Objective Performance							

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Student asked relevant questions and participated in learning answers, used downtime to its highest potential
- Student knows equipment location and use
- Student helps clean up and restock, unprompted
- Student left site early (Did NOT complete shift)

Student reported:	<input type="checkbox"/> on Time <input type="checkbox"/> well groomed <input type="checkbox"/> In uniform and prepared to begin the shift
Professional Behavior Objectives:	<input type="checkbox"/> Accepts feedback openly <input type="checkbox"/> Self-motivated <input type="checkbox"/> Efficient <input type="checkbox"/> Flexible <input type="checkbox"/> Careful <input type="checkbox"/> Confident

<b>Preceptor - PLEASE INITIAL HERE:</b>	<p><u>BY initialing here, I acknowledge that I have reviewed the PRS Preceptor Orientation Packet regarding: 1. Student/Preceptor Roles and Responsibilities. 2. The training guidelines per unit/ward. 3. Student FERPA rights regarding privacy of their education. If you have not seen this material, please ask the student to provide you with the material for your review and approval, or see the Unit Manager/Education Coordinator of your facility to review the material provided.</u></p>
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I agree to the above ratings: <b>Preceptor Signature:</b>
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Preceptor requests a follow-up with appropriate program personnel Phone call \_\_\_\_\_ Email \_\_\_\_\_

If needed, please feel free to contact the Education Director: Paula Johnson at: 304-716-0129 ext. 602. If not in, please leave a voicemail.

Please see the next few pages for a more detailed breakdown of each section.

Comment on any unsatisfactory ratings or discrepancies:

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Please provide any additional detail on student performance noted from page one

<p><b>Rating: NA</b> = Not applicable - not needed or expected; this is a neutral rating (Example: student expected to only observe, or the patient did not need intervention). <b>0 = Unsuccessful</b> - required excessive or critical prompting; includes "Not Attempted" when student was expected to try; this is an unsatisfactory rating. <b>1 = Marginal</b> - inconsistent, not yet competent; this includes partial attempts. <b>2=Successful/competent</b> - no prompting.</p>	Pt. Interview & History Taking	Physical Exam	Impression/Treatment Plan	Skill Performance	Communication	Professional Behavior	Team Membership
Score on today's Clinical Objective Performance							

This section is a "carry over" from the original form. However, instead of rating each and every patient encounter conducted during the student's rotation, you are now asked to provide a single rating for each category based on their overall performance for this day's rotation. *Ratings are as follows:*

**NA** = Not Applicable (not needed or expected),  
**0** = Unsuccessful (required excessive or critical prompting, includes "not attempted" when student was expected to try.  
**1** = Marginal – inconsistent, not yet competent  
**2** = Successful/competent

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Student asked relevant questions and participated in learning answers, used downtime to its highest potential
<input type="checkbox"/>	<input type="checkbox"/>	Student knows equipment location and use
<input type="checkbox"/>	<input type="checkbox"/>	Student helps clean up and restock, unprompted
<input type="checkbox"/>	<input type="checkbox"/>	Student left site early (Did NOT complete shift)
		Student reported:
		<input type="checkbox"/> on Time
		<input type="checkbox"/> well groomed
		<input type="checkbox"/> In uniform and prepared to begin the shift
		Professional Behavior Objectives:
		<input type="checkbox"/> Accepts feedback openly
		<input type="checkbox"/> Self-motivated
		<input type="checkbox"/> Efficient
		<input type="checkbox"/> Flexible
		<input type="checkbox"/> Careful
		<input type="checkbox"/> Confident

If you are familiar with the older form, you will recognize these questions. Please check each box accordingly. If you require a definition to rate the student appropriately, please see the dark grey box provided on this page.

<p>I agree to the above ratings:</p> <p><b>Preceptor Signature:</b></p>
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email.

*Next, Please sign attesting to your ratings above*

<b>Preceptor - PLEASE INITIAL HERE:</b>	<p><b><u>BY initialing here, I acknowledge that I have reviewed the PRS Preceptor Orientation Packet regarding: 1. Student/Preceptor Roles and Responsibilities. 2. The training guidelines per unit/ward. 3. Student FERPA rights regarding privacy of their education.</u></b> <i>If you have not seen this material, please ask the student to provide you with the material for your review and approval, or see the Unit Manager/Education Coordinator of your facility to review the material provided.</i></p>
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*One final step: Please initial in this box to confirm that you have reviewed the orientation packet. This document can be found on your unit and/or designated affiliation contact. HOWEVER, the student will also have this information readily available to you in their clinical packet. If he/she cannot produce this document PLEASE let me know on this form so that I can make sure you receive a copy.*

Preceptor requests a follow-up with appropriate program persone	Phone call	Email	P
If needed, please feel free to contact the Education Director: Paula Johnson at: 304-716-0129 ext. 602. If not in, please leave a voicemail.			

Finally, I did want to include a very clear section that provides you, as the preceptor, with a way to reach me directly should any concerns or questions arise that require my more immediate attention. Filling this section out is only required if you need to speak with me.

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*If you are responsible for Precepting Paramedic students during  
CAPSTONE (Pre-Hospital) Field setting,*

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Please note that this session is considered the Capstone event of the program and all students have been validated on skills, patient assessments, and the formulation of treatment plans for disease pathology. In addition, the student has met the criteria to receive a certification card in areas such as: ACLS, PHTLS, GEMS, PALS/PEPP.

It is your responsibility as the preceptor to provide the individual with Team Leadership opportunities and evaluate them in such manner. Your role is crucial to the determination of entry level competence.

The goal is to provide the student with as much exposure to a diverse set of patient problems as possible. Students should have a mix of BLS and ALS patient encounters. In most cases, a student that has reached this component of the program will most likely be identified as “SC” (Skill competent) which indicates the student has entered the summative learning phase where he/she develops a management plan with minimal to no assistance; however, it is possible that a student encounter something that requires more preceptor engagement. If this should occur and you, as the preceptor, feels the rating should be listed as “DS” (Developing skill) then by all means, record it as such. **The student, by the end of this course, must have documented proof of 20 “SUCCESSFUL TEAM LEADS” which are identified and documented as “SC” for each patient. Please carefully review the definition and special notations provided below:**

#### DEFINITION OF A **“SUCCESSFUL TEAM LEAD”**:

The student has successfully led the team if he or she has conducted a comprehensive assessment (*not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment*), as well as formulated and implemented a treatment plan for the patient. This means that most (*if not all*) of the decisions have been made by the student, especially formulating a field impression directing the treatment, determining patient acuity, disposition and packaging/moving the patient (*if applicable*). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (*Preceptor should not agree to a “successful” rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate a willingness to try and are better than no attempt at all.*) To be counted as a Team Lead the paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field. For the NRPM 204 Capstone: Paramedic Field Practicum to meet the breadth of the paramedic profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care.

**SPECIAL NOTATIONS:**

**“Patient refusals and/or termination of care in the field”:** The paramedic student **MUST** complete and document an **assessment of ALL body systems** to count the patient encounter as a “Successful Team Lead”.

**18 of the 20 calls MUST be ALS** transports to an emergency room or an ALS Interfacility transfer to higher level of care.

**No more than 2 of the 20 calls** can come from: **“BLS transports, termination in the field, OR patient refusals.”**

**Capstone field internship team leads cannot be accomplished with simulation.**

*Final Document for Precepting CCT students in the Pre-Hospital  
(Field) setting,*

One final document is included that is specific ONLY to CCT students in field internship. This document should accompany the Field Internship Worksheet and accounts the specific skills completed during each internship rotation.

*Please initial next to each skill  
"observed" or "performed" & Date  
completed*

*The student should prepopulate  
this with your names*

### Skills Checklist for CCT Agency Ride-a-Long

CCT Agency:	Preceptors		
Skills	Observed	Performed	Date
Patient Assessment			
Obtained History			
Basic Airway (Oral/Nasal airway, BVM)			
Advanced Airway (Intubation)			
Chest decompression			
Lead placement/EKG Monitoring, 12 lead ECG			
ETCO2 monitoring			
IV Therapy			
IM/SQ Injection			
IV Medication Administration			
Immobilization/Splinting			
Other Skill			
RSI			
Foley Catheter Insertion			
Basic random skills (Please list)			
*			
*			
*			

Preceptor's Signature: \_\_\_\_\_

Program Coordinator's Signature \_\_\_\_\_

*Please sign at the  
end of the shift*





## PRINCETON RESCUE SQUAD'S EMS Education Programs:

### Preceptor Faculty Program

#### FERPA

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## Family Educational Rights and Privacy Act

### PRECEPTOR FACULTY TRAINING VERIFICATION

As determined by your Scope of Practice as Preceptors of EMS Education, it is imperative that all Faculty members have a working knowledge of FERPA guidelines before releasing educational records.

I understand that students have specific, protected rights regarding the release of educational records and FERPA requires that Princeton Rescue Squad's Educational Institute must adhere strictly to these guidelines. As a Preceptor, I understand that I am an extension of the Instruction received in the classroom, and must maintain FERPA regulations just as if I am a regular faculty member.

I understand that students have the following rights regarding educational records:

- The right to access educational records kept by the school
- The right to demand educational records be disclosed only with student consent
- The right to amend educational records
- The right to file complaints against the school for disclosing educational records in violation of FERPA

I understand that educational records are defined under FERPA as: *"Records that directly relate to a student and that are maintained by an educational agency or institution or by a party acting for the agency or institution."* And may include the following:

- Written documents (including student advising folders)
- Verbal discussions in front of those individuals that do not have "right to know"
- Computer media
- Microfilm and microfiche
- Video or audio tapes or CD's
- Film
- Photographs

I understand that any record that contains personally identifiable information that is directly related to the student is an educational record under FERPA. This information can also include records kept by the school in the form of student files, Field/Hospital Internship Evaluation Forms, student system databases (Platinum Planner) kept in storage devices such as servers, or recordings or broadcasts which may include student projects.

## PRINCETON RESCUE SQUAD'S EMS Education Programs:

### Preceptor Faculty Program

#### FERPA

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I understand that the following items are not considered educational records under FERPA:

- Private notes of individual staff or faculty (NOT kept in student advising folders)
  - However: Private notes are for the preceptor's records and should not be divulged to any individual who does not have "right to know"
- Campus police records
- Medical records
  - Statistical data compilations that contain no mention of personally identifiable information about any specific student

Faculty notes, data compilation, and administrative records kept exclusively by the maker of the records that are not accessible or revealed to anyone else are not considered educational records and, therefore, fall outside of FERPA disclosure guidelines. However, these records may be protected under other state or federal laws such as the doctor/patient privilege.

I understand that a student must submit written consent prior to the legitimate disclosure of educational records, and the written consent must include the following elements:

- Specify the records to be disclosed
- State the purpose of the disclosure
- Identify the party or class of parties to whom the disclosure is to be made
- The date
- The signature of the student whose record is to be disclosed
- The signature of the custodian of the educational record

I understand that prior written consent is not required when disclosure is made directly to the student or to other school officials within the same institution where there is a legitimate educational interest.

I agree that I will comply with all confidentiality policies and procedures set in place by Princeton Rescue Squad's Preceptor Faculty Program during my entire association with Princeton Rescue Squad's EMS Programs. If I, at any time, knowingly or inadvertently breach the FERPA policy, I agree to notify the EMS Program Coordinator or Education Director immediately.

In addition, I understand that a breach of student confidentiality may result in suspension of my right to precept EMS students. I also understand that my duties as a preceptor are voluntary and can be withdrawn by myself or the EMS Program Director at any time.

I have read and understand the FERPA policy that has been provided to me by the New River Community and Technical College EMS Program. I agree to abide by the FERPA policy or be subject to disciplinary action.

**My signature verifies I have received FERPA training and understand the FERPA policy.**

Preceptor - Print Name:

Date:

Preceptor Signature:

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**PRINCETON RESCUE SQUAD**  
**EMS Education Programs**  
**Preceptor Articulation Agreement**

**Preceptor Information**

Preceptor Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Information**

Employer Name: \_\_\_\_\_ Current Position: \_\_\_\_\_

Years of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Positions/Departments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Level(s) of Certification/Licensure**

EMT-B	Certification #: _____	Exp. Date: _____
	Years of Certification: _____	
EMT-P	Certification #: _____	Exp. Date: _____
	Years of Certification: _____	
Nurse	Years: _____	
Physician	Years: _____	

**Level(s) of Certification/Licensure (Cont.)**

Other certifications or license held: \_\_\_\_\_

Have you worked with paramedic students in the clinical setting before? \_\_\_\_\_

If so, where? \_\_\_\_\_ Years? \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF ALL CURRENT CERTIFICATES (EMS personnel only)**

## Preceptor Articulation Agreement

- I agree to serve as preceptor for students in the EMS Education Programs at Princeton Rescue Squad’s Educational Institute. I will submit documentation of credentials to the Squad if requested for accreditation purposes.
- I understand that the students will receive one – on- one instruction from me. It is the Squad’s responsibility to acquire an affiliation contract with the facility in which I will be precepting students.
- I will not receive monetary compensation.
- I understand the student will evaluate me at the end of each clinical rotation.
- I understand I may not be able to address all of the student’s needs. If this situation occurs, I will refer the student to the Instructor/Clinical Coordinator immediately.
- I am expected to provide and supervise clinical hands – on experience in the manner expected from a medical professional.
- I will evaluate the student at the end of each rotation.
- The student is allowed to perform skills on live patients only after demonstrating skill competency in the lab. The student MUST present his/her Approved Skills Check-off sheet at the beginning of each internship rotation.
- By the Final quarter the student is expected to perform as a competent entry level EMS Provider with direct preceptor supervision in all patient encounters.
- The student will bring their copy of the Syllabus/Handbook during each clinical rotation, which contains the clinical guidelines and objectives set forth by Princeton Rescue Squad’s Educational Institute.
- I understand that I can reference the student’s Syllabus/Handbook at any time during the clinical rotation if I have questions or concerns regarding the skills, objectives, or guidelines to be met by any student.
- I understand that if immediate attention must be made to the Education Director, I can contact them by calling the name and number listed on the bottom of the evaluation form.
- I understand that I can review any program’s current status and pertinent documents by logging on to [www.princetonrescue-edu.com](http://www.princetonrescue-edu.com) and clicking on the “Precepting Faculty” tab.
- I understand that I may receive emails from the Education Director that provides updated information regarding the internship programs at Princeton Rescue Squad.
- Princeton Rescue Squad agrees not to use your personal data for any activities outside of those necessary for the internship programs.
- I understand as the Preceptor I can terminate this contract at any time.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**