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3031 Tisch Way, Suite 8PW  
San Jose, CA 95128-2561

Dear Preceptor:

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

This letter is to document that you have received the Preceptor Guidebook from WestMed College. This guidebook has up-to-date information about precepting paramedic interns. The paramedic training staff at WestMed has reviewed this information and deemed it adequate for you to be able to competently evaluate the paramedic student. Your WestMed paramedic intern will ask you to sign this document and will return it to our Program Director. If you have any questions, please feel free to contact us.

Again, thank you for your assistance.

Sincerely,

Roland Jones  
Vice President/COO

Gregory Gilbert, M.D.  
Medical Director

Received by: ____________________________  ____________________________  
Preceptor’s Signature  Student Name

______________________________  
Preceptor’s Name (Printed)

Date: ________________
Dear Preceptor:

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

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________________________________________
Preceptor’s Name (Printed)

Date: ________________
The Paramedic Profession
The Key Role of the Preceptor

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

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

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

**Student Scores and Measurement**

How the Student is measured:

- The student is measured against the standard, which is an entry-level, competent paramedic.

- The definition of a competent, entry-level paramedic is an individual that can operate safely within the standard of care. The definition of the standard of care is the degree of care, skill, and judgment that would be expected under similar circumstances by a similarly trained, reasonable paramedic in the same community.

- The student is NOT measured against another student, provider, liaison or the Preceptor. Students are not measured by how well they are doing for a certain time in the field, or by whether the Preceptor likes the student or not. The student is not measured against past experiences by the Preceptor when he or she was a student.

- The student is measured by cognitive, psychomotor and affective skills.

- The standard does not change throughout the clinical/field experience.

- The standard is not subjective but is objective.
Description of the Profession

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

**Paramedic**

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

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

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

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

Paramedics are responsible and accountable to medical personnel’s direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and to assume an active role in professional and community organizations.
Basic Scope of Practice
California Title 22, Division 9, Chapter 4

(a) A paramedic may perform any activity identified in the scope of practice of an EMT-I in chapter 2 of this division, or any activity identified in the scope of practice of an EMT-II in chapter 3 of this division.

(b) A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this chapter.

(c) A paramedic student or a licensed paramedic, as part of an organized Emergency Medical Service (EMS) system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during inter-facility transfer, or while working in a small and rural hospital pursuant to section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of the local EMS agency and are included in the written policies and procedures of the local EMS agency.

1. Basic Scope of Practice

(A) Perform defibrillation and synchronized cardioversion.

(B) Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with forceps.

(C) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, and adult oral endotracheal intubation.

(D) Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins; and monitor and administer medications through pre-existing vascular access.

(E) Administer intravenous glucose solutions or isotonic balanced salt solutions, including Ringer’s lactate solution.

(F) Obtain venous blood samples.

(G) Use glucose measuring device.

(H) Perform Valsalva maneuver.

(I) Perform needle cricothyroidotomy.

(J) Perform needle thoracostomy.

(K) Monitor thoracostomy tubes.

(L) Monitor and adjust IV solutions containing potassium, equal to or less than 20 mEq/L.

(M) Administer approved medications by the following routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral or topical.

(N) Administer, using prepackaged products when available, the following medications:

1. 25% and 50% dextrose;
2. activated charcoal;
3. adenosine;
4. aerosolized or nebulized beta-2 specific bronchodilators;
5. aspirin;
6. atropine sulfate;
7. pralidoxime chloride;
8. calcium chloride;
9. diazepam;
10. diphenhydramine hydrochloride;
11. dopamine hydrochloride;
12. epinephrine;
13. furosemide;
14. glucagon;
15. midazolam;
16. lidocaine hydrochloride;
17. morphine sulfate;
18. naloxone hydrochloride;
19. nitroglycerin preparations, except intravenous, unless permitted under (c)(2)(A) of this section;
20. sodium bicarbonate.
Paramedic Course Components

Didactic

Classroom study includes 458 hours of lecture, laboratory, and Advanced Cardiac Life Support (ACLS). Students will have, however not as part of the course hours or tuition, successful completion in Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Professionals (PEPP), International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS).

Certifications (costs are approximate) and MAY NOT be offered within the daily curriculum

i. Cardiopulmonary Resuscitation - (CPR) $0
ii. PALS or PEPP - $250-$350 each
iii. ITLS or PHTLS - up to $300 each
iv. ACLS – Offered with program

Paramedic Curriculum Content

Anatomy and Physiology are components of the provisional courses.

PREPARATORY

• EMS Systems/ Roles and Responsibilities of the Paramedic
• The Well-Being of the Paramedic
• Illness and Injury Prevention
• Medical/Legal Issues
• Ethics
• General Principles of Pathophysiology
• Pharmacology
• Venous Access and Medication Administration
• Therapeutic Communications
• Life Span Development

AIRWAY

• Airway Management and Ventilation

PATIENT ASSESSMENT

• History Taking, Techniques of Physical Examination
• Patient Assessment
• Clinical Decision Making
• Communications
• Documentation
TRAUMA
- Trauma Systems/Mechanism of Injury
- Hemorrhage and Shock
- Soft Tissue Trauma
- Burns
- Head and Facial Trauma
- Spinal Trauma
- Thoracic Trauma
- Abdominal Trauma
- Musculoskeletal Trauma

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

SPECIAL CONSIDERATIONS
- Neonatology
- Pediatrics
- Geriatrics
- Abuse and Assault
- Patients with Special Challenges
- Acute Interventions for the Chronic Care Patient

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

SKILLS LAB
- Bleeding Control/Shock Management
- Dual Lumen Airway Device
- Dynamic Cardiology
- Intravenous Therapy
• Patient Assessment Medical
• Patient Assessment Trauma
• Pediatric Intravenous Infusion
• Pediatric (<2 years.)
• Ventilatory Management
• Spinal Immobilization (seated Patient)
• Spinal Immobilization (Supine Patient)
• Static Cardiology
• Ventilatory Management - Adult

Specialty Clinical
Approximately 40 hours of specialty observation and practice in areas such as Recovery Room, Operating Room, Pediatrics, Labor and Delivery, Morgue, and Respiratory and other areas pertinent to relative rotation. Additional fees may be required per site that is not included in tuition.

Clinical Internship
Total of 160+ hours. After specialty clinical observation and practice, students will spend a minimum of 160 hours in the emergency department. Students may perform any of the topics listed in the scope of practice in this guidebook. Additional fees may be required per site that is not included in tuition.

Field Internship
The Field internship is composed of monitored experiences on an advanced life support (ALS) unit, which will provide the student with the development of expanded patient care responsibilities. This will advance from observation to team leader for the patient and management of the scene as the team leader. There are methods established for assessment of a student’s progress. Students will perform a minimum of 480 hours (with additional hours, as necessary) of field internship. The student shall have a minimum of 40 ALS patient contacts during the field internship. At least half of the ALS contacts will be a full continuum of care. Students will practice skills and use information acquired from previous aspects of training, didactic, and clinical internship. Upon successful completion of this portion of training, the student will receive a Certificate of Completion. All documentation must be completed and collected by WestMed staff prior to receipt of completion certificate.

Integrating Didactic and Skills Lab Activities with Clinical and Field Internships
The paramedic student gains knowledge and skill practice during the didactic portion of the program, showing an ability to progress from observer to participant and ultimately, to team leader by the end of the field internship.

Specialty clinical internships can begin immediately during the didactic portion of the program. These include other clinical learning settings such as Labor and Delivery, Skilled Nursing Facility (SNF), Operating Room (Intubation Rotation), Childcare/Pre-School facility, Pediatric Intensive Care Unit (ICU), and Pediatrics. These
internships are other opportunities where paramedic students are able to apply knowledge obtained in the classroom and skills labs. They begin to learn how to apply the cognitive knowledge and skills they developed in the skills laboratory and hospital clinical to the field environment. As the paramedic student progresses from observer to participant and then to team leader during the end of their field internship, the student will have been given the tools for advancement to the level of entry-level paramedic.

Additional Fees for Paramedic Students
The total cost of course fees noted above only covers didactic training. In addition, after successfully completing this course, to gain licensure in the state of California, the student is responsible for National Registry test application fees, licensure fees, any additional fees required, and any travel expenses necessary to travel to out of area testing, clinical or field internships.
Didactic Program Goals and Objectives

At the completion of didactic, the student must demonstrate the following:

- The student must have an understanding of medical/legal issues relating to EMS.
- The student must exhibit the knowledge and make progress toward being able to safely administer medications.
- The student must exhibit the knowledge and make progress toward the ability to safely perform endotracheal intubation.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to safely gain venous access in all age group patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to effectively ventilate intubated & unintubated patients of all age groups.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on pediatric patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on adult patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on geriatric patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on obstetric patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on trauma patients.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on psychiatric patients.

- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan for the trauma patient.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with chest pain.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with abdominal complaints.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for the obstetric patient. This must include care of the newborn and postpartum care.
- The student must exhibit the knowledge and make progress toward demonstrating the ability to serve as a team leader in variety of prehospital emergency situations.
Clinical Internship Goals and Objectives

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

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

Evaluating the Intern During Clinical Internship

The performance of the WestMed intern will be evaluated daily by the Preceptor using the Daily Preceptor Evaluation of Intern form. To successfully complete the clinical portion of paramedic training, the student must score a 3 (three) for each skill indicating the student exhibits knowledge and progress toward competency. The student must receive a rating of 3 on the Behavioral Evaluation form (form included) at the end of the Emergency Department clinical internship for each behavioral area.
Field Internship Goals and Objectives
(Terminal Objectives and Competencies)

By the end of the WestMed field internship, student should perform as competent, entry-level paramedics, ready to fulfill their career goals and the community’s needs. WestMed Paramedic Program students must complete at least 480 hours of field internship, after which their Preceptors will evaluate them at the level of entry-level paramedic.

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

Using the Field Internship Daily Performance Record form, the Preceptor will evaluate the intern’s daily performance. In addition to daily evaluations, the student must complete a minimum of four major evaluations at 120 hour intervals of their internship with their preceptor. By the last major evaluation the student must receive a rating of 3 in every category in order to successfully pass the field internship with a minimum of 480 hours.

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

Role of the Field Preceptor

The Paramedic Preceptor is responsible for the direct supervision and evaluation of the student. The student is encouraged to accompany the Preceptor whenever possible when the Preceptor is scheduled to work overtime, is involved in shift trades, or works extra shifts. The field Preceptor will directly supervise the actions and activities of the intern at all times during patient care. Supervision and evaluation shall include the following:

**Scene Management**
Safety and Work Environment
Universal Precautions
Crowd Control
Use of Equipment

**Airway**
Airway Management/Oxygen Therapy
Advanced Airway
Pleural Decompression

**Assessment and Treatment**
Primary Assessment and Intervention
Patient Information
Physical Examination
Assessment Interpretation
Chest Auscultation
Cardiac Rhythms
Patient Management
Patient Response to Therapy

**Circulation**
Defibrillation/Cardioversion
Intravenous Access

**Musculoskeletal**
Bandaging/Splinting
Extrication/Patient Positioning
Spinal Immobilization

**Pharmacology**
Drug Administration Technique
Drug Knowledge

**Communication**
Leadership
Professionalism
Feedback and Guidance
Inventory Maintenance
Equipment Operation

Creating A Positive Learning Environment

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

Instruct in the positive. This allows students to learn and respond to directions more quickly and easily. Tell the student what you want them to do, not what you do not want them to do. This will be difficult in the beginning and will take practice. However, the results will be rewarding. Positive instructions are nurturing: negative instructions are controlling.
Counsel in the positive. In discussions with students, tell them:

- What went well
- What needs revision
- How to fix the skill or behavior
- Be the advocate for your student
- Be the intermediary between your student and other practitioners
- Praise in public
- Critique in private
- Maintain confidentiality for all students

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

**Problem Resolution Procedure**

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

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

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

- Requests to perform illegal or unethical activities;
- Harassment or hazing by Preceptor or crew;
- Directives to disregard or deviate from established policies/protocols;
- Requests to falsify or alter written documentation.

Whenever an intern is suspended from a shift for non-illness or injury, the Preceptor and intern will notify the Program Director by phone at (408) 236-1170 as soon as possible. During this time, the intern’s internship will be suspended until the problem is resolved.
Records and Forms
A. Clinical Forms and Instructions

Internship Student Information and Agreement
The student must complete and submit this packet at least one month prior to the end of didactic and prior to clinical placement. This packet will serve as proof of immunization and ability to provide direct patient care in the clinical and field setting. The requirements may have additions depending on the Department of Health standards and/or the requirements of the receiving hospital.

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

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

Clinical Attendance Record
The student must complete all columns of this form and have the Preceptor sign it.

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

Patient Tracking and Competency Totals
Before turning in their clinical paperwork to WestMed, the student must add up their total patient experiences. If a student completed three IVs that day, they would place the date and put three marks or a #3 in Venous Access. If a student treated three infants, they would put three marks or #3 under Ages, Infant. If one of the infants was a trauma patient, they would put a mark or #1 under Trauma Patient, and so on.

Daily Evaluation of Intern
The Preceptor completes this form every day. The Preceptor uses the student’s patient tracking records to help her/him complete this form. Students must be sure to attach their completed tracking forms to this Preceptor evaluation form.

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

Paramedic Intern and Preceptor Guidebook
The student should keep one guidebook for him/herself and give one to their Preceptor. The student should READ THIS MANUAL THOROUGHLY. Students are responsible for knowing its contents and following these procedures.

Evaluation of the Preceptor
The student completes this evaluation at the end of the internship. The clinical Preceptor completes one form during an internship visit.

Instructions for Professional Behavior Evaluation and Professional Behavior Counseling

Professional Behavioral Evaluation
The Preceptor is to complete this on the first day of internship and on the last day of internship.

Professional Behavioral Counseling
The Preceptor will complete, if needed.

Paramedic Intern Report

WestMed College Incident Report
B. Field Forms

Permission to Commence Internship (1 copy)
The student needs to return this form on or before the first day of internship. Hours do not count until the school receives this form back signed.

Preceptor Information (1 copy)
The student returns this form on or before the first day of internship. This form serves as documentation that the Preceptor is qualified to be a paramedic Preceptor and that the student has provided a Preceptor guidebook to the Preceptor.

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

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

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

Patient Tracking and Competency Totals
Before turning in your clinical paperwork to WestMed, you must add up your total patient experiences. If you completed three IVs that day, you would place the date and put three marks or a #3 in Venous Access (IV). If you treated three infants, you would put three marks or #3 under Assessment of Infant. If one of your infants were a trauma patient, you would put a mark or #1 under Assessment of Trauma Patient, and so on.

Field Criteria Form
The Field Criteria form is a rating guide for evaluation at a minimum of every 120 hours of scene management, assessment/treatment, communication, leadership, equipment, airway, circulation, musculoskeletal skills, and pharmacology.

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

Student must complete form on first day of internship and return to WestMed College immediately.

<table>
<thead>
<tr>
<th>Preceptor Name:</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>Street ___________________________ City __________________ State ________ Zip ________</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Type of Professional License and Number:</td>
<td>____________________</td>
</tr>
<tr>
<td>How long have you been a nurse/paramedic?</td>
<td>____________</td>
</tr>
<tr>
<td>How long have you been an Emergency Department nurse/preceptor?</td>
<td>____________</td>
</tr>
<tr>
<td>Where did you go to college?</td>
<td>________________________________</td>
</tr>
<tr>
<td>When did you graduate from college?</td>
<td>________________ month/year</td>
</tr>
</tbody>
</table>

Please list the facilities in which you have worked:

<table>
<thead>
<tr>
<th>Facility 1</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility 2</td>
<td>________________________________</td>
</tr>
<tr>
<td>Facility 3</td>
<td>________________________________</td>
</tr>
<tr>
<td>Facility 4</td>
<td>________________________________</td>
</tr>
<tr>
<td>Facility 5</td>
<td>________________________________</td>
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<tr>
<td>Facility 6</td>
<td>________________________________</td>
</tr>
<tr>
<td>Facility 7</td>
<td>________________________________</td>
</tr>
</tbody>
</table>
Daily Preceptor Evaluation of Intern
Clinical Internship and Specialty Rotations

Student Name: ___________________________ Preceptor Name: ___________________________

Date: ___________ Department: ___________________________

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

Rating: 
N/A = Not Applicable, No Opportunity to Perform this Skill Today
OBS = Observed Skill Today
1 = Fails to perform (incompetent)
2 = Borderline-inconsistent (progressing towards competence)
3 = Competent

<table>
<thead>
<tr>
<th>SKILL</th>
<th>STUDENT RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Administration</td>
<td>NA OBS 1 2 3</td>
</tr>
<tr>
<td>Administered Medication</td>
<td></td>
</tr>
<tr>
<td>Airway Management</td>
<td>NA OBS 1 2 3</td>
</tr>
<tr>
<td>Endotracheal Intubation</td>
<td></td>
</tr>
<tr>
<td>Ventilatory Support</td>
<td>NA OBS 1 2 3</td>
</tr>
<tr>
<td>Effectively Ventilated Patient</td>
<td></td>
</tr>
<tr>
<td>Venous Access</td>
<td>NA OBS 1 2 3</td>
</tr>
<tr>
<td>Gained venous access</td>
<td></td>
</tr>
<tr>
<td>Patient Assessment Techniques</td>
<td>NA OBS 1 2 3</td>
</tr>
<tr>
<td>Performed Comprehensive Assessment</td>
<td></td>
</tr>
</tbody>
</table>

Preceptor COMMENTS:

__________________________________________________________________________

Preceptor Signature ___________________________ Student Signature ___________________________
Permission to Commence Internship

Intern: ________________________________

Preceptor: ________________________________
[please print full name and title]

Preceptor’s Phone Numbers:  Work ______________________  Home ______________________

Preceptor’s E-Mail Address: ________________________________

Internship Facility Name: ________________________________

Internship Facility Address: ________________________________

Supervisor Approving Internship Name: ________________________________
[please print name]

Supervisor Approving Internship Signature: ________________________________

Scheduled Start Date: _________________  Shift Times: ______________________

SCHEDULE

Month: ________________________________

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
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</tbody>
</table>

WestMed Clinical Coordinator Signature: ________________________________

This internship is not approved to commence until it is signed by all parties and the schedule has been provided to the staff at WestMed College.
Clinical Attendance Record: Paramedic Internship

Paramedic Intern Name: ______________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours Scheduled</th>
<th>Time In</th>
<th>Time Out</th>
<th>Hours Worked</th>
<th>#ALS Contacts</th>
<th>Comments About Attendance</th>
<th>Preceptor's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
PRECEPTOR FORM 5

Paramedic Intern Report

Name of Student: ___________________________ Date: __________________

Coordinator: __________________________________________________________

Preceptor: _____________________________________________________________

Is the student on target? Yes  No

Comments:

Attendance:

Plan of Action:

WestMed Clinical Coordinator/Faculty: ________________________________________

signature

WestMed Clinical Coordinator/Faculty: ________________________________________

please print

Student Signature: _______________________________________________________

Preceptor Name: _________________________________________________________

signature

Preceptor Name: _________________________________________________________

please print

Give a copy of this completed report to student and Preceptor at time of visit.
Instructions for Professional Behavior Evaluation and Professional Behavior Counseling

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

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

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

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

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

As many people as practically possible should complete this form. Once completed, the form becomes part of the paramedic student's record. The more independent evaluations of the paramedic student, the more reliable are the results. The minimum number of evaluations required during clinical internship is once on the first day of clinical internship and again on the last day. The minimum number of evaluations required during field internship is every 120 hours during each major evaluation. The preceptor should also use this evaluation form during the first few days of a field internship to identify any negative professional behaviors immediately so as to give the paramedic student an opportunity to improve.
The evaluator should focus on patterns of behavior, not isolated instances that fall outside the paramedic student’s normal performance. For example, a paramedic student who is consistently on time and prepared may have demonstrated competence in time management and should not be penalized for an isolated emergency that makes him late for one class. On the other hand, if the paramedic student is constantly late for class, he/she should be counseled and if the behavior continues, rated as “1” or “2,” which denotes “not competent” in time management. This continued behavior may result in disciplinary action.

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

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

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

Name of Student: __________________________ Date of evaluation: __________
(please print)

Rating System: 1) Fails to perform  2) Borderline-inconsistent  3) Competent  Please circle one in each category.

1. Integrity

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

2. Empathy

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

3. Self-Motivation

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

4. Appearance And Personal Hygiene

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

5. Self-Confidence

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

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

7. Time Management

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

8. Teamwork And Diplomacy

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

9. Respect

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

10. Patient Advocacy

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

11. Careful delivery of service

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

Use the space below to explain any ratings below “competent”. Identify specific behaviors, and corrective actions.

Evaluator’s Signature ___________________________ Evaluator’s Name (Please Print) ___________________________
# Professional Behavior Counseling Form

**PRECEPTOR FORM 7**

## Professional Behavior Counseling

<table>
<thead>
<tr>
<th>Paramedic Student Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Incident:</td>
<td>Date of Counseling:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ Reason for Counseling (all that apply)</th>
<th>Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity</td>
<td>Time Management</td>
</tr>
<tr>
<td>Empathy</td>
<td>Teamwork and Diplomacy</td>
</tr>
<tr>
<td>Self-Motivation</td>
<td>Respect</td>
</tr>
<tr>
<td>Appearance/Personal Hygiene</td>
<td>Patient Advocacy</td>
</tr>
<tr>
<td>Self-Confidence</td>
<td>Careful Delivery of Service</td>
</tr>
</tbody>
</table>

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

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

Preceptor/Counselor Signature:

I have read this notice and I understand it. | Student Signature:________________________________________

**REVIEW:**

Program Director:__________________________  Medical Director:__________________________
PRECEPTOR FORM 8

WestMed College Incident Report

Name of Originator: ________________________________

Daytime Telephone: ________________________________  Evening Telephone: ________________________________

Details of Incident:

___________________________________________________________________________________________

___________________________________________________________________________________________

Witnesses or Others Involved:

Name: __________________________________________  Phone#: ________________________________

Name: __________________________________________  Phone#: ________________________________

Name: __________________________________________  Signature: ________________________________  Date:_______

Action Taken and Outcome

___________________________________________________________________________________________

___________________________________________________________________________________________

Name:________________________________________  Signature: ________________________________  Date:_______

This report was submitted to: ________________________________

Date:______________

Evaluation/Investigation

___________________________________________________________________________________________

___________________________________________________________________________________________

Final Recommendation

___________________________________________________________________________________________

___________________________________________________________________________________________
### PRECEPTOR FORM 9
Patient Tracking and Competency Record

**STUDENT NAME**

**DATE**

**LOCATION/DEPARTMENT (circle one below)**

ED OR REC ROOM ICU CCU BURN L&D Peds FIELD

**AGE OF PATIENT** in Years

**SEX OF PATIENT**

- [ ] Male  
- [ ] Female

**TYPE OF PATIENT** (circle one or more below)

- Geriatric
- Obstetric
- Trauma
- Psychiatric
- Medical

**COMPLAINT** (circle one or more below)

- Chest Pain
- Dyspnea/Respiratory
- Syncope
- Abdominal
- Altered Mental Status

**COMPETENCIES** (Circle YES if competently performed, NO if not competently performed, OBS if observation only)

<table>
<thead>
<tr>
<th>AIRWAY MANAGEMENT</th>
<th>FRACTURES AND DISLOCATIONS</th>
<th>VENTILATORY SUPPORT</th>
<th>MEDICATION ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used BLS Airway Adjunct</td>
<td>Yes No OBS</td>
<td>Performed Spinal immobilization</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Endotracheal Intubation: (circle one) Live pt, mannequin, cadaver</td>
<td>Yes No OBS</td>
<td>Used patient extrication devices</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Suctioning</td>
<td>Yes No OBS</td>
<td>Performed splinting and traction</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Use of bag-valve mask</td>
<td>Yes No OBS</td>
<td>The student safely administered medication (Right Pt., Drug, Dose, Route, Time)</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Use of other artificial ventilatory devices</td>
<td>Yes No OBS</td>
<td>Circle Type: Inhaled Nebulized Endotracheal IM SQ IV Topical Oral SL</td>
<td></td>
</tr>
<tr>
<td>Use of oxygen administration devices</td>
<td>Yes No OBS</td>
<td>OBSTETRICAL EMERGENCIES</td>
<td></td>
</tr>
<tr>
<td>CIRCULATION AND SHOCK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic life support techniques</td>
<td>Yes No OBS</td>
<td>Neonatal resuscitation</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Established IV cannulation</td>
<td>Yes No OBS</td>
<td>Fundus massage</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Vagal stimulation techniques</td>
<td>Yes No OBS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac monitor lead placement</td>
<td>Yes No OBS</td>
<td>Techniques of delivery</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Cardiac rhythm interpretation</td>
<td>Yes No OBS</td>
<td>Accurate and appropriate patient information</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Synchronized and unsynchronized cardioversion and defibrillation</td>
<td>Yes No OBS</td>
<td>Accurate and appropriate response to verbal and standing orders</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Bandaging (circle one) (including: burns, impaled objects, avulsion, evisceration, other)</td>
<td>Yes No OBS</td>
<td>Accurate written reports</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>PATIENT ASSESSMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtained pertinent patient history</td>
<td>Yes No OBS</td>
<td>Emergency scene management</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Performed physical examination (including inspection, palpation, and auscultation)</td>
<td>Yes No OBS</td>
<td>Patient and family interpersonal communication skills (including crisis intervention)</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Performed Rapid extrication and transport</td>
<td>Yes No OBS</td>
<td>Professional communication skills</td>
<td>Yes No OBS</td>
</tr>
<tr>
<td>Prioritized patient care</td>
<td>Yes No OBS</td>
<td>ADVANCED COMPETENCIES</td>
<td></td>
</tr>
<tr>
<td>Triaged multiple casualties</td>
<td>Yes No OBS</td>
<td>Competently performed comprehensive assessment, formulated and implemented a treatment plan</td>
<td>Yes No OBS</td>
</tr>
</tbody>
</table>

**STUDENT COMMENTS:**

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

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# PRECEPTOR FORM 10: CALIFORNIA FIELD INTERNSHIP DAILY PERFORMANCE RECORD

<table>
<thead>
<tr>
<th>Intern</th>
<th>Date</th>
<th>Paramedic Program</th>
<th>Interning Agency/Station</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Shift**
- Time In:
- Time Out:
- Preceptor

**Preceptor**

**DIRECTIONS:** Sections are to be completed by the intern. Each run must be rated by the intern and preceptors in each applicable category. Comments regarding runs should be made in comments area provided.

**RATING:**
- 1 - Fails to Perform
- 2 - Borderline Inconsistent
- 3 - Competent

### Patient Information and Chief Complaint

<table>
<thead>
<tr>
<th>Treatment Rendered</th>
<th>ALS Patient Contact</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scene Management</th>
<th>Assessment/Tx.</th>
<th>Communication</th>
<th>Leadership</th>
<th>Treatment Skills</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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<tr>
<td>I</td>
<td>P</td>
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<td></td>
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### COMMENTS

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7. I P

### SUMMARY OF PERFORMANCE

Preceptor must provide a written summary of today’s performance.

Drills/Demonstrations

Plan for Improvement

Preceptor Signature Cert# Preceptor Signature Cert#

Intern Signature Agency/Rep Signature
### PRECEPTOR FORM 10: CALIFORNIA FIELD INTERNSHIP DAILY PERFORMANCE RECORD

**Intern:**

**Date:**

**Paramedic Program:**

**Interning Agency/Station:**

**Shift:**

**Time In:**

**Time Out:**

**Preceptor:**

**Preceptor:**

---

**RATING:**

1. Fails to Perform  
2. Borderline Inconsistent  
3. Competent

**Scene Management**

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**ALS Patient Contact**

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**Patient Information and Chief Complaint**

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**Treatment Rendered**

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**Assessment/Tx.**

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**Communication**

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**Leadership**

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**Treatment Skills**

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**COMMENTS**

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California Paramedic Field Internship: Major Evaluation

<table>
<thead>
<tr>
<th>EVALUATION FACTORS</th>
<th>RATING</th>
<th>COMMENTS: are required in each major category.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCENE MANAGEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Safety and Work Environment</td>
<td></td>
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</tr>
<tr>
<td>2. Universal Precautions</td>
<td></td>
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</tr>
<tr>
<td>3. Crowd Control</td>
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<tr>
<td>4. Additional assistance and equipment</td>
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<tr>
<td>ASSESSMENT AND TREATMENT</td>
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<tr>
<td>5. Primary assessment and intervention</td>
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<td>6. Patient Information</td>
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<tr>
<td>7. Physical Examination</td>
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<tr>
<td>8. Assessment Interpretation</td>
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<tr>
<td>9. Chest auscultation</td>
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<td>10. Cardiac rhythms</td>
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<td>11. Patient management</td>
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<tr>
<td>12. Patient response to therapy</td>
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<tr>
<td>COMMUNICATION</td>
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<tr>
<td>13. Rapport with patient, family</td>
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<td>14. Team members</td>
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<td>15. Radio Report</td>
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<td>16. Documentation</td>
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<tr>
<td>17. Working relationship with team members</td>
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</table>

RATING CRITERIA: Refer to Performance Evaluation Standards in the Internship Manual. An intern must attain a “3” in each category on the final evaluation to successfully complete field internship.

1. Frequently fails to perform procedure in a competent manner.
2. Inconsistent in performing procedures in a competent manner.
3. Consistently performs procedure in a competent manner.
N/A Not Applicable. Did not perform skill.
(Skills not observed in the field shall be evaluated in a drill situation prior to the completion of internship.)
## California Paramedic Field Internship: Major Evaluation

### LEADERSHIP
- 18. Leadership
- 19. Professionalism
- 20. Feedback and guidance

### EQUIPMENT
- 21. Inventory Maintenance
- 22. Equipment Operation

### TREATMENT SKILLS

#### EVALUATION FACTORS

<table>
<thead>
<tr>
<th>AIRWAY</th>
<th>RATING</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Airway management/ Oxygen Therapy</td>
<td></td>
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<tr>
<td>24. Advanced airways</td>
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<td>25. Pleural decompression</td>
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</tbody>
</table>

#### CIRCULATION
- 26. Defibrillation/Cardioversion
- 27. Intravenous access
- 28. Pneumatic antishock garment

#### MUSCULOSKELETAL SKILLS
- 29. Bandaging/splinting
- 30. Extrication/patient positioning
- 31. Spinal immobilization

#### PHARMACOLOGY
- 32. Drug administration technique
- 33. Drug knowledge

### EXPANDED SCOPE

### OTHER SKILLS

### SUMMARY OF PERFORMANCE
Preceptors must provide a written summary of the intern's performance to date:

Plan for improvement:

<table>
<thead>
<tr>
<th>Preceptor Signature</th>
<th>Cert#</th>
<th>Preceptor Signature</th>
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<tbody>
<tr>
<td>Intern Signature</td>
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<td>Agency Rep Signature:</td>
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</table>
**Criteria Form**

**Scene Management**

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

**Assessment And Treatment**

<table>
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<tr>
<th>Evaluation Factors</th>
<th>RATING 1</th>
<th>RATING 2</th>
<th>RATING 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary assessment and intervention</td>
<td>Frequently fails to perform an organized and complete primary assessment within 60 seconds or fails to intervene appropriately.</td>
<td>Inconsistently or slowly performs a complete and/or organized primary assessment. Does not intervene appropriately in a timely manner.</td>
<td>Consistently performs a complete and organized primary assessment within 60 seconds and intervenes appropriately in a timely manner.</td>
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<tr>
<td>Section</td>
<td>Frequent/Inconsistent/Consistent Observation</td>
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<tr>
<td>Patient information</td>
<td>Frequently is disorganized or unable to elicit appropriate patient information.</td>
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<td></td>
<td>Inconsistently or slowly obtains relevant or accurate patient information.</td>
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<td></td>
<td>Consistently obtains a relevant and accurate patient history, chief complaint/patient problem, medications and allergies in a systematic and timely manner.</td>
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<td>Physical examination</td>
<td>Frequently fails to perform a thorough exam with appropriate inquiry and inspection and/or findings are inaccurate.</td>
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<td>Inconsistently or slowly performs an exam. Needs assistance in being thorough and systematic.</td>
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<td>Consistently performs a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint. Findings are accurate.</td>
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<tr>
<td>Assessment interpretation</td>
<td>Frequently fails to determine a working diagnosis, or substantially misinterprets the patient's problem. Cannot formulate a working diagnosis for treatment.</td>
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<td>Inconsistently or slowly determines a working diagnosis or substantially misinterprets the patient's problem.</td>
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<td>Consistently interprets and correlates assessment information correctly.</td>
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<tr>
<td>Chest auscultation</td>
<td>Frequently fails to demonstrate adequate assessment and identification of basic breath sounds.</td>
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<td>Inconsistent knowledge of chest auscultation and breath sounds.</td>
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<td>Consistently identifies breath sounds. Adequate knowledge of chest auscultation.</td>
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<td>Cardiac rhythms</td>
<td>Frequently fails to identify rhythms in a timely manner.</td>
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<td>Inconsistently identifies rhythms in an accurate and timely manner.</td>
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<td>Consistently identifies rhythms in an accurate and timely manner.</td>
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<tr>
<td>Patient management</td>
<td>Frequently fails to develop and implement an appropriate plan of action.</td>
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<td>Inconsistently or slowly develops or implements an appropriate plan of action.</td>
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<td>Consistently develops and implements an appropriate plan of action.</td>
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<tr>
<td>Patient response to therapy</td>
<td>Frequently fails to assess patient response to therapy interventions.</td>
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<td></td>
<td>Inconsistently assesses patient response to therapy interventions.</td>
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<td></td>
<td>Consistently assesses patient response to therapy interventions.</td>
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## Communication

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<tr>
<th>Evaluation Factors</th>
<th>RATING 1</th>
<th>RATING 2</th>
<th>RATING 3</th>
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</thead>
<tbody>
<tr>
<td>Rapport with patient, family and bystanders</td>
<td>Frequently fails and does not attempt to establish rapport with patient, family and bystanders. Is disrespectful of others.</td>
<td>Inconsistently builds rapport with patient, family and bystanders. Shows consideration and respect for others. Does not instill confidence in patients.</td>
<td>Consistently builds rapport with patient, family and bystanders. Shows consideration and respect for others. Instills confidence in patient.</td>
</tr>
<tr>
<td>Team members</td>
<td>Frequently fails to report pertinent information to team members.</td>
<td>Inconsistently reports pertinent information to team members.</td>
<td>Consistently communicates all pertinent information to team members.</td>
</tr>
<tr>
<td>Radio Report</td>
<td>Frequently fails to recognize the need to utilize medical control.</td>
<td>Inconsistently utilizes and recognizes medical control. Reports are disorganized and incomplete.</td>
<td>Consistently utilizes medical control appropriately. Reports are organized and complete.</td>
</tr>
<tr>
<td>Documentation</td>
<td>Frequently fails to complete patient care reports in an accurate, thorough or legible manner.</td>
<td>Inconsistently completes patient care reports in an accurate, thorough and legible manner.</td>
<td>Consistently completes patient care reports in an accurate, thorough and legible manner.</td>
</tr>
<tr>
<td>Working relationships with team members</td>
<td>Frequently fails to function as a member of the patient care team.</td>
<td>Inconsistently functions as a member of the patient care team.</td>
<td>Consistently functions as a member of the patient care team.</td>
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## Leadership

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<tr>
<th>Evaluation Factors</th>
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<th>RATING 2</th>
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<tbody>
<tr>
<td>Leadership</td>
<td>Frequently fails to assume leadership role. Does not direct team members appropriately.</td>
<td>Inconsistently assumes leadership role and direction of team members.</td>
<td>Consistently assumes leadership role and directs team members appropriately.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Frequently exhibits unprofessional conduct. Is rude, abrupt and/or out of uniform.</td>
<td>Inconsistently exhibits a professional demeanor.</td>
<td>Consistently exhibits a professional demeanor.</td>
</tr>
</tbody>
</table>
### Feedback and guidance

| Feedback and guidance | Frequently fails to accept feedback; argues with others. Uses excuses to justify mistakes. | Inconsistently accepts feedback. Does not take necessary steps to change performance. | Consistently participates in evaluation of self; accepts feedback and suggestions. Takes necessary steps to correct performance. |

### Equipment

<table>
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<tr>
<th>Evaluation Factors</th>
<th>RATING 1</th>
<th>RATING 2</th>
<th>RATING 3</th>
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</thead>
<tbody>
<tr>
<td>Inventory maintenance</td>
<td>Frequently fails to perform equipment inventory at the start of shift and does not resupply inventory.</td>
<td>Inconsistently resupplies all inventory per provider policy.</td>
<td>Consistently resupplies all inventory per provider policy.</td>
</tr>
<tr>
<td>Equipment operation</td>
<td>Frequently fails to use equipment in a safe manner.</td>
<td>Inconsistently demonstrates proper use of all equipment. Needs direction.</td>
<td>Consistently demonstrates the ability to use all equipment correctly.</td>
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</tbody>
</table>

### Airway

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<tr>
<th>Evaluation Factors</th>
<th>RATING 1</th>
<th>RATING 2</th>
<th>RATING 3</th>
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<tbody>
<tr>
<td>Airway management/Oxygen therapy</td>
<td>Frequently fails to assure adequate delivery of oxygen to patient. Fails to utilize appropriate airway adjunct and/or maintain patency of airway in a timely manner.</td>
<td>Inconsistently assures adequate delivery of oxygen to patient and/or utilization of appropriate airway adjunct. Does not maintain patency of airway in a timely manner.</td>
<td>Consistently assures adequate delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner.</td>
</tr>
<tr>
<td>Advanced airways</td>
<td>Frequently fails to demonstrate correct use of advanced airways. Inadequate knowledge base of indications and contraindications.</td>
<td>Inconsistently demonstrates need for use of advanced airways. Needs some guidance to complete the procedure.</td>
<td>Consistently demonstrates correct use of advanced airways in a timely manner.</td>
</tr>
</tbody>
</table>
## Circulation

<table>
<thead>
<tr>
<th>Evaluation Factors</th>
<th>RATING 1</th>
<th>RATING 2</th>
<th>RATING 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defibrillation/ Cardioversion</td>
<td>Frequently fails to demonstrate correct procedure and indications for use.</td>
<td>Aware of indications for use, but needs some direction to perform procedure.</td>
<td>Consistently performs correct procedure. Aware of indications for use.</td>
</tr>
<tr>
<td>Intravenous access</td>
<td>Frequently fails to establish IV access due to improper technique.</td>
<td>Inconsistently establishes IV access. Needs some direction to complete procedure.</td>
<td>Consistently uses proper technique. Completes procedure in a timely manner.</td>
</tr>
<tr>
<td>Pneumatic anti-shock garment</td>
<td>Frequently fails to perform procedure in a systemic and timely manner.</td>
<td>Inconsistently performs procedure in a systematic and timely manner.</td>
<td>Consistently performs procedure in a timely and competent manner.</td>
</tr>
</tbody>
</table>

## Musculoskeletal

<table>
<thead>
<tr>
<th>Evaluation Factors</th>
<th>RATING 1</th>
<th>RATING 2</th>
<th>RATING 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bandaging/splinting</td>
<td>Frequently fails to apply appropriate and adequate bandages/splints in a systematic and timely manner. Ineffective technique or treatment causing potential harm to patient. Fails to initiate any treatment.</td>
<td>Inconsistently applies appropriate and adequate bandages/splints in a systematic and timely manner.</td>
<td>Consistently applies appropriate and adequate bandages/splints in a systematic and timely manner.</td>
</tr>
<tr>
<td>Extrication/patient positioning</td>
<td>Frequently fails to initiate adequate extrication/patient positioning; does not have sufficient control to protect patient from injury.</td>
<td>Inconsistently initiates adequate extrication/patient positioning; does not have sufficient control to protect patient from injury.</td>
<td>Consistently initiates and directs extrication/patient positioning in a manner that protects the patient from injury.</td>
</tr>
<tr>
<td>Spinal immobilization</td>
<td>Frequently fails to initiate spinal immobilization when indicated. Does not know complete or correct procedure.</td>
<td>Inconsistently initiates spinal immobilization when indicated. Knows complete and correct procedure.</td>
<td>Consistently uses spinal immobilization when indicated. Uses complete and correct procedure.</td>
</tr>
</tbody>
</table>
### Pharmacology

<table>
<thead>
<tr>
<th>Evaluation Factors</th>
<th>RATING 1</th>
<th>RATING 2</th>
<th>RATING 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug administration technique</td>
<td>Unfamiliar with drug administration procedure. Unable to calculate correct drug dosages.</td>
<td>Inconsistent knowledge of drug administration procedure. Unable to administer drugs in a timely manner.</td>
<td>Consistently administers drugs correctly and in a timely manner.</td>
</tr>
<tr>
<td>Drug knowledge</td>
<td>Inadequate knowledge of indications, contraindications, adverse effects and dosages of drug therapy.</td>
<td>Inconsistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy.</td>
<td>Consistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy.</td>
</tr>
</tbody>
</table>
The WestMed Paramedic Intern
The Role of the Student Intern

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

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

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

There should be no more than two students per Preceptor during a clinical internship and only one student per Preceptor for a field internship.

Before You Can Begin Your Internship

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

- Complete the Permission to Commence Internship form (WMC Student Form 1) and return to Program Director

- If interning in Santa Clara County, Paramedic interns are required to take the Santa Clara County Paramedic Accreditation Test prior to commencing a field internship in Santa Clara County. You will find details about the accreditation test and information on how to register at www.sccemsagency.org. Follow the link to Paramedic Accreditation.

- In front of a witness, you must sign the WestMed Internship Agreement (WMC Student Form 2). Any WestMed College employee may witness your signature. Return this form to the Program Director.

- You must hold a current state EMT license, and the currency of your EMT license must be verified by WestMed College.
YOU MUST OBTAIN PRIVATE MEDICAL INSURANCE COVERAGE. IT IS REQUIRED.

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

On or Before the First Day of Your Internship

You must provide a copy of this guidebook to your Preceptor. You will also need to have your Preceptor sign the Preceptor Letter (PM Student Form 2), which acknowledges receipt of the guidebook. This form must be returned to the WestMed Program Director.

- Your Preceptor must also complete the **Preceptor Information** sheet (PM Student Form 3). This form should be turned in with your signed **Preceptor Letter** to the Paramedic Program Director.

If you prefer, you may have your Preceptor complete both of these forms before you begin the first day of your internship.

- You will create your own training calendar, and your attendance is mandatory at all scheduled shifts. WestMed College and your internship provider have expended a significant amount of cooperative effort to coordinate your internship experience. Once there is agreement about your internship, you are required to obtain a written permission form from the internship provider (PM Student Form 1). This form must be completed prior to or on the first day of your internship and returned to WestMed.

If you begin a clinical or field internship prior to getting written permission from the internship provider and WestMed and you fail to provide WestMed with a training schedule in advance of beginning your internship, any hours you have completed will not be counted toward the internship; moreover, the school reserves the right to terminate the student from an internship.

Important Legal Requirements You Must Know

The procedures that paramedic interns are authorized to perform are governed by the California Health and Safety Code and by the local EMS Agency.

**PARAMEDIC STUDENTS MAY NOT PERFORM THE FOLLOWING PROCEDURES UNDER ANY CIRCUMSTANCES:**

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

If you are asked to perform one of these procedures, you should refuse. Performing any unauthorized procedure will result in disciplinary action and your likely dismissal from the program.
What Every WestMed Intern Must Do

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

1. **The Guidebook:** It is important that you keep a copy of this Guidebook with you during your clinical and field internship experience. It contains up-to-date information about the roles and expectations of the paramedic Preceptor and the paramedic student. You will want to refer to the Guidebook as will the individuals who are supervising your clinical and field experience. The paramedic training staff at WestMed College has reviewed this information and believes that it provides adequate information to enable your Preceptor to be able to competently evaluate your performance as a paramedic student intern.

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

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

   This Guidebook contains a complete set of the forms that you AND your Preceptor are required to complete. We do not recommend that you rip the forms from your Guidebook. Instead, use the packet of loose forms that accompanies this Guidebook. The forms in this packet duplicate the forms in the Guidebook. The loose forms may be copied easily and will allow you to make additional copies as you need them. Do not discard any of the loose forms until your internship is completed so that you may make additional copies as needed for the duration of your internship experience.

3. **The Evaluation Records:** The student is to keep copies, in an organized fashion, of all evaluation records and have them available during clinical training for review by the WestMed staff and by the facility staff. It is your responsibility to maintain all of the documentation of your progress in the internship in a neat and organized fashion. It must be available at all times for review by your Preceptor and by WestMed Program staff.

4. **Monitoring by WestMed Staff:** You should expect scheduled and unscheduled visits and/or telephone calls by WestMed staff. The purpose of these visits and calls is to monitor your progress.

5. **Questions:** You should contact your clinical coordinator or the WestMed Paramedic Program Director at (408) 977-286-1170 if you have any questions about the clinical or field internship training experience, or if you need clarification of any item in this Guidebook.

6. **Problems:** You should contact your Preceptor immediately, your WestMed coordinator and/or Paramedic Program Director by telephone when problems develop regarding your performance in the internship setting.
Working with Staff

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

You May Not:

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

Paramedic Clinical and Field Attendance Policy

Each student is required to create a training calendar. Attendance is mandatory for all scheduled shifts. In order to secure the greatest benefits from the training program, attendance is imperative. If absent or tardy for more than three continuous shifts of clinical or field internship, students may be released from training and the College. If an absence is unavoidable, students are required to notify the assigned Preceptor and the College at least 15 minutes prior to scheduled arrival time.

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

Permission should be obtained and a training schedule provided to the College prior to start of internship. If permission is not obtained, hours will not be counted toward the internship and the College reserves the right to terminate the student from internship or program.

Schedule Changes

Changes in schedules must be reported to the WestMed staff and the clinical coordinator. If you call in sick, you must notify their Preceptor and WestMed staff. Failure to notify WestMed about a change in your schedule changes will have an adverse impact on your record and may place you in danger of not successfully completing your internship.
Personal Appearance

Your personal appearance identifies you to the public as a professional. Your image is a direct reflection on you, your school and the paramedic profession. Your attire must comply with the professional dress code of the internship provider and with the requirements of WestMed College. You will be sent away from a clinical or field internship if you are not dressed appropriately.

- Hair should be above the collar; extravagant hair styles are not acceptable.
- Makeup and perfume must be conservative.
- Fingernails must be clean. Cuticles must be trimmed. Nail polish must be clear or light in color. Acrylic, silk, porcelain or any other artificial nails are not permitted.
- Jewelry should be limited to small earrings and wedding ring sets.

Uniform

- Approved uniform for clinical and field internship.
- Clean, polished black shoes. Tennis shoes, clogs, sandals and cowboy boots are not permitted.
- Clean white tennis shoes may be worn in the hospital setting.
- Navy blue scrubs are worn in the hospital setting.
- A stethoscope and a watch with a second hand.
- You must wear your WestMed College approved name tag. These will be provided.
- Hats or caps are not permitted.
- Other attire may be required in some areas. The Preceptor will inform you of the appropriate uniform for your rotation.

Professional Conduct

Demonstrating professional conduct is of the utmost importance. It reflects on you and on your training program. You are expected to practice appropriate professional behavior and your Preceptor will be evaluating the following specific behaviors. These behaviors will be evaluated and documented on the Professional Behavior Evaluation Form. You must receive a minimum rating of 3 (three) for each area in order to successfully complete your course. It is important to use the feedback provided by these evaluations to improve any areas of weakness in your professional behavior.

  Integrity
  Empathy
  Self-Motivation
  Appearance and Personal Hygiene
  Self-Confidence
  Communications
  Time Management
  Teamwork and Diplomacy
  Respect
  Patient Advocacy
  Careful Delivery of Service.
Personal Behavior Evaluation Grading Sheet

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

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

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

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

Before exposing yourself to areas of blood and needles, be sure your immunizations are up to date, especially your HBV vaccination. Be sure to have your titer checked every eight years and get a booster shot if the HBV antibody is not longer in your system.

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

- Squeeze as much blood as possible out of the wound.
- Clean the wound with soap and water or a wound care solution.
- See the emergency department physician or go to an emergency department.
- Find out if the blood source has any diseases.
- Report needle sticks and exposures to the school IMMEDIATELY and complete the Incident Report form!

**PREVENTING NEEDLE STICKS**

- Dispose of needles immediately after use.
- Do not place them on a tray or anywhere else that could cause another person to get stuck.
- Using protective devices on needle tips can also prevent sticks.
- Become educated about infection control.
- Be alert for potentially harmful exposures.
- Always take appropriate preventive measures.
- Wear gloves, face masks or shields.
- Dispose of needles properly (such as in a special needle-disposal box).
- Never recap needles.
Injuries
Interns should avoid accidents and injuries. Be alert to safety issues. Report any unsafe conditions immediately to your Preceptor. If you are injured while on duty, follow the policies and procedures of the hosting facility. Any injury you sustain should be reported to the Preceptor and to WestMed immediately. Forms documenting your injury will be completed and a copy made available to WestMed College. Copies are also placed in your student file and in the file of the hosting agency. You will receive a copy. You will find the Incident Report form (PM Student Form 9) in this Guidebook.

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

Student Supervision
Paramedic students must receive constant supervision during training. During the internship setting, direct supervision will be provided by the Preceptor(s) in each area. The primary instructor and/or EMS coordinator may make both scheduled and unscheduled visits to the clinical site. Students and Preceptors are to call the school with any questions about the internship experience.

Administration of Medication
You may administer medications only when you are directly supervised by a Preceptor. You are responsible for knowing the effects, side effects, dose range and contraindications for each medication administered. Administration of medication may include preparation of dosage, inhaled, nebulized, endotracheal, injected, intravenous, topical, or oral, including sublingual administration.

Field Internship
WestMed College Paramedic students will be placed into a field internship setting only when they have successfully completed the clinical phase of their training and all clinical documentation has been completed and turned in to the College for final review.

Prior to placement in a field internship assignment, you are responsible for acquiring and/or purchasing copies of the hosting county's paramedic policies and protocol. In Santa Clara County, you are also required to take the county accreditation exam. A field internship shall consist of no fewer than 480 hours (the equivalent of twelve 40 hours work weeks). During the field internship, you are also required to have minimum of 40 ALS patient contacts.

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

Students will not be eligible to take the National Registry Test until they have successfully completed all phases of the training program and have received a course completion certificate. A graduate may not take the NREMT test or receive a course completion without turning in all their required paperwork as well as complete the online graduate survey.
Student Forms

1. Permission to Commence Internship
2. Preceptor Information
3. Preceptor Letter
4. Patient Tracking and Competency Record
5. Patient Tracking and Competency Totals
6. Clinical Attendance Record
7. Field Internship Attendance Record
8. Evaluation of the Preceptor
9. WestMed College Incident Report
10. California Field Internship Daily Performance Record
PM STUDENT FORM 1

Permission to Commence Internship

Intern: ________________________________  
                                      (print full name)

Preceptor: ____________________________________________________________  
               [please print full name and title]

Preceptor’s Telephone Numbers: Work ____________________________  Home ____________________________
Preceptor’s E-Mail Address: __________________________________________

Name of facility where internship will be performed:  __________________________________________
Address of facility:  __________________________________________
Name of facility supervisor approving internship:  __________________________________________  
               [please print name]

Signature of facility supervisor approving internship:  __________________________________________
Scheduled Start Date:  ________________  Shift Times: __________________________

SCHEDULE

Month: ________________________________

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Signature: WestMed Clinical Coordinator ________________________________

This internship is not approved to commence until it is signed by all parties and the schedule has been provided to the staff at WestMed College.
PM STUDENT FORM 2

Preceptor Information
Student must complete form on first day of internship and return to WestMed College immediately.

Preceptor Name: ______________________________

<table>
<thead>
<tr>
<th>Mailing Address: ____________________________</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

E-Mail Address: ______________________________

Type of Professional License and Number: ______________

How long have you been a nurse/paramedic? ______________

How long have you been an Emergency Department nurse/preceptor? ______________

Where did you go to college? ________________________

When did you graduate from college? ______________

month/year

Please list the facilities in which you have worked:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Dear Preceptor:

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

This letter is to document that you have received the Preceptor Handbook from WestMed College. This handbook has up-to-date information about precepting paramedic interns. The paramedic training staff at WestMed has reviewed this information and deemed it adequate for you to be able to competently evaluate the paramedic student. Your WestMed paramedic intern will ask you to sign this document and will return it to our Program Director. If you have any questions, please feel free to contact us.

Again, thank you for your assistance.

Sincerely,

Roland Jones
Vice President/COO

Gregory Gilbert, M.D.
Medical Director

Received by: ____________________________

Preceptor’s Signature

______________________________

Preceptor’s Name (Printed)

Date: ________________
<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>Preceptor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
</tbody>
</table>

**DATE**

**LOCATION/DEPARTMENT (circle one below)**
- Geriatric
- Obstetric
- Trauma
- Psychiatric
- Medical
- ED or REC room
- ICU
- CCU
- Burn
- L&D
- Peds
- Field

**AGE OF PATIENT** ___________ Years

**SEX OF PATIENT**
- Male
- Female

**COMPLAINT (circle one or more below)**
- Chest pain
- Dyspnea/respiratory distress
- Syncope
- Abdominal
- Altered mental status

<table>
<thead>
<tr>
<th>COMPETENCIES (Circle YES if competently performed, NO if not competently performed, OBS if observation only)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIRWAY MANAGEMENT</strong></td>
</tr>
<tr>
<td>Used BLS Airway Adjunct</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Performed Spinal immobilization</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Endotracheal Intubation: (circle one) Live pt, mannequin, cadaver</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Used patient extrication devices</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Suctioning</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Performed splinting and traction</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>VENTILATORY SUPPORT</strong></td>
</tr>
<tr>
<td>Use of bag-valve mask</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>The student safely administered medication (Right Pt., Drug, Dose, Route, Time)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Use of other artificial ventilatory devices</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Circle Type: Inhaled Nebulized Endotracheal IM</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Use of oxygen administration devices</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>OBSTETRICAL EMERGENCIES</td>
</tr>
</tbody>
</table>

**CIRCULATION AND SHOCK**

| Techniques of delivery                                                                                  |
| Yes | No | OBS |
| Neonatal resuscitation                                                                                |
| Yes | No | OBS |
| Established IV cannulation                                                                             |
| Yes | No | OBS |
| Fundus massage                                                                                        |
| Yes | No | OBS |
| **Vagal stimulation techniques**                                                                        |
| Yes | No | OBS |
| **COMMUNICATION**                                                                                      |
| Cardiac monitor lead placement                                                                         |
| Yes | No | OBS |
| Field communication equipment                                                                          |
| Yes | No | OBS |
| Cardiac rhythm interpretation                                                                          |
| Yes | No | OBS |
| Accurate and appropriate patient information                                                           |
| Yes | No | OBS |
| Synchronized and unsynchronized cardioversion and defibrillation                                        |
| Yes | No | OBS |
| Accurate and appropriate response to verbal and standing orders                                        |
| Yes | No | OBS |
| Bandaging (circle one) (including: burns, impaled objects, avulsion, evisceration, other)              |
| Yes | No | OBS |
| Accurate written reports                                                                               |
| Yes | No | OBS |

**PATIENT ASSESSMENT**

| Emergency scene management                                                                              |
| Yes | No | OBS |
| Obtained pertinent patient history                                                                       |
| Yes | No | OBS |
| Patient and family interpersonal communication skills (including crisis intervention)                   |
| Yes | No | OBS |
| Performed physical examination (including inspection, palpation, and auscultation)                      |
| Yes | No | OBS |
| Professional communication skills                                                                        |
| Yes | No | OBS |
| Performed Rapid extrication and transport                                                                |
| Yes | No | OBS |
| ADVANCED COMPETENCIES                                                                                   |
| Performed comprehensive examination                                                                    |
| Yes | No | OBS |
| Prioritized patient care                                                                                 |
| Yes | No | OBS |
| Competently performed comprehensive assessment, formulated and implemented a treatment plan              |
| Yes | No | OBS |
| Triaged multiple casualties                                                                             |
| Yes | No | OBS |
| Competently served as a team leader in a prehospital emergency situation                                |
| Yes | No | OBS |

**STUDENT COMMENTS:**

This record is to be completed by the paramedic intern with verbal input from Preceptor or supervisor. These forms will be used by the Preceptor to complete the Preceptor competency summary record.
## Patient Tracking and Competency Total

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safely administered medication</td>
<td></td>
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<tr>
<td>2. Endotracheal intubation</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. Venous Access (IV)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4. Ventilation of Patient</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>5. Assessment of Newborn (0-1mo.)</td>
<td></td>
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<tr>
<td>6. Assessment of Infant (1mo.-1yr.)</td>
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<td>7. Assessment of Toddler (1-3)</td>
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<tr>
<td>8. Assessment of Preschooler (3-5)</td>
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<tr>
<td>9. Assessment of School Ages (6-12)</td>
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<tr>
<td>10. Assessment of Adolescent (13-17)</td>
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Clinical Attendance Record

Complete all columns of this form and have preceptor sign.

Paramedic Intern Name: ______________________________

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Field Internship Attendance Record

Paramedic Intern Name: ________________________________

Time Frame: from ____________________________ to ________________

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Evaluation of the Preceptor

This form is to be completed by the student at the end of his/her internship and turned into WestMed College.

Name of Preceptor: ________________________________

Date of Evaluation: ________________

How well did the preceptor function as an intellectual guide or advisor? (Circle One)

Excellent (1)  Adequate (2)  Not Adequate (3)

Did the preceptor evaluate in a fair and honest manner? (Circle One)

Excellent (1)  Adequate (2)  Not Adequate (3)

Did the preceptor adequately supervise the paramedic intern? (Circle One)

Excellent (1)  Adequate (2)  Not Adequate (3)

How well did the preceptor appear to be up to date on new developments? (Circle One)

Excellent (1)  Adequate (2)  Not Adequate (3)

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Print Student Name: ________________________________

Student Signature: ________________________________
WestMed College Incident Report

Name of Originator: ________________________________

Day Phone: ________________________________  Evening Phone: ________________________________

Details of Incident:

____________________________________________________________________________________

____________________________________________________________________________________

Witnesses or Others Involved

Name: ________________________________  Phone#: ________________________________
Name: ________________________________  Phone#: ________________________________
Name: ________________________________  Signature: ________________________________  Date: ______
Name: ________________________________  Signature: ________________________________  Date: ______

Action Taken and Outcome

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

This report was submitted to: ________________________________  Date: ______

Date: ____________

Evaluation/Investigation

____________________________________________________________________________________

____________________________________________________________________________________

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Final Recommendation

____________________________________________________________________________________

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**Patient Information and Chief Complaint**

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<th>ALS Patient Contact</th>
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**SUMMARY OF PERFORMANCE**

Preceptor must provide a written summary of today's performance.

Drills/Demonstrations

Plan for Improvement

Preceptor Signature  | Cert#  | Preceptor Signature  | Cert#  |
---------------------|--------|-----------------------|--------|
Intern Signature     |        | Agency/Rep Signature  |        |
### STUDENT FORM 10: CALIFORNIA FIELD INTERNSHIP DAILY PERFORMANCE RECORD

**Intern** | **Date** | **Paramedic Program** | **Interning Agency/Station**
---|---|---|---

**Shift** | **Time In:** | **Out:** | **Preceptor** | **Preceptor**
---|---|---|---|---

**DIRECTIONS:** Sections are to be completed by the intern. Each run must be rated by the intern and preceptors in each applicable category. Comments regarding runs should be made in comments area provided.

**RATING:**
1. Fails to Perform
2. Borderline Inconsistent
3. Competent

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<th>ALS Patient Contact</th>
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