

Health and Public Safety Division
Emergency Medical Services



Paramedic
Portfolio 1 and 2
Clinical Guidebook

Paramedic Portfolio 1: 10-531-931

Paramedic Portfolio 2: 10-531-932

2025-2026

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Introduction

Clinical education is an integral part of the curriculum in the Paramedic Program at Western Technical College. It is during the clinical and field component of the program that the student is given an opportunity to apply knowledge and skills learned in the classroom and lab settings to actual patients. This is done under the supervision of a clinical preceptor. Throughout the clinical experience, students will be given opportunity to work with a variety of patients in various settings.

In addition to attending class, Western Paramedic program students must also meet requirements in the clinical setting. Given the hour requirements associated with each course, students must, on average, attend 8-12 hours of clinical per week over the fall and spring trimesters.

Purpose

The purpose of this guidebook is to orientate the student and preceptor to the clinical experience and outline expectations. Secondly, it provides preceptors and students with an overview of the responsibilities within the student-preceptor relationship. Lastly, this guidebook will explain how faculty, preceptor, and students are expected to interact in order to facilitate student achievement of course objectives to the mutual satisfaction of all involved.

The attainment of certain skills, whether of a cognitive, affective, or psychomotor nature, is mandated for the development of clinical expertise. One method used to enhance development of such clinical skills is the use of a preceptor within the clinical setting. The relationship between the preceptor and student allows for the “passing on” of skills unique to the profession and prepares students to practice in the “real world” of their chosen profession.

Program Goal

The Paramedic program’s minimum expectation is to prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Program Approval and Accreditation

The Western Technical College Paramedic Program options are the Technical Diploma and Associate Degree, as granted by the Wisconsin Technical College System (WTCS). The Programs are approved jointly by the WTCS and the Wisconsin Department of Health Services (DHS).

The Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP) Programs.

Commission on Accreditation of Allied Health Education Programs
9355 – 113th Street North, #7709
Seminole, FL 33775
727-210-2350
www.caahep.org

To contact CoAEMSP:

8301 Lakeview Parkway
Suite 111-312
Rowlett, TX 75088
214-703-8445
Fax 214-703-8992
www.coaemsp.org

Program Outcomes

1. Prepare for incident response and EMS Operations.
2. Integrate pathophysiological principles and assessment findings for a variety of patient encounters.
3. Demonstrate Paramedic skills associated with established standards and procedures for a variety of patient encounters.
4. Communicate effectively with others.
5. Demonstrate professional behavior.
6. Meet state and national competency requirements for Paramedic credentialing.

College Success **Abilities**

Western believes in every student's potential to positively influence our community. Through extensive research, wide stakeholder involvement, and the stated expectations of the community, the College has refined its focus on student growth and success. To accomplish this, Western has incorporated aspects of soft-skills, employability skills, and college and career readiness skills in the creation of our *Success Abilities*. These *Success Abilities* are integrated throughout the curriculum with student assessment occurring as appropriate to the technical program.

Western prepares students **for success in a free-enterprise society through human experiences that integrate:**

Living Responsibly

Challenges you to adapt to change, respect yourself and others, value the environment, accept ownership of your actions, and grow your community. You will be successful as you:

- Develop Resilience
- Embrace Sustainability
- Foster Accountability

Refining Professionalism

Challenges you to think and communicate as a professional, value collaboration and diversity, and behave ethically. You will be successful as you:

- Improve Critical Thinking
- Practice Effective Communication
- Participate Collaboratively
- Act Ethically

Cultivating Passion

Challenges you to find your purpose and be curious, practice self-reflection, and genuinely connect with others. You will be successful as you:

- Expand a Growth Mindset
- Increase Self-Awareness
- Enhance Personal Connections

Temporary Training Center Permit

While enrolled in the Paramedic program, students maintain a Temporary Training Center Permit through the authority granted to Western Technical College and its Medical Director as a WI DHS-approved Paramedic level EMS training center. As a result, students may practice at the Paramedic level only with a Western Technical College approved Paramedic level preceptor at a Western Technical College approved site or facility. If, at any time the student is considered an unsafe practitioner or violates policies, the student's Temporary Training Center Permit will be revoked, and the student will be dropped from the program. Such revocation /dismissal from the program may occur for any of the following reasons:

- Failure to follow Western Technical College policy or procedure
- Failure to follow local protocols
- Operating outside the DHS approved Paramedic scope of practice
- Performing skills or administering medications before approved to do so by Western staff
- Failing classroom ACLS, PALS, PHTLS testing (written or practical)
- Failing any clinical course
- Continued "unsatisfactory" performance in any clinical evaluation topic area
- Refusal to perform appropriate, approved skills or assessment as directed by preceptor
- Unsafe or dangerous act or omission (regardless of whether a patient is actually harmed)
- Discussion of any patient records outside the area of clinical
- Coming to class or clinical sites under the influence of alcohol or drugs
- Removal or theft of property of the school, hospitals, or ambulance service
- Clinical hours not met during specified time frames
- Cheating on tests, or forging of any clinical documents
- Inappropriate use of social networking sites as it relates to Western or clinical/field sites
- Use of electronic communication devices in clinical or field settings unless approved by the preceptor

Attendance Policy

1. In addition to attending classroom time, Western Paramedic program students must also meet stringent attendance requirements in the clinical setting.
2. Clinical attendance is critical to the success of the paramedic student. Not only is this a tremendous opportunity for students to learn, it is also a direct reflection of the student's professionalism and attitude. Absences and tardiness reflect poorly on the student as well as the EMS Professions Department and, most importantly, the EMS profession.
3. Students are expected to attend all clinical experiences. In the case of illness or personal/family emergencies, the student must notify both the instructor and the clinical agency prior to the start of the clinical experience. In the case of illness, students are expected to use good judgment and avoid endangering the health of others. Failure to notify the agency and instructor is considered unprofessional behavioral and will be grounds for clinical failure.
4. The Clinical Coordinator will determine if the absence is excused (due to illness, injury or family emergency) and the student will be charged with either an excused or an unexcused absence. Absences are counted by the number of experiences missed (regardless of the number of hours associated with the experience). **Students are permitted two excused absences per clinical course. The missed clinical time will be made up as designated by the clinical coordinator. If an absence is unexcused, the student will receive a failing grade for the clinical course and be dropped from the program.**
5. While clinical and field attendance is of paramount importance, so too is timeliness. Arriving late to a clinical or field experience is unprofessional, inconsiderate and disruptive. Students should arrive 10-15 minutes prior to the start of their clinical/field experience. If a student is late to a clinical/field site, the site has the right to deny the student access for the day. **Such an occurrence shall be deemed an unexcused absence.** To prevent such occurrences, students are encouraged to ensure they allow adequate travel time to clinical and field sites, taking into account weather and traffic conditions.

Health Insurance Portability and Accountability Act (HIPAA)

The Federal Government put in place the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to ensure patients have rights over their own health information. Personal health information is protected and includes written, spoken, and electronic information.

It includes any information that is created by a healthcare provider or health plan that relates to the conditions, treatments or payments made by an individual and it identifies the patient by protected health care information.

Examples of Protected Healthcare Information that NEVER leave the clinical site:

- Name
- Birthdate
- Admission date
- Date of death
- Phone Numbers
- Health plan information (ID, account number)
- Any other unique number, characteristic, or code that could be used in combination to determine the identity of a patient
- Medical record number
- Vehicle identifiers
- Fingerprints
- Photographs
- Social Security Number
- Email address

The government also created the HIPAA Security Rule to require specific protections to physically protect electronic medical records. An example of protective measures that must be used to protect patient information includes:

- Passwords – do not share your password with anyone.
- Logoff if you are not directly in front of the screen to protect the patient information from being seen by others.
- Audit trails are done to record every screen and change made to every patient in the facility. If you are looking up someone other than the patient, there will be an audit trail to prove it.
- Anything that has personal health identifiers on it need to be protected by putting them away, turning them upside down or in some other way, prevent the viewing of that information.

So what is allowed to be seen in the electronic medical record or the paper chart?

- The minimum amount necessary to perform your work. All information observed must be related to caring for that particular patient.
- Only enough to care for your patient and nothing more.

So how am I supposed to do my work?

- If you are not caring for or documenting on the patient, you do not have a right to access that patient's chart.
- You may not discuss or present identifiable patient information with or to anyone, including classmates or faculty, who are not part of your training, unless you first obtain written authorization from the patient. On paper, identifiers need to be cut off, not crossed

out because the patient's identifiers may show through even when scribbled out. All information should NEVER be placed in any other wastebasket as others can access it.

- Discuss patient care in a private place. Hallways, cafeterias and doorways are not private.
- Care must be taken when discussing protected healthcare in front of or with a family member or friend who is involved in the care of the patient. Generally, you should either ask the person to step out of the room or ask the patient if it is okay to discuss information with the person(s) present in the room.
- Do not email personal identifiers because most email is not encrypted.
- HIPAA grants patients the right to access and obtain copies of their medical records; however, please refer all requests to the patient's outpatient primary healthcare provider.
- Requests for protected healthcare information by law enforcement officers (i.e., police, sheriff) must be referred to the patient's primary caregiver to ensure that proper procedures are followed.
- Failure to follow policies governing access to and use and disclosure of patient healthcare identifiers will result in being denied access to WTCS clinical sites and might result in civil and criminal penalties under law.

Patient Field Site Right to Refusal

1. Students should, whenever feasible, introduce themselves to patients as Paramedic students and obtain their consent before initiating any patient care (assessment, skill, or other treatment).
2. Regardless of whether or not such an introduction is made, any patient may at any time refuse to be treated (wholly or in part) by the Paramedic student.
3. Clinical Coordinators, preceptors, or site staff may limit student access to specific patients or may forbid a student from performing various skills, administering drugs, or participating in the care of any specific patient at any time. While such occurrences are rare, students must graciously abide by any such decision.
4. Students who participate in patient care after patient, instructor, preceptor, or site staff consent was expressly withheld will be subject to removal from the Paramedic program.

In Case of Emergency

If a student becomes seriously injured and/or ill while functioning within the clinical experience, the following guidelines will apply:

- The staff may administer first aid and/or refer the student to appropriate healthcare.
- The preceptor covering the student has the right to restrict the student from continuing patient care.
- The student has the right to refuse treatment and/or assistance.
- Instructor will be notified in a timely manner.

Students will be required to email each clinical site liaison to introduce themselves and identify emergency contact information.

College liability insurance extends to clinical sites. It is the student's responsibility to report any school- related injury or illness to their instructor. A Western student incident report must be completed and forwarded to your instructor as soon as possible after the incident. If the illness or injury occurs at a clinical site, the student may be required to complete site-specific paperwork as well.

Student Accident Insurance

All students will be automatically enrolled in Western Technical College's Accident Only Insurance Plan when you register for classes. This insurance covers the student when an accident occurs while on campus, **attending clinical**, or attending a recognized student group activity approved by Western Technical College. Coverage is in place while on school premises when school is in session and during college-approved activities. Coverage is in place to and from a Western Technical College sponsored event within the State of Wisconsin and up to 2 hours from the Wisconsin state border. There is no deductible for this coverage at this time. Your choice of primary health insurance remains your responsibility.

Student Accident or Injuries

All students are covered under student accident insurance while at their clinical site. If there is an accident or exposure on the clinical site, please notify:

- Your instructor
- The Student Life Office (Kumm Building, Room 100, (608) 785-9445)

Refer to <https://www.westerntc.edu/academic-programs/law-public-safety-corrections-and-security>

for current copies of related forms and policies.

Required Equipment

- Stethoscope
- Uniform as required by Western Technical College
- Watch, with second hand or timer
- Trauma shears
- Penlight
- Notepad and black pen
- Clinical binder
- Western-issued student I.D.
- Protective Eyewear

Student Employment at Clinical

Any agreement a student may enter into with a clinical affiliate for employment purposes is not a requirement of the program and is a separate agreement between the clinical site and the student in an employer/employee relationship. At no time will a student be substituted for staff during clinical experience.

Clinical and Field Site Agreements

1. In many instances, affiliated clinical and field sites have specialized training and/or paperwork that must be completed prior to students being admitted into those respective sites for clinical and field experiences.
2. Such training and/or paperwork will be provided to the students as part of their clinical orientation.
3. Any student who fails to complete this required training and/or paperwork will be excluded from participating in clinical/field experiences, resulting in a failing grade for those respective Paramedic program courses.

Student Conduct

While the Western Student Handbook contains provisions pertaining to student conduct, it is imperative to note that Paramedic program students are expected to act and perform as professional EMS providers at all times. As a result, students must be aware that violations of the student code of conduct will result in their removal from the Paramedic program.

Because Western works in conjunction with several different clinical sites to provide experiences to our program students, students must be mindful of the environment and culture of each respective entity. Additionally, given that our associated clinical sites may exclude Western students from their facilities at any time for any non-prohibited (legally valid) reason, it is imperative that students conduct themselves appropriately at all times while functioning at clinical sites. Such rules of etiquette while functioning at clinical sites include the following:

1. Students are reminded that preceptors are available at the clinical experiences to provide guidance and instruction. Please do not hesitate to ask questions at appropriate times, however, students should never argue with or contradict a preceptor, especially in front of a patient. Students should also avoid being “overbearing” in an attempt to seek skills.
2. Students should perform any skills, tasks or assessments as directed by the preceptor so long as it is not unsafe, in violation of the appropriate standard of care or outside the scope of practice for the student. In such an instance, students should gently remind the preceptor that they are not yet able to perform the skill, task or assessment because it has not yet been covered in class or because it is not within their scope of practice. If a student has issues with a preceptor “obliging” them to do something in violation of these requirements, the student should discuss the situation with his/her instructor.

3. Students must maintain a high level of professionalism, integrity and humility at all times. Appropriate language should be used at all times; profanity is never acceptable. Expressing negative or offensive personal views about individuals regarding race, socioeconomic status, gender, religion, age, national origin, sexual orientation, personal dress, political views, personal belief system or other such factors is strictly prohibited while functioning at a clinical site.
4. **All electronic communication devices will be turned off during the clinical experience unless approved by the preceptor.**
5. Students are subject to all rules of the clinical or field site and are expected to follow preceptor/site instructions. Students who violate rules, regulations, or ethics will be asked to leave the clinical or field site.
6. The student is expected to be at the clinical/field site only for the time scheduled.
7. Students will be provided with snack or meal breaks in accordance with employee policies.
8. Students are not permitted in sleeping quarters, private offices or other private quarters unless specifically invited by the site. Some sites prefer that students stay in a particular area during their experience or that the student refrain from going into other areas unsupervised (storage rooms etc.). Students are expected to honor those requirements.
9. Students should not watch television unless the television is on during meals or at the specific invitation of the site.
10. While clinical experiences typically provide a good opportunity for studying course materials, students are also expected to participate as a part of the staff. This means participating in activities such as patient room preparation and post clean up, etc.
11. Students should bring money with them to the clinical experience for meals. Please keep in mind that different departments may have various eating arrangements. Students should follow the lead of the preceptor.
12. Students are not allowed to be selective about the types of patients they are assigned. If a patient comes in during the student's scheduled time for the student's assigned preceptor, the student must accept assignment with the preceptor, even if that means the student will ultimately leave the experience later than the scheduled end time because the patient contact runs-over that time. This pertains to all students, including those who have met their patient contact numbers and only need the clinical hours.
13. If clothing should become soiled during clinical, the student should change into the scrubs that are available at clinical sites.
14. Students must refrain from the consumption of alcohol or any other controlled substances within 12 hours of attending clinical or field rotation.
15. All original clinical documentation is due to the Clinical Coordinator within seven calendar days of the rotation. **Paperwork turned in after the deadline will NOT count toward meeting the required hours and will need to be rescheduled. Failure to turn in paperwork on time constitutes an unexcused absence.**
16. Clinical paperwork will be reviewed and returned if incomplete or corrections are needed. The Clinical Coordinator must receive all corrected paperwork within 7 days of

its return. **Failure to turn in corrected paperwork will also count as an unexcused clinical absence.**

17. If the student experiences any problems or conflicts at any clinical site, they should contact the Clinical Coordinator immediately.
18. During clinical rotations family members, friends, or other acquaintances are prohibited from being onsite during the students scheduled time.

Assignment of Clinical Site

1. Once a student has been scheduled for a clinical rotation, the responsibility rests with him/her for satisfying the clinical rotation.
2. Students are scheduled for a clinical rotation by the clinical coordinator. Unless otherwise noted, no student may schedule him/herself for any clinical rotation.
3. For most rotations, students are scheduled one at a time.
4. Students may not float to other clinical areas without permission of the preceptor or clinical coordinator.
5. When students arrive to a clinical, they should always introduce themselves and ask for the charge person. They should inform the charge person of the length of time that they would be on the unit and show him/her the clinical requirements. The student should ask to meet the preceptor.
6. Travel is required and is the responsibility of the student. If travel is required, the student is responsible for housing arrangements.
7. All agencies must have a clinical agreement with Western Technical College on file before a student can begin any clinical.

Dress / Attire

When participating in clinical experiences students are representing not only themselves but also Western and the clinical site itself. Students must be well groomed and professional in appearance at all times. In addition to the Western Technical College's dress/attire policy, each agency may have additional requirements. Each agency has the right to refuse a student that does not adhere to their dress/attire policies.

Western Paramedic program students must adhere to the following requirements in the classroom and clinical/field setting:

- | | |
|------------|--|
| Pants | • Students will wear EMS duty pants (navy or black) |
| Polo Shirt | • Students will wear polo shirt with Western EMS program logo |
| | • If long sleeve shirt is worn underneath the polo shirt, it must be black in color. |
| Boots | • Students will wear black duty boots |

Outer Wear	<ul style="list-style-type: none"> Any outerwear must be black or navy blue and have a Western Technical College logo or no writing at all. Fleece is not allowed in the clinical setting.
Professionalism	<ul style="list-style-type: none"> No other agency clothing is allowed to include ID badges All clothing must prevent the exposure of excessive bare skin when bending, kneeling, sitting, squatting, moving, or lying down. Western ID badges will not be worn on the pants or below the waist. No hats may be worn unless approved by the instructor/preceptor or required in the clinical department. i.e., OR
Accessories and Body Art	<ul style="list-style-type: none"> Wedding rings which do not present a safety hazard. Tattoos are ok if not offensive. Facial tattoos are highly discouraged and will be addressed on a case-by-case basis. Piercings: <ul style="list-style-type: none"> Ears: one post earring in each earlobe Nose: Single small stud in nose
Grooming	<ul style="list-style-type: none"> Bathe as needed to avoid body odor Nails short, rounded and clean Only clear nail polish Conservative use of cosmetics Hair neatly cut and styled Long hair is pulled up off the shoulder and pulled back from the face Mustache/Beard neatly trimmed
Other	<ul style="list-style-type: none"> Agencies may have additional requirements. i.e., OR and other specialty units

Students inappropriately dressed will be dismissed from the classroom or clinical setting and the dismissal will count as an unexcused absence from the class or experience. The Clinical Coordinator must approve any exceptions.

Clinical Required Hours and Competencies

- In addition to clinical grades, Paramedic program students must obtain both minimum hours and competencies in clinical settings. The minimum hour requirement for the clinical course is as follows:

Paramedic Portfolio 1 = 90 hours

Paramedic Portfolio 2 = 90 hours

- Regardless of the number of hours completed in both the clinical and field settings, students must ensure they meet minimum competency requirements and should schedule clinical and field experiences as necessary to meet those requirements.

2. Clinical shifts are scheduled in advance and the student's clinical progress is monitored weekly.
3. If a student fails to meet the required number of competencies for a given course, the student will receive a failing grade for that clinical course.
4. If a student is not able to complete the required assessments and skills within the required timeframe due to an unforeseen circumstance, additional shifts will be scheduled as needed.
 - a. If a clinical site is not available, the assessments and skills may be completed in a simulation lab setting to meet the required competencies except for areas that may not be simulated per the student minimum competency requirements document.
 - b. If a student cannot complete required competencies within the time period of the clinical course, they may be given an incomplete and additional time to complete course requirements to achieve a passing grade.
 - c. If a student cannot complete the required competencies within the course sequence of the cohort enrolled in, they will be given an option of joining the next cohort. Skills competency testing for prior learning is required. EMS education in the state of WI is only valid for 24 months.

Clinical Scheduling

1. The Clinical Coordinator will give clinical assignments to the student.
2. Clinical sites do reserve the right to limit access to their locations to specific students for any reasonable, legitimate and legal reason. If such exclusion occurs to a specific Paramedic program student, there is no guarantee that the student will receive enough subsequent assignments at other sites to successfully complete the program based upon required course hours and competencies. If such exclusion is made based upon a violation of student conduct rules, the student will be removed from the Paramedic program.

Portfolio 1 and 2 Grading

Criteria for Grading	Percent of Grade
Prepares self-prior to clinical experience ✓ Completes and maintains health and safety training ✓ Completes, registers, and maintains all immunizations, background, CPR ✓ Hands in copy of and maintains current EMT/AEMT license ✓ Hands in copy of Temporary Training Permit	10%

<ul style="list-style-type: none"> ✓ Completes any site-specific requirements ✓ Sends email to clinical site to introduce self: name, email, phone, and emergency contact 	
Attends all clinical and scenario required meetings unless previously excused by the instructor. <ul style="list-style-type: none"> ✓ Student clinical and scenario schedule ✓ Required meetings 	10%
Receives satisfactory rating on preceptor and instructor evaluations <ul style="list-style-type: none"> ✓ Paramedic Clinical Evaluation of Student ✓ Scenario 	40%
Documentation of the clinical experience <ul style="list-style-type: none"> ✓ Completes all clinical paperwork and hands in to instructor in timely manner. ✓ Participates in the preceptor evaluation of student ✓ Evaluates the clinical experience and shares with the Clinical Coordinator. ✓ All clinical shift data entered electronically within the required timeframe. ✓ All paperwork submitted on time. ✓ Clinical sheets signed by preceptors. 	20%
Professional Behaviors <ul style="list-style-type: none"> ✓ Integrity ✓ Empathy ✓ Self- Motivation ✓ Appearance and Personal Hygiene ✓ Self Confidence ✓ Communication ✓ Time Management ✓ Teamwork and Diplomacy ✓ Respect ✓ Patient Advocacy ✓ Careful Delivery of Services 	20%

The Western Paramedic Program utilizes the modified grading scale below. A percentage of 78% or above is the required passing grade for each course.

A= 90-100

B=80-89

C=78-79

D= 50-77

F= below 50

Failure to follow all of the “Criteria for Clinical Grading” will result in a review by the instructor of record, program chair, clinical coordinator, and EMS Coordinator. **The decision regarding passing or failing a clinical rotation will be made after reviewing all aspects of the student’s clinical education.**

NOTE: A student that is currently in poor academic standing (below 78%) in any core course will not be allowed to attend the clinical rotation.

Clinical Trades

1. Given the logistics involved in working with various clinical sites, students are not permitted to trade clinical experiences with other students.

Conflicts of Interest

1. Students should discuss any potential conflicts of interest with the clinical coordinator.

Clinical Cancellations

1. Clinical Cancellations will occur only at the request of the clinical site.
2. If such a cancellation is requested, affected students will be notified as soon as possible, via either Western e-mail or their primary contact phone number, as appropriate.

Tobacco/Smoking

1. In addition to the provisions contained in the Western Student Handbook, students are required to follow individual site requirements as they pertain to smoking and tobacco use.
2. As a rule, smoking and tobacco use is prohibited while on hospital property.
3. Students requiring smoking breaks at a clinical site shall conform to the number, duration and location of their breaks to the local site policies.
4. Students must ensure they do not smell of smoke when returning from the break.

Clinical Forms and Submission Requirements

To provide all tracking and documentation of hours and competencies students must ensure forms are completed properly, signed and forwarded to their lead Clinical Coordinator for evaluation in accordance with the following provisions:

- The following forms must be completed for all clinical/field experiences:
 - Paramedic Student Experience Log
 - Clinical Student Evaluation

- Student Evaluation of Clinical Experience
 - The Clinical Student Evaluation form need not be completed for the following clinical experiences (completion is optional):
 - OR
 - Cath. Lab
1. All completed forms shall be maintained by the Student until they are handed in to the clinical coordinator.
 2. Once Clinical forms are reviewed and submitted to the Clinical Coordinator students can no longer submit forms for experiences that occurred prior to the review date.
 3. All forms shall become a part of the student's record, maintained by Western for a period of five years as mandated by DHS rule.
 4. ***All clinical paperwork is due to the Clinical Coordinator at the end of the 7th day after the clinical is completed.***
 5. ***All electronic data entry must be completed at the end of each shift.***
 6. When charting at a clinical site, abbreviations should be avoided unless appropriate (i.e., units of measurement).
 7. As a reminder, students must ensure they have a Western-approved Paramedic-level preceptor present to personally witness all student performance (skills, assessments, time, etc.) for which the student is seeking credit.

Clinical Coordinator

1. The clinical coordinator coordinates the clinical experiences for paramedic students.
2. The clinical coordinator is also responsible for identifying the steps necessary to insure the continual improvement of individual student performance.
3. Assessments shall be performed by way of both direct and indirect observation and collection of cumulative student data and clinical documentation.

Overall Responsibilities:

1. The Clinical Coordinator is responsible for monitoring the academic integrity of clinical as it is being offered by the clinical sites and Western Technical College.
2. The Clinical Coordinator oversees all clinical courses listed in the student reference guide to ensure the programs continuity.
3. The Clinical Coordinator will provide liaison between the students and preceptors, and Western Technical College.
4. The Clinical Coordinator will ensure that clinical is conducted in compliance with regulations and the policies of Western Technical College and the clinical and field sites.
5. The Clinical Coordinator will ensure that all clinical sessions comply with the National Standard Curriculum for Paramedic as specified by Western Technical College.
6. The Clinical Coordinator will review student clinical paperwork and provide on-going feedback to all students regarding their clinical standing within the course in a timely manner.

Hospital Preceptor

1. The Hospital Preceptor is a member of the hospital staff that has agreed to help paramedic students gain a more meaningful experience.
2. These Hospital Preceptors may be Registered Nurses, Respiratory Therapists, Physician Assistants, or Physicians (Attending Physicians and Residents).
3. The Hospital Preceptor's primary responsibility is to their patients and to their employer and it is a privilege for a paramedic student to be permitted to participate in patient care.
4. While teaching is an important aspect of professional conduct, there are times when patient care takes priority, and the paramedic student is asked to step aside or even leave the unit.
5. The hospital preceptor evaluates the paramedic student's preparation and makes a determination as to the paramedic student's fitness to perform as a minimally competent entry-level paramedic.
6. Preceptors will report all episodes of tardiness and absence by sending an email to the clinical coordinator or instructor.

Preceptor Responsibilities

Each preceptor and Western faculty work collaboratively in the education and evaluation of the student. The faculty retains the primary responsibility for the education and evaluation of the student. The preceptor is expected to contribute to the attainment of selected objectives of the Paramedic program in the following ways:

- Serve as a facilitator for students in their educational experience.
- Maintain an educational environment conducive to teaching and learning.
- Support the Paramedic course objectives.
- Comply with current laws, regulations, and standards of education and/or clinical practice by promoting high standards of health care.
- Provide time for discussion directed toward course and student goals.
- Evaluate the student's performance with written and verbal evaluations.
- Communicate student progress with instructor.
- Supervise the student in the facility or facilities utilized for the educational experience.
- Provide opportunities for students' growth and learning, including but not limited to:
 - Patient Assessment
 - The student must perform a major portion of an assessment on their own without missing critical components.
 - No credit shall be given for incomplete or inadequate assessments.
 - IV Insertion
 - The IV must be working/running/flowing to be considered successful.
 - The student should require a diminishing amount of assistance while continuing through clinical rotations.

- By the time the student has completed the minimum number of IV starts, he/she should be able to:
 - State the indications for starting the IV
 - State the protocols for starting the IV
 - Select the most appropriate site
 - Select the most appropriate catheter size
 - Prepare the fluid
 - Prepare the site
 - Place and secure the IV catheter
 - Set the flow rate for the IV fluid
 - Document the procedure
 - Monitor the IV after starting (calculating flow rates, monitoring for infiltration, and assessing the patient for response to fluids),
- Basic Airway Management Skills
- Endotracheal Intubation
- Medication Administration
 - Students must correctly administer medications.
 - The student must be able to:
 - Confirm the medication order
 - State what the medication is and why it is being administered to the patient
 - Prepare the medication (draw up the correct amount, assemble pre-filled syringes, etc.) without assistance,
 - The ability to calculate the dose is critical and must be confirmed by the preceptor.
 - Students shall not administer medications if they are unable to calculate the correct dose.
 - Communicate with the patient to inform him or her about the medication being administered
 - Prepare the administration site (IV port, skin preparation, etc.)
 - Administer the correct dose at the correct rate for the medication being administered
 - Verbalize how they will or would monitor the patient to determine how the medication is affecting the patient
 - Document the administration of the medication.
 - Monitor the patient appropriately for any reactions to the medication.

Clinical Skills

The Paramedic student may only perform clinical skills:

1. If they have received instruction in the classroom and/or practical sessions and have completed competency in skills lab and scenario lab.
2. Under the direct supervision of the preceptor or designated individual.
3. If the skill is within the paramedic scope of practice.
4. If administering medications, the medication must be one that the student is familiar with or have time to research thoroughly including actions, indications, contraindication, side effects, and dosages. Certain advanced invasive skills (i.e.: nasal intubation, and external jugular vein cannulation) may only be performed under the direct supervision of an attending physician. Students should not hesitate to ask staff questions regarding skills that are permitted.

The student will honor the requests for assistance from staff while on rotation in a clinical area only if he or she has been trained and is competent to perform the task. The clinical coordinator or instructor should be notified if any questions or conflicts arise.

Health Risks

Students in paramedic programs are exposed to health risks related to the environment in their learning experiences. Clinical experiences are held in various clinical and field locations. Entering the paramedic program is a choice and students need to be aware of possible health risks in clinical settings. The nature of Para medicine is that there may be unintended exposure to health risks. Students enrolled in the paramedic program have potential for exposure to communicable diseases or may sustain injuries in the clinical or field setting.

Student Responsibilities to Prevent Potential Exposure

Comply with Standard Precautions. Assume all blood and body fluids contain infectious pathogens. If you are not confident in your knowledge, understanding, or skills related to standard precautions; seek further information from your textbooks, the Centers for Disease Control, or from a program instructor. It is your responsibility to know, understand, and comply with Standard Precautions.

Student will wear medical grade surgical mask and face shield to the hospital clinical site provided by Western Technical College.

Blood Borne Pathogen Exposure Prevention and Response

If a student is exposed to blood or other potentially infectious body fluids, the following procedure is to be followed:

1. If a needle puncture, laceration (scratch), or other broken skin occurs IMMEDIATELY:
 - a. Cleanse the wound thoroughly with soap and water. Squeeze the wound to encourage bleeding. The wound may be further cleansed with 10% povidone-iodine (betadine solution).
2. If a mucous membrane or conjunctival exposure occurs:
 - a. Irrigate the affected area immediately with copious amounts of water or normal saline.
3. Immediately report exposure incident to your instructor, and clinical preceptor. A Western Technical College incident report must be completed as well as agency specific documentation.

Clinical Evaluations

1. Students can expect periodic evaluations regarding their clinical.
2. These evaluations are intended to inform the student of his/her progress or lack of progress.
3. When a student does not progress in the program, the clinical coordinator will develop a student success plan.
4. The student and the clinical coordinator with input from the preceptors will complete the final clinical course evaluations for each clinical/field course.

Clinical Rotation

Western Paramedic students are given numerous opportunities to learn by participating in patient care in numerous settings. Information regarding the expectations for these various experiences is included below:

Emergency Department

OBJECTIVES: *It is at the preceptor's discretion, which skills and medications the students may perform/administer during their clinical rotations.*

During the Clinical Rotation in the Emergency Department, the student will:

1. Perform a patient assessment, including:
 1. Vital signs, pulse oximetry and glucose check
 2. Initial and focused assessments
 3. Obtain chief complaint and history of present illness
 4. Perform comprehensive physical exam
 5. Obtain complete medical/psychosocial history
2. After performing a patient assessment and reviewing any other pertinent information in the patient's chart, discuss the pathophysiology related to the patient's injury and/or illness and subsequent treatment.
3. Demonstrate proper airway management and oxygen therapy

4. Discuss and demonstrate proper IV therapy and technique
5. Discuss and demonstrate knowledge of medication prior to administration, including indications, contraindications, proper dosage, side effects, and calculations of dosage, proper administration technique (SQ, IV, IM, SL, nebulized, and ET) under the direct supervision of the Clinical Coordinator or Preceptor.
6. Apply monitoring electrodes and interpret cardiac monitor rhythm
7. Observe, evaluate, and participate in ALS and BLS communications received in the ED from prehospital care providers in the field.
8. Participate in the treatment of the patient under the direct supervision of the Clinical Preceptor.
9. Assist and demonstrate correct neurovascular assessment, hemorrhage control, splinting techniques, and bandaging/dressing techniques.
10. Assist in the triage of patients.
11. Observe and assist in cardiac arrests and in the care of trauma patients.
12. Utilize appropriate universal precautions at all times as indicated.
13. Discuss and identify prehospital management of the patient in the field.
14. If circumstances permit, successfully perform an intubation, under the direct supervision of an Emergency Department Physician
15. Discuss and participate in a psychosocial assessment with an ED Social Worker.

ICU/CCU

OBJECTIVES: *It is at the preceptor's discretion, which skills and medications the students may perform/administer during their clinical rotations.*

During the Clinical Rotation in the ICU/CCU Department, the student will:

1. If circumstances permit:
 - a. Perform a patient assessment, including:
 - i. Vital signs, pulse oximetry and glucose check
 - ii. Initial and focused assessments
 - iii. Obtain chief complaint and history of present illness
 - iv. Perform comprehensive physical exam
 - v. Obtain complete medical/psychosocial history
2. Demonstrate proper airway management and oxygen therapy, including assisting with the care of patients on mechanical ventilators (i.e., suctioning, BVM)
3. Discuss and demonstrate proper IV therapy and technique
4. Discuss and demonstrate knowledge of medication prior to administration, including indications, contraindications, proper dosage, side effects, and calculations of dosage, proper administration technique (SQ, IV, IM, SL, nebulized, and ET) under the direct supervision of the Clinical Preceptor.
5. Review the patient's chart and be able to discuss the pathophysiology related to the patient's diagnosis and treatment, including the more detailed components of:

- a. Acid-base alterations as related to the ABG results, and various other test results related to pulmonary functioning
 - b. Hematologic function as related to the CBC results
 - c. Factors that influence ICP and S/S associated with various levels of increased ICP
6. Discuss and correlate the injuries sustained by the patient to the mechanism of injury.
7. Discuss and identify the possible complications of the patient's illness related to the following systems and areas: respiratory, cardiovascular, musculoskeletal, metabolic, neurological, GI/GU, and psychosocial.
8. Discuss and identify the prehospital management of the patient.
9. Utilize appropriate Universal Precautions.
10. Observe, interpret and discuss patients EKG rhythm.
11. Observe and assist in the care of the medical patient.
12. Discuss and identify the most common complications of the AMI patient.
13. Observe and discuss hemodynamic monitoring and how pressure values are obtained.
14. Observe the insertion of a pulmonary artery catheter, obtain cardiac monitor strips and discuss changes in waveform, and interpret and discuss the patient EKG rhythm.
15. Observe and assist with any other special procedures available during the clinical experience.

Labor and Delivery (OB)

OBJECTIVES: *It is at the preceptor's discretion, which skills and medications the students may perform/administer during their clinical rotations.*

During the Clinical Rotation in the OB Department, the student will:

If circumstances permit:

1. Perform a patient assessment, including:
 - i. Vital signs, pulse oximetry and glucose check
 - ii. Initial and focused assessments
 - iii. Obtain chief complaint and history of present illness
 - iv. Perform comprehensive physical exam
 - v. Obtain complete medical/psychosocial history
2. Shadow RN through his/her shift in caring for obstetrical patients
3. Observe/assist with RN/MD assessments of laboring patients
4. Recognize the physiological changes that occur during the stages of labor
5. Observe vaginal and/or cesarean delivery
6. Observe/assist with neonatal management and assessment
7. Obtain apical heart rate and lung sounds on a neonate
8. Observe communication and interaction between staff, family and the patient

Operating Room

OBJECTIVES: *It is at the preceptor's discretion, which skills and medications the students may perform/administer during their clinical rotations.*

During the Clinical Rotation in the OR, the student will:

1. Discuss and demonstrate the proper techniques involved in the maintenance of the patient's airway during induction of general anesthesia.
2. Discuss and demonstrate ventilation techniques used for the patient during induction of general anesthesia (i.e., rate & depth of ventilation, differences with RSI vs. induction of general anesthesia and any prehospital considerations.)
3. Review and discuss the A&P of the respiratory system including the identification of landmarks during endotracheal intubation.
4. Discuss and demonstrate proper techniques in the performance of endotracheal intubation.
5. Discuss indications and contraindications for intubation and rapid sequence induction (RSI) of patients. Including:
 - a. Risks and benefits to the patient
 - b. Possible complications of the two procedures and how to manage them effectively
 - c. Medications commonly used in RSI
6. Discuss the different types of monitoring devices used to aid in assessment of the patient undergoing intubation and the patient under anesthesia (pulse oximetry and different types of CO₂ monitoring)
7. Successfully perform as many intubations and demonstrate effective bag-valve mask technique on as many patients as possible.

Cardiac Cath Lab

OBJECTIVES: *It is at the preceptor's discretion, which skills and medications the students may perform/administer during their clinical rotations.*

During the Clinical Rotation in the cath lab, the student will:

1. Shadow staff members in caring for patients in the cardiac Cath lab
2. List the indications, contraindications, dose, and the action for pharmacological agents used to manage cardiovascular patients in the Cath lab
3. List the indications, contraindications and considerations when using defibrillators, implantable cardioverter defibrillators and pacers, synchronized cardioversion, transcutaneous pacing, angioplasty, and stent placement
4. Participate in medication administration under the direct supervision of Cath lab staff
5. Observe communication and interaction between staff and the patient

Respiratory Therapy

OBJECTIVES: *It is at the preceptor's discretion, which skills and medications the students may perform/administer during their clinical rotations.*

During the Clinical Rotation, the student will:

1. Obtain vital signs and perform a complete assessment of the respiratory system, including inspection, auscultation, and palpation of the chest.

2. Identify abnormal breath sounds (stridor, wheezes, rhonchi, rales, diminished/absent), and discuss the pathophysiology and clinical significance of each type of breath sound and their associated disease process.
3. Report findings of patient assessment and pertinent history to the Clinical preceptor.
4. Identify and discuss the signs, symptoms, as well as the management of emphysema, asthma, chronic bronchitis, pneumonia, ARDS, aspiration, and pulmonary contusion, and any accompanying hypoxia/hypercarbia.
5. Discuss and assist with the administration of oxygen utilizing the following devices: nasal cannula, facemask, Venturi mask, non-rebreather mask, bag-valve mask.
6. Observe and discuss how a peak flow is obtained and describe the clinical significance.
7. Discuss and demonstrate knowledge of medication prior to administration, including indications, contraindications, proper dosage, side effects, and calculations of dosage, proper administration technique (SQ, IV, IM, SL, and ET, nebulized) under the direct supervision of the clinical preceptor.
8. Discuss the rationale for mechanical ventilation and assist with the care of patients on mechanical ventilators and portable ventilators, if available.
9. Discuss and demonstrate correct suctioning techniques.
10. Discuss the following ventilator settings and relate them to the patient's blood gas results: tidal volume, rate, FiO₂, and type ventilation (IMV, assist control, CPAP, PEEP)

Neonatal ICU

OBJECTIVES: *It is at the preceptor's discretion, which skills and medications the students may perform/administer during their clinical rotations.*

During the Clinical Rotation in the NICU, the student will:

1. If circumstances permit:
2. Perform a patient assessment, including:
 - i. Vital signs, pulse oximetry and glucose check
 - ii. Initial and focus assessments
 - iii. Obtain chief complaint and history of present illness
 - iv. Perform comprehensive physical exam
 - v. Obtain complete medical/psychosocial history
4. After performing a patient interview/assessment and reviewing any other pertinent information in the patient's chart, discuss the clinical features related to the patient's diagnosis and treatment.
5. Discuss and identify the prehospital management of neonatal patients, focusing on common problems as well as, considerations for special needs infants.
6. Discuss and observe modifications in the approach and the care of the neonatal patient.
7. Observe and assist with any other special procedures available during the clinical experience.

8. Discuss and observe modifications in the approach and the care of the pediatric patient with regard to the patient's age and identify major developmental milestones and how significant injury/illness can affect future development in the following areas: personal, emotional, physical, social, and intellectual.
9. Observe and assist in the care of neonatal patients, utilizing appropriate universal precautions.

Common student expectations for all clinical experiences include the following:

1. Clinical experiences will vary from student-to-student given the number and types of patients being treated at any one time by any specific area.
2. Students must arrive on time, dressed appropriately (some experiences will require students to change into hospital scrubs) with all their required equipment and supplies.
3. Students must bring study material with them in the event a clinical area is experiencing a low volume of patients.
4. Students are expected to actively seek opportunities to assess and treat patients.
5. Students must maintain and submit accurate records (assessments, skills, procedures, total hours, etc.) of their experiences.
6. Students will ensure their Clinical Coordinator or preceptor signed the paperwork.
7. Students must demonstrate an ability to establish and maintain professional interpersonal relationships and communications with site staff, patients, patient family members and friends, instructors, and other students.
8. Students are not to leave their assigned area until the end of the scheduled time unless approved by their Clinical Coordinator or, as appropriate, other site staff.

Appendix A – Paramedic Faculty and Staff

Faculty

Tim Kolonick	Faculty Clinical Coordinator	kolonickt@westerntc.edu	608-785-9897	Sparta 133A
Lance Luther	Faculty	lutherl@westerntc.edu	608-785-9238	Sparta 133E

Administration

Deb Slaby	EMS Coordinator Paramedic Program Chair	slabyd@westerntc.edu	608-789-4761	Sparta 104C LaCrosse K 206
Kevin Dean	Health and Public Safety Dean	Deank@westerntc.edu	608-789-4765	Kumm 211 Sparta 104D

Support Staff

Katie Irwin	Health and Public Safety Administrative Assistant	irwink@westerntc.edu	608-785-9295	Kumm 211 Sparta 104
Marc Thompson	EMS Program Technician	thompsonm@westerntc.edu	608-785-9248	Sparta 123 Kumm 023A

Appendix B – Medical Directors

Howard Schumaker, M.D.

Ward Brown, M.D.

Appendix C – Clinical Site Coordinators

Black River Memorial Hospital:

Black River Falls

Nancy Engebretson
711 West Adams Street
Black River Falls, WI 54615
Phone: (715) 284-1305
engebretsonn@brmh.net

Mayo Clinic Health System:

La Crosse

Lisa Pedersen-Boske, Education
Administration Coordinator
Learning & Resource Center, PA3-61
**Mayo Clinic Health System –
Franciscan Healthcare**
Professional Arts Building, 3rd floor
615 10th Street South
La Crosse, WI 54601
608-392-9402 direct line
pedersenboske.lisa@mayo.edu

Mayo Clinic Health System:

Sparta

Chris McGinnis, RN MSN
Emergency Department
Mayo Clinic Health System
310 W. Main St.
Sparta WI. 54656
Mcginnis.christine@mayo.edu

Gundersen Health System:

La Crosse

Ashley Martindale
Student Program Administrator | Allied
Health
Gundersen Health System | Medical
Education
608-775-6749
ammartin@gundersenhealth.org

Mile Bluff Medical Center:

Mauston

Norma Miller
Education Coordinator
Mile Bluff Medical Center
1050 Division St.
Mauston, WI 53948
Direct 608/847-1496
NMiller@milebluff.com

Tomah Memorial Hospital:

Tomah

Suzanne Downing
321 Butts Avenue
Tomah, WI 54660
Phone: (608) 372-2181
sdowning@tomahhospital.org

Vernon Memorial Hospital:

Viroqua

Shawna Andolsek
507 South Main Street
Viroqua, Wisconsin 54665
Office Phone: 608-637-4265
Email: sandolsek@vmh.org

**Appendix D –
Medication List
Wisconsin Paramedic Curriculum Based Medication List**

- | | |
|-------------------------------------|--|
| 1. 0.45% Sodium Chloride | 42. methylprednisolone (Solu-Medrol) |
| 2. Acetaminophen (Tylenol) | 43. metoclopramide (Reglan) |
| 3. activated charcoal | 44. metoprolol |
| 4. adenosine | 45. midazolam |
| 5. albuterol | 46. morphine sulfate |
| 6. amiodarone | 47. nalbuphine (Nubain) |
| 7. aspirin | 48. naloxone (Narcan) |
| 8. atropine | 49. naltrexone (Vivital) |
| 9. calcium | 50. nicardipine |
| 10. Clopidogrel (Plavix)- oral only | 51. nitroglycerin |
| 11. Cyanide antidote kits | 52. nitrous oxide |
| 12. Dexamethasone (Decadron) | 53. norepinephrine |
| 13. dextrose – (D50, D25, D10,) | 54. normal saline (0.9% sodium chloride) |
| 14. diazepam (Valium) | 55. ondansetron (Zophran) |
| 15. diltiazem | 56. oxygen |
| 16. diphenhydramine (Benadryl) | 57. oxytocin |
| 17. doxetramine (Anzemet) | 58. pancuronium (Pavulon) |
| 18. dopamine | 59. phenylephrine |
| 19. droperidol (Inapsine) | 60. pralidoxime (2-PAM) |
| 20. epinephrine (Adrenalin) | 61. procainamide |
| 21. etomidate | 62. prochlorperazine (Compazine) |
| 22. famotidine | 63. promethazine (Phenergan) |
| 23. fentanyl | 64. proparacaine |
| 24. flumazenil | 65. rocuronium |
| 25. furosemide (Lasix) | 66. sodium bicarbonate |
| 26. glucagon | 67. succinylcholine |
| 27. glucose | 68. terbutaline |
| 28. haloperidol (Haldol) | 69. tetracaine |
| 29. heparin (bolus only) | 70. tissue plasminogen activator (tPA) |
| 30. hydralazine | 71. tranexamic acid (TXA) |
| 31. hydromorphone (Dilaudid) | 72. vasopressin (Pitressin) |
| 32. hydroxyzine (Vistaril) | 73. vecuronium |
| 33. ipratropium | ziprasidone (Geodon) |
| 34. ketamine | |
| 35. ketorolac | |
| 36. labetalol | |
| 37. lactated ringers | |
| 38. levalbuterol (Xopenex) | |
| 39. lidocaine | |
| 40. lorazepam | |
| 41. magnesium sulfate | |

Appendix E - Student Experience Log

Western Technical College Student Experience Log (Clinical / Field)																																									
Print Clearly																																									
Name:									Clinical Site:									Date:																							
									Circle One: Ambulance Respiratory ICU/CCU Emerg. Dept. OR Peds NICU Labor/Delivery Medical Director Cardiac									Time in & out <i>(Military time)</i>																							
																		Total Time:																							
		Age Categories							Medical (check one)																	Field Type <i>(Amb. Only)</i>															
Patient's Age**	Gender	Newborn	Infant	Toddler	Preschool	School -Aged	Adolescent	Geriatric	Adult	Trauma Pediatric	Trauma Geriatric	Medical Pediatric	Medical Geriatric	Stroke and or TIA	Acute Coronary Syndrome	Cardiac Dysrhythmia	Hypoglycemia or DKA or HHS	Sepsis	Toxicological Event and/or OD	Psychiatric	Altered Mental Status	Abdominal Pain _____	Chest Pain	Airway Management	ETT Successfully Placed (x)	IM Drug Administration	Intraosseous	IV Med Administration #	IV Successful	Name of medications given	Nebulizer Hand Held	Nebulizer Mask	Nebulizer ET	Sub Q Drug Admin. #	ALS Team Leader	ALS Team Member	ALS Observation	Simulated Experience *	Preceptor/Nurse Initials		
	M F																																								
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Notes / Comments

* Simulated experiences may not be utilized during field experiences.

Student Signature / Date: _____

Preceptor Signature / Date: _____

** Patient's Age Key Newborn = 0-1mth, Infant = 1mo - 1yr, Toddler = 1yr - 3 yr, Pre-school = 4yr - 5 yr, School Age = 6yr-12yr, Adolescents = 13yr-18yr, Geriatric 65+

PROGRAM **(Circle One)** EMT-Interm. Tech / Paramedic

Audited: _____

revised Aug 2017

Appendix F -
Preceptor Evaluation of Student Form
Student Evaluation of Preceptor Form

Western Technical College

Paramedic Clinical Evaluation of Student

Your Name: _____ Date: _____

Student Name: _____ Clinical Site: _____

Please evaluate the student on the items below based on the following scale:
 5 – Outstanding 4 – Very Good 3 – Good 2 – Fair 1 - Unacceptable

						Comments
The student is non-judgmental in treating patients.	1	2	3	4	5	
The student establishes a positive rapport with patients.	1	2	3	4	5	
The student displays a professional attitude.	1	2	3	4	5	
The student is dressed in a professional manner.	1	2	3	4	5	
The student utilizes all available resources at a scene (PD/FD).	1	2	3	4	5	
The student shows respect to other agencies personnel.	1	2	3	4	5	
The student treats all bystanders and family with respect.	1	2	3	4	5	
The student develops effective relationships with co-workers	1	2	3	4	5	
The student shows responsibility for restocking equipment.	1	2	3	4	5	
The student shows interest in learning about equipment.	1	2	3	4	5	
The student display's ability to take direction effectively.	1	2	3	4	5	
The student display's ability to take constructive criticism.	1	2	3	4	5	
The student actively seeks knowledge through pertinent questions.	1	2	3	4	5	
The student shows knowledge in use of equipment.	1	2	3	4	5	
The student assists with cleanup at end of shift.	1	2	3	4	5	
The student performs a general impression. Has a systematic approach to completing an appropriate physical exam. Able to complete a history and physical exam.	1	2	3	4	5	
The student has ability to choose and accurately deliver appropriate treatments for specific conditions in the medical or trauma patient.	1	2	3	4	5	
The student demonstrates proper techniques and accurate skill performances. Displays knowledge and proper care for all equipment. Able to apply theoretical concepts.	1	2	3	4	5	

Please enter any other feedback you have for the student here:

Western Technical College
Paramedic Clinical Site / Preceptor Evaluation

Student Name: _____

Date: _____

Clinical Site: _____

Preceptor Name: _____

The following information allows us to identify excellent preceptors and to intercept concerns before they become difficulty to manage. This clinical site evaluation is confidential and will not have an effect on your clinical or didactic grade. Please rate the clinical site with the following scale of 1 – 5

One (1) is low or poor rating. Five (5) is high or excellent rating. Please include comments.

						Comments
Rate the willingness of your clinical preceptor	1	2	3	4	5	
Was time taken to explain equipment and/or procedures?	1	2	3	4	5	
How did you perceive your preceptor's attitude towards candidates?	1	2	3	4	5	
How did you perceive other clinical site employees' attitudes toward the candidate?	1	2	3	4	5	
Rate the amount of hands on versus observation time	1	2	3	4	5	
Rate the overall usefulness of this clinical rotation	1	2	3	4	5	

What was the best thing about this clinical site or this clinical rotation?

What could be improved about this clinical experience?

Did the staff know you were coming?

Was the staff aware of your skills and abilities?

Appendix G –

CoAEMSP Student Minimum Competency (SMC) Summary Tracking. Required competencies, ages, differential diagnoses, and complaints on patients in clinical, field experience, or capstone field internship.

Appendix H – Skills List

Fall Trimester

Patient Assessment Skills

- Glucometer
- Trauma Patient Assessment
- Comprehensive History
- Normal Adult Physical Exam
- 12 Lead Placement and Acquisition
- Basic Life Support and Vital Signs
- Bandaging, Splinting, Bleeding mgmt.

Airway Skills

- Endotracheal (ET) Intubation - Adult
- Trauma Endotracheal Intubation - Adult
- Nasotracheal Intubation
- Rapid Sequence Intubation
- Combitube
- King LT(S)D Airway
- Laryngeal Mask Airway
- Needle Cricothyrotomy
- Surgical Cricothyrotomy
- Continuous Positive Airway Pressure - CPAP
- Nasogastric (NG) Orogastic Tube Insertion
- Capnography

IV and Medical Administration

- Intravenous Therapy
- Intraosseous Infusion
- Intravenous Bolus
- Intravenous Piggyback Medication - IVPB
- Medication Injection – IM/SQ
- Intranasal Medication
- Nebulized Medication Administration
- External Jugular Vein Catheterization
- Phlebotomy – Blood Specimen Collection

Spring Trimester

Trauma Skills

- Needle Decompression
- Traction Splinting
- Joint Immobilization
- Long Bone Immobilization
- Spinal Immobilization: Seated Patient
- Spinal Immobilization: Supine/Prone Patient
- Bleeding Control / Shock Management

Cardiac Skills

- V Fib / V Tach Algorithm - Adult
- Asystole / PEA Algorithm - Adult
- Bradycardia Algorithm / TCP - Adult
- Tachycardia with Pulses Algorithm / Synchronized Cardioversion - Adult
- Static Cardiology
- Dynamic Cardiology / Megacode
- Medical Adult Cardiorespiratory Assessment

Pediatric / OB Skills

- Emergency Childbirth
- Abnormal Delivery with Newborn Care
- Neonatal Resuscitation Beyond Routine Newborn Care
- Comprehensive Normal Pediatric Physical Assessment Techniques
- Pediatric Endotracheal Intubation
- Vfib / Pulseless Vtach Algorithm - Pediatric
- Asystole / PEA Algorithm - Pediatric
- Bradycardia Algorithm - Pediatric
- Tachycardia Algorithm - Pediatric

