

Health and Public Safety Division  
Emergency Medical Services

# Paramedic Field Clinical Guidebook



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## **Western Technical College Mission/Vision/Values/Culture**

### **Our Mission**

Western Technical College provides relevant, high quality education, in a collaborative and sustainable environment, that changes the lives of students and grows our communities.

### **Our Vision**

Western Technical College is the college of first choice in our region.

### **Our Values**

We value the success of our students and hold ourselves accountable for providing excellence in student learning based on the diverse needs of each student, and built on a foundation of integrity, teamwork and respect.

- Learning
- Excellence
- Accountability
- Diversity
- Student Success
- Teamwork
- Integrity
- Respect

### **Our Culture**

Western strives to create a culture where people feel empowered to make a difference; where we are passionate about collaboration and student success; where we take equitable actions that respect our differences; and where we serve students, partners, communities, and each other from a place of unconditional positive regard.

### **Introduction**

Field clinical education is an integral part of the curriculum in the Paramedic Program at Western Technical College. It is during the field clinical 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 an approved preceptor.

### **Purpose**

The purpose of this guidebook is to orientate the student and preceptor to the field 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 the course competencies and objectives.

The attainment of cognitive, affective, and psychomotor competencies is mandated for the development of field clinical expertise. One method used to enhance development of field clinical skills is the use of a preceptor within the field clinical setting. The relationship between

the preceptor and student allows for the opportunity to acquire competencies and skills that are unique to paramedicine and provide “real world” experiences in their chosen profession.

Clinical supervision and planned instruction will be provided by an approved preceptor in the field clinical setting. The student has the responsibility to use initiative and self-direction in making the most of his/her field clinical opportunities made available to them.

### **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](http://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](http://www.caahep.org)

### **To contact CoAEMSP:**

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Suite 111-312  
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### **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.

### **Attendance**

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 Department and, most importantly, the EMS profession.

Students are expected to attend all field 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 field clinical experience. Understand that work and/or scheduling conflicts do

not constitute a personal emergency. 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 can result in a failing grade for Field Internship.

The lead classroom instructor 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 unexcused absence. Absences are counted by the number of experiences missed (regardless of the number of hours associated with the experience). **Students are permitted one excused absence per clinical course. The missed clinical time will be made up as designated by the clinical coordinator.**

Arriving late to a clinical or field experience is unprofessional, inconsiderate and disruptive. Students should arrive at least 15 minutes prior to the start of their clinical/field experience. If a student is late to a field clinical 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, considering 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**

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).

Regardless of whether such an introduction is made, any patient may at any time refuse to be treated (wholly or in part) by the Paramedic student.

Field Clinical preceptors 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.

Students who participate in patient care after the preceptor consent was expressly withheld may 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.

### **Student Accident Insurance**

If you are taking degree, credit classes, you have been enrolled in the Wisconsin Technical Colleges Mandatory Accident Only Insurance Plan. This coverage is secondary to any other insurance coverage you may already have and is a reimbursement plan with no deductibles that can be used to cover out of pocket costs for medical expenses.

This Accident Only Insurance Plan covers the student when an accident occurs while on campus, attending a practicum program, 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.

Students are responsible for processing their own claims.

### **To Create an Account and Print an Insurance ID Card**

1. Go to <https://www.gallagherstudent.com/students/> and select “Wisconsin Technical Colleges – Western Technical College” from the dropdown menu.
2. On the left-hand side of the page, you will find the link to Account Home
3. Scroll down to “Create Account” information. Your Student ID is the last 7 digits of your Student ID number and your email address is your student email address.

4. Select “Authorize Account” located to the left of your screen under Account Information and enter your Student ID number along with your date of birth.
5. Once your account has been authorized, select “Account Home” and click on “Generate ID Card”.

**To Access Student Accident Only Insurance Plan Information:**

1. Go to <https://www.gallagherstudent.com/students/> and select “Wisconsin Technical Colleges – Western Technical College” from the dropdown menu.
2. On the left-hand side of the page you will have the following links to choose from:
  - a. My Benefits and Plan Information – includes a Schedule of Benefits and [FAQ](#)
  - b. Other insurance products
  - c. Discount and wellness
  - d. Claims company
  - e. Resources and links

Any questions regarding the Student Accident Insurance can be referred to the Student Life Office (Kumm Center, Room 100 or 608-785-944

**Infection Control**

Students must wear personal protective equipment any time they are in contact with a patient, i.e., practice standard precautions.

Needles and other sharp objects should be considered as potentially infective and be handled with extraordinary care. Needles should not be recapped. Needles, syringes, and broken vials should be immediately placed in a puncture proof “sharps” container after use.

Pocket masks with one-way valves should be used for artificial respiration.

Students will be fit tested for and given an N 95 mask prior to attending field clinical. The N 95 mask will be worn for patients with a history suggestive of active TB or other droplet borne illness. Enough information should be obtained to determine if a patient may have active infection; fever, cough, and breathing difficulty. A surgical mask should be placed on patients with a history suggestive of active TB or other droplet borne illness unless the mask would compromise the patient’s respiratory status.

In the event of significant exposure, the clinical coordinator or instructor should be notified, and an incident report filed.

Significant exposure is defined as the following:

1. Any puncture of the skin by a needle or other sharp object that has had contact with patient’s blood or body fluids or with fluids infused into the patient.
2. Blood spattered onto mucous membranes (i.e.: mouth) or eyes.
3. Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood, vomit, saliva, amniotic fluid or urine. Bite wound to providers would be included in this category.

## **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.

## **Clinical and Field Site Agreements**

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.

Such training and/or paperwork will be provided to the students as part of their clinical orientation.

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**

The paramedic program **student is** always expected to act and perform as a professional EMS provider. Violations of the college and/or program policies will result in removal from the field clinical course.

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

1. 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 as long as it is safe, not in violation of the appropriate standard of care or outside the scope of practice for the student. In such an instance, students should inform 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 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 field clinical 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 field clinical 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 on-duty field crew. Some departments or crews prefer that students stay in a particular area during their field experience or that the student refrain from going into other areas unsupervised (ambulance bays, storage rooms, in ambulance, 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 on-duty crew.
10. While field experiences typically provide a good opportunity for studying course materials, students are also expected to participate as a part of the crew. This means participating in crew activities such as ambulance washing, station maintenance, and post-call clean up, etc.
11. Students should bring money with them to the field experience for meals. Please keep in mind that different departments, services and crews may have various eating arrangements. While some crews prefer to pick up fast food, other crews cook their own meals. Students should follow the lead of the on-duty crew and are encouraged to eat with the crew. Remember that eating meals with the on-duty crew is a privilege. When the crew is finished eating, students are expected to assist in cleaning up and washing dishes.
12. Students are not allowed to be selective about the types of calls to which they will respond. If a call comes in during the student's scheduled time for the student's assigned crew, the student must respond with the crew, even if that means the student will ultimately leave the experience later than the scheduled end time because the call runs over that time. This pertains to all students, including those who have met their field contact numbers and simply need field hours, or those who have met all

competency and hour requirements and have elected to still participate in field experiences.

13. Students should refrain from discussing previous or other experiences with private ambulance services, volunteer services, or other providers.
14. The student should bring an extra uniform for field clinical.
15. Students must refrain from the consumption of alcohol or any other controlled substances within 12 hours of attending clinical or field rotation.
16. All original clinical documentation is due to the instructor within 7 calendar days of the rotation. **Documentation after the deadline will NOT count toward meeting the required hours and will need to be rescheduled. Failure to complete documentation timely constitutes an unexcused absence.**
17. Clinical documentation will be reviewed and returned if incomplete or corrections are needed. All corrections must be completed within 7 days of return. **Failure to turn in corrected documentation will also count as an unexcused clinical absence.**
18. If the student experiences any problems or conflicts at any clinical or field site, they should contact the instructor immediately.
19. During clinical rotations, family members, friends, or other acquaintances are prohibited from being onsite during the students scheduled time.
20. Patient care is not to be done outside of the stated field clinical times.

### **Assignment of Clinical Field Site**

Students are assigned to field agencies based on unit availability, preceptor availability, and unit call volume.

Students may request a specific field agency, but the paramedic program reserves the right to assign students to other units.

Travel is required and is the responsibility of the student. If travel is required, the student is responsible for housing arrangements.

All agencies must have a clinical agreement with Western Technical College on file before a student can begin any field clinical.

Successful completion of AHA Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) are required before the student will be allowed to participate in field clinical.

## Student Employment at Clinical Site

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 a clinical, field or internship experience.

## 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                    | <ul style="list-style-type: none"><li>• Students will wear EMS duty pants (navy or black)</li></ul>  |
| Polo Shirt               | <ul style="list-style-type: none"><li>• Students will wear polo shirt with Western EMS program logo</li><li>• If long sleeve shirt is worn underneath the polo shirt, it must be black in color.</li></ul>   |
| Boots                    | <ul style="list-style-type: none"><li>• Students will wear black duty boots</li></ul>  |
| Outer Wear               | <ul style="list-style-type: none"><li>• Any outerwear must be black or navy blue and have a Western Technical College logo or <b>no writing at all.</b></li></ul>  |
| Professionalism          | <ul style="list-style-type: none"><li>• No other agency clothing is allowed to include ID badges</li><li>• All clothing must prevent the exposure of excessive bare skin when bending, kneeling, sitting, squatting, moving, or lying down.</li><li>• Western ID badges will not be worn on the pants or below the waist.</li><li>• No hats may be worn unless approved by the instructor/preceptor or required in the clinical department. i.e., OR</li></ul> |
| Accessories and Body Art | <ul style="list-style-type: none"><li>• Wedding rings which do not present a safety hazard.</li><li>• Tattoos are ok if not offensive. Facial tattoos are highly discouraged and will be addressed on a case-by-case basis.</li><li>• Piercings:<br/>Ears: one post earring in each earlobe<br/>Nose: Single small stud in nose</li></ul>  |
| Grooming                 | <ul style="list-style-type: none"><li>• Bathe as needed to avoid body odor</li><li>• Nails short, rounded and clean</li><li>• Only clear nail polish</li><li>• Conservative use of cosmetics</li><li>• Hair neatly cut and styled</li></ul>  |

- Long hair is pulled up off the shoulder and pulled back from the face
- Mustache/Beard neatly trimmed
- Other
  - 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 lead instructor must approve any exceptions.

### **Field Clinical Required Hours and Competencies**

Clinical shifts are scheduled in advance and the student's clinical progress is monitored weekly.

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.

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.

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.

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.

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/Field Trades**

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

### **Conflicts of Interest**

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

### **Clinical/Field Cancellations**

Clinical cancellations will occur only at the request of the clinical site.

If such a cancellation is requested, affected students will be notified as soon as possible, either via Western e-mail or their primary contact phone number, as appropriate.

## **Tobacco/Smoking**

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.

Students requiring smoking breaks at a field clinical site shall conform to the number, duration and location of their breaks to the local site policies.

Students must ensure they do not smell of smoke when returning from the break.

## **Clinical Grades**

Students must demonstrate competency in skills prior to performing skills in the clinical setting.

All skills are performed under the supervision of an approved preceptor who is licensed at Paramedic level or above.

Although there is an hour assignment to the clinical and field components, students must meet the minimum competencies for each skill and assessment. If a student has not met the required competencies in their required hours of clinical or field experience, he/she will have to perform additional clinical or field experience until the competencies are met.

All required clinical and field hours and competencies must be successfully completed by assigned timelines and prior to taking the National Registry exam.

## **Grading**

<b>Criteria for Grading</b>	<b>Percent of Grade</b>
Prepares self-prior to clinical experience <ul style="list-style-type: none"><li>✓ Completes and maintains health and safety training</li><li>✓ Completes, registers, and maintains all immunizations, background, CPR</li><li>✓ Hands in copy of and maintains current EMT/AEMT license</li><li>✓ Hands in copy of Temporary Training Permit</li><li>✓ Completes any site-specific requirements</li><li>✓ Sends email to clinical site to introduce self: name, email, phone, and emergency contact</li></ul>	10%
Attends all clinical and scenario required meetings unless previously excused by the instructor. <ul style="list-style-type: none"><li>✓ Student clinical and scenario schedule</li><li>✓ Required meetings</li></ul>	10%
Receives satisfactory rating on preceptor and instructor evaluations <ul style="list-style-type: none"><li>✓ Paramedic Clinical Evaluation of Student</li><li>✓ Scenario</li></ul>	40%
Documentation of the clinical experience <ul style="list-style-type: none"><li>✓ Completes all clinical paperwork and hands in to instructor in timely manner.</li><li>✓ Participates in the preceptor evaluation of student</li></ul>	20%



<ul style="list-style-type: none"> <li>✓ Evaluates the clinical experience and shares with the clinical instructor.</li> <li>✓ All clinical shift data entered electronically within the required timeframe.</li> <li>✓ All paperwork submitted on time.</li> <li>✓ Clinical sheets signed by preceptors.</li> </ul>	
Professional Behaviors <ul style="list-style-type: none"> <li>✓ Integrity</li> <li>✓ Empathy</li> <li>✓ Self- Motivation</li> <li>✓ Appearance and Personal Hygiene</li> <li>✓ Self Confidence</li> <li>✓ Communication</li> <li>✓ Time Management</li> <li>✓ Teamwork and Diplomacy</li> <li>✓ Respect</li> <li>✓ Patient Advocacy</li> <li>✓ Careful Delivery of Services</li> </ul>	20%

### **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 instructor for evaluation in accordance with the following provisions:

The following items must be completed for all field clinical experiences:

1. Western EMS Paramedic Student Experience Log
2. Western EMS Training Center Clinical Student Evaluation (completed online by Preceptor)
3. Western EMS Training Center Student Evaluation of Clinical Experience (completed online by Student)
4. Electronic Report completed in Platinum Planner.
5. All completed forms must be uploaded into platinum planner for each shift.
6. All forms shall become a part of the student's record, maintained by Western for a period of five years as mandated by DHS and accreditation requirements.
7. ***All clinical paperwork is due by the end of the 7<sup>th</sup> day after the clinical is completed (or the clinical experience may not be counted towards the needed clinical requirements).***
8. When completing reports or when charting at a field clinical site, abbreviations should be avoided unless appropriate (i.e. units of measurement).

9. 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.
10. EMT Basic or EMT Intermediate Technicians CANNOT precept Paramedic students.

### **Clinical Coordinator**

The clinical coordinator coordinates the clinical experiences for paramedic students.

The clinical coordinator is also responsible for identifying the steps necessary to insure the continual improvement of individual student performance.

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 field 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 field clinical 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.

### **Field Preceptor**

The Field Preceptor is an EMT Paramedic possessing at least two years of licensure and experience who has offered to assist the paramedic student through the field portion of the clinical.

Like a hospital preceptor, the preceptor is a member of the EMS Agency and has agreed to help the student gain experience in the practice of EMS and has the same responsibilities as the hospital preceptor.

### 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:

1. Serve as a facilitator for students in their educational experience.
2. Provide learning experiences for students.
3. Maintain an educational environment conducive to teaching and learning.
4. Support the Paramedic course objectives.
5. Comply with current laws, regulations, and standards of education and/or clinical practice by promoting high standards of healthcare.
6. Provide time for discussion directed toward course and student goals.
7. Evaluate the student's performance with written and verbal evaluations.
8. Communicate student progress with instructor.
9. Supervise the student in the facility or facilities utilized for the educational experience.
10. Actively stimulate critical thinking by use of questions/answers
11. Use non patient care times for skills and demonstrations
12. Coach the student from observer to team leader
13. Confront issues immediately when they arise
14. Promote confidence
15. Complete evaluation forms
16. Assist the student with run report documentation
17. Be a great role model!

### **Clinical Skills**

The Paramedic student may only perform clinical skills:

1. Under the direct supervision of the preceptor or designated individual.
2. If the skill is within the paramedic scope of practice.
3. 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.
4. 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.

### **Phases of Field Clinical**

Students are expected to grow through their field experiences from the role of an observer to that of a team member and, ultimately, to function as a team leader on actual EMS runs.

In meeting this expectation, students will:

Participate in all ambulance calls, transfers, as well as emergencies.

Help the crew members with any general activities such as equipment and ambulance inspection, cleaning, and maintenance.

Become familiar with and understand the rationale of the service protocols.

Perform basic and advanced life support skills as directed by the preceptor.

Complete required shift paperwork.

Perform radio reports as designated by the preceptor. A radio report will be completed for all team lead calls.

Students should anticipate meeting the following objectives within the following timeframes:

#### 0 to 24 hours

The primary goal is to observe the paramedic crew in the performance of their duties. Once 24 hours of field time is completed, students should be able to:

1. Locate main areas of equipment storage.
2. Identify paramedic evaluation method of supply and equipment inventory and restocking.
3. Review sections of protocols pertaining to patient care.
4. Obtain a full set of vitals on all patients.
5. Recognize and accurately explain the significance of any change in vital signs.
6. At the direction of the service preceptor, demonstrate the ability to use all ambulance equipment.
7. Demonstrate the ability to properly complete required forms (including Patient Care Reports).
8. Demonstrate knowledge of information required to properly document a patient refusal.
9. Demonstrate responsibility for the outcome of all patient forms, ensuring all forms are routed appropriately according to EMS provider.
10. At the direction of the service preceptor, demonstrate the knowledge and proper technique for all basic and advanced skills.
11. Participate in post-run evaluation and accept feedback from preceptors.
12. Attempt to correct deficiencies based on preceptor feedback.
13. Always demonstrate proper infection control procedures and PPE use.
14. Observe safety practices for patients and EMS crew.

#### 25 to 48 hours

The primary goal continues to be that of an observer with added responsibilities regarding patient care. Once 48 hours of field time is completed, in addition to previously identified competencies, students should be able to:

1. Demonstrate the ability to use all equipment and assure it is in working order.
2. Inventory supplies and restocks as necessary.
3. Demonstrate the ability to accurately and legibly complete Patient Care Reports.
4. At the direction of the service preceptor, perform physical assessments appropriate for The patient's chief complaint and type of call.
5. At the direction of the service preceptor, recall and explain the rationale for procedures, Protocols and transport modalities for any patient situation.
6. Demonstrate the ability to select the appropriate equipment needed for any call.

After 48 hours of observation, students will progress to be team members.

#### 49 to 72 hours

The primary goal is to become involved in-patient care with minimal guidance for non-critical patient situations. Once 72 hours of field time is completed, in addition to previously identified competencies, students should be able to:

1. For non-critical patients, demonstrate the ability to obtain a history relevant to the patient's chief complaint.
2. For non-critical patients, demonstrate the ability to perform a physical assessment relevant to the patient's chief complaint.
3. For non-critical patients, demonstrate the ability to assess and monitor established treatment during transport.
4. For non-critical patients, demonstrate the knowledge and proper technique for all basic and advanced skills.

### 73 to 96 hours

The primary goal is that the student be responsible for obtaining patient history for those patients able to provide it and to begin demonstrating communication skills by giving reports to receiving facilities. Less emphasis will be placed on basic skills. Once 96 hours of field time is completed, in addition to previously identified competencies, students should be able to:

1. For all conscious patients, demonstrate the ability to determine the patient's medical problem by obtaining a thorough history and performing a physical assessment.
2. For all conscious patients, demonstrate the ability to properly manage patient care based on pertinent history and physical assessment findings.
3. For all conscious patients, demonstrate the ability to adequately monitor all aspects of patient care while transporting to the hospital.
4. Demonstrate the ability to initiate the proper procedures to access and report to the receiving facility.

After 96 hours of training as a team member, students will receive a rocker to add to the ID badge identifying them as lead. This will indicate to they are ready to be team leaders.

### 97 to 120 hours

The primary goal is that the student demonstrates both the willingness and ability to take control of any patient situation. Once 120 hours of field time is completed, in addition to previously identified competencies, students should be able to:

1. Demonstrate the ability to obtain a complete patient history in a logical and orderly manner.
2. Demonstrate the ability to reach accurate conclusions regarding the patient's condition based upon a complete history and physical assessment findings.
3. Demonstrate the ability to manage all patient care during transport.
4. Demonstrate the ability to respond promptly to significant problems involving airway, breathing or circulation.
5. Demonstrate the ability to promptly recognize critical patients, their patient needs and be able to establish appropriate priorities in providing care and treatment.
6. Demonstrate the ability to anticipate potential problems and initiate treatment accordingly.

7. Demonstrate the ability to initiate patient-oriented procedures and the appropriate application of protocols.

121 to 288 hours

The primary goal is to refine the student's abilities regarding patient management. The student should be able to justify all aspects of patient management. During this period, in addition to previously identified competencies, students should be able to:

1. Consistently ensures ABCs are given priority.
2. Demonstrate the ability to assess the scene.
3. Demonstrate the ability to consistently initiate patient care.
4. Demonstrate the ability to direct overall patient care by functioning as the team leader.
5. Demonstrate the ability to consistently set appropriate priorities.
6. Demonstrate the ability to reach accurate conclusions based on a complete history and physical findings.
7. Consistently identifies and applies appropriate treatment protocols.
8. Demonstrate the ability to recognize changes in patient condition and make treatment changes accordingly.
9. Demonstrate the ability to consistently function in an independent manner in all patient situations.
10. Consistently demonstrate the ability to effectively communicate with the patient, family, bystanders, hospital personnel, medical control and receiving facility.
11. Demonstrate the ability to instill confidence in the patient, his or her family and friends.
12. Consistently demonstrate the knowledge and proper technique for all basic and advanced skills.

Preceptors will keep these guidelines in mind when completing the student's evaluation for the field specific experience. Deficiencies in meeting these expectations in the timeframes defined will prompt the preceptor to contact the student's lead instructor. These hours are guidelines and progression through each phase may vary for each student as competencies are met.

## Appendix A – Paramedic Faculty and Staff

### Faculty

Tim Kolonick	Faculty Clinical Coordinator	<a href="mailto:kolonickt@westerntc.edu">kolonickt@westerntc.edu</a>	608-785-9897	Sparta 133A
Lance Luther	Faculty	<a href="mailto:lutherl@westerntc.edu">lutherl@westerntc.edu</a>	608-785-9238	Sparta 133E

### Administration

Deb Slaby	EMS Coordinator Paramedic Program Chair	<a href="mailto:slabyd@westerntc.edu">slabyd@westerntc.edu</a>	608-789-4761	Sparta 104C LaCrosse K 206
Kevin Dean	Health and Public Safety Dean	<a href="mailto:Deank@westerntc.edu">Deank@westerntc.edu</a>	608-789-4765	Kumm 211 Sparta 104D

### Support Staff

Katie Irwin	Health and Public Safety Administrative Assistant	<a href="mailto:irwink@westerntc.edu">irwink@westerntc.edu</a>	608-785-9295	Kumm 211 Sparta 104
Marc Thompson	EMS Program Technician	<a href="mailto:thompsonm@westerntc.edu">thompsonm@westerntc.edu</a>	608-785-9248	Sparta 123 Kumm 023A

## **Appendix B – Medical Directors**

Howard Schumaker, M.D.

Ward Brown, M.D.



## **Appendix C – Field Site Coordinators**

### **Tomah Area Ambulance**

Adam Robarge  
Deputy EMS Chief  
318 Arthur Street  
Tomah, WI 54660  
[arobarge@tomahonline.com](mailto:arobarge@tomahonline.com)  
(608) 374-7460

### **Sparta Ambulance**

Lance Luther  
618 Stelting Street  
PO Box 543  
Sparta, WI 54656  
(608) 269-7900

### **Tri State Ambulance**

Callie Hofmeister, NRP  
Operations Supervisor  
Onboarding, Recruitment, Retention  
Gundersen Tri-State Ambulance  
235 Causeway Boulevard  
La Crosse, WI 54603  
[callie.hofmeister@emplifyhealth.org](mailto:callie.hofmeister@emplifyhealth.org)  
(608)606-9851 (cell)

### **Mauston Ambulance**

Christopher Leopold  
Ambulance Director  
302 South Union Street  
Mauston, WI 53948  
[cleopold@maustonems.org](mailto:cleopold@maustonems.org)  
(608) 847-2223

### **Badger land Ambulance**

Michael Huber NRP, FP-C, CMTE  
Email: [michael.huber@badgerlandems.com](mailto:michael.huber@badgerlandems.com)  
P: 608-399-8700

**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. Clopidogogrel (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. dolesetron (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 Cath										Time in & out (Military time)																					
																				Total Time:																					
		Age Categories								Medical (check one)																Field Type (Amb. Only)															
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																																								
	M F																																								
	M F																																								
	M F																																								
	M F																																								
	M F																																								
	M F																																								
	M F																																								

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: \_\_\_\_\_



**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.

**See Platinum Planner**



## **Appendix H – Skills Inventory**

### **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
- I-GEL
- 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

## **Appendix I – Field Clinical Phases Rubrics**



Western Technical College  
Paramedic Program Field Transition  
**Team Observer**

Please rate the student in each of the following “gray” areas as either: **S** = Satisfactory (Consistently demonstrates the behavior), **NI** = Needs Improvement (Has some basic elements of the skill but needs a great deal of direction to demonstrate the behavior), **U** = Unsatisfactory (Does not demonstrate even basic skill required for the behavior) or **NA** = (The opportunity to demonstrate the behavior was not available).

<b>Team Observer 0-48 hours-A minimum of 10 contacts required</b> <u>(Team experiences over the minimum required number may count toward “Observation” requirements)</u> <i>Observation field experiences are designed for students to observe. Students should focus on learning where equipment is stored, protocols are utilized, and how current-licensed paramedics perform their duties without the pressure of performing patient care. This also provides time for the preceptor to acquire familiarity with the student.</i>	<b>Rating</b>
1. Locate main areas of equipment storage	
2. Identify paramedic evaluator method of supply and equipment inventory and restocking	
3. Inventory supplies and restock as necessary	
4. Review sections of protocols pertaining to patient care	
5. Obtain a full set of vitals on all patients	
6. Recognize and accurately explain the significance of any change in vital signs	
7. At the direction of the service preceptor, demonstrate the ability to use all ambulance equipment	
8. Demonstrate the knowledge to properly complete required forms including patient care report	
9. Demonstrate the knowledge of information required to properly document a patient refusal	
10. Demonstrate responsibility for the final outcome of all patient forms, ensuring all forms are routed appropriately according to EMS provider and Western Technical College requirements	
11. At the direction of the service preceptor, demonstrate the knowledge and proper technique for all basic and advanced skills	
12. Participate in past run evaluation and accept feedback from preceptors without becoming defensive or offering excuses	
13. Attempt to correct deficiencies based on preceptor feedback	
14. Demonstrate proper infection control procedures and PPE use at all times	
15. Observe safety practices for patients and EMS crew	
16. At the direction of the service preceptor, assist with physical assessments appropriate for the patients chief complaint and type of call	
17. At the direction of the service preceptor, recall and explain the rationale for procedures, protocols, and transport modalities for any patient situation	

Student should progress to Team Member Status.    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

**Satisfactory rating in each area required**

**Comments:**

If **No** please list recommendations (required)

\_\_\_\_\_  
**Student Name (Print)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Preceptor Name (Print)**

\_\_\_\_\_  
**Preceptor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Instructor Name (Print)**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

Western Technical College  
Paramedic Program Field Transition  
**Team Member**

Please rate the student in each of the following “gray” areas as either: **S** = Satisfactory (Consistently demonstrates the behavior), **NI** = Needs Improvement (Has some basic elements of the skill but needs a great deal of direction to demonstrate the behavior), **U** = Unsatisfactory (Does not demonstrate even basic skill required for the behavior) or **NA** = (The opportunity to demonstrate the behavior was not available).

<p><b>Team Member 49-96 hours- A minimum of 20 contacts required</b>  <u>(Team Member experiences over the minimum required number may count toward “Observation” requirements)</u>  <i>“Team Member” credit is awarded to field contacts where the student performs all or some of the duties associated with a field patient contact. The expectation is that the student must demonstrate the ability to make patient care decisions based upon all elements gathered to form a general impression of the patient and a working diagnosis upon which to provide treatment. This category applies to the patient who receives an ALS evaluation in which critical thinking skills are utilized to gather, weigh, and synthesize patient information in order to formulate a diagnosis and treatment plan for the patient, even though the patient may be deemed stable for transport by a BLS unit.</i></p>	<b>Rating</b>
1. For non-critical patients, demonstrate the ability to obtain a history relevant to patients chief complaint	
2. For non-critical patients, demonstrate the ability to perform a physical assessment relevant to the patients chief complaint	
3. For non-critical patients, demonstrate the ability to assess and monitor established treatment during transport	
4. For non-critical patients, demonstrate the knowledge and proper technique for all basic and advanced skills	
5. For all conscious patients, demonstrate the ability to determine the patients’ medical problem by obtaining a thorough history and performing a physical assessment	
6. For all conscious patients, demonstrate the ability to properly manage patient care based on pertinent history and physical assessment findings	
7. For all conscious patients, demonstrate the ability to adequately monitor all aspects of patient care while transporting to the hospital	
8. Demonstrate the ability to initiate the proper procedures to access and report to the receiving facility	

Student should progress to Team Leader Status.

Yes\*\* \_\_\_\_

No \_\_\_\_

\*\* See instructor to pick  
up your Lead name badge

**Satisfactory rating in each area required**

**Comments:**

If **No** please list recommendations (required)

\_\_\_\_\_  
**Student Name (Print)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Preceptor Name (Print)**

\_\_\_\_\_  
**Preceptor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Instructor Name (Print)**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

Western Technical College  
Paramedic Program Field Transition  
**Team Leader**

Please rate the student in each of the following “gray” areas as either: **S** = Satisfactory (Consistently demonstrates the behavior, **NI** = Needs Improvement (Has some basic elements of the skill but needs a great deal of direction to demonstrate the behavior), **U** = Unsatisfactory (Does not demonstrate even basic skill required for the behavior) or **NA** = (The opportunity to demonstrate the behavior was not available).

<b>97-288 hours-A minimum of 20 contacts required</b> <i>To function as and receive credit for being a team leader, the student must demonstrate the ability to perform a comprehensive assessment as well as both formulate and implement an appropriate treatment plan at the appropriate level consistent with his or her training. The student must maintain all previously identified competencies and:</i>	<b>Rating</b>
1. Demonstrate the ability to assess the scene	
2. Demonstrate the ability to consistently initiate patient care	
3. Demonstrate the ability to direct overall patient care by functioning as the team leader	
4. Demonstrate the ability to consistently set appropriate priorities	
5. Demonstrate the ability to obtain a complete patient history in a logical and orderly manner	
6. Demonstrate the ability to reach accurate conclusions regarding the patient’s condition based upon complete history and physical assessment findings	
7. Demonstrate the ability to manage all patient care during transport	
8. Consistently identify and apply appropriate treatment protocols	
9. Demonstrate the ability to recognize changes in patient condition and make treatment changes accordingly	
10. Demonstrate the ability to respond promptly to significant problems involving airway, breathing or circulation	
11. Consistently ensure ABCD’s are given first priority	
12. Demonstrate the ability to promptly recognize critical patients, their patient’s needs and be able to establish appropriate priorities in providing care and treatment	
13. Demonstrate the ability to anticipate potential problems and initiate treatment accordingly	
14. Demonstrate the ability to initiate patient oriented procedures and the appropriate application of protocols.	
15. Demonstrate the ability to consistently function in an independent manner in all patient situations	





**Appendix J – Patient Care Worksheet**  
**See Platinum Planner**