**ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE**

**Advanced Emergency Medical Technician**

**Student and Preceptor Handbook**

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To The Preceptor:

Thank you for agreeing to serve as a preceptor for the Allied Health Practitioners Council Advanced EMT Program. You will play a key role in the lives of our Advanced EMT interns as they acquire the knowledge and skills to perform the job of an Advanced EMT in our community. We value your dedication to the Advanced EMT field and your contribution to the success of our Advanced EMT interns. This letter is to document that you have received the Preceptor Handbook from Allied Health Practitioners Council of Zimbabwe. This guide book has up-to-date information about precepting Advanced EMT interns. The ELC at Allied Health Practitioners Council has reviewed this information and deemed it adequate for you to be able to competently evaluate the Advanced EMT student. Your Advanced EMT intern will ask you to sign this document and will return it to Council.

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preceptor’s Signature

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Key Role of the Field Internship Preceptor**

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

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

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

**Student Scores and Measurement**

How the Student is measured:

• The student is measured against the standard, which is a competent, entry-level for paramedics.

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

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

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

• The student does not progressively improve throughout the clinical/field experience there are bound to be some short comings once in a while.

• The standard is not subjective but objective.

**The Advanced EMT Profession**

Description of the Profession

Goal: The goal of the Allied Health Practitioners Council Advanced EMT Program is to produce competent, entry-level Paramedics to serve in career and volunteer positions in their community.

Advanced EMT

In 2001 the then Allied Health Practitioners Council (AHPC) Training Regulations for the training of Ambulance Technicians, Emergency Medical Technicians and Paramedics were developed. These standards define the first step in the design phase of the project in terms of general competencies and expectations. The Description of the Profession was drafted and underwent community and peer review. It was designed to be both practical and visionary, so as to not limit the growth and evolution of the profession. Ultimately it served as the guiding document for the curricular development by HEXCO and some other institutions of higher learning. The Description of the Profession also provided the philosophical justification of the depth and breadth of coverage and material.

An Advanced EMT has fulfilled certain prescribed requirements by the AHPCZ Paramedics ELC to practice the art and science of out-of-hospital medicine in conjunction with medical direction. The goal of an Advanced EMT is to prevent and reduce mortality and morbidity due to illness and injury by means of providing assessments and medical care. Paramedics primarily provide care to emergency patients in and out of-hospital settings.

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

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

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

**Basic Scope of Practice**

(a) An Advanced EMT may perform any activity identified in the scope of practice of an Emergency Medical Technician (EMT) as defined in the curriculum of Advanced EMT Training regulations and in *National Treatment Protocols as* approved by the Ministry of Health and Child Care.

(b) An Advanced EMT shall be affiliated with an approved Advanced EMT service provider in order to perform within the scope of practice as specified in this chapter.

(c) An Advanced EMT student, as part of an organized Emergency Medical Service (EMS) system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a doctor, registered nurse or nurse practitioner, or licensed paramedic or while at the scene of a medical emergency, during transport, during an inter-facility transfer, or while working in a hospital may perform all of the procedures and administer all medications when such are approved by the medical director in the written policies and procedures or the local EMS organization in accordance with Treatment Protocols as approved by HPA or by The Ministry of Health and Child Care.

**STUDENT SELECTION CRITERIA ALLIED HEALTH PRACTITIONERS COUNCIL**

The Advanced EMT Program is an advanced level program.

Students who will be considered for acceptance must currently be certified as an EMT preferably in Zimbabwe with at least one year of experience who have a desire to increase their knowledge in the delivery of pre-hospital emergency medical care to those individuals who are sick and injured. The successful applicant must have an overall positive attitude towards pre-hospital emergency medical care and a compassionate attitude for patient care. Students must be able to read, write and comprehend English, have a valid driver’s license and be certified in American Heart Association Basic Life Support (BLS) or its equivalency as Providers. Students must be healthy and free from dependence on drugs and alcohol. Students should preferably have prior emergency driving experience but this requirement may be waived as necessary.

**Advanced EMT Course Components**

**Didactic**

The Course is 2496 hours of lecture, laboratory, field work and Advanced Cardiac Life Support training. Extra-programmatic options include the opportunity to obtain certification in Paediatric Advanced Life Support (PALS), International Trauma Life Support (ITLS), or Pre-Hospital Trauma Life Support (PHTLS).

**Advanced EMT Curriculum Content**

PREPARATORY

|  |
| --- |
| 1. Professional Practice and Ethics |
| 1. Anatomy and Physiology |
| 1. Assessment and Management |
| 1. Emergency Response |
| 1. Traumatology |
| 1. Medical Emergencies |
| 1. Obstetrics and Gynaecology |
| 1. Paediatrics |
| 1. Rescue Operations |
| 1. Forensic Pharmacy |
| 1. O.J.E.T |
| 1. Emergency Medical Services Practicals |
| 1. Research Methods |
| 1. Computer Applications |
| 1. E.S.D Entrepreneur Skills Development |
| 1. NASS National Strategy Study |

**Clinical Practicum**

Approximately 400 or more hours of observation and practice in areas such as the Emergency Department, Labour & Delivery unit, Intensive/Critical Care Unit, Operating Theatre, ED Triage area, Emergency Medical Dispatch (EMD), Psychiatric Unit, Paediatrics, Primary Health Care department, Pathology department and other relevant rotations are required for completion of the program. Students may perform under the supervision of their Clinical Practicum Preceptor any of the topics listed in the scope of practice and as permitted by the Clinical Practicum Site.

**Field Internship**

The field internship is composed of monitored experiences on an Advanced Life Support (ALS) ambulance which will provide the student with the development of expanded patient care responsibilities. This will advance from observation to team leader for the both the patient and management of the scene. There are methods established for assessment of a student’s progress.

Students will perform a minimum of one hundred (1000) patient hours (with additional hours, as necessary) of their field internship. The student shall have a minimum of thirty (30) ALS patient contacts during their field internship. Ten (10) of these ALS contacts will be a full continuum of care with the student acting as the lead paramedic e.g. long range call or ICU transfer or an air call. Students will practice skills and use information acquired from previous aspects of their training, didactic program, and clinical practicum. Upon successful completion of this portion of the program, the student will receive a Certificate of Completion. All documentation must be completed and collected by Allied Health Practitioners Council staff for review prior to receipt of the Certificate of Completion.

The Advanced EMT student gains knowledge and skill practice during the didactic portion of the program, demonstrating the ability to progress from observer to participant and ultimately, to team leader by the end of the field internship.

The Clinical Practicum begins during the didactic portion of the program upon evaluation of skill acquired during practical skill sessions and upon a competency review assessment by the Program Director and/or the Medical Director for the program. The Clinical Practicum includes, but it not limited to, such clinical learning settings such as Triage, Emergency Department, Labour & Delivery, Operating theatre (Intubation), Intensive Care Unit, EMD, Psychiatric Unit, Paediatrics, the pathology department and other educational opportunities where Advanced EMT students are able to apply the knowledge obtained in the classroom and skills laboratory. The student then begins to learn how to apply the cognitive knowledge and skills they developed in the skills laboratory and hospital clinical setting to the field environment. As the Advanced EMT student progresses from observer to participant and then to team leader during the end of their field internship rotation, the student will have been given the tools for advancement to the level EMT entry-level for paramedics.

**Additional Fees for Advanced EMT Students**

The total cost of tuition covers the fees for the didactic, clinical practicum, field internship and certification in ACLS where necessary.

In addition, after successfully completing the course, to gain licensure/certification by the Training Institution, AHPCZ and other jurisdictions, the student is responsible for all tests application fees, licensure/certification fees and any additional fees required, as well as any travel expenses necessary to travel out of the area for testing, clinical practicum or field internships. **Intern to main register fee also applies after completion of internship**.

**Didactic Program Goals and Objectives**

At the completion of the didactic program:

• The student must have an understanding of medical/legal issues relating to the practice of EMS.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan for the trauma patient.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and to formulate and implement a treatment plan for patients with chest pain.

• The student must exhibit the knowledge and make progress toward the ability to safely administer medications

• The student must exhibit the knowledge and make progress toward the ability to safely perform endotracheal intubation.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with dyspnoea/respiratory distress.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with syncope.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to safely gain venous access in all age groups.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to effectively ventilate intubated and unintubated patients of all age groups.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with abdominal complaints.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on paediatric patients.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on adult patients.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment, and formulate and implement a treatment plan for the obstetric patient. This must include care of the new-born and postpartum care.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to serve as a team leader in a variety of pre-hospital emergency situations.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on trauma patients.

• The student must exhibit the knowledge and make progress toward demonstrating the ability to perform a comprehensive assessment on psychiatric patients.

**Clinical Practicum Goals and Objectives**

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

• An understanding of medical/legal issues relating to the practice of EMS.

• The ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan for the trauma patient.

• The ability to safely administer medications.

• The ability to perform a comprehensive assessment, and to formulate and implement a treatment plan for patients with chest pain.

•The ability to safely perform endotracheal intubation.

• The ability to perform a comprehensive assessment, and formulate a treatment plan for patients with dyspnoea/respiratory distress.

• The ability to safely gain venous access in patients of all age groups.

• The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with syncope.

• The ability to effectively ventilate intubated and unintubated patients of all age groups.

• The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with abdominal complaints.

• The ability to perform a comprehensive assessment on paediatric patients.

• The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.

• The ability to perform a comprehensive assessment on geriatric patients.

• The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for the obstetric patient. This must include care of the new-born and postpartum care.

• The ability to perform a comprehensive assessment on adult patients.

• The ability to serve as a team leader in a variety of pre-hospital emergency situations.

• The ability to perform a comprehensive assessment on obstetric patients.

• The ability to perform a comprehensive assessment on trauma patients.

• The ability to perform a comprehensive assessment on psychiatric patients.

**Evaluating the Intern during the Clinical Practicum**

The performance of the Advanced EMT Intern will be evaluated daily by the Preceptor using the Daily Preceptor Evaluation of Intern form. To successfully complete the clinical portion of the program, the student must score a three (3) for each skill indicating the student exhibits knowledge and progress toward competency. The student must receive a rating of 3 on the Behavioural Evaluation form at the end of the Emergency Department clinical practicum for each behavioural area.

**Field Internship Goals and Objectives (Terminal Objectives and Competencies)**

By the end of the Allied Health Practitioners Council Advanced EMT Program field internship the student should perform as a competent, entry-level paramedic, ready to fulfil their career goals and the community’s needs. Allied Health Practitioners Council Advanced EMT Program students must complete at least one hundred (100) hours of field internship, after which their Preceptors will evaluate them at the level of an entry-level Advanced EMT. During and at the completion of the field internship the student must demonstrate:

• An understanding of medical/legal issues relating to the practice of EMS.

• The ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan for the trauma patient.

• The ability to safely administer medications.

• The ability to perform a comprehensive assessment, and to formulate and implement a treatment plan for patients with chest pain.

• The ability to safely perform endotracheal intubation.

• The ability to perform a comprehensive assessment, and formulate a treatment plan for patients with dyspnoea / respiratory distress.

• The ability to safely gain venous access in patients of all age groups.

• The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with syncope.

• The ability to effectively ventilate intubated and unintubated patients of all age groups.

•The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with abdominal complaints.

•The ability to perform a comprehensive assessment on paediatric patients.

•The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for patients with altered mental status.

• The ability to perform a comprehensive assessment on geriatric patients.

• The ability to perform a comprehensive assessment, and formulate and implement a treatment plan for the obstetric patient. This must include care of the new-born and postpartum care.

• The ability to perform a comprehensive assessment on adult patients.

• The ability to serve as a team leader in a variety of pre-hospital emergency situations.

• The ability to perform a comprehensive assessment on obstetric patients.

• The ability to perform a comprehensive assessment on trauma patients.

• The ability to perform a comprehensive assessment on psychiatric patients.

**Evaluating the Intern during Field Internship**

Using the Field Internship Performance Record form, the Preceptor will evaluate the intern’s daily performance. In addition to daily evaluations, the student must complete a minimum of four (4) major evaluations at 25 hour intervals of their internship with their preceptor. By the last major evaluation the student must receive a rating of 3 in every category in order to successfully pass the field internship with a minimum of 100 hours.

The student must also receive a rating of 3 on the Professional Behaviour Evaluation form at the end of field internship for each behavioural area. The Medical Director of the EMS service will make the final determination as to a student’s overall competence and ability to function competently as an entry level AEMT.

**Role of the Field Preceptor**

The Advanced EMT Preceptor is responsible for the direct and indirect supervision and evaluation of the student. The Field Preceptor will directly supervise the actions and activities of the intern at all times during patient care. Supervision and evaluations shall include the following:

Scene Management

* Safety and Work Environment
* Universal Precautions
* Crowd Control

Airway

* Airway Management /Oxygen Therapy
* Advanced Airway (ET and/or BIAD Devices)
* Pleural Decompression Use of Equipment

Assessment and Treatment

* Primary Assessment & Intervention
* Physical Examination
* Assessment Interpretation
* Chest Auscultation
* Musculoskeletal Bandaging/Splinting
* Extrication/Patient Positioning
* Spinal Immobilization
* Patient Response to Therapy
* Patient Management
* Patient Information
* Cardiac Rhythms

Circulation

* Defibrillation/Cardioversion
* Intravenous Access

Communication

* Leadership
* Professionalism
* Feedback & Guidance
* Equipment Operation
* Inventory Management

Pharmacology

* Medication Knowledge
* Medication Administration

**Creating a Positive Learning Environment**

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

*Instruct in the positive.* This allows the student to learn and respond to directions more quickly and easily.

Tell the student what you want them to do, not what you do not want them to do. This will be difficult in the beginning and will take practice. However, the results will be rewarding. Positive instructions are nurturing; negative instructions are controlling.

*Counsel in the positive*. In discussions with the student, tell them:

• What went well.

• What needs revision.

• How to fix the skill or behaviour.

*In addition:*

- Be an advocate for your student.

- Be the intermediary between your student and other practitioners.

- Praise in public.

- Critique in private.

-Maintain confidentiality for all students.

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

**Instructions for Professional Behaviour Evaluation and Professional Behaviour** **Counselling**

There are two primary purposes of an affective (professional behaviour) evaluation system:

1) To verify competence in the affective domain, and

2) To serve as a method to change behaviour. Although affective evaluation can be used to ultimately dismiss an Advanced EMT student for unacceptable patterns of behaviour, that is not the primary purpose of these forms. Allied Health Practitioners Council does recognize that there is some behaviour that is so serious (abuse of a patient, gross insubordination, illegal activity, reporting for duty under the influence of drugs or alcohol, etc.) that is merits immediate dismissal from the educational program.

In attempting to change behaviour, it is necessary to identify, evaluate, and document the behaviour that is desired. The eleven affective characteristics that form the basis of this evaluation system refer to content in the “Roles and Responsibilities of the Advanced EMT” unit of the curriculum. This information was presented early in the course and served to inform the Advanced EMT students as to what type of behaviour is expected of them. It is impossible to enumerate all of the possible behaviours that represent professional behaviour in each of the eleven areas. For this reason, the instructor, clinical coordinator, field coordinator, clinical and field preceptors should give examples of acceptable and unacceptable behaviour in each of the eleven attributes, but emphasize that these examples do not represent an all-inclusive list.

This affective evaluation system has two instruments: Professional Behaviour Evaluation and Professional Behaviour Counselling.

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

As many people as practically possible should complete this form. Once completed, the form becomes part of the Advanced EMT student’s record. The more independent evaluations of the Advanced EMT student, the more reliable the results. The minimum number of evaluations required during the clinical internship is once on the first day and again on the last day. The minimum number of evaluations required during the field internship is one for every twenty-five (25) hours during each major evaluation. The Preceptor should also use this evaluation during the first few days of a field internship to identify any negative professional behaviours immediately so as to give the Advanced EMT student an opportunity to improve.

The evaluator should focus on patterns of behaviour, not isolated instances that fall outside the Advanced EMT student’s normal performance. For example, an Advanced EMT student who is consistently on time and prepared may have demonstrated competence in time management and should not be penalized for an isolated emergency that makes him/her late for one shift. On the other hand, if the Advanced EMT student is consistently late for his/her shift/class, he/she should be counselled and if the behaviour continues, rated as a “1” or “2” which denotes “not competent” in time management. This continued behaviour may result in disciplinary action.

The Professional Behaviour Counselling form is used to clearly communicate to the Advanced EMT student that his/her affective performance is unacceptable. This form should be used during the counselling sessions in response to specific incidents (cheating, lying, falsification of documents, disrespect/insubordination, etc.) or patterns or unacceptable behaviour. As noted before, there is some behaviour that is so egregious as to result in immediate disciplinary action or dismissal. In the case of such serious incidents, thorough documentation is required to justify and institute disciplinary action. For less serious incidents, the Professional Behaviour Counselling form can serve as an important tracking mechanism to verify competence or patterns or uncorrected behaviour.

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

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

**Problem Resolution Procedure**

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

• Use of unauthorized or non-approved uniform or offensive personal hygiene;

• Intern’s inability to adequately treat patients; knowledge deficit, unacceptable skill performance, deficiency in protocol knowledge;

• Impairment of the intern that jeopardizes patient care, including being under the influence of alcohol or an illegal substance;

• Failure to accept constructive criticism;

• Argumentative /hostile attitude towards patients, preceptor, or co-workers;

• Poor attitude that affects patient care;

• Potential medication, policy or protocol error;

• Actions or attitudes that jeopardize the safety of the patient or hospital and pre-hospital care providers, and/or;

• Any violation of statutory requirements.

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

• Request to perform an illegal or unethical procedure

• Harassment by preceptor or co-workers

• Direction to disregard or deviate from established policies or Treatment Protocols, and or;

• Request to falsify or alter written documents

Whenever an intern is suspended for non-illness, injury or leaves prior to the end of their shift, the preceptor and intern shall notify the Council Registrar as soon as possible. During this time, the intern’s internship at that site will be suspended until the problem is resolved.

**Records and Forms**

**A. Clinical Forms and Instructions**

**Internship Student Information and Agreement**

The student must complete and submit this booklet at least one (1) month prior to the end of didactic and prior to clinical placement. This booklet will serve as proof and ability to provide direct patient care in the clinical and field setting.

**Permission to Commence Internship**

The student must return this form on or before the first day of the field internship. Hours do not count until the AHPCZ Council Registrar has received this form

**Preceptor Information**

The student returns this form on or before the first day of their field internship. This form serves as documentation that the Preceptor is qualified to become an AEMT preceptor and that the student has provided a Preceptor Handbook to the Preceptor.

**Clinical Attendance Record**

The student must complete all columns of this document and have their Preceptor sign it.

**Patient Tracking and Competency Record**

The student must complete one of these records for each and every patient and provide them to their Preceptor with a Field Intern Daily Competency Summary Evaluation form. The Preceptor will summarize what the student did for the day and rate the student’s competencies.

**Patient Tracking and Competency Totals**

Prior to turning in their clinical paperwork to the Field Coordinator, the student must total the number of patient experiences. . If a student completed three IVs that day they would place the date and put (3) in Venous Access

**Daily Evaluation of Intern**

The Preceptor completes this form every day. The Preceptor uses the student’s patient tracking records to assist the Preceptor in completing this form. *Students must be sure* to attach their completed forms to this Preceptor evaluation form.

**Preceptor Letter**

The student must give this letter to the Preceptor with a copy of the Preceptor manual. This documents that training material has been provided to their Preceptor with up-to date information about precepting Advanced EMT interns, which is based on the information provided by the AHPCZ registrar. The AHPCZ ELC has reviewed this training material and deemed it adequate in providing Preceptors the necessary information to competently evaluate the Advanced EMT student.

**Advanced EMT Intern and Preceptor Handbook**

The student should keep one Handbook for him/herself and give one to their Preceptor. The student should READ THIS MANUAL THOUROUGHLY. Students are responsible for knowing its contents and follow its procedures.

**Evaluation by the Preceptor**

The student completes this evaluation at the end of their field internship. The Field Preceptor completes one form during an internship visit.

**Instructions for Professional Behaviour and Professional Behavioural Counselling**

**Professional Behavioural Evaluation**

The Preceptor is to complete this at the latest on the first day and on the last day of the Clinical Practicum and one for every twenty-five (25) hours during the Field Internship .

**Professional Behavioural Counselling**

The Preceptor will complete as needed.

**Student’s Report**

To be completed by the student detailing the achievements and short comings of the program

**AHPCZ ELC assessment report**

To be completed for each student at completion of the internship period

**B Field Internship Preceptor Forms:**

**Permission to Commence Internship (1 copy)**

The student needs to return this form on or before the first day of internship. Hours do not count until the Council receives this form back signed.

**Preceptor Information (1 copy)**

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

**Preceptor Letter**

The student must give this letter to their Preceptor with a copy of the Preceptor Handbook. This documents that training material has been provided to the student’s Preceptor with up-to-date information about precepting Advanced EMT interns, which is based on the information provided by the ELC. The (ELC) at Allied Health Practitioners Council has reviewed this training material and deemed it adequate to provide the information necessary to be able to competently evaluate the Advanced EMT student.

**Attendance Record: Advanced EMT Internship**

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

**Patient Tracking and Competency Record**

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

**Patient Tracking and Competency Totals**

Before turning in their clinical paperwork to the Allied Health Practitioners Council of Zimbabwe, the student must add up their total patient experiences.

If three IVs were completed, the student would place the date and put three marks or a number 3 in Venous Access (IV). If three infants were treated, the student would put three marks or number 3 under Assessment of Infant. If one of the infants were a trauma patient, the student would put a mark or number 1 under Assessment of Trauma Patient, and so on.

**Field Criteria Form**

The Field Criteria form is a rating guide for evaluation at a minimum of every 25 hours of scene management, assessment/treatment, communication, leadership, equipment, airway, circulation, musculoskeletal skills, and pharmacology.

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

**PRECEPTOR FORMS**

**PRECEPTOR FORM 1**

Preceptor Information

Student must complete this form on the first day of internship and return immediately to the Training Manager

Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Professional License and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a Paramedic/Nurse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you attend Train initially\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you graduate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the Services where you have worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PRECEPTOR FORM 2

Daily Preceptor Evaluation of Intern Form Field Internship and Specialty Rotations

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Rating:

N/A = Not Applicable, No opportunity to Perform this Skill Today

OBS = Observed Skill Today

1 = Failed to perform (incompetent)

2 = Borderline-inconsistent (progressing towards competence)

3 = Competent

SKILL STUDENT RATING

|  |  |
| --- | --- |
| SKILL | STUDENT RATING |
| Medication Administration  *Administered Medication* | NA OBS 1 2 3 |
| Airway Management  *Endotracheal Intubation* | NA OBS 1 2 3 |
| Ventilatory Support  *Effectively Ventilated Patient* | NA OBS 1 2 3 |
| Venous Access  *Gained Venous Access* | NA OBS 1 2 3 |
| Patient Assessment Techniques  *Performed Comprehensive Assessment* | NA OBS 1 2 3 |

Preceptor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRECEPTOR FORM 3**

Permission to Commence Field Internship

Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Please print full name]

Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Please print full name and title]

Preceptor’s Phone Number: Work: \_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Approving Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Please print name]

Supervisor Approving Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature]

Scheduled Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shift Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This internship is not approved to commence until it is signed by all parties and the schedule has been provided to and approved by the Service.

PRECEPTOR FORM 4

Advanced EMT Field Internship Attendance Record:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Hours Scheduled | Time  In | Time  Out | Hours  Worked | ALS  Contacts | Comments About Attendance | Preceptor’s  Signature |
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**PRECEPTOR FORM 5**

Advanced EMT Intern Report

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the student met the desired goals? YES NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance: Excellent Good Fair Poor

Plan of Action:

Field Training Coordinator/Training Manger: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature]

Field Training Coordinator/Training Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Please print]

Student Name: [Please print]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRECEPTOR FORM 6**

Professional Behaviour Evaluation

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Please print name]

Rating System:1) Fails to Perform 2) Borderline-Inconsistent 3) Competent

[Please check off one in each category]

1. Integrity 1 2 3

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

2. Empathy 1 2 3

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

3. Self-Motivation 1 2 3

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

4. Appearance and Personal Hygiene 1 2 3

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

5. Self-Confidence 1 2 3

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

6. Communications 1 2  3

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

7. Time Management 1 2 3

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

8. Teamwork and Diplomacy 1 2 3

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

9. Respect 1 2 3

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

10. Patient Advocacy 1 2 3

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

11. Careful Delivery of Service 1 2 3

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

Use the space below to explain any rating below competent. Identify specific behaviours, and corrective actions:

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PREECEPTOR FORM 7

Professional Behaviour Counselling Record

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| --- | --- | --- | --- | --- |
| AEMT’s Name |  | | | |
| Date of Incident |  | Date of Counselling | |  |
| Reason for Counselling  (Check all that apply) |  |  |  |  |
| * Integrity * Empathy * Self-Motivation * Appearance/Personal Hygiene * Self Confidence | | Communication  Time Management  Team Work and Diplomacy  Respect    Patient advocacy  Careful Service Delivery | | |

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

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| **Follow-up** (include specific expectations, clearly defined positive behaviour, actions that will be taken if inappropriate behaviour continues, date of future counselling sessions, etc.) |
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Preceptor/Counsellor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read this notice and I understand it. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Student Signature]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Medical Director] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRECEPTOR FORM 8

INCIDENT REPORT

Name of Originator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Incident:

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Witnesses or Others Involved:

|  |  |
| --- | --- |
| Name | Telephone Number |
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Action Taken and Outcome:

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

This report was submitted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation/Investigation

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Final Recommendation

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PRECEPTOR FORM 9

Patient Management and Competency Record

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preceptor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Ambulance Crew \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complaint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex of Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AIRWAY MANAGEMENT |  |  |  |  | FRACTURES & DISLOCATIONS |  |  |  |
| Used BLS Airway Adjunct & SGAT | Y | N | O |  | Performed spinal immobilization | Y | N | O |
| Endotracheal Intubation | Y | N | O |  | Patient Extrication | Y | N | O |
| Suctioning | Y | N | O |  | Traction and Splinting Performed | Y | N | O |
| **VENTILATORY SUPPORT** | Y | N | O |  | **MEDICATION ADMINISTRATION** | Y | N | O |
| Use of BVM | Y | N | O |  | Student safely administered medication | Y | N | O |
| Use of mechanical Ventilatory devices and peep | Y | N | O |  | Oral-Inhaled-IM-IV-Rectal-Topical-SL-SQ- ET | Y | N | O |
| Use of oxygen administration devices | Y | N | O |  | Patient education on effects /effects | Y | N | O |
| **CIRCULATION AND SHOCK** | Y | N | O |  | **OBSTETRICAL EMERGENCIES** | Y | N | O |
| Haemorrhage Control | Y | N | O |  | Techniques of delivery |  |  |  |
| Basic Life Support techniques | Y | N | O |  | Neonatal resuscitation | Y | N | O |
| Established IV&IO annulation | Y | N | O |  | Fundus massage | Y | N | O |
| Cardiac monitor lead placement | Y | N | O |  | Post natal care of mother | Y | N | O |
| Vagal Stimulation Techniques | Y | N | O |  | Care of infant | Y | N | O |
| Cardiac rhythm interpretation | Y | N | O |  |  |  |  |  |
| Synchronized cardioversion and defibrillation | Y | N | O |  |  |  |  |  |
| Pacing |  |  |  |  |  |  |  |  |
| **PATIENT ASSESSMENT** | Y | N | O |  | **COMMUNICATION** | Y | N | O |
| Obtained pertinent patient history | Y | N | O |  | Use of Field communication equipment | Y | N | O |
| Performed physical examination (including inspection, palpation, and auscultation ) | Y | N | O |  | Accurate and appropriate patient information  Use of | Y | N | O |
| Performed rapid extrication and transport | Y | N | O |  | Accurate and appropriate response to verbal and standing orders | Y | N | O |
| Prioritized patient care | Y | N | O |  | Accurate written reports | Y | N | O |
| Triaged multiple casualties | Y | N | O |  | Patient and family interpersonal communication skills (including crisis intervention) | Y | N | O |
| **PATIENT TREATMENT** | Y | N | O |  | **LEADERSHIP SKILLS** | Y | N | O |
| Formulated and implemented a treatment plan | Y | N | O |  | Crew leading | Y | N | O |
|  |  |  |  |  | Served as Shift leader in a pre-hospital EMS | Y | N | O |

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

**Criteria Form**

Scene Management

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Factors** | **Rating 1** | **Rating 2** | **Rating 3** |
| Safety & Work Environment | Frequently fails to provide a safe and adequate work environment | Inconsistently determines or provides a safe and adequate work environment or slowly initiates appropriate measures. | Consistently determines safety for patient, self and team members and ensures an adequate work environment in a timely manner |
| Universal Precautions | Frequently fails to use appropriate precautions and personal protective equipment or to care for equipment adequately | Inconsistently uses universal precautions and personal protective equipment or cleans equipment inappropriately | Consistently uses universal precautions and wears appropriate personal protective equipment specific for patient condition. Cleans and sanitizes equipment in accordance with provider policy and procedures. |
| Crowd Control | Frequently fails to take steps to control crowd or deal effectively with family and bystanders | Inconsistently initiates or delegates crowd control. Deals ineffectively with family and bystanders | Consistently initiates or delegates appropriate crowd control and deals effectively with family and bystanders |
| Additional Assistance and Equipment | Frequently fails to recognize the need for additional assistance and/or equipment needed | Inconsistently or slowly recognizes the need for additional assistance or equipment | Consistently recognizes the need for and requests additional assistance or equipment needed in a timely manner |

**Assessment and Treatment**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Primary Assessment and Intervention | Frequently fails to perform an organized and complete primary assessment within 60 seconds or fails to intervene when appropriate | Inconsistently or slowly performs a complete and/or organized primary assessment Does not intervene in a timely manner. | Consistently performs a complete and organized primary assessment within 60 seconds and intervenes appropriately in a timely manner |
| Patient Information | Frequently disorganized or unable to elicit appropriate patient information | Inconsistently or slowly obtains relevant or accurate patient information | Consistently obtains a relevant and accurate patient history, chief complaint/patient problem, medications and allergies in a systematic and timely manner |
| Physical Examination | Frequently fails to perform a thorough exam with appropriate inquiry and inspection and/or findings are inaccurate | Inconsistently or slowly performs an exam. Needs assistance in being thorough and systematic | Consistently performs a thorough exam with appropriate inquiry and inspection pertinent to the patient’s chief complaint. Findings are accurate |
| Assessment Interpretation | Frequently fails to determine a working diagnosis, or substantially misinterprets the patient’s problem. Cannot formulate a working diagnosis for treatment | Inconsistently or slowly determines a working diagnosis or substantially misinterprets the patient’s problem | Consistently interprets and correlates assessment information correctly |
| Chest Auscultation | Frequently fails to demonstrate adequate assessment and identification of basic breath sounds | Inconsistent knowledge of chest auscultation and breath sounds | Consistently identifies breath sounds. Adequate knowledge of chest auscultation |
| Cardiac Rhythms | Frequently fails to develop and implement an appropriate plan of action | Inconsistently or slowly develops and implements an appropriate plan of action | Consistently develops and implements an appropriate plan of action |
| Patient Response to Therapy | Frequently fails to assess patient response to therapy interventions | Inconsistently assesses patient response to therapy interventions. | Consistently assesses patient response to therapy interventions |

**Communication**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Rapport with Patient, Family and Bystanders | Frequently fails and does not attempt to establish rapport with patient, family and bystanders Is inconsiderate and disrespectful of others | Inconsistently builds rapport with patient, family and bystanders. Inconsistently shows consideration and respect for others | Consistently builds rapport with patient, family and bystanders. Shows consideration and respect for others. Instils confidence in patient |
| Team Members | Frequently fails to report pertinent information to team members | Inconsistently reports pertinent information to team members | Consistently communicates all pertinent information to team members |
| Radio Report | Frequently fails to recognize the need to utilize medical control | Inconsistently utilizes and recognizes medical control. Reports are disorganized and incomplete | Consistently utilizes medical control appropriately. Reports are organized and complete |
| Documentation | Frequently fails to complete patient care reports in an accurate, thorough or legible manner | Inconsistently completes patient care reports in an accurate, thorough and legible manner | Consistently completes patient care reports in an accurate, thorough and legible manner |
| Working Relationships with Team Members | Frequently fails to function as a member of the patient care team | Inconsistently functions as a member of the patient care team | Consistently functions as member or the patient care team |

**Leadership**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Leadership | Frequently fails to assume leadership role. Does not direct team members appropriately | Inconsistently assumes leadership role and direction of team members | Consistently assumes leadership role and directs team members appropriately |
| Professionalism  . | Frequently exhibits unprofessional conduct. Is rude, abrupt and/or out of uniform. | Inconsistently exhibits a professional demeanour | Consistently exhibits professional demeanour |
| Feedback & Guidance | Frequently fails to accept feedback; argues with others; uses excuses to justify mistakes | Inconsistently accepts feedback. Does not take necessary steps to change performance | Consistently participates in evaluation of self; accepts feedback and suggestions; takes necessary steps to correct performance |

**Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Inventory Maintenance | Frequently fails to perform equipment inventory at the start of shift and does not resupply inventory | Inconsistently resupplies all inventory per provider policy | Consistently resupplies all inventory per provider policy |
| Equipment Operation | Frequently fails to use equipment in a safe manner | Inconsistently demonstrates proper use of all equipment. Needs direction | Consistently demonstrates the ability to use all equipment correctly |

**Airway**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Airway Management/Oxygen Therapy | Frequently fails to assure adequate delivery of oxygen to patient. Fails to utilize appropriate airway adjunct and/or maintain patency of airway in a timely manner | Inconsistently assures adequate delivery of oxygen to patient and/or utilization of appropriate airway adjunct. Does not maintain patency of airway in a timely manner | Consistently assures adequate delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner |
| Advanced airways | Frequently fails to demonstrate correct use of advanced airways. Inadequate knowledge base of indications and contraindications | Inconsistently demonstrates or recognizes need for use of advanced airways. Needs some guidance to complete the procedure | Consistently demonstrates correct use of advanced airways in a timely manner |
| Pleural decompression | Frequently fails to recognize signs and symptoms of tension pneumothorax. Fails to demonstrate appropriate procedure | Inconsistently recognizes signs/symptoms of tension pneumothorax. Needs some guidance to complete procedures | Consistently recognizes signs/symptoms of tension pneumothorax. Demonstrates correct procedures |

**Circulation**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Defibrillation/Cardioversion | Frequently fails to demonstrate correct procedure and indications for use | Aware of indications for use but needs some direction to perform procedure | Consistently performs correct procedure. Aware of indications for use |
| Intravenous access | Frequently fails to establish IV access due to improper technique | Inconsistently establishes IV access. Needs some direction to complete procedure | Consistently uses proper technique. Completes procedure in a timely manner |
| Pneumatic Anti-Shock Garment | Frequently fails to perform procedure in a systematic and timely manner | Inconsistently performs procedure in a systematic and timely manner | Consistently performs procedure in a systematic and timely manner |

**Musculoskeletal**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Bandaging/Splinting | Frequently fails to apply appropriate and adequate bandages/splints in a systematic and timely manner | Inconsistently applies appropriate and adequate bandage/splints in a systematic and timely manner | Consistently applies appropriate and adequate bandages/splints in a systematic and timely manner |
| Extrication/Patient Positioning | Frequently fails to initiate adequate extrication/patient positioning; does not have sufficient control to protect patient from injury | Inconsistently initiates adequate extrication/patient positioning; does not have sufficient control to protect patient from injury | Consistently initiates and directs extrication/patient positioning in a manner that protects the patient from injury |
| Spinal Immobilization | Frequently fails to initiate spinal immobilization when indicated. Does not know complete or correct procedure | Inconsistently initiates spinal immobilization when indicated. Knows complete and correct procedure | Consistently uses spinal immobilization when indicated. Uses complete and correct procedure |

**Pharmacology**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Factors | Rating 1 | Rating 2 | Rating 3 |
| Drug Administration | Unfamiliar with drug administration procedure. Unable to calculate correct drug dosages | Inconsistent knowledge of drug administration procedure. Unable to administer drugs in a timely manner | Consistently administers drugs correctly and in a timely manner |
| Drug Knowledge | Inadequate knowledge of indications, contraindications, adverse effects and dosages of drug therapy | Inconsistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy | Consistent knowledge of indications, contraindications, adverse effects and dosages of drug therapy |

**The Allied Health Practitioners Council Advanced EMT Intern**

**The Role of the Student Intern**

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

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

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

There should be no more than one (1) student per Preceptor during a clinical practicum or field internship shift.

**Before You Begin Field Internship**

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

• Complete the Permission to Commence Internship form and return it to your Training Manager

• In the presence of a witness, sign the AHPCZ Internship Agreement. Any Training School instructor may witness your signature and return the Agreement to your Field Coordinator.

• Maintain a valid AHPCZ certification as an EMT-Intern and current AHA, BLS Support Health Care Provider CPR card and an ACLS *(optional)* which must be verified by the Field Coordinator.

• Have medical aid/Health Insurance.

• Maintain at least a B- for the program.

• Be current with your tuition with the Training school where applicable.

Advanced EMT interns are not considered employees of the training school or the health facility or other sites where a field internship occurs. Workers Compensation cover is not available. *INTERNS MUST HAVE MEDICAL INSURANCE OR MEDICAL AID TO COVER ANY INJURIES SUCH A NEEDLE STICKS OR OTHER MORE SERIOUS INJURIES AND FOLLOW UP TREATMENT*.

**On or Before the First Day of Your Internship**

You must provide a copy of this Handbook to your Preceptor. You will also need to have your Preceptor sign the Preceptor Letter above, which acknowledges receipt of the Handbook. This form must be returned to the Training Manager

• Your Preceptor must also complete the Preceptor Information sheet (Preceptor Form 1) on this form should be returned along with your signed Preceptor Letter to the Field Coordinator or training manager

• You are responsible for creating your own training calendar in concurrence with the Coordinator, to ensure there is no conflict with another student. Your attendance is mandatory at all scheduled shifts. Once there is an agreement about your internship, you are required to obtain a written permission form from the internship provider (Preceptor Form 1). This form must be completed prior to or on the first day or your internship and returned to the Registrar as confirmation

***If you begin a clinical practicum or field internship prior to receiving written permission from the internship provider and you fail to provide AHPCZ with a training schedule in advance of beginning your clinical practicum or field internship, any accumulated hours and/or skills acquired WILL NOT be counted toward the required hours for your clinical practicum or field internship; moreover, AHPCZ reserves the right to terminate the student from an internship if it is not satisfied that the student will fulfil the objectives of the internship.***

**Important Legal Requirements You Must Know**

The procedures that Advanced EMT interns are authorized to perform are governed by the scope of practice for AEMT and National Treatment Protocols, the Training school Medical Director, Service provider’s protocols and those of the Clinical Practicum.

ADVANCED EMT STUDENTS MAY NOT PERFORM THE FOLLOWING PROCEDURES UNDER ANY CIRCUMSTANCES

Arterial Punctures, manual Vaginal Examinations, Deep wound Suturing Foley Catheter Insertion

If you are asked to perform any one of these procedures, you should refuse. Performing any unauthorized procedure will result in disciplinary action and likely dismissal from the AHPCZ Advanced EMT Program.

**What Every Allied Health Practitioners Council Intern Must Do**

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

1. **The Handbook**

It is important that you keep a copy of this Handbook with you during your clinical practicum and field internship. It contains up-to-date information about the roles and expectations of the Advanced EMT Preceptor and the Advanced EMT student. You will want to refer to the Handbook, as will the individuals who are supervising your clinical and field experience as a quick reference. The AHPCZ ELC and training staff at Allied Health Practitioners Council Training schools have reviewed this handbook and believes that it provides adequate information to enable your Preceptor to be able to competently evaluate your performance as an Advanced EMT student intern.

Review this Handbook BEFORE you begin your clinical practicum or field internship. It contains all of the instructions to the Preceptor as well as all the evaluation forms enabling you to clearly understand all of the criteria against which your performance as an Advanced EMT intern will be evaluated. Forms are clearly labelled as either “Preceptor” or “Student”. In some instances the same form appears in both sections. This may be because the Preceptor must complete the form, but the student is responsible for returning it to the AHPCZ Council Registrar or because the form requires the signature of the Preceptor and the student.

1. **The Documentation**

The Advanced EMT student intern experience has a lot of documents. There are numerous regulatory requirements related to the student evaluation process, and your Preceptor’s primary role is to evaluate your competency as an entry-level professional in this field. It is your responsibility to ensure that your performance is adequately documented and verifiable by your Preceptor at the end of each intern shift that you complete. An internship experience that is not properly documented cannot be credited.

The Handbook contains a complete set of the forms that you and your Preceptor are required to complete. We recommend that you make copies of the forms as necessary and create a file for yourself.

1. **The Evaluation Records**

The student is to keep copies, in an organized fashion, of all evaluation records and have them available during the clinical practicum or the field internship rotation for review by the training coordinator or training manager. It is your responsibility to maintain all of the documentation of your progress in your internship in a neat and organized fashion. It must be available at all times for review by your Preceptor or any AHPCZ Advanced EMT Program faculty or staff member.

1. **Monitoring by Allied Health Practitioners Council**

You should expect scheduled and unscheduled visits and/or telephone calls by the AHPCZ ELC or training school Clinical Coordinator or Council Registrar at your clinical practicum sites or field internship locations. The purpose of these visits or calls is to monitor your progress in the program.

1. **Questions**

You should contact your Preceptor, AHPCZ Registrar or the Program Coordinator should you have any questions about the clinical practicum or field internship training experience, of if you need clarification on any item contained in this Handbook.

1. Problems

Should a problem(s) develop regarding your performance during your internship, contact your coordinator, field preceptor, the training manager or registrar as may be necessary by telephone immediately.

**Working with Staff**

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

**Avoid:**

1. Arguing with the staff. It is NEVER permitted. If you find that you are unable to resolve any discord, you should contact your Coordinator or Preceptor immediately.

2. Engaging in noisy chatter in patient areas or restricted areas.

3. Smoking. Smoking is prohibited in all health facilities.

**Advanced EMT Clinical and Field Attendance Policy**

Each student is required to create a training calendar in concurrence with their respective field Coordinator. Attendance is mandatory for all scheduled shifts. In order to secure the greatest benefits from the training program, attendance is imperative. If absent for more than three (3) consecutive shifts of clinical or field internship, students may be released from the program. If an absence is unavoidable, students are required to notify their assigned respective preceptor and through them the Registrar and such time be documented as lost time.

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

Permission should be obtained and a training schedule provided to the Clinical coordinator and Registrar one (1) month prior to the start of your internship for any breaks sort during the program. If permission is not obtained, accumulated hours will not be counted toward the internship and AHPCZ reserves the right to terminate the student from the internship or the program.

**Schedule Changes**

Changes in schedules must be reported to the Clinical Coordinator. If you are sick you must notify your respective clinical preceptor about the change in your schedule. Failure to notify your Clinical coordinator or field preceptor and your respective training manager have an adverse impact on your record and may impact your ability to successfully complete your internship.

**Personal Appearance**

Your personal appearance identifies you to the public as a professional. Your image is a direct reflection on you, AHPCZ and the Advanced EMT profession. Your attire must comply with the professional dress code of the internship provider and with the requirement of Allied Health Practitioners Council of Zimbabwe. You will be dismissed from a clinical practicum or field internship if you are not dressed appropriately.

• Hair should be above the collar, extravagant hair styles are not acceptable. • Makeup and perfume must be conservative.

• Fingernails must be clean. Cuticles must be trimmed. Nail polish must be clear or light in colour. Acrylic, silk, porcelain or any other artificial nails are not permitted.

• Jewellery should be limited to small earrings and wedding ring sets.

• Female students may wear ONE stud earring per ear. Dangling or hoop earrings are not permitted.

• Visible tattoos must be covered while at your clinical practicum or field internship.

• Facial piercing of the nose, eyebrow, tongue, lip, chin, or cheek is not acceptable.

**Uniform**

• Approved uniform for clinical practicum or field internship as allowed by the training school.

• Clean, polished, non-skid black boots. Tennis shoes, clogs, sandals and cowboy boots are not permitted.

• Scrubs are permitted attire when in the operating suite for intubation and/or labour & delivery rotations.

• A stethoscope, penlight and watch with a second hand.

• Training School approved name tag/photo Identification Badge.

• Hats and caps are not permitted.

• Other attire may be required in some areas. Your Preceptor will inform you of the appropriate uniform for your rotation.

**Professional Conduct**

Demonstrating professional conduct is of the utmost importance. You are expected to practice appropriate professional behaviour and your Preceptor will be evaluating the following specific behaviours. You must receive a rating of three (3) for each area in order to successfully complete your internship. It is important to use the feedback provided by these evaluations to improve any areas of weakness in your professional behaviour.

*Integrity Empathy Self-Motivations Appearance and Personal Hygiene Self-Confidence Communications Time Management Teamwork and Diplomacy Respect Patient Advocacy Careful Delivery of Service*

**Personal Behaviour Evaluation Grading Sheet**

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

Never argue with a patient. Refer any specific questions about the patient’s medical condition from either the patient or a patient’s family member to the patient’s physician or to other medical personnel in charge. Remember that you are NOT A MEDICAL PRACTIONER, and you are not qualified to respond to any medical questions. Do not interrogate the patient or a family member for information and always seek the assistance of your Preceptor if you are unable to gather vital information during an emergency.

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

**Needle Stick Injuries**

Follow the training school or service’s protocol on prevention and injury

**Field Internship**

Advanced EMT students will be placed into a field internship rotation whey they have successfully completed the clinical practicum phase of their training and all clinical documentation has been completed and returned to the Clinical Coordinator for final review.

Prior to placement in a field internship assignment you are responsible for becoming familiar with the hosting agency’s policies and protocols. A field internship consists, at the minimum, one thousand (1000) patient hours. During this time period you are required to have at least thirty (30) ILS contacts, of which in ten (10) of those contacts you will act as the lead provider.

**ALS Patient Contact**

An ILS patient contact is defined as you are performing one (1) or more ILS skills, except cardiac monitoring and basic CPR, on a patient. In addition to ILS interventions found in the scope of practice, in order for an ILS contact to be counted, a patient assessment must include the documented medical necessity for glucose stick, pulse oximetry, or any other ILS diagnostic procedure.

**National Registration**

Students will not be eligible to sit for the National Registration until they have successfully completed all phases of the training program and have received a course completion certificate from the training School. National Registration will be authorized by the ELC on production all assessment forms by the student.

**AHPCZ CLINICAL INTERNSHIP GUIDELINES AND STUDENT DOCUMENTATION FORMS**

**Student Forms**

**CLINICAL INTERNSHIP FORMS**

1. Student Daily Log Sheet

2. Clinical Preceptor Log

3. Clinical Internship Log

4. Skill Documentation

a. Obstetrical Deliveries

b. Endotracheal Intubation

c. Miscellaneous Airway

d. Intravenous (IV) Cannulation

e. Medication Administration, IV Bolus

f. Medication Administration, IV Infusion

g. Miscellaneous Medications

h. ECG Recognition & Interpretation

i. Electrical Therapies

j. ECG Recognition Mounts

k. Paediatric Patient Assessments

l. Psychiatric Patient Interview/Assessments

5. Miscellaneous Skills

6. Incident Report

7. Professional Behaviour Education

8. Professional Behaviour Counselling Record

9. Evaluation of the Preceptor

10. Patient Tracking and Competency Record

11. AHPCZ, EMT-Advanced EMT Clinical Internship Correction Page

12. Advanced EMT Clinical Coordinator Skill Documentation Summary Log

**FIELD INTERNSHIP FORMS**

1. Field Internship Time Log

2. AHPCZ Field Internship Daily Performance Record

3. Advanced Life Support (ILS) Contacts

4. Intravenous (IV) Line Cannulation

5. Intravenous (IV) Medication Administration and Miscellaneous Medication Administration and IV Bolus Mediation Administration

6. Cardiac ECG Recognition/Interpretation

7. Patient Care Report (PCR)

8. Field Internship Evaluation

9. Incident Report

10. Professional Behaviour Evaluation

11. Professional Behaviour Counselling Record

12. Evaluation of the Preceptor

13. Patient Tracking and Competency Record

14. Advanced EMT Council Registrar Documentation Summary Log

**Clinical/Field Internship Documentation Guidelines**

It is the responsibility of the student to maintain neat and accurate clinical and field records while enrolled in the AHPCZ Advanced EMT Program.

The student will document all clinical and field hours and skills in their respective log books using blue or black ink and entry upon their tablet or iPad.

The documentation will be detailed in nature and is expected to reflect the hours, appropriate rotation area, signature of the Preceptor, and skills performed with an accurate but brief description.

Clinical assessments as well as the appropriate skills performed should be documented on the Clinical Assessment sheet.

Field Assessments and skills are logged on the service’s Patient Care Run report (PCR) where the student is preforming their ride along time. A copy of the PCR report should be obtained with all demographic and identifiable patient information being documented and should accompany the student field log.

Signature of the Preceptor is required to consider the skill being completed.

The Advanced EMT student’s Clinical practicum / Field internship log book shall be reviewed biweekly by the Clinical Coordinator/ Training Manager or the Clinical Director of the training school.

At completion of the program the log book will be turned in and become part of the student’s personal record of course completion. The student’s clinical and field documentation are the training school’s official record of a student’s clinical practicum and field internship.

In addition to entering information in the student’s respective log book, all students are required to enter their information in their tablet regarding completion of their respective clinical/field hours and skills. These entries must be made within forty-eight (48) hours of the skills completion.

Failure to properly document clinical practicum/field internship time and skills is grounds for disciplinary action.

Errors made in the Clinical practicum / Field internship log book shall be corrected as in medical documentation, with a single line and initials of student, with an indication that it is an error. At no time shall white out or correction tape be used in a log book.

**Advanced EMT Clinical Practicum Forms**

**Student Logbook**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A EMT Intern No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital / EMS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Department / Ambulance Crew \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Charge Nurse /Crew Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Full

*For Purposes of confidentiality, do NOT write down the names or personal information of the patients.*

**Skills acquired during this shift:**

Patient Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paediatric Assessments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatric Interviews \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endotracheal Intubation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ECG Interpretation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IV Bolus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV Infusion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications administration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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