

Clinical Forms Completion – Instructions for ALS Preceptors

Clinical Preceptors for Emergency
Medical Technician -Critical Care
(EMT-CC) and Paramedic Students
(EMT-P) in a Pre-Hospital Setting

Goals of this Update

- Explain what forms are to be used
- Discuss what documentation is required when activities and skills done by the students during their ALS field- internship
- Review the goals of the ALS field- internship

ALS Field Forms

- ALS Field “On Call” Duty time form
- ALS Call Skills Tracking Form
(Objectives - 1, 2, & 3)
- ALS Team Leader Form
(Objective - 4)
- ALS Student Skills Form
(New Zip-Scan form)

Documenting activities when not on pre-approved “On-Call” Duty time

- ALS Students may also respond on calls at any time with a ALS preceptor in their agency and perform skills to meet their field clinical objectives.
- The preceptor must however fill out a separate ALS Call Skills Tracking Form with a copy of the PCR for every call. The evaluation form must be placed in a sealed envelope with their signature across the back fold. Students will receive credit for skills properly documented and it may be counted towards the students ALS field clinical objectives.
- On the post call to Medical control, the students name must be provided as well as any procedure attempts
- A copy of the PCR must be submitted with all forms. The Patients personal information must be blacked out (Patient Name, DOB, Address, ext.). The name and the EMT number of the student and the preceptor must be clearly legible on the copy of the PCR.
- If the PRECEPTORS name is not on the Current APPROVED Preceptor LIST the student WILL NOT be allowed to book On Call time with them or receive credit for the ALS call or skill.

ALS Skills Tracking Form

**Suffolk County
EMT-CC Training Program**

ALS Call Skills Tracking

ALS Field Internship Evaluation Objectives 1, 2, and 3

STUDENTS NAME: _____ DATE: ___/___/___

PRECEPTORS NAME: _____ EMT #: _____

Enroute Time: _____ At Destination Time: _____ Total Time: _____

PCR # _____ Medical Control Operator # _____

Skills Completed	
<input type="checkbox"/>	Assessment on adult patients any age
<input type="checkbox"/>	Assessment on trauma patients any age
<input type="checkbox"/>	Assessment on adult patients with medical complaints (AMS, Chest pain, Resp., Syncope, Abdom.)
<input type="checkbox"/>	Assessment on pediatric patients. (1 to 15 years old)
<input type="checkbox"/>	Assessment on geriatric patients over (65 years old)
<input type="checkbox"/>	RMA of an adult patient of any age. (Must include completed copy of agencies approved RMA check off sheet)
<input type="checkbox"/>	Ventilate non-intubated patients of all age groups
<input type="checkbox"/>	Assembly and deliver medication via nebulizer

ATTEMPT	SUCCESS	
		Venous access in all age group patients
		Medication administration (IV or IO, SQ, or IM)
		ECG monitor use/ECG interpretation
		Perform endotracheal intubation in any age group
		Medical Control Communication or Contact
		Serve as the team leader on an ALS call (COMPLETE Objective 4)

The “ALS Call Skills Tracking Form”

Must be used along with a copy of the PCR to document all skills activities done on any call.

A few of these forms will be provided inside the white envelope. “On Call Packet”

They can also be down loaded from the web or the student may have the form with them.

Preceptors must complete reverse side

Photo I.D. and Skills Card

- All EMT-CC Students in Suffolk County must have a photo ID card with their name and the name of their Training Center listed on it. SCEMS, SCCC, ext..
- They will also have a skills card that will identify what skills they have been cleared to do. When the student has been cleared to perform a skill there will be a hole punched through the card next to the skill listed.
- Students are required to have both cards with them while on calls or in any clinical setting.
- The ALS preceptor must only allow students to perform tasks or skills that are listed and that the student has been cleared to do by their I.C.

Completed Forms

- The ALS Call Skills Tracking Form the “On Call” Duty Time Form and the ALS Student Skills Form may have the general area’s filled out by the student.
- However the ALS preceptor must review it and fill out all the area’s that are performance based evaluations and then they sign the form.
- Please check all the forms before sealing them in a envelope. We will not tolerate any fraudulent documentation on clinical forms.

Completed Forms

- For “On Call Time” students will have the big white envelope for all the paperwork required for that time. When students are documenting skills done at any other time they may use any envelope that can be sealed and hold all the forms and a copy of the PCR.
- If you have questions or concerns please put your contact info in the space provided on the form. Your input into the students development is always welcome.

Objective # 4 Team Leader

- Internship
 - “Field internship”
 - Capstone experience
 - Occurs at the end of classroom training
 - Summative; focuses on evaluation and demonstration of competence as a team leader

Suffolk County EMT-CC Training Program

ALS Field Internship Evaluation Objective 4

STUDENTS NAME: _____ DATE: ___/___/___

PRECEPTORS NAME: _____ EMT #: _____

Enroute Time: _____ Destination Time: _____ Total Time: _____

TYPE OF CALL: _____ (e.g. Cardiac, Trauma, OB, Medical, Etc.).

PCR # _____ Medical Control Operator # _____

SKILL	EVALUATION RATING SCALE					COMMENTS
	1	2	3	4	5	
1. LEADERSHIP SKILLS: a. Medical Knowledge / Protocol Knowledge b. Ability to establish priorities & control scene c. Functions without coaching or prompting d. Functions as "Team Leader" e. Functions calmly under stress and displays self-confidence f. Delegates tasks appropriately using explicit directions g. Formulates presumptive diagnosis h. Implements appropriate treatment plan i. Ability to oversee other providers j. Other (Specify) _____						
2. TEAMWORK SKILLS: a. Functions as a "Team Member" as well as "Team Leader" b. Ability to establish priorities & control scene c. Resolves conflicts tactfully d. Performs quickly when situation necessitates e. Interfaces well with on scene personnel f. Works efficiently without wasted time / effort g. Offers positive suggestions to crew h. Other (Specify) _____						
3. INTERPERSONAL SKILLS: a. General attitude b. Accepts responsibility and admits mistakes c. Reacts positively to constructive criticism d. Display good patient rapport e. Shows empathy for patient condition f. Treats all patients with equal concern g. Controls anger / temper in difficult situations h. Displays ability to handle stress / fatigue i. Handles bystanders appropriately / effectively j. Other (Specify) _____						

COMMENTS
Optional: Please contact me about this evaluation. My name is _____ . My phone # is _____

This form will be made available later in the program after the student has all the sub skills completed and they are ready to be evaluated as Team leader of an ALS call.

New ALS Student Skills Form

ALS Student Skills Form

Name: _____

Rotation Site: _____

Student ID Number	1st Digt	0	1	2	3	4
	2nd Digt	5	6	7	8	9
	3rd Digt	0	1	2	3	4
	4th Digt	5	6	7	8	9
	5th Digt	0	1	2	3	4
	6th Digt	5	6	7	8	9

Mark only one bubble in each digit group.

Date	Month	Jan	Feb	Mar	Apr	May	Jun	
	Day	1	2	3	4	5	6	
Time	Total time spent:	Min:	15	30	45			
		Hrs:	1	2	3	4	5	6
	Time	Hrs:	7	8	9	10	11	12

CLINICAL PERFORMANCE EVALUATION

- 1 Unsatisfactory: Requires assistance, Needs more training
- 2 Tentative: Needs Guidance
- 3 Competent: Minimal Prompting
- 4 Good: No Prompting
- 5 Excellent: Experienced level

Professionalism/Attitude: The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, respect, patient advocacy, careful delivery of service, appropriate appearance and personal hygiene.

1 2 3 4 5

Work Organizational Skills: Punctual, uses effective time management. Performs tasks in a logical, orderly manner, recognizes tasks that need to be done and takes initiative to do them. Demonstrates sufficient forethought into actions.

1 2 3 4 5

Integrity: Examples of professional behavioral include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

1 2 3 4 5

Psychomotor Skills: The student accomplishes psychomotor skills and patient assessments completely and proficiently.

1 2 3 4 5

Overall Rating: Please rate the student's overall performance for today's clinical rotation.

1 2 3 4 5

ALS Team Leader Calls (Field Only)

1 2 3 4 5 6
7 8 9 10 11 12

SKILLS:

HISTORY/PHYSICAL EXAM
1 2 3 4 5 6

UNITUBATED VENTILATION
1 2 3 4 5 6

ET INTUBATION
1 2 3 4 5 6

IV INSERTION
1 2 3 4 5 6

MEDICATION ADMIN (IV/SQ/IM/IO/ET/NEB)
1 2 3 4 5 6

ECG & 12LEAD MONITORING
1 2 3 4 5 6

NEBULIZER
1 2 3 4 5 6

ETCO2
1 2 3 4 5 6

GLUCOMETRY
1 2 3 4 5 6

MEDICAL CONTROL CONTACT
1 2 3 4 5 6

ASSESSMENTS:

RESPIRATORY DISTRESS
1 2 3 4 5 6

CHEST PAIN
1 2 3 4 5 6

ALTERED MENTAL STATUS
1 2 3 4 5 6

ABDOMINALPAIN
1 2 3 4 5 6

OBSTETRIC/GYN COMPLAINTS
1 2 3 4 5 6

RMA NO TRANSPORT
1 2 3 4 5 6

TRAUMATIC COMPLAINTS
1 2 3 4 5 6

PEDIATRIC PATIENTS (UP TO 15YO)
1 2 3 4 5 6

ADULT PATIENTS (15-65)
1 2 3 4 5 6

GERIATRIC PATIENT
1 2 3 4 5 6

Preceptor Signature: _____

- This new form is for documenting skills completed and for the dates and times for all their clinical time.
- It is a zip scan form and all the fill in fields must be filled out with a # 2 pencil.
- For the Preceptor Signature, Name and Rotation Site area of the form you may use a pen or pencil.

ALS Student Skills Form

ALS Student Skills Form

Name: _____

Rotation Site: _____

Student ID Number

1st Dgt	0	1	2	3	4
2nd Dgt	5	6	7	8	9
3rd Dgt	0	1	2	3	4
4th Dgt	5	6	7	8	9
5th Dgt	0	1	2	3	4
6th Dgt	5	6	7	8	9

Use only one bubble in each digit group.

Date

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																			
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Time

Total time spent: _____

Hrs: 1 2 3 4 5 6
7 8 9 10 11 12

CLINICAL PERFORMANCE EVALUATION

1 Unsatisfactory: Requires assistance, Needs more training
2 Tentative: Needs Guidance
3 Competent: Minimal Prompting
4 Good: No Prompting
5 Excellent: Experienced

Professionalism/Attitude: The student's behavior demonstrated integrity, empathy, self-motivation, confidence, teamwork, diplomacy, respect, patient advocacy, and delivery of service, appropriate appearance and personal hygiene.

1 2 3 4 5

Work Organizational Skills: Performs tasks in an effective time management manner. Performs tasks in an orderly manner. Recognizes tasks that need to be done and has initiative to do them. Demonstrates sufficient planning and organization to get things into actions.

1 2 3 4 5

Integrity: Examples of professional behavior include, but are not limited to: Consistent honesty and integrity. Can be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

1 2 3 4 5

Psychomotor Skills: The student demonstrates psychomotor skills and patient assessments competently.

1 2 3 4 5

Overall Rating: Please rate the student's overall performance for today's clinical rotation.

1 2 3 4 5

ALS Team Leader Calls (Field Only)

1 2 3 4 5 6
7 8 9 10 11 12

SKILLS:

HISTORY/PHYSICAL EXAMINATION 1 2 3 4 5 6

UNITUBATED VENTILATION 1 2 3 4 5 6

ORAL ET INTUBATION 1 2 3 4 5 6

INTRAVENOUS (IV) INSERTION 1 2 3 4 5 6

MEDICATION ADMINISTRATION (IM/IO/ET/NEB) 1 2 3 4 5 6

ECG & 12LEAD MONITORING 1 2 3 4 5 6

NEBULIZER 1 2 3 4 5 6

ETCO2 1 2 3 4 5 6

GLUCOMETRY 1 2 3 4 5 6

MEDICAL CONTROL (EMT/PACT) 1 2 3 4 5 6

ASSESSMENTS:

RESPIRATORY DISTRESS 1 2 3 4 5 6

CHEST PAIN 1 2 3 4 5 6

ALTERED MENTAL STATUS 1 2 3 4 5 6

ABDOMINAL PAIN 1 2 3 4 5 6

OBSTETRIC/GYNECOLOGICAL PATIENTS 1 2 3 4 5 6

RMA NO TRANSFER 1 2 3 4 5 6

TRAUMATIC COMA 1 2 3 4 5 6

PEDIATRIC PATIENTS (UNDER TO 15YO) 1 2 3 4 5 6

ADULT PATIENTS 1 2 3 4 5 6

GERIATRIC PATIENTS 1 2 3 4 5 6

Preceptor Signature: _____

- The Student ID #, date, time and skills may be filled in by the student using a # 2 pencil.
- The ALS preceptor must fill out the Clinical Performance Evaluation and review the whole form.
- The ALS preceptor will then sign the form and place in the envelope with the PCR & other forms.

Review of Forms required

Student Activity

- A member of your agency is a EMT-CC student and responds to a call with you. They are cleared on their skills card to attempt IV insertion. They ask you if they can attempt to start the IV. You allow them to perform the skill.

Forms Required

- ALS Call Skills Tracking Form
- ALS Student Skills Form
- Copy of the PCR with your name and the students name on it and place in an envelope and sign across the seal.
- *Also on the post call to Medical control, give the students name as well as any procedure attempts*

Review of Forms required

Student Activity

- A EMT-CC student is completing Pre-approved On Call Time with you. You respond to several calls with the student during this time. They complete or attempt ALS skills on several of the calls.

Forms Required

- Complete the Field “On Call” Duty Form
- ALS Student Skills Form
- ALS Call Skills Tracking Form with a copy of the PCR with your name and the students name on it for all call where skills were attempted.
- Place all the forms and copies of the PCR’s in the white envelope provided.
- *Also on the post call to Medical control, give the students name as well as any procedure attempts*

Review of Forms required

Student Activity

- A EMT-CC student is completing Pre-approved On Call Time with you. You respond to several calls with the student and they do complete or attempt ALS skills. You do how ever complete some ALS activities (ALS equipment check, protocol review, ext.)

Forms Required

- Complete the Field “On Call” Duty Form
- Place the form and any materials use in the white envelope provided.

The End...

Thank You!

If you have questions or concerns please write them on the Clinical Forms provided or you may contact the Training Center that is listed on the top of the form. Please make sure to provide your contact information so we may respond to you.