

**ORANGE COUNTY EMT  
EMERGENCY MEDICAL TECHNICIAN PARAMEDIC**



**CAPSTONE FIELD INTERNSHIP COURSE  
SYLLABUS**

**JANUARY 1<sup>ST</sup>, 2024- DECEMBER 31<sup>ST</sup>, 2024**

### Department Affiliations

<b><u>Alhambra Fire Department</u></b> 301 North First Street Alhambra, CA 91801	<b><u>Glendale Fire Department</u></b> 421 Oak Street Glendale, CA 91204
<b><u>American Medical Response</u></b> 240 E. Hwy 246, Suite 300 Buellton, CA 93427	<b><u>Huntington Beach Fire Department</u></b> 2000 Main Street HB, CA 92648
<b><u>American Medical Response of Inland Empire</u></b> 7925 Center Ave. Rancho Cucamonga, CA 91730	<b><u>Long Beach Fire Department</u></b> 3205 Lakewood Blvd. Long Beach, CA 90808
<b><u>Anaheim Fire and Rescue</u></b> 201 South Anaheim Blvd Anaheim, CA 92805	<b><u>Monrovia Fire Department</u></b> 415 S Ivy Avenue Monrovia, CA 91016
<b><u>Arcadia Fire Department</u></b> 240 West Huntington Drive Arcadia, CA 91006	<b><u>Murrieta Fire Department</u></b> 41825 Juniper Street Murrieta, CA 92562
<b><u>Burbank Fire Department</u></b> 311 East Orange Grove Ave Burbank, CA 91502	<b><u>Newport Beach Fire Department</u></b> 100 Civic Center Drive NB, CA 92660
<b><u>California City Fire Department</u></b> 20890 Hacienda Blvd. California City, CA 93505	<b><u>Oceanside Fire Department</u></b> 300 North Coast Highway Oceanside, CA 92054
<b><u>Corona Fire Department</u></b> 735 Public Safety Way Corona, CA 92880	<b><u>Orange City Fire Department</u></b> 176 South Grand Street Orange, CA 92866
<b><u>Compton Fire Department</u></b> 201 S Acacia Ave. Compton, CA 90220	<b><u>Orange County Fire Authority</u></b> 1 Fire Authority Drive Irvine, CA 92602
<b><u>Costa Mesa Fire Department</u></b> 77 Fair Drive Costa Mesa, CA 92626	<b><u>Pasadena Fire Department</u></b> 215 N Marengo Ave #195 Pasadena, CA 91191
<b><u>Culver City Fire Department</u></b> 9770 Culver Blvd. Culver City, CA 90232	<b><u>Riverside City Fire Department</u></b> 3401 University Ave Riverside, CA 92501
<b><u>Downey Fire Department</u></b> 11111 Brookshire Ave Downey, CA 90241	<b><u>Riverside County Fire Department</u></b> 16902 Bundy Ave Riverside, CA 92518
<b><u>Escondido Fire Department</u></b> 1163 Centre City Parkway Escondido, CA 92025	<b><u>Torrance Fire Department</u></b> 3401 University Ave Riverside, CA 92501

<b>Falck Corporation</b>	<b>San Bernadino Fire Department</b>
1517 W Braden Ct	157 W 5 <sup>th</sup> St., 2 <sup>nd</sup> Fl
Orange, CA 92868	San Bernadino, CA 92415

### Field Internship Administrative Contacts

#### **Corey Gremel**

OCEMT Program Director/Chief Administrative Officer  
 Anaheim Fire and Rescue: Captain/Paramedic  
 Email: [cgremel@ocemt.edu](mailto:cgremel@ocemt.edu)

#### **Andrew Kilian**

OCEMT Clinical Coordinator/Chief Operating Officer  
 Anaheim Fire and Rescue: Engineer/Paramedic  
 Email: [akilian@ocemt.edu](mailto:akilian@ocemt.edu)

#### **Eric Gafner**

OCEMT Lead Skills Instructor  
 Orange County Fire Authority: Captain/Paramedic (Retired)  
 Email: [egafner@ocemt.edu](mailto:egafner@ocemt.edu)

**Course Nine:** Field Experience/Field Internship

**Field Experience:** Shift Zero

**Pre-Requisite:** Completion of Clinical Internship and Skills Lab (EMTP-8CI)

#### **Description**

The field experience phase of the paramedic program provides students with the opportunity to master the skills of being a Paramedic. During their field experience, students will be required to demonstrate competency in skills and knowledge gained in the didactic and laboratory components of the course. During this phase students will be under the direct supervision of their Preceptors however, guidance is still permitted. Students will have (1) 24-hour shifts of Field Experience prior to the Field Internship.

#### **Field Experience Description**

Students must successfully complete their Field Experience by attending a 24 hour shift and receive a minimum evaluation of "Below Expectations" on for the shift evaluation. Students are not expected to receive a "Meets Expectations" during this course because the intent of the experience is to prepare them for their Capstone Field Internship where they will act as Team Leader.

**Field Internship:** Shifts 1-16

**Prerequisite:** Completion of Field Experience

**Course Hours:** 384

#### **Field Internship Course Description**

Students must successfully complete their Field Internship by attending all 384 hours and receive a minimum of "Below Expectations" on their 16<sup>th</sup> Shift Evaluation. Students are not expected to receive a "Meets Expectations" in all categories during this course as it is to prepare them for the Capstone Experience. Students with not meeting expectations on the 16<sup>th</sup> shift evaluation may be dropped from the program and will not move on to the Capstone Experience.

## **Capstone Field Internship: EMTP- 10CI**

Hours: 192

### **Pre-Requisites**

- A) Completion of all EMT-P Courses 1-6
- B) Completion of EMT-P Skills Lab Courses 1-6
- C) Completion of Course 7, Clinical Internship
- D) Completion of Course 8, Field Experience/Internship

### **Course Description:**

The Capstone Field Internship is the summative evaluation of Paramedic education where the student has all of the cognitive and psychomotor skills needed to act and serve as a Team Leader while delivering patient care. The Team Leader responsibilities are delegated by direct observation and under the responsibility of an approved and trained preceptor who is appropriately licensed and credentialed to work in an approved EMS system. This evaluation of the student's ability to perform as a competent entry-level Paramedic is the last opportunity to identify areas that need remediation prior to the student becoming eligible for Paramedic certification

### **Course Completion Requirements**

#### **Team Leads**

A paramedic student will be performing ALS skills under minimum supervision during the Capstone Internship and will be acting as the Team Leader. It is required that every student complete at least 20 team leads made up of a maximum of 5 BLS patient contacts and a minimum of 15 ALS patient contacts. During team leads, the student is the primary paramedic and must demonstrate the knowledge, skills and attitudes to manage any call to which they are dispatched. During this phase of the program, priority shifts from assessing the student's individual skill competency, which has already been evaluated, to assessing his or her ability to manage the entire scene and the patient. A successful Team Lead includes a comprehensive assessment, a formulated, implemented treatment plan, status of the patient and transportation destination.

#### **Final Evaluation**

The final evaluation will occur on the student's last assigned shift and will be completed by the students Preceptors, Clinical Coordinator, Program Director, or assigned mentor. Students must receive a "Meets Expectations" on their final evaluation or will be dropped from the Program, regardless of points accrued.

### **Student Patient Contact Matrix**

- 1) Students must achieve the minimum Procedures Listed below during their Capstone Field Internship. Procedures will be tracked in the Students NREMT Logbook and entered into FSDAP
- 2) Simulations may be used if the student is unable to meet the requirements by the end of their Field Internship
- 3) If simulations are used, the numbers listed in the far- right column are required to equal one procedure on a live patient.
- 4) Students must complete 20 successful Team Leads during the Capstone Internship

#### **5) Patient Contacts and Required Skills**

Paramedic Procedures	Min #	Sims Used	# Sims that = 1 Pt.
Safely Administer Medications	25	Yes	2
Airway Management	50	Yes	2
Live Intubations	8	Yes	2
Safely Gain Venous Access	20	Yes	2
Ventilate a Patient	5	Yes	2
Assessment of Newborn	2	Yes	4
Assessment of Infant	2	No	0
Assessment of Toddler	2	No	0
Assessment of Preschooler	2	No	0
Assessment of School Ageds	2	No	0
Assessment of Adolescents	2	No	0
Assessment of Adults	20	Yes	2
Assessment of Geriatrics	10	Yes	2
Assessment of Obstetric Patients	4	Yes	2
Assessment of Trauma Patients	10	Yes	2
Assessment of Medical Patients	20	Yes	2
Assessment of Psychiatric Patients	5	Yes	0
Assessment and Plan RX of Chest Pain	5	Yes	2
Assessment and Plan RX of Respiratory	5	Yes	2
Assessment and Plan RX of Syncope	5	Yes	2
Assessment and Plan RX of Abdominal	5	Yes	2
Assess and Plan RX of Altered Mental	5	Yes	2
Capstone Field Internship Team Leads	20	Yes	2

### Course Policies and Procedures

#### Academic Progression:

A student must meet the passing requirements in didactic, lab, and clinical in this course to progress in the paramedic program.

#### Methods of Instruction:

A mixture of lecture/discussion, demonstration/return demonstration, roleplaying, group work, case studies, multimedia, computer assisted instruction, pre and post conferences, health agency experiences, and community experiences will be used throughout the course.

#### Additional Resources

During the Field Internship, students must follow all of the following policies and procedures of Orange County EMT and those of the Riverside County Fire Department:

1. Code of Conduct
2. Health and Safety
3. Disciplinary Action
4. Grievance Procedure

#### Psychomotor Skills During Internships

Students are expected to practice and perform practical skills during rotations. Students will not perform skills in the clinical or field setting until the student has demonstrated competence in knowledge and psychomotor skills in the didactic and laboratory components of the paramedic program. During the Field Internship Paramedic students may only perform skills that have been "validated" in a skills lab by the faculty of OCEMT.

#### Preceptors/Mentor

Field Preceptors will be assigned to a student during their Field Internship. Preceptors may be any of the following: physician, physician's assistant, nurse, certified registered nurse anesthetist, paramedic, technician or specialist in the assigned area who is responsible for assignment of clinical tasks for the students while providing direct supervision and evaluation of the student's performance.

### **Course Objectives**

1. Demonstrate the ability to perform all advanced life support skills required of an entry-level paramedic.
2. Demonstrate an understanding of the principles of basic and advanced airway management.
3. Demonstrate ability to evaluate a patient subjectively and objectively
4. Demonstrate ability to develop presumptive diagnosis and proper treatment plan according to proper regional protocol
5. Perform Advanced Life Support skills under the direct supervision of the preceptor
6. Demonstrate an understanding of indications, potential complications, and correct technique for initiation of peripheral IV therapy, calculation of IV drip rates, and administer proper medications.
7. Demonstrate an understanding of the correct method for calculating drug dosages and correctly mix and administer IVP, IVPB, SQ, IM, SL, PO, ET, nasal, and nebulized medications using appropriate techniques.
8. Demonstrate ability to direct other crew-members in performing patient care.
9. Demonstrate familiarization with Basic Life Support and Advanced Life Support equipment by performing proper equipment inventory and inspection
10. Accurately monitor a patient's condition throughout pre-hospital care phase

### **Clinical and Field Internship Policies and Procedures:**

1. All Internships are verified prior to the start of the program to guarantee each student will have a Clinical and Field Internship following the didactic portion of the course
2. All students who successfully complete the didactic portion of the course with an 75% or better will have a Clinical Internship
3. All Students who successfully complete the Hospital Clinical Internship with a "Meets Expectations" will move to the Field internship.
4. Field Preceptors and Internships will be assigned to students based off of the students personality and distance from home. Students must complete the internship with a
5. "Meets Expectations" to continue with Program.
6. At no time will a student be substituted for staff during clinical or field internships

### **Conflict in Field Internship**

If the student experiences a conflict in the Field Internship or identifies issues between himself/herself and the assigned preceptor the student must inform the Field Internship Coordinator immediately via phone and document and submit the issue in writing. The Field Coordinator is available to facilitate communication and problem solving so that the issue does

not impact success of an internship.

- All conflicts must be resolved prior to the start of the Capstone Internship
- There must be documentation supporting all complaints
- Students must notify the Administration immediately following any evaluation with less than a meets- expectations

### **Field Internship Extensions**

Students will only be extended if the preceptors feel that there is an expectation that the student will pass the internship due to the additional shifts. Students will not be extended to gain experience needed to meet the minimum expectations required during the Capstone Internship. An extension of the Capstone Internship is at the discretion of the Program Director, Clinical Coordinator, and Field Preceptors, based off of the criteria above. If approved, extensions will be completed in increments of 120 hours, to a maximum of 240 hours. If a student does not achieve a Meets Expectations by the end of the 240 hour extension, they will be released from the Program.

### **Student Conduct**

Students are expected to conduct themselves in accordance with the professional expectations for paramedics at all times. Students are reminded that they are representatives of Orange County Emergency Medical Training Paramedic Program whenever and wherever they are involved with course-related activities. Professional conduct is essential to a successful course experience and EMS career.

### **Internship Suspension**

A student who displays academic deficiencies, adjustment problems, or disciplinary problems during the Field Internship may be suspended from the course until the behaviors are resolved. Any student who displays these characteristics during the previous courses, may have their Clinical Internship suspended until the student is found capable of functioning in the clinical environment. The suspension may not occur for longer than 30 days from the end date of the previous course or 30 days from the time the suspension is issued. Students who are placed on suspension for any reason prior to their internship or during the internship may be dismissed from the program if they cannot complete the course due to the actions and or behaviors that led them to the suspension.

### **Injuries**

Any student that is injured during the Field Internship must report the injury to their preceptor immediately. The Clinical Coordinator shall be notified via phone, email, or text message advising of the situation and the status of the student. When able to do so, but no later than 24 hours following the injury, the student must write a narrative describing the occurrence and submit it to the Clinical Coordinator.

### **Field Internship Placement**

Field Internships are assigned based upon the Internships Sites availability. Internship times and dates will vary upon the site that you are visiting at the discretion of the Internship Sites Administration. Internship sites must verify with OCEMT that they can accommodate each student in the Program, prior to the course start date. Every attempt will be made to place students in a timely manner, however students are only guaranteed to be placed with in 6 months of course completion, as stated in Title 22 of the Health and Safety Code.

### **Clinical Coordinator or Faculty Observation**

All students will have periodic visits from the Paramedic Program faculty and or the Clinical Coordinator. Visits will be arranged in advance between the paramedic preceptor and the OCEMT faculty and are designed to ensure the student is meeting the course objectives. Observations from the Administration may be cancelled due to unforeseen circumstances and

emergencies. Student can request an observation at any time by requesting one through the Clinical Coordinator.

### **American Disability Act**

*OCEMT will follow the policies of the ADA as defined through "The NREMTs Americans with Disabilities Accommodations Policy for Educators and Students."*

- a) For More information: [www.nremt.org](http://www.nremt.org) under general policies, ADA policy
- b) Request the ADA brochure through the Program Administrator

### **Technical Standards**

Orange County EMT's Paramedic Program is a comprehensive, intense program that places specific requirements and demands on the students enrolled in the program. The mission of the program is to provide students with the tools and structure needed to develop basic and advanced skills to provide medical care to individuals in a variety of settings. All policies and procedures found in the course catalog and syllabus must be met along with the expectations listed below. If a student is unable to meet the technical standards of the program with or without reasonable accommodation, the student will not be enrolled in the course, nor will they be able to complete it. Meeting the program's technical standards does not guarantee a student's eligibility for the NREMT or state certification exam.

Students enrolled in the Paramedic Program must demonstrate:

1. Students must demonstrate the following values at all times:
  - a) Integrity
  - b) Trust
  - c) Professionalism
2. The mental ability to think clearly and act decisively during emergency situations.
3. The ability to use proper body mechanics, motor control, sensory function, and have the coordination to perform physical examinations using accepted techniques. Students must have the hand and eye coordination needed to safely perform technical skills on patients.
4. Students must have ability to communicate effectively to all patients regardless of age, gender, or ethnicity, including colleagues and individuals from different cultural and social backgrounds. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
5. Students must have the ability to document patient reports accurately, using proper English, and have the ability to calculate medication dosages using the appropriate math equations.
6. Students must have the ability to accept positive criticism and have a willingness to learn from their mistakes. Students must work as a team member and be committed to serving the community to the best of their ability.
7. Students must have the ability to be flexible and operate in dynamic environments, while always being a patient advocate, regardless of circumstances.
8. Students must have the physical strength to lift and carry patients any varying circumstances that includes up and down stairs.
9. Students will work in potentially dangerous environments and have the forethought to utilize proper Personal Protective Equipment and have the ability to expect the



unexpected.

10. Students must display a command presence when working as a team leader, have the ability to maintain scene control, and have the knowledge and ability to order proper resources when needed.

Orange County EMT students are required to meet the technical standards of the program or be able to meet them with certain accommodations. If a student can meet the technical standards with accommodation, Orange County EMT will determine if the accommodation is appropriate. This is achieved by evaluating whether or not the request is reasonable, accounting for patient safety, the educational process of the student and institution, and whether or not it will be permitted during the clinical and field internship.

### **Internship Dress Code**

Students must remember it is important to remain in the proper uniform at all times. Students are interacting with other professionals in the healthcare system that require a professional appearance and attitude. Interaction will occur with several different agencies that may require interaction with potential employers, prospective students and potential patients.

**Orange County EMT Uniform Policy:** To be worn at all times

- a) Issued Dark Navy Blue Embroidered Polo
- b) Issued Dark Navy Blue Job Shirt
- c) Dark Navy Blue Pants
- d) Black Belt
- e) Black Steel Toed Boots or Shoes
- f) Navy Blue Hat with large OCEMT across the Middle
- g) Tattoos to be covered with Dark Navy Long Sleeve Shirt worn underneath Polo

### **Grooming Standard**

#### **Hair**

- a) Clean and neatly arranged.
- b) If hair extends to shoulders it must be tied back.
- c) Hair must be of a natural color.

#### **Facial hair**

- a) Unshaven appearance is prohibited.
- b) Mustaches are allowed, but must be neatly trimmed.
- c) Beards (or any variation) are prohibited.
- d) Sideburns may not extend below the earlobe.

#### **Jewelry**

- a) Up to one earring may be worn in each ear. Gauged ears cannot have tunnels and must be solid, smooth textured plug, preferably in a solid or flesh color.
- b) Up to one ring may be worn on each hand. Rings must be smooth without projections. However, rings are NOT recommended due to safety concerns.
- c) Facial jewelry is prohibited. Tongue piercings will be removed while at the clinical site.
- d) Potentially offensive jewelry is prohibited. Necklaces are NOT recommended due to safety concerns and must be concealed.

#### **Tattoos**

- a) All tattoos must be covered while attending clinicals and while on clinical/field site grounds

#### **Personal Hygiene**

- a) Students must be neatly groomed with clean hair, nails and clothing.

- b) Use of cosmetics must be appropriate and not excessive. Students must avoid excessive use of perfume, cologne and after-shave lotion.
- c) Fingernails must be clean, neatly trimmed and not too long to interfere with job duties. Nail polish, if worn, must be kept in good condition.
- d) Beards/goatees are prohibited
- e) All students must have hair off their face and base of their neck while in class.
- f) Students should be freshly bathed with hair and mustaches neat and clean. Body odor is to be controlled and deodorant used. Teeth should be clean
- g) Students must wear black shoes and black socks. Shoes must be polished and shoelaces, stockings or socks must be clean. Athletic shoes are acceptable. Thong sandals, clogs, high heels, slippers and open-toed shoes are not acceptable for students at any time
- h) Issued ID name tag must be worn at all times. ID name tag must be visible at eye-level.
- i) No police, fire, EMS or medical facility uniform that may identify the wearer as police officer, firefighter, etc.
- j) Only approved medical equipment such as stethoscope, penlight, tape, scissors, etc

**Field Internship Grading Criteria**

Students must successfully complete their Field Experience, Field Internship, and Capstone Internship by attending all 600 hours and receive a Meets Expectations by their Field Preceptor and Clinical Coordinator on their final evaluation.

- a) Meets Expectations: Consistent (Pass)
- b) Below Expectations: Inconsistent (Fail)
- c) Does Not Meet Expectations (Fail)

Points will be accrued through all major evaluations to include both the Patient Contact and Affective Domain Evaluations. Scores will be cumulative and will include both evaluations at Shifts 8, 16, and 24.

**Daily Logbooks**

All patient contacts are to be documented in the student’s logbook after each interaction and must be completed no later than the end of each shift. Students will evaluate themselves and will then be evaluated by their preceptors based on their performance throughout the shift. Students will be evaluated in the following categories:

Scoring	Competency	Description
0	Does Not Meet Expectations	Unsuccessful: Required excessive/ critical prompting
1	Below Expectations	Marginal: Inconsistent, not yet competent
2	Meets Expectations	Successful: Competent, did not need prompting

**Patient Contact Evaluation**

Each patient contact will be evaluated by the student and the Preceptor using the rubric above. Students will document their performance in the Field Internship Logbook after each contact and will be reviewed by the Preceptor no later than the end of each shift. Students then have 72 hours from the end of the shift to enter the information into Fisdap or they will be locked out of the shift online and the contacts will not count.

### **Logbook and Evaluation Signatures**

Students must sign all daily logbooks and evaluations after being reviewed by the Preceptor. Students who refuse to sign the logbook or evaluations for any reason, must contact the Clinical Coordinator or Program Director immediately following the shift or evaluation.

### **Major Evaluations**

There will be three major evaluations during the Field Internship. The evaluations will be completed no sooner than shifts 8, 16, and 24 (Every 192 hours). Every attempt shall be made to complete the evaluations on the shifts listed, however may be delayed due to unforeseen circumstances. All major evaluations will be completed in a timely manner and must allow the student at least (6) shifts to remediate before the next evaluation. Evaluations may be reviewed by the student and the Program, either in person or over the phone if necessary. Students not meeting expectations on shift 24, may be released from the Program without further remediation, or may be given a (10) shift extension at the discretion of the Program and Preceptor. Following the field internship the field coordinator and the student will work together to place the major evaluations onto their FSDAP portfolio section within 24 hours of the Major Evaluation shift.

### **Major Evaluation Point Scale: Patient Contacts**

There are 33 topics evaluated in each major evaluation allowing for a maximum score of 66 point on each evaluation. The points are determined using the following rubric

- a) Meets Expectations:** 2 Points for each topic
- b) Below Expectations:** 1 Point for each topic
- c) Does Not Meet Expectations:** 0 Points for each topic

Total Individual Evaluation Points Possible: 66

Total Cumulative Evaluation Points Possible: 198

*Students must have a Meets Expectations in every category on their final evaluation to complete the Course. Not meeting this standard will result in the student failing their internship.*

### **Student Remediation: Below or Not Meeting Expectations**

1. First Evaluation
  - a) Will have a counseling session to create an improvement plan
2. Second Evaluation
  - a) Will attend a counseling session with OCEMT Admin and may be dropped from Program
3. Final Evaluation
  - a) May be dropped from Program if they previously had a below standard evaluation
  - b) If not dropped from Program will have a counseling session and improvement plan developed
  - c) May be offered an extension for 5 shifts
  - d) May be offered an additional extension of 5 shifts for a total of 34 shifts

### **Affective Domain Evaluation**

Affective Domain measures the student's attitudes, behaviors, and professional attributes, as well as Classroom and Field conduct. Students will be evaluated in these domains upon completion of each Didactic Course and with each Major Evaluation during the Field Internship and Capstone Field Internship. Students must consistently demonstrate these attributes to successfully complete the Paramedic Program.

## Scoring Criteria

The affective domain is measured through 11 attributes that are worth up to 2 points each for every domain that the student displays. Students must receive a score of 22 or meet expectations for all 11 attributes on their final evaluation to pass the course.

Scoring	Competency	Description
0	Does Not Meet Expectations	Unsuccessful: Failed Attribute
1	Below Expectations	Marginal: Inconsistent with Attribute
2	Meets Expectations	Successful: Consistent with Attribute

## The Affective Domain will be evaluated in the following areas at each Major Evaluation

### 1. Integrity

Examples of professional behavior 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.

### 2. Empathy

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

### 3. Self- Motivation

Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; 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 professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities

### 4. Appearance and Personal Hygiene

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

### 5. Self- Confidence

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

### 6. Communications

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

### 7. Time Management

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks, assignments on time, being to class on time, not leaving class early, no excessive absences.

### 8. Teamwork and Diplomacy

Examples of professional behavior include, but are not limited to: Placing the success of the team

above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

### 9. Respect

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

### 10. Patient Advocacy

Examples of professional behavior include, but are not limited to: Not allowing personal bias to 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

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

### Students Below or Not Meeting Expectations

- a) Will have a Counseling Session to identify an improvement plan
- b) May be dropped from Program depending on severity of negligence, or for not meeting expectations on more than one attribute
- c) If student does not Meet Expectations in all Domains on Final Evaluation they will be dropped from the Program, regardless of cumulative points and performance on other evaluations.

### Affective Evaluation Point Scale

- a) **Meets Expectations:** 2 Points for each attribute
- b) **Below Expectations:** 1 Point for attribute
- c) **Does Not Meet Expectations:** 0 Points for attribute

Maximum Points for each Evaluation: 22  
 Max Cumulative points for Evaluations: 66

### Course Points

*Students must have a Meets Expectations in every category on their final evaluation to complete the Course. Not meeting this standard will result in the student failing their internship.*

	Points Possible	Total Points	Percentage	Grade
Major Evaluation 1	66	237- 264	90-100%	A
Major Evaluation 2	66	211- 236	80- 89%	B
Major Evaluation 3	66	184- 210	70- 79%	C
Affective Evaluation 1	22	158- 183	60- 69%	D
Affective Evaluation 2	22	132- 157	50- 59%	F
Affective Evaluation 3	22			
Total Points	264			

### Internship Attendance Policy

#### Sick Days / Absences

- a) You will be allowed a total of 2 sick days for the duration of the program. Upon your 3rd sick day, you will be suspended for 2 weeks from your internship. More than 3 sick days may result in expulsion from the Paramedic Program, at the discretion of the Clinical Coordinator.
- b) You must call the Clinical Coordinator and the clinical / field site as soon as possible to notify them of your absence
- c) You must complete the 'Clinical Absence Form' the following day and turn it in to the Program Director.
- d) If you fail to turn paperwork in for a scheduled internship, this will be considered an absence.
- e) A "No call, no show" will result in a suspension of 2 weeks from the internship
- f) that particular In site and a two week suspension.
- g) Should this infraction occur more than once, the student will be expelled from the paramedic program at the discretion off the Program Director and Clinical Coordinator.

### **Leaving Early**

If you need to leave the Internship site for any reason, you must contact the available staff at Orange County EMT. If after regular business hours, you must contact the Clinical Coordinator

### **General Conduct**

- 1) You are a guest at our Internship sites and should act with integrity and courtesy at all times. You should treat each clinical as a first job interview. If you behave inappropriately (i.e. sleeping, being lazy or unhelpful, creating a disturbance, etc), you can assume that clinical site will likely not hire you once you acquire a license...they will also likely tell their friends at other departments...so act accordingly or expect to not be returning to that clinical site.
- 2) The student will maintain patient confidentiality in compliance with the Health Information
- 3) Portability and Accountability Act (HIPAA). Breach of this policy will result in suspension, termination from the program, and/or monetary fine(s).
- 4) The student is expected to arrive 60 minutes before the start time of the rotation.
- 5) The student will report to their Preceptor or onsite Supervisor
- 6) The student will act under the direct observation of appropriate licensed or certified personnel at all times. No ALS skills may be performed out of sight of a preceptor.
- 7) The student will act with concern for the safety of himself/herself, the patient, and others at the site, and will not cause harm to anyone.
- 8) The relationship between student/preceptor is to be a professional one. There is no dating or physical relations between students and preceptors. Violation of this policy will result in a 2-week suspension and possible expulsion from the program.
- 9) Field Internship preceptors may not be a spouse, boy/girlfriend, partner, parent, family member or close personal friend. Violation of this policy will result in a 2-week suspension and possible expulsion from the program.

- 10) Any student caught altering, forging or changing clinical data, dates, hours, data or signatures will be immediately expelled from the Paramedic Program. Cheating will not be tolerated either during the academic session or the clinical completion phase of your program.
- 11) Signatures and initials from preceptors must be the original signature. No copies or alterations will be tolerated. Any tampering, copying or altering of a signature will be immediate grounds for dismissal from the program.

### **Complaints Against the Student**

- a) First complaint - the student will be issued a written warning from the Preceptor or OCEMT Staff. Complaint may be reflected in Affective Domain Evaluation
- b) Second complaint - Will Result in a 2 week suspension from Internship. Complaint may be reflected in Affective Domain Evaluation
- c) Third complaint - Will result in expulsion from the program and in Affective Domain Evaluation
- d) If the severity of the complaint is deemed serious enough, Orange County EMT reserves the right to immediately expel the student.

### **Injury or Exposure**

Any injury or exposure at a clinical/field site must be reported to the clinical coordinator immediately (regardless of day or time) and a written incident report must be submitted within 48 hours of the event. During these events students, should be treated as any other member of the site team and follow the sites protocols. OCEMT policy states that each student is responsible for their own medical needs and that Orange County EMT assumes NO financial or other responsibility for treatment as a result of injury to a student during participation in the Paramedic program. All expenses, whether emergency or non-emergency will be the responsibility of the student. **Orange County EMT does not financially cover any medical consolations or treatments.**

### **Academic Dishonesty**

Effective learning, teaching and research all depend upon the ability of members of the academic community to trust one another and to trust the integrity of work that is submitted for academic credit or conducted in the wider arena of scholarly research. Such an atmosphere of mutual trust fosters the free exchange of ideas and enables all members of the community to achieve their highest potential. In all academic work, the ideas and contributions of others must be appropriately acknowledged, and work that is presented as original must be, in fact, original. Faculty, students, and administrative staff all share the responsibility of ensuring the honesty and fairness of the intellectual environment of Orange County EMT.

### **Scope of Dishonesty**

This statement on academic integrity applies to all students at Orange County EMT. All students are expected to adhere to the highest standards of behavior.

### **Purpose of Policy**

- a) To clarify the expectations with regard to students' academic behavior, and
- b) provide specific examples of dishonesty however does not include them all.

### **Plagiarism**

Plagiarism consists of taking someone else's ideas, words, or other types of work product and presenting them as one's own. To avoid plagiarism, students are expected to be attentive to

proper methods of documentation and acknowledgement. To avoid even the suspicion of plagiarism, a student must always:

- a) Enclose every quotation in quotation marks, and acknowledge its source.
- b) Cite the source of every summary, paraphrase, abstraction or adaptation of material originally prepared by another person, and any factual data that is not considered common knowledge. Include the name of author, title of work, publication information, and page reference.

### **Cheating On Examinations**

A student must not receive or provide any unauthorized assistance on an examination. During an examination a student may use only materials authorized by the faculty.

### **Copying or Collaborating On Assignments Without Permission**

When a student submits work with his/her name on it, this is a written statement that credit for the work belongs to that student alone. If the work was a product of collaboration, each student is expected to clearly acknowledge in writing all persons who contributed to its completion. Unless the instructor explicitly states otherwise, it is dishonest to collaborate with others when completing any assignment or test, and performing lab items. If the instructor allows group work in some circumstances but not others, it is the student's responsibility to understand the degree of acceptable collaboration for each assignment, and to ask for clarification if necessary.

- a) Use, copy or paraphrase the results of another person's work and represent that work as his/her own, regardless of the circumstances.
- b) Refer to, study from, or copy archival files (e.g. old tests, homework) that were not approved by the instructor.
- c) Copy another's work, or to permit another student to copy his/her work
- d) Submit work as a collaborative effort if he/she did not contribute a fair share of the effort.

### **Fabrication or Falsification of Data or Records**

It is dishonest to fabricate or falsify data in the lab, clinical, and field internship phases, research papers, reports or in any other circumstances; to fabricate source material in a bibliography or "works cited" list; or to provide false information on a resume. or other document in connection with academic efforts. It is also dishonest to take data developed by someone else and present them as one's own. Students will be removed from the program.

### **Examples include:**

- a) Altering information on any exam, or class assignment being submitted.
- b) Altering, omitting, or inventing lab, clinical or field internship data to submit as one's own findings.
- c) This includes copying lab data from another student to present as one's own; and providing data to another student to submit as his/her own.
- d) Preceptor signatures for lab, clinical and field internships signed by anyone other than the assigned preceptor.
- e) Falsification of documentation in lab, clinical and field internship records.



- a) Duplicate lab, clinical and field internship data when submitting clinical books. This includes copies of signature pages, evaluations, worksheets, etc. Students will be removed from the program.
- b) Request an academic benefit based on false information or deception. This includes requesting an extension of time, a better grade, or a recommendation from an instructor.
- c) Make any changes (including adding material or erasing material) on any test paper, or class assignment being submitted.
- d) Willfully damage the efforts or work of other students.
- e) Submit any academic work under someone else's name other than his/her own. This includes but is not limited to sitting for another person's exam; both parties will be held responsible.
- f) Engage in any other form of academic misconduct not covered here.

This list is not intended to be exhaustive. To seek clarification, students should ask faculty and administration for clarification. If it is found that a student alters, forges, duplicates or copies clinical data, signatures or paperwork, they will be immediately removed from the program.

#### **Student Responsibility for Reporting Misconduct**

If a student observes others violating this policy, he/she is strongly encouraged to report the misconduct to the instructor, to seek advice from administration, or to address the student(s) directly.

#### **Administrative Procedures**

This policy covers all students. Cases will be heard by the OCEMT Administration and depending on the violation, the Medical Director and the Advisory Committee at the discretion of the Medical Director.

#### **Violation of Policy**

If a student is found to have acted dishonestly, or if a student has admitted to the charges Orange County EMT may impose disciplinary actions, including but not limited to the following:

- a) Issue a formal written reprimand.
- a) Impose educational sanctions, such as completing a workshop on plagiarism or academic ethics.
- b) Recommend to the instructor that the student fail the assignment. (A grade is ultimately the prerogative of the instructor.)
- c) Recommend to the instructor that the student fail the course.
- d) Recommend to the instructor that the student receive a course grade penalty less severe than failure of the course.
- e) Place the student on Academic Probation for a specified period of time or until defined conditions are met. The probation will be noted on the student's transcript and internal record while it is in force.
- f) Recommend the student receives a maximum of one month to correct any organizational and data entry issues regarding lab and clinical books

- g) If it is found that a student alters, forges, duplicates or copies clinical data, signatures or paperwork, they will be immediately removed from the program.
- h) Some cases may be serious enough to warrant suspension or expulsion from OCEMT
- i) Additional educational sanctions may be imposed. This list is not intended to be exhaustive.
- j) Withdrawing from the course will not prevent administration from adjudicating the case, imposing sanctions, or recommending grade penalties, including a failing grade in the course.
- k) A copy of the disciplinary actions will be placed in the student's academic file.

### **Appeals**

If a student believes administration or the Medical Director has been unfair, or if a student believes the sanction imposed for misconduct is excessive, he/she may appeal to OCEMT within ten days of the original decision. Appeals must be typed or written and be dated and time stamped via email, mail, or other means that can be documented.

### **Administrative Records-Keeping Responsibilities:**

It is the responsibility of administration to keep accurate, confidential records concerning academic integrity violations. When a student has been found to have acted dishonestly, a letter summarizing the allegation, the outcome, and the sanction shall be placed in the student's official file.

### **Preceptors**

1. The student's role is to observe, assist in providing care, and work under the supervision of the preceptor.
2. It is the student's responsibilities to let the preceptor know when expectations are beyond their capability.
3. The student shall not perform skills outside the supervision of the preceptor.
4. Students may not take physician phone orders, verbal orders, or witness any legal documents.
5. Students must be precepted by preceptors that are of equal or higher training than that of the student. This would include: paramedic, nurses and physicians. If any other licensure is in question, please contact the clinical coordinator.
6. The preceptor's role is to let the student participate in the care of assigned patients and assume as much of the role of the paramedic/EMT as experience, time and policy allow.
7. The preceptor may elect to not allow students to participate in selected procedures or other aspects of care.
8. Contact the Coordinator or available Orange County EMT staff regarding questions or problems.

### **Responsibilities of Preceptors**

1. Function as a role model in the provision of safe and competent care.
2. Allow and encourage the student to build on existing knowledge and skill.

3. Provide technical expertise.
4. Provide guidance in organizing and prioritizing workload based on patient needs.
5. Evaluate student performance and give feedback.
6. Provide input for program development by completing an evaluation form at the end of the student shifts.
7. Promptly contact coordinator or available Respond Right staff for clarification of student responsibilities, program objectives, policy questions or problems.

### **Documentation Guidelines**

- a) Documentation that is not entered within 72 hours will be invalid and will need to be repeated. Fisdap shifts will NOT be re-opened for data entry. Shift paperwork must still be turned in to validate the student's attendance. If paperwork is not turned in, the student will be counted absent.
- b) Shifts must be entered within 24 hours of approval from sites that the student is required to enter in Fisdap after they get approved.
- c) Preceptors must initial / sign all signature lines for the skill or assessment. If an arrow/line is drawn from a signature line to another signature line, this will not be accepted and will not count.
- d) Copies of signatures will not be accepted. Copies are considered a form of altering and/or forgery and will be grounds for dismissal from the program
- e) Any form missing a signature will not be given credit.
- f) You must fill out a patient care report (PCR) for all age, illness based assessments and ambulance rides. You are required to use the CHART method in your narrative. Your writing must be legible or the assessment will be thrown out and not count.
- g) PCR's must be handwritten and must contain a complete narrative to receive credit for the assessment. No typed areas will be allowed.
- h) An ALS call is defined as the following when performed and documented in FISDAP:
  - i) At least one ALS skill being performed on the call.
  - j) An ALS call does not include: transfers or calls where no ALS equipment is used.
- k) All illness based assessments will only be counted for the primary complaint/impression of the patient. Example – A patient having shortness of breath and chest pain – you can only receive a signature for one complaint, either chest pain or dyspnea. NOT both.
- l) You are allowed to count the age based assessment for the example above. You would get credit for adult, chest pain, plus any skills you may have performed (i.e. IV, meds).
- m) You are allowed to count skills done on the same patient each time you do them. Example – You are allowed to count tracheal suctioning as many times as you perform it on a patient.

- n) Preceptors – Your preceptor must be of equal or higher training than you. This means you can be precepted by a Paramedic, Nurse or Doctor

### **NREMT Capstone Field Internship Evaluation Sheets**

The following appendices are from the NREMT Portfolio defining the grading Criteria for each patient contacts. Students will document their contacts on the forms below and then use the information to record them in FSDAP- Students will retain the original copies. *Patient contacts from the Clinical Internship and Field Experience count towards these minimums but do not count towards Team Leads.*

I, \_\_\_\_\_ have read and understand all information, policies, and procedures listed in this Syllabus and agree to the terms listed. I understand that I must complete the Capstone Experience with a Meets Expectations on both the Final Evaluation and Final Affective Evaluation to successfully complete the course. I understand that by not signing daily logbooks and Major Evaluations I am in Breach of Contract and will be dropped from the Program.

---

Student Signature

Date



*Appendix A*  
**National Registry of Emergency Medical Technicians®**  
**Paramedic Psychomotor Competency Portfolio Manual**  
**CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Student Name		Date	Educational Program	Preceptor	Unit or Station	Clinical Site																																					
<b>Directions:</b> Each contact must be rated by the student, FIRST, and rated by the preceptor, SECOND. Mark student ratings in the row marked "S" and preceptor in row "P." Comment on any discrepancies on back. Preceptors complete shaded sections.						<b>Rating NA = Not applicable - not needed or expected. 0 = Unsuccessful - requires excessive or critical prompting. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting.</b>																																					
1.	Patient Age/sex	Impression and/or Differential Diagnosis	LOC, Complaints, Events/Circumstances	Summary of treatment/encounters successfully by student	Circle Patient Contact Type	Objectives										Comments and Immediate Plan for Improvement for Next Contact																											
						Preceptor Rating	Team	Preceptor Rating	Professional Behavior (attest)	Team	Communication	Performance	Self	Plan	Field		Physical Exam	Preceptor Rating																									
					ALS	S																																					
					BLS	P																																					
					ALS	S																																					
					BLS	P																																					
					ALS	S																																					
					BLS	P																																					
					ALS	S																																					
					BLS	P																																					
					ALS	S																																					
					BLS	P																																					



**Appendix K**  
**National Registry of Emergency Medical Technicians®**  
**Paramedic Psychomotor Competency Portfolio Manual**  
**CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

Comment on any unsatisfactory ratings or discrepancies:


Overall plan for improvement for future shifts:

	Student reported: <input type="checkbox"/> on time, <input type="checkbox"/> well groomed, <input type="checkbox"/> in uniform and prepared to begin the shift. <input type="checkbox"/> Yes <input type="checkbox"/> No Behavior was professional: <input type="checkbox"/> Accepts feedback openly <input type="checkbox"/> Self-motivated <input type="checkbox"/> Efficient <input type="checkbox"/> Flexible <input type="checkbox"/> Careful <input type="checkbox"/> Confident Student tasked relevant questions and participated in learning answers, used downtime to its highest potential. <input type="checkbox"/> Yes <input type="checkbox"/> No Preceptor would appreciate <input type="checkbox"/> phone call or <input type="checkbox"/> email from the instructor (please provide contact info). <input type="checkbox"/> Yes <input type="checkbox"/> No
	Student knows equipment location and use. <input type="checkbox"/> Yes <input type="checkbox"/> No Student helps clean up and restock, unprompted. <input type="checkbox"/> Yes <input type="checkbox"/> No Student left site early (did not complete shift). <input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to the above ratings:

Preceptor Signature

	<p><b>Clinical Objectives:</b></p> <p><b>Pt Interview/History Gathering:</b> Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient (s); demonstrated compassion and/or firm bedside manner depending on the needs of the situation.</p> <p><b>Physical Exam:</b> Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.</p> <p><b>Impression &amp; Tx plan:</b> Student formulates an impression and verbalizes an appropriate treatment plan.</p> <p><b>Skill Performance:</b> Student performs technical skill accurately and safely.</p> <p><b>Communication:</b> Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a thorough written patient narrative.</p> <p><b>Professional Behavior Objectives:</b> Student demonstrates they are:</p> <p><b>Self-motivated:</b> Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.</p> <p><b>Efficient:</b> Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.</p> <p><b>Flexible:</b> Makes adjustments to communication style, directs team members and changes impressions based on findings.</p> <p><b>Careful:</b> Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.</p> <p><b>Confident:</b> Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.</p> <p><b>Open to feedback:</b> Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).</p> <p><b>Team Leadership Objective:</b> The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responder or crew. (Preceptors should not give a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)</p>

Ratings: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive or critical prompting. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.