



TRAIN • SERVE • RESPOND

Field and Clinical Internship Preceptor Handbook



Participant Manual

**Texas Engineering Extension Service (TEEX)
Emergency Services Training Institute (ESTI)**

A Member of The Texas A&M University System

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TEEX

Emergency Services Training Institute

ESTI offers more than 130 courses to clients around the world; many courses are tailored for each delivery to address individual client needs and requirements. Courses meet or exceed the highest national standards—including NFPA, DoD, U.S. Coast Guard, EPA, and OSHA—and are provided through a variety of training programs:

- Fire Fighting—Municipal, Volunteer, Marine, & Industrial
- Recruit Firefighter Academy
- Hazardous Materials
- ARFF
- Rescue
- EMS
- Maritime
- Oil Spill Response
- Fire Investigator
- Fire Inspector
- Fire Officer
- Fire Instructor
- National Fire Academy (NFA)
- Online Bachelor Degree
- Incident Command/Management
- Emergency Management

ESTI has established itself as the leader in year-round, hands-on training of municipal, industrial, volunteer and marine emergency response personnel. Each year, we train more than 81,000 firefighters and emergency response personnel from all 50 states and from more than 50 foreign countries.

Training is conducted at our state-of-the-art training facilities at the Brayton Fire Training Field in College Station, Texas, at cooperative learning centers located around the country, and at client locations worldwide.

The Brayton Fire Training Field is one of the largest live-fueled, firefighter training facilities in the world. The 120-acre site is home to 132 props, or specific training stations, including 22 fueled, live-fire props.

We offer a variety of courses that can lead to certification by the National Board on Fire Service Professional Qualifications (Pro Board) and/or college credit. Students successfully completing these courses and passing the end-of-course test receive nationally recognized Pro Board certification. Several of our courses have also been reviewed for college credit by the American Council on Education (ACE); students completing these courses may be eligible to earn college credit at participating colleges and universities. Students enrolled in the Recruit Academy may be eligible for college credit through the Blinn College Fire Science Program.

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PARTICIPANT MANUAL

The Texas A&M University System

Texas Engineering Extension Service (TEEX)

Emergency Services Training Institute (ESTI)

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FIELD AND CLINICAL INTERNSHIP PRECEPTOR HANDBOOK

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Table of Contents

Module 0: Preceptor Program Overview and Philosophy	0-1	Capstone Preceptor Expectations and Evaluation Process.....	2-14
Practicum Objectives/Student Learning Outcomes—Clinical/Field Internship Practicum Rotation	0-3	How to Evaluate Field Internship Students	2-18
Module 1: Role of the Preceptor.....	1-1	Internship Academic Counseling, Probation, and Dismissal Guidelines	2-21
Preceptor Roles.....	1-3	Academic Non-Progress.....	2-21
Role Model.....	1-3	Disciplinary Counseling and Probation.....	2-23
Teacher.....	1-3	Clinical Suspension	2-25
Evaluator.....	1-4	Module 3: Teaching Strategies	3-1
The Preceptor Program	1-4	Teaching Suggestions.....	3-3
Certification, Licensing, and Training Requirements	1-4	Adult Learning	3-3
Preceptor Program Overview.....	1-6	Suggestions for Preceptors	3-5
Criteria for Program Completion.....	1-7	Appendix A: TEEK Emergency Medical Service (EMS) Academy Student Learning Outcomes	A-1
Module 2: Guidelines and Instructions	2-1	Program Objectives.....	A-3
Field/Clinical Internship Duties and Responsibilities	2-3	Skill Set Objectives	A-3
Preceptor.....	2-3	Appendix B: TEEK Emergency Medical Service (EMS) Academy Entry-Level Competencies	B-1
Student.....	2-3	Professionalism.....	B-3
Clinical Dress Code.....	2-8	Interpersonal Skills and Interaction	B-4
Infectious Disease Exposure Policy	2-9	Patient Care	B-5
Definitions	2-9	Record Keeping/Communications.....	B-8
Risk and Obligation.....	2-10	Occupational Health and Safety.....	B-8
General Policy.....	2-10	Vehicles, Equipment, and Facilities	B-9
Policy Education.....	2-10	Physical Condition.....	B-9
Pre-Exposure Immunization and Monitoring	2-10	Technical Skills	B-10
Exposure Reporting	2-11	Appendix C: Documentation Forms	C-1
Post-Exposure Prophylaxis and Counseling.....	2-12	Clinical/Internship Paperwork Documentation ..	C-3
Post-Exposure Surveillance and Counseling.....	2-12	Shift Overview	C-7
Infection Compensation and Care.....	2-12	Patient Care Report (PCR)—EMS	C-9
Isolation of Infected or At-Risk Students.....	2-12	Electrocardiogram (EKG) Strip Record	C-11
Alternate Responsibilities and Duties.....	2-13	Preceptor Evaluation Form	C-12
Confidentiality.....	2-13		
Supervising Students.....	2-13		
General Guidelines and Instructions.....	2-13		
Rotations	2-13		

Module

0

**Preceptor Program
Overview and Philosophy**

Most students who enter their clinical and field internship rotations have had extensive classroom and lab instruction. This includes extensive opportunity to master practical skills such as taking vital signs, patient movement, and Cardiopulmonary Resuscitation (CPR). Clinical and vehicular rotations afford the student to take the information and skills and apply them in a practical patient contact situation.

The role of the preceptor is critical for students to transition to practitioner capable of providing effective patient care and transport. The Texas Engineering Extension Service (TEEX) Emergency Medical Services (EMS) Academy is **open-ended** and **competency based**. Students successfully complete the clinical and internship training program when they consistently demonstrate that they possess the Knowledge, Skills, and Attitudes (KSA) necessary to perform the duties of an entry-level practitioner.

Completion of the course is not determined by completion of a fixed number of hours, ambulance runs, procedures, or patient contacts. It is determined by the student's demonstration that he/she can do what is expected of an entry-level practitioner.

Although there are clinical and internship objectives that must be completed (e.g., minimum requirements for total runs, proficiency check requirements for skills such as IVs, electrocardiograms (EKG), patient assessments, drug administration, etc.), the ultimate criterion for determining whether a student completes their internship should be the ability for the preceptor to answer “yes” to these questions:

1. Would I be willing to work with this person as my partner on an ambulance?
2. Would I be willing to let this person treat a member of my family in a critical situation?

Practicum Objectives/Student Learning Outcomes—Clinical/Field Internship Practicum Rotation

During the field/clinical internship practicum experience, the EMS student will be precepted by a paramedic, Registered Nurse (RN), Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), Respiratory Therapist (RT), or other approved healthcare provider preceptor. This preceptor will be provided with a TEEX EMS Academy Preceptor Instruction Packet.

The preceptor will be deemed competent by the clinical site and in consultation with the clinical coordinator of the program.

Rotation requirements for the paramedic student is a minimum of 600 hours subdivided into the following departments:

- Emergency department (160 hours)
- Labor and delivery (16 hours)
- Respiratory therapy (8 hours)
- Operating room (16 hours)
- Cardiac cath lab/heart station/telemetry (24 hours)
- Intensive Care Unit (ICU) (16 hours)
- EMS (360 hours)
- CAPSTONE (The last 120 hours of the EMS hours is to be completed after all other clinical/field internship requirements have been met.)

Rotation requirements for the Emergency Medical Technician (EMT)-Basic student is a minimum of 112 hours subdivided into the following departments:

- Emergency department (40 hours)
- Labor and delivery (16 hours)
- Respiratory therapy (8 hours)
- EMS (48 hours)

In addition to the minimum hours outlined above, the student must meet the following patient contact requirements and the objectives listed below. Patient contacts and skills performed may be obtained in either the clinical/field internship practicum.

- EMS transports (Paramedic 40, EMT-Basic 5)
 - Field internship team lead (Paramedic 10)
- Advanced transports (Paramedic 20)

- Obstetric (OB) patients (Paramedic 10, EMT-Basic 5)
- Live birth (vaginal or Caesarean) (Paramedic and EMT-Basic 1)
- Medical patients (Paramedic 40, EMT-Basic 10):
 - Assess and plan prescription (R_x) of syncope (Paramedic 4)
 - Assess and plan R_x of abdominal (Paramedic 4)
 - Assess and plan R_x of altered mental status (Paramedic 5)
- Trauma patients (Paramedic 40, EMT-Basic 10)
- Psychiatric patients (Paramedic 5, EMT-Basic 5)
- Respiratory patients (Paramedic 20, EMT-Basic 5):
 - Assess and plan R_x of respiratory (Paramedic 20)
 - Ventilate a patient (Paramedic 5)
- Cardiac patients (Paramedic 20, EMT-Basic 5):
 - Assess and plan R_x of chest pain (Paramedic 20)
- Adult patients (Paramedic 40, EMT-Basic 10)
- Geriatric patients (Paramedic 20, EMT-Basic 5)
- Pediatric patients (Paramedic 24, EMT-Basic 10):
 - Assessment of newborn (Paramedic 4)
 - Assessment of infant (Paramedic 4)
 - Assessment of toddler (Paramedic 4)
 - Assessment of preschooler (Paramedic 4)
 - Assessment of school agers (Paramedic 4)
 - Assessment of adolescents (Paramedic 4)
- IV catheterization (Paramedic 60)

PM **Preceptor Program Overview and Philosophy**
0 - 6 *Practicum Objectives/Student Learning Outcomes—Clinical/Field Internship Practicum Rotation*

- Endotracheal intubation (Paramedic: Live 5, Simulated 5)
- Medication administration (Paramedic 15)
- EKG interpretation (Paramedic 20) (no more than 10 can be normal sinus rhythm)

Detailed information on skill set objectives is located in Appendix A.

Hours may be shifted from one department to another to facilitate completion of the patient contact/skills performance requirements at the discretion of the course coordinator or the clinical coordinator. Patient contacts/skills performed minimums may be obtained in either the clinical practicum or the field internship. Minimum patient contacts/skills performed may **only** be altered/changed by the program director of the TEEX EMS Academy.

Module

1

Role of the Preceptor

Preceptor Roles

Preceptors have three basic roles: role model, teacher, and evaluator.

Role Model

The preceptor's general behavior, actions, and attitude are extremely important. Students will tend to modify their behavior (KSAs) according to what they see or hear. A significant portion of our professional behavior is "caught" rather than "taught." As a role model, the preceptor:

- Consistently provides care to patients in a safe, competent, and professional manner.
- Demonstrates a solid knowledge base of healthcare principles and skills.
- Exercises good judgment and functions well as part of the team.
- Communicates well with the patient, family, general public, other healthcare and public safety professionals, and other team members.
- Performs well under stress.
- Works within established guidelines of medical protocol and departmental regulations.
- Maintains and displays a positive attitude toward his job and department.

Teacher

Although students entering clinical rotations and field internship have completed extensive classroom, laboratory, and clinical instruction, they still have much to learn about the practice of medicine in the out-of-hospital setting. Students do not come to "show off" what they already know; they come to develop the ability to apply their knowledge and skills in the streets. The preceptor's role as a teacher includes:

- Staying abreast of current information and maintaining a good knowledge base.
- Explaining principles of pre-hospital care.

- Instilling confidence.
- Practicing patience, honesty, flexibility, courtesy, and approachability.

Evaluator

The role of evaluator is perhaps the most difficult. It encompasses:

- Approaching the evaluation process objectively.
- Identifying areas of strength and weakness and providing constructive feedback.
- Recognizing the student's right to know how he/she is being evaluated, to see the evaluation, and to disagree or comment on the evaluation.

The Preceptor Program

To be a preceptor for the TEEX EMS Academy, there are certain requirements and qualifications that must be met. Once selected to be a preceptor, there are two sections to the program—the general preceptorship and the capstone internship.

Certification, Licensing, and Training Requirements

Candidates must have the following certification and/or licensing, and training:

- For all field/clinical rotations, the preceptor shall hold certification or licensure as designated by the organization/agency hosting the field/clinical rotation.
- For internship/ride-outs the preceptor shall hold an authorized certification from the Department of State Health Services.
- A minimum of one year experience (for both clinical and field service) is required.
- A current medical control authorization from the medical director is required.

- Preceptors must be currently certified as one or more of the following:
 - a Texas Department of Health EMS Educator’s Instructor;
 - an American Heart Association Advanced Cardiac Life Support Instructor, Basic Life Support Instructor, Pediatric Advanced Life Support Instructor, Instructor-Trainer, or Affiliate Faculty; and/or
 - a National Association of EMT’s/American College of Surgeons as a Pre-Hospital Trauma Life Support Instructor or Instructor/Coordinator.
- Preferred training for preceptors include:
 - successful completion of the National Association of EMS Educators’ Instructor Course;
 - documentation of instruction in adult education methodology through completion of college-level course or recognized programs in adult education such as those offered by the Texas Commission of Law Enforcement Officer Standards and Education (TCLEOSE), the Texas Commission on Fire Protection (TCFP), or TEEK; and/or
 - other evidence of knowledge and skills in effective instructional delivery acceptable to TEEK’s EMS program director, and/or the medical director.
- Preceptors must complete an EMS Program Field/Clinical Internship Program Policies and Procedures orientation. The orientation must include:
 - the preceptor’s role, responsibilities, and requirements;
 - the internship’s philosophy (competency-based approach);
 - the internship’s objectives and minimum requirements;
 - required documentation such as clinical objectives, field internship requirements, clinical proficiency checks, and preceptor’s statement of entry-level competency;

- operational policies and procedures; and
- completion of the Clinical Teaching Techniques Orientation, including procedures for dealing with unsatisfactory progress.

Preceptor Program Overview

The TEEEX EMS Academy Preceptor Program is divided into two sections:

- the general preceptorship, and
- the capstone internship.

The general preceptorship includes all clinical rotations, ride-outs/vehicular rotations at the Basic EMT level, and ride-outs/vehicular rotations leading to the capstone internship.

General Preceptorship

For all general rotations not involving capstone rotations:

- Preceptors will be determined by agency administration and TEEEX staff.
- All clinical preceptors are encouraged to complete the TEEEX EMS Academy orientation.
- Students will provide each preceptor the opportunity to view a summary booklet of their progress to assist the preceptor in determining their progress in the preceptor process.
- Preceptors will receive copies of their student evaluations as a source of ongoing feedback on their performance. Copies of student evaluations will also be forwarded to the TEEEX medical director and the director or training office of organizations participating in the preceptor program.

Capstone Internship

The final 120 hours (5, 24 hour shifts) of field internship must be completed with the same agency, ideally with the same preceptor, or at least with the same shift. There should be a primary preceptor responsible for the final evaluation of the student. This primary preceptor should be a senior paramedic fully knowledgeable of the policies, procedures, and functions of field operations. This person should be selected and designated by the organization and TEEEX staff

as capable of making the final determination for final release of the student from clinical and field internship obligations. The final release signifies the preceptor believes the student is capable of performing at the paramedic entry level as a fully functional member of the EMS team.

Criteria for Program Completion

To successfully complete the field internship, the student must:

1. Satisfy all the internship objectives.
2. Obtain field internship skills proficiency checks in:
 - IV therapy,
 - IV drug administration,
 - EKG acquisition/interpretation,
 - patient assessment, and
 - exposure control.
3. Obtain a preceptor's statement of entry-level competency.
4. Satisfy the minimum number of required hours and contacts, including:
 - Advanced Life Support (ALS) runs (any call where a patient receives advanced level care other than EKG monitoring only)
 - Critical runs (any call where the patient receives monitoring, advanced airway, and IV, or involved a patient the preceptor feels was critically ill or injured even though the patient did not receive all the required interventions)
 - Calls in which more than one patient is transported count as one run
 - Calls on which the student initiates assessment and management of the patient but then transfers care to the crew of a helicopter or 911 unit may be counted toward satisfying internship requirements

PM **Role of the Preceptor**
1 - 8 *Criteria for Program Completion*

Although these students are under your supervision, you are not expected to have to discipline them or tolerate any kind of unprofessional behavior. Please call the TEEEX EMS Academy program immediately if any kind of problems arise.

You are not required to work with a student who refuses to cooperate with you or who refuses to follow directions.

Module

2

Guidelines and Instructions

Field/Clinical Internship Duties and Responsibilities

Preceptor

To be an effective preceptor, it is essential that you be a good practitioner. You must also have a strong grasp of the difference between technique and standards. In your role as evaluator, the final determination for release (beyond the two primary questions that should always be your underlying guide) is:

- Did the student performed in accordance with expectations in conformity to standards?
- Did the techniques demonstrated by the student achieve appropriate results?
- Did the student's actions meet safety requirement expectations for the patient, the student, and those on the scene?
- Did the student successfully demonstrate a working knowledge of the KSAs and meet the required entry-level standards?

If the answer is yes, then you have completed your task(s). You have the obligation, duty, and honor of allowing the student to move forward in their career.

If the answer is no, then you have the duty and obligation to inform the student of actions they must take to meet KSA expectations. The focus should always be on KSAs and standards, not preferences and techniques. This is always challenging to a preceptor: helping the student develop their own technique or "style" while adhering to and meeting performance standards.

Another challenge for a preceptor is to be able to assess student performance and identify student needs in order to facilitate the student's ability to move to the next level. In order to achieve this objective, the facilitator must recognize the stages of learning and have a basic knowledge of the adult learning process.

Student

Students are held to the following standards during their field/clinical rotations:

- At all times during field/clinical rotations, professional conduct and attitudes will be expected of all students. Unprofessional conduct or

attitudes toward program faculty or staff, clinical facility staff, patients, or the public in general may constitute grounds for dismissal from the program.

- Students should park in the visitor parking areas at each of the field/clinical rotations unless specifically given directions to a parking area. They should tell the official in charge they are coming for a field/clinical rotation at the hospital or with EMS.
- Students should be on time and report to the clinical site approximately 15 minutes before the beginning of their shift. When they arrive, they should ask who their supervisor will be. Since the beginning of a shift is a busy time for the personnel on duty, they should not expect to receive much of an orientation to the department until shift change responsibilities have been completed.
- Students should make themselves available to perform any duties within the scope of their training and try to stay busy at all times. When a clinical area is quiet and there are no patients to observe or help with, students may study; however, **patient care always takes priority over studying during field/clinical rotations.**
- If a student is asked to perform a duty for which they have not been trained, they should respectfully advise the clinical staff that the duty is beyond their scope of training. **Performing duties beyond their scope of training or in which they have not yet been trained constitutes grounds for dismissal from the program. It is the student's responsibility to review the clinical objectives and skills they are approved to perform with the preceptor at the beginning of each shift.**
- An advanced EMT or paramedic student may perform advanced skills **only** under the supervision of hospital personnel on scheduled rotations or under the supervision of their assigned preceptor. **Performing advanced skills under any other circumstances constitutes grounds for dismissal from the program.**
- Students should actively participate in the care of each patient they are assigned and avoid limiting their attentions to “interesting” patients.
- Students should observe the accepted rules of confidentiality while doing field/clinical rotations. They should discuss a patient's condition or treatment only with the field/clinical personnel responsible for the patient's care. Any such discussions should be private, out of hearing distance of the patient and family, and

limited to the medical aspects of the case. Classroom discussion of patient cases may be appropriate under some circumstances. However, the patient's name, the field/clinical site, or the names of other personnel caring for the patient **will not** be mentioned under any circumstances. **Violation of patient confidentiality is grounds for dismissal from the program.**

- Students should refer all questions from the patient, their family and friends, or others regarding the patient's condition or treatment to the appropriate clinical staff member.
- Students should not question the care of a patient in the presence of a patient or their family. Questions should be directed to the field/clinical staff at an appropriate time or place or to the lead instructor. Methods of treatment may vary depending on the patient's condition, the setting, and the preference of the physician in charge. Accordingly, any questions must be asked with due respect.
- Students should not discuss or criticize the actions of physicians, nurses, technicians, support staff, field EMS personnel, or program faculty and staff. If they have a problem or concern, they should take it up privately with the lead instructor or the program director.
- Students should not seek medical advice for themselves, their family, or their friends while on field/clinical rotations.
- Students should not bring friends or relatives to field/clinical rotations under any circumstances.
- Students should not eat, drink, chew gum, or use tobacco in any form where patients can see them. Break areas should be used for these activities. Tobacco use policies established by the clinical facilities must be observed.
- Students should not smoke or use tobacco products of any kind in EMS vehicles or smoke in the stations.
- If the ambulance and crew are not at the station when students arrive, they may be on a call. Students must check in with the station commander and follow their directions.
- Students will not enter EMS vehicles without the permission of one of the crew members.

- Students are not to shut off or take keys from the EMS vehicle at any time.
- Students should not give out the telephone number of the EMS station or hospital clinical areas. Students will not use these telephones for personal calls.
- When students meet the EMS crew they will be working with, the student should explain that they are willing to learn and actively participate in the patient's care. The internship objectives should also be discussed, as well as how the internship objectives will be met while working with the crew.
- Students should ask to look through the ambulance to get an idea of where everything is. They may be asked to get things for the crew, and they will need to know where items are located before they go out on a call.
- In case of a slow day, students should have something to do while waiting for calls. They should not expect the crew to sit and entertain them while at the station. EMS personnel are often full time students, and they may go to their rooms to study, to sleep, or just to be alone.
- Students should not eat food found at EMS stations or expect EMS crews to take them to get food.
- If the EMS crew goes to bed before it is time for the student to leave, they should turn off the TV and keep any other noise to a minimum until it is time for them to leave. **Students should not wake the crew to sign forms.**
- Students should not stay beyond the end of their assigned shift unless approved by the shift supervisor and EMS program. Students should complete all work begun by them before leaving.
- Blood, urine, serum, plasma, spinal fluid, feces, and other human biological materials are all capable of transmitting disease. Students should take proper precautions at all times to avoid potential infection.
- If a student is injured while on duty or comes into contact with a patient that may be suffering from a communicable disease, they should advise the supervisor of the clinical area in which they are rotating. They should also advise the EMS program office as soon as possible. They will need to file a written report that includes the

date and time of the incident and a detailed description of what happened.

- If a problem of **any** kind arises during field/clinical rotations, students should discuss them with the lead instructor or program director. **Students should not attempt to solve problems or resolve differences on their own.**
- Students will be expected to comply with all lawful instructions, orders, or directions given to them by program faculty, staff, or instructors; personnel of hospitals through which they rotate; or EMS preceptors or supervisory personnel. **Failure to comply with lawful instructions, orders, or directions may result in dismissal from the program.**
- General rules for clinical and internship rotations are as follows:
 - No cell phones.
 - Students may not use the clinical/internship facility phone unless on break and will not use staff phones.
 - Students will supply their own meals and/or have money to purchase meals.
 - Students will be allowed breaks at staff discretion.
 - Students will not be allowed to leave the hospital/internship site for meals.
 - Students will contact the clinical coordinator if they are unable to meet their scheduled times.
 - Students will contact the clinical/internship site directly if they will be late for a shift or if they will not be able to attend a scheduled shift.
 - Students will not leave their clinical/internship sites prior to the end of assigned time without the clinical site approval.
 - Students are authorized to complete only those skills listed on the “Clinical Site Objectives” or “Internship Site Objectives” documents.

- Basic students may not, under any circumstances, complete any advanced skills.
- No switching of clinical time will be allowed.

This list is only a partial set of standards of conduct and is not intended to be all-inclusive. Students are expected to exercise discretion and common sense, behave as a guest of the clinical facility, and represent the program in a creditable manner. Information on students' entry-level competencies can be found in Appendix B.

Clinical Dress Code

Students must be in the approved TEEX uniform:

- Maroon uniform shirt with ESTI logo (included in tuition)
- Solid white shirt in the same style as the uniform shirt (to be worn in case maroon shirt is soiled during rotation) (Optional)
- Dark pants
- Dark, rubber-soled shoes that can be polished
- Name badge
- Watch with second hand

Students must also bring the following to each rotation:

- Blood pressure cuff
- Stethoscope
- Clinical/Internship documentation paperwork (given in class and also available at www.teex.com/ems)
- Pen

Prohibited clothing items include: Denim jeans; cowboy boots; multi-color shirts; baseball caps; cowboy hats; certification or EMS service patches; nylon/canvas tennis shoes; Spandex, Lycra, or other body hugging fabrics.

Name tags: Student name tags will be worn at all times while on duty. The student's full name will be displayed. **Covering the last name on rotations is grounds for dismissal from the program.**

Jewelry: For safety reasons, bracelets, necklaces, earrings, rings, and other jewelry should not be worn.

Perfume/cologne/after-shave lotion: Patients frequently are sensitive to strong odors or scents. Since students engage in direct patient care, they may not wear perfume/cologne or after-shave.

Tattoos: Tattoos should not be visible. They must be covered if located on visible areas of the body.

Clothing must be clean, neat, and pressed. Students are expected to practice good personal hygiene. Failure to meet these requirements is a dress code violation.

The clinical uniform will be worn only during official activities related to the EMS program or while traveling to and from these activities. Wearing the uniform in other settings will be considered a dress code violation.

Students who commit dress code violations will be asked to leave the clinical site. Repeated or flagrant violations of the dress code may result in dismissal from the program.

Infectious Disease Exposure Policy

If an EMS student suffers a known or suspected exposure to an infectious disease during field/clinical rotations they should advise the supervisor of the clinical area in which the rotation is being done. The TEEX EMS Academy program office should be notified as soon as possible. The care and compensation of infected students is the financial responsibility of that person and their insurance. TEEX is not able to offer financial compensation or to absorb the cost of medical treatment for infected students.

Definitions

Of the several definitions included in this policy, the following are considered unique:

- “Exposure-prone procedure” means a specific invasive procedure that poses a direct and significant risk of transmission of HIV or hepatitis B virus, as designated by the TEEX EMS Academy. Recognizing that determining whether a specific invasive procedure is exposure prone requires case-by-case consideration of individual infected healthcare workers. TEEX EMS Academy designates all invasive procedures as exposure prone until the expert review panel has determined otherwise. Accordingly, the

term “invasive procedure,” as used in this policy shall mean “exposure-prone procedure.”

- “Expert review panel” means a panel convened to provide counsel to a healthcare worker infected with the HIV or hepatitis B virus regarding the performance of invasive procedures.
- “Universal precautions” means procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments as those procedures are defined by the Centers for Disease Control (CDC) of the United States Public Health Services.

Risk and Obligation

Everyone that participates in the TEEEX EMS Academy is subject to unavoidable risk of exposure to infectious diseases.

No person may refuse to care for a patient infected with HIV, hepatitis viruses, or any other infectious disease solely because of fear of infection.

General Policy

It shall generally be the policy of TEEEX EMS Academy to adopt the most current regulations, guidelines, and recommendations available from recognized authorities.

Policy Education

TEEX EMS Academy shall regularly provide instruction to all students about personal safety and hygiene measures to reduce the risk of infection either from or to other persons in the facility.

Pre-Exposure Immunization and Monitoring

TEEX EMS Academy shall require proof or certification of appropriate immunity from selected diseases for all students.

Basic EMT students are required to have the following immunizations:

- Tetanus-diphtheria (within 10 years of enrollment)
- Measles, Mumps, Rubella (one if born before 1957, two if born after 1957)

- Tuberculosis (TB) (within 6 months of start of class)
- Hepatitis B series (three shots)
- Varicella or documentation of having had the disease
- Flu shot

Basic EMT students are strongly encouraged to complete the Hepatitis B vaccination series, especially if they plan to work or volunteer for an EMS service following certification. However, because the time required to complete the vaccination series is greater than the length of the Basic EMT course, students may elect to have a titer drawn after the first two shots to determine immunity.

Advanced EMS students are required to have the following immunizations:

- Tetanus-diphtheria (within 10 years of enrollment)
- Measles, Mumps, Rubella (one if born before 1957, two if born after 1957)
- Hepatitis B series (three shots)
- TB (within 6 months of course)
- Varicella or documentation of having had the disease
- Flu shot
- Meningitis

Students who may perform invasive procedures should know their HIV antibody and hepatitis B antibody or antigen status.

Exposure Reporting

Students who have a known or suspected exposure to an infectious disease during the performance of their academic responsibilities shall report the incident promptly to their immediate supervisor in the clinical area and to the EMS program office. They will provide a written statement of the date and circumstances of the exposure to the EMS program office.

Post-Exposure Prophylaxis and Counseling

If injury or exposure to an infectious disease is known or reasonably suspected to have occurred during the performance of academic or employment responsibilities at TEEEX EMS Academy, the individual will incur all cost. In accordance with the Department of Social and Health Services (DSHS) and the CDC recommendations, this shall include measles, mumps, tetanus, diphtheria, poliomyelitis, hepatitis, meningococcal disease, tuberculosis, and HIV.

Post-Exposure Surveillance and Counseling

If injury or exposure to an infectious disease is known or reasonably suspected to have occurred during the performance of academic or employment responsibilities at TEEEX EMS Academy, it will be the responsibility of the individual to continue surveillance and counseling. In accordance with the guidelines of DSHS and CDC, surveillance shall include: rubella for pregnant women, tuberculosis, HIV, syphilis, and hepatitis.

Infection Compensation and Care

The care and compensation of infected students is the financial responsibility of that person and their insurance. **TEEX EMS Academy is not able to offer financial compensation or to absorb the cost of medical treatment for infected students.**

Isolation of Infected or At-Risk Students

Students of TEEEX EMS Academy who are infected with a disease shall not perform any activities that involve a known, demonstrated risk of infection. In general, exclusion from specific activities because of infection with, or exposure to, any disease shall be made on a case-by-case basis by the TEEEX EMS Academy medical director. Persons who test positive for the HIV antibody or the hepatitis B antibody or antigen shall not perform an invasive procedure unless the person has sought counsel from the TEEEX EMS Academy medical director and has been advised under what circumstances, if any, the person may continue to perform the invasive procedure.

The TEEEX EMS Academy medical director panel and any other consultants shall protect the confidentiality and privacy rights of the infected person. The decision about notification or follow-up studies of patients who may have been exposed to any infectious disease by personnel or students shall be made by the TEEEX EMS Academy medical director on a case-by-case basis in consultation with state and local public health officials.

Alternate Responsibilities and Duties

Students who are infected or at risk of infection from diseases covered by this policy, are otherwise well, and who are excluded from engaging in certain activities that incur risk to exposure to infectious diseases, may be offered alternative responsibilities and duties.

Confidentiality

All information acquired pursuant to this policy regarding any aspect of the infectious disease status of any person shall be confidential unless disclosure is authorized or required by law.

Supervising Students

General Guidelines and Instructions

Thank you for agreeing to precept students during their clinical and field internship requirements. Clinical and field internship preceptors are vital to the development of competent EMS personnel. Although students come to their clinical and field internship experience with extensive classroom and laboratory preparation, it is their experiences they obtain during their clinical and field internship that make them competent entry-level practitioners. As a preceptor you will have a greater impact on the student's effectiveness as a future colleague than anyone else the student works with during his/her education.

The following general guidelines are provided to assist you in precepting EMS students. If you ever have any questions or concerns, please call the EMS program at 979-458-2150.

Rotations

There are two phases of clinical and internship education. Initially students are assigned to clinical and internship rotations based upon their personal selection. They are expected to possess the knowledge and rudimentary skills necessary to perform and sharpen their skills.

Upon completion of the required hours for field/clinical rotations, and after meeting the clinical learning and skills objectives, paramedic students are assigned a capstone assignment.

Students are assigned for capstone internship to a specific station and shift. The student "belongs" to all of the preceptors assigned to the station and shift. The preceptors share responsibility for teaching and evaluating the student and for agreeing on the student's final proficiency. Crew members who are not designated preceptors also

should work with students under preceptor supervision as a method of developing other potential preceptors.

If both of the student's preceptors are transferred or rotated to a different station or shift, the student will move with the preceptor's to the new station or shift.

If one of a student's preceptors is transferred or rotated to a different station or shift, the student will remain with the preceptor who stays at the station or on the shift to which the student was originally assigned.

If all of the student's preceptors are absent during a particular period during the student's internship, the student will work with the personnel assigned to fill-in at the station. The fill-in personnel are responsible for completing the Mobile Intensive Care Unit (MICU) performance critiques during this period and for reporting on the student's performance to the preceptors upon their return.

Any paramedic who has completed field training and who holds medical control authorization may supervise a student and re-delegate patient care tasks. Students are permitted to perform patient care even though their preceptor is driving rather than performing patient care. The paramedic supervising the student should report on the student's performance to the preceptor following the call.

Students can sign up for internship rotations based upon the agencies hours of operation. The student will be required to sign up for 12 or 24 hour shifts.

If a student scheduled for a field internship shift fails to appear, please make a report to the EMS program office as soon as possible. Because several students may be assigned to a preceptor with one student at a time having "priority," failure by one student to use scheduled ambulance rotations places several others at a disadvantage. Students who fail to show up for scheduled field internship time are subject to disciplinary action.

Capstone Preceptor Expectations and Evaluation Process

1. Be sure the student meets the clinical dress code. Students not meeting the clinical dress code should be sent home immediately and should be reported to the EMS program office.
2. During the student's first shift, provide an orientation to the department/unit including:
 - Chain of command. In particular, the student should know who the shift chief, lieutenant, and EMS coordinator are. This can prevent embarrassing incidents.

- Station arrangement, routine, and duties. **Students are expected to assist EMS personnel with routine station duties.**
- Location of equipment or supplies that the student may be asked to get. The student should inventory the truck **every** shift to remain familiar with equipment locations.
- Use of equipment and radio systems.
- Special policies, procedures, or regulations, especially those that will affect the student's activities. Examples would include:
 - Procedures for responding to calls, including procedures for use of seat belts in the unit and for unrestrained movement when delivering patient care
 - Infection control/personal protective equipment procedures
 - Patient dead on scene procedures
 - Requesting additional units or supervisors
 - Treatment of minors
 - Treatment of crime victims, including sexual assault victims
 - Crime scene operations and protection of evidence
 - Requesting assistance from/interacting with the police, fire, and sheriff's departments
 - Routine paperwork
 - Radio procedures, codes, and signals
 - Transfer of care at hospital procedures
 - Unit cleaning/restocking procedures
 - Use of agency protocols (Students should be encouraged to study the protocols since they will be expected to direct calls near the end of the internship and will need to understand the use of the protocols to do this.)

- Emergency procedures and responsibilities (e.g., if you and your partner have any special “reaction drills” worked out for potentially hazardous situations, let the student know what to expect)
- Review the objectives for the rotation with the student. If either of you is unsure about what is expected or permitted, please contact the TEEEX EMS Academy at 979-458-2150.

The field internship objectives provide a general outline to follow in taking the student from initial status as a “green” observer, through assisting you as a team member, to finally functioning as a team leader. Although the objectives are grouped into 24-hour blocks, based on the progress that an “average” student would be expected to make, some students may move through the objectives faster while some may take longer. As long as the student is making progress, he/she should be reassured that the important factor is mastery of the objectives, not how long it takes.

During your shifts with the student, try to:

- Review the history, diagnosis, complications, and treatment of each patient.
- Give case-specific comments that help correlate the student’s didactic knowledge with the patient assessment and management in the field setting.
- Provide opportunities for the student to perform assessments or procedures. As the student progresses through the internship objectives, he/she should assume responsibility for an increasing portion of the patient’s care. However, the paramedic responsible for patient care should **always** retain final decision making authority for patient care. The supervising paramedic should **always** concur with any intervention or procedure **before** the student performs it, especially actions initiated under the protocols of treatment protocols that precede the **contact medical control** notation.
- Promote problem-solving skills by asking the student questions. Ask the student why he/she chose a particular course of action. Never assume that just because the student is doing the right things or making the right decision, their reasoning is correct.
- Analyze patient problems to give the student an opportunity to see how practicing professionals think and reason. Explain why you did

what you did. Or, from time to time, ask the student, “Why do you think we handled that call (problem, situation) the way we did?”

- Provide the student with a brief critique following each ambulance run that he/she makes with you.
- Supervise the student when he or she is performing activities on the ambulance/floor. The preceptor should critically review the student’s technique and suggest corrections where appropriate.
- Students will ride as a third person at all times and will always be under supervision when providing patient care.
- Assist and evaluate the student until they meet the field/clinical internship objectives and perform as an entry-level practitioner. The TEEX EMS Academy is competency-based. This means that the student is finished when they demonstrate the knowledge, skills, and personal behaviors and attitudes needed to function as an entry-level practitioner. Competency is **not** defined by time spent on the unit or number of calls run. It is defined by observed and documented mastery of the internship objectives.

At the end of each shift, the student will ask you to provide them with a performance critique. Give the student feedback in each of the categories listed on the sheet by comparing their performance to the performance defined in the field internship objectives. Also tell the student which 24-hour block they are performing in for each category in the objectives, and provide an overall evaluation of the student’s progress from beginner to entry-level practitioner. The student should record this information on the sheet and should return it to you for your review and signature. There is a section on the evaluation form for the student to provide a self-evaluation and comment on their plans for improving and meeting the internship objectives. This section must be completed. **This form must be completed and returned for the student to receive credit for the rotation. If the form is not completed, the student will be required to reschedule the rotation.**

An attempt has been made to make the form as self-explanatory and the definitions of performance as simple and clear as possible. If you are unsure about how to evaluate a student, please call the EMS program office at 979-458-2150.

Your narrative comments are very important, especially if the student is not performing to standard or is not making progress. If you would prefer to discuss your observations with an EMS program faculty member, please call 979-458-2150. Students must provide complete evaluation forms or the rotation will have to be repeated. Repeated

failure to present complete evaluations may result in a student's dismissal from the program.

The student must document **every** run in which they participate using the forms in the clinical packet developed by TEEX EMS Academy EMS Program. Documentation of all runs is important in assessing the quantity and quality of patient contacts during field internship. As a teaching exercise, the student should be required to complete their run form before comparing it to the form completed by the EMS personnel. **Do not allow students to simply copy your report.** Stress to the student that patient names are not to appear in their run reports. This constitutes a violation of confidentiality.

As the student progresses through the internship, they must demonstrate proficiency in IV therapy, IV drug administration, EKG acquisition, patient assessment, and exposure control. Proficiency check forms are included with the student's other field internship paperwork. After a student has successfully performed each skill five times, they may attempt a proficiency check on the sixth or subsequent performance. To pass the proficiency check, the student must perform the skill to standard without coaching from the preceptor. If the student performs the skill to standard and the preceptor believes the student could perform the skill without supervision in the pre-hospital setting, the proficiency check portion of the form should be completed and signed. Skills proficiency demonstration is open-ended and competency-based. Some students will complete the check-off on the sixth attempt. Others might finish on the sixteenth. However, no student should be signed off until they have consistently demonstrated the ability to perform the skill to standard without coaching. Even though students have demonstrated proficiency in a skill, they should be encouraged to continue to perform it as frequently as possible.

How to Evaluate Field Internship Students

Become very familiar with the field internship objectives and the Mobile ICU Formal Critique. These documents define the area in which the students must demonstrate proficiency to complete the internship.

Evaluations must be conducted based on the field internship objectives and the EMS program's skills performance standards. Evaluating by the evaluator's standards rather than a consistent set of standards established by the program reduces the reliability of the process and the consistency of the program's final product. **If you have suggestions about changing the objectives or the formal critique, please**

communicate them to the EMS program. Until your suggestions are implemented, please evaluate using the existing standards.

Take the time to become familiar with your student. Ask them about perceived strengths and weaknesses. Unless you work closely with the students, it will be difficult to assess competency.

Avoid “halo” or “pitchfork” effects regarding students. Since many of the field preceptors also teach or examine during the didactic phase of the course, information about students who stand out for one reason or another frequently reaches the field before the student begins internship. Although it is human nature to prejudge others based on reputation, preceptors must actively avoid making positive or negative assessments of a student based on any data other than those obtained from direct observation of performance in the field.

Not only do you need to observe the student’s actions or skills, you should ask *why* they did something. Do not assume that just because a procedure or assessment was performed correctly the student understands why they did it.

Try to be honest with yourself and your student when you provide evaluation and feedback. It does not help anyone to tell a student they are doing fine when they aren't. Always keep in mind that someday *you* or a member of your family may be the patient this student works on.

Try to be specific and constructive when you criticize the student. First, reinforce their good points, then identify any weaknesses. Tell them what is not to standard and why this is the case. Then follow up by reinforcing their good points again.

If a student demonstrates weaknesses in several areas, work on one or two problems at a time. Trying to do too much too fast may cause “paralysis by analysis” in which a student becomes progressively less able to function.

When you critique the student’s performance at the end of the shift, make suggestions about what they can do before the next shift to improve. Examples include the following:

- Review a particular chapter in the textbook
- Go to the skills lab to practice a particular procedure
- Talk with the EMS program about scheduling some additional clinical time

- Review the agency protocols
- Consider doing some library research on a particular topic

Evaluate the student relative to the field internship objectives and to what is expected of an entry-level practitioner. Avoid the tendency to compare the student's performance to you or your partner's performance. As veteran paramedics, you have the advantage of a vast store of clinical experience that your student has not yet had the opportunity to accumulate. Preceptors frequently comment to the program, "These people are getting dumber every year." When you find yourself saying this, remember that it is not the students who are getting dumber. They are, on the average, entering internship at about the same level of ability each year (or improving slightly because of changes made in curriculum and teaching techniques). The differences perceived between groups of students over time are mostly a result of you and your partner getting "smarter," or more experienced.

Remember, you are evaluating performance in relation to an established standard. You are **not** evaluating the student as a person. If a serious personality conflict occurs or if you do not feel you can evaluate a student fairly for any reason, please contact the EMS program to discuss the problem. If the situation is not easily corrected, the student will be reassigned.

An unsatisfactory evaluation of a student will not invariably result in failure to complete the internship. The EMS program policy for dealing with unsatisfactory evaluations or failure to make progress is included below. The policy is designed to allow "progressive corrective action" for dealing with problems to provide the student with every opportunity to improve.

The earlier a problem is identified and communicated the easier and less severe the corrective measures have to be. This is especially true when comments and suggestions accompany the less than satisfactory evaluation (e.g., Butch Catheter has difficulty starting IV's but I feel it is caused by being nervous.). This information probably would not be acted on, but the EMS program would be looking for follow-up comments (e.g., Butch's IV's have not improved. He accidentally started one on himself. I recommend that he go back to the ER for more practice on patients in a more controlled setting.).

Completing paperwork with narrative comments on the student's performance is vital. By law, a student has the right to due process regarding any unfavorable action that the program takes. This includes the right to appeal a decision to the medical director and to the program director. Incomplete documentation is likely to result in action against a student being overturned.

Preceptor observations and recommendations directly influence whether a student completes the course. Because the preceptors see the student perform in a setting that is closer to actual clinical practice than the classroom or in-hospital clinical sites, preceptors provide the best data regarding how the student will eventually function in the field. The EMS program takes preceptor observations **very** seriously in determining whether or not a student completes the course. Therefore, you must strive to be as objective as possible.

Attempts by students to use political influence or threats of any type or to go outside the chain of command to circumvent the internship requirements or process will **not** be tolerated. **These actions by the student will result in immediate dismissal from the program. Students have been advised of the appropriate process for handling grievances and are expected to adhere to this process as a demonstration of their commitment to professional behavior. This includes discussing any problems or concerns with their preceptors personally before taking the matter to anyone else, including the program administration.**

Internship Academic Counseling, Probation, and Dismissal Guidelines

The following guidelines will be used to direct the management of academic performance problems during the field internship phase. Although these guidelines exist to promote a consistent approach to academic difficulties, the individualized nature of learning and each student's personal circumstances may from time-to-time require alternate strategies.

Academic Non-Progress

Failure to demonstrate overall progress in a major component for two consecutive 24-hour blocks:

- Action:
 - Hold 48-hour conference
 - Counsel student

- Based on student interview and preceptor comment:
 - Additional guided didactic study
 - Additional work on skills in either hospital or laboratory
 - Additional formal evaluation (cognitive or psychomotor)

Failure to demonstrate overall progress for three consecutive 24-hour blocks or progress in a major component for four consecutive 24-hour blocks:

- Action:
 - Counsel student
 - Impose probationary status
- Based on student interview and preceptor comments:
 - Additional guided didactic study
 - Additional work on skills either in hospital or in laboratory
 - Additional formal evaluation (cognitive or psychomotor)
 - Assignment to different preceptors
 - Assignment to different station or shift

Failure to demonstrate overall progress for four consecutive 24-hour blocks or progress in a major component for five consecutive 24-hour blocks:

- Action:
 - Dismiss; or
 - Based on preceptor recommendation and review of academic record, reassign to different station/shift.

After reassignment, failure to demonstrate progress after one 24-hour block:

- Action: Dismiss

Disciplinary Counseling and Probation

A student may be dismissed from the program if he/she:

- Misrepresents a material fact on the application for admission or any other documentation for admission.
- Accumulates excessive or unexcused absences, or otherwise violates the attendance requirements.
- Fails to complete at least two field/clinical rotations a month unless previously excused by the program director.
- Violates the standards of conduct during field/clinical rotations.
- Violates the clinical dress code.
- Uses, is under the influence of, is in possession of, or distributes alcohol or illegal drugs while participating in any phase of instruction.
- Represents himself/herself to be qualified at any level other than his/her current level of certification by DSHS.
- Engages in professional misconduct, including but not limited to:
 - Discriminating in the delivery of services based on national origin, race, color, creed, religion, sex, age, disability, or economic status.
 - Abandoning a patient.
 - Violating any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.
 - Failing to follow the standard of care in patient management.
 - Appropriating or possessing without authorization medications, supplies, equipment, or personal items from the EMS program, any clinical site used by the EMS program, or any patient or employee of the EMS program.
 - Materially altering any EMS-related certificate or license issued by DSHS or any other certificate or license issued or required as

a condition for admission to or successful completion of any course offered by the EMS program.

- Obtains or attempts to obtain any benefit to which he is not otherwise entitled by duress, coercion, fraud, or misrepresentation while engaging in activities related to the EMS program or under the guise of engaging in activities related to the program.
- Performs advanced life support skills in any setting other than under the direct supervision of personnel at one of the approved clinical sites or under the supervision of an assigned preceptor.
- Violates general rules, regulations, or policies established by the EMS program or clinical agency.
- Violates the laws of the State of Texas or its political subdivisions or rules pertaining to EMS personnel established by the State Board of Health while engaging in activities related to the EMS program or under the guise of engaging in activities related to the program.
- Engages in academic misconduct, as defined by the “Academic Misconduct” section of this handbook.
- Attempts to satisfy course requirements or otherwise obtain certification by fraud, forgery, deception, misrepresentation, or subterfuge.
- Fails to comply with all lawful instructions, orders, or directions given by program faculty, staff, or instructors; personnel of the hospitals at which field/clinical rotations are performed; or EMS preceptors or supervisory personnel.
- Fails to cooperate with or attempts to obstruct any investigation by program faculty or staff or clinical agency officials into any case of alleged misconduct or violation of program or clinical agency rules or policy.
- Fails to conduct themselves in a professional, reasonable, prudent and courteous manner or otherwise engages in activities that reflects poorly upon the EMS program or clinical agencies.

Students subject to dismissal on disciplinary grounds will be counseled prior to any action being decided upon. In the event of a minor infraction, the student may receive a verbal or written warning.

Students may be counseled at any time regarding their conduct if, in the judgment of the lead instructor, course coordinator, or program director, the student's behavior indicates he/she is at risk of committing a violation that could result in dismissal.

A student may be placed on disciplinary probation for any conduct that may lead to dismissal. The decision to dismiss a student or to impose probation will be based on the seriousness of the violation and the nature of the student's previous conduct.

The terms of disciplinary probation may include:

- A specified probationary period with beginning and ending dates indicated. The length of the probation will vary according to the seriousness of the violation.
- An affirmation that the program and clinical sites policies will be observed during the probationary period.
- Special stipulations in the event there are unique personal problems that need to be addressed.

Clinical Suspension

A student may receive clinical suspension under the following circumstances:

- A student who demonstrates significant academic deficiencies, adjustment problems, or disciplinary problems during field/clinical rotations or field internship may be suspended until the problems are resolved.
- A student who engages in any conduct during or related to clinical rotations or field internship that could subject him/her to dismissal from the program may be suspended from field/clinical rotations for up to 90 days for each violation.
- A student whose academic performance or behavior during the classroom phase of the course indicates a probability for significant academic deficiencies, adjustment problems, or disciplinary problems during clinical rotations or field internship may be denied the privilege of beginning clinical rotations or field internship until the problems are resolved.

Any clinical rotations or field internship time missed due to academic or disciplinary suspension must be made up before the student completes the course.

Module

3

Teaching Strategies

Teaching Suggestions

Adult Learning

There are entire classes conducted about the differences between child and adult learning. This is not intended to treat the subject of adult learning in depth. This is intended to provide a refresher/reminder of how adults learn best. Remember, different people learn different ways, but in general, people learn either by:

- Auditory: by what they hear
- Visual: by what they see
- Kinesthetic: learn by doing

The learning process can be broken down into three phases of “blocks”:

- Block One (Level 1)
 - Knowledge: lowest level of learning, student comprehends facts, procedures, and affective phenomena
 - Cognitive: knowledge, comprehension
 - Affective: receiving, responding
 - Motor skills: imitation, manipulation
- Block Two (Level 2)
 - Application: integration, execution and employment of principles, values and procedures in particular situations
 - Cognitive: application
 - Affective: valuing
 - Psychomotor: precision
- Block Three (Level 3)
 - Problem solving: analysis of information or situations to develop courses of action and to judge their impact or values

- Cognitive: analysis, synthesis, and evaluation
- Affective: organizing, characterizing
- Psychomotor: articulation, naturalization

Students can be at different levels of learning and integration depending on the standards being presented and evaluated. Remember your objective as a preceptor is to help the student attain the **basic entry-level** competencies for the level they are attempting to achieve (Basic EMS, Intermediate EMT, paramedic, advanced care practices, continuing education, etc.)

How do we measure all these things? Evaluations, Evaluations, Evaluations!! Remember the “stages” or levels of learning:

1. Focus on ensuring the student knows the **facts, procedures**, and expected **affective behavior**.
2. Focus on allowing the student to practice and **integrate** the new skills and **procedures**.
3. Look for signs that display **analysis** and **understanding**.

Learning is a change in behavior due to interaction with the environment, acquisition of new habits, and a product of an active process. **Learning is a process, not an event!**

As a preceptor you should develop your own techniques for identifying how to identify what type of learner your student is and what techniques work best. The following are some best practices:

- Use experiences (yours and theirs)
- Tie theory to practice
- Provide a positive climate for learning
- Offer a variety of teaching formats
- Where possible, without adding confusion, offer a variety of techniques
- Provide feedback
- Assist students in finding resources and answers

Remember, the focus of training is to produce results!

This means *behavior* modification to meet desired objectives!

Suggestions for Preceptors

The following are tips for precepting students:

- Establish a professional relationship with your student early. Ask about their goals for learning during field internship. Find out what they consider their strengths and weaknesses. For example, they feel very confident about starting IVs, but do not feel good about doing rhythm identification.
- Preceptors and students should discuss how they can best function together. Look for a way to work together that will be easy for both of you. Remember that the objectives are designed to take the average paramedic student from being observer, through participating as a team member, to functioning as a team leader in about 240 hours. Based on previous experience and innate ability, some students may be ready to progress much faster while others may take longer. **The speed at which the student completes the objectives is not what is important. What is important is that the student makes progress and ultimately achieves mastery.**
- Regardless of how competent a student seems, throwing a student to the wolves by themselves on the first day is **not** good teaching technique—even if that is what happened to you.
- Most of our students have never experienced a competency-based system of education before. Even though the process has been explained to them several times in the classroom, many students begin internship with an expectation that when they have “put in their time” they will be signed off. **Stress to the students that they are finished when they have demonstrated entry-level competency. Because of a number of factors, some of which they will not be able to control, this may take longer than the minimum required amount of time or runs. This is okay! The critical point is that when they finish, they are a competent, entry-level practitioner. If they do not understand this concept, some students may place themselves under tremendous pressure when their internship last longer than they thing it should.**
- If you and your partner have worked together for a long time, remember that you may use a large number of established routines and a significant amount of non-verbal communication on calls.

When you have a student, you may need to force yourself to start “talking out loud again.”

- **Constructive** criticism is very important. Do not tell a student they did something wrong **unless** you tell them or show them the right way to do it. You should seriously discuss each run. There is something to learn from them all. “There are no uninteresting patients, only uninterested paramedics.”
- During calls and during post-run discussions with the student think “out loud.” Within the realm of what is appropriate conversation in front of the patient, verbalize your thought process for the student so they can see how a competent practitioner approaches calls. Point out comments by the patient, observations about the patient, or the patient’s surroundings that were important in guiding your decisions. Remember that to a beginner, everything seems to be important and it is easy to get lost in detail. Part of good clinical teaching is developing the student’s skills in picking out what is important.
- As the student progresses, ask them to think out loud so you can evaluate why they are proceeding in a particular way. Never assume that just because a student does the right things, they necessarily know *why* the action is correct.
- Reinforce correlations between didactic knowledge and clinical performance. **Never** tell a student, “I know they teach you this in the classroom, but this is the way things are in the real world.” Doing this may cause some students to doubt everything they have learned and resort to “practicing by the seat of their pants.” If you must do something that is different from practice as dictated by the book, explain to the student afterwards what the rationale for your decision was.
- Avoid any type of criticism in front of patients and families. If the student is making a mistake, correct it as quietly as possible, but **do** correct it. For example, count the CPR compressions out loud to slow the student down if they are going too fast.
- As the student progresses through the objectives, they should take more and more responsibility for each run. It is very hard for us to sit back and watch another person do a procedure that we usually do—but that is what teaching is all about.

Again, if you and your partner have worked as a team for a long time, there will be a tendency for things to just happen on calls. Remind

yourself not to react so quickly to a situation that you do not give the student an opportunity to perform.

It is important to remain calm, no matter how inept the student is or how frustrated you become with their efforts. Try not to say things like, “This is your last chance, kid. If you can't get the Band-Aid on right this time, you're history.” Instead, talk to the student about why he insists on putting the Band-Aid on wrong side down and **explain why** that does not work. If he still puts it on wrong, call the EMS program for help.

Work to mentor the student using the following methods:

- Reinforce by constructive criticism
- Show them the right way
- Try not to yell
- Do not forget to point out the student’s positive points

If you do not know the answer to a student’s question, do not make one up. Preceptors are not required to be perfect, but they are required to be honest. Sometimes the best response to a situation where you do not know the answer is to work with the student so you can *both* find out the answer to the question. Do not adopt the “why don’t *you* look it up and report back” strategy. This discourages students from asking questions and tends to keep them from becoming self-directing learners.

Remember that students, because they lack the fixed patterns of thinking that experts have acquired, can occasionally come up with brilliant solutions to unusual problems that may not seem immediately obvious to you. When that happens, a good teacher is gracious and praises the student’s success. One of the benefits of teaching is that we continue to be challenged by and learn from our students.

Do Not Forget—You Were A Rookie Once Yourself!

Appendix

A

TEEX Emergency Medical Service (EMS) Academy Student Learning Outcomes

Program Objectives

Upon the successful completion of the field/clinical experience and all other training objectives, the student will be able to:

1. Perform adequate patient assessments, communicate findings with allied health staff and correctly document findings on the Clinical/Internship Documentation Form.
Note: Copies of all Clinical/Internship Documentation Forms are to be submitted to the Clinical Coordinator for review. A Clinical/Internship Documentation Form shall be completed on every shift the student is on. This record shall be utilized to evaluate the types of patients the student has had experience with. Diversity of patient experience is a requirement for this rotation.
2. Demonstrate the ability to utilize and troubleshoot all equipment, including communications and adjunct equipment.
3. Demonstrate the ability to promote or demonstrate positive interpersonal skills with squads, hospital employees, patients and their families.
4. Function both independently and as a member of the team.
5. Demonstrate the ability to assume responsibilities in the field to include setting priorities, organizing patient care, and maintaining control of the emergency scene.
6. Demonstrate clinical competency in the skills set forth in the objectives below.

Skill Set Objectives

1. Infection control and safety
 - 1.1 Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations.
 - 1.2 Demonstrate the proper procedures for ensuring personal protection from disease.
 - 1.3 Demonstrate the use of protective equipment appropriate to the environment and scene.

- 1.4 Demonstrate the ability to comply with body substance isolation guidelines.
- 1.5 Demonstrate the donning and doffing of appropriate Personal Protective Equipment (PPE).
- 1.6 Demonstrate how to safely place a patient in, and remove a patient from, an ambulance.
2. Venous Access and Medication Administration (Paramedic Students Only)
 - 2.1 Demonstrate cannulation of peripheral veins.
 - 2.2 Demonstrate clean technique during medication administration.
 - 2.3 Demonstrate administration of medicine(s) via the following routes:
 - 2.3.1 Oral/Sublingual
 - 2.3.2 Inhalation
 - 2.3.3 Gastric tube
 - 2.3.4 Rectal
 - 2.3.5 Parenteral
 - 2.3.6 Intravenous Pyelogram (IVP)
 - 2.3.7 Subcutaneous
 - 2.3.8 Intramuscular
 - 2.3.9 IV piggy back drip
 - 2.4 Demonstrate preparation and techniques for obtaining a blood sample.
 - 2.5 Demonstrate proper disposal of contaminated items and sharps.

3. Airway Management and Ventilation

- 3.1 Perform body substance isolation procedures during basic airway management, advanced airway management, and ventilation.
- 3.2 Perform pulse oximetry.
- 3.3 Perform end-tidal Carbon Dioxide (CO₂) detection.
- 3.4 Perform manual airway maneuvers.
- 3.5 Perform manual airway maneuvers for pediatric patients.
- 3.6 Perform the Sellick maneuver.
- 3.7 Perform complete airway obstruction maneuvers.
- 3.8 Demonstrate suctioning the upper airway.
- 3.9 Perform tracheobronchial suctioning in the intubated patient. (Paramedic Students)
- 3.10 Demonstrate insertion of a nasogastric tube. (Paramedic Students)
- 3.11 Demonstrate insertion of an orogastric tube. (Paramedic Students)
- 3.12 Perform gastric decompression. (Paramedic Students)
- 3.13 Demonstrate insertion of an oropharyngeal airway.
- 3.14 Demonstrate insertion of a nasopharyngeal airway.
- 3.15 Demonstrate ventilating a patient.
- 3.16 Perform oxygen delivery with an oxygen cylinder and various delivery devices.
- 3.17 Perform endotracheal intubation. (Paramedic Students)
- 3.18 Perform assessment to confirm correct placement of the endotracheal tube. (Paramedic Students)

- 3.19 Adequately secure an endotracheal tube. (Paramedic Students)
- 3.20 Perform extubation. (Paramedic Students)
- 3.21 Perform insertion of a Combitube[®], King Airway, or Laryngeal Mask Airway (LMA). (Paramedic Students)
- 3.22 Perform assessment to confirm correct placement of the Combitube[®], King Airway, or LMA. (Paramedic Students)
- 4. Patient Assessment
 - 4.1 Demonstrate the skills involved in performing each phase of the patient assessment skill.
 - 4.2 Demonstrate a caring attitude when performing physical examination skills.
 - 4.3 Demonstrate proficiency in the assessment of vital signs.
- 5. Communications
 - 5.1 Demonstrate the ability to use the local dispatch communications system.
 - 5.2 Demonstrate the ability to use a radio.
 - 5.3 Demonstrate the ability to therapeutically communicate with patients, bystanders, preceptors, fire personnel, law enforcement personnel, and other healthcare personnel.
- 6. Trauma
 - 6.1 Demonstrate the assessment and management of patients with signs and symptoms of hemorrhagic shock.
 - 6.2 Demonstrate the assessment and management of patients with signs and symptoms of external hemorrhage.
 - 6.3 Demonstrate the assessment and management of patients with signs and symptoms of internal hemorrhage.
 - 6.4 Demonstrate the assessment and management of a patient with signs and symptoms of soft tissue injuries.

- 6.5 Demonstrate the assessment and management of the burn patient.
- 6.6 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury.
- 6.7 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury.
- 6.8 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of a spinal injury.
- 6.9 Demonstrate documentation of suspected spinal cord injury to include:
 - 6.9.1 General area of spinal cord involved
 - 6.9.2 Sensation
 - 6.9.3 Dermatomes
 - 6.9.4 Motor function
 - 6.9.5 Area(s) of weakness
 - 6.9.6 Before and after immobilization techniques
- 6.10 Demonstrate preferred methods for stabilization of a helmet in a potentially spine-injured patient.
- 6.11 Demonstrate helmet removal techniques.
- 6.12 Demonstrate the following techniques of management for thoracic injuries:
 - 6.12.1 Needle decompression (Paramedic Students)
 - 6.12.2 Fracture stabilization
 - 6.12.3 Elective intubation (Paramedic Students)

- 6.12.4 Electrocardiogram (EKG) monitoring (Paramedic Students)
- 6.12.5 Oxygenation and ventilation
- 6.13 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma.
- 6.14 Demonstrate the proper use of a Pneumatic Anti-Shock Garment (PASG) in a patient with suspected abdominal trauma.
- 6.15 Demonstrate the proper use of a PASG in a patient with suspected pelvic fracture.
- 6.16 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury.
- 6.17 Demonstrate the proper use of fixation, soft, and traction splints for a patient with a suspected fracture.
- 7. Pulmonary
 - 7.1 Demonstrate proper use of airway and ventilation devices.
 - 7.2 Conduct a history and patient assessment for patients with pulmonary diseases and conditions.
- 8. Cardiology
 - 8.1 Demonstrate how to set and adjust the EKG monitor settings to varying patient situations. (Paramedic Students)
 - 8.2 Demonstrate a working knowledge of various EKG lead system—3 lead and 12 lead. (Paramedic Students)
 - 8.3 Demonstrate how to record an EKG. (Paramedic Students)
 - 8.4 Perform, document, and communicate a cardiovascular assessment.
 - 8.5 Set up and apply a transcutaneous pacing system. (Paramedic Student)

- 8.6 Assess and manage a patient with signs and symptoms of heart failure.
- 8.7 Demonstrate satisfactory performance of the following skills in the patient care environment:
 - 8.7.1 Cardiopulmonary Resuscitation (CPR)
 - 8.7.2 Defibrillation (Paramedic Students)
 - 8.7.3 Synchronized cardioversion (Paramedic Students)
 - 8.7.4 Transcutaneous pacing (Paramedic Students)
- 9. Neurology
 - 9.1 Perform an appropriate assessment of a patient with coma or Altered Mental Status (AMS).
 - 9.2 Perform a complete neurological examination as part of the comprehensive physical examination of a patient with coma or AMS.
 - 9.3 Appropriately manage a patient with coma or AMS, including the administration of oxygen, oral glucose (Emergency Medical Technician [EMT]-Basic Students), 50% dextrose and narcotic reversal agents. (Paramedic Students)
 - 9.4 Perform an appropriate assessment of a patient with syncope.
 - 9.5 Appropriately manage a patient with syncope.
 - 9.6 Perform an appropriate assessment of a patient with seizures.
 - 9.7 Appropriately manage a patient with seizures.
 - 9.8 Perform an appropriate assessment of a patient with stroke and intracranial hemorrhage or Transient Ischemic Attack (TIA).
 - 9.9 Appropriately manage a patient with stroke, intracranial hemorrhage, or TIA.

10. Hematology

- 10.1 Perform an assessment of the patient with a hematologic disorder.
- 10.2 Appropriately manage a patient with a hematologic disorder.

11. Infectious Disease

- 11.1 Perform an assessment of a patient with an infectious/communicable disease.
- 11.2 Effectively and safely manage a patient with an infectious/communicable disease.

12. Behavioral/Psychiatric

- 12.1 Demonstrate safe techniques for managing and restraining a violent patient.
- 12.2 Demonstrate appropriate assessment techniques for the patient with a behavioral/psychiatric emergency.

13. Obstetrics/Gynecology

- 13.1 Demonstrate proper assessment of a patient with a gynecological complaint.
- 13.2 Demonstrate proper care of a patient with:
 - 13.2.1 Excessive vaginal bleeding
 - 13.2.2 Abdominal pain
 - 13.2.3 Sexual assault
- 13.3 Demonstrate proper assessment of an obstetric patient.
- 13.4 Demonstrate how to provide care for a patient with:
 - 13.4.1 Excessive vaginal bleeding
 - 13.4.2 Abdominal pain
 - 13.4.3 Hypertensive crisis

- 13.5 Demonstrate how to prepare the obstetric patient for delivery.
 - 13.6 Demonstrate how to assess the patient in labor to include:
 - 13.6.1 Fetal heart tones
 - 13.6.2 Fetal position
 - 13.6.3 Crowning
 - 13.6.4 Maternal assessment
 - 13.7 Demonstrate how to assist in the normal cephalic delivery of the fetus.
 - 13.8 Demonstrate how to deliver the placenta.
 - 13.9 Demonstrate how to deliver post-delivery care to the mother and neonate.
 - 13.10 Demonstrate procedures for assisting with abnormal deliveries.
 - 13.11 Demonstrate proper care of the mother with delivery complications.
14. Neonatology
- 14.1 Demonstrate preparation of a newborn resuscitation area.
 - 14.2 Demonstrate appropriate assessment techniques for examining a newborn.
 - 14.3 Demonstrate appropriate assisted ventilation of the newborn.
 - 14.4 Demonstrate appropriate endotracheal intubation of the newborn. (Paramedic Students)
 - 14.5 Demonstrate appropriate insertion of an orogastric tube. (Paramedic Students)
 - 14.6 Demonstrate needle chest decompression for a newborn or neonate. (Paramedic Students)
 - 14.7 Demonstrate appropriate CPR techniques for the newborn.

14.8 Demonstrate vascular access cannulation techniques for a newborn. (Paramedic Students)

14.9 Demonstrate initial steps in resuscitation of a newborn.

14.10 Demonstrate oxygen delivery techniques for a newborn.

15. Pediatrics

15.1 Demonstrate the appropriate approach for assessing and treating infants and children.

15.2 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children.

15.3 Demonstrate appropriate techniques for assessing pediatric vital signs.

15.4 Demonstrate the use of a length based resuscitation tape when treating an infant or child.

15.5 Demonstrate the appropriate approach for treating for treating infants and children with respiratory distress, failure, and arrest.

15.6 Demonstrate the appropriate use of airway adjuncts, both basic and advanced, for infants and children.

15.7 Demonstrate the proper placement of a gastric tube in infants or children. (Paramedic Students)

15.8 Demonstrate appropriate techniques for gaining vascular access in infants and children. (Paramedic Students)

15.9 Demonstrate the appropriate techniques for administration of medications by various routes. (Paramedic Students)

15.10 Demonstrate the appropriate method for insertion of an intraosseous line. (Paramedic Students)

15.11 Demonstrate proper assessment and management of infants or children with partially or completely occluded airways.

15.12 Demonstrate appropriate assessment and management of pediatric trauma victims to include:

15.12.1 Head injury

15.12.2 Chest injury

15.12.3 Abdominal injury

15.12.4 Extremity injury

15.12.5 Burns

15.13 Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations.

15.14 Demonstrate proper infant and child CPR.

15.15 Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.
(Paramedic Students)

16. Geriatrics

16.1 Demonstrate the ability to assess a geriatric patient.

16.2 Demonstrate the ability to adjust assessment and treatment of the geriatric patient.

17. Abuse and Assault

17.1 Demonstrate the ability to assess a spouse, elder, or pediatric abused patient.

17.2 Demonstrate the ability to assess a sexually-assaulted patient.

18. Chronically Ill Patients

18.1 Demonstrate proper care of a tracheostomy patient.

18.2 Demonstrate proper technique for drawing blood from a central venous line. (Paramedic Students)

18.3 Demonstrate the method of accessing vascular access devices found in the home healthcare setting. (Paramedic Students)

18.4 Demonstrate proper care of a peg tube.

18.5 Demonstrate proper care of the patient with a urinary catheter.

18.6 Demonstrate wound care in the bed bound or chronically ill patient.

19. Rescue Awareness and Operations

19.1 Demonstrate stabilization techniques for a vehicle involved in a Motor Vehicle Collision (MVC).

19.2 Demonstrate access techniques for a patient involved in a MVC.

19.3 Demonstrate techniques for accessing and moving patients in various situations such as high angle, water, and enclosed spaces.

20. Emergency Medical Service (EMS) Field Objectives

20.1 Perform assessments, treatments, and interventions at EMT-Paramedic level of patients with the following complaints:

20.1.1 Cerebrovascular Accident (CVA)/AMS/Seizure

20.1.2 Cardiac

20.1.3 Trauma

20.1.4 Geriatric

20.1.5 Pediatric

20.1.6 Neurological

20.1.7 Pulmonary

20.1.8 Endocrine

20.1.9 Allergy/Anaphylaxis

20.1.10 Gastrointestinal

20.1.11 Obstetrical/Gynecological

20.1.12 Renal

20.1.13 Toxicological/Overdose

20.1.14 Hematological/Cancer

20.1.15 Communicable Disease

20.1.16 Behavioral/Psychiatric

Appendix

B

TEEX Emergency Medical Service (EMS) Academy Entry-Level Competencies

The following entry-level competencies define the expectations of the TEEX Emergency Medical Services (EMS) Academy for graduates of its Emergency Medical Technician (EMT)-paramedic course. The competencies describe the abilities and characteristics of an individual who has successfully completed the course and are based on nationally accepted entry-level competencies for practice as an EMT-paramedic and on the expectations of the communities of interest served by the TEEX EMS Academy.

Professionalism

- Demonstrates professional conduct and ethical practice in clinical setting by:
 - Accepting patients as they present themselves, without passing judgment.
 - Using discretion regarding statements or behavior in presence of patient, family, significant others, and other members of public.
 - Refraining from speaking to or about patients, families, colleagues, associates in deprecating, mocking, disrespectful or malicious manner.
 - Demonstrating awareness of personal and professional abilities and limitations.
 - Maintaining confidentiality of patient information.
 - Following uniform and grooming policies.
 - Following clinical and administrative policies and procedures.
 - Understanding and respecting administrative chain of command and role of medical control.
 - Attempting to resolve ethical issues by acting in the best interest of the patient.

- Assumes responsibility for personal and professional growth and development by:
 - Seeking opportunities to gain new knowledge and applying it appropriately in clinical practice.
 - Demonstrating positive attitude toward learning.
 - Assisting in evaluation of own performances.
 - Knowing requirements for continuing education and recertification.
 - Demonstrating awareness of career pathways in emergency medical services.
 - Understanding and participating in quality assurance/improvement processes.
- Recognizes constraints established by law and local medical control and delivers effective, appropriate patient care within those constraints.
- Demonstrates awareness of value and relevance of research in pre-hospital and inter-facility patient care.

Interpersonal Skills and Interaction

Demonstrates interpersonal skills necessary for effective performance in pre-hospital and inter-facility settings by:

- Communicating with others openly and effectively.
- Coordinating efforts with those of other agencies and individuals who may be involved in the care and transportation of patient(s).
- Building working relationships with patients, peers, and others participating in care and transportation of patient(s).
- Involving others significant to the patient.
- Instilling confidence in the patient, their family, and bystanders.
- Demonstrating awareness of impact on others.

- Responding appropriately to the patient and their significant others sense of crisis.
- Accepting direction when appropriate.
- Demonstrating the ability to function as a team member and team leader.

Patient Care

- Quickly and accurately performs a primary survey; recognizes patients with immediately life-threatening disorders of airway, breathing, or circulation; and initiates immediate life-saving interventions, including rapid extrication and transport, if appropriate.
- Obtains information rapidly and accurately from observation of the environment; by interviewing others; and by performing a secondary survey including a pertinent history and physical examination, including vital signs, based on the patient's chief complaint.
- Possesses sufficient knowledge of anatomy, physiology, pathology, pathophysiology, and pharmacology to gather appropriate data, evaluate patients for emergency intervention, assign priorities for care, and in cooperation with medical control, develop a working diagnosis and implements initial and continuing pre-hospital and interfacility management for:
 - Single and multiple systems trauma involving the:
 - head;
 - spine and spinal cord;
 - maxillofacial complex;
 - eyes;
 - teeth and gums;
 - anterior neck;
 - thorax;

- abdomen;
- genitourinary system;
- pelvis and extremities, including peripheral neural and vascular trauma; and
- soft tissues, including burns and electrical injuries.

— Medical emergencies involving:

- the respiratory system, including acute airway obstruction, pneumothorax, chronic obstructive pulmonary disease, reactive airway disease, and respiratory distress;
- the cardiovascular system, including myocardial ischemia, congestive heart failure, cardiac dysrhythmias, and cardiac arrest;
- the endocrine system, including diabetes mellitus;
- the nervous system, including altered level of consciousness, seizures, and cerebrovascular accident;
- the gastrointestinal system;
- the genitourinary system;
- the eyes, ears, nose, and throat;
- allergic reactions;
- exposure to toxic agents, including venoms and hazardous materials;
- exposure to extremes of heat and cold;
- dysbarism;
- near-drowning;
- disorders of hemopoiesis and hemostasis, including hemophilia and sickle cell disease;
- infectious agents;

- drug related problems, including alcohol abuse, drug overdose, and drug addiction;
 - fluid, electrolyte, and acid-base abnormalities; and
 - disorders of the immune system.
- Obstetric and gynecologic emergencies, including complications of the second and third trimesters of pregnancy, bleeding, eclampsia, and precipitous delivery.
 - Behavioral and psychiatric emergencies, including suicidal, assaultive, destructive, resistant, anxious, bizarre, confused, amnesic, and paranoid patients and sexual assault and abuse.
- Possesses sufficient knowledge of anatomy, physiology, pathology, pathophysiology, and pharmacology to gather appropriate data, evaluate for emergency intervention, assign priorities for care, and, in cooperation with medical control, develop a working diagnosis and implement initial and continuing pre-hospital and inter-facility management of members of the following special patient populations:
 - Neonates and pediatric patients, including patients suffering from croup, epiglottitis, dehydration, child abuse, and meconium aspiration.
 - Geriatric patients.
 - Obstetric/Gynecologic patients.
 - Oncology patients.
 - Dialysis patients.
 - Challenged patients, including those with hearing, visual, and speech impairments; Down's syndrome; developmental delays, cerebral palsy, multiple sclerosis, spinal bifida; arthritis; muscular dystrophy; and polio.
 - Patients from other cultural or religious traditions.

- Effectively organizes delivery of pre-hospital patient care by:
 - Appropriately integrating performance of patient care and non-patient care operational task, including:
 - radio use;
 - scene control/incident command, including triage of multiple casualties;
 - rescue and extrication; and
 - aeromedical operations.
 - Directing and coordinating transportation of patient by selecting best available method(s) and destination in conjunctions with medical control.
- Possesses ability to exercise professional judgment based on analytical thinking to provide appropriate patient care when care has been authorized in advance by standing orders, in cases where medical direction is interrupted by communication failure, or in case of immediately life threatening conditions.

Record Keeping/Communications

- Documents patient information, observations, and occurrences in an accurate, complete, concise, and legible manner.
- Communicates pertinent patient information understandably, completely, concisely, and accurately via the radio to medical control and upon arrival at hospital.

Occupational Health and Safety

- Displays safety consciousness with patients, self, other responders, and equipment.
- Recognizes and takes appropriate action in potentially hazardous circumstances.
- Complies with infection control principles, including appropriate use of universal precautions and aseptic technique.

- Uses proper body mechanics while handling patients and equipment.
- Demonstrates understanding of psychological hazards of providing pre-hospital care and of techniques for stress recognition and reduction.

Vehicles, Equipment, and Facilities

- Demonstrates the ability to inspect and perform routine maintenance of an emergency vehicle.
- Demonstrates the ability to locate equipment and supplies by storage area on a mobile intensive care unit.
- Demonstrates the ability to inspect, prepare, operate, and maintain all patient care equipment in mobile unit inventory.
- Demonstrates the ability to perform station duties, including cleaning of station and surrounding areas.

Physical Condition

- Demonstrates the ability to lift, carry, and balance patients and patient care equipment.
- Demonstrates the physical and mental endurance necessary to function effectively throughout an entire work shift.
- Demonstrates the manual dexterity necessary to perform all required tasks.
- Demonstrates the ability to bend, stoop, and crawl on uneven surfaces.
- Demonstrates the ability to withstand varied environmental conditions such as loud noises, flashing lights, heat, cold, and moisture.
- Demonstrates the ability to work effectively in low light, confined spaces, and other dangerous or stressful environment.

Technical Skills

Recognizes the need for and appropriately performs the following patient management/assessment skills:

- Patient Assessment:
 - Initial assessment (primary survey)
 - Focused or detailed history and physical examination (secondary survey):
 - History
 - Physical examination
 - Vital signs
- Use of basic airway and ventilation adjuncts:
 - Oxygen therapy
 - Nasopharyngeal airway
 - Oropharyngeal airway
 - Pocket mask
 - Bag-value mask
 - Demand value
- Use of advanced airway management techniques:
 - Endotracheal intubation:
 - Oral
 - Nasal
 - Digital
 - Esophageal intubation (dual luman airway)
 - Surgical airway access

- Needle cricothyrotomy
- Surgical cricothyrotomy
- Use of non-invasive respiratory parameter monitoring:
 - Pulse oximetry
 - End-tidal carbon dioxide monitoring
- Suctioning:
 - Oropharyngeal
 - Endotracheal
- Gastric tube placement:
 - Oral
 - Nasal
- Cardiopulmonary Resuscitation (CPR):
 - Single rescuer CPR (adult, child, infant)
 - Two rescuer CPR (adult, child)
 - Airway obstruction management (adult, child, infant)
- Venipuncture/Blood sample collection
- Blood glucose determination
- Vascular access:
 - Intravenous
 - Intraosseous

- Dosage calculation, preparation, and administration of medications:
 - Intravenous:
 - Bolus
 - Continuous infusion
 - Subcutaneous
 - Intramuscular
 - Sublingual
 - Endotracheal
 - Inhaled
 - Nebulizer
 - Metered-dose inhaler
 - Topical
 - Oral
 - Epinephrine Auto-Injector
- Pleural decompression
- Obtaining and interpreting Lead II electrocardiogram
- Electrical arrhythmia therapy:
 - Defibrillation
 - Cardioversion
 - Transcutaneous pacing
 - Semiautomatic defibrillation
- Use of Pneumatic Anti-Shock Garment (PASG)
- Control of bleeding and bandaging of soft tissue injuries

- Spinal immobilization:
 - Long spine board
 - “Short” immobilization devices
 - Cervical immobilization devices
- Splinting of orthopedic injuries:
 - Rigid splints
 - Soft splints
 - Traction splints
- Vagal stimulation techniques
- Obstetrical delivery, including fundal massage:
 - Apgar scoring/routine neonatal care
 - Neonatal resuscitation techniques
- Possesses familiarity with following monitoring/diagnostic/treatment modalities to provide a basis for developing skills required for specialized practice:
 - Urinary catheterization
 - Mechanical ventilator systems
 - IV infusion pumps/controllers
 - Arterial blood gas analysis
 - Central venous lines
 - Drug administration via rectal and transdermal routes
 - Acquisition and basic interpretation of 12-lead electrocardiogram, including infarct localization

Appendix

C

Documentation Forms

Clinical/Internship Paperwork Documentation

Clinical / Internship Paperwork Documentation

At a minimum, the information provided on any report must include patient age, chief complaint, actions taken by the student, and disposition of the patient. There will be no credit given for a patient contact or procedure done on any patient where all the above information is not provided on the appropriate forms.

All clinical/internship paperwork must be submitted to the TEEEX EMS office within seven (7) calendar days of the rotation date. No credit for a clinical/internship rotation will be given if the paper work is submitted late. Paperwork may be submitted in person or may be mailed. If mailed, it must be postmarked within seven (7) calendar days of the rotation date. Our mailing / shipping addresses are:

via US Postal Service
Emergency Services Training Institute
Attention: Troy Reynolds
301 Tarrow, TEEEX
College Station, TX 77840-7896

via Express Service (UPS, FedEx, etc)
Emergency Services Training Institute
Attention: Troy Reynolds
1595 Nuclear Science Rd, Bldg 101
College Station, TX 77843
(979) 458-2997 office

A detailed explanation of each form and the requirements for each specific form can be found on the following pages.

NOTE: Rotation documentation will not be accepted unless the following rules are met:

1. All documentation must be on TEEEX-ESTI EMS Program approved paperwork. We will not accept documentation that is completed on the provided example pages.
2. Each rotation **MUST** have a "Shift Overview" document.
3. All blocks on the "Shift Overview" document **MUST** be completed.
4. Each PCR (EMS and / or hospital) **MUST** be attached to a "Shift Overview" document.
5. Each shift documentation packet **MUST** be accompanied by a "Preceptor Evaluation" form.

Additional copies of the documentation forms can be found on the internet at www.teex.com/ems. Click on the "Clinical Documentation" link under the Student Information heading.

Shift Overview

CLINICAL/INTERNSHIP DOCUMENTATION FORM

Student Name	Date of Rotation:	Clinical Location:	Department:	Internship Location:	Preceptor Crew (print names)
SS#	Start Time:	<input type="checkbox"/> St. Joe <input type="checkbox"/> CSMC <input type="checkbox"/> Grimes St. Joes <input type="checkbox"/> Richards Memorial <input type="checkbox"/> Fayette Memorial <input type="checkbox"/> Trinity Medical Center <input type="checkbox"/> Other (specify):	<input type="checkbox"/> ER <input type="checkbox"/> L&D <input type="checkbox"/> Bldg. <input type="checkbox"/> OR <input type="checkbox"/> ICU	Unit #: <input type="checkbox"/> College Station FD <input type="checkbox"/> Bryan FD <input type="checkbox"/> Robertson County EMS <input type="checkbox"/> Austin County EMS <input type="checkbox"/> St. Joes EMS <input type="checkbox"/> Colorado County EMS <input type="checkbox"/> Cuyler EMS <input type="checkbox"/> Scott & White EMS <input type="checkbox"/> Other (specify)	1. 2. Preceptor signature
Total Hours Worked:	End Time				
Total Patients Transported:					

Use one Page/Clinical/Internship Shift (Useback if necessary)

1

2

3

4

5

6

7

FOR OFFICE USE ONLY

ER ___ L&D ___ # Births ___ Bldg. Care ___ OR ___ ICU ___ | IV ___ BD ___ ET ___ | MA-Other ___ MA-IM ___ MA-SubQ ___
 ENG Non-MS ___ ENG MS ___ | EMS hrs ___ BLS ___ ALS ___ | PCA Adult ___ PC-Pedi ___ PC-Geni ___
 PC-Psych ___ PC-Cardio ___ PC-Resp ___ PC-GI/GU ___ PC-Trauma ___ PC-OB/GYN ___ PC-Med ___

This document is a two page, double sided document. One of these sheets must be completed for **every** shift (both EMS and hospital). The student completes the boxes 1 - 4 at the beginning of the shift ("end time" can be filled in just prior to obtaining preceptor signature). Box 5 must be completed by the preceptor at the end of the shift. Please note – the preceptor must sign this block.

In box 6, the student writes a brief synopsis on each patient for whom the student provided assistance. The synopsis must include patient age, sex, chief complaint and a brief narrative of care provided. **All patient contacts** must be documented regardless of transport result.

The information can be continued to the back of the form.

On the back of the form, the student must sign and date (date of clinical) the documentation attesting it is a true and accurate representation of the time.

NOTE: Box 7 is for TEEC use only. Please do not write in this block.

Patient Care Report (PCR) – EMS

TEXAS ENGINEERING EXTENSION SERVICE
EMERGENCY SERVICES TRAINING INSTITUTE
EMERGENCY MEDICAL SERVICES TRAINING PROGRAM

Call Times - Use 24hr Clock:
DISPATCH
ENROUTE
ON SCENE
TO HOSP
AT HOSP
IN SERVICE

Class: Basic Intermediate Paramedic
Class Start Date: _____

Rotation Date: _____ EMS Site: _____ Unit: _____ Patient: _____ of _____

Weather: Dry Rain Snow Ice Fog Law Enforcement Units (List): _____ Patient's Valuables: _____
Other: _____

Additional EMS Units (List): _____ Fire Units (List): _____ Disposition of Patient Valuables: _____

Air Ambulance? YES NO Pt Airlifted to: _____
Second Ambulance used to transport? YES NO Service: _____ Transported to: _____

Chief Complaint: _____ Working Diagnosis: _____

PATIENT HISTORY

Age: _____	Time		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	BP		
POHx: _____	P		
	R		
MEDS: _____	SaO ₂		
	D-Stick		
ALLERGIES: _____	Pupils		
	Skin		
	GCS/RCS		

MEDICATIONS ADMINISTERED BY EMS

TIME	MED	DOSE	ROUTE	EFFECT

Patient Transported to: _____

Transport Refused: YES NO Vehicle Extrication: _____ Driver: _____ Cert: _____
Work Related: YES NO TIME _____ NO Attendant: _____ Cert: _____
Aid Prior to Arrival: YES NO Preventative Aid: _____ Student: _____ Cert: _____
Preceptor Signature: _____

TREATMENT PERFORMED

Spinal Immobilization Seated Supine Oxygen: NG NRB Venturi
 L/min BVM SFM Blow by
 FROP/D

Bandaging Splinting OPA NPA Suction PTL/Comb/Asp/EOA/EGTA

Bystander EMS: Time _____ Time: _____ v/ Nasal Oral
 ET _____ Time: _____ Miller Mac
Down Time Prior to EMS Arrival: _____ Breath Sounds Evaluated: Yes No

Other _____

IV/IO: Time: _____ ga: _____ Site: _____ Attempts: _____ S U Medic: _____

ECG _____ Time _____ Interpretation _____ Treatment _____ Medic _____
Alcohol or Drug of Abuse: _____
 Defibrillation: J _____ Cardioversion: J _____ Pacing Rate _____ mA _____ S U

NARRATIVE

USE SUPPLEMENT REPORT IF ADDITIONAL NARRATIVE SPACE IS NEEDED

Place of occurrence _____ Probable Cause _____ SI/S _____ Student Signature: _____

Treatment	Injury Type	#1	#2	#3	#4	#5	#6

TYPE 1 - Burn 2 - Fracture / Dislocation 3 - Laceration / Penetration
4 - Internal 5 - Drowning / Suffocation / Choking 6 - Drug Overdose 7 - Acute Alcohol Intoxication 8 - Spine / Brain
9 - Scrape / Bruise / Cut 10 - Sprain / Strain

SEVERITY 1 - Possibly incapacitating 2 - Non-incapacitating 3 - Incapacitating

An easy way to differentiate this from Hospital PCR is that the EMS PCR form **DOES** have the time block in the upper right hand corner.

The student must complete a patient care report for **every call** to which the ambulance responds – regardless of transport result.

The student must sign each form.

Advanced students should attach EKG strips to a blank piece of paper.

The student must get the preceptor to sign at least one of the reports.

In order to ensure your transport(s) count, you must use terminology such as “patient was transported to College Station Medical Center ER”. Please do not abbreviate the hospital name.

Shift Overview

CLINICAL / INTERNSHIP DOCUMENTATION FORM

Student Name: _____ Total Hours Worked: _____ Total Patients Contacted: _____	Date of Rotation: (beginning date) _____ Start Time: (military time) _____ End Time: (military time) _____	Clinical Location: <input type="checkbox"/> St. Joe <input type="checkbox"/> CSMC <input type="checkbox"/> Grimes St. Joes <input type="checkbox"/> Burlison St Joes <input type="checkbox"/> St Marks <input type="checkbox"/> St Davids <input type="checkbox"/> Tomball Regional <input type="checkbox"/> Other (list full agency name): _____	Department: <input type="checkbox"/> ER <input type="checkbox"/> L&D <input type="checkbox"/> HS <input type="checkbox"/> OR <input type="checkbox"/> ICU <input type="checkbox"/> RT <input type="checkbox"/> Cath <input type="checkbox"/> Other (list full agency name): _____	Internship Location: <input type="checkbox"/> College Station FD <input type="checkbox"/> Bryan FD <input type="checkbox"/> Robertson County EMS <input type="checkbox"/> Austin County EMS <input type="checkbox"/> Washington County EMS <input type="checkbox"/> Montgomery County EMS <input type="checkbox"/> Other (list full agency name) _____	Preceptor (print name) _____ Preceptor Signature _____ Level: <input type="checkbox"/> Basic <input type="checkbox"/> Inter <input type="checkbox"/> Para Class Start Date: _____ <input type="checkbox"/> Tuition <input type="checkbox"/> TxDot
---	---	--	--	--	---

Use one Page for each Clinical / Internship Shift (Use back if necessary)

1. Age	Sex	C/C:	PMHx:	Lead Medic?	[] Yes [] No
Treatment: _____					
Observations: _____					
2. Age	Sex	C/C:	PMHx:	Lead Medic?	[] Yes [] No
Treatment: _____					
Observations: _____					
3. Age	Sex	C/C:	PMHx:	Lead Medic?	[] Yes [] No
Treatment: _____					
Observations: _____					
4. Age	Sex	C/C:	PMHx:	Lead Medic?	[] Yes [] No
Treatment: _____					
Observations: _____					
5. Age	Sex	C/C:	PMHx:	Lead Medic?	[] Yes [] No
Treatment: _____					
Observations: _____					

FOR OFFICE USE ONLY

Site Hours: ER ___ L&D ___ RT ___ OR ___ ICU ___ EMS ___ <-> **Transports:** BLS ___ ALS ___
 Births ___ VP ___ ET ___ MA ___ EKG (Non) ___ EKG (NS) ___ Vent ___
Skills Performed: Adult ___ Geri ___ <-> **Pedi:** Adolescent (12-18) ___ School Age (6-11) ___ Pre-Sch (3-5) ___ Toddler (2-3) ___ Infant (0-1) ___ Newborn ___
 Trauma ___ Medical ___ <-> Psych ___ Cardio ___ Resp ___ GI/GU ___ OB/Gyn ___ AMS ___ Sync ___

6. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

7. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

8. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

9. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

10. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

11. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

12. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

13. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

14. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

15. **Age** _____ **Sex** _____ **C/C:** _____ **PMHx:** _____ **Lead Medic?** Yes No
 Treatment: _____
 Observations: _____

This is an accurate representation of clinical/internship time. (student must sign for credit to be given)

Name: _____ Signature: _____ Date: _____

Patient Care Report (PCR)—EMS



Texas Engineering Extension Service
Emergency Services Training Institute
Emergency Medical Services Training Program

Call Times – Use 24hr Clock	
DISPATCH	
ENROUTE	
ON SCENE	
TO HOSP	
AT HOSP	
IN SERVICE	

Student Name: _____

Class: Basic Intermediate Paramedic Class Start Date: _____

Rotation Date: _____ EMS Site: _____ Unit: _____ Patient: _____ of _____

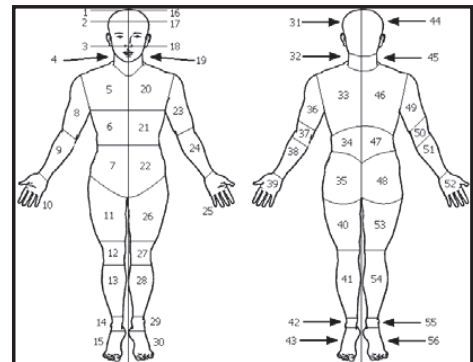
Weather: Dry Rain Snow Ice Fog Other: _____	Law Enforcement Units (List): _____	Patient's Valuables: _____
Additional EMS Units (List): _____	Fire Units (List): _____	Disposition of Patient Valuables: _____
Air Ambulance? <input type="checkbox"/> YES <input type="checkbox"/> NO Pt Airlifted to: _____		
Second Ambulance used to transport? <input type="checkbox"/> YES <input type="checkbox"/> NO Service: _____ Transported to: _____		

Chief Complaint: _____	Working Diagnosis: _____
-------------------------------	---------------------------------

PATIENT HISTORY	Time			
	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female PMHx: _____ MEDS: _____ ALLERGIES: _____	BP		
	P			
	R			
	SaO ₂			
	D-Stick			
	Pupils			
	Skin			
	GCS/RCS			

MEDICATIONS ADMINISTERED BY EMS

TIME	MED	DOSE	ROUTE	EFFECT



Patient Transported to: _____

Transport Refused	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Extrication
Work Related:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES TIME _____ <input type="checkbox"/> NO
Aid Prior to Arrival:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Preventative Aid:

Driver _____	Cert _____
Attendant _____	Cert _____
Student _____	Cert _____
Preceptor Signature	

Electrocardiogram (EKG) Strip Record

TEEX-ESTI EMS Program

EKG Monitor Strip Record

Student:		Rotation Date:		
			Rate:	
			Interpretation:	QRS:
			Rhythm:	P-R:

Preceptor Evaluation Form

TEEX EMS PRECEPTOR EVALUATION OF STUDENT

Class Level	Basic	Intermediate	Paramedic	Student Name:			
Rotation Date:				Preceptor Name:			
Clinical Site:				Department:			
Please rank student performance from "1" to "5" with 1 being "poor" to "5" being "excellent"							
CATEGORY	RATING			1. Please Write a brief comment on all areas of performance where the rating is a "1" or "2"			
ASSESSMENT							
Primary Assessment	N/A	1	2	3	4	5	
Secondary Assessment	N/A	1	2	3	4	5	
Medical History	N/A	1	2	3	4	5	
SKILLS PERFORMED							
Patient Relations	N/A	1	2	3	4	5	
Lifting and Moving	N/A	1	2	3	4	5	
Airway Maintenance	N/A	1	2	3	4	5	
Oxygen Administration	N/A	1	2	3	4	5	2. List at least 2 tasks that the student can do to improve performance on the item(s) listed above.
Bag Valve Mask	N/A	1	2	3	4	5	
Suctioning	N/A	1	2	3	4	5	
CPR Adult/Child/Infant	N/A	1	2	3	4	5	
Esophageal Airway	N/A	1	2	3	4	5	
ETT Intubation	N/A	1	2	3	4	5	
PASG Monitoring/Removal	N/A	1	2	3	4	5	
IV Cannulation	N/A	1	2	3	4	5	
Medication Administration	N/A	1	2	3	4	5	
EKG Recognition	N/A	1	2	3	4	5	3. List 2 things the program instructor can do to help the student improve performance
Defibrillation/Cardioversion	N/A	1	2	3	4	5	in support of the task(s) listed in number one
REPORTING							
Radio Operation	N/A	1	2	3	4	5	
Oral or Radio Reporting	N/A	1	2	3	4	5	
Documentation	N/A	1	2	3	4	5	
Log Book and Misc. Records	N/A	1	2	3	4	5	
PROFESSIONALISM							
Attitude	N/A	1	2	3	4	5	
Enthusiasm	N/A	1	2	3	4	5	
General Appearance	N/A	1	2	3	4	5	Date: _____
Professional Behaviour	N/A	1	2	3	4	5	Date: _____
				PLEASE USE THE BACK OF THIS FORM IF NEEDED.			
				Preceptors Signature			
				Student Signature			



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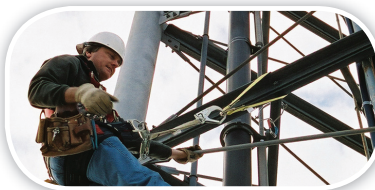
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