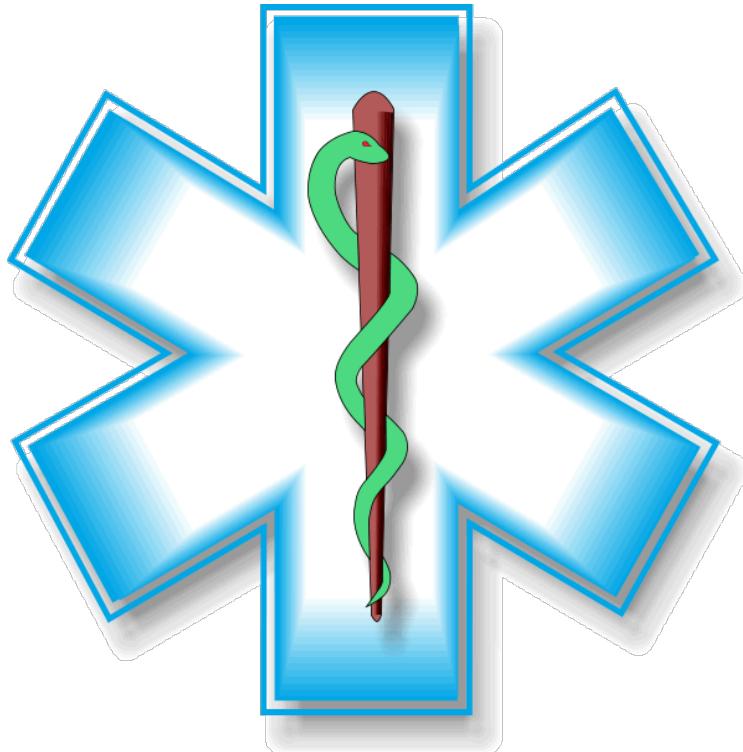


Lane Paramedic Program

2023 Academic Year



Capstone Internship Field Manual
(EMS 280P1 Spring & P2 Summer)
Darrek Mullins-Clinical Coordinator

Paramedic Field Internship

Student Objectives

Purpose

This manual describes the techniques and requirements for Lane Paramedic Capstone Field Internship. It has guidance for students on what is required, as well as, what paramedic instructors and preceptors will use when instructing and evaluating the paramedic student. Requirements for successful completion will be included in this manual. This manual will establish rules of conduct for the students and instructors. Use this document as a reference for frequently asked questions (FAQ's).

Goal

The goal for the **field internship** is to develop competent, entry-level paramedics and includes the following:

- To expose you to a variety of critical and non-critical patients and scenes in the pre-hospital setting.
- To expose you to a variety of patient care beliefs and approaches by current paramedics.
- To develop your leadership skills in delegation, patient rapport, and effective communication with other agencies and medical professionals.
- To develop a working diagnosis and to implement patient care plans.
- To gain experience on the affective approach to patients in crisis.

Objectives of this Manual

Students and preceptors should use this manual to help them:

- Recognize the criteria for satisfactory performance of various skills.
- Recognize the techniques used to document student performance.
- Recognize the criteria for appropriate management of a patient contact.
- Understand the requirements for successful completion of the field internship.

Field Objectives

1. Perform patient care in the pre-hospital field setting under the direct supervision of a paramedic field preceptor.

2. Perform patient care following the appropriate paramedic standing orders, and paramedic protocols.
3. Perform patient assessments including:

Level of consciousness	Trauma assessment
Cardiovascular assessment	Medical assessment/history taking
Auscultation of lung sounds	Neurological assessment
Obstetrical assessment	Pediatric assessment
4. Perform airway maintenance procedures, including manual maneuvers, oral and nasal airways, endotracheal intubation, End Tidal CO₂, oral and tracheal suctioning, bag-valve masks, CPAP and esophageal airways.
5. Perform and observe the placement of oral and nasogastric tubes.
6. Perform IV, IM, IO, rectal and subcutaneous medication administration under the direct supervision of the preceptor.
7. Perform IV and IO placement.
8. Perform ECG monitoring (limb lead and 12 lead) and interpret rhythms.
9. Perform defibrillation, cardioversion, and cardiac pacing procedures.
10. Assist in the physical or chemical restraint of patients.
11. Conduct radio and verbal patient reports to hospital staff.
12. Write complete pre-hospital through PLATINUM PLANNER report forms with each patient contact.
13. Assist with rapid extrication and spinal immobilization techniques.
14. Perform the splinting of extremity injuries and pain control management.
15. Assist with childbirth and the care of the neonate.
16. Manage and/or discuss obstetrical emergencies and their management, including:

Nuchal cord	Meconium staining/aspiration
Prolapsed cord	Breech presentations
Multiple births	Post-partum hemorrhage
Shoulder dystocia	Pre-eclampsia

Eclampsia

Placenta previa/abruptio

Overview

The field time will be scheduled at the assigned transporting site. You are expected to be available for a variety of shift schedules due to some time constraints set by agencies.

It is very important that field time be used productively. This is a time where you, as a student, can develop and perfect your assessment skills and patient care management. A student's performance will be evaluated based on competency of skills, as well as hours completed.

Because this portion of the program is so intensive, in order for you to be successful in completing all components of the course on time, the EMS Program staff discourages you from:

- Attending any concurrent college courses with the paramedic class, especially during summer term
- Working full-time
- Scheduling large events during participation in the program, such as marriage, remodeling the house, having children, or taking a vacation.

Any activity that increases stress and decreases learning should be avoided for your own benefit. More demands and commitments outside of class will jeopardize your ability to perform at a maximal level and increase your stress levels.

At all times you must present yourself in a professional and courteous manner. Not only is professional behavior an expectation of the course, but it is also an expectation of the public you will be serving and the profession you will be representing.

A. General Information

1. Students must be in satisfactory academic standing in the course and at the college. Academic and/or program probation will prevent a student from entering into or continuing in the field internship component of the paramedic course; the course director, clinical coordinator, and medical director will decide when continuation will be appropriate.
2. Students must maintain copies of a current AHA CPR for Healthcare Providers card (or AHA CPR Instructor card), current Oregon EMT license, and all currently required

immunizations must be on file in **American Databank** during the clinical rotations and field internships and remain current throughout the course of the internship experience.

3. Documentation of the completion of a blood borne pathogens course, and a hazardous materials awareness course. Also, completion of an approved Health Insurance Portability and Accountability Act (HIPPA) training will be required prior to clinical rotations and field internships. Some agencies require the student successfully complete an 'In-House' HIPPA training course prior to clinical rotations at their facility.
4. Students are required to have OSHA-approved eye protection, an N95 mask, a watch with a second hand, learning objectives, evaluation criteria, and backup evaluation sheets during each rotation and ambulance shift. The following equipment is strongly recommended during the field rotations:
 - Pre-hospital Emergency Field Guide
 - High-quality stethoscope
 - Black ball point pen
 - Small notepad

5. Students are required to successfully complete the following field internship rotations with a preceptor present. The breakdown of hours and calls are as follows:

Minimum of **350 hours** on an ALS transporting ambulance.

Minimum of **50 total student lead ALS calls** with at least 10 in each of the following categories:

- Cardiac related 10
- Respiratory 10
- Trauma 10
- Medical 10

*The remaining 10 ALS calls can be within any of the above categories.

B. Scheduling and Attendance

1. Generally, all field internship hours must be completed by the end of the scheduled summer term. An extension may be granted in order to complete the remaining portion of the 50 ALS calls. In order to be eligible for this extension, the student **MUST** have completed all the required clinical and field internship hours. Students who are absent more than 10 days between shifts, must complete open lab time and have skills checked off by Lane faculty using the Return to Internship Form prior to returning to any

scheduled internship shifts. Any absence from internships greater than 10 days, without approval from the Clinical Coordinator or Program Director, will constitute being placed on academic probation. Any unapproved absences while on academic probation will constitute a failed internship and failing the program.

2. All field internships with Lane sites will be arranged by the clinical coordinator. Students will not contact sites until given permission by the Clinical Coordinator. Students will create their own schedules on Platinum Planner as dictated by the agency they are riding with. Students will have their schedule on Platinum Planner at a minimum of 24 hours prior to the beginning of the shift. It is preferred the student schedules their shifts weeks in advance. Students are expected to have an open schedule and be able to attend all scheduled rotations.
3. Internships must be completed at sites contracted with LANE. In order for a student to receive credit for their internship calls or hours, they must be at their respective internship location, working as scheduled.
4. The intern must not be one of the minimum staff required for an ambulance as described in OAR chapter 333, division 250.

Students are not to be representing Lane at the same time they are interning or working with a fire department. Students MUST separate any individual internship, student fire internship, employment with fire / EMS agency, and/or volunteer experience while working as a paramedic student, performing paramedic skills.

5. Students must arrive at each internship agency **10-15 minutes prior** to their scheduled shift and check in with the preceptor or supervisor on duty. Students late for their shift, dressed inappropriately, or who display inappropriate behavior may be excused from the site at the discretion of the preceptor. Students will be removed from their site if they are late more than one time and placed on probation.
6. Students must remain at their scheduled location for the entire shift unless prior arrangements are made with preceptor, program coordinator, or clinical coordinator. Rest and lunch breaks will be scheduled between the student and the site preceptor.
7. Students must not leave the ambulance area for any reason and will remain in constant contact with the preceptor in order to avoid any delay in responses. Students are responsible for providing their own meals during the shift.
8. Students may not spend time at a field rotation for more than 12 consecutive hours unless prior arrangements are made with the clinical coordinator or and the internship agency. Students must have a minimum of eight hours between scheduled rotations.

Shift limits and times for the internship are set by individual agencies and will be respected by students. At no time, however, shall a student be allowed to work more than 5 consecutive days without having at least 1 day off. The student's personal work schedule will be considered in this equation.

9. If a student is unable to attend their scheduled rotation, they are to notify the clinical coordinator and preceptor prior to the start of the shift. Examples of excused absences are:
 - a. A fever greater than 100.4F or signs and symptoms consistent with a communicable disease.
 - b. Sleep deprivation that may interfere with safe patient care and delivery. (Students should schedule their field rotations and clinical time to avoid this. Multiple occurrences may result in student being placed on program probation)
 - c. A family emergency.

A student will be placed on program probation after one unexcused absence from a field shift. A second unexcused absence will result with the student being pulled from the site, their internship suspended, and will be called before a disciplinary committee. The Disciplinary committee will represent the Program Coordinator, Clinical Coordinator, Physician Advisor, and Dean of Health Divisions.

C. Documentation

1. **Students are required to maintain an organized folder or binder of field internship objectives, backup evaluation forms, and assignments on their iPad. Clinical folders will be turned in before the end of each term and internship folders will be due prior to each scheduled conference or call review with the clinical coordinator.**
2. Students must bring the field objectives sheets, Student Evaluation Forms and field evaluation criteria to each field rotation **and** to each scheduled meeting with the clinical coordinator.
3. Students **MUST** assure the preceptor completes, signs, and reviews an evaluation form with the student at the end of each individual shift. Students must attach a copy of the completed paper evaluation to the shift AND transposed all of the information from the evaluation, including comments, onto the digital evaluation in PLATINUM PLANNER. Without the proper signature(s) or completion of evaluations in Platinum Planner, the student will not receive credit for those specific internship hours or experiences.

4. Students must enter all pertinent clinical data into the PLATINUM PLANNER clinical tracking program within 72 hours of completing a shift. **Shifts without documentation at the time of the shift locking may be deleted and not count.** Communication with the clinical coordinator when documentation is not able to be accomplished within the time frame is critical.
5. Students are **required** to complete the PLATINUM PLANNER - Daily Field Internship Evaluation Form - **Student Self-Evaluation**.
6. Every 96 hours, the preceptor will complete the PLATINUM PLANNER Affective Rubric evaluation form. Students will be evaluated on the following categories with the minimum competency outlined below for graduation:
 - a. Integrity: Consistent Honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.
 - b. Empathy: Showing compassion to others, responding appropriately to emotional responses by others, demonstrating respect to others, being supportive and reassuring.
 - c. Self-Motivation: Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement, consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.
 - d. Appearance and Personal Hygiene- Clothing and uniform is appropriate, neat, clean and well-maintained, good personal hygiene and grooming.
 - e. Self-Confidence- Demonstrating the ability to trust personal judgment, demonstrating an awareness of strengths and limitations, exercises good personal judgment.
 - f. Communications: Speaking clearly, writing legibly, listening actively, and adjusting communication strategies to various situations.
 - g. Time Management: Consistent punctuality, completing tasks and assignments on time.
 - h. Teamwork and diplomacy: Placing the success of the team above self-interest, not undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to resolve problems.
 - i. Respect: Being Polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.
 - j. Patient advocacy: Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interests, protecting and respecting patient confidentiality.

k. Careful delivery of services: Performing skills at an entry-level capacity a majority of the time, performing complete equipment and supply checks, demonstrating careful and safe ambulance operations, following policies and procedures and protocols, following orders.

E. Dress Code

1. Students are required to wear appropriate attire as described below. All uniforms will be clean and wrinkle free. Agency insignia or patches shall not be worn during any field internship, unless required by the EMS Agency providing the internship opportunity
2. Students must maintain the following grooming standards:
 - a. Bathe daily and use deodorant daily and as needed
 - b. **No use** of perfumes, colognes, and other fragrant products
 - c. Jewelry is limited to watches and wedding rings
 - i. No dangling type earrings may be worn
 - ii. Nose rings or tongue studs may not be worn.
 - d. Hair must be clean and combed. Full beards are not permitted.
 - e. Facial hair which may interfere with the seal of PPE masks must be removed per Oregon OSHA standards
 - f. Facial hair is to not exceed a well-groomed mustache, and goatee that do not interfere with the seal of PPE masks.
 - g. Fingernails clean and cut short
 - i. Any polish used must be light in color and subtle.
 - h. In addition to the above dress code requirements, an agency or the clinical coordinator may require the student to adhere to other dress code requirements if indicated by the agency or the college as a standard of safety or professionalism.
 - i. Tattoos are to be covered unless permitted by agency and preceptor.
3. Students are to wear the following uniform during field internships:
 - Navy blue or black slacks or uniform-style pants (no jeans).
 - Lane Paramedic/EMS Program tee shirt or class B. (to be determined by the clinical coordinator and the field internship site).
 - Black polished shoes/boots or others approved by the clinical coordinator.
 - Lane Student identification ID tag.**
 - Lane Paramedic Program sweatshirt is optional during field internship.
 - Coats or vests are optional for internships, and must be approved by the hosting agency/clinical coordinator.

The student is **required to have a secondary uniform** in their personal vehicle or at the internship site in the event of contamination. The student must notify the preceptor and/or duty supervisor so all decontamination processes are met.

4. Preceptors, site coordinators, the course director, or the clinical coordinator reserve the right to dismiss any student who is dressed inappropriately or who is improperly groomed. A second warning or dismissal for this cause may result in dismissal from the paramedic course.

F. Professional Conduct

1. The motivation to learn is an important aspect of the clinical experience. The quality of the experience is directly dependent on the student's desire to learn. Preceptors will evaluate a student's motivation based on the student's questions, attention to instruction, body language, and willingness to participate. Preceptors will usually involve the student in larger tasks and procedures when the student displays a desire to learn from the beginning.
2. The clinical and internship components of the paramedic course provide an opportunity for students to gain patient care experience but must not compromise the care or personal desires of the patient. A patient has the right to refuse care rendered by the student and will be respected by the student. Preceptors also have the right to exclude the student from performing assessments or procedures if the preceptor believes it will adversely affect timing or quality in the delivery of patient care. Preceptors should attempt to provide alternative experiences in these cases.
3. Any confrontations with patients or their family members, staff, or physicians must be avoided at all costs. Problems should be addressed to the clinical coordinator or course director.
4. Students should not converse near patients, **and confidentiality must be respected at all times.**
5. Patient inquiries from friends or family members should be referred to the professional in charge of the patient's care; inquiries from the media should be directed to the paramedic supervisor.
6. Personal calls may be made during meal or rest breaks, but personal incoming calls are prohibited except in the case of an emergency. The use of cellular phones during field internships is prohibited, except when using for data collection in PLATINUM PLANNER. Under no circumstances may a student place long distance personal calls from any internship site. Violation of the phone rules will be cause for disciplinary action and program probation or dismissal.

7. Students are not allowed visitors during clinical rotations or field internships. Children of students are not allowed in or around clinical areas or waiting rooms, or at ambulance stations while the students are on duty.

8. Gum chewing is not allowed in clinical areas. [Chewing tobacco is prohibited during all field internships](#).

9. Use of tobacco products (smokeless and otherwise) is prohibited in Lane buildings, clinical facilities, or areas associated with the field internship. Use of such products, will result in program probation.

10. Possession, consumption, or distribution of alcohol or illicit drugs during clinical rotations or field internships will result in the immediate dismissal from the paramedic program.

11. The following behaviors are deemed inappropriate and will subject the student to program probation and/or dismissal from the paramedic course:

- a. Violating the dress code or grooming standards
- b. Using vulgar or suggestive language or gestures
- c. Criticizing staff, faculty, instructors, or patients
- d. Violating patient confidentiality
- e. Argumentative or insubordinate behavior
- f. Performing procedures without the permission or supervision of preceptors
- g. Misuse, destruction, or stealing of equipment
- h. ANY form of dishonesty to college staff, clinical staff, or members of the public while representing Lane.
- i. ANY violation of the Lane student code of conduct
- j. Removing agency or patient records from their proper locations
- k. Falsifying patient or agency records or college evaluation forms
- l. Any other unprofessional behavior as defined by Oregon Administrative Rule (OAR) 333.265 and Oregon Revised Statutes (ORS) 682

G. Program Probation

A student will be placed on program probation if they violate any behavioral, ethical, or safety standards of this clinical handbook.

Any time a student fails to successfully complete the assigned objectives in each rotation, drops their clinical grade below 75%, or whose skills are rated “unacceptable” on the Student Evaluation Form or Daily Performance Record, at the end of a phase, will also be placed on probation.

The student will be issued a student counseling report specifically addressing the problem(s) and a corrective action contract will be initiated. The student will meet with the clinical coordinator and/or the course director to discuss the substandard performance and formulate a specific written plan for improvement. A meeting with the field preceptor may also be indicated.

Students will receive a failing grade if there is no improvement in the problem area, or if the student continues to receive student counseling reports throughout the internship.

***A copy of the student counseling report, which is completed by college staff, is attached.

H. Safety Issues

1. Students are to be proactive with preventative safety measures and be familiar with Lane exposure control documentation.

All potential hazards should be reported to the student's preceptor, and/or duty supervisor. Assure bed rails are raised to the locked position; locking mechanisms are in place on beds, gurneys, and wheelchairs when appropriate. All safety devices are to be used whenever possible.

2. Students should be oriented to specific medical equipment before use.
3. Students are required to follow the infection control policies of each agency and rotation site as well as policies set by the Lane EMS program.
4. Students must demonstrate safe clinical performance at all times and should always be supervised when performing new procedures. Students are responsible to notify their preceptor of any skill they are not familiar with or have not previously performed.
Students should never assume inappropriate independence in patient care decisions or actions.

5. Accidents, Injuries, and Significant Exposure to Potential Infectious Agents

1. The preceptor must be notified immediately of ANY accident or injury that a student sustains during a field internship. The clinical coordinator and course director must be notified as soon as possible.

Field internship staff will transport the student to the emergency department for further treatment when warranted.

2. In the event of any exposure, the student must attempt to notify the clinical coordinator first. If the clinical coordinator is not available, the student should then contact the course director. The program staff member will then direct the student on follow-up procedures. In the event the student needs to be evaluated at the ED, the ED physician will follow the procedures outlined in the local EMS protocols. The student will need to file for worker's compensation at the ED. The student is responsible for filling out this paperwork and submitting it to the course director within 12-24 hours of the exposure or incident.

I. Scope of Practice

In the field setting each student will be governed by the scope of practice outline in the local protocols for paramedics. For sites in the state of Oregon, students will fall under the college physician advisor. For sites outside of Oregon, students will be under the established associate physician advisor.

Criteria for Internship Completion

NOTE: Overall Completion of the field internship program consists of the three phases of proficiency. Below, these three areas are outlined. In addition, each student will be required to complete all other documentation requirements contained within this manual and all required reading/written assignments. Final student sign off must be done by a field preceptor from the site attended by the student and who had direct observation of their performance.

Observation Phase (1-2 Shifts or 10 patient contacts)

During the observation phase, the preceptor will demonstrate the team leader role. These alarms will not count towards the student's instruction phase grade. At the discretion of the preceptor, students will be allowed to demonstrate skills proficiency during this time.

The purpose of the observation phase is to demonstrate to students the roles and responsibilities of team leadership. This period also allows the students to begin acclimation to the field internship environment. Students may move onto the instructional phase if they and their preceptor feel the student is prepared to do so.

Instruction Phase (10-40 ALS contacts)

The instruction phase is the period which the preceptor no longer assumes the role of team leader. The student will now serve in this role.

During the Instruction phase, the preceptor will critique each patient contact. Scores will be provided on a scale of 0 to 2, with 0 showing unsuccessful and 2 showing successful.

During the instruction and evaluation phases, the student receives prompts to improve assessments and treatment skills. These prompts help students develop a "rhythm" in the field environment and to expedite patient care. Students that receive more than three (3) prompts will receive an unsatisfactory score for that given area. Students that receive repetitive prompts for the same area and on multiple contacts will receive an unsatisfactory score. If this trend continues, remedial training, or an action plan may be implemented at the discretion of the clinical coordinator.

Evaluation Phase (Remaining ALS contacts)

Following successful completion of the instruction phase, each student then moves to the evaluation phase of the field internship. The evaluation phase will encompass the remaining ALS calls required for successful completion after the student has successfully completed the instructional phase of internship. Students that receive greater than 1 prompt during these remaining calls will receive an unsatisfactory

mark. If the student reaches the required ALS contacts for program completion, but continues to receive unsatisfactory remarks, the student, the preceptor, and the clinical coordinator will complete a student counseling report, outlining areas needed for improvement. Deadlines, at that time, will be established for successful completion or removal from the program.

Preceptor Objectives

Purpose

The purpose of this section is to establish guidelines that preceptors should use when teaching and evaluating students. The guidelines in this section are to be used with those found in the student objectives portion of this manual.

Goal

Use of these guidelines, as well as the student guidelines, will promote through and equitable instruction/evaluation of LANE paramedic students. The goal is to establish performance expectations that present a comprehensive educational opportunity to every paramedic student. Students and preceptors MUST accomplish this goal without compromising patient care standards.

Objectives

Preceptors will use the information contained in this manual to demonstrate in the field internship setting that they can:

- Follow the general operational guidelines for paramedic preceptors
- Apply the criteria for teaching and evaluating satisfactory performance of skills and competencies
- Perform the techniques used to document skill performance, and
- Demonstrate, teach, and evaluate satisfactory management of patient contact

Evaluating the Student

During an EMS call, the overall approach to education and preceptor integration has many different acceptable approaches. Overall, our goal is that the patients receive appropriate care and the students receive positive feedback. At Lane Community College, students are evaluated on the following categories which are critiqued after each patient contact:

- Team Leadership
- Scene Management

- Interview, Hx Gathering, and Physical exam
- Field Impression and Treatment plan
- Skills Performance
- Communication

Each student and preceptor must have a copy of the field internship evaluation criteria outlining an acceptable and/or unacceptable score (usually on the reverse side of the evaluation sheet). The use of prompts will assist in determining a student's performance. Lane Community College evaluates students on three types of prompts; Physical, Verbal, and Inadvertent prompts. The following are explanation of prompts:

Verbal Prompt: Preceptors will use a verbal prompt "how were the lung sounds?", "what did the physical exam reveal?", or others in order to induce appropriate patient care. Questions clarifying a skill performed are not considered a prompt unless the student has not performed a skill/action or has performed it inappropriately.

Physical Prompt: Physical Prompts are used to induce appropriate patient care. An example of a physical prompt may include a cupped hand over the preceptors mouth indicating the need for a non-rebreather mask. These prompts are generally pre-arranged and understood by the student and the preceptor.

Inadvertent Prompts: These are prompts that do not originate from the preceptor or the student. Examples of inadvertent prompts include a fellow provider pulling the BP cuff from the bag or asking the student if he/she would like an action performed.

If a preceptor finds that a student is not meeting the minimum requirements contained within this manual and all attached criteria, he/she should notify the clinical coordinator as soon as possible. Students found with unsatisfactory performance will have a student counseling report completed and an action plan implemented in order to continue internship.

Team Lead

Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the ALS patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/Performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not

agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

To be counted as a Team Lead, the Paramedic student must:

- Conduct a comprehensive assessment.
- Establish a field impression and determine patient acuity.
- Formulate a treatment plan and direct or perform the treatment.
- Direct and participate in the transport of the patient to a medical facility,
- Transfer of care to a higher level of medical authority, or termination of care in the field.
- Document a full written chart to include all assessments, skills performed, and complete narrative.

For the capstone field internship to meet the breadth of the paramedic profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care. Capstone field internship team leads cannot be accomplished with simulation and must be an ALS patient.

Daily Preceptor and Student Responsibilities

Students will have overall responsibility for paperwork and documentation completion. It is the student's responsibility to assure evaluations are completed before the end of the shift.

ALL PRECEPTOR EVALUATIONS WILL BE IN PAPER, HANDWRITTEN, DIGITALLY ATTACHED IN PLATINUM PLANNER, AND MAINTAINED BY THE STUDENTS UNTIL COMPLETED WITH THE PROGRAM. Students will then transpose all paper evaluations: the shift, patient contact, and behavioral evaluations into Platinum Planner digitally.

Students will ask for and complete the following evaluations to be completed per shift:

- **PLATINUM PLANNER Preceptor Patient Sign Off (EVERY PATIENT) must be paper.**
- **PLATINUM PLANNER Preceptor Evaluation of Student (EVERY SHIFT) must be paper.**
- **PLATINUM PLANNER Student Self Evaluation (EVERY SHIFT)**

Every 96 hours or a predetermined number of shifts, students will ask for the following document to be completed:

- **PLATINUM PLANNER Professional Behavior Evaluation (EVERY 96 HOURS) must be paper.**

Students will also be responsible for the following evaluations, some completed in PLATINUM PLANNER or Google forms by the end of internship:

- **PLATINUM PLANNER-Site Evaluation**

- PLATINUM PLANNER- Preceptor Evaluation

FORMS

Preceptor Evaluation of a student (Clinical and Field)

Preceptor Sign Off (Patient CALL)

Return to Internship Form