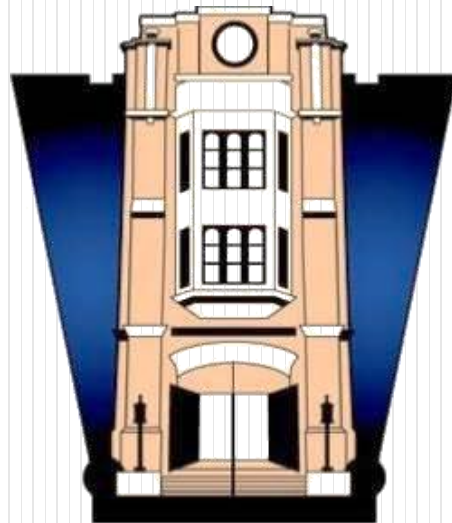


Spartanburg Community College

Emergency Medical Services Paramedic Program



Field/Capstone & Hospital/Clinical Preceptor
Orientation & Training

Purpose of this Orientation/Training

- Give the preceptor an overview of the SCC EMS Paramedic Program
- Orient the preceptor to programmatic policies
- Satisfy accreditation requirements
 - The Commission on Accreditation of Allied Health Education Programs (CAAHEP) as well as the Committee on Accreditation of Educational Programs for EMS Professions (CoAEMSP), require that all preceptors provide documentation of having completed preceptor orientation/training.

Objectives

- Define Spartanburg Community College's EMS training programs
- Outline student progression through the program
- Define the role and expectations of the preceptor
- Define expectations of the student
- Review training principles and tools used with the adult learner
- Explain procedures for evaluating and reporting student outcomes
- Outline the social media policy
- Document completion of orientation/training



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Program Overview



SCC EMS Programs

- Within the Health and Human Services Division, the SCC EMS Department offers two levels of EMS instruction
 1. EMT
 - Certificate (CT.EMT)
 2. Paramedic
 - Associate Degree (AAS.G-EMS)
 - Certificate (CT.PMD)



Hours & Credits by Program

Course	AAS Degree	Certificate
Didactic	525 ¹	195 ²
Laboratory	720	540
Clinical Rotations	180	180
Field Experience	180	180
Capstone	180	180
Overall	1785	1275
Credits	63	37

¹ 330 didactic hours within 22 General Education credits

² 4 didactic hours within 2 General Education credits

Mission Statement

The Mission of the Spartanburg Community College Emergency Medical Services Programs is to educate students guided by the highest standards in all learning domains to prepare accountable, competent, technologically prepared Emergency Medical Technicians and Paramedics capable of providing the highest quality care to patients and functioning as an integral member of the interdisciplinary healthcare team.

Goal of the Paramedic Program

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

Paramedic Program Learning Outcomes

- Upon completion of the paramedic program, the graduate will be able to
 - apply EMS and general medical knowledge necessary to function in a healthcare setting.
 - demonstrate a broad range of paramedic-level EMS skills, both difficult and routine.
 - demonstrate professional and ethical behavior in working with patients in a variety of settings and situations.
 - practice professional oral and written communication in a healthcare setting.

Accreditation

The SCC Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

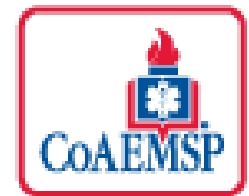
CAAHEP

- 9355 - 113th St. N, #7709
Seminole, FL 33775
Phone: 727-210-2350
Fax: 727-210-2354



CoAEMSP

- 8301 Lakeview Parkway
Suite 111-312
Rowlett, TX 75088
Phone: 214.703.8445
Fax: 214.703.8992



Student Progression



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Progression of the Student Through the Paramedic Program

- Preliminary: Emergency Medical Technician (EMS 105/106)
 - 216 hour of didactic class and psychomotor skills labs
 - 24 hours Field Experience
 - The student will learn the essentials of working on an ambulance that include
 - observing the paramedic assessing and treating patients.
 - learning procedures and equipment used in the prehospital setting.
 - performing skills and interacting with patients as preceptor allows.
 - completion of ten (10) documented Patient Contacts.

Progression of the Student Through the Paramedic Program

- 1st Semester
 - EMS 150 - Introduction to Advanced Care
 - Paramedic preparatory material, venipuncture, injections, advanced airway management to include intubation, advanced assessment, trauma, and shock management
 - EMS 151 – Paramedic Clinical I
 - Clinical rotations in the Emergency Department
 - EMS 119 – EMS Operations



Progression of the Student Through the Paramedic Program

- 2nd Semester
 - EMS 230 - Advanced Medical Care I
 - Pharmacology and Cardiology, Medical module
 - EMS 232 – Paramedic Internship I
 - Field Experience on a 911 ambulance (EMS 232)



Progression of the Student Through the Paramedic Program

- 3rd Semester
- EMS 240 - Advanced Medical Care II
 - Medical & Special Populations modules
- EMS 231 – Paramedic Clinical II
 - Clinical rotations in various areas of the hospital
- EMS 242 – EMS Field Internship II
 - Field Experience on a 911 ambulance



Progression of the Student Through the Paramedic Program

- 4th Semester: “Putting It All Together”
 - EMS 270 - NREMT Review
 - Preparation for the NREMT certification exam
 - EMS 272 - Paramedic Capstone
 - Field Internship on a 911 ambulance



Clinical, Field Experience, & Field Internship



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Clinical, Field Experience & Internship

The primary goal of paramedic clinical, field experience, and field internship is to provide students a broad spectrum of patient situations and complaints. Students are expected to operate under the preceptor's guidance and direction to refine their skills as well as the ability to assess, treat and make other critical decisions about personal safety and patient care. Every student is required to meet certain terminal competencies outlined herein. These terminal competencies are achieved through a combination of hospital (Clinical) and prehospital (Field Experience or Internship) contacts.

Please take every opportunity to discuss with the student after each patient contact, his/her strengths and weaknesses. Remember, reinforce positive behaviors and teach through the negatives.

Finally, we want the student to receive the best clinical and internship experiences he/she can possibly have. We depend on you as preceptors to provide sound tutoring and hands-on experiences during all phases of the program. The impact you have on students will impact the quality of paramedic they become.

Clinical Experience

- Clinical experience = hospital rotations
 - (Semesters 1 & 3; 90 hours/semester; 180 total hours)
- Clinical sites currently include:
 - Spartanburg Regional Medical Center
 - Spartanburg Medical Center- Mary Black Campus
 - Spartanburg Medical Center- Pelham Campus

Clinical Objectives

- To provide a controlled setting for concentrated patient assessment and skills
- To learn appropriate interactions between pre-hospital and hospital staff
- To ensure that minimum program competencies are achieved



Minimum Clinical Requirements

Clinical Area	# Hours
Anesthesia	20
Critical Care (Burn Unit, ICU, PICU, etc.)	24
Emergency Department	92
Trauma Center	24
Triage	8
Autopsy	4
Operating Room	Combined with Anesthesia
Pediatric	24
Labor & Delivery, OB/GYN	8
Psychiatric	8
Elective Miscellaneous	24

Program completion depends on demonstrated *competency*, not just hours of service.

Field Experience and Internship

- Field Experience and Internship = pre-hospital ambulance experience on a 911 ambulance
 - 360 total hours
 - 90 hours 2nd semester of program (Team Member)
 - 90 hours 3rd semester of program (Team Member)
 - 180-hour Capstone Internship at the end of the program (Team Leader)
- Field sites currently include:
 - Cherokee County EMS
 - Greenville County EMS
 - Lancaster County EMS
 - Laurens County EMS
 - Pickens County EMS
 - Spartanburg EMS
 - Union County EMS

Field Experience: *Team Member*

- EMS 232, EMS 242
 - Learn procedures, equipment, and various aspects of EMS operations and daily job duties
 - Perform patient assessments and care, invasive skills, and interact with patients as needed and allowed
 - Give reports to receiving facility
 - Assist the paramedic preceptor in all levels of patient care



Field Internship - Capstone Experience: Team *Leader* – *EMS 272*

The Capstone experience prepares students for entry-level paramedic positions. When the student reaches the team leader phase, he/she should be able to take responsibility for all aspects of the event. Please allow the student to **LEAD**, interacting when you feel necessary for the sake of patient care. The student should also take responsibility for delegating tasks to other crew members (such as directions to obtain an ECG on a chest pain call, initiate IV access, etc.). They should also be able to assume responsibility for all aspects of patient care and transfer of care. Finally, students and preceptors should be confident in the skills/assessments performed and the demeanor displayed.

CoAEMSP Student Minimum Competencies

Paramedic students are required to see patients of varying ages and different pathologies. In addition, they are required to demonstrate a *minimum* number of competencies during their clinical rotations. A list of those competencies follows:

- PATIENT ENCOUNTERS
 - Trauma Patients – 27
 - Psychiatric – 18
 - OB / GYN – 10
 - Cardiac pathologies – 18
 - Cardiac arrest – 3
 - Cardiac dysrhythmias – 25
 - Medical neurological pathologies – 12
 - Respiratory pathologies – 12
 - Other medical conditions - 18
- AGE GROUPS
 - Adult – 60
 - Pediatric – 30
 - Newborn – 2
 - Infant – 2
 - Toddler – 2
 - Pre-school – 2
 - School age – 2
 - Adolescent – 2
 - Geriatric - 20

CoAEMSP Student Minimal Competencies

- SKILLS PERFORMED

- Establish IV access – 50
- Administer IV infusion medication – 4
- Administer IV bolus medication – 12
- Administer IM injection – 4
- Establish IO access – 6
- Perform PPV with BVM 14
- Perform oral endotracheal intubation – 12
- Perform oral endotracheal suctioning – 4
- Perform FBAO removal using Magill forceps – 4
- Perform cricothyrotomy – 4

- The aforementioned numbers are *minimum* quantities acceptable by the program for successful demonstration of competency. Other skills not listed are also applicable.

CoAEMSP Student Minimal Competencies

- SKILLS PERFORMED (cont'd.)
 - Insert supraglottic airway – 12
 - Perform needle decompression of the chest - 4
 - Perform synchronized cardioversion – 4
 - Perform defibrillation – 4
 - Perform transcutaneous pacing – 4
 - Perform chest compressions - 4

- The aforementioned numbers are *minimum* quantities acceptable by the program for successful demonstration of competency. Other skills not listed are also applicable.

SCC Additional Minimal Competencies

- ADDITIONAL PATIENT ENCOUNTERS
 - Stroke/TIA – 2
 - Endocrine – 2
 - Sepsis – 2
 - Shock – 2
 - OD/Toxicological/Substance abuse – 2
 - Altered mental status (AMS) – 2
 - Syncope – 2
 - Abdominal pain – 2
 - Allergic reaction – 2
 - Hematologic – 2

SCC Additional Minimal Competencies

- ADDITIONAL SKILLS PERFORMED
 - Non-traumatic musculoskeletal disease – 2
 - Eyes, ears, nose, throat – 2
 - Airway management – 50
 - Oxygen administration – 15
 - Oral endotracheal intubation – pediatric – 12
 - Nasotracheal intubation – 2
 - CPAP & PEEP – 2
 - Medication administration – 45
 - BVM & rescue breathing – child – 2
 - Automated External Defibrillator (AED) – 2

SCC Additional Minimal Competencies

- ADDITIONAL SKILLS PERFORMED (cont'd.)
 - Relief of choking – infants – 2
 - Relief of choking – patients > 1 year old – 2
 - Conduct H&P and assist with management plan – 30
 - Conduct H&P and develop a management plan – 20

SCC Additional Minimal Competencies

- ADDITIONAL EMT SKILLS
 - Mechanical patient restraint
 - Auto-injector (patient's own prescribed medications)
 - Administer PPV via CPAP
 - Airway – supraglottic (iGel, King, LMA)
 - Mechanical CPR device
 - Blood glucose monitoring
 - 12-lead placement, capture, and transmission

Role and Expectations of the Preceptor



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An *Effective* Preceptor

- is self motivated.
- is goal oriented.
- is able to lead.
- is honest.
- is a confidant for the student.
- is willing to give feedback to the student and the program.



The Preceptor as a Mentor

- As preceptors, you are there to guide the student through your experiences
- Mentoring is understanding people and finding a way to relate material to them
- Mentoring is leading by example, observing carefully, and communicating effectively



Expectations of the Preceptor

- Enthusiastic about instructing students
- Positive role model
- Concern for professional growth
- To have strong leadership capabilities
- To be a fair and honest evaluator
- Clinical competence

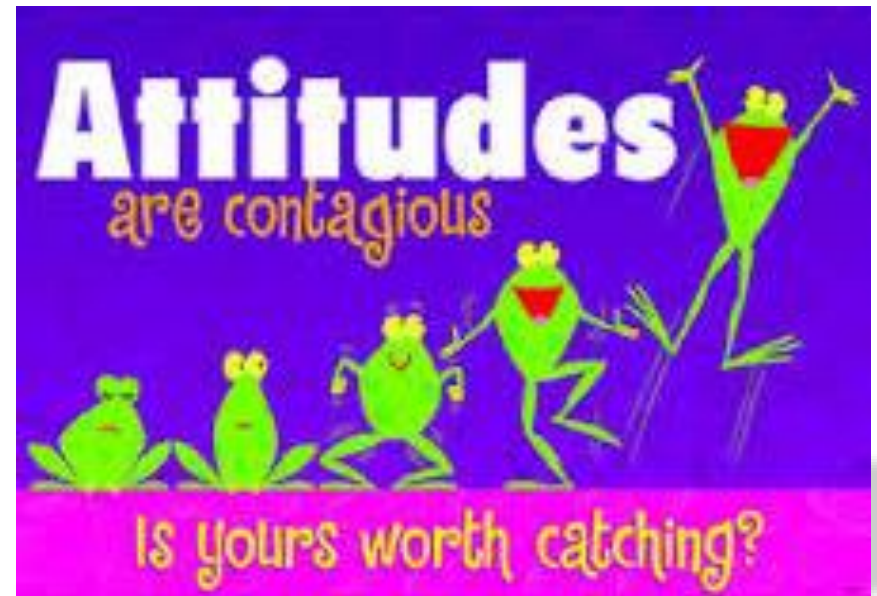


An *Ineffective* Preceptor

- is lazy.
- is rude.
- is condescending.
- is inconsistent.
- is burned out.
- is intimidating.
- is a poor communicator.
- criticizes negatively.
- is a complainer.
- is an unfair evaluator.
- shows favoritism.
- has a bad attitude.
- is incompetent.
- is *NOT* desirable.

Educational Pedagogy

- Students will be evaluated in three areas:
 1. Cognitive domain (knowledge)
 2. Psychomotor domain (skills)
 3. Affective domain (attitude)
 - How would *you* rate?



The adult student learner wants *you* to...

- model the expected behavior: talk the talk *and* walk the walk.
- have and maintain a positive attitude.
- provide an environment of support, acceptance and teamwork.
- share your thoughts tactfully on how they are doing in your clinical area.
- *motivate and inspire them* for success in the EMS profession.

Motivation is *essential* for success!



What motivates *you*?



BE a motivator!

**I WANT TO
INSPIRE
PEOPLE.
I WANT SOMEONE TO
LOOK AT ME AND SAY
“BECAUSE OF YOU
I DIDN'T GIVE UP.”**

Roles and Expectations of the Student



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Expectations of the Student

All students in all SCC EMS programs should

- be punctual and even arrive early for their shift.
- arrive in a full and proper uniform and maintain a professional appearance at all times.
- be courteous.
- maintain a positive attitude.
- be willing to learn.
- be open to new ideas.
- accept instruction and criticism.
- use downtime properly and wisely.



Uniform Policy

Required Uniform



Student Patch



Protecting the Public is Required

- ANY patient may *refuse* to be treated by a **student** at any time!
- Accreditation requires a student to be identified as a student at all times
 - Outerwear, if worn, must have the SCC Student emblem plainly visible just as it is on the uniform shirt
 - Outerwear is an *addition to* the uniform, not a *replacement for* the uniform shirt.



Uniform Requirements

- Navy blue uniform shirt with department patch sewn on left shoulder 1” below seam
- Navy blue crew neck T-shirt is required to be worn beneath the uniform shirt
 - Sleeves of the T-shirt worn beneath the uniform shirt may not extend below the sleeves of the uniform shirt.
 - No long sleeve shirts may be worn under the uniform shirt
 - T-shirts with visible writing or pictures showing through the uniform shirt are prohibited

Uniform Requirements

- Only the top button of the uniform shirt shall be unbuttoned
- Uniform shirts shall be tucked in at all times
- Long sleeved shirts must remain continuously buttoned at the cuff and may not be rolled up
- Navy blue EMS or BDU-type trousers
- Black or navy blue socks
- Black belt with subdued buckle; no metal tips, no engraving

Uniform Requirements

- Solid black footwear
 - (Steel toed, steel-shanked, non-porous boots (leather or vinyl), recommended per OSHA 29 CFR 1910.120 guidelines)
- Outerwear is approved only as follows:
 - Navy fleece job shirt (with SCC emblem; available at Harrison's Workwear)
 - Navy blue watch cap; solid, no emblems

Other Required Items

- Photo ID provided by Spartanburg Community College
 - The photo ID **MUST** be worn at all internship & clinical sites (along *with* the appropriate hospital issued ID when participating in hospital clinical)
- Stethoscope
- Wristwatch with second hand (or the equivalent)
- Ball point pen with black or blue ink (no felt tip pens)
- If a student arrives to clinical or internship missing *ANY* of the above, **send them home** immediately to retrieve them. **No exceptions!**

Special Notes

- Uniforms are to be worn only for scheduled class, clinical, or internship
- Sunglasses are not permitted to be worn inside a building
- Students must remember that at any time they are in school uniform they represent themselves, their class, SCC and their profession and should act accordingly, including maintaining a neat and professional appearance at all times

Uniform Violations

- If a student arrives to clinical or internship and is not in, or does not have a full and proper uniform, **send them home** immediately to remedy the omission(s). **No exceptions!**
- The student may return to clinical or internship that day when he/she is in proper attire as outlined herein
- Time missed from clinical or internship as a result of a uniform violation will be counted as time missed or tardiness as outlined in the attendance policy

Please direct further questions to the Clinical Coordinator

General Guidelines/Personal Appearance

- Hair should be neat and clean; long hair should be pulled back and bound as necessary
- Hair styles must be conservative and color should appear natural
 - No extreme hairstyles are permitted. Decisions about questionable hairstyles will be left to the discretion of the department faculty
- Facial hair must be conservative and in compliance with OSHA guidelines

General Guidelines/Personal Appearance

- Personal hygiene is strongly emphasized, especially after meals and tobacco use
 - Students *must* be clean, practice good oral hygiene, and be free of body odor
 - Teeth or dentures must be cleaned or brushed daily
- Makeup application must be conservative and applied in a way that is considered “professional” by EMS department faculty

General Guidelines/Personal Appearance

- A wedding band or engagement ring may be worn; other rings are prohibited
- Bracelets are prohibited
- Females may wear one conservative earring per ear (no large or dangling earrings (OSHA guidelines))
- Males may not wear earrings
- Facial jewelry of any kind, however discreet, is prohibited; this includes nose and tongue piercings

General Guidelines/Personal Appearance

- Non-offensive tattoos are permitted on arms & hands
 - Decisions about questionable tattoos will be left to the discretion of the department faculty
 - Offensive tattoos require the student wear a long-sleeved uniform shirt buttoned at the wrist.
- Visible tattoos on the face and neck are not permitted.



General Guidelines/Personal Appearance

- Fingernails are to be manicured close to the fingertips and kept clean.
- False fingernails are not allowed (OSHA infection control policies).
- Nail polish is prohibited in clinical and internship settings



General Guidelines/Personal Appearance

- Perfumes and aftershave lotions must not be an extremely heavy noticeable scent.
- Excessive perfume/ cologne is not allowed.



Cell Phones

- Cell phone use is prohibited except while on breaks.
- Cell phones are NOT to be used in public view.
- Cell phones are strictly prohibited under any circumstances in any patient care area.
- If a student has a cell phone out during a shift, **send him/her home**, and:
 - **Document** the infraction on their paperwork
 - **Notify** the Clinical Coordinator via telephone or email



Behavior

- The EMS student is expected to conduct themselves in a socially acceptable manner at all times
- When addressing classmates, instructors, preceptors and coworkers in the clinical area or classroom, it is expected that an appropriate title will be used and all are to be treated with respect
- Smoking and other forms of tobacco are strongly discouraged while in uniform

Behavior

- Any display of ill temper on the part of an EMS student is inexcusable even under trying conditions or situations
 - The student must remain in control of his or her emotions
 - The quality and tone of the voice should be quiet, pleasant and assuring
- Use of profane or obscene language is prohibited in the classroom, clinical or internship areas or the student may be removed from the setting and an absence may be assessed to their attendance record

Disciplinary Actions

- In the event that a student acts inappropriately or unprofessionally, the preceptor has the right to **send the student home**
- Things to try before carrying out this option
 - Try to resolve conflict with student
 - Involve the on-duty supervisor *and* SCC Clinical Coordinator – Angela Sammons
 - She may be reached at (864)-592-4097 or via cell phone (864)-354-7326 or email (sammons@scpsc.edu)
- Factually and objectively document the incident and notify the SCC Clinical Coordinator immediately!



Contact Information

- Program Director

- Josh Kingsmore

- Email – kingsmorej@sccsc.edu
 - Office – 864/592-4280
 - Cell – 864/426-5252

- Lead Instructor

- Doug Paris

- Email – parisd@sccsc.edu
 - Office – 864/592-4277
 - Cell – 864/423-3215

- Clinical Coordinator

- Angela Sammons

- Email – sammonsa@sccsc.edu
 - Office – 864/592-4097
 - Cell – 864-354-7326

Students as Adult Learners



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Adult Learners

- are goal oriented.
- are self motivated.
- brings vast knowledge through life experiences.
- *need* skills and material taught to them to be *relevant*.
- usually take longer to learn material, but once learned it is retained



Students Bring Baggage to School in Many Forms...

- Fear of inadequacies and failure
- Work and family and schedule conflicts
- Child care
- Transportation
- Time management and finances
- Lack of motivation
- Poor attitude



Teaching Principles & Tools for Adult Learners

- Get to know the student and their needs
- Use your experience *and* theirs
- Tie theory to practice, i.e., classroom to field application
- Provide a positive learning environment
- Provide positive feedback *AND* negative feedback if and when deserved
 - Provide improvement suggestions
- Assist the student in finding resources to look up answers but *don't spoon feed them!!*

You were new once too...remember where you came from.

It took a long time for you to get from being a student...

*...to the clinician you are today.
Always remember!*



WHAT?!?



You are very important to the educational process.
Remember, however, there is more than one way to skin a cat if cat skinnin' is what's needed!

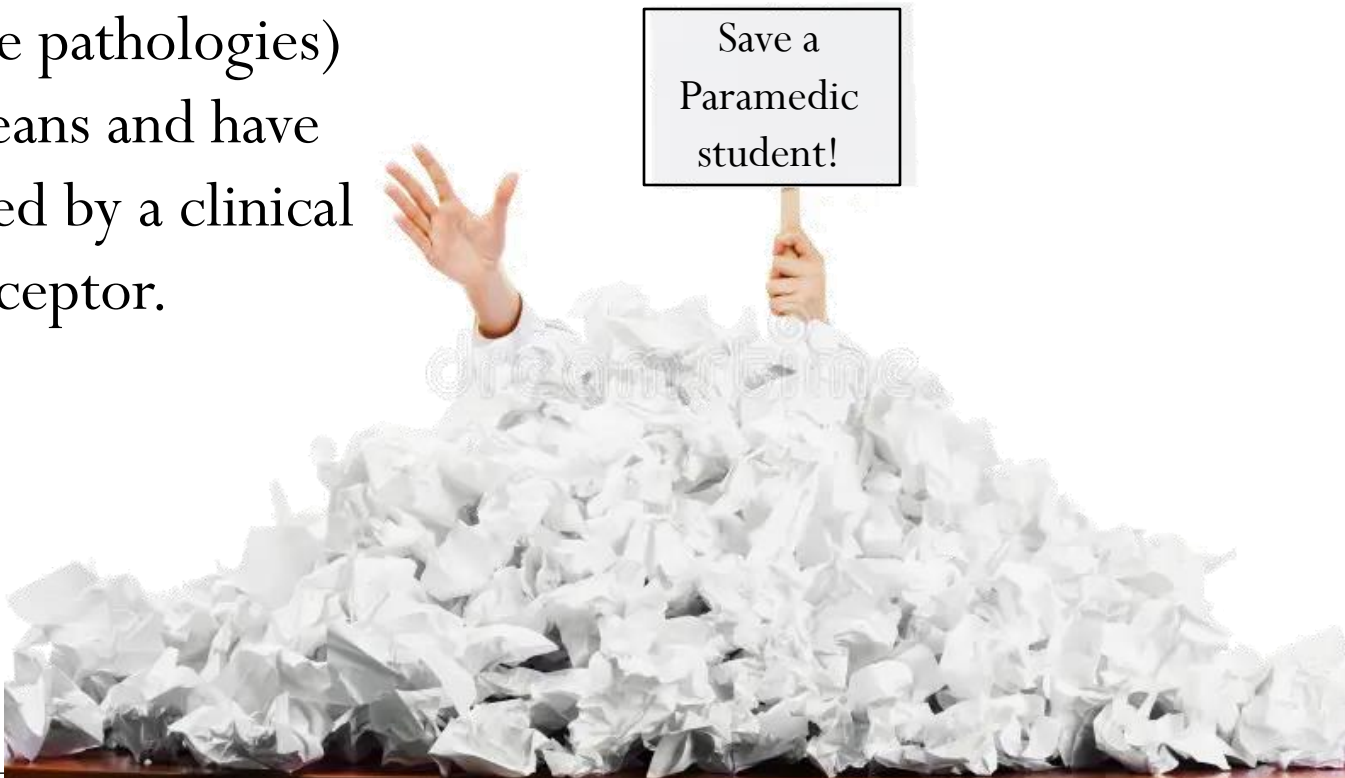
Programmatic Evaluation Instruments



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Student Tracking

- Students must record and track their Student Minimum Competencies (skills performed, patient ages, disease pathologies) by some means and have them verified by a clinical or field preceptor.



Save a
Paramedic
student!

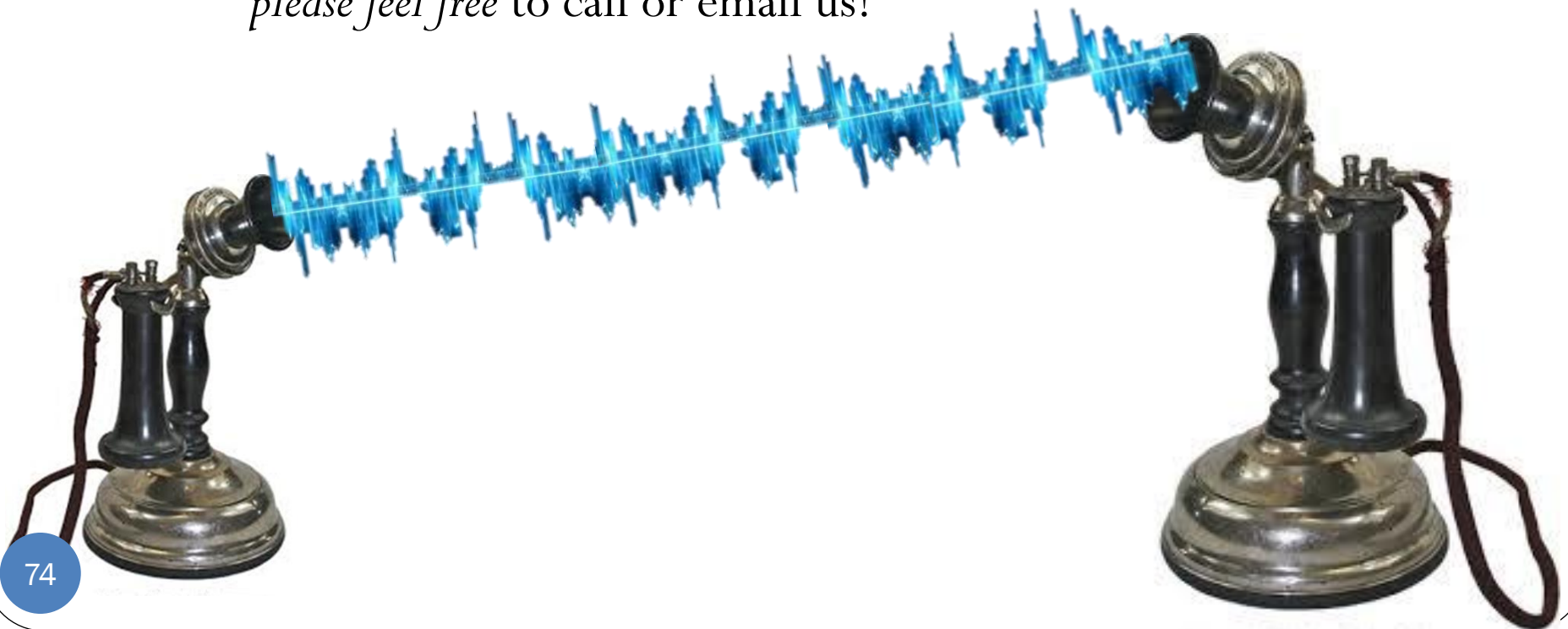
Paperless Initiative

- The program adopted Platinum Planner in 2024 to track Student Minimum Competencies; however, it is a work in progress.
- More to come as this develops.
- Updates will be sent out should we need to revert to a paper tracking system.



Sensitive Communication

- PLEASE NOTE:
 - If you have ANY comments that you are not comfortable with the student to seeing or, if you have information that you need to communicate to a faculty member in an urgent manner, *please feel free* to call or email us!



Social Media



Social Media

- Includes, but is not limited to: Facebook, Twitter, Yahoo, YouTube, Snapchat, Tic-Toc, blogs, Instagram, SnapChat, MySpace, Wikipedia, college electronic communication system, and texting
- Student or faculty communication that may come under scrutiny *can* occur internal and external to Spartanburg Community College or its associated websites



About being “friends” ...

- Social media relationships between persons in inherently unequal positions to include, but not limited to: administrators, supervisors, faculty, staff or students that interfere with the learning or work environment are not permitted.
- Such relationships may lead to claims of sexual harassment, uncomfortable working relationships, morale problems, complaints of favoritism, questions regarding academic achievement, and the appearance of impropriety.



Social Media in EMS Classes

- Internet posting or other forms of communication must not contain any confidential information
- Internet posting or other forms of communication must not contain any confidential information related to students, faculty, clinical or field internship preceptors, or other employees of a clinical or internship facility
- Any acknowledgement of your affiliation with a Spartanburg Community College Paramedic Program on any social media should reflect a professional persona
- Posting any form of electronic or digital media of a faculty member, course lecture, or lab activity without prior consent and authorization by the Program Director is prohibited

Violation of Social Media Policy

- A detailed policy is forthcoming from the College
- Future disregard for the policy may result in disciplinary action including but not limited to dismissal from the Paramedic Program



Cultural Humility



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Cultural Humility

- A humble and respectful attitude toward individuals of other cultures that pushes one to *challenge their own cultural biases*, realize they cannot possibly know *everything* about other cultures, and approach learning about other cultures as a lifelong goal and process.

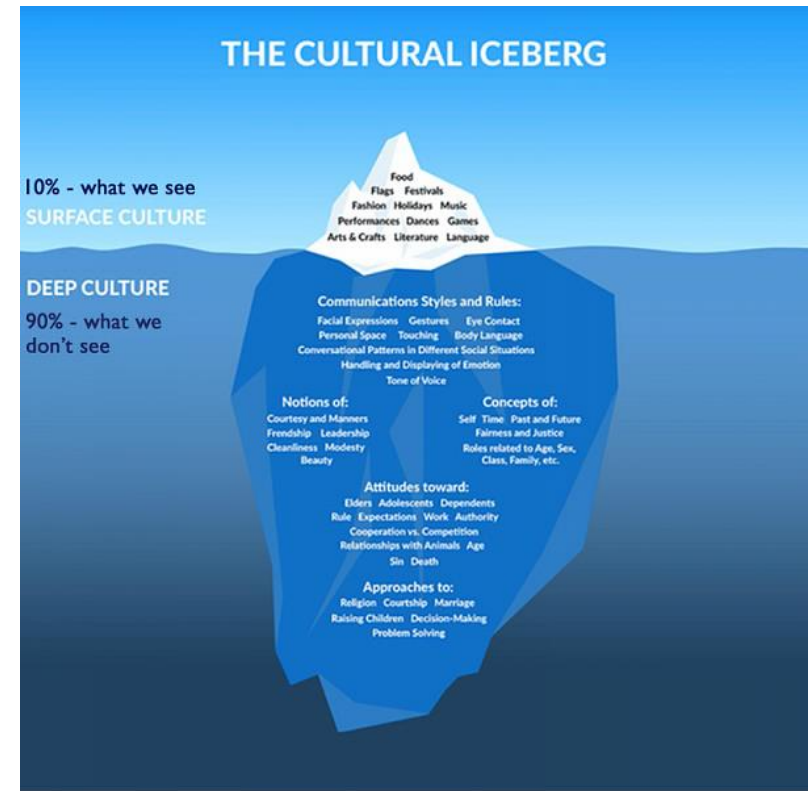


Cultural Bias

- Occurs when an individual or group imposes their cultural values and norms on other groups
- Cultural bias assumes that one's own culture is superior to others
 - When it is backed by social power, cultural bias can lead to policies and practices that demean, dismiss, and even destroy other cultures and the people in those cultures
- Such individual and group bias becomes systemic when group bias is backed up by political, economic, and social systems
 - In those cases, respect and equity among cultural groups are sacrificed in favor of the dominant group and the cultural norms of the group.
- Examples
 - White U.S. parents protest school curricula that discuss enslavement of African Americans, massacres of Native people to steal their land, Japanese American internment, etc., as being “harmful” to their children, while ignoring the real, lived experiences and histories of Black, Indigenous and People of Color (group bias against people of other races/cultures).
 - Residents of a northern community complain that a southerner's speaking accent is “different” from those of most residents, assuming said accent is “inferior” and therefore southerners must be “stupid.”

Cultural Humility

- Principles of Cultural Humility
 - Commit ourselves to an ongoing process of compassionate self-awareness and inquiry, supported by a community of trusted and cognitively-diverse colleagues.
 - Be open and teachable. ...
 - Always bear in mind the social structures that have helped shape reality as our clients experience it.



Injury / Exposure Protocol



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Student Injury &/or Exposure

- If the student becomes injured or exposed to toxic or harmful substance
 - Clean the affected area as needed and appropriate
 - Seek immediate treatment if needed
 - Contact on-duty supervisor
 - Contact CompEndium



CompEndium

877/709-2667

(Workman's Compensation Program)

- Also contact the SCC Clinical Coordinator ASAP

Documentation of Preceptor Orientation/Training

The Committee on Accreditation of Educational Programs for EMS Professions (CoAEMSP), requires that all preceptors provide documentation of having completed preceptor training. Please verify completion of training through the respective links below:



Field/Capstone Preceptors



Hospital/Clinical Preceptors