SECTION 5
ADVANCED CARE PARAMEDICINE
PRACTICUM DOCUMENTATION
COMPLETION REQUIREMENTS

Quick Reference	
Introduction to ACP Practicum Documentation	5-2
Incomplete Documentation	5-2
Performance Environments	5-3
Defining and Evaluating Proficiency	5-3
Proficiency Evaluation Key Table	5-4
Practicum Objectives/Learning Requirements	5-4
Overall Call – Evaluation Key	5-5
ACP Practicum Competencies Table	5-6
Guidelines to Completing the Electronic Forms o Attendance o Call Record o Weekly Evaluation o Preceptor Contact Info & Acknowledgements o Student Acknowledgements o Preceptor Assignments	 5-13 5-13 5-15 5-15 5-16 5-16
Comptracker Quick Start Guides	5-16

Introduction to ACP Practicum Documentation

During the practicum session, the student is responsible for maintaining accurate records of patient contacts as well as skills performed. Medavie HealthEd currently tracks student competency attainment through the computer-based competency tracking system, Comptracker, managed by Great Big Solutions based in Edmonton Alberta. Great Big Solutions will provide technical support to all users and may be contacted via one of the following methods:

Phone: Toll free – 1-866-432-3280
E-mail: support@studentlogbook.com
Online Support: Log on to www.studentlogbook.com and log in, then click the Support link and submit the case.

Great Big Solutions indicates they will respond to requests within two business days guaranteed. The office hours for Great Big Solutions are Monday to Friday 9 am to 5 pm (Mountain Standard Time). They are three hours behind us in Atlantic Canada.

Utilizing this computer based tracking of competencies provides the school with an electronic version of those competencies a student is required to obtain to graduate from their program.

The school endeavors to provide a consistent and fair evaluation process for students in the ACP program. As the student transitions into the practical, live patient care environment, we seek input from preceptors on how well our students are performing the competencies they were taught in school. To aid in this process, the school provides the preceptor with a Preceptor Manual, which can be found on our website. It contains the Essential Skills Manual used to evaluate the students in the schools lab setting, as well as excerpts from the National Occupational Competency Profile. The preceptor and student are expected to reference these documents, anytime there is a question as to how a student performed a competency; the goal is to ensure the student is being fairly evaluated based on what they were taught in the class/lab setting.

It should be noted, that these evaluation tools represent an extremely important component of student practicum experience therefore care must be taken in completing them.

Incomplete Documentation

Failure to complete the required documentation will result in the student completing further hours in the required setting.

The student is strongly encouraged to ensure their assigned preceptor completes all required documentation before the end of their shift, with that preceptor.

If the student continually fails to pass in his or her documentation on time, they will receive an incomplete mark for the practicum and be advised that they will be required to complete more practicum time. The student, after receiving an incomplete will then be placed on academic probation. A learning contract will be written which will clearly outline the completion

requirements and consequences of not completing them. Any costs that occur due to this extra time will be absorbed by the student.

Based on school policy a student will be provided an allotted timeframe to complete their practicum placement. Failure to complete the practicum rotation in the allotted time can result in an incomplete grade. The student will fail to graduate and a diploma will not be awarded. A failing mark during practicum placements will require the student to re-enroll in the ACP program if they wish to successfully complete the program.

Performance Environment's

Based on the National Occupational Competency Profiles for Paramedic Practitioners, June 2001 as developed by the Paramedic Association of Canada, "The Performance Environment specifies the setting in which the practitioner must demonstrate competence." The Performance Environment for the practicum setting is identified with a "P". (See table below) The practicum environment is a setting where the student is able to provide care to an actual patient who is seeking care in one of the following settings: hospital, health clinic, medical office, nursing home or other practicum setting where the competencies for the practicum performance environment may be obtained.

Area Key – Performance Environment

C	Must be evaluated in the Clinical setting for successful completion. On the Comptracker program an * indicates what competencies are mandatory in the clinical setting.
P	Must be evaluated in the Ambulance Practical setting for successful completion. On the Comptracker program an ***** indicates what competencies are mandatory in the practicum setting. Competencies identified as "C" that are not obtained in the clinical setting may be obtained in the ambulance practicum setting, but not vice-versa.
S	May be evaluated through a scenario based format
X	Student has awareness of but evaluation is not required
N	Does not apply to the students scope of practice

Defining and Evaluating Proficiency

The Evaluation tools under Practicum Preceptorship are designed to allow the preceptor to evaluate the student during the practicum experience based on the National Occupational Competencies Profile (NOCP) guidelines.

"The Paramedic Association of Canada Board of Directors has approved the following definition of proficiency: Proficiency involves the demonstration of skills, knowledge and abilities in accordance with the following principles:

- Consistency (the ability to repeat practice techniques and outcomes; this requires performance more than once in the appropriate Performance Environment)
- Independence (ability to practice without assistance from others)
- Timeliness(the ability to practice in a time frame that enhances patient safety)
- Accuracy (the ability to practice utilizing correct techniques and to achieve the intended outcomes)

- Appropriateness (the ability to practice in accordance with practicum standards and protocols outlined within the practice jurisdiction)

The preceptor should be familiar with the schools Proficiency Evaluation Key (See table below) before completing the evaluation forms. Individual competencies will either be approved or not approved by the preceptor. The preceptor may also reference a complete listing on Essential Competencies and their sub-competencies found in the Preceptor Manual.

In the practicum setting, the students will be evaluated based on individual skills and how they perform on the overall call. There are many aspects to an ambulance call and it is essential that a student be competent at performing all aspects of a call not just individual skills/competencies.

Individual skills/competencies will be evaluated using the Proficiency Evaluation Key (See table below).

Proficiency Evaluation Key

√	Approved – means the student was able to perform the competency on an appropriate call.
X	Not Approved – means the student was not able to perform the competency on an appropriate call.

Note: When a preceptor indicates an individual competency is not approved they will be prompted to provide a reason for not approving that competency. It is important for the student to receive feedback on skills that have not been approved, so they (the student) may improve their performance.

The overall call will be evaluated using the Overall Call – Evaluation Key (See table on next page). The student must show consistency in completing their overall calls with a minimum score of 3 on eighty percent (or 12 calls) of the last less than 15 calls in the practicum setting.

Overall Call – Evaluation Key

Score	Score Description
5 Excellent	The student excelled at this call. They demonstrated a high standard of Proficiency as they conducted their assessment and interpreted the findings associated with this patient's condition. Furthermore, excelled at integrating the competencies required to provide care to the patient on this call.
4 Above Average	The student showed an above average ability to conduct an assessment and interpret the findings related to this patient's condition. The student has successfully integrated the competencies required to provide care to the patient on this call.
3 Average	The student has meet the basic assessment and intervention skills required to conduct an assessment and interpret the findings related to this patient. The student has successfully integrated the competencies required to provide care to the patient on this call.
2 Below Average	The student has a below average level of assessment and/or treatment. The student did not perform all of the critical assessments and interventions, required for this patient. Remediation is not required at this time, as we believe the student requires more exposure to supervised live patient interaction to gain more experience.
1 Not Acceptable	The student is Unsafe. Student was unable to manage significant any aspect of this call on their own; furthermore, their performance compromised patient care and/or safety. Remediation is required as the student is unsuitable for unsupervised practice, or progression in the practicum environment.

The overall call evaluation will require a comment from the preceptor. A drop down menu is provided for this section.

Practicum Objectives/Learning Requirements

The student will be required to enter the practicum environment and complete a minimum of 504 hours. If a competency is not obtained, the student will be required to complete extra hours to obtain that competency in the ambulance practicum.

The list of competencies a student may obtain in the practicum environment are identified in the table below. All competencies identified with a "**P**" must be obtained in the practicum environment, by the time a student completes their program. Note: A student may obtain clinical "C" competencies in this environment as well.

ACP Practicum Competencies Table		Performance Environment
1.0 PROFESSIONAL RESPONSIBILITIES		
1.1 Function as a professional.		
***1.1.a**	**Maintain patient dignity.**	**P**
***1.1.b**	**Reflect professionalism through use of appropriate language.**	**P**
***1.1.c**	**Dress appropriately and maintain personal hygiene.**	**P**
1.1.d	**Maintain appropriate personal interaction with patients.**	**P**
***1.1.e**	**Maintain patient confidentiality.**	**P**
1.1.f	Participate in quality assurance and enhancement programs.	A
***1.1.g**	**Promote awareness of emergency medical system and profession**	**A**
1.1.h	Participate in professional association.	A
***1.1.i**	**Behave ethically.**	**P**
***1.1.j**	**Function as patient advocate.**	**P**
1.2 Participate in continuing education.		
1.2.a	Develop personal plan for continuing professional development.	A
1.2.b	Self-evaluate and set goals for improvement, as related to professional practice.	A
1.2.c	Interpret evidence in medical literature and assess relevance to practice.	S
1.2.d	Make presentations	S
1.3 Possess an understanding of the medicolegal aspects of the profession.		
***1.3.a**	**Comply with scope of practice.**	**P**
1.3.b	Recognize the rights of the patient and the implications on the role of the provider.	A
***1.3.c**	**Include all pertinent and required information on reports and medical records.**	**P**
1.4 Recognize and apply relevant provincial and federal legislation.		
1.4.a	**Function within relevant legislation, policies and procedures.**	**P**
1.5 Function effectively in a team environment.		
***1.5.a**	**Work collaboratively with a partner.**	**P**
***1.5.b**	**Accept and deliver constructive feedback.**	**P**

1.6 Make decisions effectively.		
***1.6.a**	**Exhibit reasonable and prudent judgment.**	**P**
***1.6.b**	**Practice effective problem-solving.**	**P**
***1.6.c**	**Delegate tasks appropriately.**	**P**
1.7	**Manage scenes with actual or potential forensic implications.**	
1.7.a	**Collaborate with law enforcement agencies in the management of crime scenes.**	**S**
1.7.b	**Comply with ethical and legal reporting requirements for situations of abuse.**	**S**
2.0 COMMUNICATION		
2.1 Practice effective oral communication skills.		
2.1.a	Deliver an organized, accurate and relevant report utilizing telecommunication devices.	S
***2.1.b**	**Deliver an organized, accurate and relevant verbal report.**	**P**
***2.1.c**	**Deliver an organized, accurate and relevant patient history.**	**P**
***2.1.d**	**Provide information to patient about their situation and how they will be cared for.**	**P**
***2.1.e**	**Interact effectively with the patient, relatives and bystanders who are in stressful situations.**	**P**
***2.1.f**	**Speak in language appropriate to the listener.**	**P**
***2.1.g**	**Use appropriate terminology.**	**P**
2.2 Practice effective written communication skills.		
***2.2.a**	**Record organized, accurate and relevant patient information.**	**P**
2.2.b	Prepare professional correspondence.	A
2.3 Practice effective non-verbal communication skills.		
2.3.a	Employ effective non-verbal behaviour.	S
***2.3.b**	**Practice active listening techniques.**	**P**
***2.3.c**	**Establish trust and rapport with patients and colleagues.**	**P**
***2.3.d**	**Recognize and react appropriately to non-verbal behaviours**	**P**
2.4 Practice effective interpersonal relations.		
***2.4.a**	**Treat others with respect.**	**P**
***2.4.b**	**Employ empathy and compassion while providing care.**	**P**
***2.4.c**	**Recognize and react appropriately to persons exhibiting emotional reactions.**	**P**
***2.4.d**	**Act in a confident manner.**	**P**
***2.4.e**	**Act assertively as required.**	**P**
***2.4.f**	**Employ diplomacy, tact and discretion.**	**P**
2.4.g	Employ conflict resolution skills.	S
3.0 HEALTH AND SAFETY		
3.1 Maintain good physical and mental health.		
3.1.a	Maintain balance in personal lifestyle.	A
3.1.b	Develop and maintain an appropriate support system.	A
3.1.c	Manage stress.	A
3.1.d	Practice effective strategies to improve physical and mental health related to career..	A
***3.1.e**	**Exhibit physical strength and fitness consistent with the requirements of professional practice.**	**P**

3.2 Practice safe lifting and moving techniques.		
***3.2.a**	**Practice safe biomechanics.**	**P**
***3.2.b**	**Transfer patient from various positions using applicable equipment and / or techniques.**	**P**
3.2.c	Transfer patient using emergency evacuation techniques.	S
***3.2.d**	**Secure patient to applicable equipment.**	**P**
3.3 Create and maintain a safe work environment.		
***3.3.a**	**Assess scene for safety.**	**P**
***3.3.b**	**Address potential occupational hazards.**	**P**
3.3.c	Conduct basic extrication.	S
3.3.d	Exhibit defusing and self-protection behaviours appropriate for use with patients & bystanders.	S
***3.3.f**	**Practice infection control techniques.**	**P**
***3.3.g**	**Clean and disinfect equipment.**	**P**
***3.3.h**	**Clean and disinfect work environment.**	**P**
4.0 ASSESSMENT AND DIAGNOSTICS		
4.2 Obtain patient history.		
***4.2.a**	**Obtain list of patient's allergies.**	**P**
***4.2.b**	**Obtain list of patient's medication profile.**	**P**
***4.2.c**	**Obtain chief complaint and/or incident history from patient, family members and/or bystanders.**	**P**
***4.2.d**	**Obtain information regarding patient's past medical history.**	**P**
***4.2.e**	**Obtain information about patient's last oral intake.**	**P**
***4.2.f**	**Obtain information regarding incident through accurate and complete scene assessment.**	**P**
4.3 Conduct complete physical assessment demonstrating appropriate use of inspection, palpation, percussion & auscultation, and interpret findings.		
***4.3.a**	**Conduct primary patient assessment and interpret findings.**	**P**
***4.3.b**	**Conduct secondary patient assessment and interpret findings.**	**P**
***4.3.c**	**Conduct cardiovascular system assessment and interpret findings.**	**P**
***4.3.d**	**Conduct neurological system assessment and interpret findings.**	**P**
***4.3.e**	**Conduct respiratory system assessment and interpret findings.**	**P**
4.3.f	Conduct obstetrical assessment and interpret findings.	C
***4.3.g**	**Conduct gastrointestinal system assessment and interpret findings.**	**P**
***4.3.h**	**Conduct genitourinary/reproductive system assessment and interpret findings.**	**P**
4.3.i	Conduct integumentary system assessment and interpret findings.	S
***4.3.j**	**Conduct musculoskeletal assessment and interpret findings.**	**P**
*4.3.k	Conduct assessment of the ears, eyes, nose and throat and interpret findings.	S
*4.3.l	Conduct neonatal assessment and interpret findings.	C
4.3.m	Conduct psychiatric assessment and interpret findings.	S
*4.3.n	Conduct paediatric assessment and interpret findings.	C
4.3.o	**Conduct geriatric assessment and interpret findings.**	**P**
4.3.p	Conduct bariatric assessment and interpret findings.	A
4.4 Assess vital signs.		

***4.4.a**	**Assess pulse.**	**P**
***4.4.b**	**Assess respiration.**	**P**
4.4.c	Conduct non-invasive temperature monitoring.	C
***4.4.d**	**Measure blood pressure (BP) by auscultation.**	**P**
*4.4.e	Measure BP by palpation.	S
4.4.f	Measure BP with non-invasive BP monitor.	C
***4.4.g**	**Assess skin condition.**	**P**
***4.4.h**	**Assess pupils.**	**P**
***4.4.i**	**Assess Level of consciousness.**	**P**
4.5 Utilize diagnostic tests.		
4.5.a	Conduct oximetry testing and interpret findings.	C
4.5.b	Conduct end-tidal CO_2 monitoring and interpret findings.	C
***4.5.c**	**Conduct glucometric testing and interpret findings.**	**P**
4.5.m	**Conduct 3-lead electrocardiogram (ECG) and interpret findings.**	**P**
4.5.n	**Obtain 12-lead electrocardiogram and interpret findings.**	**P**
5.0 THERAPEUTICS		
5.1 Maintain patency of upper airway and trachea.		
5.1.a	Use manual manoeuvres and positioning to maintain airway patency.	C
5.1.b	Suction oropharynx.	C
5.1.c	Suction beyond oropharynx.	C
5.1.d	Utilize oropharyngeal airway.	S
5.1.e	Utilize nasopharyngeal airway.	S
5.1.f	Utilize airway devices not requiring visualization of vocal cords and not introduced endotracheally.	S
5.1.g	Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally.	S
5.1.h	Utilize airway devices requiring visualization of vocal cords and introduced endotracheally.	C
5.1.i	Remove airway foreign bodies (AFB).	S
5.1.j	Remove foreign body by direct techniques.	S
5.1.k	Conduct percutaneous cricothyroidotomy.	S
5.1.l	Conduct surgical cricothyroidotomy.	S
ESHNS	Rapid Sequence Intubation.	X
5.2 Prepare oxygen delivery devices.		
5.2.a	Prepare oxygen delivery devices.	A
***5.2.b**	**Utilize portable oxygen delivery systems.**	**P**
5.3 Deliver oxygen and administer manual ventilation.		
5.3.a	Administer oxygen using nasal cannula.	C
5.3.b	Administer oxygen using low concentration mask.	S
5.3.c	Administer oxygen using controlled concentration mask.	A
5.3.d	Administer oxygen using high concentration mask.	C
5.3.e	Administer oxygen using pocket mask.	S
5.4 Utilize ventilation equipment.		
5.4.a	Provide oxygenation and ventilation using manual positive pressure devices..	C

5.4.b	Recognize indications for mechanical ventilation.	A
5.4.c	Prepare mechanical ventilation equipment.	S
5.4.d	Provide mechanical ventilation.	S
5.5 Implement measures to maintain hemodynamic stability.		
5.5.a	Conduct CPR.	S
5.5.b	Control external haemorrhage through the use of direct pressure and patient positioning.	S
***5.5.c**	**Maintain peripheral IV access devices and infusions of crystalloid solutions without additives.**	**P**
***5.5.d**	**Conduct peripheral intravenous (IV) cannulation.**	**P**
5.5.e	Conduct intraosseous needle insertion.	S
5.5.f	Utilize direct pressure infusion devices with intravenous infusions.	S
5.5.g	Administer volume expanders (colloid and non-crystalloid).	S
5.5.h	Administer blood and /or blood products.	A
5.5.i	Conduct automated external defibrillation	S
5.5.j	Conduct manual defibrillation	S
5.5.k	Conduct cardioversion.	S
5.5.l	Conduct transcutaneous pacing.	S
5.5.m	Maintain transvenous pacing.	A
5.5.n	Maintain intra-aortic balloon pumps.	A
5.5.o	Provide routine care for patient with urinary catheter.	C
5.5.p	Provide routine care for patient with ostomy drainage system.	S
5.5.q	Provide routine care for patient with non-catheter urinary drainage system.	A
5.5.r	Monitor chest tubes.	S
5.5.s	Conduct needle thoracostomy.	S
5.5.t	Conduct oral and nasal gastric tube insertion.	S
5.5.u	Conduct urinary catheterization.	S
EHSNS	Use of IV pumps.	A
EHSNS	Maintain and initiate central IV infusions with or without additives.	A
5.6 Provide basic care for soft tissue injuries.		
***5.6.a**	**Treat soft tissue injuries.**	**P**
5.6.b	Treat burn.	S
5.6.c	Treat eye injury.	S
5.6.d	Treat penetration wound.	S
5.6.e	Treat local cold injury.	S
5.6.f	Provide routine wound care.	S
5.7 Immobilize actual and suspected fractures.		
5.7.a	Immobilize suspected fractures involving appendicular skeleton.	S
***5.7.b**	**Immobilize suspected fractures involving axial skeleton.**	**P**
5.7.cS	Reduce fractures and dislocations.	A
5.8 Administer medications.		
5.8.a	Recognize principles of pharmacology as applied to the medications listed in Appendix 5 of the NOCP.	A

***5.8.b**	**Follow safe process for responsible medication administration.**	**P**
5.8.c	Administer medication via subcutaneous route.	S
5.8.d	Administer medication via intramuscular route.	C
***5.8.e**	**Administer medication via intravenous route.**	**P**
5.8.f	Administer medication via intraosseous route.	S
5.8.g	Administer medication via endotracheal route.	S
5.8.h	Administer medication via sublingual route.	C
5.8.i	Administer medication via the buccal route.	C
5.8.j	Administer medication via topical route.	S
5.8.k	Administer medication via oral route.	C
5.8.l	Administer medication via rectal route.	A
5.8.m	Administer medication via inhalation.	C
5.8.n	Administer medication via intranasal route.	S
5.8.o	Provide patient assist according to provincial list of medications.	A
6.0 INTEGRATION		
6.1 Utilize differential diagnosis skills, decision-making skills and psychomotor skills in providing care to patients.		
***6.1.a**	**Provide care to patient experiencing signs and symptoms involving cardiovascular system.**	**P**
***6.1.b**	**Provide care to patient experiencing signs and symptoms involving neurological system.**	**P**
***6.1.c**	**Provide care to patient experiencing signs and symptoms involving respiratory system.**	**P**
6.1.d	Provide care to patient experiencing **signs and symptoms** involving genitourinary / reproductive systems.	S
6.1.e	**Provide care to patient experiencing signs and symptoms involving gastrointestinal system.**	**P**
6.1.f	**Provide care to patient experiencing signs and symptoms involving integumentary system.**	**P**
6.1.g	**Provide care to patient experiencing signs and symptoms involving musculoskeletal system.**	**P**
6.1.h	Provide care to patient experiencing **signs and symptoms** involving immunologic system.	S
6.1.i	Provide care to patient experiencing **signs and symptoms** involving endocrine system.	S
6.1.j	Provide care to patient experiencing **signs and symptoms** involving the eyes, ears, nose and throat.	S
6.1.k	**Provide care to patient experiencing toxicologic syndromes..**	**P**
6.1.l	Provide care to patient experiencing non-urgent medical problem.	S
6.1.m	Provide care to palliative patient.	S
6.1.n	Provide care to patient experiencing signs and symptoms due to exposure to adverse environments.	S
6.1.o	**Provide care to trauma patient.**	**P**
6.1.p	**Provide care to psychiatric patient..**	**P**
6.1.q	Provide care to obstetrical patient.	C

6.2 Provide care to meet the needs of unique patient groups.		
6.2.a	Provide care for neonatal patient.	C
6.2.b	Provide care for paediatric patient.	C
6.2.c	Provide care for geriatric patient.	C
6.2.d	Provide care for physically-impaired patient.	S
6.2.e	Provide care for mentally-impaired patient.	S
6.2.f	Provide care to bariatric patient.	A
6.3 Conduct ongoing assessments and provide care.		
6.3.a	**Conduct ongoing assessments based on patient presentation and interpret findings.**	**P**
6.3.b	**Re-direct priorities based on assessment findings.**	**P**
7.0 TRANSPORTATION		
7.1 Prepare ambulance for service.		
7.1.a	**Conduct vehicle maintenance and safety check.**	**P**
7.1.b	Recognize conditions requiring removal of vehicle from service.	A
7.1.c	Utilize all vehicle equipment and vehicle devices within ambulance.	S
7.2 Drive ambulance or emergency response vehicle.		
7.2.a	Utilize defensive driving techniques	S
7.2.b	Utilize safe emergency driving techniques	S
7.2.c	Drive in a manner that ensures patient comfort and a safe environment for all passengers.	S
7.3 Transfer patient to air ambulance.		
7.3.a	Create a safe landing zone for rotary-wing aircraft.	A
7.3.b	Safely approach stationary rotary-wing aircraft.	A
7.3.c	Safely approach stationary fixed-wing aircraft	A
7.4 Transport patient in air ambulance		
7.4.a	Prepare patient for air medical transport.	S
7.4.b	Recognize the stressors of flight on patient, crew and equipment, and the implications for patient care.	A
8.1 Integrate professional practice into community care.		
8.1.a	Participate in health promotion activities and initiatives.	A
8.1.b	Participate in injury prevention and public safety activities and initiatives.	A
8.1.c	Work collaboratively with other members of the health care community.	P
8.1.d	Utilize community support agencies as appropriate.	A
8.2 Contribute to public safety through collaboration with other emergency response agencies.		
8.2.a	**Work collaboratively with other emergency response agencies.**	**P**
8.2.b	Work within an incident management system (IMS).	A
8.3 Participate in the management of chemical, biological, radiological/nuclear, explosive (CBRNE) incident.		
8.3.a	Recognize indicators of agent exposure.	A
8.3.b	Possess knowledge of personal protective equipment (PPE).	A
8.3.c	Perform CBRNE scene size-up.	A
8.3.d	Conduct triage at CBRNE incident.	A
8.3.e	Conduct decontamination procedures.	A

8.3.f	Provide care to patients involved in CBRNE incident.	A

Completing the Electronic Forms

The following pages contain information for the preceptor, student and auditors on how to complete the electronic forms. Sample documentation includes the following:

1) Attendance Record
2) Call Record
3) Weekly Evaluation
4) Preceptor Contact Info & Acknowledgements
5) Student Acknowledgements
6) Preceptor Assignment

1) Attendance Record

Completing the Documentation:

- The students attending your practicum site have a specific number of hours they must complete. The purpose of the attendance record is to track those hours.
- The student is to complete specific sections on this form, prior to the preceptor signing it. The student will complete the date, practicum site, preceptors name, start/finish times, and Total hours.
- The school staff may contact the student at anytime and request that this form be faxed to the school.
- The **preceptor** will then record the following on this form:
    - The preceptor signs or initials the form indicating the student has completed those hours. We ask that the preceptor ensure they sign this at the end of every shift.

Verification of Information (MEDAVIE HEALTHED Agent):

- This form will be verified by staff at the Medavie HealthEd. Designated staff will ensure the following:

    - The preceptor has signed for all the dates and hours the student has completed.
    - The student has completed all the information required under Completing the Form (above).
    - The student has completed the hours required for this component of the program. (Designated staff will check for the number of hours to be completed).

2) Call Record

Completing the Documentation:

- This form serves at the primary evaluation tool to determine if the student is meeting the Proficiency requirements based on the National Occupational Competency Profile. The preceptor uses the Proficiency Evaluation Key and Overall Call Evaluation Key to rate the student on their ability to perform the competencies listed on the Patient Record Form.

- Individual competencies must be evaluated with an "approved", at least twice, in the practicum setting. The competencies that must be approved are those identified with an "*" on the student electronic information gathering device.

- The student must show consistency in completing their overall calls with a minimum score of 3 on eighty percent (or 12 calls) of the last less than 15 calls in the practicum setting.

- The student will record the following on this form:
    - The patient's age and sex.
    - The patient's chief complaint.
    - Other information that is pertinent to identifying the competency the student wants to obtain. (E.g. for the NOCP regarding high concentration mask the student would have to have recorded on the Patient Record that a high concentration mask was used on the patient.)
    - The competency the student wants to be signed off on.
    - Note the student is not permitted to gather any other information on the patient, due to confidentially for the patient.

- The **preceptor** will then record the following on this form:
    - Approved or not approved for each of the competencies the student performed on that patient.
    - An overall call score ranging from a low of 1 to a high of 4.
    - The preceptor then signs or initials the form, thus indicating they have evaluated the student.

Verification of Information (MEDAVIE HEALTHED Agent):

- This form will be verified by staff at the Medavie HealthEd. Designated staff will ensure the following:

    - The preceptor has approved or not approved and signed or initialed the competencies completed by the student.
    - An overall call score was assigned and that the student has complete at least eighty percent (or 12 calls) of their last 15 calls at a score of 3 or higher.
    - The student has recorded all the information required for the competency to be signed off on the Patient Record.
    - The student was approved, at least twice, on all the practicum competencies required for their program.
    - No confidential patient information is contained on the form. Form is to contain patient's age and sex only.

- Designated staff will ensure they complete the date, audited by and, if required, auditors comments section of the Patient Record

Note: Practicum Competencies are identified as "P's" in the NOCP Documentation, all competencies identified as a "P", must be approved minimum of twice. Note – A student will be required to complete extra time if one of the following occurs:

- If a student fails to obtain the required approval at least twice for the individual competencies, or
- If a student fails to obtain a score of 3, or higher, on at least 12 of their last 15 calls.

3) Weekly Evaluation

Completing the Documentation:

- This form is to be completed by the preceptor and is used to provide a general evaluation on the student's professional responsibilities, communication skills and health and safety, as well as a means for the preceptor and/or student to communicate any areas of concern during the practicum The goal is for the preceptor and student to have an open dialogue to ensure there are no areas of concern or to identify areas of concern.
- This form is completed at the end of each weekly rotation and is initiated by the student
- The preceptor must assign a score (approved or not approved) based on the Proficiency Evaluation Key) and then sign or initial the box indicating the preceptor's initials are required.
- A space is provided for a narrative of overall comments from the preceptor.

Verification of Information (MEDAVIE HEALTHED Agent):

- This form will be verified by staff at the Medavie HealthEd. Designated staff will ensure the following:

  - The preceptor has completed all the information required.
  - Designated staff will ensure they complete the date, audited by and, if required, auditors comments section of the Patient Record.

4) Preceptor Contact Info and Acknowledgements Form

Completing the Documentation:

- This form has multiple purposes including:
  - First, it is utilized to obtain information regarding the preceptor, for the purpose of ensuring we have accurate information on those professionals willing to help educate our students. This information is obtained for our records, so that we may contact the preceptor regarding the evaluation of the student.
  - Second, it is also utilized as a tool to ensure that our institution outlined all the parties who are involved in the student's educational process, as well as their

associated responsibilities during the practicum experience; while affording the preceptor an opportunity to acknowledge those responsibilities.
    - Third, it is utilized to advise the preceptor of the eight competency areas, identified in the 2011 NOCP and the general competencies that are established under of them, while affording the preceptor an opportunity to acknowledge this information has been provided to them.
    - Finally, it is utilized to advise the preceptor of the various evaluation tools our institution has implemented to validate individual competency, as well as proficiency, attainment, while affording the preceptor an opportunity to acknowledge this information has been provided to them.

Verification of Information (MEDAVIE HEALTHED Agent):

This form will be verified by staff at the Medavie HealthEd.

5) Student Acknowledgements Form

Completing the Documentation:

- This form has multiple purposes including:
    - First, it is also utilized as a tool to ensure that our institution outlined all the parties who are involved in the student's educational process, as well as their associated responsibilities during the practicum experience; while affording the preceptor an opportunity to acknowledge those responsibilities.
    - Second, it is utilized to advise the student of the eight competency areas, identified in the 2011 NOCP and the general competencies that are established under of them, while affording the student an opportunity to acknowledge this information has been provided to them.
    - Finally, it is utilized to advise the student of the various evaluation tools our institution has implemented to validate individual competency, as well as proficiency, attainment, while affording the student an opportunity to acknowledge this information has been provided to them.

Verification of Information (MEDAVIE HEALTHED Agent):

This form will be verified by staff at the Medavie HealthEd.

6) Preceptor Assignment Form

Completing the Documentation:

- The preceptor may assign a student homework based on areas where, they perceive, the student to require a stronger level of knowledge. Should homework be assigned the preceptor and student will complete a form for each occurrence.

<u>Comptracker Quick Start Guides</u>

The following pages contain information on using the Comptracker System's validation process.