

GLENDALE COMMUNITY COLLEGE  
EMT DEPARTMENT  
STUDENT CLINICAL INFORMATION

Rev. 4/07

HOSPITALS:

Arrowhead Community Hospital and Medical Center  
67<sup>th</sup> Avenue and Union Hills

John C. Lincoln Hospital and Medical Center  
North Mountain Campus  
3<sup>rd</sup> Street and Dunlap

John C. Lincoln Hospital and Medical Center  
Deer Valley Campus  
I-17 and Loop 101

Banner Thunderbird Hospital and Medical Center  
55<sup>th</sup> Avenue and Thunderbird

SHIFTS:

0700-1500 (7am – 3pm)  
1500-2300 (3pm – 11pm)  
2300-0700 (11pm – 7am)

CLINICALS BEGIN:

Consult Scarlett or your instructor

SPECIAL REQUIREMENTS:

Confidentiality Contract  
Training Booklet & Mandatory Self Tests  
Video

Training Booklet & Mandatory Self Test  
Documented Hepatitis B Series or Declination

Training Booklet & Mandatory Self Test  
Documented Hepatitis B Series or Declination

Student Orientation Booklet

DEADLINE TO SCHEDULE:

Consult Scarlett or your instructor

CLINICALS END:

Consult Scarlett or your instructor

**PREREQUISITES AND INFORMATION YOU NEED TO KNOW**

- ❖ You are required to successfully complete one 8 hour shift in a hospital Emergency Room
- ❖ You must see at least 8 patients
- ❖ Required: Infectious disease exposure and body substance isolation training
- ❖ Required: baseline vitals and SAMPLE history training and evaluation
- ❖ Required: basic airway, oxygen and ventilation skills training and evaluation
- ❖ Required: trauma and medical patient assessment orientation
- ❖ You must have ALL of the following turned in to your instructor BEFORE you can schedule your clinical rotation
  - Current Healthcare Provider CPR – may not expire during the class
  - MMR – within the last 10 years or 2 in your lifetime
  - TB skin test – within the last 6 months
  - Clean drug screen or other dept approved substitute.
  - Hep-B vaccinations or declination form
  - Varicella vaccination or declination form
  - HIPAA Contract
  - Signed Clinical Contract
  - Syllabus Agreement
  - Self Tests for ACH and JCL
  - Criminal background check

**PROCESS TO SIGN UP FOR CLINICALS**

1. Turn in all of your required paperwork before the deadline
2. Sign up for your clinical shift before the deadline
3. Complete all of the hospital specific paperwork required by the hospital you signed up for and turn it in to your instructor
4. Obtain an “EMT Basic” student ID card from the Enrollment Center
5. Once you have completed all of the paperwork you will be given a packet with hospital specific information that you need for your clinical shift
6. Follow all instructions for the hospital you chose

Scarlett Perry  
623-845-3977  
scarlett.perry@gcmail.maricopa.edu

GLENDALE COMMUNITY COLLEGE  
EMT DEPARTMENT  
STUDENT CLINICAL INFORMATION

**IF YOU NEED TO RESCHEDULE YOUR SHIFT**

1. Ask your instructor for the clinical schedule
2. Cross out your originally scheduled shift
3. Sign up for you new shift
4. Make sure you sign up for the same hospital (if you change hospitals the paperwork will not be valid)
5. Do not sign up for a shift on a page that has already been faxed

**FOLLOW THESE STEPS WHEN YOU ARRIVE AT THE HOSPITAL**

1. Enter through the main Emergency Room entrance
2. Introduce yourself at the front desk or Triage counter
3. The ER staff will open the doors to the ER
4. Go to the Nurse's Station and introduce yourself
5. You will be assigned to an ER employee who will be your preceptor for your shift

**Dress Code**

- Clinical attire should be clean and professional in appearance
- No scrubs. You may be asked to change into scrubs at some facilities
- No shorts, jeans or baggy pants. Docker style slacks are acceptable
- Limit jewelry (no facial jewelry)
- Hair should be off the shoulders
- White or solid colored shirt with collar
- No silk screens, product advertisements etc.
- No perfumes, colognes or fragrant lotions
- No caps

**Required Equipment**

- Stethoscope
- Watch with second hand
- Black ink pen
- GCC clinical ID
- Clinical Attendance Form and Clinical Evaluation Form

**Parking**

- Park only in designated areas as directed by hospital staff

**How to Succeed and Enjoy Your Clinical Experience**

- Be helpful
- Get involved
- Introduce yourself at every opportunity
- Let people know you want to participate and learn
- Don't forget to have your preceptor fill out the Clinical Evaluation / Attendance form before you leave
- Thank your preceptor(s) for the time, knowledge and patience they shared with you
- Submit clinical evaluation and preceptor evaluation forms at first class meeting following your clinical.

For online access to clinical paperwork and clinical schedule, visit the following website:

[www.gc.maricopa.edu/emt-fsc](http://www.gc.maricopa.edu/emt-fsc)

Username: student

Password: schedule

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623-845-3977  
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**Glendale Community College  
EMT Program  
Student Clinical Contract**

Rev.4/07

Student Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Course Code: EMT 104

Section Number: \_\_\_\_\_

Clinical assignments are a required part of the EMT104 program. Please read the following list of clinical requirements. Direct any questions to your instructor or to Scarlett. Once you have read and understand the clinical requirements, sign and date this form.

1. All required clinical paperwork must be turned in by the second week of class (or as indicated by your instructor) and before signing up for clinicals. This includes immunization records, CPR card, and drug screening. See the syllabus for additional information.
2. Hospital paperwork must be completed and turned in by the third week of class.
3. Criminal Background checks must be submitted before signing up for clinicals.
4. Students may reschedule one (1) clinical only.
5. Students may repeat one (1) failed clinical only at the discretion of the EMT Dept. Depending on the reason for the failure, the student may be withdrawn from the EMT program.
6. Failure to bring the necessary equipment (clinical forms, pen, watch, stethoscope, ID badge), or dress appropriately will be considered a clinical failure.
7. Failure to sign up for clinicals may result in removal from the EMT program, and will at a minimum be considered a clinical reschedule. No further rescheduling will be allowed.
8. Students may only attend clinicals scheduled through the EMT Department.
9. Students may not attend clinicals they are not scheduled for.
10. Students may not sign up for clinicals until all paperwork has been turned in and approval given by the instructor.
11. Students may not perform skills outside the EMT scope of practice or skills not yet taught in class. Students who exceed the EMT scope of practice or practice skills they have not been taught will be removed from the EMT program.
12. Students must complete one clinical with documentation of at least eight patient contacts and a grade of pass prior to the final written and practical exams.

I have read and understand the clinical requirements listed above, as well as those in the syllabus. I understand that failure to meet the clinical requirements will result in removal from the EMT program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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# GLENDALE COMMUNITY COLLEGE

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Rev. 4/04

Hospital Emergency Room Preceptor:

This letter is to introduce the student named below and to confirm that they are enrolled in the Basic Emergency Medical Technology Program and Glendale Community College. Attached please find an Attendance Verification and Evaluation form. The completed form may be returned to the student, or mailed to the address listed on the forms.

Thank you for sharing your valuable time with our students. Please feel free to contact me at (623) 845-3205 with your comments or recommendations.

Sincerely,

Chris Coughlin, M.Ed., CEP  
EMT Program Director

Student: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_ Scheduled Time: \_\_\_\_\_

Facility: \_\_\_\_\_

EMT Instructor: \_\_\_\_\_



# GLENDALE COMMUNITY COLLEGE

## EMT Program Clinical Attendance / Evaluation

Rev. 4/04

Student: \_\_\_\_\_

EMT Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Preceptor: please complete the following:

- |   |     |    |
|---|-----|----|
| 1. Student arrived with appropriate equipment   | Yes | No |
| 2. Student dressed appropriately  | Yes | No |
| 3. Student demonstrated appropriate knowledge and skills  | Yes | No |
| 4. Student observed or participated in the management of<br>at least eight patients during the clinical shift | Yes | No |

Comments:

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Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Return to the Student**



# GLENDALE COMMUNITY COLLEGE

## GLENDALE COMMUNITY COLLEGE Clinical Patient Contact Record

Student: \_\_\_\_\_

EMT Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

PATIENT AGE	CHIEF COMPLAINT	SKILLS PERFORMED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**NOTE:** Do NOT provide any patient identifiers, such as name, DOB, etc.

**GLENDALE COMMUNITY COLLEGE  
EMT Program  
Preceptor Evaluation**

**EMT Student:**

NOTE: This evaluation is used for all clinical locations **except** JCL.

Please take the time to give us your comments about your clinical experience.

Hospital: \_\_\_\_\_ Date of Clinical: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

EMT Instructor's Name: \_\_\_\_\_

**Please complete the following:**

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
My preceptor oriented me to the emergency department				
My preceptor made me feel I was part of the team				
My preceptor was helpful and approachable				
My preceptor made me feel comfortable				
My preceptor was informative and provided explanations to questions				

Additional Comments:

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Please Return to Your Instructor. Thank You!

**Glendale Community College  
EMT Department  
ID Badge Request Form**

Student Name: \_\_\_\_\_

Class: EMT 104 \_\_\_\_\_

Section #: \_\_\_\_\_

As a student in the EMT Program, I need a GCC EMT Basic ID Card.

Department Approval: \_\_\_\_\_

Date: \_\_\_\_\_

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Student Name: \_\_\_\_\_

Class: EMT 104 \_\_\_\_\_

Section #: \_\_\_\_\_

As a student in the EMT Program, I need a GCC EMT Basic ID Card.

Department Approval: \_\_\_\_\_

Date: \_\_\_\_\_

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Student Name: \_\_\_\_\_

Class: EMT 104 \_\_\_\_\_

Section #: \_\_\_\_\_

As a student in the EMT Program, I need a GCC EMT Basic ID Card.

Department Approval: \_\_\_\_\_

Date: \_\_\_\_\_