

**Professional Education and Resources
Company**

PERCOMOnline, Inc.

Clinical Internship Manual

EMT Level Course

PERCOM

Professional Education and Resources Company

EMT Clinical Orientation Guidelines

EMT students are required to complete certain field and clinical rotations and turn in paperwork on these rotations and experiences which is signed by preceptors (persons certified or licensed as RN, Nurse Practitioner, Certified Registered Nurse Practitioner, MD, DO, PA, RT, EMT, EMT-I/AEMT, or Paramedic who supervise the student during the patient contact). These experiences must be documented appropriately to successfully complete the EMT course through PERCOM, and all students are responsible for reviewing and complying with all clinical rules and regulations as specified in this document and in the Clinical and Field Rotation Manual that is a part of this document.

First, read the Rules and Regulations specified in the first section of the Clinical Manual. It has specific guidelines that you **MUST** follow including referring to the guidelines from the Infectious Disease Manual, which you will find in the Resources in your Student Profile at percomonline.com. Students are expected to review all of these guidelines and follow them during rotations. These rules and regulations are designed to protect you and to protect the future of PERCOM students and their ability to continue to be accepted as active participants at designated field and clinical sites.

Students are expected to behave in a professional manner any time that they are representing PERCOM, including in the rotation environment. Students should be aware that physical appearance plays a huge role in being accepted as a professional. Be sure to arrive for all rotations at least 15 minutes prior to your scheduled shift, in full uniform (including student nametag), clean and pressed, wearing a watch and bearing your own stethoscope. Plan to wear your uniform to ALL sites, even if you might have to change into scrubs at the request of the staff. If this occurs, remember that the scrubs are the property of the facility and are not to be removed from the facility, as this is theft and is grounds for dismissal from the program.

Also bring with you a good attitude and demeanor. You are expected to function as part of the EMS crew or clinical crew for the day, so you should actively look for ways to help your preceptors with daily responsibilities such as washing the unit,

checking out the truck, stocking, changing beds and stretchers, etc. These activities not only acclimate you to various portions of the job that don't necessarily have to do with direct patient care, but they help you establish rapport with your preceptors so they are more willing to allow you to perform skills and assessments on their patients throughout the shift. You are also under the direct supervision of EMS or clinical staff during your rotation and must only do what they allow you to do and nothing more. Students are also barred from performing any skill for which a PERCOM designated instructor has not checked them off. Students are NOT allowed to be in the clinical environments until they have completed their EXIT SESSION and turned in all required documentation to be released to start rotations.

All documentation will be done in Platinum Planner and submitted through that system for PERCOM credit. This includes all necessary data entry as well as uploads of hard documents. Students must go through the tutorial that is placed in Platinum so that the process for entering data is fully understood. In case of a malfunction, bring all hard copy paperwork with you that we provide to complete and have signed by your preceptor. However, unless there is equipment or internet malfunction, all rotation paperwork should be completed electronically in Platinum. Ensure that the preceptor signs all appropriate places on your paperwork and completes and signs a Daily Clinical Evaluation form to evaluate your performance. Platinum has a place at the end of your shift data entry for you to select or add your preceptor and his/her contact information so that Platinum can obtain the preceptor evaluation. **THIS MEANS THAT YOU MUST COMPLETE YOUR PAPERWORK BEFORE THE END OF YOUR SHIFT AND BEFORE YOUR PRECEPTOR LEAVES HIS/HER SHIFT, SUBMIT YOUR PAPERWORK, OPEN UP A WEB BROWSER AND NAVIGATE TO PLATINUMPLANNER.COM, AND ASK YOUR PRECEPTOR TO SIGN IN AND COMPLETE THE PRECEPTOR EVALUATION ON YOU AND SUBMIT IT. THE PRECEPTOR SHOULD BE ADVISED TO THEN LOG OUT AND HAND THE PC BACK TO YOU. ASSURE THE PRECEPTOR THAT THIS ASSURES THE EVALUATION IS NOT SEEN BY YOU DIRECTLY AND THAT YOU MUST HAVE THE EVALUATION OR YOU RISK LOSING CREDIT FOR THE SHIFT, CONTACTS, SKILLS, ETC THAT YOU JUST COMPLETED.**

Whatever you do, do NOT remain a wallflower. Experiences will not usually find you; YOU must find them. When you arrive at your rotation site, introduce yourself to the shift leader, chief, or charge nurse. Tell that person that you are an EMT student from PERCOM EMS Academy and are scheduled to rotate with their department. Ask them who will be your preceptor. Be sure to introduce yourself to

the preceptor and tell him or her that you are looking for every opportunity to help assess patients, take vital signs, and participate in every learning experience available.

If you are rotating in obstetrics, let the nurse know that you must observe a vaginal delivery so that you may be more prepared to deliver a baby in the field if the need arises and ask her to assist you in gaining access to the delivery room. (Male students typically will have a slightly more difficult time in this area of the hospital gaining experiences and must usually make a large effort to assist the mothers in labor, gain report with the patient and her family, and assist the nurse as much as possible to be able to gain access to a delivery suite.)

These clinical and field rotations will be what YOU make of them; you should strive to be personable and motivated, so that you can gain as much experience as possible during your limited time in these sites.

REQUIRED ROTATIONS

Review the chart below which delineates what rotations will be required for you to complete this course. If you have questions, please e-mail them to the Clinical Liaison. These rotations and experiences are mandatory for course completion and some students may have to attend more rotations than others before gaining the minimum patient contacts and experiences.

Hours Required: EMS – 48 Hours
Hospital ER – 36 Hours
Hospital OB – 8 Hours
Hospital Respiratory Dept. – 8 Hours

Total Required Hours – 100 Hours

Contacts Required: EMS – Four (4) EMS transports
OB patient contacts – 1
Live birth witnessed – 1
Neonatal patient contacts - 1
Medical patient contacts – 4
Trauma patient contacts – 4
Cardiac patient contacts – 1

Skills Required: O² administration – 5 times

Vital signs taken – 10 times

Respiratory medication administration – 2 times

You should arrive for your rotation at least 15 minutes early. Take hard copy clinical documentation paperwork with you as well as your tablet PC, complete data entry prior to leaving the site, and advise the preceptor that he/she will receive an email from Platinum Planner with instructions to review your paperwork and complete your performance evaluation. If the tablet PC or internet fails, complete all hard copy paperwork and have the preceptor sign in all appropriate places.

Instructions for Completing Clinical Paperwork

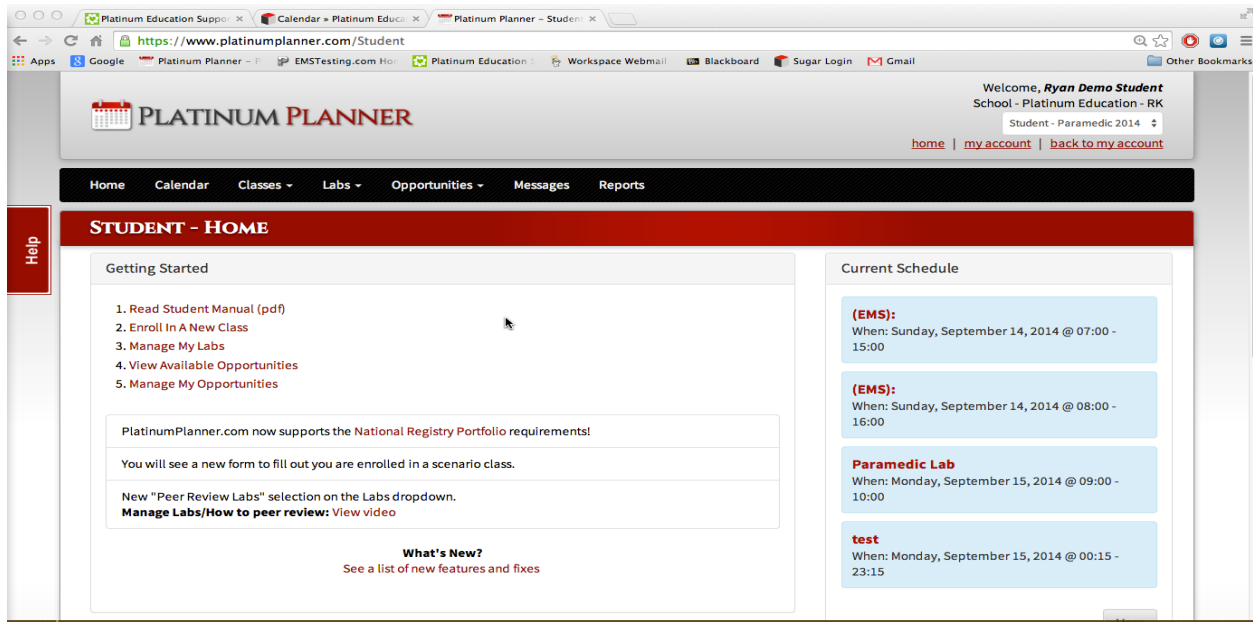
ALL students are required to do computerized data entry using the approved electronic data entry/charting system, Platinum Planner. If the student chooses to be enrolled in one of PERCOM's approved alternate clinical programs, that program may utilize FISDAP or other systems, and all charges for these other systems will be incurred and paid by the student to the approved alternate clinical program. In those instances, the student is required to use the system made available by that program if enrolled and will also still be responsible for entering all shift data into Platinum following the shift for proper tracking by PERCOM's Clinical Coordinator or designee.

PERCOM students will be supplied with hard copy paperwork by the Clinical Coordinator or designee that can be utilized to assist in documentation or in the event that the tablet PC or internet fails during the rotation. However, this paperwork will not be used **INSTEAD** of the electronic charting through Platinum Planner. In fact, students are expected to take either their own or a PERCOM loaned tablet PC with internet access to each rotation and document throughout the shift. At the end of the rotation, the system will allow the student to choose or add preceptors. The system also allows the student to complete site and preceptor evaluations. **ALL** data must be correctly entered including student evaluations for the student to receive credit for the shift, skills and patient contacts. **THIS MEANS THAT YOU MUST COMPLETE YOUR PAPERWORK BEFORE THE END OF YOUR SHIFT AND BEFORE YOUR PRECEPTOR LEAVES HIS/HER SHIFT, SUBMIT YOUR PAPERWORK, OPEN UP A WEB BROWSER AND NAVIGATE TO PLATINUMPLANNER.COM, AND ASK YOUR PRECEPTOR TO SIGN IN AND COMPLETE THE PRECEPTOR EVALUATION ON YOU AND SUBMIT IT. THE PRECEPTOR SHOULD BE ADVISED TO THEN LOG OUT AND HAND THE PC BACK TO YOU. ASSURE THE PRECEPTOR THAT THIS ASSURES THE EVALUATION IS NOT SEEN BY YOU DIRECTLY AND THAT YOU MUST HAVE THE EVALUATION OR YOU RISK LOSING CREDIT FOR THE SHIFT, CONTACTS, SKILLS, ETC THAT YOU JUST**

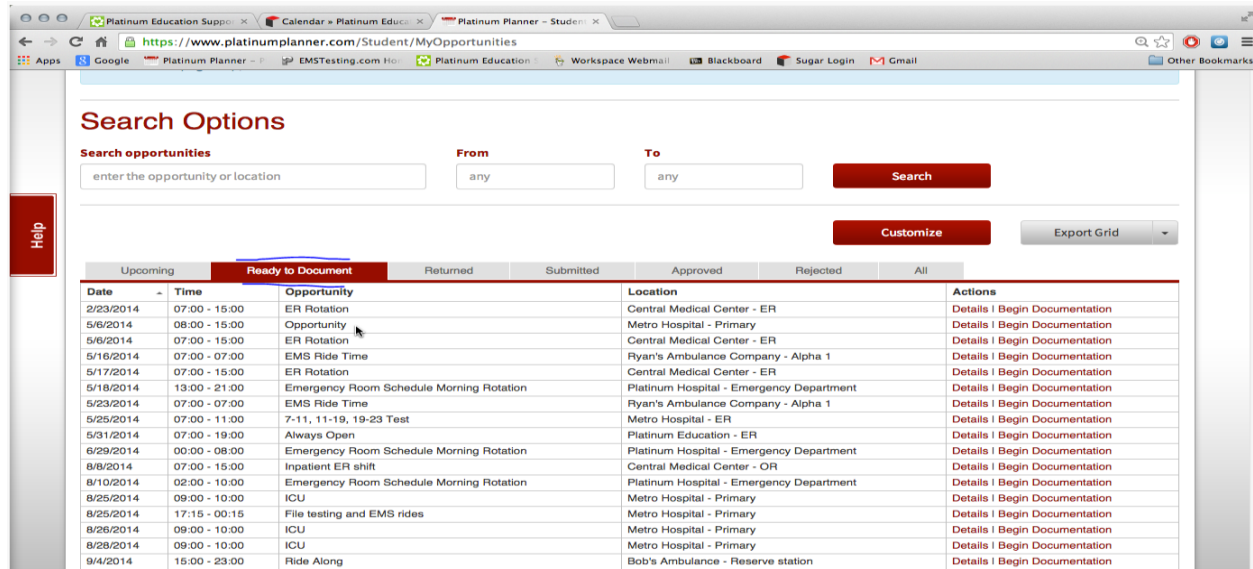
COMPLETED. Hard copy paperwork used in the event of equipment or internet failure must be completed and signed, all evaluations completed and sign and then the data entered following the shift with the hard copy paperwork uploaded as attachments to the shift inside Platinum Planner. (NOTE: Students who accept the loaned tablet PC from PERCOM must sign and return a usage and return agreement prior to receiving and using the tablet PC. The student will be bound by the provisions set out in that agreement whether or not the student signs or returns the agreement if he/she accepts a PERCOM tablet PC. Students should be aware that extraneous or unauthorized use, unauthorized charges and fees, and/or lack of return of the tablet PC in usable and unaltered condition will require that the student pay for the charges, damages, or the tablet PC itself before being cleared for graduation. PERCOM will hold no liability if the student uses the tablet PC for illegal purposes and will report, comply with legal proceedings and/or contact law enforcement or other authorities as indicated based on the nature of the infraction. Illegal or unauthorized use of the tablet PC can result in expulsion of the student from the program.)

Students will receive an “invite” email during the lock and confirmation process for his/her upcoming Exit Session. Students are barred from attending any rotations unless the Exit Session is successfully completed following successful completion of the course Final Exam. Once the student receives the “invite” email for Platinum Planner, he/she should read it carefully and follow instructions closely to request to be added to the correct EMT course and then to select the correct skills labs and clinical and field rotation classes. If the student fails to follow the instructions in the “invite” email, he/she will be unable to schedule or attend any rotations until it is completed and the Clinical Coordinator (or designee) schedules the rotations inside the Platinum system.

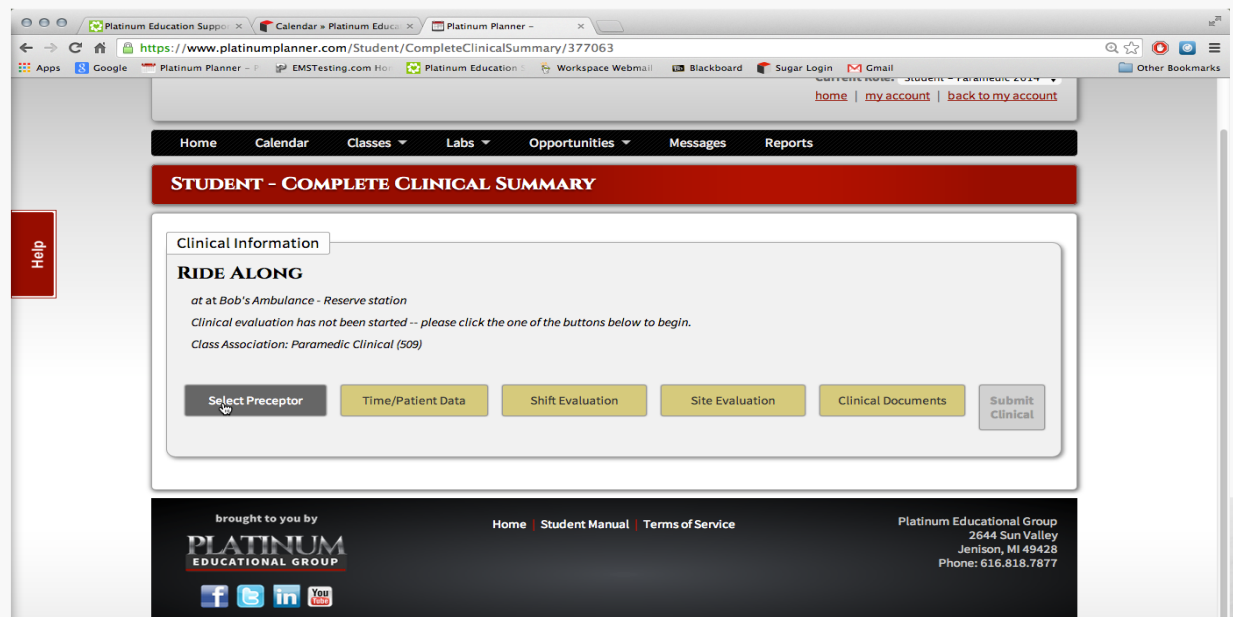
The following clip shows what the Platinum system looks like upon successful login. Any shifts for hospital or EMS rotations scheduled correctly will show up under the Current Schedule section of the page.



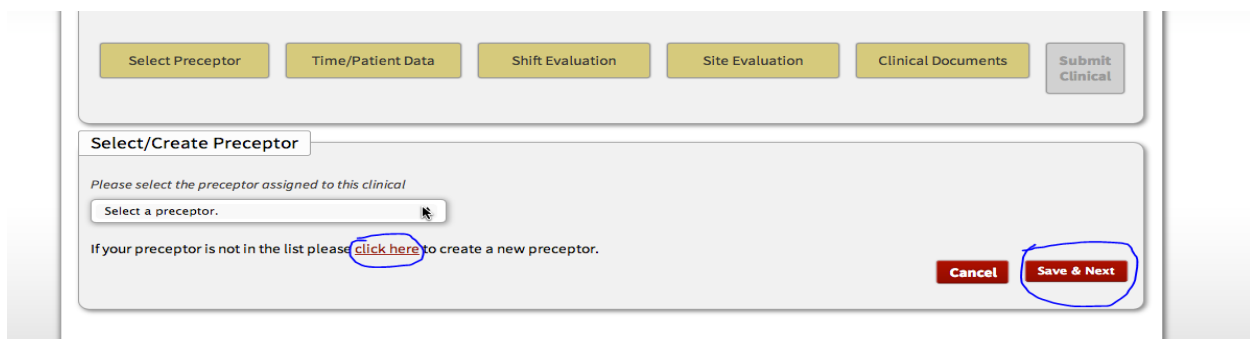
During the rotation, the student should click on “Opportunities” in the top toolbar and then “My Opportunities” to go to the screen to enter documentation for the shift. The next clip shows what the following screen should look like. The “Upcoming” tab will show all shifts coming up. For data entry for a current shift, the student will need to click on the tab for “Ready to Document”. Then a list will appear of all shifts needing documentation, as in the example below.



The next step is to click the “Begin Documentation” red link for the correct shift to start the data entry process. The below screen clip shows what the student will see next.



The first button allows you to either select an existing preceptor or to add a preceptor. Look in the dropdown list to select a preceptor, and if the preceptor is not in the list, click to add the preceptor and enter all requested information. Be sure in each stage of this process that you always click “Save and Next” to save your choices or entries and to proceed.



The next screen to appear will be the same as if you click the “Time/Patient Data” button and will allow you to start entering all the data for your shift.

Clinical Information

RIDE ALONG

at at Bob's Ambulance - Reserve station
 Clinical evaluation has been started
 Class Association: Paramedic Clinical (509)

Select Preceptor Time/Patient Data Shift Evaluation Site Evaluation Clinical Documents Submit Clinical

Enter Time/Patient Information

| Shift Start | Shift End | Duration |
|------------------|------------------|-------------------|
| 09/04/2014 15:00 | 09/04/2014 23:00 | 8 hours 0 minutes |

Patient Information

There is no patient information found for this opportunity. Click add patient to begin entering patient information.

+ add patient

Clinical Summary Notes

Cancel Save & Next

If the start time is incorrect or the student stays later on the shift, it is simple to just click the box to bring up the ability to adjust the times if necessary. Click the “add patient” button, and the following screen will appear allowing you to add all patient data for each patient contacted. Be sure to enter the time when patient contact was initiated. The “Additional Patient Notes” section should be utilized to enter narrative information about the contact just like writing notes in a real patient chart. Add assessment, working diagnosis, final diagnosis, and data about any skills entered such as oxygen delivery device type, flow rates, how many attempts for the student to successfully perform the skill, etc. For EMS rotations, this area **MUST** be utilized for entering the PCR narrative – the **STUDENT’S** written version of the narrative, not a rehash typed from the preceptor’s real PCR. It is imperative that we see your ability to document patient information just as if you were a fully certified/licensed healthcare provider. Not adding in narratives will most likely cause your documentation to be returned to you for revision before credit will be granted.

| | | | | | |
|--|-------------------|------------------|-----------------|--------------------|-----------------|
| <input checked="" type="checkbox"/> Select Preceptor | Time/Patient Data | Shift Evaluation | Site Evaluation | Clinical Documents | Submit Clinical |
|--|-------------------|------------------|-----------------|--------------------|-----------------|

Enter Time/Patient Information

| Shift Start | Shift End | Duration |
|------------------|------------------|--------------------|
| 09/04/2014 15:00 | 09/04/2014 23:10 | 8 hours 10 minutes |

Patient Information

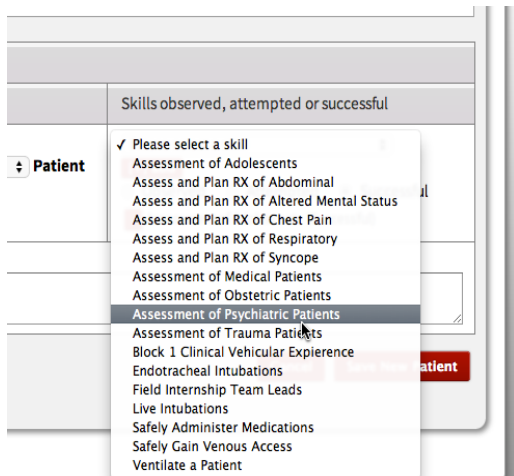
There is no patient information found for this opportunity. Click add patient to begin entering patient information.

New Patient

| Time | Age | Sex | Information | Skills observed, attempted or successful |
|------|--|---|---|---|
| 0:00 | Select Years Select Months Select Days Select Hours | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown | Chief Complaint Select the chief complaint <input type="button" value="Patient"/> Type N/A | Please select a skill <input type="button" value="+ add"/> <input checked="" type="radio"/> Observed <input type="radio"/> Attempted <input type="radio"/> Successful |

Additional Patient Notes:

The drop down menu for “Skills Observed, attempted or successful” should be used to enter all skills observed or performed by the student on that patient, with specifics written into the Notes section narrative. You may use this drop down menu multiple times per patient to continue entering skills by clicking the add button after selecting each skill and whether it was observed, attempted (meaning attempted by not successful), and successful. Remember, patient Assessment is a skill. Below is a clip exhibiting some of the skills available for choice but there are many more in the list so familiarize yourself with the list at the beginning of your first rotation.



Once data is entered for that patient, click the Save New Patient button.

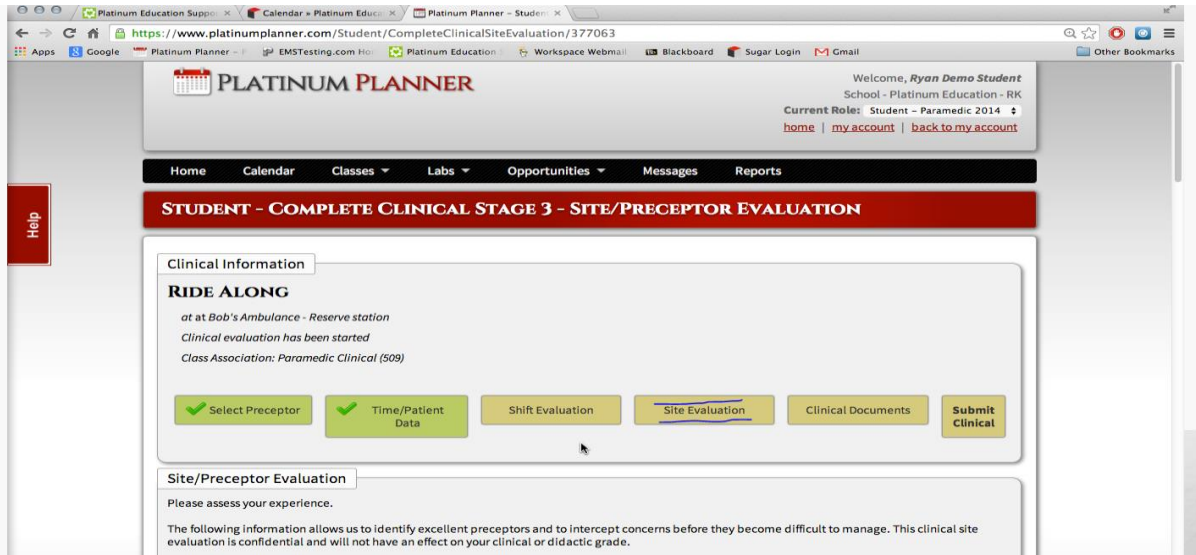


The student can then add new patients as the shift progresses. At the end of the shift, the student may enter any overall summary notes about the shift in the box entitled Clinical Summary Notes before clicking Save and Next to go to the next button allowing evaluations of the shift and performance.

NOTE: The Platinum Planner system will log you out after several minutes of no activity. So to prevent loss of data, it is best to be sure to enter all data for each patient at one time and click Save New Patient. If you are interrupted and must stop data entry prior to finishing that patient contact data entry, click “Save New Patient” and the system has an “edit” button that will appear on the patient contact list to allow you to go back in and add or edit the information.

The next button the student will see is “Site Evaluation” – “Shift Evaluation” will not be visible for students. Click on the “Site Evaluation” button and complete the evaluation form on the preceptor and site. This is MANDATORY and the data for the shift may not be accepted unless this is completed.

The next screen will allow you to upload any documents from the shift, such as hard copy paperwork, hard copy evaluation forms, etc. When that is completed or if not necessary, click the red button for “Save and Next”.



Once all data is entered and any paperwork uploaded and the shift has been completed, submit the clinical with the Submit Clinical button. Without this step, the data will not be submitted for review by the preceptor and Clinical faculty.

NOTE: Once the Submit Clinical button is clicked and data is successfully submitted, the student will no longer be able to edit any of the shift information unless the Clinical Coordinator (or designee) returns the shift to the student for editing or correction purposes.

The student should let the preceptor know that he/she will be receiving an email with instructions on how to review the shift and evaluate the student's performance and to please watch for this email and complete the evaluation so that you may receive full credit for the shift.

Clinical Documentation is a teaching/learning experience. Feedback will be given on your PCR documentation. For this reason Clinical paperwork must be submitted ASAP after completing the end of the shift. This allows for adequate review time and feedback. If there are any issues with submitting hardcopy paperwork, the student may scan and email it to donroyder@percomonline.com.

All Clinical Documentation must be submitted through the electronic data entry system within 48 hours of the end of the Clinical shift at the very latest. If documentation is not received within 48 hours, you will be considered a "NO SHOW" for the clinical shift and no credit will be given for the shift.

You will also be subject to the disciplinary policy with regards to “NO SHOW” as stated in the student handbook.

Clinical and field rotations can be a fun and even exhilarating experience. Please try to relax and enjoy the opportunity to learn from these opportunities. We want you to learn everything possible during the short exposure you will have, so please seek out opportunities while at these hospital and field sites. If you have any problems, please contact the Clinical Coordinator (or designee) by email. If it is an emergency situation, attempt to contact the Clinical Coordinator (or designee) immediately. If you cannot contact the Clinical Coordinator (or designee) regarding an **EMERGENCY** clinical situation, please contact Jane Dinsmore at (325)480-2617 and press the option for the Program Director.

**Professional Education and Resources
Company**

PERCOM

Clinical/Internship Student Manual

EMT

**CLINICAL/INTERNSHIP RULES:
ALL AMBULANCE RUNS, INCLUDING ROUTINE TRANSPORTS AND NO
TRANSPORTS, MUST BE WRITTEN UP, JUST AS YOU WOULD IF YOU WERE
ACTUALLY AN EMS EMPLOYEE.**

Students must not initiate or direct patient care. Student will perform only those specific tasks delegated by preceptors. Student will not perform any action that exceeds those permitted by the Clinical/Internship objectives.

Students will not attend any clinical or internship experience for which they are not signed up in the electronic data scheduling system unless authorized by the Clinical Coordinator, instructor or the Course Coordinator. Students Schedules will be made available inside the Platinum Planner system. Any student that attends a rotation not scheduled in the Platinum system may be expelled from the program.

Students must study Clinical and ambulance objectives and become familiar with them. Students must carry the Clinical Manual at all times during clinical and internship. Students who perform activities not authorized by the objectives for the experience involved do so without authority and beyond the scope and purpose of training and are **solely and personally responsible for such acts**. Students who violate state regulations may be dropped from the course without access to the Appeals Process. PERCOM and its instructors are not responsible for such acts.

Students must sign up for clinical and ambulance times through the Clinical Liaison or other designated route. Students shall arrive on time for all scheduled rotations and must **notify the Clinical Coordinator** immediately by email if there is a problem. **A fine of \$50.00 will be paid for each missed rotation. Refer to the “NO SHOW” Policy in your student handbook.** Students Schedules will be made available inside the platinum system. Any student that attends a rotation not scheduled in the platinum system may be expelled from the program.

Students found sleeping during clinical rotations (except for in designated sleep hours during designated sleep periods) may be dismissed from the course. Breaks of not more than 10 minutes for each hour of clinical time may be taken. Students who are absent from the clinical area for longer periods of time may be disciplined or dismissed from the course.

Students must complete all clinical, internship, and skills requirements by the designated deadline for the course. Clinical and Internship documentation that is incomplete will not be counted toward the minimum required number of patient reports. Students with incomplete Clinical/ Internship records will receive a course grade of “F”. Applications for extension to the deadline will be made in writing to the Program Director and will be evaluated on an individual basis. Extensions will ONLY be granted in cases of unusual or extenuating circumstances and Extension Fees will apply in most cases. The decision is entirely up to the Program Director and will not be automatically granted for any reason.

Students must learn and follow all rules set forth by clinical and ambulance providers. Rules may vary concerning the number of students and level of students allowed on an ambulance or at a clinical site at any one time. Students must comply with rules that are announced by instructors and Clinical Coordinator. Students should report any incidents or difficulties with clinical or ambulance preceptors or otherwise immediately to the Clinical Coordinator by email. **A student who is barred from any Clinical /Internship site by the Clinical /Internship provider may be dropped from the course with an overall grade of F. Further disciplinary action or reports to appropriate agencies may apply. Refer to the Student Handbook for further information.**

INFECTIOUS DISEASE CONTROL: Please refer to the **MANUAL FOR INFECTION CONTROL AND EXPOSURE POLICY AND PROCEDURES.**

ALCOHOL AND DRUG POLICY:

Consumption of alcohol and drugs is inconsistent with a good learning experience. Students who come to class after having ingested alcoholic beverages will be required to leave class, and an unexcused absence will be recorded. **Students will not drink alcoholic beverages while performing clinical or internship experiences; nor within a period of 24 hours prior to such experiences; nor at any time or place when wearing the PERCOM EMS Academy uniform or nametag.** Students shall not perform clinical or internship experiences while under the influence of any drug that impairs performance, whether such drug be prescription or over-the-counter. Students shall not be under the influence of any illegal drug. An instructor who has reason to believe that a student is under the influence of either alcohol or drugs during class or during clinical or internship experiences may require that the student submit to a blood or urine test at the student's expense. Refusal to submit to a required alcohol or drug test will result in dismissal from the program with the grade of "F". If it is determined that a student is under the influence of alcohol and/or drugs during class or a clinical or internship experience, the student may either be required to receive counseling or be dropped from the program as determined by the Course Coordinator. **Violation of the drug and alcohol policy may result in dismissal from the program and an overall grade of "F" assigned to the course.**

Hospital and EMS Objectives:

***Because of patient availability, it is possible that all objectives may not be met and that all skills may not be performed. Nonetheless, as many skills as possible should be observed and practiced by the student. **Minimum patient contacts/skills must be achieved in order to graduate.**

General Clinical Objectives:

- 1. Tour and receive orientation to the assigned area.**
- 2. Perform equipment/vehicle checks and any other preparatory tasks.**
- 3. Utilize “Universal Precautions” of infection control.**
- 4. Perform a patient assessment:**
 - a) Primary survey**
 - b) Secondary survey**
 - c) Vital signs, including lung sounds**
 - d) History**
- 5. Assist and observe the triage of patients.**
- 6. Perform airway management:**
 - a) Manual techniques**
 - b) Oropharyngeal airways**
 - c) Nasopharyngeal airways**
 - d) Oropharyngeal suctioning**
- 7. Perform respiratory support:**
 - a) Oxygen administration**
 - b) Bag-valve mask ventilation**
 - c) CPAP/BiPAP/PEEP**
- 8. Perform CPR:**
 - a) Observe and assist in cardiac resuscitation**
 - b) Observe and assist in trauma resuscitation**
 - c) Observe and assist in the use of the Automatic External Defibrillator (AED)**
- 9. Recognize and evaluate mechanisms of injury.**
- 10. Assist in the treatment of trauma cases:**
 - a) Perform bleeding control**
 - b) Dress and bandage wounds**
 - c) Perform musculoskeletal immobilization**
 - d) Assist with spinal immobilization**
 - e) Penetrating wounds of the chest and abdomen**

f) Other trauma cases as available

11. Assist in the treatment of medical cases

- a) Chest pain**
- b) Assist in the administration of nitroglycerine**
- c) Congestive heart failure**
- d) Chronic obstructive pulmonary disease**
- e) Obstructed airway/Asthma attack**
 - 1. Assist in the administration of the metered dose inhaler**
 - 2. Assist in the administration of nebulizer treatment**
- f) Diabetic emergencies**
 - 1. Assist in the use of the glucometer**
 - 2. Assist in the administration of an instant glucose product**
- g) Seizures**
- h) Coma**
- i) Overdose (alcohol or drug abuse)**
 - 1. Assist in the administration of Activated Charcoal**
- j) Other medical cases as available**
- k) Anaphylactic Shock**
 - 1. Auto-injector**

12. Assist or observe the care of behavioral emergencies:

- a) Suicidal behavior**
- b) Hostile/violent behavior**
- c) Acute grief or depression**
- d) Paranoia**
- e) Hysterical conversion**
- f) Acute anxiety/agitation**
- g) Schizophrenia**
- h) Anger**
- i) Confusion**
- j) Fear**
- k) Hyperactivity**
- l) Alcohol and drug abuse**
- m) Other behavioral cases which are safely available**

13. Assist in the care of geriatric patients:

- a) Chronically altered mental status**
- b) Alzheimer's disease**
- c) Osteoporosis**
- d) Rheumatoid arthritis**
- e) Immobility**
- f) Other geriatric cases as available**

14. Assist in the care of pediatric patients:

- a) Signs and symptoms of pediatric illness**

- b) Febrile seizures
- c) Restraint procedures
- d) Psychological states of age progression
- e) Note vital sign differences
- f) Parental care
- g) Poisonings
- h) Other pediatric cases as available

15. Assist or observe the care of obstetric patients:

- a) Identify the three stages of labor
- b) Cephalic delivery
- c) Clamping and cutting of the umbilical cord
- d) Complications of delivery
- e) Observe a caesarian section
- f) Note medications given to the mother
- g) Inspect the delivered placenta and umbilical cord
- h) Postpartum hemorrhage control
- i) Newborn care
- j) APGAR scoring
- k) Premature infant care
- l) Fetal monitoring
- m) Other obstetric cases as available

16. Observe the management of cases with legal implications or which require evidence preservation:

- a) Sexual assault/rape
- b) Child/elderly abuse
- c) Shootings/stabbing
- d) Animal bites
- e) Other cases as available

17. Observe sterile techniques and assist as directed.

18. Assist in lifting, moving and patient transfers.

19. Perform patient access, packaging and extrication.

20. Assist in any restocking, cleaning or other duties as assigned in the clinical/field facility.

21. Observe diagnostic procedures/tests and review lab results.

22. Review charts for clinical findings, diagnosis and treatment plans.

23. Monitor and record radio and oral communication of patient information.

24. Document, for student records, patient and/or incident information.

25. Assist or observe in any procedure authorized by the attending physician and/or preceptor that will increase the understanding of anatomy and physiology of illness or injury.

EMS Specific Objectives

Performance of skills contained in the field internship objectives shall be based on performance criteria established by standard medical practice unless otherwise defined by the course coordinator. During the field internship, the student must practice under direct supervision of a recognized preceptor and should demonstrate proficiency for each of the following skills.

All Levels

1. Complete an orientation of expected behavior before, during and after a response with ambulance crew.
2. Locate, inspect and prepare each piece of equipment for use on the ambulance.
3. Locate and operate radio equipment.
4. Practice loading and unloading the ambulance stretcher, with and without a load.
5. Locate and become familiar with emergency equipment such as flares and fire extinguishers.
6. Perform patient assessment including developing relevant medical history and conducting a physical examination. The assessments should include, at a minimum, assessments on medical patients, unconscious patients, trauma patients and pediatric patients.
7. Assist and review the treatment of trauma cases and medical emergencies.
8. Assist in triaging patients.
9. Assist in hemorrhage control and splinting.
10. Assist in cases of cardiac arrest, including the performance of CPR.
11. Assist in basic airway management.
12. Assist in the use of an Automatic External Defibrillator (AED).
13. Administration of Epinephrine for use in treatment of allergic reactions.
14. Assist in use of Bronchodilator.
15. Assist in the management of cardiac arrest through the use of an AED

CLINICAL EXPERIENCE: 52 HOURS MINIMUM

Clinical experience will consist of 36 hours in the Emergency department, 8 hours in Respiratory Care and another minimum 8 hours in OB/Gyn, with a mandatory requirement of one delivery observation. Students must complete a minimum of 12 Hospital/Clinical patient care documentations to pass the clinical practicum. Each patient contact MUST be thoroughly documented utilizing all information blanks on the Clinical form to count toward the minimum number of patient contacts for this environment. Failure to complete all hours, minimum patient contacts, documentations, skills or OB delivery can result in the student being required to sign up for more hours in specified departments until all minimum requirements are met.

Preceptors for clinical can include Paramedics, PAs, RNs, MDs or DOs. Only personnel at these levels of certification or licensure are authorized to precept the student experience or sign clinical paperwork.

AMBULANCE INTERNSHIP: 48 HOURS MINIMUM

Internship will be scheduled with approved EMS or Fire/EMS agencies. Students must complete a minimum of 4 AMBULANCE patient care documentations for emergency responses with patient transports to pass ambulance internship. Student should write a documentation report on every patient transported or contacted. No Transports should also be thoroughly documented and MAY count toward the minimum number of required contacts IF a thorough patient assessment and some treatment was administered prior to no transport.

NO AMBULANCE INTERNSHIP PATIENT CONTACTS MAY BE DONE WHILE AT WORK UNLESS YOU ARE IN 3RD RIDER STATUS WITH A PRECEPTOR. ALL AMBULANCE INTERNSHIPS MUST BE DONE AS THIRD RIDER IN THE PATIENT COMPARTMENT. SKILLS OPPORTUNITIES ON DUTY MAY RECEIVE CREDIT WITH PRIOR APPROVAL. STUDENT IS PROHIBITED FROM DRIVING. REMEMBER!!! You must have a total of 16 patient care documentations to pass!!!!

STUDENT EVALUATION OF PRECEPTOR/SITE

Please complete one of these forms for each of your clinical or EMS sites and upload it into the documentation upload section of the shift in Platinum Planner unless you are able to complete the site evaluation inside Platinum Planner. We would like to know when you have good experiences as well as bad ones. This will help guide us in making improvements to our preceptor training, site selection process, etc.

1. Name of Clinical or Internship Site:

2. Location within site (ED, OB Department, Station or Unit #, etc.):

3. Name and certification or licensure level of preceptor:

4. On a scale of 1 – 5 (with one being poor and 5 being the best), how would you rate your experiences and treatment at this site?

1=poor or not beneficial 2=slightly beneficial 3=good, beneficial
4=above average or very beneficial 5=excellent, extremely beneficial

5. Also using a scale of 1-5, please rate your designated preceptor for the shift.

1=not professional, not helpful, or did not seem comfortable with students
2=seemed professional but was not very helpful or was uncomfortable with students
3=seemed professional and facilitated skills opportunities during the rotation
4=very professional and worked closely with the student during the rotation to facilitate skills opportunities and provided guidance
5=extremely professional and helpful, guided and taught the student as well as provided skills opportunities

6. Do you have any suggestions or comments regarding this clinical or internship site, or specific comments regarding your preceptor
