



PARAMEDIC CLINICAL HANDBOOK

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EMS PROGRAM PHILOSOPHY:

The Emergency Medical Services program places emphasis on recognition of the fact that each student should be respected as an individual, and that a student's intellectual growth must proceed in conjunction with his or her physical, social, and emotional development; the enhancement of a sense of emotional and physical well-being for every student; the strengthening of the student's identity, independence, integrity and self-esteem; and the development and maintenance of his or her community ties.

The faculty believes that health care is the right of all individuals without regard to race, sex, and religion, ethnic or cultural background. The decision to seek health care is dependent to a high degree on the perception that an individual cannot meet his or her basic needs without assistance, and on the availability of health care resources and services.

Education is the process of acquiring knowledge, competencies, and skills evidenced by changes in behavior. Its mission is to offer individuals the opportunity to develop intellectually, physically and morally. Emergency Medical Services education is a viable part of the general education system of an institution of higher learning.

The faculty of the Emergency Medical Services program believes Emergency Medical Services education is the process of developing intellectual, effective and skill-based competencies, which enable an individual to integrate theoretical, and research principles into practice. The learning experiences in the program are designed to facilitate the learner's ability to integrate a theoretical and clinical foundation into a meaningful whole that can be appropriately applied to the practical setting.

The faculty believes that the learner:

- Should be given guidance in what he or she is expected to know;
- Should be assisted in clarifying his or her personal goals in relation to the program goals and objectives;
- Needs to feel self-confident, respected and accepted;
- Needs an opportunity to apply knowledge, receive appropriate feedback and Receive on-going reports of his or her progress;
- Must accept the role of learner and share in the responsibility for learning

The faculty believes that the instructor:

- Should recognize that each student's ability to learn will be affected by the student's judgment, intuition, habits, attitudes, cultural background, and past experiences;
- Directs learning by selecting and organizing learning experiences;
- Provides feedback on the student's progress;
- Involves the learner in the evaluation process;
- Creates an instructional environment which supports and encourages learning;
- Shares with the learner the responsibility of meeting stated goals and objectives.

The faculty further believes that EMS education is a continuous process that must persist after completion of the program to keep the paramedic accountable for current trends and practices in patient care.

EMS PROGRAM GOALS:

The goals of the Emergency Medical Services programs are to prepare and train students as competent EMT's and Paramedics, qualify graduates to sit for current National Registry Examinations provided by the National Registry of Emergency Medical Technicians, to earn the EMT or Paramedic credential and to maintain an instructional program providing each student with the basic skills and knowledge essential to develop his or her full potential.

EMS PROGRAM OBJECTIVES:

Upon completion of this course, the student will be able to demonstrate an appropriate level of skills and knowledge of procedures and equipment to function as an entry-level paramedic or EMT. Students will be able to fulfill the job responsibilities of an EMT or EMT-P and will be able to utilize their own critical thinking and problem solving skills. Students will be prepared to sit for, and successfully complete a secure NREMT credentialing format exam.

EMS CLINICAL / INTERNSHIPS

To define clinical and internship for the student, clinical refers to time that the student schedules that is within the hospital setting. When referring to internships, this is time that the student schedules with pre-hospital providers or ambulance districts and services. The clinical and field internship segments of the paramedic program represent at the minimal **644 hours** of the program. The student will experience and have the opportunity to participate in a wide range of patient care situations and clinical skills. It is expected that the student be an active participant of the health care team in all clinical areas. It is further expected that student's respect all patients' rights to privacy and confidentiality. It is paramount that the student displays honesty and integrity during all clinical rotations. Any breach confidentiality or dishonesty will not be tolerated and may result in dismissal from the program. The clinical areas (hospital, ambulance service, etc.) have the right to refuse to allow any student to return to their facility for any reason.

Any injuries incurred during the clinical segment of the program, (hospital or Field Internship), are the responsibility of the student. The Cape Girardeau Career and Technology Center EMS Program and the Field Internship sites are not responsible. Injuries and/or incidents will be reported to the clinical facility supervisor and the Career Center EMS program instructor as soon as possible.

Practical skills and techniques must be practiced and passed with a minimum grade of Adequate in the classroom laboratory section prior to performance in the clinical setting or Field Internship.

No student will be allowed to attend a clinical shift after they have just gotten off work! Students must have a minimum of eight hours off prior to starting any clinical shift and should have at least eight hour off after a clinical shift before going back to work with their perspective employers. This is an attempt at relieving fatigue and preventing injuries and mistakes from occurring. There are no exceptions! While 24 hour shifts during the field internships are acceptable, upon approval of the clinical site there will be no consecutive clinical rotations allowed (48 hour rotations).

IMMUNIZATIONS

A health and immunization record must be completed and immunizations must be up to date prior to starting clinical rotations. All records will be completed by week 4 of the program to include influenza vaccinations. Immunization records will be shared with clinical sites at their request.

DRESS CODE AND APPEARANCE

The uniform: for both hospital and field clinical environments will consist of the following:

- Navy blue or black pants with a solid black belt.
- Cape CTC student-logo polo shirt, tucked in.
- Black shoes/boots with dark grey/blue or black socks.
- For inclement weather, navy blue or black outerwear with no logos or affiliations. A long sleeve solid color undershirt may be worn in white, navy, gray or black.
- ID badge.
- Stethoscope, penlight and trauma shears minimum.
- Cape Girardeau CTC EMS hats may be worn during clinical rotations if allowed by the clinical/internship site.

Students may be asked to change into scrubs while at the clinical site based upon the area they are working in (surgery, cardiac cath lab or obstetrics). When working in these areas you must still wear your ID badge at all times.

Appearance will adhere to the following:

Hair:

- Clean and neatly arranged.
- Hair is to be worn off the collar and in a style that will prevent hair from falling or touching others while working.
- No unusual hair color or style will be permitted. Barrettes, bands, etc must be same color as hair.

Facial hair:

- Unshaven appearance is prohibited.
- Moustaches are allowed, but must be neatly trimmed.
- Beards (or any variation) are prohibited.
- Sideburns may not extend below the earlobe.

Jewelry:

- Up to one earring may be worn in each ear.
- Up to one ring may be worn on each hand. Rings will be smooth without projections.
- Facial jewelry is prohibited. Tongue piercings will be removed while at the clinical site.
- Potentially offensive jewelry is prohibited.

Tattoos:

- All tattoos should be covered during clinical and internship rotations.

The EMS Program Faculty will determine appropriateness of Clinical Attire. The clinical and internship affiliates reserve the right to limit student access to their facility in accordance with their cooperative agreements with the CTC.

Any violation of, or omission of articles contained in the dress code will result in the student not being permitted to attend clinical that day and recorded as absent. The third offense of the dress code will be

considered grounds for dismissal from the EMS program. The review committee will meet to determine the students status in the program at that point.

CONDUCT AT CLINICAL SITES

***Remember: You are a guest at our clinical sites. You should treat each clinical as a first job interview as well. If you behave inappropriately (i.e. sleeping, being lazy or unhelpful, creating a disturbance, etc), you can assume that clinical site will likely not hire you once you acquire a license...they will also likely tell their associates at other departments...so act accordingly or expect to not be returning to that clinical site.**

Students are expected to be on time for all clinical and internship shifts. ***On time means 15 minutes prior to the start of the shift!*** The student should report to the charge nurse or shift supervisor immediately upon arriving at the site and introduce himself or herself as a common courtesy. As a student you will act with integrity and courtesy at all times.

Students are never, under any circumstances, allowed to be on any computer at any clinical site unless completing patient documentation on FISDAP. Any students found accessing a computer at a clinical site for any other reason will be subject to immediate program termination.

All clinical requirements must be done on an unpaid basis while acting in the capacity of a student. It is not appropriate for any EMT to be working and perform paramedic skills. If a student is caught doing this they will be subject to immediate dismissal from the paramedic program. Student will maintain patient confidentiality in compliance with the Health Information Portability and Accountability Act (HIPAA). Breach of this policy will result in termination from the program, and/or monetary fine(s).

The student will act ***under the direct observation*** of appropriate licensed or certified personnel ***at all times***. No ALS skills may be performed out of sight of a preceptor. Remember you are here to learn and become skilled paramedics make the best use of the clinical experience and look for any and all learning opportunities to participate in. Ask appropriate questions when the time is appropriate and ask for constructive feedback from your preceptors. Students should remain at the clinical/internship site for the duration of the shift scheduled unless verified by the shift preceptor and clinical coordinator. A complaint on a student from a preceptor or a clinical site may result in disciplinary action up to and including a one (1) month suspension or dismissal from the program.

As a student you will act in such a way as to be helpful to the preceptor, and not to become a burden to them. All students should keep in mind preceptors at most clinical sites are not obligated to allow the student to perform skills. Safety should be the first and foremost concern of the student. Safety for themselves, preceptors and patients Any injury or exposure at a clinical site must be reported to the clinical coordinator immediately (regardless of day or time) and a written incident report must be submitted within 48 hours of the event.

SUPERVISION

All students of the CTC EMS programs are responsible to the following personnel:

- Program staff to include; the medical director, program director, clinical coordinator or any program faculty
- Hospital or ambulance staff to include; the charge nurse, nurse managers, ambulance district administrators or field supervisors, shift supervisors and your assigned preceptor.

The extent of authority over the student that any of the above mentioned personnel, excepting the program's staff, can exert on the student is limited to the following:

- Counseling
- Dismissal from the clinical or internship site
- Coordination, instruction, and supervision of clinical tasks

Any of the personnel listed above, who feels that a student has committed a violation of regulations or has committed an offense that should result in the student being asked to leave a clinical or internship affiliate, must contact the Clinical Coordinator or Program Director as soon as possible and state the circumstances for dismissal. This policy includes both the hospital clinical rotations and the Field Internship combined.

PROFESSIONAL BEHAVIOR EVALUATIONS

All students will have a professional behavior evaluation completed at the end of each tier of instruction. Evaluations will show the student is competent or not yet competent in each aspect of professional behavior evaluated. While students may have difficulty with all the evaluated aspects of professional behavior it is expected that upon completion of the program the student will be competent in all areas of professional behavior. Successful completion of the program requires the student to have a competent evaluation in all areas of the behavioral evaluation upon completion of Tier III. The evaluation will be completed by the primary instructor and lab assistants based upon his/her observations and evaluations. Preceptor evaluations from clinical and field internships will also be utilized while making the evaluation. Any areas of the evaluation that the student is determined to be not competent will be documented as to why this grade was given and the student will have the opportunity to discuss the evaluation with the instructor. The evaluation will be signed by the primary instructor as well as the student acknowledging they are aware of the areas of professional behavior they need to improve upon.

DOCUMENTATION

Students are required to document all clinical experiences/skills and patient care on the Fisdap online site. **All documentation will be completed prior to departing the clinical site.** Documentation that is incomplete or has not been signed by the preceptor will not count toward completion of clinical /internship rotation.

STUDENT EVALUATIONS

Prior to leaving the clinical/internship site the student should have completed the appropriate evaluations required for the specific clinical or internship site. During clinical rotations the student must fill out the preceptor evaluation and the site evaluation before departing the clinical site. Make sure that your preceptor has completed the appropriate evaluations and that they have signed off on your shift for the day. As the student you should completed the preceptor evaluation, site evaluation and the daily field internship self-evaluation.

PRECEPTOR EVALUATIONS

Hospital clinical rotations:

Preceptors will sign off each patient contact and any skills the student has documented they have completed on the FISDAP program. At the end of each patient care report the student will have completed a self-evaluation with a grading scale of 0-1-2. A 0 score is the lowest possible score with 2 the highest. The preceptor will then evaluate the student in each category 0-1-2. Preceptors have the option of also documenting a plan of action in areas the student could work on to improve if needed. Upon completion of the evaluation the preceptor should type their name in the preceptor sign off box, sign under it and lock the patient care report and verify it to prevent any further documentation by the student. For each Shift the preceptor must also complete the professional behavior evaluation as well.

Field internships preceptors:

Preceptors will be required to complete the professional behavior evaluation on each student as well and complete the Daily field Internship Evaluation Form, also on the FISDAP program, for each student as well. These two evaluations must be filled out regardless if the student has any patient contacts during the internship rotation. The student should have completed the self-evaluation with a score of 0-1-2. After the student has completed the self-evaluation the preceptor will complete the same evaluation based upon his/her observation of the student and should also include suggestions on the evaluation to help the student improve. Use your FISDAP user name and password to sign the student off, please do not sign your name. We are hopeful this will eliminate and opportunity for falsification of documentation by students. Make sure the shift is locked as well as any patient contacts and verify it. Once the report has been locked and verified the student will be unable to go back and make changes to the report.

PROGRESSION IN THE CLINICAL ROTATIONS

Students are required to rotate through a variety of clinical experiences. Students will not be allowed to complete more than 50% of their clinical hours at one (1) clinical location. The students will also not be allowed to complete more than 50% of their field internship hours at one (1) clinical location. Students are strongly encouraged to utilize rural ambulance clinical sites as well. Any student receiving VA benefits of any kind must complete a clinical per calendar week in order to maintain full time status as a student and received full time benefits. Failure to complete at least one clinical per calendar week will result in the student receiving only part time benefits from the VA program. The student is personally responsible for meeting the extra criteria. It is strongly encouraged for all students to try and schedule

two clinical/internships per week as time allows so as to make sure they are able to keep up in their clinical hours for course completion.

Students are eligible to begin Tier I clinical rotations immediately after signing for this packet and successfully completing the required portion of the paramedic portfolio. Upon completing Tier I clinicals students may begin the Tier II clinical rotations after being cleared by the clinical coordinator. All tier I and II clinicals will be completed prior to starting any Tier III rotations. If any Internship site/preceptor has concerns about a student's ability to perform skills in the Tier III internship rotations, they will be addressed with the program director immediately. The student may be required to perform additional Tier II hours until the concerns of the preceptor have been satisfactorily corrected. The extension of the hours will be made at the discretion of the program advisory committee, program director, medical director and preceptors who have worked with the student during their internship. It should be noted however that concerns of such a nature as to warrant a review should have been addressed prior to the end of the students Tier II rotations and not upon their completion.

Grades for clinical tiers will be assigned at the end of each academic semester. The students clinical grade will be based upon the total number of hours required for each Tier and the total number completed and verified/signed off by the preceptor. Example; 200 hours are required, the student has completed only 100 hours. The clinical grade will be 50%, if 150 hours have been completed then the clinical grade will be 75%. The passing grade for clinicals will follow the same grade requirements as the classroom portion (see student handbook) of the program.

Any student receiving a failing grade for two consecutive Tiers (Tiers I and II) will be forced to take a clinical leave of absence (LOA). The student will then be required to complete **all clinical hours and complaints** of all Tiers attended prior before they are able to return to the didactic portion of the program. Any classroom hours missed as a result will count as an absence from class. Refer to the attendance policy in the student handbook for questions. A clinical LOA may occur only once. If there are three failing clinical grades the student will be removed from the program.

SCHEDULING AND DOCUMENTATION

The student will use FISDAP (Field Internship Student Data Acquisition Project) system to schedule and document clinical rotations. Each student will have a FISDAP account prior to beginning clinical rotations. It is the students responsibility for scheduling clinical shifts through FISDAP for most clinical sites. The student must schedule a clinical rotation 14 days or more in advance of the rotation. **If there is a problem with your work schedule it is the students responsibility to make arrangements to accommodate their clinical/internship rotations with their work schedule, not the programs responsibility to accommodate the student.** Since you schedule your own hours be sure to check your schedule at work prior to assigning yourself a clinical shift. If your work schedule changes from week to week make arrangements with your employer so they are aware of what you have scheduled for clinical hours.

For each field internship shift completed, the student should have the following filled out on FISDAP prior to departing the site.

- Daily Field internship Form (Student Self Evaluation)
- Preceptor Evaluation
- Site Evaluation
- Daily Field Internship Evaluation Form (Preceptor evaluation of the student)

- Professional Behavior Evaluation

For each hospital clinical shift completed, the student should have the following filled out on FISDAP prior to departing the site;

- Professional Behavior Evaluation
- Site Evaluation
- Preceptor Evaluation

Should a situation arise in which the student will be unable to attend a scheduled clinical, the student will be expected to contact the clinical coordinator prior to the start of the shift as well as the clinical/internship. Due to the volume of students attending the Cape CTC and the fixed number of hours allowed by clinical sites, all students will be allowed 4 clinical instances (missed shifts) per semester. The following situations are examples of possible clinical instances:

- Cancellation of 1 clinical during the course of a semester. Each cancellation is viewed as a separate instance.
- Absence from any scheduled clinical or internship

**Note: If a student finds another student to willingly accept their shift in need of cancellation, no clinical instance will be used.*

Every documented clinical instance after four (4) will result in a one (1) month clinical suspension. There are too many students in need of shifts, consistent cancelling of scheduled shifts and a blatant disregard for one's fellow classmates and other students from other programs using the same clinical site. Missing assigned shifts will not be tolerated. A "no-call, no-show" will result in a one month clinical suspension and removal of clinical privileges at the clinical/internship site. This is unprofessional behavior and would result in termination from employment with most employers. There is no excuse for a "no-call, no show."

FALSIFICATION OF DOCUMENTATION

Falsification of documentation is a serious offense and a breach of ethics. Any offense will be taken seriously and investigated by the clinical coordinator. Any student who has falsified patient documentation will be dismissed from the paramedic program immediately. If the student wishes to dispute the dismissal they should follow the procedures for reinstatement to the program as outlined in the student handbook.

PATIENT CARE INCIDENT REPORT

During clinical or internship rotations should there be an incident involving the care or lack of care provided a patient by a student, that student must notify their instructor immediately. The program director and clinical coordinator will review the incident and make a determination is the student should go before the "Review Committee" for action or recommendations. In addition policies of the clinical or internship site will be followed regarding all incidents.

NOTIFICATION PROCEDURES

Late or sick – notify on-duty EMS supervisor and clinical coordinator or program director; if not in office, leave message on phone or e-mail.

Injury – this includes any injury to self or patient. Notify on-duty EMS supervisor, then the clinical coordinator or program director.

INFECTIOUS DISEASE EXPOSURE – first notify your supervisor at the clinical site then notify the clinical coordinator or program director immediately.

WORKLOAD

The student's variety of the workload during a clinical should be representative of what an employee with comparable experience and education would be expected to perform. The quantity of the workload that a student is expected to perform should be carefully evaluated by the Clinical Instructor for each individual student. This workload should never exceed what an employee of equal qualifications would be expected to perform.

The workload should be scheduled in such a manner that the student will have sufficient time for relaxation and refreshment, including lunch, as is provided for the employees of the clinical or internship site.

While functioning in a student capacity, a student, under no circumstances is to be compensated monetarily or gratuitously for performance or participation of any procedures, treatments or activities. Any student violating this policy risk immediate withdrawal from the program with no consideration for re-admission.

STUDYING

Studying with textbooks or other academic material within the clinical or internship site is allowed only by permission of the clinical preceptor. Studying, under no circumstance takes precedence over the student's responsibilities while at any clinical or internship site. If the student's study does interfere with the student's responsibilities while in the clinical site disciplinary action, clinical suspension or dismissal from the program, may result.

COMPLETION OF ASSIGNED RESPONSIBILITIES

Failure to complete on time or to complete any task assigned to the student, must be reported to the preceptor immediately. Any complications or adverse effects of care given to a patient by a student must also be reported to the preceptor immediately.

During any clinical or internship discussions regarding any concerns with patient care by the student should never take place in the presence of the patient. These discussions should not take place in the presence of other allied health personnel either unless the discussion is initiated by those persons.

Failure to report non-completion of any procedure, complications or adverse reactions to any therapy or medication administration administered by the student may result in dismissal of the student from the academic program.

REQUIRED COMPETENCIES AND SKILLS (CoAEMSP)

The table below outlines the progression of learning and requirements of the students prior to starting Tier III clinical rotations.

Sequence of Learning Progression: Required Competencies and Skills Prior to Capstone Field Internship *must have at least one successful instructor evaluated and documented performance before starting the related individual skill	Individual Skill Evaluation		Individual Skill Scenario		Live Application Individual Skills		*Putting it all together* Evaluation of Skills in a Comprehensive Laboratory Scenario or Live Patient Encounter		Capstone Field Internship
	Individual Student Competency Evaluation in the Laboratory (Min # of Times)		Individual Student Competency Evaluation in a Laboratory Scenario (Min # of Times)		Isolated Skill Competency Performed and Evaluated on Live Patient ONLY (Total Min # of Times)		Skill Competency Performed and Evaluated in a Laboratory Scenario or on a Live Patient in the Clinical or Field Experience (Total Min # of Times)		
	CoAEMSP Recommended	Program Required Minimum	CoAEMSP Recommended	Program Required Minimum	CoAEMSP Recommended	Program Required Minimum	CoAEMSP Recommended	Program Required Minimum	
*Obtain a Patient History from an Alert and Oriented Patient	2	2					8	8	
*Comprehensive Normal Physical Assessment - Adult	2	2							
*Comprehensive Normal Physical Assessment - Pediatric	2	2	2	2	2	2			
*Direct Orotracheal Intubation - Adult	10	10	2	2		10	12	12	
*Direct Orotracheal Intubation - Pediatric	10	10	2	2			12	12	
Nasotracheal Intubation - Adult	2	2							
Supraglottic Airway Device - Adult	2	2	6	6			12	12	
*Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	2	2	4	4			2	2	
CPAP and PEEP	1	1	2	2			2	2	
*Trauma Physical Assessment - Adult	2	2	2	2	6	6	6	6	
Trauma Endotracheal Intubation - Adults	2	2	2	2			2	2	
*Pleural Decompression (Needle Thoracostomy)	2	2	2	2			2	2	
*Medical including Cardiac Physical Assessment	2	2	2	2	40	40	10	10	
*Intravenous Therapy	2	2	10	10	20	20	15	15	
*IV Medication Administration	2	2	2	2	2	2	10	10	
*Intravenous Piggyback Infusion	2	2	2	2					
*Intraosseous Infusion	2	2	4	4			2	2	
*Intramuscular Medication Administration	1	1	1	1			1	1	
*Subcutaneous Medication Administration	1	1	1	1			1	1	
*Synchronized Cardioversion	2	2	4	4			10	10	
12-Lead ECG Placement					4	4			
*Defibrillation	2	2	4	4			10	10	
*Transcutaneous Pacing	2	2	4	4			10	10	
Normal Delivery with Newborn Care	1	1	2	2			4	4	
*Abnormal Delivery with Newborn Care	1	1	2	2			4	4	
Neonatal Resuscitation Beyond Routine Newborn Care	1	1	2	2			4	4	
Totals	60	60	64	64	74	84	139	139	

PATIENT COMPLAINT REQUIREMENTS

The table below outlines the minimum competencies for each student during their clinical experiences. It does show the CoEMSP recommendations as well as this program expectations of each student.

Required Competencies, Skills, Ages, Differential Diagnoses, and Complaints on Patients in Clinical, Field Experience, or Capstone Field Internship	CoAEMSP <u>Recommended</u> Minimum Numbers	Program Required Minimum Numbers
Trauma	30 Total	30
Trauma - Pediatric	6	6
Trauma - Geriatric	6	6
Pediatrics	18 Total	20
Newborn	2	2
Infant	2	2
Toddler	2	2
Preschool	2	2
School-Aged	2	2
Adolescent	2	2
Medical	60 Total	60
Medical - Pediatric	12	12
Medical - Geriatric	12	12
Stroke and/or TIA	2	2
Acute Coronary Syndrome	2	2
Cardiac Dysrhythmia	2	2
Respiratory Distress and/or Failure	2	2
Hypoglycemia or DKA or HHS	2	2
Sepsis	2	2
Shock	2	2
Toxicological Event and/or OD	2	2
Psychiatric	6	6
Altered Mental Status	2	2
Abdominal Pain	2	2
Chest Pain	2	2
Skills		
IV Medication Administration	20	20
IM or SQ Injection	2	2
Inhaled Medication (MDI, Nebulizer)	2	2
Team Leads in Capstone Field Internship	20 Total	50

With regard to the minimum expectations listed in the previous table the student is expected to make the most out of all clinical experiences. Students will attempt to assess the widest possible variety (by age, complaint, etc.) of patients. A minimum of 200 patient complaints is required to be completed prior to course completion. Included in the 200 is a minimum of 100 patients to be assessed in Tier I, 50 in Tier II and 50 team leads in Tier III (Capstone Field Internship). Each complaint will be documented within the FISDAP program, and submitted to the Clinical Coordinator for review. All Documentation will be completed prior to departing the clinical shift! **There are no exception to this rule!**

Please consult the FISDAP graduation requirements for the most up to date requirements and to track your progress toward course completion.

Clinical Tier I Requirements:

Hours Required:	164 hours in an emergency department 24 hours minimum operating room 12 hours ICU 8 hours in cardiac cath. lab
Required Actions:	100 patient contacts in the ER and 10 intubation and 10 supraglottic airways. 100% of age requirements should be completed (exception newborn). 100% of skill/intervention requirements should be completed 100% of complaints should be completed

During clinical rotations, the paramedic student should have the opportunity to gain Experience and develop proficiency in the following skills:

- Triage
- Physical assessment, patient history, documentation in compliance with hospital policy for all age groups.
- Vital and diagnostic signs: recognition and significance.
- Aseptic techniques and universal precautions.
- Peripheral IV insertion and drip rate calculations.
- Drug therapy: IV, IM, SQ, PO, SL, and ET - dosage calculations
- Drug therapy: IV, IM, SQ, PO, SL, and ET - drug administration
- Cardiac arrest procedures.
- Management of trauma, medical, pediatrics, OB/GYN emergencies.
- Airway management including insertion of airways, suctioning, oxygen therapy, intubation (Under direct physician supervision)
- Use of cardiac monitors and interpretation of rhythms.
- Venipuncture for blood specimens
- Proper needle disposal following hospital/OSHA guidelines
- Emotional support of patient and family.
- Use of IV pumps.
- Recognition of safety hazards, and implementation of safety procedures. (i.e.: using bedside rails)

- Interpretation of ABG's.
- Wound care and bandaging.

In addition to the above, the paramedic student should observe and assist with the following procedures as the opportunity arises:

- Pacemaker insertion
- Spinal tap
- Traction, splinting, pin insertions
- Central and jugular line insertions
- Twelve lead EKGs
- Ventilator and respiratory treatments
- CT and Nuclear scans

Clinical Tier II Requirements

Prerequisites:	Successful completion of Tier I clinical requirements
Hours Required:	200 hours completed on the ambulance 12 hours NICU 12 hours OB 12 hours pediatrics
Required Actions:	50 patient contacts while on the ambulance must be documented. Contacts may be ALS or BLS with emphasis on assessment. 2 newborn assessments will be completed completing your age requirements for the program

During the field internship, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

- Physical assessment, patient history, and documentation in compliance with EMS policy for all age groups.
- Recognize and react appropriately to scene/safety hazards.
- Vital and diagnostic signs: recognition and significance.
- Aseptic techniques and universal precautions.
- Peripheral IV insertion and drip rate calculations.
- Drug therapy: IV, IM, SQ, SL, ET, Updraft - dosage calculations.
- Drug therapy: IV, IM, SQ, SL, ET, Updraft - drug administration. Student will confirm all medications prior to administration.
- Cardiac arrest procedures.
 - a. CPR
 - b. Airway management
 - c. Defibrillate/Cardioversion/External Pacing
 - d. Pharmacology management
- Management of trauma, medical, pediatrics, psychiatric, geriatric, OB/GYN emergencies.
- Airway management including: insertion of oral airways, suctioning, oxygen therapy, and oral/nasal endotracheal intubation.
- Use of cardiac monitors and interpretation of rhythms.

- Use of PPE recognition and application.
- Proper needle disposal and infectious waste disposal/decontamination following EMS/OSHA guidelines.
- Emotional support of patient and family.
- Use of IV pumps.
- Wound care and bandaging
- Splinting of extremity fractures.
- Cervical immobilization and proper extrication. (Students are not allowed to use heavy rescue extrication equipment such as jaws, etc.)
- Didactical understanding and practical application of all BLS equipment carried on EMS units.
- Didactical understanding and practical application of all ALS equipment carried on EMS units.

Clinical Tier III Requirements:

Prerequisites:	Successful completion of Tier II clinical requirements
Hours Required:	A minimum of 200 hours
Required Actions:	50 ALS team leadership patient contacts
ALS Requirements:	ECG application and an IV start or administration of any medication except oxygen.

Students should be able to function as an entry level paramedic at this time. During team leads the student should direct all patient care with the preceptor only observing the assessment and care as directed and performed by the student. Should the preceptor have to intervene and take over the student will get no credit for the team lead.

SKILLS, ASSESSMENTS AND PATIENT CONTACT REQUIREMENTS

Required Competencies	CoAEMSP Recommended	Program Required
Trauma	30 total	30
Pediatric	6	6
Geriatric	6	6
Pediatrics	18	20
Newborn	2	2
Infant	2	2
Toddler	2	2
Preschool	2	2
School age	2	2
Adolescent	2	2
Medical	60	60
Pediatric	12	12
Geriatric	12	12
Stroke/TIA	2	2
ACS	2	2
Cardiac Dysrhythmias	2	2
Resp. Distress/Failure	2	2
Diabetic Symptoms	2	2
Sepsis	2	2
Shock	2	2
Toxicology/OD	2	2
Psychiatric	2	2
Altered Mental Status	2	2
Abdominal Pain	2	2
Chest Pain	2	2
Skills		
IV Med Admin	20	20
IM or SQ Admin	2	2
Inhaled Medication	2	2
Team Leads	20	50

TEAM LEAD INTERNSHIP

The student must demonstrate the ability to serve as team leader in a variety of pre-hospital emergency situations. The student must be granted permission by the clinical coordinator to begin the externship.

During the Team Leader Externship, a minimum of 50 patient contacts must feature both the student in a leadership role and a patient who requires ALS level interventions and transport to a treating facility. ALS interventions include at a minimum, IV and cardiac monitor or any medication administration other than oxygen. To complete the externship, all patient contacts must be recorded on Team Leader Contact Forms and entered into FISDAP. Receiving an evaluation grade of “poor” on a Team Lead will require

consultation with the clinical coordinator in order for Team Lead completion. Once the Team Lead Externship is completed, the student will turn in their organized Team Lead forms and await placement into an Exit Interview with the Medical Director or his/her fellows.

PRECEPTORS

The Cape Career and Technology Center will be using the Fisdap preceptor training program unless the ambulance district or hospital already has in place an approved training program for preceptors. All internship site preceptors will be given the preceptor training information provided by Fisdap which must be completed unless other training has been provided that is approved by the Cape Girardeau Career and Technology EMS Program. **It is the responsibility of the student while performing clinicals to determine if the preceptor they have been assigned to is an approved preceptor. Any clinical rotations performed without an approved preceptor will not be counted toward the program completion requirements. A list of approved preceptors will be maintained in the office and provided to the students prior to starting clinical rotations.**

PRECEPTOR EVALUATIONS

During their clinical and field internship rotations all EMS student while being evaluated will also be evaluating their clinical experience as well as the preceptor they have been assigned to. Preceptors and clinical sites will be evaluated using a 1-5 scale, 1 being commendable behavior and 5 poor. Preceptors will be expected to maintain a rating of 3 or higher, if the scores on the evaluation are lower than 3 the Clinical Coordinator will discuss the clinical experience with the student as well as the preceptor to determine if there is a problem. Any identified problems will be addressed and if the problems do continue the preceptor will be dropped from the preceptor program. The clinical/Internship program is an extension of the classroom and lab experiences and should provide the student with a positive atmosphere to continue the learning process.

PROBLEMS OR GRIEVANCES

If a problem arises during the program, the student should contact the clinical or internship site supervisor immediately. If the student is unsatisfied with that response, the student should contact the EMS Clinical Coordinator at the Cape Girardeau Career and Technology Center. If the problem is still not resolved, the student may file a grievance as per school policy.

Clinical / Field Internship Site Contact Information

Missouri Delta Medical Center

Libby Klipfel BSN, Education Coordinator
Missouri Delta Medical Center
1008 North Main
Sikeston, MO 63801
573-471-1600

Perry County Memorial Hospital

Holly Newell, RN.
Nurse Manager, Emergency Room
434 North West Street
Perryville, MO 63775
573-547-2536

Poplar Bluff Regional Medical Center

Charlotte Hallmark, Education Coordinator
3100 Oak Grove Road
Poplar Bluff, MO 63901
573-778-9427

Saint Francis Medical Center

Lizzy Stone, BSN, RN.
Senior Clinical Training Specialist
Saint Francis Medical Center
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5320

Southeast Missouri Hospital

Laurie Hill, BSN,RN, Education Instructor, Student Placement Coordinator
Southeast Missouri Hospital
1701 Lacy Street
Cape Girardeau, MO 63701
573-331-6651

Clinical / Field Internship Site Contact Information (cont)

Butler County Emergency Medical Services

David Ross, Manager
4005 South Westwood Blvd.
Poplar Bluff, MO. 63901
(573) 785-7475

Cape County Private Ambulance Service

Susan Russell, Owner
1458 North Kingshighway
Cape Girardeau, MO 63701
(573) 335-3305

Cape Girardeau Fire Department (High School EMT)

Travis Hollis, Chief
1 south Sprigg Street
Cape Girardeau, MO. 63703
(573) 339-6330

Clearwater Emergency Medical Services

Todd Eubanks, EMT-P
130 West Elm Street
Piedmont, MO. 63957
573-223-4111

Madison County Ambulance District

Robbie Buesking, Supervisor
1162 Business Highway 72
Fredericktown, MO. 63645

Clinical / Field Internship Site Contact Information (cont)

Mississippi County Ambulance District

Chris Newell, Administrator
53 West Hwy C
Charleston, MO 63834
573-683-6207

New Madrid County Ambulance (New Madrid & Sikeston)

Jon Burden, Manager
340 US Highway 61
New Madrid, MO. 63869
573-748-5571

North Scott County Ambulance District (Scott City & Chaffee)

Larry Chasteen, Administrator
11551 State Hwy 77
Chaffee, MO 63740
573-887-6311

Perry County Ambulance District

Jenni France, Director
Perry County Memorial Hospital/ EMS
434 N. West Street
Perryville, MO 63775
573-768-3210

Ste. Genevieve County Ambulance District

Kendall Shrum, Manager
3 Basler Drive
Ste. Genevieve, MO. 63570
573-883-7000

Clinical / Field Internship Site Contact Information (cont)

South Scott County Ambulance District

Ken Dicus, Administrator
202 Lillian
Sikeston, MO 63801
573-472-4161

Stoddard County Ambulance District

David Cooper, Manager
501 West Business 60
Dexter, Mo 63841
572-624-4528

Jackson Fire Rescue (High School EMT)

Jason Mouser, Chief
503 South Hope Street
Jackson, MO 63755
(573)243-1010



EMERGENCY MEDICAL SERVICES PARAMEDIC CLINICAL HANDBOOK

VERSION 2020.1

I have received a copy of the clinical education packet for the Cape Girardeau Career and Technology Center Paramedic program. In signing this document, I am agreeing to read and understand all policies and will abide by those policies.

Student Printed Name

Student Signature

Date

Home Phone Number _____ Alternate Phone Number _____

E-mail address _____

Emergency Contact/Relationship _____

Emergency Contact's Phone Number _____

CTC Representatives Signature

Date

*NOTE: Phone numbers are used to contact students in an emergency, to give important messages and information about other clinical associated issues.

I have read and approve the “Paramedic Clinical Handbook” for the Cape Girardeau Career and Technology Center.

Medical Director _____ Date _____
Ronald “Joe” Leckie

Program Director _____ Date _____
Brian Wilcox

Committee Chair _____ Date _____
Tim Bleichroth