



Department of Emergency Technology
Clinical/Field Internship
Packet

Introduction

Welcome to the Jones County Junior College Paramedic Program. We are pleased that you have chosen to participate as a clinical site with this program. The program will be relying on you as a professional Health Care Institution to assist in advancing the students knowledge in prehospital emergency technology, and hopes that your educational instructional experience will be a rewarding one.

The mission of the Emergency Technology Department is that each student receives the best training available in order to produce qualified, competent, "industry-ready" Paramedics. Classroom training is provided by dedicated instructors, who meet requirements set forth by the college, vocational-technology department, and the state department of education. Clinical and field-internship instructors take an active role in achieving this goal, and a wide variety of media resources and high-tech training equipment are used to enhance learning opportunities.

PURPOSE OF THE EMERGENCY TECHNOLOGY CLINICAL SITE MANUAL

This manual has been prepared to provide the clinical site with an accessible source of information regarding the requirements, expectations, and policies of the Emergency Technology Program.

This will inform the clinical institution of the clinical/field content, purpose, and objectives of the program. The clinical site will also be informed of the students rights, appeal mechanisms, requirements for continuance and completion/graduation of the program. Various forms and methods of monitoring the progress of the student will be introduced as well as grading, evaluation, and other pertinent general information.

PROGRAM DESCRIPTION

The Emergency Medical Technician-Paramedic Course is a competency-based course that prepares the student to provide pre-hospital emergency care to acutely ill or injured patients under the direction of a physician. The program adheres to the National Standard Curriculum developed by the U.S. Department of Transportation and also to the guidelines established by the Mississippi State Department of Education, and the Office of Vocational-Technical and Adult Education. This program includes classroom instruction, laboratory practice, clinical training and field internship training, and consists of a minimum of 1500 clock-hours. At least 1,000 hours will be spent fulfilling didactic (classroom and laboratory) requirements, and the remaining 500 hours will be made up of clinical and field-internship training.

The Paramedic program is very intense, and a large amount of material is covered in a short period of time. It is designed for only those dedicated to striving for excellence, and those willing to put forth effort not typically required in basic college courses. **It is imperative that the student Paramedic spends out of classroom time in order to accomplish this goal.**

Description of the Profession

Paramedic

The following is the draft of the Description of the Profession for the Paramedic. This Description of the Profession provides the philosophy and rationale for the depth and breath of coverage:

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, health promotion, and participation in injury

and illness prevention programs. As the scope of service continues to expand, the Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

Functional Job Analysis

Paramedic Characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgement and be able to prioritize decisions and act quickly in the best interest of the patient, must be self disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two- person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, antiinflammatories, serums, vaccines, anti-parasitics, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge-base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using non-prescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgement along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in a districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

Course Name: EMS Clinical Internship I

Course Abbreviation: EMT 1513

Classification: Vocational-Technical Core

Description: This course will provide clinical training on the skills and knowledge obtained in the classroom. This will be a supervised activity carried out in the clinical and field setting at approved sites. This course was formerly taught as Clinical Internship I (EMT 1513). (3 sch: 9 hr. clinical)

Corequisites: First semester paramedic courses

Competencies and Suggested Objectives:

- 1. Practice basic level EMT skills.**
 - a. Measure, interpret, and record vital signs.
 - b. Perform patient assessment.
 - c. Perform spinal immobilization.
 - d. Utilize infection control techniques.
 - e. Perform splinting.
 - f. Perform MAST application.
 - g. Perform airway placement.
 - h. Perform suctioning.
 - i. Perform patient handling/lifting.
 - j. Perform hemorrhage control.
 - k. Perform oxygen administration.
 - l. Perform documentation.
 - m. Transmit radio report.
 - n. Perform CPR.

- 2. Practice advanced EMT skills.**
 - a. Perform endotracheal intubation.
 - b. Perform BIAD.
 - c. Perform vascular access skills
 - d. Perform needle thorocostomy
 - e. Perform comprehensive advanced level patient assessment.

- 3. Perform comprehensive advanced level patient assessment and management for the OB/GYN, pediatric and neonate patients.**
 - a. Perform an OB assessment.
 - b. Perform delivery techniques.
 - c. Perform neonate assessment.
 - d. Perform pediatric assessment.

- 4. Demonstrate professional behavior.**
 - a. Perform behaviors within the integrity of the profession.
 - b. Perform the following behaviors with empathy as related to the profession:
 - (1) Self-motivation
 - (2) Appearance and personal hygiene
 - (3) Self-confidence
 - (4) Communication
 - (5) Time management
 - (6) Team work with diplomacy
 - (7) Respect
 - (8) Patient advocacy

- (9) Careful delivery of service

Course Name: EMS Clinical Internship II

Course Abbreviation: EMT 1523

Classification: Vocational-Technical Core

Description: This course will provide clinical training on the skills and knowledge obtained in classroom. This will be a supervised activity carried out in the clinical and field setting at approved site. This course was formerly taught as Clinical Internship II (EMT 1523). (3 sch: 9 hr. clinical)

Prerequisite: EMS Clinical Internship I (EMT 1513)

Competencies and Suggested Objectives:

1. Perform basic level EMT skills.

- a. Measure, interpret, and record vital signs.
- b. Perform patient assessment.
- c. Perform spinal immobilization.
- d. Utilize infection control technique.
- e. Perform splinting.
- e. Perform MAST application.
- g. Perform airway placement.
- h. Perform suctioning.
- i. Perform patient handling/lifting.
- j. Perform hemorrhage control.
- k. Perform oxygen administration.
- l. Perform documentation.
- m. Transmit radio report.
- n. Perform CPR.

2. Critique/perform advanced EMT skills.

- a. Critique performance of endotracheal intubation.
- b. Critique performance of BIAD.
- c. Critique performance of comprehensive patient assessment.
- d. Critique the performance of venous access.
- e. Critique the performance of cardiopulmonary arrest management, including CPR, airway and ventilatory management, electrical therapy, Perform medication administration (all methods). pharmacological therapy, and decision making skills. f.
- g. Perform nasogastric tube.
- h. Perform orogastric tube.
- l. Perform CPAP/BiPAP.
- j. Perform umbilical vein cannulization.
- k. Access central venous devices.

- l. Perform pulse oximetry.
- m. Perform end tidal capnography
- n. Perform intra-osseous infusion.
- o. Follow childbirth procedures.

3. Practice ACLS skills.

- a. Practice medication administration.
- b. Practice ACLS skills.
- c. Practice defibrillation.
- d. Perform comprehensive advanced level patient assessment.

4. Perform comprehensive advanced level patient assessment and management for the OB/GYN, pediatric and neonate patients

- a. Practice OB assessment.
- b. Practice delivery techniques.
- c. Perform neonate assessment.
- d. Perform neonate resuscitation.
- e. Perform pediatric resuscitation.

5. Perform comprehensive advanced level patient assessment and management for the medical patient in critical care units.

- a. Perform 12 lead cardiac monitoring.
- b. Perform synchronized cardioversion.
- c. Perform transcutaneous pacing.
- d. Perform thrombolytic monitoring.
- e. Perform glucose determination.

6. Demonstrate professional behavior.

- a. Perform behaviors within the integrity of the profession.
- b. Perform the following behaviors with empathy as related to the profession:
 - (1) Self-motivation
 - (2) Appearance and personal hygiene
 - (3) Self-confidence
 - (4) Communication
 - (5) Time management
 - (6) Team work with diplomacy
 - (7) Respect
 - (8) Patient advocacy
 - (9) Careful delivery of service

Course Name: EMS Field Internship I

Course Abbreviation: EMT 2552

Classification: Vocational-Technical Core

Description: This course will provide clinical training in the skills and knowledge obtained in the classroom. These will be supervised activities carried out in the out-of-hospital field setting at approved sites with an approved preceptor. This course was formerly called Field Internship I. (2 sch: 6 hr. clinical)

Prerequisites: All first semester courses

Competencies and Suggested Objectives:

1. **Perform EMT-Paramedic activities.**
 - a. Measure, interpret, and record vital signs.
 - b. Perform patient assessment.
 - c. Perform spinal immobilization.
 - d. Utilize infection control techniques.
 - e. Perform splinting.
 - f. Perform MAST application.
 - g. Perform airway placement.
 - h. Perform suctioning.
 - i. Perform esophageal airway.
 - j. Implement intravenous therapy.
 - k. Perform defibrillation.
 - l. Perform patient handling/lifting.
 - m. Perform hemorrhage control.
 - n. Perform oxygen administration.
 - o. Perform documentation.
 - p. Transmit radio report.
 - q. Perform CPR.
 - r. Perform medication administration (all methods).
 - s. Perform advanced airway/breathing techniques.
 - t. Perform glucose monitoring.
 - u. Perform transcutaneous pacing.
 - v. Practice arrhythmia recognition.
 - w. Perform intra-osseous infusion.
 - x. Follow childbirth procedures.
 - y. Perform 12-lead EKG.
 - z. Monitor thrombolytic transport.
 - aa. Perform nasogastric tube.
 - bb. Perform orogastric tube.
 - cc. Perform CPAP/BiPAP.
 - dd. Perform umbilical vein cannulization.
 - ee. Access central venous devices.
 - ff. Perform pulse oximetry.
 - gg. Perform end tidal capnography.

2. **Demonstrate professional behavior.**
 - a. Perform behaviors within the integrity of the profession.

- b. Perform the following behaviors with empathy as related to the profession:
 - (1) Self-motivation
 - (2) Appearance and personal hygiene
 - (3) Self-confidence
 - (4) Communication
 - (5) Time management
 - (6) Team work with diplomacy
 - (7) Respect
 - (8) Patient advocacy
 - (9) Careful delivery of service

Course Name: EMS Field Internship II

Course Abbreviation: EMT 2564

Classification: Vocational-Technical Core

Description: This course will provide advanced clinical training in the skills and knowledge obtained in the classroom with an emphasis on leadership skills. These will be supervised activities carried out in the out-of-hospital field setting at approved sites with an approved preceptor. (4 sch: 12 hr. clinical)

Prerequisite: EMS Field Internship I (EMT 2552)

Competencies and Suggested Objectives

- 1. **Coordinate the following EMT-Paramedic activities.**
 - a. Measure, interpret, and record vital signs.
 - b. Perform patient assessment.
 - c. Perform spinal immobilization.
 - d. Utilize infection control techniques.
 - e. Perform splinting.
 - f. Perform MAST application.
 - g. Perform airway placement.
 - h. Perform suctioning.
 - i. Perform esophageal airway.
 - j. Implement intravenous therapy.
 - k. Perform defibrillation.
 - l. Perform patient handling/lifting.
 - m. Perform hemorrhage control.
 - n. Perform oxygen administration.
 - o. Perform documentation.
 - p. Transmit radio report.
 - q. Perform CPR.
 - r. Perform medication administration (all methods).
 - s. Perform advanced airway/breathing techniques.
 - t. Perform glucose monitoring.
 - u. Perform transcutaneous pacing.
 - v. Practice arrhythmia recognition.
 - w. Perform intra-osseous infusion.
 - x. Follow childbirth procedures.
 - y. Perform 12-lead EKG.
 - z. Monitor thrombolytic transport.
 - aa. Perform nasogastric tube.
 - bb. Perform orogastric tube.
 - cc. Perform CPAP/BiPAP.

- dd. Perform umbilical vein cannulization.
 - ee. Access central venous devices.
 - ff. Perform pulse oximetry.
 - gg. Perform end tidal capnography.
- 2. Exemplify professional behavior.**
- a. Perform behaviors within the integrity of the profession.
 - b. Perform behaviors with empathy as related to the profession
 - c. Practice self-motivation.
 - d. Demonstrate professional appearance and personal hygiene.
 - e. Demonstrate self-confidence.
 - f. Utilize effective communication.
 - g. Utilize time management skills.
 - h. Practice team work with diplomacy.
 - i. Demonstrate respect.
 - j. Practice patient advocacy.
 - k. Perform careful delivery of service.

CLINICAL AND FIELD-INTERNSHIP DESCRIPTION

Clinical and field internship consists of 500+ hours of in-hospital and ambulance training under the direct guidance of a Paramedic, RN, MD, DO, or equally qualified health care provider. The clinical and field settings are areas that the student may begin to observe illnesses/injuries discussed in the classroom, shape and fine-tune assessment skills, learn additional information which a paramedic must be competent, and put together the overall picture of patient care. Learning at the clinical site is directly proportional to the aptitude of the student. **The student is responsible for seeking learning opportunities, asking questions, being assertive, and bridging what is seen back to prehospital emergency care. It is not the responsibility of the preceptor or clinical instructor to make the student learn, but to serve as a resource to learning.**

CLINICAL AND FIELD-INTERNSHIP REQUIREMENTS

1. Field-Internship (Ambulance) – 250 minimum hours **(Based on competency)**
2. Emergency Services – 100 minimum hours **(Based on competency)**
3. Intensive Care Unit – 36 minimum hours **(Based on competency)**
4. Obstetrical Department – 24 minimum hours **(Based on competency)**
5. Neonatal Department – 12 minimum hours **(Based on competency)**
6. Pediatric Department – 36 minimum hours **(Based on competency)**
7. Respiratory Therapy Department – 12 minimum hours **(Based on competency)**
8. Psychiatric Hospital - 8 minimum hours **(Based on competency)**
9. Medical Examiner's Office (Autopsy) – 1 POST-MORTEM
10. Anesthesiology – 24 minimum hours **(Based on competency) and 5 Successful Endotracheal Intubations**

These are the minimum number of hours required in each area, and a student may be required to exceed these hours in order to achieve competency. The Emergency Technology instructors reserve the right to use their best judgement, based on experience, to evaluate progress of the student and possibly require further clinical assignments as needed.

CLINICAL GRADING

The student must maintain a 80% clinical and field internship average. This will be evaluated differently

for the in-hospital clinical and field internship.

In-Hospital

Preceptor's Evaluation – 50%

Clinical Instructor's Evaluation – 50%

Pre-Hospital

Preceptor's Evaluation – 100%

The student will be assigned a FISDAP account at the beginning of the 1st year. After an orientation process, the student will be responsible for entry all of his clinical/field data into the FISDAP tracking system.

Upon returning to the campus on the first day following the last clinical-field appointment, the student must turn in his clinical paperwork for evaluation. Only paperwork that is completed in accordance to the prescribed clinical/field paperwork guidelines will be considered for evaluation. All others will receive a zero for that clinical day.

A clinical/field paperwork packet will be considered complete only if it contains all data associated with the shift. It is in the order described in the instructions to the student for completing clinical/field paperwork.

FAILURE OF CLINICAL OR FIELD INTERNSHIP

The following constitutes failure:

- A. Failure to attend clinical or field internship without notification of an instructor
- B. Excessive tardiness (More than 3 per semester)
- C. Usage of alcohol or illegal drugs at the clinical or field internship site.
- D. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the college handbook or clinical institution policy and procedure manual.
- E. Performance of a skill the student has not been approved to do, or is outside the Paramedic scope of practice as outlined in the 1999 DOT Paramedic Curriculum.
- F. Performance of a skill without preceptor supervision
- G. Scoring below 77% on the overall clinical or field internship average
- H. Non-Compliance with the school or clinical institution rules, regulations, and policies while at the clinical site.
- I. Failure to present a completed clinical/field paperwork packet for evaluation on the first day of didactic lecture following the last clinical/field appointment.

CLINICAL AND FIELD-INTERNSHIP ATTENDANCE POLICY

Clinical and Field Internship will be pre-scheduled by the clinical instructor. A clinical schedule will be given to each student well in advance. Field internship will be arranged with an assigned preceptor.

The student must attend all pre-scheduled sessions in order to fulfill program requirements. In the event that a student has a valid excuse for not attending and must miss a clinical or field internship assignment, an Emergency Technology faculty member and the field preceptor or field internship site must be notified before the beginning of the clinical/field day. A written excuse from a doctor or appropriate agency must be presented to the instructor upon return to class. The student will then be given an opportunity to make-up the missed session at the instructor's or field preceptor's convenience. It is vital that the missed session is made up, or an Incomplete will be awarded and the student will not be eligible to graduate or test National Registry. If the above requirements are not met, the student will not be allowed to make up clinical, will receive a failing grade, and will be unable to continue in the Emergency Technology program.

CLINICAL OR FIELD INTERNSHIP TARDINESS

Being tardy to a clinical or field internship session is especially serious, due to shift changes, preceptor availability, and limited time at the clinical and field internship facilities. Provided on the clinical/field evaluation form the preceptor will enter the start and finish time of the shift as well as the total hours completed. Leaving early will count the same as a tardy. A total of three (3) clinical or field tardies will count as an absence, and will result in failure of clinical or field internship.

CLINICAL AND FIELD BREAKS

The student is allowed a maximum of 1 hour and 45 minutes of break-time during a twelve (12) hour clinical shift. These breaks should be taken during slower times, and are not to be taken when there is active learning opportunity in progress. Before leaving the clinical area, the student should notify his/her preceptor and tell them when they will be back and where to reach them if a beneficial learning opportunity should arise. Field breaks shall be taken with the preceptor.

CLINICAL AND FIELD INTERNSHIP WORK POLICY

While at clinical or field internship, the student is to receive no gratuity or payment for services rendered. If the student is working for the facility or ambulance service where clinical or field internship is being performed, the student must do clinical or field internship on their own time. If the student is doing clinical or field internship and is called into work for an extreme emergency, then an Emergency Technology instructor must be notified and no credit will be given once the student resumes work as an employee of the facility or ambulance service. In an attempt to prevent the misuse of students by employers, no students will be allowed to do clinical in the facility where they work. No exceptions will be made-DO NOT ASK.

STUDENT DRESS CODE

In order to look professional and abide by the Clinical and Field Internship site policies, it is important that the student be in proper attire when in clinical or field internship. Be it noted that no eccentric hair styles, colors, visible body, or piercings are allowed in the classroom or the clinical/field setting. This policy is further explained and available for reference in the program handbook. If the student arrives improperly dressed or groomed, the student may rectify the problem or be dismissed from clinical or field internship, receiving a failing grade for the day.

Field Internship Uniform

Black royal robin uniform pants
Black uniform shirt with program logo Screen Printed on left chest and back tucked in at all times Plain black crew neck T-shirt under uniform shirt
Socks
Black boots
Black-buckleless belt
Student nametag
Stethoscope

Clinical Uniform

Black scrub pants with elastic waist and seam
Black shirt with program logo screen printed on left chest tucked in at all times
Plain black crew neck T-shirt under men's shirt/appropriate undergarments under women's shirt
Black socks
Black shoes
Lab coat with with program logo screen printed on left chest
Nametag
Stethoscope

Grooming

Hair must be neat and clean and kept off of the collar
Beards and mustaches must be kept trimmed short and neat
Side burns should not extend beyond one inch
Fingernails should not extend beyond the length of the finger
Nail polish should not be worn
Wedding sets and a watch with a second hand are the only jewelry allowed
Shoes and boots will be plain toes. No western styles permitted.
No pins or badges are allowed on the T-shirts
Long sleeve under shirts with short sleeve uniforms are not permissible
In cold weather a waist-length, plain-black jacket may be worn
Uniforms should be clean, neat, pressed, and starched prior to each clinical/field session

CLINICAL AND FIELD INTERNSHIP BEHAVIOR

In order to ensure professionalism, order and excellence, certain behaviors must be abided by while representing Jones Junior College, The Department of Emergency Technology, and Emergency Medical profession.

PATIENT CONFIDENTIALITY

In the clinical and field settings, the student will have knowledge of patients' personal information. It is important that the student hold all patient information confidential. Patient information is not to be discussed in halls, bathrooms, waiting rooms, public areas, or in any place where someone other than students and instructors may hear. Limit all conversations about patients to pre-conference, post-conference, or when communicating with preceptors or instructors. You will be held liable for any information you disclose about the cases you are involved in. Prior to entering the clinical site, a confidentiality form stating that you, the student, will hold all patient information confidential must be signed. If an infraction occurs, you will be disciplined by the school, clinical facility, and must make a formal apology to the offended party.

Additional HIPPA training will be necessary before entering any clinical area.

RULES AND REGULATIONS

Students are expected to abide by the rules and regulations of the clinical/field site when doing clinical or field internship. No Smoking policies, and designated smoking areas are to be adhered to. Students are also cautioned not to chew gum, eat, drink, or use any tobacco products while in clinical or field internship, unless it is during break in a designated area. Students are also expected to abide by the rules and regulations of Jones Junior College while fulfilling clinical and field internship requirements.

RELATIONSHIPS WITH STAFF, PATRONS, PATIENTS, OR PRECEPTORS

While at the clinical or field site, the student is expected to show utmost respect to staff, patients, and hospital patrons. This may be done by avoiding unprofessional language (cursing, degrading or disrespectful terms), avoiding conflict by not arguing or talking back when in disagreement, avoiding sexual harassment, discrimination etc. Should a conflict arise with staff, preceptors, patients, or hospital patrons, the clinical instructor on site should be paged. All such incidents must be reported to the clinical instructor. It is possible that the student may be placed in a different clinical site, or dismissed from clinical if such an instance occurs.

RELATIONSHIPS WITH PRECEPTORS

Preceptors are RNs, MDs, DOs, Paramedics, or other equally qualified individuals who have been pre-approved by the Emergency Technology Department, and the Medical Director. Preceptors will serve as a resource and a guide during the clinical and field internship training sessions. The student must be assigned to a preceptor prior to performing any patient care. The student is expected to be actively involved with all patients that the preceptor attends to, and assist with skills that the student has been cleared to do. The student should show respect to preceptors, and avoid any verbal or physical conflict with them. The students should be attentive, ask questions, and assist the preceptor.

ENTERING THE CLINICAL SITE

A clinical instructor should always introduce the student into the clinical site. The student shall never enter the site alone and begin performing skills or assessing patients without the clinical instructor's knowledge. The student will be informed of when and where to meet prior to entering the clinical, and in the event that the instructor cannot be found, it is the student's responsibility to page or make contact with the instructor.

ENTERING THE FIELD INTERNSHIP SITE

The student will pre-schedule clinical with a preceptor assigned to the student by the Emergency Technology Instructor. It is up to the student to find out when and where to meet. Upon entering the field site, the student should find his/her preceptor and introduce him/herself. The student shall not perform any patient care without the direct supervision of the assigned preceptor.

LEAVING THE CLINICAL/FIELD INTERNSHIP SITE

Before leaving the clinical site or field internship site, the student should notify the preceptor that they will be leaving. If, for whatever reason, the student has to leave before the end of the scheduled day, the clinical instructor shall also be notified.

PERFORMANCE OF SKILLS

The student will learn various skills in the classroom and laboratory setting which can be attempted on patients in the clinical and field internship settings. These skills must be successfully completed three times by the student in the laboratory, and evaluated by an Emergency Technology instructor prior to performance of the skills on live patients. The student will be cleared by an instructor prior to clinical, and the preceptors will be advised on which skills the student may attempt. When attempting a skill in clinical or field internship, a preceptor or clinical instructor must be present.

LIABILITY INSURANCE

The student must purchase liability insurance prior to entering the clinical site. This will cover the student for clinical and field internship assignments that have been pre-approved by the instructor. The insurance is purchased from Affinity Insurance Services, 1411 Opus Pl. Suites 250, Fowners Grove, IF 60515, 630-434-5100, which covers up to \$3 million aggregately.

HEALTH INSURANCE

It is recommended that the student purchase personal health insurance. Although it is not required, some field internship and clinical sites require that the student have health insurance.

VACCINATIONS

Prior to entering the clinical site, all childhood illness immunizations should be current. Also, vaccination against Hepatitis B should be completed. If the student refuses to be vaccinated against Hepatitis B, the student should sign a declination form. A TB skin test and follow-up should also be completed.

INFECTION CONTROL PRECAUTIONS

The student must always employ universal precautions when coming in contact with any patient. The student will be provided with a copy of the OSHA requirements as adopted by the Mississippi State Department of Education before entering the clinical areas. When blood or body fluids are involved, the student must wear gloves, goggles, mask, and a gown. When coming in contact with a Tuberculosis patient, the student must wear a HEPA mask. Sharps must be disposed of in sharps containers, and blood stained materials must be disposed of in biohazard containers. Any blood or body fluid stained uniforms should be removed, placed in biohazard containers, and left with the appropriate department.

EXPOSURE TO INFECTIOUS DISEASE

If the student is exposed to an infectious disease during clinical, the student shall *report it immediately* to the clinical instructor or an Emergency Technology instructor. It is of extreme importance that exposures be reported immediately, since treatment must begin within hours of the incident. If the student does not report the exposure, the school, nor the clinical or field internship site will be held liable.

PSYCHOMOTOR COMPETENCY

In order to achieve psychomotor competency, the student must perform each skill on the Comprehensive Psychomotor Competency Tracking Chart at least three times in the practical setting under the supervision and evaluation of an Emergency Technology Instructor. In addition, some skills must be performed on live patients in the clinical and field internship settings in order to achieve competency.

The live skill and minimum number of **successful** attempts required are listed below.

SKILL	ATTEMPTS
Endotracheal Intubation	5
Patient Assessment & Components	5 each
Neonate	
Infant	
Toddler	
Preschooler	
School-Ager	
Adolescent	
Young Adult	
Adult	
Geriatrics	
IV's	25
IV Push medications	5
IM Injections	5
SUBQ Injections	5
IV Infusions	5
PO medications.	5

These skills must be evaluated on a check-off sheet by a program-approved preceptor, and recorded on the clinical documentation form and FISDAP by the student. It is the responsibility of the student to see that this is accomplished. Credit will not be granted based on verbal confirmation, but only by written documentation. Failure to complete all psychomotor competencies will result in the student receiving an incomplete until all competencies are completed. If the competencies are not completed, the student will not complete the Paramedic curriculum.

AFFECTIVE COMPETENCY

The student will be evaluated on affective domain. This will be done by Emergency Technology Instructors, Clinical Preceptors and Field Internship Preceptors. The guidelines in this section will be used to evaluate the student's progress throughout the year. It is of utmost importance that the student not only is proficient in skills and knowledge, but also has ethical and moral behavior when in contact with patients and providing patient care. Failure to achieve affective competency may result in failure of the

student to complete the Paramedic course and receive a recommendation to test National Registry.

**JONES JUNIOR COLLEGE EMERGENCY TECHNOLOGY
AFFECTIVE COMPETENCY**

- J. To successfully complete the Emergency Technology Program(s), affective competency must be demonstrated in classroom and clinical settings by displaying the following professional attributes:
1. Adherence to dress code and clinical uniform policies
 2. Adherence to school, program, and clinical site rules and regulations
 3. Attendance and punctuality
 4. Participation in classroom discussion and activities
 5. Displaying non-disruptive behavior
 6. Following directions
 7. Self-motivation in the class and laboratory settings
 8. Preparedness (assigned projects/homework, study materials/books)
 9. Completion of own work and tests
 10. Usage of correct grammar, spelling, medical terminology and penmanship
 11. Usage of appropriate language (no curse words, vulgar language)
 12. Remaining on task
 13. Positive attitude and facing challenges with a positive outlook
 14. Accepting and offering constructive criticism
 15. Courteousness to college/hospital staff, patients, and students
 16. Assertiveness in patient care and in seeking learning opportunities
 17. Remaining under direct clinical supervision when performing skills
 18. Maintaining composure in stressful situations
 19. Strict adherence to universal precautions and body mechanics
 20. Assistance with maintenance of equipment and classroom/storage tidiness
 21. Taking personal responsibility for weaknesses and mistakes
 22. Effectively utilizing time
 23. Refraining from non-productive methods of conflict resolution such as complaining, whining, gossiping, etc.
 24. Attempting to maximize personal potential by setting goals above minimal course requirements
 25. Abstinence from alcohol/drugs during classroom and clinicals
 26. Performance of skills within the students' level of training
 27. Scheduling time to attend all classes, clinical and field sessions
 28. Refraining from discrimination in any form
 29. Speaking to and treating patients in a dignified and respectful manner
 30. Observing patient confidentiality and patient modesty

Clinical/Field Descriptions

Jones Junior College
Department of Emergency Technology
Department of Emergency Medicine
Paramedic Clinical Description

- I. This is a Competency based clinical rotation, in which the student is under the direct supervision of an Emergency Department preceptor, and is designed to:
 - A. Provide the Paramedic student with an environment in which to observe, and participate in a variety of emergency situations.
 - B. Provide the Paramedic student a venue in which various medical and traumatic emergencies, and accompanying signs and symptoms, may be observed.
 - C. Provide the Paramedic student opportunities to practice and develop newly acquired skills under supervision.
 - D. Provide the student with the opportunity to be oriented to the Emergency Department, Medical Control Procedures, and expectations of ED staff in relation to prehospital care.
 - E. Provide the student with opportunities to work as a team.
 - F. Provide the student with a chance to observe skills that are not in the scope of practice for a paramedic, and broaden their current knowledge base.

- II. The requirements of this rotation are that:
 - G. The student will be assigned to a preselected EMT-P, DO, MD, RN or CFNP preceptor.
 - H. The student will observe and perform patient care skills (listed in section IV) under the supervision of the preceptor or clinical faculty present.
 - I. The preceptor and clinical faculty on the clinical evaluation form will evaluate the student.
 - J. The student must complete 100 clock hours in the Emergency Department.

- III. Qualifications required to enter this rotation are:
 - K. Successful completion of didactic requirements.
 - L. Evaluation of each skill a minimum of 3 times in a practical setting prior to clinical.
 - M. Student Liability Insurance.
 - N. Completed Hepatitis B Vaccination
 - O. Appropriate clinical uniform with identifying student insignias
 - P. Body Mechanics and Body Substance Isolation Orientation
 - Q. Complete the Hospital Education Department Orientation including the HIPPA compliance training.

- IV. The skills the paramedic student may perform are listed. The skills in **bold print** are those which will be especially helpful for the student to perform:
 - R. SEMESTER I
 1. Vital Signs
 2. Application and interpretation of Pulse Oximetry
 3. Interpretation of Vital Signs
 4. **Patient Assessment and Interpretation of findings for the Neonatal, Pediatric, Adolescent, Adult, and Geriatric patient**
 5. **Formation of a Clinical Impression**
 6. **Choosing correct therapy according to signs and symptoms**
 7. Basic Life Support/CPR
 8. Oral/Nasal Airway Insertion
 9. **BIAD insertion including**
 - a. **LMA**
 - b. **Combitube**
 10. **Advanced Airway Management including**
 - a. **Endotracheal Intubation**
 - b. **Gum-Buggi assist Intubation**
 - c. **Needle Cricothyrotomy**

d. Nasotracheal Intubation

It would be beneficial for the student to be able to assist in the following Advanced Airway Skills

a. Retrograde Intubation

b. Surgical Cricothyrotomy

Dept. of Anesthesia, DO/ MD, or Clinical Instructor supervision required for all advanced airway procedures

11. OG/NG Tube insertion

12. Ventilator Management (Respiratory Therapist Supervision required)

13. Capnography

14. Artificial Ventilation with Bag-Valve-Mask or Demand Valve

15. Oxygen Administration (Masks and Cannulas)

16. Suctioning

17. Needle Thorocostomy

18. Attachment of ECG and Non invasive monitoring devices

19. Pulse Oximetry

20. Intravenous Cannulation

21. Management of Intravenous infusions (Crystalloid and Colloid)

22. IV Drip Rates/ Calculations

23. Bleeding control and Wound Management

24. Splinting

25. Patient Handling

26. Communication skills with patients, and hospital personnel

27. Administration of limited medications:

a. Activated charcoal

b. Oral glucose

c. Oxygen

d. Metered-Dose Inhalers

e. Nitroglycerin tablets

f. Epi-Auto-Injector

S. SEMESTER II

24. All skills listed above

25. External Jugular Vein Canulation

26. Femoral Vein Cannulation

27. Scalp Vein Canulation

28. Access Central Venous Devices

29. Assist in Central Vascular Access

30. Assist in placement and management of Arterial Lines

31. Assist in placement and management of Chest Tube Insertion and the use of a water seal device

32. PO, Sublingual, Intralingual, Inhalation, Ophthalmic, Aural, Nasal, Topical, Rectal, and Gastric Tube, Medication Administration all drug classes

33. Administration of IV Medications

34. Administration of IV Infusion Medications

35. Intramuscular Injections

36. Subcutaneous Injections

37. Cardiac rhythm interpretation

38. 12 lead EKG Application and interpretation

39. Non Synchronized Cardioversion

40. Synchronized Cardioversion

41. Transcutaneous pacing

42. ACLS Cardiac Arrest Skills

43. Intraosseous Access

44. Intraosseous Infusions

V. The following constitutes failure of the clinical shift:

- T. Failure to attend the clinical session without notification of the Clinical Instructor.
 - U. Excessive tardiness (more than 3 per semester)
 - V. Usage of alcohol or illegal drugs at the clinical site or 8 hours prior to the clinical shift.
 - W. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the College hand book or clinical institution policy and procedure manual.
 - X. Performance of a skill the student has not been approved to do, or is outside the Paramedic scope of practice as outlined in the 1999 DOT Paramedic curriculum.
 - Y. Performance of a skill without preceptor or Clinical Faculty supervision.
 - Z. Non-compliance with school or clinical institution rules, regulations, and policies while in the clinical site.
- VI. Documentation
- AA. Fisdap Tracking Form
 - BB. 1PCR per clinical shift unless otherwise specified
 - CC. Entry of Fisdap information after the completion the shift supported by a copy of the Fisdap clinical shift information page.
 - DD. Clinical Internship Evaluation signed by the preceptor or clinical instructor and secured in a sealed envelope signed by the preceptor.

**Jones Junior College
Department of Emergency Technology
Paramedic Field Rotation Description**

I This is a competency based Field Rotation, in which the student is under the direct supervision of a paramedic preceptor, and is designed to:

- EE. Provide the Paramedic student with an environment in which to

observe, and participate in a variety of emergency situations.

FF. Provide the Paramedic student a venue in which various medical and traumatic emergencies, and accompanying signs and symptoms, may be observed.

GG. Provide the Paramedic student opportunities to practice and develop newly acquired skills under supervision.

HH. Provide the Paramedic student with the opportunity to be able to participate in all aspects of prehospital care and daily operational aspects of the prehospital environment.

II. Provide the Paramedic student opportunities to be oriented to the Emergency Department, Medical Control Procedures, and expectations of ED staff in relation to prehospital care.

JJ. Provide the student with opportunities to work as a team.

II. The requirements of this rotation are that:

a. The student will be assigned to a preselected Paramedic preceptor.

b. The student will observe and perform patient care skills (listed in section IV) under the supervision of the preceptor or clinical faculty present.

c. The preceptor and clinical faculty on the clinical evaluation form will evaluate the student.

d. The student must complete a minimum of 250 clock hours in the Prehospital Environment.

III. Qualifications required to enter this rotation are:

e. Successful completion of didactic requirements.

f. Evaluation of each skill a minimum of 3 times in a practical setting prior to clinical.

g. Student Liability Insurance.

h. Completed Hepatitis B Vaccination

i. Appropriate clinical uniform with identifying student insignias

j. Body Mechanics and Body Substance Isolation Orientation

k. Complete the Field Training site orientation including the HIPPA compliance training.

IV. The skills the paramedic student may perform are listed. The skills in bold print are those which will be especially helpful for the student to perform:

I. SEMESTER I

i. Vital Signs

ii. Application and interpretation of Pulse Oximetry

iii. Interpretation of Vital Signs

iv. **Patient Assessment and Interpretation of findings for the Neonatal, Pediatric, Adolescent, Adult, and Geriatric patient**

v. **Formation of a Clinical Impression**

vi. **Choosing correct therapy according to signs and symptoms**

vii. Basic Life Support/CPR

viii. Oral/Nasal Airway Insertion

ix. **BIAD insertion including**

1. LMA

2. Combitube

x. **Advanced Airway Management including**

a. Endotracheal Intubation

b. Gum-Buggi assist Intubation

c. Needle Cricothyrotomy

d. Nasotracheal Intubation

It would be beneficial for the student to be able to assist in the following

Advanced Airway Skills

1. Retrograde Intubation

2. Surgical Cricothyrotomy

3. Rapid Sequence Intubation

xi. **OG/NG Tube insertion**

xii. **Ventilator Management**

xiii. **Perform End Tidal Capnography**

xiv. Artificial Ventilation with Bag-Valve-Mask or Demand Valve

- xv. Oxygen Administration (Masks and Cannulas)
- xvi. Suctioning
- xvii. Needle Thorocostomy**
- xviii. **Attachment of ECG and Non invasive monitoring devices**
- xix. Pulse Oximetry
- xx. **Intravenous Cannulation**
- xxi. **Management of Intravenous infusions (Crystalloid and Colloid)**
- xxii. **IV Drip Rates/ Calculations**
- xxiii. Bleeding control and Wound Management
- xxiv. Splinting
- xxv. Patient Handling
- xxvi. Communication skills with patients, and hospital personnel**
- 27. External Jugular Vein Canulation**
 - 45. Femoral Vein Cannulation**
 - 46. Scalp Vein Cannulation**
 - 47. Umbilical Vein Cannulation**
 - 48. Access Central Venous Devices**
 - 49. Assist in Central Vascular Access
 - 50. Assist in placement and management of Arterial Lines
 - 51. Assist in placement and management of Chest Tube Insertion and the use of a Chest drainage system
 - 52. PO, Sublingual, Intralingual, Inhalation, Ophthalmic, Aural, Nasal, Topical, Rectal, and Gastric Tube, Medication Administration all drug classes
 - 53. Administration of IV Medications All Drug Classes**
 - 54. Administration of IV Infusion Medications All Drug Classes**
 - 55. Intramuscular Injections**
 - 56. Subcutaneous Injections**
 - 57. Cardiac rhythm interpretation**
 - 58. 12 lead EKG Application and interpretation**
 - 59. Non Synchronized Cardioversion**
 - 60. Synchronized Cardioversion**
 - 61. Transcutaneous pacing**
 - 62. ACLS Cardiac Arrest Skills**
 - 63. Intraosseous Access
 - 64. Intraosseous Infusions

V. The following constitutes failure of the Field shift:

- m. Failure to attend the Field session without notification of the Field Preceptor.
- n. Excessive tardiness (more than 3 per semester)
- o. Usage of alcohol or illegal drugs at the clinical site or 8 hours prior to the clinical shift.
- p. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the College hand book or clinical institution policy and procedure manual.
- q. Performance of a skill the student has not been approved to do, or is outside the Paramedic scope of practice as outlined in the 1999 DOT Paramedic curriculum.
- r. Performance of a skill without preceptor or Clinical Faculty supervision.
- s. Non-compliance with school or clinical institution rules, regulations, and policies while in

the clinical site.

VI. Documentation

- t. Fisdap Tracking Form
- u. 3 patient care reports per clinical shift unless otherwise specified
- v. Entry of Fisdap information after the completion the shift supported by a copy of the Fisdap clinical shift information page.
- w. Clinical Internship Evaluation signed by the preceptor or clinical instructor and secured in a sealed envelope signed by the preceptor.

**Jones Junior College
Department of Emergency Technology
Critical Care
Paramedic Clinical Description**

- I. This is a competency based clinical rotation, in which the student is under the direct supervision of an ICU/CCU preceptor, and is designed to:
 - A. Provide the Paramedic student with an environment in which to observe and participate in a variety of clinical cases.
 - B. Provide the Paramedic student with an environment in which to observe varied illnesses/injuries with their accompanying signs, symptoms, and treatments.
 - C. Provide the paramedic student with an environment to practice and develop newly acquired skills under supervision, and in a controlled environment.

- D. Provide the Paramedic student with the opportunity to be oriented to ICU/CCU staff, patients, and expectations of ICU staff in relation to Paramedic critical care transports to and from the unit.
- E. Provide the student with an opportunity to work as a team.
- F. Provide the student with an opportunity to broaden their base of knowledge by observing procedures and skills, which are not within the Paramedic scope of practice.
- II. The requirements of this rotations are that:
 - G. The student is assigned to a preselected Paramedic, RN, MD, DO, NP or equally qualified preceptor.
 - H. The students observe and perform patient care skills (listed in section IV) under the supervision of the preceptor.
 - I. The preceptor and clinical faculty on the clinical evaluation form will evaluate the student.
 - J. The student must complete 36 clock hours in the Critical Care Setting.
- III. Qualifications required to enter this rotation are:
 - K. Successful completion of didactic requirements.
 - L. Evaluation of each skill a minimum of 3 times in a practical setting prior to clinical.
 - M. Student Liability Insurance
 - N. Completed Hepatitis B Vaccination
 - O. Appropriate clinical uniform with identifying student insignias
 - P. Body Mechanics and Body substance Isolation Orientation
 - Q. Complete the hospital education department orientation and HIPPA compliance training
- IV. **The skills the paramedic student may perform are listed. The skills in bold print are those, which will be especially helpful for the student to perform.**

R. SEMESTER I

1. Vital Signs
2. Care of Activities of Daily Living
3. Interpretation of Vital Signs
4. **Patient Assessment and Interpretation of findings for the adult, pediatric, neonatal and geriatric patient.**
5. **Formation of a Clinical Impression**
6. **Choosing correct therapy according to signs and symptoms**
7. Basic Life Support/CPR
8. Oral/Nasal Airway Insertion
9. **BIAD insertion including**
 - a. **LMA**
 - b. **Combitube**
10. **Advanced Airway Management including**
 - a. **Endotracheal Intubation**
 - b. **Gum-Buggi assist Intubation**
 - c. **Needle Cricothyrotomy**
 - d. **Nasotracheal Intubation**

It would be beneficial for the student to be able to assist in the following Advanced Airway Skills

- a. **Retrograde Intubation**
 - b. **Surgical Cricothrotomy**
- Dept. of Anesthesia, DO/ MD, or Clinical Instructor Supervision required for all advanced airway procedures**
11. **OG/NG Tube insertion**
 12. **Ventilator Management (Respiratory Therapist Supervision required)**
 13. **Capnography**
 14. Artificial Ventilation with Bag-Valve-Mask or Demand Valve
 15. Oxygen Administration (Masks and Cannulas)
 16. Suctioning
 17. **Needle Thorocostomy**
 18. **Attachment of ECG and Non invasive monitoring devices**
 19. Pulse Oximetry

- 20. **Intravenous Cannulation**
- 21. **Management of Intravenous infusions (Crystalloid and Colloid)**
- 22. **IV Drip Rates/ Calculations**
- 23. Bleeding control and Wound Management
- 24. Splinting
- 25. Patient Handling
- 26. **Communication skills with patients, and hospital personnel**
- 27. Administration of limited medications:
 - a. Activated charcoal
 - b. Oral glucose
 - c. Oxygen
 - d. Metered-Dose Inhalers
 - e. Nitroglycerin tablets
 - f. Epi-Auto-Injector

S. SEMESTER II

- 65. **All skills listed above**
- 66. **External Jugular Vein Canulation**
- 67. **Femoral Vein Cannulation**
- 68. Assist in Central Vascular Access
- 69. Assist in placement and management of Arterial Lines
- 70. Assist in placement and management of Chest Tube Insertion and the use of a water seal device
- 71. PO, Sublingual, Intralingual, Inhalation, Ophthalmic, Aural, Nasal, Topical, Rectal, Gastric Tube, Medication Administration
- 72. **Administration of IV Medications**
- 73. **Administration of IV Infusion Medications**
- 74. **Intramuscular Injections**
- 75. **Subcutaneous Injections**
- 76. **Cardiac rhythm interpretation**
- 77. **12 Lead EKG Application and Interpretation**
- 78. **Non Synchronized Cardioversion**
- 79. **Synchronized Cardioversion**
- 80. **Transcutaneous Pacing**
- 81. **ACLS Cardiac Arrest Skills**
- 82. Intraosseous Access
- 83. Intraosseous Infusions

- V. The following constitutes failure of the clinical shift:
 - T. Failure to attend a clinical session without notification of the clinical Instructor.
 - U. Excessive tardiness (more than 3 per semester)
 - V. Usage of alcohol or illegal drugs at the clinical site or 8 hours prior to the clinical shift.
 - W. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the college handbook or clinical institution policy and procedure manual.
 - X. Performance of a skill the student has not been approved to do, or is outside the paramedic scope or practice as outlined in the 1999 DOT paramedic curriculum.
 - Y. Performance of a skill without preceptor or Clinical Faculty supervision.
 - Z. Non-compliance with school or Clinical Institution rules, regulations, and policies while on the premises of the clinical site.

- VI. Documentation
 - AA. FISDAP Tracking Form
 - BB. 1PCR per clinical shift unless otherwise specified
 - CC. Entry of FISDAP information after the completion the shift supported by a copy of the

- FISDAP clinical shift information page.
- DD. Clinical Internship Evaluation signed by the preceptor or clinical instructor and secured in a sealed envelope signed by the preceptor.

**Jones Junior College
Department of Emergency Technology
Department of Neonatology
Paramedic Clinical Description**

- I. This is a competency based clinical rotation, in which the Paramedic student is under the direct supervision of a Labor and Delivery or Nursery department preceptor, is designed to:
 - A. Provide the student with opportunity to assess and treat the neonate.
 - B. Provide the student with an environment in which to practice and develop newly acquired skills under supervision.
 - C. Provide the student with the opportunity to work as a team.
- II. The requirements of this rotation are that:
 - D. The student is assigned to a preselected Paramedic, RN, MD, NP or equally qualified preceptor.
 - E. The student observes and performs patient care skills (listed in section III) under the supervision of the preceptor.
 - F. The student is evaluated by the preceptor on the clinical evaluation form.
 - G. The student must complete 12 clock hours in the Nursery.
- III. Qualifications required to enter this rotation are:

- H. Successful completion of didactic requirements.
 - I. Evaluation of each skill a minimum of 3 times in a practical setting prior to clinical.
 - J. Student Liability Insurance
 - K. Completed Hepatitis B Vaccination
 - L. Appropriate clinical uniform with identifying student insignias
 - M. Body Mechanics and Body substance Isolation Orientation
 - N. Complete the hospital education department orientation and HIPPA compliance training.
- IV. The skills the paramedic student may perform are listed. The skills in **bold print** are those which will be especially helpful for the student to perform.

O. SEMESTER I

- 1. Vital Signs
- 2. **Interpretation of Vital Signs**
- 3. **Patient Assessment and Interpretation of findings**
- 4. **Formation of a clinical Impression**
- 5. **Choosing correct therapy according to signs and symptoms**
- 6. Basic Life Support/CPR
- 7. **Oral/Nasal Airway Insertion**
- 8. **Advanced Airway Management including**
 - a. Endotracheal Intubation
 - b. Gum-Buggi assist Intubation
 - c. Needle Cricothyrotomy
 - d. Nasotracheal Intubation

Dept. of Anesthesia, DO/ MD, or Clinical Instructor Supervision required for all advanced airway procedures

- 9. **OG/NG Tube insertion**
- 10. **Ventilator Management (Respiratory Therapist Supervision required)**
- 11. Artificial Ventilation with Bag-Valve-Mask or Demand Valve
- 12. Oxygen Administration (Masks and Cannulas)
- 13. Suctioning
- 14. **Needle Thorocostomy**
- 15. **Attachment of ECG and Non invasive monitoring devices**
- 16. **Nonsynchronous Defibrillation**
- 17. Pulse Oximetry
- 18. **Intravenous Cannulation**
- 19. **Management of Intravenous infusions(Crystalloid and Colloid)**
- 20. **IV Drip Rates/ Calculations**
- 21. Bleeding control and Wound Management
- 22. Splinting
- 23. Patient Handling
- 24. **Communication skills with patients, and hospital personnel**
- 25. Administration of limited medications:
 - a. Activated charcoal
 - b. Oral glucose
 - c. Oxygen
 - d. Metered-Dose Inhalers
 - e. Nitroglycerin tablets
 - f. Epi-Auto-Injector

- 26. **IV Drip Rates/Calculations**
- 27. **Patient Handling**
- 28. **Communication skills with patients, and hospital personnel**

P. SEMESTER II

- 84. **All skills listed above**
- 85. **External Jugular Vein Canulation**
- 86. **Femoral Vein Cannulation**

87. Umbilical Vein Cannulation

- 88. Assist in Central Vascular Access
- 89. Assist in placement and management of Arterial Lines
- 90. Assist in placement and management of Chest Tube Insertion and the use of a water seal device
- 91. PO, Sublingual, Intralingual, Inhalation, Ophthalmic, Aural, Nasal, Topical, Rectal, Gastric Tube, Medication Administration
- 92. **Administration of IV Medications**
- 93. **Administration of IV Infusion Medications**
- 94. **Intramuscular Injections**
- 95. **Subcutaneous Injections**
- 96. **Cardiac rhythm interpretation**
- 97. **Non Synchronized Cardioversion**
- 98. **Synchronized Cardioversion**
- 99. **ACLS Skills**
- 100. **Neonatal Resuscitation Skills**
- 101. **PALS Skills**
- 102. Intraosseous Access
- 103. Intraosseous Infusions

V. The following constitutes failure of the clinical shift:

- Q. Failure to attend the clinical session without notifying the clinical instructor.
- R. Excessive tardiness (more than 3 per semester)
- S. Usage of alcohol or illegal drugs at the clinical site.
- T. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the college handbook or clinical institution policy and procedure manual.
- U. Performance of skills the student has not been approved to do, or is outside the Paramedic scope of practice as outlined in the 1999 DOT paramedic curriculum.
- V. Performance of skills without preceptor or Clinical Faculty supervision.
- W. Non-compliance with school or clinical institution rules, regulations, and policies while on the premises of the clinical site.

VI. Documentation

- A. Fisdap Tracking Form
- B. 1PCR per clinical shift unless otherwise specified
- C. Entry of Fisdap information after the completion the shift supported by a copy of the Fisdap clinical shift information page.

Clinical Internship Evaluation signed by the preceptor or clinical instructor and secured in a sealed envelope signed by the preceptor

**Jones Junior College
Department of Emergency Technology
Department of Obstetrics and Gynecology
Paramedic Clinical Description**

- I This is a competency based clinical rotation, in which the Paramedic student is under the direct supervision of an Obstetrics and Gynecology Department preceptor, and is designed to:
 - X. Provide the student with an environment in which to observe and participate in the childbirth process.
 - Y. Provide the student with an environment in which to learn to recognize the various stages of labor, when delivery is imminent, and how to deliver a baby.
 - Z. Provide the student with opportunity to assess and treat the neonate.
 - AA. Provide the student with an environment to observe various obstetrical complications and the appropriate interventions.
 - BB. Provide the student with an environment in which to practice and develop newly acquired skills under supervision.
 - CC. Provide the student with the opportunity to work as a team.
 - DD. Provide the student with an environment in which to take obstetrical histories, and recognize high-risk pregnancies and deliveries.
- II The requirements of this rotation are that:
 - EE. The student is assigned to a preselected Paramedic, RN, MD, NP or equally qualified preceptor.
 - FF. The student observes and performs patient care skills (listed in section III) under the

supervision of the preceptor.

GG. The student is evaluated by the preceptor on the clinical evaluation form.

HH. The student must complete 18 clock hours in Labor and Delivery.

III Qualifications required to enter this rotation are:

II. Successful completion of didactic requirements.

JJ. Evaluation of each skill a minimum of 3 times in a practical setting prior to clinical.

KK. Student Liability Insurance

LL. Completed Hepatitis B Vaccination

MM. Appropriate clinical uniform with identifying student insignias.

NN. Body Mechanics and Body substance Isolation Orientation

OO. Complete the hospital education department orientation and HIPPA compliance training.

IV The skills the paramedic student may perform are listed. The skills in **bold print** are those which will be especially helpful for the student to perform.

SEMESTER I

1. Vital Signs

2. **Interpretation of Vital Signs**

3. **Patient Assessment and Interpretation of findings**

4. **Formation of a clinical Impression**

5. **Choosing correct therapy according to signs and symptoms**

6. Basic Life Support/CPR

7. **Oral/Nasal Airway Insertion**

8. **BIAD insertion including**

a. **LMA**

b. **Combitube**

9. **Advanced Airway Management including**

a. **Endotracheal Intubation**

b. **Gum-Buggi assist Intubation**

c. **Needle Cricothyrotomy**

d. **Nasotracheal Intubation**

It would be beneficial for the student to be able to assist in the following Advanced Airway Skills

a. **Retrograde Intubation**

b. **Surgical Cricothyrotomy**

Dept. of Anesthesia, DO/ MD, or Clinical Instructor Supervision required for all advanced airway procedures

10. **OG/NG Tube insertion**

11. **Ventilator Management (Respiratory Therapist Supervision required)**

12. Artificial Ventilation with Bag-Valve-Mask or Demand Valve

13. Oxygen Administration (Masks and Cannulas)

14. Suctioning

15. **Needle Thorocostomy**

16. **Attachment of ECG and Non invasive monitoring devices**

17. **Nonsynchronous Defibrillation**

18. Pulse Oximetry

19. **Intravenous Cannulation**

20. **Management of Intravenous infusions (Crystalloid and Colloid)**

21. **IV Drip Rates/ Calculations**

22. Bleeding control and Wound Management

23. Splinting

24. Patient Handling

25. **Communication skills with patients, and hospital personnel**

26. Administration of limited medications:

a. Activated charcoal

b. Oral glucose

c. Oxygen

d. Metered-Dose Inhalers

- e. Nitroglycerin tablets
- f. Epi-Auto-Injector

- 27. **IV Drip Rates/Calculations**
- 28. **Post-partum hemorrhage control**
- 29. **Fundal massage**
- 30. **Patient Handling**
- 31. **OB Delivery**
- 32. **Communication skills with patients, and hospital personnel**

SEMESTER II

- 104. **All skills listed above**
- 105. **External Jugular Vein Canulation**
- 106. **Femoral Vein Cannulation**
- 107. **Umbilical Vein Cannulation**
- 108. Assist in Central Vascular Access
- 109. Assist in placement and management of Arterial Lines
- 110. Assist in placement and management of Chest Tube Insertion and the use of a water seal device
- 111. PO, Sublingual, Intralingual, Inhalation, Ophthalmic, Aural, Nasal, Topical, Rectal, Gastric Tube, Medication Administration
- 112. **Administration of IV Medications**
- 113. **Administration of IV Infusion Medications**
- 114. **Intramuscular Injections**
- 115. **Subcutaneous Injections**
- 116. **Cardiac rhythm interpretation**
- 117. **Non Synchronized Cardioversion**
- 118. **Synchronized Cardioversion**
- 119. **ACLS Skills**
- 120. **Neonatal Resuscitation Skills**
- 121. **PALS Skills**
- 122. Intraosseous Access
- 123. Intraosseous Infusions

- V The following constitutes failure of the clinical shift:
- PP. Failure to attend the clinical session without notifying the clinical instructor.
 - QQ. Excessive tardiness (more than 3 per semester)
 - RR. Usage of alcohol or illegal drugs at the clinical site.
 - SS. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the college handbook or clinical institution policy and procedure manual.
 - TT. Performance of skills the student has not been approved to do, or is outside the Paramedic scope of practice as outlined in the 1999 DOT Paramedic curriculum.
 - UU. Performance of skills without preceptor or clinical faculty supervision.
 - VV. Non-compliance with school or clinical institution rules, regulations, and policies while on the premises of the clinical site.

VI. Documentation

- D. Fisdap Tracking Form
- E. 1PCR per clinical shift unless otherwise specified
- F. Entry of Fisdap information after the completion the shift supported by a copy of the Fisdap clinical shift information page.

- G. Clinical Internship Evaluation signed by the preceptor or clinical instructor and secured in a sealed envelope signed by the preceptor.

**Jones Junior College
Department of Emergency Technology
Department of Respiratory Therapy
Paramedic Clinical Description**

- I. This is a competency based clinical rotation, in which the student is under the direct supervision of a Respiratory Therapy Preceptor and is designed to:
 - A. Provide the Paramedic student with an environment in which to observe and participate in a variety of respiratory emergencies.
 - B. Provide the Paramedic student with an opportunity to assess patients with respiratory illnesses and injuries.
 - C. The primary objective of this clinical rotation is to provide the Paramedic student with experience in identifying various breath sounds.**
 - D. Provide the Paramedic student with increased knowledge of oxygen therapy, oxygen adjuncts, and oxygen equipment.
 - E. Provide the student with an opportunity to practice skills such as assisted ventilation, mechanical ventilation, suctioning, oxygen administration, and breathing treatments.
 - F. Provide the student with a chance to observe skills which are not in the scope of practice for a Paramedic (i.e. taking blood gases) and to broaden their knowledge of Respiratory medications
- II. The requirements of this rotation are that:
 - G. The student is assigned to a Respiratory Therapy preceptor.
 - H. The student observes and performs patient care skills (listed in section IV) under the supervision of the preceptor.
 - I. The student is evaluated by the preceptor on the clinical evaluation form.
 - J. The student must complete 18 clock-hours in Respiratory therapy.
- III. Qualifications required to enter this rotation are:
 - K. Successful completion of didactic requirements.

- L. Evaluation of each skill a minimum of 3 times in a practical setting prior to clinical.
 - M. Student Liability Insurance
 - N. Completed Hepatitis B Vaccination
 - O. Appropriate clinical uniform with identifying student insignias
 - P. Body Mechanics and body substance isolation orientation
 - Q. Complete the hospital education department orientation and HIPPA compliance training.
- IV. The skills the Paramedic student may perform are listed. The skills in **bold print** are those which will be especially helpful for the student to perform:
- R. SEMESTER I
 - 1. **Auscultation of Breath Sounds**
 - 2. **Interpretation of Breath Sounds**
 - 3. **Formation of a Clinical Impression**
 - i. Choosing correct therapy according to signs and symptoms Basic Life Support/CPR
 - ii. Oral/Nasal Airway Insertion
 - iii. **BIAD insertion including**
 - 1. **LMA**
 - 2. **Combitube**
 - iv. **Advanced Airway Management including**
 - a. **Endotracheal Intubation**
 - b. **Gum-Buggi assist Intubation**
 - c. **Needle Cricothyrotomy**
 - d. **Nasotracheal Intubation**

It would be beneficial for the student to be able to assist in the following Advanced Airway Skills

 - a. **Retrograde Intubation**
 - b. **Surgical Cricothrotomy**

Dept. of Anesthesia, DO/ MD, or Clinical Instructor Supervision required for all advanced airway procedures

 - v. **OG/NG Tube insertion**
 - vi. **Ventilator Management and understanding all aspects of mechanical ventilator therapy (Respiratory Therapist Supervision required)**
 - vii. Artificial Ventilation with Bag-Valve-Mask or Demand Valve
 - viii. Oxygen Administration (Masks and Cannulas)
 - ix. Suctioning
 - x. **Needle Thorocostomy**
 - xi. **Attachment of ECG and Non invasive monitoring devices**
 - xii. **Nonsynchronous Defibrillation**
 - xiii. Pulse Oximetry
 - xiv. **Intravenous Cannulation**
 - xv. **Management of Intravenous infusions (Crystalloid and Colloid)**
 - xvi. **IV Drip Rates/ Calculations**
 - xvii. Bleeding control and Wound Management
 - xviii. Splinting
 - xix. Patient Handling
 - xx. **Communication skills with patients, and hospital personnel**
 - xxi. Administration of limited medications:
 - 1. Activated charcoal
 - 2. Oral glucose
 - 3. Oxygen
 - 4. Metered-Dose Inhalers
 - 5. Nitroglycerin tablets
 - 6. Epi-Auto-Injector
- x. SEMESTER II
- 124. **All skills listed above**
 - 125. **External Jugular Vein Canulation**

126. Femoral Vein Cannulation

127. Assist in Central Vascular Access

128. Assist in placement and management of Arterial Lines

129. Assist in placement and management of Chest Tube Insertion and the use of a water seal device

130. PO, Sublingual, Intralingual, Inhalation, Ophthalmic, Aural, Nasal, Topical, Rectal, Gastric Tube, Medication Administration

131. Administration of IV Medications

132. Administration of IV Infusion Medications

133. Intramuscular Injections

134. Subcutaneous Injections

135. Cardiac rhythm interpretation

136. Non Synchronized Cardioversion

137. Synchronized Cardioversion

138. ACLS Cardiac Arrest Skills

139. Intraosseous Access

140. Intraosseous Infusions

- VII. The following constitutes failure of the clinical shift:
- y. Failure to attend clinical session without notification of Clinical Instructor.
 - z. Excessive tardiness (more than 3 per semester)
 - aa. Usage of alcohol or illegal drugs at the clinical site.
 - bb. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the college handbook or clinical institution policy and procedure manual.
 - cc. Performance of a skill the student has not been approved to do, or is outside the Paramedic scope of practice as outlined in the 1999 DOT Paramedic curriculum.
 - dd. Performance of a skill without preceptor supervision.
 - ee. Non-compliance with school or clinical institution rules, regulations, and policies while in the clinical site.
- VI. Documentation
- A. Fisdap Tracking Form
 - S. Entry of Fisdap information after the completion the shift supported by a copy of the Fisdap clinical shift information page.
 - T. Clinical Internship Evaluation signed by the preceptor or clinical instructor and secured in a sealed envelope signed by the preceptor.

Jones Junior College
Department of Emergency Technology
Department of Anesthesia
Paramedic Clinical Description

- I. This is a competency based clinical rotation, in which the student is under the direct supervision of an Anesthesiologist or CRNA, and is designed to:
 - A. Provide the Paramedic student with an environment in which to observe various surgical procedures.
 - B. Provide the Paramedic student with the opportunity to observe and participate in endotracheal intubation and airway maintenance.
 - C. Provide the Paramedic student with an environment in which to observe the sterile field.
 - D. Provide the student with the opportunity to work as a team.
 - E. Provide the student with the chance to recognize various organs and anatomical structures thru direct visual contact.
 - F. Provide the student with opportunities to broaden their base of knowledge by observing procedures and skills, which are not within the Paramedic scope of practice.
- II. The requirements of this rotation are that:
 - G. The student is assigned to an anesthesiologist or CRNA preceptor.
 - H. The student observes and performs patient care skills (listed in section IV) under the supervision of the preceptor.
 - I. The student is evaluated by the preceptor on the clinical evaluation form.
 - J. The student must complete 24 clock-hours in the Department of Anesthesia.
- III. Qualifications required to enter this rotation are:
 - K. Successful completion of didactic requirements.
 - L. Evaluation of each skill a minimum of the 3 times in a practical setting prior to clinical.
 - M. Student Liability Insurance
 - N. Appropriate clinical uniform with identifying student insignias
 - O. Completed Hepatitis B Vaccination
 - P. Body Mechanics and body Substance Isolation Orientation
 - Q. Complete the hospital Education department Orientation and HIPPA compliance Training.
- IV. The skills the paramedic student may perform are listed. The skills in **bold print** are those

which will be especially helpful for the student to perform:

R. SEMESTER I

1. Vital Signs
2. Interpretation of Vital Signs
3. **Patient Assessment and Interpretation of findings**
4. **Formation of a Clinical Impression**
5. **Choosing correct therapy according to signs and symptoms**
6. Basic Life Support/CPR
7. Oral/Nasal Airway Insertion
8. **BIAD insertion including**
 - a. **LMA**
 - b. **Combitube**
9. **Advanced Airway Management including**
 - a. **Endotracheal Intubation**
 - b. **Gum-Buggi assist Intubation**
 - c. **Needle Cricothyrotomy**
 - d. **Nasotracheal Intubation**
 - e. **Rapid Sequence Intubation**

It would be beneficial for the student to be able to assist in the following Advanced Airway Skills

- a. **Retrograde Intubation**
- b. **Surgical Cricothyrotomy**

Dept. of Anesthesia, DO/ MD, or Clinical Instructor Supervision required for all advanced airway procedures

10. **OG/NG Tube insertion**
11. **Ventilator Management**
12. Artificial Ventilation with Bag-Valve-Mask or Demand Valve
13. Oxygen Administration (Masks and Cannulas)
14. Suctioning
15. **Needle Thorocostomy**
16. **Attachment of ECG and Non invasive monitoring devices**
17. **Nonsynchronous Defibrillation**
18. Pulse Oximetry
19. **Intravenous Cannulation**
20. **Management of Intravenous infusions (Crystalloid and Colloid)**
21. **IV Drip Rates/ Calculations**
22. Bleeding control and Wound Management
23. Splinting
24. Patient Handling
25. **Communication skills with patients, and hospital personnel**
26. Administration of limited medications:
 - a. Activated charcoal
 - b. Oral glucose
 - c. Oxygen
 - d. Metered-Dose Inhalers
 - e. Nitroglycerin tablets
 - f. Epi-Auto-Injector

S. SEMESTER II

141. **All skills listed above**
142. **External Jugular Vein Canulation**
143. **Femoral Vein Cannulation**
144. Assist in Central Vascular Access
145. Assist in placement and management of Arterial Lines
146. Assist in placement and management of Chest Tube Insertion and the use of a water seal device

- 147. PO, Sublingual, Intralingual, Inhalation, Ophthalmic, Aural, Nasal, Topical, Rectal, Gastric Tube, Medication Administration
- 148. **Administration of IV Medications**
- 149. **Administration of IV Infusion Medications**
- 150. **Intramuscular Injections**
- 151. **Subcutaneous Injections**
- 152. **Cardiac rhythm interpretation**
- 153. **Non Synchronized Cardioversion**
- 154. **Synchronized Cardioversion**
- 155. **ACLS Cardiac Arrest Skills**
- 156. Intraosseous Access
- 157. Intraosseous Infusions

- V. The following constitutes failure of the clinical shift:
 - T. Failure to attend clinical session without notification of Clinical Instructor.
 - U. Excessive tardiness (more than 3 per semester)
 - V. Usage of alcohol or illegal drugs at the clinical site.
 - W. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the college handbook or clinical institution policy and procedure manual.
 - X. Performance of a skill the student has not been approved to do, or is outside the Paramedic scope of practice as outlined in the 1999 DOT Paramedic Curriculum.
 - Y. Performance of a skill without preceptor supervision.
 - Z. Non-compliance with school or clinical institution rules, regulations, and policies while in the clinical site.

- VI. Documentation
 - AA. Fisdap Tracking Form
 - BB. Entry of Fisdap information after the completion the shift supported by a copy of the Fisdap clinical shift information page.
 - CC. Completion of the intubation data form.
 - DD. Clinical Internship Evaluation signed by the preceptor or clinical instructor and secured in a sealed envelope signed by the preceptor.

Direction for Completion of Forms

The following document contains the directions the students were provided to guide them in completing the clinical paper work. They will need to correctly complete the required documentation for the clinical / field experience. If you have any questions or suggestions regarding these instructions or the clinical field documents please advise Jason Rogers clinical/field director.

Clinical Documentation Form

The purpose of the Fisdap data entry form is to provide the student and preceptor with a mechanism to track the patient assessments, and procedures completed during the shift. This form will also provide the clinical coordinator a method to audit the data entered into the Fisdap tracking system. The form must be completed using the directions provided and signed by the preceptor evaluating the assessment and skills completed by the student for the specified patient. For this reason the student may have multiple different signatures on the Fisdap tracking form. The preceptor who evaluated the student the most should be the preceptor who completes the clinical/field evaluation form.

Patient Encounter Form

1. Clinical Site:

The location and area in which you completed the shift should be documented in this section, Example: SCRMC ER note: If you complete a shift in two separate areas then a data entry form from each area must be completed. Example: If the student is assigned to Anesthesia and Pediatrics on the same day than one data entry form will be labeled SCRMC—Anesthesia the other SCRMC—Pediatrics. You will enter these in Fisdap as 2 separate shifts specifying the number of hours completed in each area. You must also have separate evaluation forms completed for each area.

2. Fisdap Shift Number:

This will be the number assigned to the shift by the Fisdap tracking system. It will be obtained from the Fisdap shift list from the student account.

3. Fisdap Number

This will be the number the Fisdap tracking system assigns to each patient evaluated during the shift. It may be obtained from the clinical skills report page.

4. **Race:** Enter the ethnicity of the patient in this area.
5. **Age:** Enter the Age of the patient in this area specify days, months or years of age.
6. **Sex:** Enter the gender of the patient in this area.
7. **Primary Impression:** Enter your initial field impression of the patient.
8. **Secondary Impression:** Enter your differential.
9. **LOC:** Enter the initial level of consciousness of the patient in this area.

10. **MOI:** Enter the mechanism of injury or the nature of illness in this area. Example: MVC, GSW etc. or example for NOI will be chest pain, SOB, headache etc.
 11. **B/P,Pulse,Resp,SPO2,ECG:** Enter the initial values obtained from these assessments.
 12. **Time of Exam :** Enter the time the initial patient encounter occurred.
 13. **Preceptor:** The preceptor evaluating the performance of the assessment or procedure must sign in this place. this should be done immediately after completing the assessment
- IV Therapy Documentation**
14. **Patient Number:** This should correspond with the number of the patient in which you performed or observed the skill on.
 15. **IV/O:** Specify Intravascular or Intraosseous by writing I/V, I/O in this space depending on which skill was performed.
 16. **Performed/observed:** Circle P for skills performed or attempted by the student, Circle O for skills the student has an opportunity to observe.
 17. **IV Site :** This is the physical location of where the venous access occurred or was attempted. Ex L FA, L AC
 18. **Fluid Type :** This is the type of fluid infused into the site. If this is a hep- Lock specify INT or Hep-Lock
 19. **Number of Attempts:** Document the number of attempts made by each provider attempting access including the student in separate boxes.
 20. **Success:** Successful cannulation indicates that the IV was able to be used for fluid or medication administration and did not infiltrate. Achieving a "flash" does not necessarily indicate IV Success.
 21. **Blood Draw:** If obtaining Lab Samples from the Site write a Y in the Space provided.
 22. **IV Gauge:** Indicate the size catheter used on each attempt on the same patient by the same provider in this space.
 23. **Time:** Indicate the time in which the procedure was performed or observed.
 24. **Preceptor Signature:** the preceptor witnessing the procedure should sign in this space immediately following the procedure. **DO NOT WAIT UNTIL THE END OF THE SHIFT TO HAVE THE PRECEPTOR SIGN OFF ON THE PATIENTS, AND SKILLS.**

Miscellaneous Skill Documentation

25. Follow the procedure as documented previously with the exception in the Skill Section indicate the skill performed. Note only examples are included on the form this is not an all inclusive list refer to the skill section in the Fisdap data base for a complete listing of skills

Medication Administration Documentation

26. Follow the procedure as documented previously with the exception in the Medication Administered Section indicate the medication that was administered to the patient.
27. **Route :** Indicate the route in which the medication was administered.

28. **Dose:** Indicate the amount of medicine that was administered to the patient. Specify the numerical value and Wt Ex. ug, MG,GM etc
29. **Indication:** Indicate the reason the patient is receiving the medications. Ex. Chest Pain, SOB, HTN etc.

Advanced Airway Procedures Documentation

30. Follow the procedure as documented previously with the exception in the Airway Type Section indicate the type of airway placed. Ex. ETT,BIAD,LMA etc.
31. **ETT Size:** indicate the size endotracheal tube used to intubate the patient or the size airway device utilized if applicable.
32. **Blade Type:** Indicate the type of laryngoscope blade used Macintosh or Miller Blade
33. **Blade Size:** Indicate the size of the Laryngoscope blade used.

The Clinical Patient Care Report (PCR)

The purpose of this form is to evaluate the student's ability to correctly complete a patient care report. All PCR's must be completed by the student using the directions provided and signed by the preceptor. All spaces on the PCR must have the required information completed or marked by writing N/A in the space. The PCR must be legible with the use of correct spelling and grammar.

Directions:

1. **The student name:** The student must print his/her name in this area
2. **Preceptor:** The preceptor must sign his/her name in the area.
3. **FISDAP ID:** This is the number issued by the FISDAP tracking system for the specified patient. This number must correspond with the FISDAP number on the FISDAP tracking form for the specified patient. It may be obtained from the FISDAP tracking system clinical skills report.
4. **Time Section:** This must be filled out for all field rotation encounters. The student will obtain the time notified, enroute, arrival on scene, patient contact, depart scene, arrival at destination and in service for calls from the preceptor.
5. **Type of response section:** The student will identify the call as non-emergency if they respond to the call and transport the patient without the use of light and siren. If the response to the call is made with the use of lights and sirens or the transport of the patient is made with lights and siren Identify the call as an emergency response.
6. **Date:** The date the patient encounter occurred will be listed here.
7. **Site:** The name of the facility in which the clinical or field shift is completed will be entered in this space
8. **Area:** The physical location the shift is completed will be entered in this space (ex. ER, OB, Anesthesia, or Laurel Station, Ellisville Station, Canton Station etc.)
9. **Patient Age:** The age of the patient will be entered in this space. Record the age as days, months or years.
10. **Gender:** The gender of the patient will be indicated in this space.
11. **Race:** Indicate the ethnicity of the patient in this area.
12. **Chief Complaint:** Indicate what the patient or historian tells you the complaint is (ex. Altered mental status, chest pain, possible allergic reaction etc., also MVC with chest pain or Abd. pain ect.)

13. **History Present Illness (HPI):** On all medical patients and trauma patients identify the HPI include if applicable the OPQRST of all the patients complaints in this section. If trauma is present Identify the MOI (ex. MVC rollover). Make sure to indicate the severity of damage and location of exterior and interior damage, windshield integrity, patient location in vehicle, airbag deployment and if the patient is restrained or unrestrained. For GSW indicate the location of wound, the caliber of weapon if known, the distance the patient was from the assailant if known. The presence of powder burns to the location of the wound. For stab wounds identify if known the instruments length, width and type of object used, also make note of all injury locations. On any penetrating trauma identify an approximate amount of observed blood loss at scene. If drug overdose is suspected identify the presence or absence of paraphernalia, ETOH containers or medication containers on the scene. Identify if the patient was attempting to harm or kill themselves or if the OD or injury was accidental. If completing an interfacility transfer or a non-emergency transfer the student must identify the history of the transfer (i.e. the reason the patient requires transfer and the medical reason an ambulance is necessary to transport the patient if there is medical necessity). If the transfer is to a another facility for a higher level of care or services not offered at the sending facility it should be documented in this area and specified what the service being offered is. EX. The patient is transferred from SCRMC to UMMC for higher level of care, pediatric cardiothoracic services not available at SCRMC. Patient transferred via ambulance for continuous monitoring and advanced level care risk of deterioration enroute.
14. **Social History:** Identify any pertinent social history the patient presents with (ex. Smokes two packs per day, admits to ETOH consumption daily 6pk, 12pk, Fifth of Whisky etc put this in quotation marks. Admits to illicit drug use, Poor heating or cooling of the residence.)
15. **Past Medical History:** Indicate the patient's past medical history in this area. Include the medical and surgical history (ex. COPD, HTN, MI, Appendectomy, Hernia repair ect.).
16. **Medications:** List the medications that the patient takes at home. Include prescription and nonprescription medications. Note: If the patient does not know the name of the medication indicate the description the patient tells you and place in quotation marks EX.: "Heart Pill", "Fluid Pill", "B/P Pill" etc.
17. **Allergies:** list the medication, food and environmental allergies the patient reports having.
18. **LOC:** Identify the patient's initial Level of consciousness in this location.
19. **Airway:** Identify the patency of the patient's airway by choosing: PASM if the airway is patent and self maintained airway. Choose nonpatent if suctioning or air way control is required on initial exam.
20. **Resp. Effort:** Identify the effort of the patient's respiratory Status during the initial exam in this location.
21. **Radial Pulses:** Indicate the description of the patients Radial pulse in this location.
22. **Carotid Pulses:** Indicate the description of the patient's Carotid pulse in this location.

23. **Assessment Check Boxes:** Provided on the form is a systematic approach to the patient assessment. Each body part that must be assessed is indicated on the form. The student should identify their assessment findings by checking the appropriate boxes. **Note:** If a finding in the assessment is not indicated on the form the student should list their finding in the appropriate body system area in the location labeled as other. A Glasgow Coma Score must be completed on all medical and trauma patients. A revised trauma score must be completed on all trauma patients.
24. **Vital Sign Area:** Identify the time in which the V/S were obtained and the V/S measurement in the appropriate location.
25. **Treatment:** The student must identify all treatment rendered to the patient while the Patient was in the care of the student. Identify the time the treatment was performed. Also indicate if the student or preceptor performed the skill by writing observed or performed at the end point of the procedure (ex. IV N/S KVO aseptic technique 18g right hand performed or Intubation 7.5 ETT with direct visualization of tube passing cords (=) chest rise and fall, BBS (=) present, no epigastric sounds, (+) placement by cholimetric color change to beige/gold tube secured @ 22cm lip level obs or NTG 0.4mg SL performed. Note the above examples are the required method for documenting IV's, intubation and meds. When documenting procedures such as an intubation the student must document each attempt on a separate line with the appropriate time each attempt is made and if the attempt was performed or observed. When documenting medications administered the student must document the time, name of medication, dose and route in which the medication was administered. Each time a medication is administered a separate line must be used. The preceptor must initial after the documented procedure for the procedure to be valid.
17. **Additional Findings/Conditions/Response to treatment area:** In this area the student must identify if the patient was transported. The facility to which the patient was taken to, any changes in the patient condition enroute, who the verbal report was given to and the physical location the patient is left in (ex. Bed, dialysis chair, etc. ex. Pt transported to SCRMC ER pt with relief of C/P enroute status post above documented therapeutic modality C/P now 4 on scale of 1-10 pt without further change. On arrival @ SCRMC verbal report is given to Nsg staff and MD. Pt left on ER stretcher side rails up x2 Transfer complete without incident Signature and title).
18. **Field Impression:** The condition or disorder the student believes the patient is presenting with. It is based on and supported by the HPI and Assessment findings. This should be independently assigned by the student not the preceptor or MD.
19. **Pathophysiology:** The student must identify the pathophysiology of the field impression (ex. MI- ischemia to the heart muscle secondary to blockage or rupture of a coronary artery.)
20. **Treatment plan:** The student must identify a plan of care for all patients. The plan will be based on the field impression of the patient. It may or may not match the treatment provided for the patient due to extenuating circumstances. It will be similar to the protocol for the condition the patient presents with.
21. **Thrombolytic Check list:** Must be completed on all patients who present with the complaint of MI or CVA related S/S and is used in determining if the patient meets criteria for thrombolytic therapy.
22. **Rating and Dimension of Team Leadership:** This section must be completed by the field preceptor on all patients encountered in the field. It is used to identify the student's performance on each call. The preceptor must sign the PCR for it to be valid.

Field /Clinical Absentee Form

The purpose of the Field/Clinical Absentee form is to provide the student and preceptor with a mechanism to track the student attendance at the scheduled clinical and field internships. This form will also provide the clinical coordinator a method to effectively evaluate the attendance of the student. The form must be completed and signed by the preceptor or clinical coordinator for all shifts in which the student is absent. For the clinical shift to be excused and the student not receive an absence and a grade of Zero for the shift the student must notify the clinical coordinator and preceptor a minimum of eight hours prior to the beginning of the shift. If the student is unable to contact the preceptor the shift supervisor on duty must be notified if calling in for a field shift. The time of notification, date of notification and person notified must be listed on the absentee form so this can be verified by the clinical coordinator or the preceptor for authenticity. If the student is unable to contact the clinical coordinator for the clinical shift then the Emergency Technology office must be notified and a message left with the program office attendant, Program Faculty or on the answering machine.

Clinical/Field internship Evaluation

The purpose of internship evaluation is to evaluate the student's performance and progress throughout the paramedic program. The program relies on the preceptor to provide honest and accurate feedback regarding the student's performance. The Internship evaluation will be returned to the program faculty in a sealed envelope and the student will not review the evaluation form. Performance feedback is provided to the student by a cumulative review of internship evaluations. This feedback is provided every fifth week during the clinical/field courses to ensure the student is aware of their weakness and allows time for remediation and improvement as needed. The goal of the program is to prepare entry level paramedic practitioners. This would not be possible without the dedication and commitment of the preceptors.

Clinical Folder Instructions

1. The clinical Folder must be in the specified format in order to be graded.
2. Shifts should be arranged with most recent shift performed paperwork placed on top of the others.
3. The shift paper work must be kept in the following order and placed in the clinical folder in order to be graded
 - a) Evaluation sheet in envelope after shift completion
 - b) Clinical Documentation form
 - c) For field rotations one PCR per patient encounter is required
 - d) ECG sheets if applicable
4. If the student is absent for a shift an absentee form must be completed and the shift entered as absent in the FISDAP tracking system.

This is to be completed by following steps 1-12 on the FISDAP data entry instructions. When the shift list is revealed after step twelve you will then go to step 28 of the FISDAP data entry instructions
5. All shift paper work including entry into the FISDAP tracking system must be completed and turned in no later than the next scheduled clinical day at pre conference. The paperwork for completed field shifts is due the first class day of the week following the completed shift. If the required paper work is not completed and entered into the FISDAP tracking system by the deadline the student will receive a zero (0) for the shift. In order to track the clinical hours and the skills completed during the shift the data must be entered into the FISDAP tracking system and marked as complete.
6. If the student is completing a field rotation at a hospital based ambulance service and the student is performing skills in the hospital the patient encounters and skills performed must be labeled hospital patients and the information tracked on the clinical documentation form with the skills performed during field. This information should then be entered into FISDAP as a clinical shift and follow the clinical shift data entry instruction. When entering the number of hours for this portion of the data entry for the shift enter (0) so it does not duplicate hours. A field rotation entry will also be completed for this shift indicating the number of hours completed during the shift and the skills will be entered following the data entry instructions. When placing this in the folder the student will place the evaluation sheet(sealed), the clinical/field documentation form, followed by the corresponding PCR's.