



ARKANSAS TECH
UNIVERSITY

OZARK CAMPUS

PARAMEDIC CLINICAL MANUAL

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INTRODUCTION

This manual contains both an overview and description of the required clinical components for successful completion of the ATU-Ozark Campus Paramedic Program. It also contains the required forms for submission to the clinical coordinator. The procedure for submitting these forms will be discussed in class. It is **the student's responsibility** to carry this documentation while attending the various clinical sites. These forms require the signature of the various preceptors and supervisors to ensure an adequate clinical experience. The student will be required to submit copies of the clinical documentation with preceptor signature each week prior to the beginning of class. All paperwork is required to be filled out in its entirety before submission. Paperwork will be due every Tuesday by the start of class.

When the student begins the clinical phase of the paramedic program, it is important for them to learn excellent leadership, assessment, and technical skills. The only effective way to gain this knowledge is for them to take advantage of the hundreds of patient encounter opportunities. The clinical area gives the student an opportunity to determine the potential diagnosis, formulate an effective treatment plan, perform the required skills, and communicate the appropriate information to nurses and physicians under preceptor guidance.

ARKANSAS TECH STUDENT HANDBOOK

All students should be aware that Arkansas Tech University has a student handbook. The student handbook outlines information about student records, safety, student conduct, policies, student organizations, and more. For information on any of these please reference the student handbook. This EMS Student Manual in no way replaces or supersedes the university student manual. It is meant to be an addition to the student manual and is specific to the Paramedic/EMS program.

The Arkansas Tech University Student Manual can be found here at
<https://www.atu.edu/ozark/docs/Ozark%20Campus%20Student%20Handbook%202020-21FY.pdf>

PROGRAM CONTACTS

*** The Clinical Coordinator is the first point of contact for any clinical/internship concerns. If unable to contact the Clinical Coordinator, please contact the Program Director. ***

Todd Birkhead, B.S., NRP

Program Director/Lead Instructor

Ozark – 479-508-8500 ext. 6103

Email – tbirkhead@atu.edu

Mark Maxwell, B.S., NRP

Clinical Coordinator

Ozark – 479-508-3351 ext. 6104

Email – mmaxwell1@atu.edu

Program Website

<http://www.atu.edu/ozark/academics/p-ems.php>

CLINICAL OVERVIEW

The clinical rotation is a period of supervised experience with an approved medical facility. Initially, the student will serve as an observer until the preceptor has determined the student may begin performing clinical skills. The student is given increasing patient care responsibilities under the supervision of the hospital staff Registered Nurse, physician, or specialized medical professional. Supervision and evaluation are provided by clinical preceptor personnel on-site, as well as the clinical coordinator. The student will provide supervised care in a hospital and/or clinic settings, with emphasis on the application of previous course work from the classroom and lab setting. During this time the student will be able to apply the knowledge and skills learned during the didactic and lab portion of the program. This experience is crucial for preparing the student to assume role of an entry-level paramedic.

There are three Clinical Practicum phases the student will complete during the paramedic program. Clinical I (1) will be completed during the spring semester with Clinical II (2) & III (3) completed during the summer semesters. **During the second summer semester, the Clinical 3 phase, there will also be five (5) ambulance internships to complete.** All internship information can be found in the internship manual. During all phases, patient contacts are crucial. The student should attempt to gain as many patient contacts as possible during the clinical rotations. Below is a table that outlines each phase and an overview of objectives for the student to complete by the end of all clinical phases.

Clinical Phase	Rotations
Spring - Clinical I	11
Summer - Clinical II	8
Summer - Clinical III	3
Summer - Internship	5

Upon successful completion of all Clinical Practicum phases, the student will be able to:

- ❖ Demonstrate the ability to perform a comprehensive patient assessment and management of adult and geriatric patients.
- ❖ Demonstrate the ability to perform comprehensive assessment and management of pediatric patients.
- ❖ Demonstrate the ability to perform comprehensive assessment and management of all patients in an acute care/ICU setting.
- ❖ Effectively ventilate intubated and non-intubated patients of all age groups.
- ❖ Demonstrate the ability to intubate

- ❖ Demonstrate the ability to establish an IV
- ❖ Demonstrate the ability to establish an IO
- ❖ Demonstrate the ability to perform intravenous medication administration.
- ❖ Demonstrate the ability to perform intramuscular and subcutaneous injections.
- ❖ Demonstrate the ability to safely administer medications through all other approved routes.
- ❖ Effectively assess, treat, and manage OB/GYN patients through all stages of labor including the care of the newborn patients.

The following facilities are approved clinical sites for paramedic students to use:

- ❖ Johnson Regional Medical Center in Clarksville
- ❖ Saint Mary's Russellville
- ❖ Millard Henry Clinic
- ❖ Baptist Hospital in Fort Smith

CLINICAL GUIDELINES FOR PARAMEDIC STUDENTS

REQUIRED EQUIPMENT:

Department approved clinical uniform must be worn during all clinical rotations. The cooperating agency should provide all other body substance isolation equipment upon request i.e., gloves, gown, etc. Below is a chart of all requirements for all clinical phases.

Clothing	Equipment
ATU Green Polo with Logo	ATU-Ozark Paramedic Program ID Badge
Solid Color Undershirt (white, gray, black, etc.)	Stethoscope
Black or Blue BDU/EMS style pants (NO JEANS)	Blue/Black Pens and Notebook Paper
Black Belt	Eye Protection, Penlight and Shears
Solid Color Socks (white, gray, black, etc.)	Cloth or Surgical Mask
Non-slip closed toe shoes or boots (Black only)	N95 Mask for Covid Era Students

PLEASE NOTE: It is recommended that each student purchase health insurance. The university has student health insurance policies available and can be reviewed in student accounts.

CLINICAL/INTERNSHIP VACCINE REPORTING:

In order to allow students to attend clinical and internship rotations, a copy of the student's vaccination status will be required to keep on file within the EMS department, in that student's personal file. The Arkansas Department of Health, Section of EMS and Trauma, outlines the rules and regulations regarding Paramedic courses in the State of Arkansas and what is required. The Section of EMS and Trauma are clear that all students must attend clinical and internship rotations during the Paramedic course in order to obtain EMS licensure. The Arkansas Department of Health, Section of EMS and Trauma's rules and regulations can be found here https://www.healthy.arkansas.gov/images/uploads/rules/EMS_FINAL_RULE_07242020r.pdf

ATU, Ozark campus, follows all Arkansas state vaccine requirements. ATU vaccine requirements can be found at <https://www.atu.edu/hwc/immunization.php>. Certain clinical and/or internship sites may require specific vaccines beyond what ATU requires i.e., Flu, Hep series, MMR, TB testing, Covid-19, etc. ATU Ozark maintains a working partnership with these sites in order to allow our students access to clinical and internship opportunities. However, it is ultimately up to the specific clinical and/or internship site as to what vaccination's they require. Again, the EMS program at ATU follows the state of Arkansas's vaccine requirements for universities.

It is important for the student to understand that ultimately, they, (the student), are responsible for completing the course curriculum and requirements, which includes clinical and internship rotations. All reasonable efforts will be made to facilitate and accommodate a student who has refused a vaccine that is required by a clinical or internship site. However, the student must understand that it may not be possible to find a clinical or internship site that allows that student access. If a student fails to meet clinical or internship requirements, they will not be eligible to sit and test for the national registry of

EMTs. If a student is unable or refuses to attend clinical or internship due to a vaccine/testing requirement, they may still audit the course for hours. Again, that would make the student ineligible to test for their EMS licensure in the State of Arkansas or nationally.

CLINICAL SCHEDULING:

Clinical will be scheduled **14 days in advance** by the student and clinical coordinator. Students will be able to request sites and dates for clinical, but it will be dependent on preceptor availability and cooperating agency requirements. Every attempt will be made to ensure each student has a quality clinical experience. The department may have to schedule other times and locations that are not necessarily the students first choice. Please remember that patient contacts is integral to the program and your learning, therefore, students may have to complete more clinical hours if their chosen site has a low patient volume.

ATTENDANCE:

Students must complete their rotation(s) within the timeframe specified by the instructor. If a student misses a scheduled clinical, they must contact the clinical coordinator to reschedule.

Missing/rescheduling more than three (3) or more clinical shifts may result in an "F" for the course.

Please remember the program is limited on clinical sites. If you are unable to make a clinical shift, another student may be able to be scheduled, provided there is ample notice. If the Clinical Coordinator does not have a student on the schedule, they are not covered by the University's insurance. This means that if you are not on the schedule to attend clinical, then you should not be at the clinical site.

APPEARANCE:

The student must remember that they are representing ATU-Ozark at all times. They are a guest at the contracted facility. Paramedic attire for clinical is required as mentioned in required equipment. As always, proper hygiene is a must along with wearing the proper undergarments. Men and Women with long hair shall wear their hair pulled back, out of the way and are limited to one stud-type earring per ear, no other visible piercing is permitted. Tattoo's that are obscene or offensive must be covered. Closed toe shoes are required with a solid color sock, white, gray, black, etc. A **visible** student nametag must be worn at all times. ATU paramedic program nametag is required and must be worn at all clinical/internship sites.

NOTE: If you are employed with a local EMS Service or hospital, you may not wear your work uniform with that company's logo. All ATU Ozark students must be in program approved attire.

Along with proper dress, the professional will always have the tools of their trade readily available. This is referring to your own eye protection, stethoscope, penlight, shears, pens, notebook paper and required clinical/internship forms and reference materials. For Covid era students this also includes standard and N95 masks as applicable. Try to borrow as little as possible from the clinical site.

CONDUCT:

At a clinical, you are the guest. Your ability to fulfill the requirements of this program is dependent on agreements with clinical sites. When first arriving at the clinical site, check in with the shift/department supervisor. **Always offer to help.** You are expected to be at the clinical site for the entire scheduled shift. The clinical coordinator will check in at certain sites in person or by phone to ensure all time is being completed. Check out with the preceptor to have any paperwork signed before exiting the clinical site. Patient confidentiality is to be maintained at all times. Failure to closely adhere to the policies of the clinical sites and the ATU-Ozark Paramedic Program as stated in the clinical manual, internship manual and handbook can result in immediate termination from the program. **It is the student's responsibility** to both know and adhere to the policies of the clinical sites, as well as those of ATU-Ozark Paramedic Program and ATU University, Ozark campus.

PROFESSIONALISM:

- ❖ Loud, rude, foul, or inappropriate language and off-color humor will not be tolerated in class or on clinical. The first incidence is grounds for expulsion. There is no appeal or other recourse available.
- ❖ Inappropriate behavior toward any classmate, instructor, supervising paramedic, nurse, physician, or patient will not be tolerated, and is grounds for expulsion after the first incident. There is no appeal or recourse available.
 - Rude or derogatory comments about any person are unacceptable.
 - Sexual or suggestive language or gestures or inappropriate or unwanted touching is unacceptable
 - Disruptive behavior will not be tolerated during class or internship hours.
- ❖ Stealing from any person, institution or agency is grounds for immediate dismissal.
- ❖ Alcohol or drug consumption prior to or during class or clinical hours are grounds for expulsion. There is no appeal or other recourse available.
- ❖ Tobacco, in any form and vaping products are not to be used in any building on the ATU-Ozark campus. Abide by this policy and the policies of the hospitals and ambulance services while performing rotations.
- ❖ No horseplay during class or clinical/internship.
- ❖ Follow dress code per program handbook.
- ❖ Park in approved areas at clinical sites.

- ❖ Respect ambulance services and hospital lounge areas.
- ❖ Bring your own food etc. do not rely on preceptor to provide meals for you.
- ❖ Respect property, equipment, and supplies of services and preceptors.
- ❖ Leaving clinical early without permission is strictly prohibited.

SKILLS:

While participating in the clinical experience, it is very important to remember that any invasive procedure or medication administration performed in the hospital must be in accordance with the specific hospital policy regarding paramedic students practice within the hospital. Also, at no time will you be allowed to perform any procedure on a hospital patient without direct supervision by the physician or nursing staff.

Some patients do not want to receive care from supervised students while either in the hospital or in the ambulance. As a paramedic student, prior to performing any procedure on a patient, be sure to confirm with the nursing staff (in the hospital) or paramedic preceptor (in the field) that the patient has agreed to receive care from supervised students.

We want each student to become confident in their skills and abilities. If a student is asked to perform a skill and/or procedure that they have not been approved to perform (lab practical testing), **DO NOT PERFORM IT!** By performing unauthorized skills and/or procedures the student places liability on themselves, the school, and the facility. If a hospital staff member asks you to perform an unsupervised or unauthorized skill/procedure, please explain to them that this is in violation of ATU-Ozark policies. Inform them of this issue politely and suggest that they contact your clinical coordinator regarding any questions or concerns that they may have.

PROTOCOLS:

Paramedic students must be familiar with the local protocols of their scheduled clinical site. At times protocols vary from what you have learned in the curriculum to the field. Please be mindful of this and alter your care as per the Preceptors instruction. Do not perform a skill or intervention you are not comfortable with or unauthorized to perform. If you choose not to perform a skill specifically because you are uncomfortable, you must fill out an incident report and file it with the clinical coordinator. The clinical coordinator must then assess the situation before the student may return to the clinical site.

DOCUMENTATION:

The ATU Ozark paramedic program utilizes a software package, FISDAP, which is used for scheduling, testing, student goal requirements etc. Students will be required to enter in all program required data in order to complete the course. All goal requirements are tallied from all experiences throughout the program. Students must complete and properly document all goal requirements for each phase of the program. If a student has not completed all goal requirements by the end of the respective phase, more clinical shifts will be scheduled in order to complete goals. More detailed information about FISDAP data entry and documentation can be found within the corresponding phase syllabus.

PROGRAM GOALS:

Students are required to meet a minimum number of patient encounters requiring various skills of various ages. All CoAEMSP minimum goals and program goals are required for successful completion of the program. The goals can be identified in FISDAP by the yearly paramedic student graduation report and within the student minimum competency matrix (formally known as appendix G). If a student is unable to meet the goal requirement in the scheduled time, more time must be scheduled in order to complete the objectives. All program goals can be met in a combination of clinical and/or internship setting except for team leads. Team leads may only be counted during the students Internship Capstone. Again, all CoAEMSP and ATU paramedic program goals can be found in the student minimum competency matrix (formally known as appendix G) and graduation report within the students FISDAP platform.

ACCIDENT/INCIDENT REPORTING POLICY:

In case of injury/exposure to the student, follow the injury/exposure protocols of the cooperating agency and contact the clinical coordinator after seeking emergent treatment. If during any clinical you have an accident/incident you should **immediately** contact the clinical coordinator and/or program chair. At which time a decision on what course of action to take will be made. You should be prepared to write a statement on what occurred while it is fresh on your mind. Some incidents to report, but not limited to:

- ❖ Personal injury to student
- ❖ Personal injury to crew
- ❖ Personal injury to patient
- ❖ Incorrect medication/defibrillation administration
- ❖ Blood born/fluid born exposure
- ❖ Damage to property
- ❖ Personality conflicts with staff or patients

It is **your responsibility** to report incidents. **Do not rely on anyone else to do this for you.** Students that attempt to withhold or hide any information about an incident during any clinical phase will be placed on hold until a full investigation has taken place and appropriate actions are taken. Therefore, it is in your best interest to be forthcoming and honest about any accident or incident that occurs.

PLEASE NOTE: With an incident, you may be subject to a urine drug screen at either the facility or school administration's request.

CONCERNS:

For any questions, problems, or concerns while at clinical, the student should consult the Preceptor. If this is not possible or does not resolve the issue, then the student should contact the Clinical Coordinator. If this does not resolve the issue, then the student should contact the Program Chair. If you have a direct problem with the instructor or do not feel that you can solve the issue by speaking with any of the instructor's directly, report your concerns to ATU-Ozark Academic Affairs, Chief Academic Officer, Dr. Sheila Jacobs sjacobs3@atu.edu.

Please remember to email any questions or concerns in a timely manner, to allow time to appropriately respond. If needed the student can schedule a meeting or utilize office hours. Meetings can be facilitated via in-person, Zoom, WebEx, etc., if the student wishes to do so. Time and date TBD by Instructor at their earliest convenience.

PARAMEDIC STUDENT ROTATION AREAS AND CLINICAL OBJECTIVES

ROTATION AREA: ICU/CCU

At the end of this rotation the student should:

1. Obtain and interpret 12-Lead EKG's.
 2. Identify the different types of breathing patterns as related to various disease patterns.
 3. Recognize the various diagnostic tests utilized on the acutely ill patient.
 4. Actively participate in the following skills:
 - a. Airway maintenance; including basic and advanced adjuncts
 - b. Oxygen therapy: Oxygen administration
 Bag-Valve-Mask

 Oropharyngeal airway

 Nasopharyngeal airway

 Suctioning

 Tracheal suctioning
 - c. Vital signs
 - d. Venipuncture
 - e. IV initiation
 - f. IV, IM injections
 - g. IV infusions
 - h. Sub-Lingual medications
 - i. History taking
 - j. Physical Assessment
 - k. Application of EKG monitor
 - l. Defibrillation (under direct supervision only)
- A licensed nurse is required to verify 6 rights prior to medication administration

Note: All of these objectives should be carried out at the discretion of the RN Preceptor. Student must always have permission to perform these actions/interventions by the RN preceptor within the ICU/CCU.

ROTATION AREA: EMERGENCY ROOM

At the end of this rotation the student should:

1. Observe and participate in the history and physical assessment of a variety of emergency patients.
2. Participate actively in the following skills:
 - a. Airway Maintenance including, O₂ administration, Bag-Valve-Mask, oropharyngeal airways, oropharyngeal suctioning, nasopharyngeal airways, etc.
 - b. Vital signs
 - c. CPR
 - d. Venipuncture/ finger stick glucose
 - e. IV initiation
 - f. Subcutaneous Injections
 - g. IM injections
 - h. History taking
 - i. Physical assessment: breath sounds, normal heart sounds, abdominal exam, tilt test, etc.
 - j. Application of EKG leads and monitors
 - k. Defibrillation
 - l. IV medication administration
 - m. NG tubes
 - n. Administration of oral medications
3. Observe and participate in the treatment of a variety of patients
4. Observe the emotional and psychological care provided to patients and families in crisis.

Note: A licensed nurse must verify that the student knows the “six rights” of medication administration prior to any administration of medication.

ROTATION AREA: OPERATING ROOM

Upon completion of this rotation the student should:

1. Observe and then successfully intubate a patient using both the Miller and Macintosh blades. Observe multiple methods of ET tube conformation. **This will be performed under direct supervision of anesthesia personnel only!**
2. Understand and observe the difference in direct laryngoscopy and video added laryngoscopy.
3. Observe and then successfully place supraglottic airways such as an i-gel, King or combi-tube
4. Adequately ventilate a patient with Bag-Valve-Mask.
5. Adequately ventilate a patient with a Bag-Valve-Mask via the endotracheal tube.
6. Auscultate the patient's lungs bilaterally to assure proper placement of the endotracheal tube.
7. Monitor a patient's respiratory status throughout surgical procedures.
8. Initiation of a peripheral intravenous main line.
9. Recognize complications of an endotracheal intubation.
10. Observe anatomy during surgical procedures.

Note: The student will only be allowed to preform actions that have been expressly authorized and are under direct supervision of anesthesia.

ROTATION AREA: LABOR AND DELIVERY

At the end of this clinical rotation the student should:

1. Identify the stages of labor.
2. Identify when delivery is imminent.
3. Observe the signs and symptoms and the clinical assessment as well as participate in the care of the following patient conditions or disease:
 - a. Normal delivery
 - b. Caesarean section
 - c. Emergency delivery
 - d. Active labor
 - e. Ruptured membranes
 - f. Care of normal newborns
 - g. Meconium stained amniotic fluid
 - h. Fetal distress
 - i. Pregnancy induced hypertension
 - j. Persistent vomiting of pregnancy
 - k. Prolapsed cord
 - l. Ectopic pregnancy
 - m. Abruptio placenta
4. Participate actively in the following skills:
 - a. Airway maintenance
 - b. Vital signs
 - c. History taking
 - d. Primary and secondary assessment
 - e. Use of fetoscope for FHT
 - f. Normal delivery
 - g. Care of newborn immediately after delivery formulating the APGAR scores
5. Observe the parent-child bonding process.
6. Observe the emotional and psychological care provided by the parents.

ROTATION AREA: PSYCHIATRIC & CRISIS UNIT

At the end of this rotation the student should:

1. Observe the management and assist in the interview of patients with the following disturbances:
 - a. Acute grief and depression
 - b. Potential hostility or violent behavior
 - c. Suicidal tendencies
 - d. Paranoia
 - e. Hysterical conversion
 - f. Alcohol and/or drug addiction
2. Observe the staff during the assessment of patients
3. Observe or participate in group interaction of patients
4. Understand the different areas or sections that patients are admitted to
5. Assist in obtaining vital signs or assessment data with preceptor approval
6. Interact with patients with preceptor approval
7. Gain awareness of the medications prescribed for patients with behavioral or addictive tendencies

Note: The shift supervisor or preceptor must approve the student's area of clinical at the beginning of the shift. The shift supervisor or preceptor will be notified if a problem has occurred in an area. The shift supervisor or preceptor will be notified before a meal break is taken by the student. Information about any patient will be kept confidential and will be obtained only at the discretion of the preceptor.

ROTATION AREA: DIALYSIS

At the end of this clinical rotation, the student should:

1. Gain applicable knowledge in relation to dialysis patients by observing the management and assisting, with patient interviews of patients exhibiting the following disease's:
 - a. Acute/Chronic Renal Failure
 - b. Congestive Heart Failure
 - c. Pulmonary Edema
 - d. Hyperkalemia
 - e. Hypercalcemia
 - f. Other Chronic Diseases

2. Understand through observation, the difference between peritoneal/hemo-dialysis

3. Understand the different methods used for dialysis treatments

4. Understand the importance of dialysis as it pertains to the continued function of body systems

5. Assist with vital signs and interview as appropriate and if approved by preceptor

6. Gain knowledge of prescribed medications related to dialysis patient maintenance

Note: It is important to understand that dialysis rotations are typically observation only, however, there may be times where preceptors allow students to perform patient interviews and vital signs. It is strictly up to the facility and preceptor as to if/when the student can do anything further than observation. It is the student's responsibility to always stay within their scope of practice during these rotations.

PARAMEDIC STUDENT CLINICAL PAPERWORK

Paramedic Clinical Patient Contacts

Date:	Student Name:		
Check Facility & add shift times			
Baptist Hospital Fort Smith	Dept:	Shift Time:	
Saint Mary's	Dept:	Shift Time:	
Johnson Regional	Dept:	Shift Time:	
Conway Baptist	Dept:	Shift Time:	
Other:	Dept:	Shift Time:	

ETT Attempt #	1	2	3	4	5
Patient #					
Time					
Tube Size					
Successful Y/N					
BVM Ventilated Y/N					
Preceptor Initials					

IV Attempt #	1	2	3	4	5	6	7	8	9
Patient #									
Time									
Gauge									
Successful Y/N									
Location									
Fluid Type									
Preceptor Initials									

RN MUST OBSERVE AND INITIAL EVERY MEDICATION ADMINISTRATION

Medication	Dose	Route	RN
1.			
2.			
3.			
4.			
5.			

Medication	Dose	Route	RN
11.			
12.			
13.			
14.			
15.			

Required Assessments Log

PT	Age	Sex	Ethnicity	Primary Impression	LOC	EKG	BP	P	R	SpO ²	Temp
1											
2											

3												
4												
5												
6												
7												
8												
9												
10												

OTHER PROCEDURES PERFORMED DURING CLINICAL (Blood Drawn, NG, DStick, etc.)

PLEASE REVIEW FORMS FOR ACCURACY AND SIGN WHEN STUDENT HAS COMPLETED THE ENTIRE FORM YES

NO Student brought and reviewed the objectives and forms for their clinical rotation

GRADING SCALE

DEFINITION

- | | | |
|----------|---|--|
| 4 | Proficient – Field Competent | <i>Employable as a functioning Paramedic</i> |
| 3 | Acceptable – Appropriate for Experience | <i>functioning at level expected in the program</i> |
| 2 | Needs Improvement (see comments) | <i>Needs further practice and education to improve</i> |
| 1 | Dangerous to Practice | <i>Hazard to patient and others</i> |

GRADE		Daily Affective Aptitude Evaluation
4	3 2 1	Professionalism/Attitude: <i>The student’s behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. Reported to clinical assignment on time and in full uniform</i>
4	3 2 1	Learner Characteristics: <i>Demonstrates attendance within the stated program policy, independently seeks out appropriate learning experiences, participates in a multi-skilled approach to patient care, practices required skills, and seeks advice to improve skills, demonstrates the superior delivery of patient care required of a paramedic student as stated within the program policy</i>
4	3 2 1	Communication Skills: <i>Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a “student role” appropriate level</i>

Preceptor’s Signature

Student’s Signature

Date

Paramedic Clinical Patient Contacts Addendum

Date:	Student Name:		
Check facility and add shift times			
	Baptist Hospital Fort Smith	Dept.	Shift Times:
	Saint Mary's	Dept.	Shift Times:
	Johnson Regional	Dept.	Shift Times:
	Conway Baptist	Dept.	Shift Times:
	Other:		

This form is to be used when the student has more than 10 patient contacts per shift. This document is invalid if not attached to the primary *Patient Contacts* form and signed by the preceptor.

PT	Age	Sex	Ethnicity	Primary Impression	LOC	EKG	BP	P	R	SpO ²	Temp
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

This form is an addendum and should not be signed without the *Patient Contacts* document attached.

Preceptor Signature

Student Signature

Date

Paramedic Clinical Labor and Delivery

Date:	Student Name:
--------------	----------------------

Check facility and add shift times

<input type="checkbox"/>	Baptist Hospital Fort Smith	Dept.	Shift Times:
<input type="checkbox"/>	Johnson Regional MC	Dept.	Shift Times:
<input type="checkbox"/>	Saint Mary's RMC	Dept.	Shift Times:
<input type="checkbox"/>	Other	Dept.	Shift Times:

Patient Information

Age	EDC	Other
Para	Gravida	Ab
PMH		
Previous Surgeries		
Current Medications		
Allergies		

First Stage

Started	Ended	IV Fluid
Spontaneous / Induction	Method of Induction	
SROM / AROM	Time	Color
Single / Multiple Fetus	Fetal Heart Rate	

Comments

Second Stage		Started	Ended		Vaginal / Caesarian		
Normal / Breech			Episiotomy Yes / No		APGAR	1 min	5 min
Sex	M / F	Weight	Length	Head	Chest		
Comments							

Third Stage

Started	Ended
Comments	

PLEASE REVIEW FORMS FOR ACCURACY AND SIGN WHEN STUDENT HAS COMPLETED THE ENTIRE FORM

YES NO Student brought and reviewed the objectives and forms for their clinical rotation

GRADING SCALE

- | | | |
|----------|---|--|
| 4 | Proficient – Field Competent | DEFINITION
<i>Employable as a functioning Paramedic</i> |
| 3 | Acceptable – Appropriate for Experience | <i>Functioning at level expected in the program</i> |
| 2 | Needs Improvement (see comments) | <i>Needs further practice and education to improve</i> |
| 1 | Dangerous to Practice | <i>Hazard to patient and others</i> |

GRADE	Daily Affective Aptitude Evaluation
4 3 2 1	Professionalism/Attitude: The student’s behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. Reported to clinical assignment on time and in full uniform
4 3 2 1	Learner Characteristics: Demonstrates attendance within the stated program policy, independently seeks out appropriate learning experiences, participates in a multi-skilled approach to patient care, practices required skills, and seeks advice to improve skills, demonstrates the superior delivery of patient care required of a paramedic student as stated within the program policy
4 3 2 1	Communication Skills: Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a “student role” appropriate level

Preceptor Comments: Please place comments on STUDENT EVALUATION form

Preceptor Signature

Student Signature

Date

Paramedic Clinical ICU/CCU

Date:		Student Name:	
Check facility and add shift times			
	Mercy Hospital Fort Smith	Dept.	Shift Times:
	Johnson Regional MC	Dept.	Shift Times:
	Saint Mary's RMC	Dept.	Shift Times:
	Other	Dept.	Shift Times:

Patient Information

Age	Sex M / F	Admitting Diagnosis
History of Present Illness		
Past Medical History		
Surgeries		
Home Medications		
Allergies	EKG	

RN MUST OBSERVE AND INITIAL EVERY MEDICATION ADMINISTRATION

Medication	Dose	Route	Time	RN	Medication	Dose	Route	Time	RN
1.					5.				
2.					6.				
3.					7.				
4.					8.				

Vital Signs

BP	PR/Quality	RR	Time
1.			
2.			
3.			
4.			

Lung Sounds

Left Apex	Right Apex	Left Base	Right Base	Time
1.				
2.				
3.				
4.				

PLEASE REVIEW FORMS FOR ACCURACY AND SIGN WHEN STUDENT HAS COMPLETED THE ENTIRE FORM YES ☐ NO ☐

Student brought and reviewed the objectives and forms for their clinical rotation

GRADING SCALE

- 4 Proficient – Field Competent
- 3 Acceptable – Appropriate for Experience
- 2 Needs Improvement (see comments)
- 1 Dangerous to Practice

DEFINITION

- Employable as a functioning Paramedic*
- Functioning at level expected in the program*
- Needs further practice and education to improve*
- Hazard to patient and others*

GRADE	Daily Affective Aptitude Evaluation
4 3 2 1	Professionalism/Attitude: <i>The student’s behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. Reported to clinical assignment on time and in full uniform</i>
4 3 2 1	Learner Characteristics: <i>Demonstrates attendance within the stated program policy, independently seeks out appropriate learning experiences, participates in a multi-skilled approach to patient care, practices required skills, and seeks advice to improve skills, demonstrates the superior delivery of patient care required of a paramedic student as stated within the program policy</i>
4 3 2 1	Communication Skills: <i>Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a “student role” appropriate level</i>

Preceptor Comments: Please place comments on STUDENT EVALUATION form

Preceptor Signature

Student Signature

Date

STUDENT EVALUATION

Directions to the Preceptor: Please use the rating scales below to describe your evaluations of the paramedic student today. Please discuss the rationale for your evaluation with the student. There is a space provided for additional comments and signatures. Please return the envelope sealed and signed to the student.

Part A: Affective Domain

- 1. Preparedness:** the student routinely arrived on time with ink pen, stethoscope, pen light, required paperwork, identification, and stayed the assigned hours.

0	1	2	3	4
More than 15 min. late and/or no equipment	10 – 15 min. late and/or missing 2 – 3 items from above	5 – 10 min. late and/or missing 1 – 2 items listed above	Arrives at the last minute; missing 0 – 1 items listed above	On time, not rushed, has all equipment

- 2. Professional appearance:** The student is dressed in the proper uniform and is neat in appearance.

0	1	2	3	4
Not in uniform, poor hygiene.	Uniform is dirty, wrinkled or has holes in it/ or poor hygiene, inappropriate makeup or jewelry	Uniform is acceptable, could improve by polishing boots, etc.	Uniform is acceptable / Student poor hygiene	Uniform clean and neat Student well groomed

- 3. Initiative:** Student demonstrates interest in EMS through actions and interactions with evaluator

0	1	2	3	4
No questions asked, minimal participation when requested	Asks few questions, minimal participation and initiative	Asks questions or studies, good participation if asked, but little initiative	Asks questions, studies in down time, active participation	Asks questions, curious, takes initiative and follows through

- 4. Conduct:** Student interacts with patients, families and co-workers in a respectful and empathetic manner. Demonstrates respectability and professional ethics.

0	1	2	3	4
Violates the rights of others; cannot be trusted with the property of others. Violates privacy and confidentiality. Is rude or disrespectful.	Shows little interest or ability in interacting with patients or co-workers.	Interacts with patients and co-workers but lacks in empathy and / or professionalism	Overall conduct adequate. Needs self-confidence and assertiveness.	Initiates therapeutic communications with others. Puts patients' needs above own self-interest. Demonstrates an attitude of professional collegiality.

5. Careful Delivery of Service: Student follows policies, procedures, and protocols. Uses appropriate safeguards in the performance of duties.

0	1	2	3	4
No regard for the safety of self, patient or staff. Disregard for policies, procedures, protocols.	Minimal regard for safety, policies and procedures	Inconsistent in use of safeguards	Needs minimal supervision to perform safely and adhere to policies and procedures	Exercises due to caution in the performance of duties and follows policies, procedures and protocols

Part B: Psychomotor Domain

1. Skill Application: Student demonstrates proficiency in skills performed.

0	1	2	3	4
Does not know what skill is indicated and if prompted cannot perform it	May know what skill is indicated but cannot perform it	Knows what skill is indicated but performs poorly without instruction	Knows what skill is indicated, performs correctly but needs to increase speed	Knows what skill is indicated Organizes the task efficiently, performs accurately and without hesitation

Part C: Cognitive Domain

1. Knowledge: The student can recall common terms, facts, principles and basic concepts in EMS.

0	1	2	3	4
Significant deficits in knowledge; e.g. cannot use basic medical terminology	Somewhat limited recall of facts and principles		Good recall of most facts and concepts, given the current point in the course	Outstanding recall of principles and theories

2. Problem Solving: The student uses knowledge to solve a previously un-encountered situation.

0	1	2	3	4
Unable to recognize problems	Recognizes the problem, cannot solve it		Identifies the problem and takes some steps toward solving it, but needs guidance	Identifies problems and can independently devise a plan to solve the problem

3. Evaluation: The student can judge the appropriateness of actions and can defend his/her decisions

0	1	2	3	4
Student cannot give a rationale or explanation for actions or decisions		Attempts to defend his or her decisions or actions, but does not provide a defensible argument		Student provides a sound rationale for decisions and actions

Comments: _____

Preceptor Signature

Student Signature

Clinical Coordinator

PRECEPTOR EVALUATION

PRECEPTOR NAME: _____ FACILITY: _____

Please use the scale below to rate the preceptor's professionalism in the following areas.

- a) excellent
- b) good
- c) needs improvement
- d) unacceptable performance
- e) unable to evaluate

Please Circle One

Preceptor provided an appropriate learning environment?	a	b	c	d	e
Preceptor behaved in a professional manner?	a	b	c	d	e
Preceptor was always courteous & helpful?	a	b	c	d	e
Preceptor provided feedback or criticism in a positive, professional manner	a	b	c	d	e
Preceptor was competent & knowledgeable?	a	b	c	d	e
Preceptor addressed any and all questions I had?	a	b	c	d	e
Preceptor appeared neat & professionally attired at all times?	a	b	c	d	e
Preceptor attempted to maintain a clean & sanitary work environment at all times?	a	b	c	d	e
Preceptor seemed genuinely concerned with my progress?	a	b	c	d	e
Preceptor attempted to guide & instruct me at all times & was highly motivated?	a	b	c	d	e
Did preceptor take the time to orientate me to specific unit and equipment?	a	b	c	d	e
Overall, my preceptor was...	a	b	c	d	e

Comments:

Paramedic Student

Date

INCIDENT/EXPOSURE REPORT

Name: _____ Date: _____ Time: _____

Location: _____

Preceptor: _____ Dept. Supervisor: _____

Describe Incident/Exposure:

Actions Take:

Safety Precautions Used Prior to Exposure:

Date and Time Reported to Clinical/Internship Coordinator: _____

Clinical/Internship Coordinator

Student Signature

Program Director

CLINICAL GUIDELINES AGREEMENT

I _____, have read and been informed and fully understand the
(Print Name)
Standards and requirements that have been set forth in order to successfully pass the clinical phase of my
paramedic course. By signing this I agree to adhere to said standards and requirements.

Student

Date

Clinical Coordinator

Program Date

HIPAA COMPLIANCE PROGRAM

Agreement to Insure Privacy of Patients PHI or “Protected Health Information”

45 CFR 164

Recognizing ATU-Ozark EMS Programs commitment and mandate to ensure the integrity of all patients Protected Health Information, I agree to engage in professional practices regarding the use of personal medical information obtained in the response to and care of the patients’ calls for assistance. I understand that I may use general call information in an effort to learn and gain experience in the health care field but that I am not entitled or permitted to record, retain, or disclose in any manner the patient’s specific information such as name, social security number, date of birth, or other patient identifiable information.

I understand that any violation of this agreement will forfeit the privilege of attending any of my scheduled clinical shifts at affiliated hospitals. I understand that any violation of this agreement will forfeit the privilege of accompanying any affiliated EMS service on ambulance responses during scheduled internship. I recognize that failure to attend clinical and internship would negate my ability to obtain EMS licensure. Furthermore, I understand that I may be subject to civil and/or criminal prosecution should I violate this agreement.

Student Signature

Clinical Coordinator Signature

Student Printed Name

Clinical Coordinator Printed Name

Date

Date