



ARKANSAS TECH
UNIVERSITY

OZARK CAMPUS

PARAMEDIC INTERNSHIP MANUAL

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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.

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INTRODUCTION

This manual contains both an overview and description of the required internship 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 internship sites. These forms require the signature of the various preceptors and supervisors to ensure an adequate internship experience. The student will be required to submit copies of the internship 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.

There are two phases of paramedic internship, which will be explained later in the document. It is important for the student(s) to build upon knowledge and skills that were learned during the clinical phases of our program. The student(s) will continue to learn, utilize, and exhibit excellent professionalism, leadership, assessment, and technical skills while they progress through this paramedic internship. Ultimately, this allows the student to prove themselves as a competent, entry-level paramedic.

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 at <https://www.atu.edu/ozark/>

FIELD INTERNSHIP OVERVIEW

EMTP 2316 Paramedic Internship Catalog Description:

This course is divided into two phases. Phase I students will be placed with preceptors in the field who supervise patient assessment and management skills during the student's prehospital rotation. Students will demonstrate a greater understanding of EMS systems, dispatching, and emergencies with a higher level of competency in both verbal and written documentation. Upon completion of Phase I, each student must demonstrate a level of understanding, professionalism, and clinical knowledge of prehospital emergency care to be recommended by the medical director and/or clinical coordinator to enter Phase II of Paramedic Internship. Phase II students must perform patient assessment and management skills while under supervision of experienced preceptors including the ability to perform as a team leader in the prehospital setting during this phase of the program. A closer evaluation of student's character and professionalism will be emphasized. This course will be the student's final step in prehospital field evaluation.

The field internship is a period of supervised experience with an approved licensed paramedic ambulance service. The student is given increasing patient care responsibilities, ultimately functioning as the patient care team leader. Supervision and evaluation are provided by field preceptor personnel, as well as the clinical coordinator. Preceptors will assist in the acclimation of the students to the field, while providing supervised patient assessment and management skills with the student, culminating in student's capstone and team leads. Students will be evaluated for professionalism, leadership, assessment, treatment, documentation, and effective capabilities. The student is only allowed to complete 30% of internship hours with their employer unless otherwise approved by clinical coordinator and program chair. The student will complete 8, 12, or 16 hour shifts for a total of 300 hours/25 shifts and/or until all goals are met. The student will provide supervised experience in pre-hospital care settings with emphasis on the application of previous course work, but in the field environment. During this time the student will be able to apply the knowledge and skills learned during the didactic, lab, and clinical setting. As suggested previously, paramedic internship is divided into phase 1 and 2.

Initially, during phase 1 of internship, the students will serve as an observer, working up to team leader on the ambulance. During phase 1 the student will schedule 10 shifts and observe best practices while learning from their preceptor. Afterward, student will schedule 5 more shifts in which the student will narrow down who they want their primary and secondary preceptors to be. At the end of those 15 shifts, students' paramedic preceptor will evaluate the student to determine if student is eligible to move on to phase 2 of the internships. Once student has met requirements, been positively evaluated by preceptor, can function as team lead, and once the didactic portion of the paramedic program has been completed, phase 2 (capstone) begins.

During phase 2 of internship student will function as team leader on the ambulance. Student will schedule their initial 10 shifts for phase 2 (capstone). Student is required to meet program goals of 50 capstone team leads. If more shifts are needed to meet program requirements, then they will be added until student reaches program goals. At the end of phase 2, student's preceptor will document a final recommendation that states that the student is/is not cleared as an entry-level paramedic.

In the event that student does not meet entry-level capacity as noted by the preceptor, the student, clinical coordinator, program chair, and medical director will convene and discuss the issues and options regarding the student's capstone evaluation. The experience afforded the student during internship, especially capstone is crucial for preparing the student to assume the role of an entry-level paramedic.

PARAMEDIC INTERNSHIP GUIDELINES

Required Uniform/Equipment:

Department approved uniform must be worn during all internship 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 attend clinical and internship rotations, a copy of the student's vaccination status will be required and placed in that student's personal file, within the EMS department. 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.

INTERNSHIP SCHEDULING:

Internship will be scheduled **7 days in advance** by the student and clinical coordinator. Students will be able to request sites and dates, but it will be dependent on preceptor availability and cooperating agency requirements. Every attempt will be made to ensure each student has a quality internship experience. The department may have to schedule other times and locations that are not necessarily the students first choice. Please remember that patient contacts are integral to the program and your learning, therefore, students may have to complete more internship shifts if their chosen site has a low patient volume.

Locations for student internship:

- Fort Smith EMS (City of Fort Smith and Barling)
- Franklin County EMS (Ozark and Charleston)
- Johnson Regional Medical Center EMS (Clarksville)
- Life Net EMS (Hot Springs)
- Logan County EMS (Paris and Booneville)
- Madison County EMS (Harrison)
- Med-Tech EMS (Morrilton)
- Metro EMS (MEMS Little Rock)
- Pope County EMS (Russellville)
- Sebastian County EMS (Greenwood)
- Southwest EMS (Van Buren, Alma, Waldron)

ATTENDANCE:

Students must complete their rotation within the timeframe specified by the instructor. If a student must miss a scheduled internship, they must contact the clinical coordinator as soon as possible and explain their reason for absence. The student will then be required to reschedule. Each shift missed will result in deduction of points as outlined within the internship syllabus. Missing more than 3 shifts during internship phases will result in failure of internship. Please remember the program is limited on internship services. If the student is unable to make an internship shift, another student may be able to be scheduled in their place, provided there is ample notice. Never self-schedule internship shifts, unless directed to do so by the clinical coordinator. If the clinical coordinator does not have a student on the schedule, they are not covered by the University's insurance.

APPEARANCE AND HYGIENE:

The student must remember that they are representing ATU-Ozark at all times. They are a guest at the contracted facility. Paramedic attire for internship is required as mentioned in required equipment. As always, proper hygiene is a must along with wearing the proper undergarments. The students will be working closely with others, so it is imperative they look and smell clean. They should not however use large amounts of perfume that may cause respiratory irritation or allergic reaction of people around them. All students with long hair that falls past their face when leaning forward, shall wear their hair pulled back and secured. All students are limited to one stud-type earring per ear, no other visible piercing is permitted. Tattoos that are obscene or offensive must be covered. However, students will also be expected to follow internship site rules regarding piercings, tattoo's, etc. Closed toe shoes are required with a solid color sock, white, gray, black, etc. The student's ATU paramedic program nametag is required and must be worn while attending class/lab and at all clinical/internship sites.

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.

Optional:

If a cap/beanie are worn they must be ATU and black or blue or solid black or blue, no logo. If a coat or jacket are worn, they must have NO logos and be solid in color, or an EMS jacket with no logos.

****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. ****

CONDUCT:

At internship, you are the guest. Your ability to fulfill the requirements of this program is dependent on agreements with the sites. When first arriving, check in with the shift/department supervisor. **Always offer to help.** You are expected to be at the 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.

Stay off cell phones during patient care times. This means NO SNAP CHATTING, FACEBOOK, INSTAGRAM, OR ANY OTHER FORMS OF SOCIAL MEDIA. Doing so will result in failure of internship rotation.

Note: Student is allowed to bring their laptop to internship rotation. Student is encouraged to do their PCR report after each call as if they were working as a paramedic. This allows for a better experience during internship rotations.

PROFESSIONALISM

- ❖ Loud, rude, foul, or inappropriate language and off-color humor will not be tolerated in class or on internship. 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
 - Failure to follow preceptor instructions relating to EMS care and transport

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- ❖ Stealing from any person, institution or agency is grounds for immediate dismissal.
- ❖ Alcohol or drug consumption prior to or during class or internship 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 internship 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 internship early without permission is strictly prohibited

NOTE: The above list is only a guide; use your best judgment during your rotations.

SKILLS:

We want you to be confident in your skills and abilities. If you are asked to perform a skill that you have not successfully completed (passed lab skill check), **DO NOT PERFORM IT!** Performing skills that you have not been trained to do places great liability on you, the school, and the facility. **Students are subject to termination from program should this discrepancy occur.**

*****If you feel uncomfortable with any of your skills, please contact your internship coordinator and we will arrange extra one-on-one instruction and practice. *****

PROTOCOLS:

Paramedic students must be familiar with the local protocols of their scheduled internship 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 Paramedic Preceptors instruction. Do not perform a skill or intervention you are not comfortable with. If you choose not to perform a skill because of this, you must fill out an incident report and file with the clinical coordinator. The clinical coordinator must then assess the situation before the student may return to internship.

GRADING/DOCUMENTATION:

In order to meet program requirements and provide for the best possible chance at success, internship will total a minimum of 300 hours and/or 25 shifts and/or until all program goals are met. This is required for the student to gain practical knowledge in the field, aiding in the student's ability to become a competent entry level provider. The student will be evaluated by their chosen preceptor(s) at specified intervals (phases) throughout internship. This is explained further in the syllabus. Internship will culminate in the student's capstone, occurring after all classroom (didactic) portions of the course are complete. Capstone is pass/fail. In order to successfully complete capstone and meet program goals, the student will be required to obtain 50 team leads within the capstone phase. The student must also have a satisfactory rating by their preceptor(s) upon capstone completion.

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. 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. All patient encounters must be documented manually in the field and digitally logged into FISDAP after the call. More detailed information about FISDAP data entry and documentation can be found within the corresponding syllabus.

Should the student have difficulty meeting program requirements and goals, more internship shifts may be assigned. If required, the student, program chair, and clinical coordinator will meet and determine how to proceed.

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. At the completion of the internship course, the student will:

- ❖ Discuss the importance of knowledge of EMS systems, dispatch, responding agencies, and hospitals
- ❖ Demonstrate proficiency in patient documentation and verbal reports
- ❖ Demonstrate skills developed in the laboratory and clinical setting in a field environment
- ❖ Demonstrate knowledge of patient conditions through patient contact situations (Both emergent and non-emergent)
- ❖ Demonstrate acceptable affective responses during patient contacts and through interactions with medical staff and other responders in both emergent and non-emergent situations
- ❖ Demonstrate an ability to operate as a team member (Phase I & II)
- ❖ Demonstrate an ability to operate as a team leader (Phase II)

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.

Incidents to report may include, but are 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 internship 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 internship, 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.

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

PARAMEDIC INTERNSHIP OBJECTIVES

OBJECTIVES FOR AMBULANCE SERVICE ROTATION

OBJECTIVES:

Assuming the experiences/presenting patients are available, the student is expected to:

1. Perform all facets of a primary and secondary field assessment appropriate for the situation and presenting patient including the development of relevant medical histories. The assessment should incorporate the taking and evaluating of vital observations, clinical signs and symptoms, and a history to anticipate treatment. Vital observations include but are not limited to: blood pressure by auscultation and/or palpation, respiratory pattern and quality, skin color and temperature, pulse rate and quality, chest wall movement, pupillary size and response, and level of consciousness.
2. Observe and perform thorough field evaluations of EACH patient assigned in preparation for the post conference and assigned in field experience case reports.
3. Draw blood samples, as allowed.
4. Set up and administer oral, sub-lingual, intramuscular, intranasal, intraosseous, and intravenous medications under the supervision of a nurse, physician, or paramedic, and identify the possible complications of such therapy.
5. Understand and acknowledge patient rights. Recite the indications, actions, dosage, and precautions of all medications administered or specifically inquired about.
6. Perform peripheral IV fluid therapy, change fluids, give fluid challenges, add medications as assigned and adjust flow rates as required. This can be accomplished through use of gravity, dial-a-flow, medication pumps, etc. under supervision of preceptor.
7. Recognize the need for and perform endotracheal, nasopharyngeal, and oropharyngeal suctioning utilizing aseptic technique.
8. Recognize the need for and perform oxygen therapy utilizing the appropriate adjunct basing your decision upon the patient's field status. The therapy devices include but are not limited to the following division: Passive adjuncts (i.e., nasal prongs, vented face masks, etc.) and active adjuncts (ie., cpap, bag-valve-masks, **etc.**).
9. Perform CPR as a single rescuer and as a member of the team.
10. Recognize the need to perform, when allowed, advanced airway management: endotracheal and supraglottic airway devices
11. Recognize the need to and perform capnography monitoring, with preceptor approval.

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12. Recognize the need and, when allowed, perform 12-Lead EKG monitoring.
13. Set up, interpret as required, and follow patients requiring EKG monitoring.
14. Recognize the need and, when allowed, perform defibrillation and/or elective cardioversion and/or pacing.
15. Recognize the indications, precautions and, when allowed, perform needle decompression under direct supervision of preceptor.
16. Recognize the indications, precautions and, when allowed, perform emergency cricothyrotomy under direct supervision of preceptor.
17. Initiate wound preparation of lacerations, avulsions, etc.
18. Perform nasogastric intubation under supervision and list the indications and precautions for this treatment.
19. Insert a naso- and/or oro-pharyngeal airway and cite the indications and precautions for this treatment.
20. Perform naso-gastric tube insertion when requested and cite the indications and precautions for this treatment.
21. Demonstrate knowledge and competences to assist in normal and abnormal childbirth situations.
22. Assist in the care and management of emergent and non-emergent obstetrics patients.
23. Demonstrate knowledge and competency in the management of emergent and non-emergent patients, to include all ages.
24. Observe, demonstrate, and assist/perform pediatric care at both BLS and ALS levels, as indicated and allowed by preceptor. Must understand indications and precautions for all treatments/interventions.
25. Observe initially and then assist without being requested in proper patient moving and positioning techniques, and ambulance service maintenance procedures (cleaning, making cots, disinfecting equipment, inventories, etc.)
26. Demonstrate an intimate knowledge of all equipment utilized by the Paramedic at your field site.
27. Assist with trauma cases requiring hemorrhage control and splinting.
28. Assist with control and management of shock.
29. Perform effective, appropriate, and prioritized radio and telemetric communications.
30. Document all runs in the appropriate manner dictated by the ambulance service.
31. Display the ability to establish effective patient rapport.

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32. Exhibit the ability to establish an effective rapport with all members of the Emergency Medical Services System Team.
33. Perform proper “packaging” for transport on each patient encountered.
34. Observe and assist in the triage of patients during routine calls or MCI’s.
35. Demonstrate a working knowledge of the protocols for each ambulance service to which you are assigned.
36. Understand and demonstrate all basic and advanced life support measures established by the National EMS Standards under the supervision of your assigned preceptor, as they pertain to your presenting patient.

MEDICAL CONTROL:

Emergency personnel in the field shall be in direct radio contact with the Emergency Room physician during the treatment phase of patient care. Upon receiving pertinent information about the patient from the emergency personnel, the physician will provide direction on appropriate definitive therapy for treating the patient. In the case there is an inability to provide adequate radio contact due to weather, terrain, etc., standing order protocols will be used to treat the patient. These standing orders provide a means to assure the patient receives necessary treatment in a possible life-threatening situation.

PREHOSPITAL CARE REVIEW:

The Emergency Room physician will serve as the primary means of prehospital care review. The physician will assess the field treatment given to the patient and determine if such treatment was appropriately and accurately carried out.

Any questions from the emergency personnel or emergency room physician concerning the treatment ordered or given should be directed in writing to the Paramedic Medical Director. Upon receipt of said letter, the Medical Director will review the case prior to taking corrective action, if necessary. The decision will be sent, in writing, to all parties directly involved. Any appeal should be directed to the ATU-Ozark Chancellor, in writing, with full details. Ruling by the Chancellor will serve as a final decision. This ruling will be in writing to all persons directly involved.

PARAMEDIC INTERNSHIP DOCUMENTS AND AGREEMENTS

FIELD INTERNSHIP CLEARANCE EVALUATION

PHASE 1

(15 Shifts)

STUDENT: _____ DATE: _____

This report must be completed by the preceptor directly involved with student training. This report should be completed at the end of the 15 shifts of Phase I to determine adequate progression through internship.

Preceptor: Please fill out completely and accurately. If the student can competently perform the tasks listed below, circle YES; if not, circle NO

Student demonstrates effective communications skills with patients and medical personnel?	Yes	No
Student demonstrates an empathetic approach to patients and family members?	Yes	No
Student demonstrates the behavioral qualities expected of a professional in the EMS community?	Yes	No
Student demonstrates a safe and systematic approach to patient care?	Yes	No
Does this student demonstrate concern for the well-being of self, coworkers, patients and bystanders?	Yes	No
Student performs the skills necessary to function as a paramedic safely, efficiently and effectively?	Yes	No
Student demonstrates the functional knowledge necessary to perform as a paramedic?	Yes	No
Student demonstrates a functional knowledge of all BLS and ALS equipment used in your service?	Yes	No
Student demonstrates a functional knowledge of all medications used in the pre-hospital setting?	Yes	No
Student demonstrates an ability to effectively interpret normal and abnormal cardiac rhythms?	Yes	No
Student performs as an effective member of an ALS team?	Yes	No
Student functions appropriately in a stressful environment?	Yes	No
Student makes appropriate decisions when in a stressful or critical situation?	Yes	No
When working in a stressful situation, student demonstrates needed leadership qualities?	Yes	No
This student has the skills, abilities and knowledge needed to perform as a safe, effective, efficient paramedic?	Yes	No

Student demonstrates in an emergent setting the ability to gather appropriate patient information, formulate a plan of action based on this information, and to carry this plan to successful conclusion for each of the following:

Trauma Emergencies	Yes	No	Not Observed
Cardiac Emergencies	Yes	No	Not Observed
Respiratory Emergencies	Yes	No	Not Observed
Neurological Emergencies	Yes	No	Not Observed
General Medical Emergencies	Yes	No	Not Observed
Pediatric Emergencies	Yes	No	Not Observed
Geriatric Emergencies	Yes	No	Not Observed

Please identify this student's THREE major areas of strength.

Please identify this student's primary weakness and how he or she could best improve.

PRECEPTOR EVALUATION:

_____ CLEARED TO CONTINUE TO FINAL CAPSTONE INTERNSHIP (Phase II)

_____ INCONSISTENT / DEPENDENT ON PRECEPTOR FOR DIRECTION

_____ UNSATISFACTORY

RECOMMENDED IMPROVEMENT PLAN:

PRECEPTOR:

_____ (print name) _____ (signature) _____ (date)

REVIEWED BY:

PROGRAM DIRECTOR: _____

(signature) (date)

ATTESTED BY:

MEDICAL DIRECTOR: _____

(signature) (date)

FIELD INTERNSHIP CLEARANCE EVALUATION

FINAL /CAPSTONE (PHASE 2)

(10 SHIFTS)

STUDENT: _____

DATE: _____

This report must be completed by the preceptor directly involved with student training. This report should be completed at the end of Phase II to determine students' ability to function as a competent entry level paramedic.

Preceptor: Please fill out completely and accurately. If the student can competently perform the tasks listed below, circle

YES; if not, circle NO

Student demonstrates effective communications skills with patients and medical personnel?	Yes	No
Student demonstrates an empathetic approach to patients and family members?	Yes	No
Student demonstrates the behavioral qualities expected of a professional in the EMS community?	Yes	No
Student demonstrates a safe and systematic approach to patient care?	Yes	No
Does this student demonstrate concern for the well-being of self, coworkers, patients and bystanders?	Yes	No
Student performs the skills necessary to function as a paramedic safely, efficiently and effectively?	Yes	No
Student demonstrates the functional knowledge necessary to perform as a paramedic?	Yes	No
Student demonstrates a functional knowledge of all BLS and ALS equipment used in your service?	Yes	No
Student demonstrates a functional knowledge of all medications used in the pre-hospital setting?	Yes	No
Student demonstrates an ability to effectively interpret normal and abnormal cardiac rhythms?	Yes	No
Student performs as an effective member of an ALS team?	Yes	No
Student functions appropriately in a stressful environment?	Yes	No
Student makes appropriate decisions when in a stressful or critical situation?	Yes	No
When working in a stressful situation, student demonstrates needed leadership qualities?	Yes	No
This student has the skills, abilities and knowledge needed to perform as a safe, effective, efficient paramedic?	Yes	No

Student demonstrates in an emergent setting the ability to gather appropriate patient information, formulate a plan of action based on this information, and to carry this plan to successful conclusion for each of the following:

Trauma Emergencies	Yes	No	Not Observed
Cardiac Emergencies	Yes	No	Not Observed
Respiratory Emergencies	Yes	No	Not Observed
Neurological Emergencies	Yes	No	Not Observed
General Medical Emergencies	Yes	No	Not Observed
Pediatric Emergencies	Yes	No	Not Observed
Geriatric Emergencies	Yes	No	Not Observed

Please identify this student's THREE major areas of strength.

Please identify this student's primary weakness and how he or she could best improve.

PRECEPTOR EVALUATION:

_____CLEARED AS ENTRY-LEVEL PARAMEDIC

_____INCONSISTENT / DEPENDENT ON PRECEPTOR FOR DIRECTION

_____UNSATISFACTORY

RECOMMENDED IMPROVEMENT PLAN:

PRECEPTOR:

_____ (print name) _____ (signature) _____ (date)

REVIEWED BY:

PROGRAM DIRECTOR:

_____ (signature) _____ (date)

ATTESTED BY:

MEDICAL DIRECTOR:

_____ (signature) _____ (date)

FIELD INTERNSHIP CLEARANCE EVALUATION FINAL /CAPSTONE CONTINUATION

STUDENT: _____ DATE: _____

This report must be completed by the preceptor directly involved with student training. This report should be completed at the end of the field internship to determine final entry-level paramedic competence if student is required to complete further internship shifts for any reason.

Preceptor: Please fill out completely and accurately. If the student can competently perform the tasks listed below, circle YES; if not, circle NO

Student demonstrates effective communications skills with patients and medical personnel?	Yes	No
Student demonstrates an empathetic approach to patients and family members?	Yes	No
Student demonstrates the behavioral qualities expected of a professional in the EMS community?	Yes	No
Student demonstrates a safe and systematic approach to patient care?	Yes	No
Does this student demonstrate concern for the well-being of self, coworkers, patients and bystanders?	Yes	No
Student performs the skills necessary to function as a paramedic safely, efficiently and effectively?	Yes	No
Student demonstrates the functional knowledge necessary to perform as a paramedic?	Yes	No
Student demonstrates a functional knowledge of all BLS and ALS equipment used in your service?	Yes	No
Student demonstrates a functional knowledge of all medications used in the pre-hospital setting?	Yes	No
Student demonstrates an ability to effectively interpret normal and abnormal cardiac rhythms?	Yes	No
Student performs as an effective member of an ALS team?	Yes	No
Student functions appropriately in a stressful environment?	Yes	No
Student makes appropriate decisions when in a stressful or critical situation?	Yes	No
When working in a stressful situation, student demonstrates needed leadership qualities?	Yes	No
This student has the skills, abilities and knowledge needed to perform as a safe, effective, efficient paramedic?	Yes	No

Student demonstrates in an emergent setting the ability to gather appropriate patient information, formulate a plan of action based on this information, and to carry this plan to successful conclusion for each of the following:

Trauma Emergencies	Yes	No	Not Observed
Cardiac Emergencies	Yes	No	Not Observed
Respiratory Emergencies	Yes	No	Not Observed
Neurological Emergencies	Yes	No	Not Observed
General Medical Emergencies	Yes	No	Not Observed
Pediatric Emergencies	Yes	No	Not Observed
Geriatric Emergencies	Yes	No	Not Observed

Please identify this student's THREE major areas of strength.

Please identify this student's primary weakness and how he or she could best improve.

PRECEPTOR EVALUATION:

_____CLEARED AS ENTRY-LEVEL PARAMEDIC

_____INCONSISTENT / DEPENDENT ON PRECEPTOR FOR DIRECTION

_____UNSATISFACTORY

RECOMMENDED IMPROVEMENT PLAN:

PRECEPTOR:

_____ (print name) _____ (signature) _____ (date)

REVIEWED BY:

PROGRAM DIRECTOR: _____ (signature) _____ (date)

ATTESTED BY:

MEDICAL DIRECTOR: _____ (signature) _____ (date)

PARAMEDIC INTERNSHIP PATIENT CARE REPORT

This evaluation will be conducted at the Emergency Medical Service by the Paramedic Student immediately following the patient encounter. The student will be evaluated on their ability to perform an advanced level patient assessment and formulate an appropriate treatment plan as if the patient was encountered in the field. **Contact** – Mark Maxwell, Clinical Coordinator at mmaxwell1@atu.edu or 479-849-5324 with any questions or concerns.

	DATE:	TIME IN:	TIME OUT:
SERVICE NAME:	PARAMEDIC PRECEPTOR:		
NATURE OF CALL:	AGE:	MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
PATIENT INTERVIEW			
CC:			
ALLERGIES (MEDS):			
MED HISTORY: <input type="checkbox"/> Pt. States None <input type="checkbox"/> Unknown <input type="checkbox"/> Allergies <input type="checkbox"/> Behavioral <input type="checkbox"/> Cardiac <input type="checkbox"/> CVA <input type="checkbox"/> Drug/ETOH <input type="checkbox"/> Seizure <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> ↑BP <input type="checkbox"/> Other _____			
CURRENT MEDS: <input type="checkbox"/> Pt. States None <input type="checkbox"/> Unknown <input type="checkbox"/> Brought W/Pt. MEDS:			
ASSESSMENT			
DETAILED ASSESSMENT: DOCUMENT OBJECTIVE FINDINGS			
HEENT:			
Neck:			
Chest:			
Abdomen:			
Pelvis:			
Extremities:			
Posterior:			

Glasgow Coma Scale			Pupils		Medical Control	Universal Precautions					
Eyes	Verbal	Motor	L	Normal	R	<input type="checkbox"/> Off Line <input type="checkbox"/> On Line	Masks	C1	C2	C3	Other
4 Spontaneous	5 Oriented	6 Obeys	L	Constricted	R		Gloves	C1	C2	C3	Other
3 To Speech	4 Confused	5 Localizes	L	Dilated	R		Eye Prot.	C1	C2	C3	Other
2 To Pain	3 Inappropriate	4 Withdraws					Gown	C1	C2	C3	Other
1 None	2 Garbled	3 Flexion									
	1 None	2 Extension									
		1 None									
Total Score											

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 students' professionalism in the following areas.

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

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

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 accompanying any affiliated EMS service on ambulance responses during scheduled internship. I understand that I may be subject to civil and/or criminal prosecution should I violate this agreement.

Student Signature

EMS Agency Signature

Student Printed Name

EMS Agency Printed Name

Date

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

PERFORMING SKILLS ON DUTY INTERNSHIP AGREEMENT

1. All ALS skills including but not limited to IV's and intubations are only to be performed when I am being precepted as a student.
2. I am being precepted only when I am not part of the essential EMS crew (must be a third rider).
3. My designated preceptor must be present while I am third riding in order for me to perform these ALS skills as a paramedic student at ATU-Ozark.
4. I am not covered under malpractice insurance at ATU-Ozark if I violate the above statements and am not considered to be functioning in a student role unless being appropriately precepted.

Student Signature

Date

Student's Printed Name

EMS Program Internship Coordinator

Date

INTERNSHIP 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 internship portion of
my paramedic course. By signing this I agree to adhere to said standards and requirements.

Student

Date

Internship Coordinator

Program Date