# TABLE OF CONTENTS

Program Contacts .................................................................................................................................................. 1
Clinical Overview ................................................................................................................................................. 2
Introduction ........................................................................................................................................................ 2
Syllabus .................................................................................................................................................................. 3
Supervision Guidelines for Paramedic Students ................................................................................................. 12
Appearance ......................................................................................................................................................... 13
Professionalism ................................................................................................................................................... 14
Protocols ............................................................................................................................................................... 15
Accident/Incident Policy ..................................................................................................................................... 15
Clinical Objectives: Paramedic Students Rotation Area: ICU/CCU ................................................................. 16
Clinical Objectives: Paramedic Students Rotation Area: Emergency Room ...................................................... 17
Clinical Objectives: Paramedic Students Rotation Area: Operating Room ....................................................... 18
Clinical Objectives: Paramedic Students Rotation Area: Labor and Delivery ..................................................... 19
Clinical Objectives: Paramedic Students Rotation Area: Psychiatric Unit and Crisis Unit ................................. 20
Clinical Objectives: Paramedic Students Rotation Area: Radiology ............................................................... 21
Clinical Objectives: Paramedic Students Rotation Area: Recovery Room ......................................................... 21
Clinical Objectives: Paramedic Students Rotation Area: Labor and Delivery .................................................. 22
Paramedic Clinical Patient Contacts .................................................................................................................. Appendix A
Paramedic Clinical Labor and Delivery ................................................................................................................ Appendix B
Paramedic Clinical CCU/ICU ............................................................................................................................... Appendix C
Student Evaluations ......................................................................................................................................... Appendix D
Preceptor Evaluations ...................................................................................................................................... Appendix E
HIPPA Compliance ............................................................................................................................................. Appendix F
The Clinical Coordinator is the first point of contact for any clinical/internship concerns. If unable to make contact with the Clinical Coordinator, please contact the Program Director.

**Contact Information**

**Ritchie Powers, MS, NRP, Program Director**  
Ozark – 479-667-2117  
Russellville – 479-356-2128  
Mobile – 479-209-6763  
Email – rpowers@atu.edu

**Joshua Freeman, AS, NRP, Clinical Coordinator**  
Ozark – 479-667-2117  
Mobile – 479-209-6849  
Email – jfreeman11@atu.edu

**Sharyl Moffit, BPS, Administrative Assistant II**  
Ozark – 479-667-2117  
Email – smoffit@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 licensed hospital. 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 is provided by clinical preceptor personnel as well as the clinical coordinator. The student will complete 8 hour shifts, 12 hour shifts or 16 hour shifts for a total of 300 hours.

The student will provide supervised care in hospital and 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. Initially, the students will serve as an observer until the preceptor has determined the student may begin performing clinical skills. This experience is crucial for preparing the student to assume role of an entry-level paramedic.

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.

DO NOT LOSE THESE FORMS OR THIS MANUAL AS THIS IS YOUR RECORD OF THE COMPLETION OF THE CLINICAL COURSE REQUIREMENTS. Additional copies may be found at: http://www.atu.edu/ozark/academics/preceptor.php

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 University-Ozark Campus
Course Syllabus
Paramedic/EMS

Course Number: EMTP 1234
Course Title: Clinical Practicum I
Prerequisite: EMTP 1015 or Arkansas Licensed Emergency Medical Technician
Co-requisite: BST 1303
Instructor: Joshua Freeman, AS, NRP, Clinical Coordinator
Health Education Bldg.
1700 Helberg Lane
Ozark, AR 72949
Office 479-667-2117 ext. 351
Cell 479-209-6849
Jfreeman11@atu.edu (preferred)

Office Hours: By appointment

Blackboard Technical Assistance: bbsystem@atu.edu
1-866-400-8022

Catalog Description:
Prerequisite: EMTP 1015 or Arkansas Licensed Emergency Medical Technician
Co-requisite: BST 1303

The student will receive supervised clinical experience in the emergency department and operating room. While in these areas, the student will perform patient procedures under the guidance of a professional health care preceptor with expertise in the patient care area while also observing all care. Students will be required to assess and document on specific age and diverse complaint based patients while in the clinical area. Patient documentation will be placed and maintained in an online database. A team approach will be emphasized in the clinical area while performing basic and advanced patient skills. Age and condition requirements must be met in the clinical setting and may be found in the program handbook.

Clinical: 4 hours, Ozark Malpractice Insurance Fee: $66, Ozark Allied Health Fee: $80.

Required Text: None
Optional Text: None
Supplemental Readings: Paramedic Clinical Manual
**Required Equipment:**
Department approved clinical uniform (royal blue scrubs, department patch with paramedic intern rocker, white shoes, eye protection, stethoscope, penlight, and paramedic shears.) The cooperating agency will provide body substance isolation equipment upon request.

**University General Education:**
This course supports the University’s general education requirements by emphasizing communication, problem solving, ethics, and wellness concept skills.

**Course Objectives:**
Upon Completion of this course, the student will be able to:
- Demonstrate the ability to safely administer medications.
- Demonstrate the ability to intubate
- Effectively ventilate intubated and unintubated patients of all age groups.
- Demonstrate the ability to perform a comprehensive patient assessment on adult patients.
- Demonstrate the ability to perform intravenous medication administration.
- Demonstrate the ability to perform intramuscular and subcutaneous injections.
- Demonstrate the ability to perform administration of ET medication.
- Demonstrate the ability to establish an IV

**Course Assessment:**
Students will be evaluated on knowledge and skill performance. Students are expected to use critical thinking skills and perform skills under the supervision of the assigned clinical preceptor. All students must perform skills in a safe and timely manner. In addition to the preceptor evaluations, there will be a 3 percentage point deduction for every change in the student’s internship schedule that was requested by the student after the schedule has been made. Additional adjustments will be made to the student’s final grade with consideration to patient care reports, preceptor evaluations, and submission of clinical paperwork in a timely manner. Clinical paperwork must be turned in within seven days of the scheduled clinical shift unless school closing or student illness prevents the student from attending class. The paperwork must be turned in the next scheduled class day or the clinical visit may not be counted toward the student’s hour or goal totals.

Students will be placed with authorized hospital/clinic preceptors in the field to supervise patient assessment and management skills. Students will be evaluated for professionalism, leadership, assessment, treatment, documentation, and affective capabilities.

Students must show positive progress through preceptor evaluations and complete the course FISDAP obligations to be recommended for successful completion of this course.

FISDAP – The student will complete at least 132 hours of clinical I with a total of 300 hours for Clinical I, II, and III. In addition to hours, each student must meet patient goals and skills in the clinical and internship environment. Goals are a totaled from all experiences from Clinical I, II, and III as well as Internship. If a student has not completed all goals by the end of the Clinical and Internship experience, more hours must be scheduled to complete goals. All patient encounters must be documented manually in the field and digitally logged into FISDAP after the shift.

**Remediation:**
Should the internship coordinator find that the student is not meeting the clinical goals and objectives required by the program curriculum, the student is subject to remediation on cognitive, psychomotor, and affective concerns prior to continuing Clinical. Remediation will be determined by the Medical Director, Program Director, Clinical Coordinator, and the Preceptor. Remediation will be scheduled outside of normal class hours.
Clinical Scheduling:
Clinical will be scheduled 14 days in advance. Students will be able to request sites and dates for internship, 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 so the department may have to schedule other times and locations. Students may have to complete more clinical hours if their chosen site has a low patient volume.

Course Policies:

Absence
Students must complete their rotation 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 internship shifts may result in an “F” for the course.

Late Assignments
Unless arrangements have been made with the instructor, both digital and manual reports must be received within one week of the scheduled shift. Patent contacts entered late may not be counted toward the student’s hour/goal totals.

Academic Dishonesty
Cheating/Plagiarism - Any student (and any student caught assisting in the dishonesty) will be given an “F” for the assignment/test in question and possibly an “F” for the course.

Campus Policy
Academic dishonesty, academic misconduct, adding/dropping courses, class absence, grading, and withdrawal policies are available in the Regulations and Procedures portion of the Ozark Campus Catalog. A copy of this catalog is available at http://www.atu.edu/academics/catalogs.php
Arkansas Tech University-Ozark Campus
Course Syllabus
Paramedic/EMS

Course Number:  EMTP 2111

Course Title:  Clinical Practicum II

Prerequisite:  EMTP 1234

Instructor:  Joshua Freeman, AS, NRP, Clinical Coordinator
Health Education Bldg.
1700 Helberg Lane
Ozark, AR 72949
Office 479-667-2117 ext. 351
Cell 479-209-6849
jfreeman11@atu.edu (preferred)

Office Hours:  By appointment

Blackboard Technical Assistance:  bbsystem@atu.edu
1-866-400-8022

Catalog Description:
Prerequisite: EMTP 1234
A continuation of Clinical Practicum I. The student will apply basic and advanced assessment and procedures in the emergency department and operating room while under supervision of preceptor and/or clinical coordinator. Age and condition requirements must be met in the clinical setting and may be found in the program handbook.

Clinical: 1 hour, Ozark Allied Health Fee: $20.

Required Text:
None

Optional Text:
None

Supplemental Readings:
Paramedic Clinical Manual

Required Equipment:
Department approved clinical uniform (royal blue scrubs, department patch with paramedic intern rocker, white shoes, eye protection, stethoscope, penlight, and paramedic shears.) The cooperating agency will provide body substance isolation equipment upon request.
University General Education:
This course supports the University’s general education requirements by emphasizing communication, problem solving, ethics, and wellness concept skills.

Course Objectives:
Upon Completion of this course, the student will be able to:
- Demonstrate the ability to safely administer medications.
- Demonstrate the ability to intubate
- Effectively ventilate intubated and unintubated patients of all age groups.
- Demonstrate the ability to perform a comprehensive patient assessment on adult patients.
- Demonstrate the ability to perform intravenous medication administration.
- Demonstrate the ability to perform intramuscular and subcutaneous injections.
- Demonstrate the ability to perform administration of ET medication.
- Demonstrate the ability to establish an IV
- 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 assess, treat, and manage OB/GYN patients through all stages of labor including the care of the newborn patients.

Course Assessment:
Students will be evaluated on knowledge and skill performance. Students are expected to use critical thinking skills and perform skills under the supervision of the assigned clinical preceptor. All students must perform skills in a safe and timely manner. In addition to the preceptor evaluations, there will be a 3 percentage point deduction for every change in the student’s internship schedule that was requested by the student after the schedule has been made. Additional adjustments will be made to the student’s final grade with consideration to patient care reports, preceptor evaluations, and submission of clinical paperwork in a timely manner. Clinical paperwork must be turned in within seven days of the scheduled clinical shift unless school closing or student illness prevents the student from attending class. The paperwork must be turned in the next scheduled class day or the clinical visit may not be counted toward the student’s hour or goal totals.

Students will be placed with authorized hospital/clinic preceptors in the field to supervise patient assessment and management skills. Students will be evaluated for professionalism, leadership, assessment, treatment, documentation, and affective capabilities.

Students must show positive progress through preceptor evaluations and complete the course FISDAP obligations to be recommended for successful completion of this course.

FISDAP – The student will complete at least 108 hours of clinical II with a total of 300 hours for Clinical I, II, and III. In addition to hours, each student must meet patient goals and skills in the clinical and internship environment. Goals are a totaled from all experiences from Clinical I, II, and III as well as Internship. If a student has not completed all goals by the end of the Clinical and Internship experience, more hours must be scheduled to complete goals. All patient encounters must be documented manually in the field and digitally logged into FISDAP after the shift.

Remediation:
Should the internship coordinator find that the student is not meeting the clinical goals and objectives required by the program curriculum, the student is subject to remediation on cognitive, psychomotor, and affective concerns prior to continuing Clinical. Remediation will be determined by the Medical Director, Program Director, Clinical Coordinator, and the Preceptor. Remediation will be scheduled outside of normal class hours.
Clinical Scheduling:
Clinical will be scheduled 14 days in advance. Students will be able to request sites and dates for internship, 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 so the department may have to schedule other times and locations. Students may have to complete more clinical hours if their chosen site has a low patient volume.

Course Policies:

Absence

Students must complete their rotation 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 internship shifts may result in an “F” for the course.

Late Assignments

Unless arrangements have been made with the instructor, both digital and manual reports must be received within one week of the scheduled shift. Patent contacts entered late may not be counted toward the student’s hour/goal totals.

Academic Dishonesty

Cheating/Plagiarism - Any student (and any student caught assisting in the dishonesty) will be given an “F” for the assignment/test in question and possibly an “F” for the course.

Campus Policy

Academic dishonesty, academic misconduct, adding/dropping courses, class absence, grading, and withdrawal policies are available in the Regulations and Procedures portion of the Ozark Campus Catalog. A copy of this catalog is available at http://www.atu.edu/academics/catalogs.php
Arkansas Tech University-Ozark Campus
Course Syllabus
Paramedic/EMS

Course Number: EMTP 2211

Course Title: Clinical Practicum III

Prerequisite: EMTP 2111

Instructor: Joshua Freeman, AS, NRP, Clinical Coordinator
Health Education Bldg.
1700 Helberg Lane
Ozark, AR 72949
Office 479-667-2117 ext. 351
Cell 479-209-6849
Jfreeman11@atu.edu (preferred)

Office Hours: By appointment

Blackboard Technical Assistance: bbsystem@atu.edu
1-866-400-8022

Catalog Description:
Prerequisite: EMTP 2111

Designated preceptors and/or clinical coordinator in the following areas will supervise students: Intensive Care Unit, Surgical Recovery, Operating Room, and Labor and Delivery. Students will apply knowledge of all previous program coursework and perform procedures that are appropriate for these areas of hospital. Age and condition requirements must be met in the clinical setting and may be found in the program handbook.

Clinical: 1 hour, Ozark Allied Health Fee: $20.

Required Text: None

Optional Text: None

Supplemental Readings:
Paramedic Clinical Manual

Required Equipment:
Department approved clinical uniform (royal blue scrubs, department patch with paramedic intern rocker, white shoes, eye protection, stethoscope, penlight, and paramedic shears.) The cooperating agency will provide body substance isolation equipment upon request.
**University General Education:**
This course supports the University’s general education requirements by emphasizing communication, problem solving, ethics, and wellness concept skills.

**Course Objectives:**
Upon Completion of this course, the student will be able to:
- Demonstrate the ability to safely administer medications.
- Demonstrate the ability to intubate
- Effectively ventilate intubated and unintubated patients of all age groups.
- Demonstrate the ability to perform a comprehensive patient assessment on adult patients.
- Demonstrate the ability to perform intravenous medication administration.
- Demonstrate the ability to perform intramuscular and subcutaneous injections.
- 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 assess, treat, and manage OB/GYN patients through all stages of labor including the care of the newborn patients.

**Course Assessment:**
Students will be evaluated on knowledge and skill performance. Students are expected to use critical thinking skills and perform skills under the supervision of the assigned clinical preceptor. All students must perform skills in a safe and timely manner. In addition to the preceptor evaluations, there will be a 3 percentage point deduction for every change in the student’s internship schedule that was requested by the student after the schedule has been made. Additional adjustments will be made to the student’s final grade with consideration to patient care reports, preceptor evaluations, and submission of clinical paperwork in a timely manner. Clinical paperwork must be turned in within seven days of the scheduled clinical shift unless school closing or student illness prevents the student from attending class. The paperwork must be turned in the next scheduled class day or the clinical visit may not be counted toward the student’s hour or goal totals.

Students will be placed with authorized hospital/clinic preceptors in the field to supervise patient assessment and management skills. Students will be evaluated for professionalism, leadership, assessment, treatment, documentation, and affective capabilities.

Students must show positive progress through preceptor evaluations and complete the course FISDAP obligations to be recommended for successful completion of this course.

**FISDAP** – The student will complete at least 88 hours of clinical III with a total of 300 hours for Clinical I, II, and III. In addition to hours, each student must meet patient goals and skills in the clinical and internship environment. Goals are a totaled from all experiences from Clinical I, II, and III as well as Internship. If a student has not completed all goals by the end of the Clinical and Internship experience, more hours must be scheduled to complete goals. All patient encounters must be documented manually in the field and digitally logged into FISDAP after the shift.

**Remediation:**
Should the internship coordinator find that the student is not meeting the clinical goals and objectives required by the program curriculum, the student is subject to remediation on cognitive, psychomotor, and affective concerns prior to continuing Clinical. Remediation will be determined by the Medical Director, Program Director, Clinical Coordinator, and the Preceptor. Remediation will be scheduled outside of normal class hours.
Clinical Scheduling:
Clinical will be scheduled 14 days in advance. Students will be able to request sites and dates for internship, 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 so the department may have to schedule other times and locations. Students may have to complete more clinical hours if their chosen site has a low patient volume.

Course Policies:

Absence

Students must complete their rotation 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 internship shifts may result in an “F” for the course.

Late Assignments

Unless arrangements have been made with the instructor, both digital and manual reports must be received within one week of the scheduled shift. Patent contacts entered late may not be counted toward the student’s hour/goal totals.

Academic Dishonesty

Cheating/Plagiarism - Any student (and any student caught assisting in the dishonesty) will be given an “F” for the assignment/test in question and possibly an “F” for the course.

Campus Policy

Academic dishonesty, academic misconduct, adding/dropping courses, class absence, grading, and withdrawal policies are available in the Regulations and Procedures portion of the Ozark Campus Catalog. A copy of this catalog is available at http://www.atu.edu/academics/catalogs.php
SUPERVISION GUIDELINES FOR PARAMEDIC STUDENTS

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 form supervised students.

We want each student to become confident in their skill 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 skills and/or procedures authorized to do places liability on you, the school, and the facility. When staff members ask you to perform an unsupervised procedure, please explain to them that this is in violation of ATU-Ozark policies and ask them to call your clinical coordinator if they have any questions.

ATTENDANCE

Students must complete their rotation 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 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 schedule provided there is ample notice. Never self-schedule internship shifts. If the Clinical Coordinator does not have a student on the schedule, they are not covered by the University’s insurance.

CONDUCT

At 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.

CONCERNS

For any questions, problems, or concerns consult the Paramedic Preceptor. If this does not resolve the issue contact the Clinical Coordinator.

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 paramedic 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 the ATU-Ozark Paramedic Program.
GOALS

Students are required to meet a minimum number of patient encounters requiring various skills of various ages. These program goals are required for successful completion of the program. 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 Phase II of Internship.

<table>
<thead>
<tr>
<th>Goal Type</th>
<th>Goal</th>
<th>Contact/Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Contact</td>
<td>New Born</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Toddler</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>School Age</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Pediatric</td>
<td>30</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Geriatric</td>
<td>30</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Abd Pain</td>
<td>20</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>AMS</td>
<td>20</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Weakness</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Respiratory</td>
<td>20</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Headache</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Cardiac Arrest</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Abdominal</td>
<td>20</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Trauma</td>
<td>40</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>CVA</td>
<td>2</td>
</tr>
<tr>
<td>Skill</td>
<td>Med Admin</td>
<td>15</td>
</tr>
<tr>
<td>Skill</td>
<td>Live Intubation</td>
<td>5</td>
</tr>
<tr>
<td>Skill</td>
<td>Team Lead</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal Type</th>
<th>Goal</th>
<th>Contact/Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Contact</td>
<td>Infant</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Preschooler</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Preschooler</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Adolescent</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Adult</td>
<td>50</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Ped Resp</td>
<td>8</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Chest Pain</td>
<td>30</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Dizziness</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>LOC Change</td>
<td>10</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Neurologic</td>
<td>2</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Obstetrics</td>
<td>10</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Cardiac</td>
<td>30</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Medical</td>
<td>30</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Respiratory</td>
<td>20</td>
</tr>
<tr>
<td>Patient Contact</td>
<td>Psychiatric</td>
<td>20</td>
</tr>
<tr>
<td>Skill</td>
<td>IV</td>
<td>25</td>
</tr>
<tr>
<td>Skill</td>
<td>Ventilation</td>
<td>20</td>
</tr>
</tbody>
</table>

APPERANCE

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 (royal blue scrubs with school patch and rocker on the right sleeve one inch below the seam and white shoes). The student must wear their current certification patch on the left sleeve of the scrub shirt one inch below the seam. The above mentioned clothing is per request of the differing facilities. As always, proper hygiene is a must along with wearing the proper undergarments. Women shall wear their hair pulled back out of the way and are limited to one stud type earring per ear, no other visible piercing are permitted. Men are not allowed any visible piercings, including earrings. Closed toe shoes are required with white socks. A visible student nametag must be worn at all times above the left pocket. If you arrive at internship without a student nametag you will be sent home – NO EXCEPTIONS!

NOTE: If you are employed with a local EMS Service or hospital, you may not wear your work uniform with any logo to include the service patch on your school uniform.

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, scissors, pens, and required clinical/internship forms and reference materials. Try to borrow as little as possible from the clinical site.
PROFESSIONALISM

1. 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.

2. 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.
   a. Rude or derogatory comments about any person are unacceptable.
   b. Sexual or suggestive language or gestures or inappropriate or unwanted touching is unacceptable
   c. Disruptive behavior will not be tolerated during class or internship hours.

3. Stealing from any person, institution or agency is grounds for immediate dismissal.

4. Alcohol or drug consumption prior to or during class or clinical hours are grounds for expulsion. There is no appeal or other recourse available.

5. Tobacco, in any form, is 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.

6. The instructor’s office is off limits at all times. If you need to discuss an issue or problem with an instructor, make an appointment. Always knock and wait for permission to enter.

7. No horseplay during class or clinical/internship.

8. Follow dress code per program handbook.

9. Use good judgment when parking at services or hospitals.

10. Respect ambulance services and hospital lounge areas, they are the preceptor’s home for their time on duty.

11. Bring your own food etc. do not rely on preceptor to provide meals for you.

12. Respect property, equipment, and supplies of services and preceptors.

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

ACCIDENT/INCIDENT REPORTING POLICY

If during any internship you have an accident/incident you should immediately contact the internship coordinator or program coordinator. 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 internship will be placed on hold until a full investigation has taken place and appropriate actions are taken.

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

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

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.
CLINICAL OBJECTIVES: PARAMEDIC STUDENTS
ROTATION AREA: ICU/CCU

At the end of this rotation the student should:

1. Interpret the EKG’s for patients hospitalized for acute myocardial infarction.
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
   b. Oxygen therapy: Oxygen administration
      Bag-Valve-Mask
      Oropharyngeal airway
      Nasopharyngeal airway
      Suctioning
      Tracheal suctioning
   c. Vital signs
   d. Venipuncture
   e. IV initiation
   f. IM injections
   g. Sub-q injections
   h. Sub-Lingual medications
   i. History taking
   j. Physical Assessment
   k. Application of EKG monitor
   l. Defibrillation (under direct supervision only)

*All of these objectives should be carried out at the discretion of the RN Preceptor

A licensed nurse is required to verify 5 rights prior to medication administration
At the end of this rotation the student should:

1. Observe and participate in the history of physical assessment of a variety of emergency patients.

2. Participate actively in the following skills:
   a. Airway Maintenance: O₂ administration, Bag-Valve-Mask, oropharyngeal airways, oropharyngeal suctioning
   b. Vital signs
   c. CPR
   d. Venipuncture/dextrostick
   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. Application and/or removal of anti-shock trousers
   m. IV meds
   n. NG tubes
   o. Administer 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.

*A licensed nurse to verify 5 rights prior to every administration of medication.
CLINICAL OBJECTIVES: PARAMEDIC STUDENTS
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 the Macintosh blades. This will be performed under direct supervision of anesthesia personnel only!


3. Adequately ventilate a patient with a Bag-Valve-Mask via the endotracheal tube.

4. Auscultate the patient’s lungs bilaterally to assure proper placement of the endotracheal tube.

5. Monitor a patient’s respiratory status throughout surgical procedures.

6. Initiation of a peripheral intravenous main line.

7. Recognize complications of an endotracheal intubation.

8. Observe anatomy at surgical procedures.
CLINICAL OBJECTIVES: PARAMEDIC STUDENTS
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.
CLINICAL OBJECTIVES: PARAMEDIC STUDENTS
ROTATION AREA: Psychiatric Unit & Crisis Unit

During the paramedic student’s 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.
CLINICAL OBJECTIVES: PARAMEDIC STUDENTS
ROTATION AREA: Radiology

During the rotation the student should:

1. Observe the complete process of making an x-ray; from the time the film is exposed to where the film is read.
2. Use x-ray experiences to obtain a better understanding of human anatomy.
3. Assist in positioning patients for the purpose of x-rays.
4. Observe procedures such as MRI’s, IVP’s, CT scans, etc.

Record the use of drugs for the treatment of the above mentioned problems.

CLINICAL OBJECTIVES: PARAMEDIC STUDENTS
ROTATION AREA: Recovery Room

Upon completion of this rotation the student should:

Observe and monitor patient in post-operative period and actively participate in:

a. Initial and ongoing assessment
b. Administering O₂ via ET, LMA, NC, and simple face mask
c. Extubating patient under direct supervision of RN
d. Administration of narcotic and antagonist medications
e. ALS skills under the direct supervision of MD
CLINICAL OBJECTIVES: PARAMEDIC STUDENTS
ROTATION AREA: Respiratory

During the rotation the student should:

1. Observe and participate in the care of a patient in acute respiratory distress.
2. Observe and participate in maintaining an open airway of an unconscious patient.
3. Observe all areas of patient care provided by the respiratory therapist.
5. Assist with ventilator patient.
6. Assist with oral/nasal suctioning.
7. Assist with chest percussion.
8. Observe arterial puncture and analysis of arterial blood gases. (No active participation allowed)
## Paramedic Clinical Patient Contacts

**Date:**

**Student Name:**

Check facility and add shift times

- Mercy Hospital Fort Smith
- Johnson Regional MC
- Saint Mary’s RMC
- Other

<table>
<thead>
<tr>
<th>ETT Attempt #</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tube Size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successful Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BVM Ventilated Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observers Initials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV Attempt #</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successful Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of IV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preceptor signature: _____________________________

---

RN MUST OBSERVE AND INITIAL EVERY MEDICATION ADMINISTRATION

### Med Name & Dose

<table>
<thead>
<tr>
<th>IM</th>
<th>SQ</th>
<th>PO</th>
<th>IV</th>
<th>ETT</th>
<th>RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Med Name & Dose

<table>
<thead>
<tr>
<th>IM</th>
<th>SQ</th>
<th>PO</th>
<th>IV</th>
<th>ETT</th>
<th>RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Required Assessments Log

<table>
<thead>
<tr>
<th>PT</th>
<th>Age</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Primary Impression</th>
<th>LOC</th>
<th>EKG</th>
<th>BP</th>
<th>P</th>
<th>R</th>
<th>SpO²</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix A

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>LOC</th>
<th>EKG</th>
<th>BP</th>
<th>P</th>
<th>R</th>
<th>SpO²</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**: Employable as a functioning Paramedic
- **3 Acceptable – Appropriate for Experience**: Functioning at level expected in the program
- **2 Needs Improvement (see comments)**: Needs further practice and education to improve
- **1 Dangerous to Practice**: Hazard to patient and others

### Daily Affective Aptitude Evaluation

**GRADE**

#### 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*

#### 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*

#### 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:**

---

**Preceptor Signature**

**Student Signature**

**Date**
Paramedic Clinical
Patient Contacts Addendum

<table>
<thead>
<tr>
<th>Date:</th>
<th>Student Name:</th>
</tr>
</thead>
</table>

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:

This form is to be used when the student has more than 14 patient contacts per shift. This document is invalid if not attached to the primary Patient Contacts from and signed by the preceptor.

<table>
<thead>
<tr>
<th>PT</th>
<th>Age</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Primary Impression</th>
<th>LOC</th>
<th>EKG</th>
<th>BP</th>
<th>P</th>
<th>R</th>
<th>SpO²</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preceptor Signature  Student Signature  Date

This form is an addendum and should not be signed without the Patient Contacts document attached.
### Paramedic Clinical Labor and Delivery

**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**

<table>
<thead>
<tr>
<th>Age</th>
<th>EDC</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Para</td>
<td>Gravida</td>
<td>Ab</td>
</tr>
</tbody>
</table>

**PMH**

**Previous Surgeries**

**Current Medications**

**Allergies**

**First Stage**

<table>
<thead>
<tr>
<th>Started</th>
<th>Ended</th>
<th>IV Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spontaneous / Induction</strong></td>
<td>Method of Induction</td>
<td></td>
</tr>
<tr>
<td><strong>SROM / AROM</strong></td>
<td>Time</td>
<td>Color</td>
</tr>
<tr>
<td><strong>Single / Multiple Fetus</strong></td>
<td>Fetal Heart Rate</td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

**Second Stage**

<table>
<thead>
<tr>
<th>Started</th>
<th>Ended</th>
<th>Vaginal / Caesarian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal / Breech</strong></td>
<td>Episiotomy</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>APGAR</strong></td>
<td>1 min</td>
<td>5 min</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Weight</th>
<th>Length</th>
<th>Head</th>
<th>Chest</th>
</tr>
</thead>
<tbody>
<tr>
<td>M / F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments**
### Third Stage

<table>
<thead>
<tr>
<th>Started</th>
<th>Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Proficient – Field Competent</td>
</tr>
<tr>
<td>3</td>
<td>Acceptable – Appropriate for Experience</td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement (see comments)</td>
</tr>
<tr>
<td>1</td>
<td>Dangerous to Practice</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Proficient – Field Competent</td>
</tr>
<tr>
<td>3</td>
<td>Acceptable – Appropriate for Experience</td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement (see comments)</td>
</tr>
<tr>
<td>1</td>
<td>Dangerous to Practice</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th><strong>GRADE</strong></th>
<th><strong>Daily Affective Aptitude Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 3 2 1</td>
<td><strong>Professionalism/Attitude:</strong> 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</td>
</tr>
<tr>
<td>4 3 2 1</td>
<td><strong>Learner Characteristics:</strong> 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</td>
</tr>
<tr>
<td>4 3 2 1</td>
<td><strong>Communication Skills:</strong> Performs and reports patient assessments, completely and proficiently. Interacts with patients and other Health Care Professionals on a “student role” appropriate level</td>
</tr>
</tbody>
</table>

**Preceptor Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Preceptor Signature | Student Signature | Date
Paramedic Clinical
CCU/ICU

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>M / F</th>
<th>Admitting Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

History of Present Illness

Past Medical History

Surgeries

Home Medications

Allergies

EKG

RN MUST OBSERVE AND INITIAL EVERY MEDICATION ADMINISTRATION

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Time</th>
<th>RN</th>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Time</th>
<th>RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vital Signs

<table>
<thead>
<tr>
<th>BP</th>
<th>PR/Quality</th>
<th>RR</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lung Sounds

<table>
<thead>
<tr>
<th>Left Apex</th>
<th>Right Apex</th>
<th>Left Base</th>
<th>Right Base</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student 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

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

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:

Preceptor Signature

Student Signature

Date
STUDENT EVALUATION

Student Name: ____________________  Preceptor Name: ____________________  Date: __________

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. When you have completed the form, place it in the envelope provided, seal the envelope and sign your name across the seal. Return the envelope 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.

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

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

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

3. Initiative: student demonstrates interest in EMS through actions and interactions with evaluator.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No questions asked, minimal participation when requested</td>
<td>Asks few questions, minimal participation and initiative</td>
<td>Asks questions or studies, good participation if asked, but little initiative</td>
<td>Asks questions, studies in down time, active participation</td>
<td>Asks questions, curious, takes initiative and follows through</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Violates the rights of others; cannot be trusted with the property of others. Violates privacy and confidentiality. Is rude or disrespectful.</td>
<td>Shows little interest or ability in interacting with patients or co-workers.</td>
<td>Interacts with patients and co-workers but lacks in empathy and / or professionalism</td>
<td>Overall conduct adequate. Needs self-confidence and assertiveness.</td>
<td>Initiates therapeutic communications with others. Puts patients' needs above own self-interest. Demonstrates an attitude of professional collegiality.</td>
</tr>
</tbody>
</table>
5. Careful Delivery of Service: Student follows policies, procedures and protocols. Uses appropriate safeguards in the performance of duties.

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

Part B: Psychomotor Domain

1. Student demonstrates proficiency in skills performed.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not know what skill is indicated and if prompted cannot perform it</td>
<td>May know what skill is indicated but cannot perform it</td>
<td>Knows what skill is indicated but performs poorly without instruction</td>
<td>Knows what skill is indicated, performs correctly but needs to increase speed</td>
<td>Knows what skill is indicated. Organizes the task efficiently, performs accurately and without hesitation</td>
</tr>
</tbody>
</table>

Part C: Cognitive Domain

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

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

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

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to recognize problems</td>
<td>Recognizes the problem, cannot solve it</td>
<td>Identifies the problem and takes some steps toward solving it, but needs guidance</td>
<td>Identifies problems and can independently devise a plan to solve the problem</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student cannot give a rationale or explanation for actions or decisions</td>
<td>Attempts to defend his or her decisions or actions, but does not provide a defensible argument</td>
<td>Student provides a sound rationale for decisions and actions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use the space below to write any additional comments and suggestions for further development of the student’s potential. This form is to be completed by the preceptor, sealed in the provided envelope, and returned to the clinical coordinator by the student. The clinical coordinator will review the evaluation with the student.

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

1) Preceptor provided an appropriate learning environment?  
2) Preceptor behaved in a professional manner?  
3) Preceptor was always courteous & helpful?  
4) Preceptor provided feedback or criticism in a positive, professional manner  
5) Preceptor was competent & knowledgeable?  
6) Preceptor addressed any and all questions I had?  
7) Preceptor appeared neat & professionally attired at all times?  
8) Preceptor attempted to maintain a clean & sanitary work environment at all times?  
9) Preceptor seemed genuinely concerned with my progress?  
10) Preceptor attempted to guide & instruct me at all times & was highly motivated?  
11) Did preceptor take the time to orientate me to specific unit and equipment?  
12) Overall, my preceptor was...

COMMENTS:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

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 insure 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

__________________________________________________________
Student Printed Name

__________________________________________________________
Date

__________________________________________________________
EMS Agency Signature

__________________________________________________________
EMS Agency Printed Name

__________________________________________________________
Date