Paramedic Program Clinical Manual

MCHENRY WESTERN LAKE COUNTY EMS & MCHENRY COUNTY COLLEGE

Program Mission:

To educate, prepare, validate, and support our students to ensure future delivery of quality and competent patient care.

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Program Mission:

To educate, prepare, validate, and support our students to ensure future delivery of quality and competent pre-hospital patient care.

{General Clinical Guidelines and Expectations}

The clinical environment affords students with the opportunity to practice and refine their skills on live patients under the direct supervision of an approved preceptor. These live-patient interactions are crucial to the development of competent and professional paramedics. However, these experiences are not without risk and come with high expectations for conduct. The guidelines and expectations set forth in this manual are for the safety and benefit of the student, concurrent with the well-being and safety of the patient. Familiarize yourself with the content provided within this manual and review it frequently. Failure to adhere to the standards set forth herein may be grounds for expulsion from the program.

When students are performing in the clinical environment, they are representatives of the paramedic program and their respective employer(s). Students are expected to conduct themselves according to professional and ethical standards common to emergency medical providers. Conduct inconsistent with industry standards may result in discipline, up to and including expulsion from the program.

1. Professional Communication: Students are expected to conduct themselves professionally at all times. Students shall refrain from the use of foul, vulgar, offensive, or inappropriate language, including speech which may be discriminatory or harassing in nature. Students must communicate frequently with patients and staff, being mindful of body language, and demonstrate kindness, empathy, and respect at all times.

2. Environmental Health and Safety: Operating within the clinical environment exposes students to inherent risks associated with the emergency medical services profession. Risks include, but are not limited to, communicable diseases, combative patients, lifting/moving related injuries, and psychological stressors. Students must remain aware of their surroundings and maintain a safety mindset when performing in the clinical environment. Students are expected to take appropriate mitigation steps to prevent or lessen occupational hazards through the use of appropriate personal protective equipment (PPE), physical fitness, proper body mechanics, and behavioral health. In order to obtain eligibility to begin clinical time, students must have a physical performed by their physician. Students with an actual or suspected illness, injury, or exposure, must immediately report the incident to their preceptor and notify the lead instructor. Students must also follow sponsoring employer policies regarding injury or exposure reporting.

3. Physical Appearance / Uniform Policy: Physical presence is a dominating factor during all patient and staff interactions. Students shall be in a clean uniform during all clinical experiences. The uniform shall fit appropriately and be free of stains, tears, and wrinkles. Students should be aware of odors caused by the use of tobacco products and poor personal hygiene and take appropriate action to prevent such odors within the clinical environment. The following uniform list serves as a set of expectations, but is not a comprehensive list of all approved or prohibited items. Where the list is silent, students are expected to use appropriate judgement to ensure a professional appearance. Students that do not meet the physical appearance standard may be asked to leave the clinical site. The uniform and physical appearance requirements for clinical include:
    a. Department-issued Uniform Shirt with Collar -or- Solid Colored Shirt with Collar
        i. Prohibited: T-shirts, Hooded Sweatshirts
    b. Department-issued EMS Pants -or- Dark Slacks
        i. Prohibited: Jeans
    c. Dark Shoes
        i. Prohibited: Sandals and open-toe shoes
    d. Other
        i. Wrist-watch displaying minutes and seconds
        ii. Stethoscope
        iii. Safety glasses
        iv. Student ID (must be prominently displayed on the outside of the uniform and above the waist)
    e. Long hair shall be appropriately secured and managed
        i. Prohibited: Hats
    f. Artificial nails are prohibited, including but not limited to: over-lays, tips, extensions, and wraps.
    g. Only stud earrings are permitted
    h. Other loose jewelry is prohibited as it poses a safety risk to students and patients
    i. Tattoos must be covered
    j. Chewing gum, hard candy, and other food items are strictly prohibited when providing patient care.

4. Scheduling: Fire department or EMS agency ride time must be scheduled with the agency representative and is the responsibility of the student. Hospital clinical time in an Emergency Department (ED) along with all specialty clinical experiences must be scheduled through the Platinum Planner software (platinumed.com). Clinical sites not available in Platinum are generally not permitted; however, special circumstances may be allowed at the discretion of the instructor.

   The following scheduling requirements must be adhered to for the student to receive credit for their clinical time.
   a. Unexcused absence from a scheduled clinical will count toward the maximum number of allowed absences in class.
   b. Students must arrive on-time and leave-on time out of respect to scheduled clinical shifts of other students.
      i. If, during a clinical shift, the student is invited to stay past the end of their scheduled time to care for a critical or unique patient, the student must document such in their paperwork.
   c. Scheduling ED clinical shifts:
      i. ED clinical may not exceed 8 hours in a floating 24-hour period.
      ii. ED clinical may not be scheduled more than 30-days in advance.
   d. Instructions for scheduling of specialty clinical will be provided by the instructor in class.
      i. Scheduling windows for specialty clinical will be announced by the instructor and must be adhered to. Students who fail to schedule their clinical experience during the scheduling window may be denied the clinical opportunity and removed from the program.
   e. Cancelations and Rescheduling:
      i. Generally, students are prohibited from canceling or rescheduling a clinical opportunity less than one week prior to the scheduled shift. Exceptions may be made, at the discretion of the instructor, for verifiable illness or other unforeseen and extenuating circumstance.
      ii. If, during a single module and regardless of circumstances, a student cancels or reschedules more than two clinical opportunities less than one week (7 days) prior to the scheduled start time of the clinical opportunity, the student's grade will be decreased by one letter grade for each additional cancellation.
   f. Student Maximums in Clinical
      i. Northwestern McHenry – 1 paramedic student at a time
      ii. Northwestern Huntley – 1 paramedic student at a time

5. Documentation: Complete and accurate documentation is not only a requirement of the profession, but also a requirement in the classroom. Record keeping and data management are necessary to formally memorialize skill practice and competency. Incomplete or inaccurate documentation of clinical time will be rejected and the student will be required to repeat the experience.

   Student will receive credit for their clinical experience only if documentation is 100% accurate and complete according to the following requirements:
   a. All applicable fields must be filled out, including names, dates, times, locations, etc.
   b. Documentation must be legible and changes must be initialed by the preceptor where appropriate.
   c. Clinical documentation is subject to HIPAA requirements. Appropriate care must be taken to avoid incidental disclosures of protected health information (PHI).
   d. Clinical documentation is completed electronically using Platinum Planner. In the event a student is unable to document their clinical experience electronically, a paper form from this manual may be substituted.
      i. Electronic Documentation: Student are expected to document their patient interactions in "real-time" to the extent possible. Recollection of observations, assessments, and skill performed are most accurate when documented immediately following a patient interaction. Students are encouraged to document experiences throughout their clinical experience. At the conclusion of the clinical shift, the preceptor must complete all evaluation forms, but only after the student has completed all other documentation.

         Electronic documentation must be submitted at the conclusion of the clinical opportunity. Students are encouraged to document patient encounters and skills performed periodically during their clinical shift. All documentation of patients, skills, and observations must be completed and submitted prior to leaving the clinical site.

      ii. Paper Back-Up Documentation: If unable to document electronically, the clinical shift requires that a paper "Emergency Department Clinical Documentation" form be completed by the student and signed by the preceptor at the conclusion of the shift. This experience must be added to Platinum within 72 hours of the clinical experience and the paper forms uploaded as attachments. Sufficient explanation must be emailed to the instructor(s) if paper documentation is used.

6. Emergency Department Clinical: Clinical experiences in the emergency department present students with countless opportunities for skill repetition and patient engagement. Students are not required to track patient contact time but must demonstrate adequate patient interaction.
    a. Students must document AT LEAST one (1) patient interaction per hour of clinical. For example, if a student completes a 5 ½ hour shift in the ED, no fewer than 6 patients must be documented on the paperwork.
    b. If a student is assigned to work 1:1 with a critical or unique patient and is unable to meet the 1 patient per hour requirement, the student must document this in Platinum **AND** complete a "Comprehensive Patient Assessment Form" for the patient they are assigned to.
    c. Breaks greater than 15 minutes must be documented and excluded from the total clinical experience time.
    d. Students are expected to remain engaged and active in the clinical experience. Reports that a student failed to participate or took excessive breaks will be investigated by the instructor and may result in forfeiture of clinical time or dismissal from the program.
    e. The following table provides the MINIMUM number of hours required for each category.

	Module 1	**Module 2**	**Module 3**	**Module 4**
ED Hours:	30 hours	30 hours	30 hours	N/A
Triage Hours:	8 hours	N/A	N/A	N/A

7. Navigating the Hospital Environment:
    1. Students must arrive early and be prepared to begin their clinical shift at the scheduled time.
    2. Upon arrival, immediately report to the charge nurse or department supervisor to check in and receive instructions.
    3. If scrubs are required for your clinical experience, they will be provided by the clinical preceptor.
        a. Under-shirts should not be worn under a scrub top. Undergarments are REQUIRED under your scrubs.
    4. In the event of down-time during the clinical experience, students should bring classwork or other study material to utilize time efficiently for educational purposes.
    5. Any equipment or surface draped in a blue paper sheet has been sterilized. Students must not touch sterilized equipment or cross the sterile field, unless instructed to do so by hospital staff.
    6. Students must wash their hands following each patient interaction.
    7. Be aware of foot traffic in and around the nurse's station. Students should avoid standing or sitting in high-traffic areas. Personal items, to the extent they must be brought into the hospital, should be stored in the breakroom or EMS room.

8. EMS Agency Ride Time: Pre-hospital ride time with an approved EMS or fire agency is essential to the development of critical thinking, incident management, and patient assessment skills. However, it is not uncommon for a student to complete a 24-hour clinical shift and not interact with a single patient. Therefore, total ride time and patient contact time are tracked separately with separate requirements per module.
    a. "Ride Time" is the total time the student spends in the clinical environment, from the time they arrive until the time they leave.
    b. "Patient Contact Time" is the amount of time during a pre-hospital clinical shift in which the student is in direct contact with a patient.
        i. Patient contact time begins at the time of dispatch.
        ii. Patient contact time ends when the student is no longer caring for the patient.
            1. If student is driving the ambulance, patient contact time ends when the ambulance departs the scene enroute to the hospital or landing zone.
            2. If the students remains in the back of the ambulance, patient contact time ends when care is transferred to hospital or air medical staff.
        iii. Patients must be transported to a hospital emergency department or in-patient unit. Transfers back to the nursing home, patient's home, diagnostic services, or procedures, ie: dialysis, may not be included in patient contact time.
        iv. BLS (Basic Life Support) patients may count toward patient contact time only if the student is the primary care provider and report author. Maximum BLS patient contact time is 30 minutes per call.
        v. ALS (Advanced Life Support) patients include any patient where ALS skills were performed by any provider. Students must perform authorized ALS skills under direct supervision of an Illinois licensed paramedic in good standing with the McHenry Western Lake County EMS System for at least one year. Maximum ALS patient contact time is 60 minutes per call.
        vi. Refusal/AMA/DOA patients may be counted toward patient contact time with a maximum of 30 minutes.
        vii. Multi-Patient/Mass Casualty Incidents may be counted toward patient contact time, but only as a single incident.
        viii. Patient contact time must be completed by the deadline provided for each module. Excess patient contact time may no roll over to the following module.
        ix. Students must evaluate their progress frequently, and if their ability to complete their patient contact time by the deadline is in question, the student must request assistance from the instructor to schedule ride time at a busier fire department or EMS agency.
    c. The following table provides the MINIMUM number of hours required for each category.

	Module 1	**Module 2**	**Module 3**	**Module 4**
Ride Time:	125 hours	125 hours	125 hours	125 hours
Patient Contact Time:	15 hours	10 hours	10 hours	Capstone
Max. BLS Time:	7 hours	5 calls	5 calls	N/A

9. Authoring Reports: Students may only author a patient care report (PCR) if they have demonstrated competency in the interventions provided during the call. Students are encouraged to contribute to all reports to the extent that the contributions are limited to skills and interventions which the student has demonstrated proficiency. No ALS skills or narratives may be documented during Module 1 on the official patient care report. However, students are required to type "practice narratives" when documenting patient interactions in Platinum.

10. Specialty Clinical: Students are provided with various clinical experiences to expand their understanding of allied healthcare following pre-hospital patient care. Additionally, these Specialty Clinical opportunities afford a wide range of educational opportunities as they apply to patient care. The following table provides the MINIMUM number of hours required for each category.
    a. Students will be informed when scheduling for each clinical opportunity becomes available. Some opportunities may only be available during a brief window, so students will need to be diligent in scheduling the opportunity. Failure to schedule a clinical opportunity during an open window may result in the student being removed from the program.
    b. Students that do not qualify to participate in certain clinical experiences will be assigned, by the instructor, with substitute clinical time to complete. ie: Students who weigh in excess of the limit allowed for air medical ride time may be assigned additional ED time.
    c. Each opportunity must be completed during the module specified below, with the exception of alternative time. Alternative time may be accumulated throughout all four modules.

	Module 1	**Module 2**	**Module 3**	**Module 4**
Respiratory Therapy:	5 hours	N/A	N/A	N/A
Operating Room:	5 hours	N/A	N/A	N/A
Air Medical:	N/A	8 hours	N/A	N/A
Intensive Care:	N/A	8 hours	N/A	N/A
Burn Unit:	N/A	8 hours	N/A	N/A
Cath Lab:	4 hours	N/A	N/A	N/A
Monitor Room:	2 hours	N/A	N/A	N/A
Labor and Delivery:	N/A	N/A	10 hours	N/A
Pediatrics:	N/A	N/A	8 hours	N/A
Alternative:	25 hours			

    d. Alternative time is split into two categories, community service and education. Students are encouraged to seek out and participate in alternative opportunities throughout the program.
        i. Community Service: The intent of community service hours is to expose the student to non-patient care attributes of emergency medical services. At the conclusion of the program, students should value the impact of community service by EMS professionals.
            1. Students must accumulate 20 community service hours related to the field of EMS. Examples include: public education, staffing a first-aid booth at a fundraiser, serving as official EMS stand-by for a youth sports game, assisting as a lab instructor for the EMR or EMT programs, etc.

2. To qualify as community service, the student must volunteer their time. Paid assignments through their employer, or volunteer opportunities with non-monetary compensation may not be counted toward community service hours.

ii. Education: The intent of education hours is to expose students to the various forms of continuing and supplemental education required of all EMS providers throughout their careers. Students must demonstrate their understanding of the importance of professional development and seek supplementary educational opportunities outside of the program curriculum.

1. Students must accumulate 5 alternative education hours related to the field of EMS. Examples include: conferences, seminars, webinars, or online learning packets.
2. Education or certification required by the employer or EMS system (ie: monthly EMS CE) shall not be counted.

11. Scope of Practice: The student's scope of practice will evolve rapidly throughout the program. However, under no circumstance may a student perform a skill or intervention that has not been explicitly approved by the instructor. Throughout the program, the instructor will notify students, preceptors, and other interested parties when certain skills may be practiced in the clinical environment. If a student performs a skill prior to authorization by the instructor, the student may be subject to expulsion from the program. There are no exceptions to this rule.

{Preceptor's Evaluation Rubric}

A preceptor's evaluation of a student is the most effective way to measure a student's development throughout class. To maximize the effectiveness of this evaluation, the evaluation must be objective and consistent among all preceptors. All preceptors are encouraged to utilize the rubric below when evaluating students at the conclusion of a clinical experience.

Student: Place a checkmark in the box of each skill you have been signed off to practice.
Preceptor: Consider the student's experience and progress through class and determine your rating accordingly.

Current Mod:	☐	☐	☐	☐
Skill	**Mod I**	**Mod II**	**Mod III**	**Internship**
☐ Patient Assessment (Medical)	Developing	Fine-Tuning	Competency	Mastery
☐ Patient Assessment (Trauma)	Developing	Fine-Tuning	Competency	Mastery
☐ Patient Assessment (Pediatric)	EMT Equivalent	Developing	Fine-Tuning	Competency
☐ Documentation / PCR	Developing	Fine-Tuning	Competency	Mastery
☐ Airway Management / O2 Therapy	Developing	Fine-Tuning	Competency	Mastery
☐ IV/IO Access and Management	Developing	Fine-Tuning	Competency	Mastery
☐ Pharmacology and drug admin.	Developing	Fine-Tuning	Competency	Mastery
☐ Respiratory emergency management	Developing	Fine-Tuning	Competency	Mastery
☐ Shock/trauma management	Developing	Fine-Tuning	Competency	Mastery
☐ Medical emergency management	Developing	Fine-Tuning	Competency	Mastery
☐ Rhythm/EKG Interpretation	N/A	Developing	Fine-Tuning	Competency
☐ Cardiac emergency management	EMT Equivalent	Developing	Fine-Tuning	Competency
☐ Obstetrics / Childbirth management	EMT Equivalent	EMT Equivalent	Developing	Competency
☐ Pediatric emergency management	EMT Equivalent	EMT Equivalent	Developing	Competency

When using the scale, **E = Exceeds Expectations | M = Meets Expectations | N=Needs Improvement,** rate each category based on the following:

E = Exceeds Expectations – Student **ALWAYS** meets the expectations in the table above.

M = Meets Expectations – Student **ROUTINELY** meets the expectations in the table above.

N = Needs Improvement – Student **SOMETIMES** meets the expectations in the table above.

{Field Clinical Documentation}

Student Name:_____ Begin Time/Date: _____

Clinical Site: _____ End Time/Date:_____

Preceptor Name:_____ Total Hours:_____ Total Patients:_____

Complete one entry for each patient interaction. Preceptor, please evaluate each patient interactions using the following scale, based on **reasonable expectations consistent with the student's progression in class**, and in accordance with the rubric on page 2.

Call #	Patient Info	Field Impression	Skills Observed	Skills Performed	Evaluation
	Age:_____ Gender:_____				□ Developing □ Proficient
	Age:_____ Gender:_____				□ Developing □ Proficient
	Age:_____ Gender:_____				□ Developing □ Proficient
	Age:_____ Gender:_____				□ Developing □ Proficient
	Age:_____ Gender:_____				□ Developing □ Proficient
	Age:_____ Gender:_____				□ Developing □ Proficient
	Age:_____ Gender:_____				□ Developing □ Proficient

Performance Evaluation:

Preceptor, please evaluate the student objectively, based solely on their performance during this clinical experience, and **consistent with reasonable expectations consistent with the student's progression in class**. If needed, use the Preceptor's Evaluation Rubric provided by the student upon request.

E = Exceeds Expectations | M = Meets Expectations | N=Needs Improvement

Affective Domain: Attitude and Professional Characteristics

E M N **Punctuality.** Student arrived on-time and prepared for clinical.
E M N **Appearance.** Student is well-groomed, free of body odor, uniform is clean and free from wrinkles.
E M N **Conduct.** Student is respectful, demonstrates initiative, completes tasks thoroughly.
E M N **Engagement.** Asks questions, solicits and accepts constructive feedback.
E M N **Ethics.** Definitively obtains consent, operates within scope, and demonstrates empathy in patient care.

Cognitive Domain: Learner Characteristics

E M N **Application.** Applies learned material effectively during patient care.
E M N **Knowledge.** Demonstrates appropriate knowledge of subject matter, commensurate with classroom curriculum.
E M N **Leadership.** Develops treatment plan, communicates with crew, and directs effective patient care.

Psychomotor Domain: Patient Care

E M N **Interview.** Capable of conducting a comprehensive patient/bystander interview to assist with field impression.
E M N **Assessment.** Performs thorough physical assessments as necessitated by chief complaint or general impression.
E M N **Intervention.** Competently performs various hands-on skills germane to the treatment plan.

Preceptor Comments: (General feedback AND list all skills requiring additional practice)

_____

Preceptor Signature:_____ Date:_____ Time:_____

Paramedic Clinical Guide

{Emergency Department Clinical Documentation}

Student Name:_____ Begin Time/Date: _____

Clinical Site: _____ End Time/Date:_____

Preceptor Name:_____ Total Hours:_____ Total Patients:_____

Skill Type	# Performed Successful	# Performed Unsuccessful	Cumulative Skill Assessment	Skill Type	# Performed Successful	# Performed Unsuccessful	Cumulative Skill Assessment
Medical Assessment			□ Developing □ Proficient	IV / IO Access			□ Developing □ Proficient
Trauma Assessment			□ Developing □ Proficient	EKG Interpretation			□ Developing □ Proficient
Patient Interview			□ Developing □ Proficient	Medication Administration			□ Developing □ Proficient
CPR			□ Developing □ Proficient	Intubation			□ Developing □ Proficient

Case	Patient Info	Pertinent Diagnosis	Skills Observed	Skills Performed
1	Age:_____ Gender:_____			
2	Age:_____ Gender:_____			
3	Age:_____ Gender:_____			
4	Age:_____ Gender:_____			
5	Age:_____ Gender:_____			
6	Age:_____ Gender:_____			
7	Age:_____ Gender:_____			
8	Age:_____ Gender:_____			

Performance Evaluation:

Preceptor, please evaluate the student objectively, based solely on their performance during this clinical experience, and **consistent with reasonable expectations consistent with the student's progression in class**. If needed, use the Preceptor's Evaluation Rubric provided by the student upon request.

E = Exceeds Expectations | M = Meets Expectations | N=Needs Improvement

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E M N **Intervention.** Competently performs various hands-on skills germane to the treatment plan.

Preceptor Comments: (General feedback AND list all skills requiring additional practice)

_____

Preceptor Signature:_____ Date:_____ Time:_____

Paramedic Clinical Guide

{Specialty Clinical Documentation}

Student Name:_____ Begin Time/Date: _____

Clinical Site: _____ End Time/Date:_____

Preceptor Name:_____ Total Hours:_____ Total Patients:_____

☐ Respiratory ☐ Intensive Care ☐ Cath Lab ☐ Surgical ☐ Pediatrics ☐ OB/GYN ☐ Flight ☐ Burn ☐ Alternative ☐ Other (List)

Case	Patient Info	Pertinent Diagnosis	Skills Observed	Skills Performed	Evaluation
1	Age:_____ Gender:_____				☐ Developing ☐ Proficient
2	Age:_____ Gender:_____				☐ Developing ☐ Proficient
3	Age:_____ Gender:_____				☐ Developing ☐ Proficient
4	Age:_____ Gender:_____				☐ Developing ☐ Proficient
5	Age:_____ Gender:_____				☐ Developing ☐ Proficient

Performance Evaluation:

Preceptor, please evaluate the student objectively, based solely on their performance during this clinical experience, and **consistent with reasonable expectations consistent with the student's progression in class**. If needed, use the Preceptor's Evaluation Rubric provided by the student upon request.

E = Exceeds Expectations | M = Meets Expectations | N=Needs Improvement

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E M N **Assessment.** Performs thorough physical assessments as necessitated by chief complaint or general impression.
E M N **Intervention.** Competently performs various hands-on skills germane to the treatment plan.

Preceptor Comments: (General feedback AND list all skills requiring additional practice)

_____

Preceptor Signature:_____ Date:_____ Time:_____

"I, the undersigned student, confirm and attest that I have completed the specialty clinical objectives for this clinical experience."

Student Signature:_____ Date:_____ Time:_____

{Comprehensive Patient Assessment Form}

Student Name: _____ Time/Date of Assessment: _____

Patient Information: Age:_____ Sex:_____ Weight:_____

Primary Assessment and Patient Interview					
General Impression:			**AVPU:**		
Airway					
Breathing (Rate, Regularity, Effort)					
Circulation (Rate, Quality, Regularity)					
Chief Complaint					
Secondary Complaint(s)					
Past Medical History					
Medications					
Allergies					
Onset	**Provocation**	**Quality**	**Radiation**	**Severity**	**Time**

Physical Assessment / FIndings
Head/Face
Neck
Chest
Abdomen
Pelvis
Lower Extremities
Upper Extremities
Back

Body System Assessment / Findings
Integumentary
Cardiac
Respiratory
Neurologic
Gastrointestinal
Genitourinary
Psychosocial
Musculoskeletal
Other findings

Diagnosis and Treatment Plan

Vital Signs							
BP_____/_____	Pulse_____	RR_____	SpO2_____	EtCO2_____	Glucose_____	Temp_____	GCS_____
BP_____/_____	Pulse_____	RR_____	SpO2_____	EtCO2_____	Glucose_____	Temp_____	GCS_____
BP_____/_____	Pulse_____	RR_____	SpO2_____	EtCO2_____	Glucose_____	Temp_____	GCS_____
BP_____/_____	Pulse_____	RR_____	SpO2_____	EtCO2_____	Glucose_____	Temp_____	GCS_____

{Cardiac Rhythm Interpretation}

Paste Single Lead Strip Here

Staple 12-Lead to This Page

Regularity: _____ Rate: _____ P Wave: _____ PRI: _____

QRS: _____ ST-Elevation: _____ ST-Depression: _____

Full Interpretation: _____

Describe pre-hospital treatment plan per MWLCEMS Protocol for this rhythm:

Paste Single Lead Strip Here

Staple 12-Lead to This Page

Regularity: _____ Rate: _____ P Wave: _____ PRI: _____

QRS: _____ ST-Elevation: _____ ST-Depression: _____

Full Interpretation: _____

Describe pre-hospital treatment plan per MWLCEMS Protocol for this rhythm:

{Respiratory Clinical Objectives}

Clinical Objective: To facilitate the development and refinement of airway management skills, and acute and chronic respiratory ailment intervention.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Recognize and comprehend the anatomy and physiology of the respiratory system.
2. Value the importance of rapid, comprehensive, and aggressive respiratory assessment and intervention.
3. Recognize signs and symptoms of various acute and chronic respiratory conditions.
4. Communicate appropriate and effective respiratory treatment plans.
5. Assess and reassess efficacy of respiratory interventions and recommend alternative/supplemental treatment(s) as required.
6. Identify various lung sounds and likely causes.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. Perform various airway interventions to maintain patency
2. Assess and verify airway patency.
    a. Manual repositioning
    b. Patient positioning
3. Assess lung sounds through auscultation.
4. Assess work of breathing, tidal volume, and air exchange.
5. Evaluate clinical indications of respiratory insufficiency
    a. Respiratory rate
    b. Heart rate
    c. SpO2
    d. Skin parameters
    e. EtCO2 / Capnography
6. Administer appropriate pharmacological interventions to manage acute and chronic respiratory conditions
    a. Oxygen administration
        i. Nasal cannula
        ii. Non-rebreather mask
        iii. Bag-valve device
    b. Aerosolized medication
    c. CPAP/BiPAP
7. Observe various respiratory interventions beyond the scope of practice of a paramedic.
    a. Ventilator
    b. Peak-flow monitoring

{Intensive Care Unit Clinical Objectives}

Clinical Objective: To familiarize students with various critical care and pharmacological interventions, and foster practice and refinement of patient assessment skills.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Development of patient assessment skills.
2. Understanding of various acute and chronic conditions that require intensive care and patient monitoring.
    a. Pathophysiology of patient conditions
    b. Signs/symptoms of patient conditions
    c. Diagnosis/treatment of patient conditions
3. Review and understanding of various interventions and advanced monitoring techniques to support hemodynamic stability.
4. Familiarization with pharmacological interventions to support hemodynamic stability including indications, contraindications, action(s) and side effects.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. Demonstrate patient assessment
    a. Focused
    b. Head-to-toe
2. Assemble and prepare equipment for venipuncture and peripheral fluid therapy.
3. Administer medication(s) through various routes within the paramedic's scope of practice
    a. Intravenous
    b. Intraosseous
    c. Intramuscular
    d. Subcutaneous
    e. Inhalation
4. Identify EKG rhythm disturbances and appropriate treatment modalities.
    a. Pharmacological intervention
    b. External pacing
    c. Cardioversion
    d. Defibrillation
5. Assess ongoing airway patency and perform appropriate airway management interventions within the student's scope of practice:
    a. Endotracheal intubation
    b. Supraglottic airways
6. Perform cardiopulmonary resuscitation

{Surgical / OR Clinical Objectives}

Clinical Objective: To provide students with an enhanced understanding of anatomy and physiology and, if available, live-patient experience with airway management, including endotracheal and supraglottic airway devices.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Recognition of major anatomic internal and external landmarks.
2. Appropriate articulation of perceived airway management challenges based on external patient assessment.
3. Review and discussion of various airway management techniques.
4. Examine the effect of artificial ventilations on venous return and cardiac output.
5. Observe various surgical procedures.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. Demonstrate appropriate assessment of airway anatomy in preparation for advanced airway management.
2. Demonstrate proper technique when performing the following skills:
    a. Endotracheal intubation
    b. Supraglottic airway insertion
3. Verify airway patency following advanced airway insertion.
4. Assess and manage effective artificial ventilations and oxygen administration.

{Burn Unit Clinical Objectives}

Clinical Objective: To observe long-term physiology of major burns, including ongoing assessment and treatment of burn patients.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Discuss assessment and management concerns of the acutely burned patient.
2. Discuss and observe long-term affects of burns on the healing process.
3. Discuss patient care challenges related to the acutely burned patient.
4. Discuss non-traumatic causes of damage to the integumentary system.
5. Discuss the impact of patient demographics on burn severity and long-term treatment.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. Assist with patient care where permitted and within the student's scope of practice.
2. Observe various treatments of the acutely burned patient.
3. Medication administration
4. Airway management, including endotracheal intubation

{Obstetrics/Gynecological Clinical Objectives}

Clinical Objective: To provide students with exposure and experience in a low-frequency patient demographic and encourage familiarity with labor, delivery, post-partum, and neonatal care.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Discuss effective assessment of a patient in labor, including identification of signs of imminent delivery.
2. Discuss appropriate and effective methods of psychological first aid for the laboring patient.
3. Discuss use of the APGAR assessment during newborn care.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. Orient to OB equipment and its proper use.
2. Observe fetal monitoring and assessment of fetal heart tones.
3. Observe and assist in a vaginal delivery.
4. Observe and assist with neonatal care, including resuscitation.
5. Observe delivery via cesarean section.
6. Assist in the assessment and care of a newborn.
7. Medication administration
8. Vascular access

{Cardiac Cath Lab Clinical Objectives}

Clinical Objective: To introduce students to the procedure of percutaneous catheterization and provide additional education related to acute coronary syndrome and other cardiac diseases.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Discuss common signs and symptoms of acute coronary disease.
2. Review anatomy of the heart, including coronary vasculature.
3. Identify common effects of ischemia on the myocardial tissue.
4. Correctly interpret EKG rhythm disturbances and discuss various treatment options.
5. Review patient case history and identify possible relationships between the current case and preexisting conditions and predispositions.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. This clinical experience is observational only.

{Pediatric Clinical Objectives}

Clinical Objective: To provide students with exposure to the pediatric population to instill confidence and efficiency in pediatric emergency care.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Compare and contrast assessment of the pediatric patient vs. adult patient.
2. Discuss life-span development and how a child's age influences assessment and treatment.
3. Identify effective means of communication with various pediatric age groups.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. Perform an assessment of various pediatric patients.
2. Establish vascular access through approved means.
3. Calculate weight-based medications indicated for the pediatric patient.
4. Obtain vital signs from various pediatric age groups.
5. Manage the airway of a pediatric patient.

{Air Medical}

Clinical Objective: To practice emergency care on the critically ill or injured patient.

Learning Outcomes: Students shall communicate the following cognitive and affective learning outcomes to the preceptor and demonstrate the same through patient care, when practical.

1. Discuss enhanced educational and training requirements to obtain certification as a flight paramedic.
2. Compare and contrast expanded scope skills authorized for air medical personnel.

Psychomotor Skills Objectives: Students shall perform the following skills, when applicable, and under the direct supervision of a preceptor.

1. Participate in a pre-flight checklist and safety check.
2. Review emergency procedures related to the aircraft.
3. Orient to tools and equipment carried on the aircraft.
4. Observe patient care and intervention.

{Alternative Opportunities}

Clinical Objective: To award credit for various educational opportunities which may enhance the student's knowledge and proficiency of emergency medicine.

Student must accumulate no fewer than 25 alternative clinical hours throughout the program. Students are encouraged to seek unique training or educational opportunities related to EMS. All alternative hours must be submitted for approval in advance to the instructor.

Category	Max. Hours for Alternative Time
Community Service Hours	
Assistant instructor with EMT or EMR courses	No Max
Disaster drill victim volunteer	No Max
Volunteer as a medical professional at a sporting event, race, etc.	No Max
Continuing Education Hours	
Autopsy	No max. Awarded hour for hour.
Voluntary EMS seminars, continuing education, or other training opportunity.	No max. Awarded hour for hour.
Completion of EMS quizzes and learning packets on system website.	2 hours. Awarded ½ hour per quiz.
Other opportunities as approved by the instructor.	TBD

Students must have verifiable proof of attendance and participation for any given alternative clinical opportunity. Acceptable verification includes: a signed letter from an event organizer, a signed preceptor evaluation form, a certificate of attendance/completion, or other requirements as determined by the instructor.

Mandatory continuing education through an employer or EMS system may not be counted toward alternative time. Additionally, community service hours must be voluntary and unpaid.