

**Professional Education and Resources  
Company**

**PERCOMOnline, Inc.**

**Clinical Internship Manual  
Advanced Level Courses**

Intermediate/AEMT and Paramedic students are required to complete certain field and clinical rotations and turn in paperwork on these rotations and experiences which is signed by preceptors (persons certified or licensed as RN, MD, DO, PA, RT, EMT-I/AEMT, or Paramedic who supervise the student during the patient contact). These experiences must be documented appropriately to successfully complete the course through PERCOM, and all students are responsible for reviewing and complying with all clinical rules and regulations as specified in this document and in the Clinical and Field Rotation Manual that is a part of this document.

First, read the Rules and Regulations specified in the first section of the Clinical Manual. It has specific guidelines that you **MUST** follow including referring to the guidelines from the Infectious Disease Manual, which you will find in the Resources in your Student Profile at [percomonline.com](http://percomonline.com). Students are expected to review all of these guidelines and follow them during rotations. These rules and regulations are designed to protect you and to protect the future of PERCOM students and their ability to continue to be accepted as active participants at designated field and clinical sites.

The process of scheduling students for clinical and field rotations isn't easy and takes time. That is why we advise you to start sending all your clinical and field requirements soon after you enroll into the course. It can take up to **SIX** weeks to schedule your rotations because hospitals and EMS sites don't always get back to us right away. Sometimes it takes multiple phone calls and emails to get one rotation scheduled. Sometimes we don't get approval until the day before or even the day **OF** the rotation (if it is scheduled to be later in the day). So **PLEASE** remember that when you send requests for dates for your rotations, those are dates you are saying you **WILL** be available and watch for those emails from your Clinical Scheduling person and scheduling posts in Platinum showing that your request is approved and plan accordingly.

Also do **NOT** wait until you are scheduling your Skills Session(s) or afterwards to begin sending in your clinical documents.

Waiting will cause unavoidable delays for you. Please plan accordingly and don't set yourself up to be under the gun to finish before your deadline and making it impossible for the Clinical Faculty to help you meet it. They cannot force sites to respond more quickly, and since many of them require 30 days or more advance notice to even consider the requests, it means you have to plan. Remember, scheduling requests are just that – "requests". Even though all sites are required to have a current and valid clinical or field affiliation agreement with the school, it does not mean that they are required to accept or approve every student or every scheduling request. Each site reserves the right to deny a student or request at any time. PERCOM will not be held responsible or liable for refusals or denials by the site, state or national licensing or

accrediting agencies. Site and state availability may change at any time without notice.

Students are expected to behave in a professional manner any time that they are representing PERCOM, including in the rotation environment. Students should be aware that physical appearance plays a huge role in being accepted as a professional. Be sure to arrive for all rotations at least 15 minutes prior to your scheduled shift, in full uniform (including student nametag), clean and pressed, wearing a watch and bearing your own stethoscope. Plan to wear your uniform to ALL sites, even if you might have to change into scrubs at the request of the staff. If this occurs, remember that the scrubs are the property of the facility and are not to be removed from the facility, as this is theft and is grounds for dismissal from the program.

Also bring with you a good attitude and demeanor. You are expected to function as part of the EMS crew or clinical crew for the day, so you should actively look for ways to help your preceptors with daily responsibilities such as washing the unit, checking out the truck, stocking, changing beds and stretchers, etc. These activities not only acclimate you to various portions of the job that don't necessarily have to do with direct patient care, but they help you establish rapport with your preceptors so they are more willing to allow you to perform skills and assessments on their patients throughout the shift. You are also under the direct supervision of EMS or clinical staff during your rotation and must only do what they allow you to do and nothing more. Students are also barred from performing any skill for which a PERCOM designated instructor has not checked them off. Students are NOT allowed to be in the clinical environments until they have completed their required PRACTICE/TESTING SESSIONS. AEMT students must pass all P1 Skills Practice and Testing, P1 Final Exam, and be signed off on the proficiency sheet by the instructor before they can enter rotations. AEMT students may complete the first minimum 168 hours allocated for the clinical subset for AEMT students after completing and passing P1 Final Exam and the first P1 Practice Session. However, further Paramedic level rotations will be withheld until the student has passed the P2 Summative Paramedic Final Exam and all Practice and Testing for skills for P2. The Paramedic student must complete ALL other clinical and field requirements before they can complete the final 144 hours of EMS rotations known as Final Field Internship.

All documentation will be done in Platinum Planner and submitted through that system for PERCOM credit. This includes all necessary data entry as well as uploads of hard documents. You must go through the tutorial that is placed in Platinum as well as the documentation tutorial that will be sent to you by the Clinical Coordinator with your initial instructions for scheduling, documenting and attending rotations so that you understand the process for entering information. In case of a malfunction, bring all hardcopy paperwork that we will provide by email or downloaded from inside the percomonline.com website with you that you will need to complete and have signed by your preceptor. However, unless there is

equipment or internet malfunction, all rotation paperwork should be completed electronically in Platinum. (The exception is the form entitled PRECEPTOR VERIFICATION FORM, which must be taken in hard copy form and signed by the evaluating preceptor at the end of EVERY rotation. This form must then be uploaded as part of the shift documentation into Platinum. This form will be posted in percomonline.com, distributed by the Clinical Coordinator and/or is contained within this manual. Ensure that the preceptor signs all appropriate places on your paperwork/data and completes and signs an Evaluation form/data to evaluate your performance. Platinum has a place at the end of your shift data entry for you to select or add your preceptor and his/her contact information (IF THE PRECEPTOR IS NOT ALREADY LISTED IN THE DROP DOWN MENU OF EXISTING PRECEPTORS). If you are setting up the preceptor for the first time, please explain to the preceptor that evaluations of your shift, contacts, and skills are done using an electronic data system through platinumplanner.com. It is best to pull up the screen to add the preceptor and then ask the preceptor to enter his/her correct name and preferably agency/hospital email address. Document your contacts and skills throughout the shift but make sure before you and the preceptor leave the site to submit your shift, log out of Platinum, and hand your electronic device to the preceptor with the login screen. Ask the preceptor to log in (set his/her password if it is the first time) and to review your submission and complete your evaluation BEFORE YOU LEAVE THE SITE!!!! Also have the preceptor read and sign the Preceptor Verification Form. If the preceptor refuses to use the data system, you can utilize your paper evaluation forms but be sure to show your shift submission to the preceptor FIRST so that he/she can verify your entries. NOTE: YOUR CREDIT WILL BE WITHHELD IF THERE IS NO SUBMISSION OF PRECEPTOR EVALUATION OR SUBMISSION BY YOU OF YOUR EVALUATION OF THE PRECEPTOR AND SITE AND YOU WILL HAVE TO REPEAT THE SHIFT AT A LATER TIME AND DATE! EVALUATIONS ARE MANDATORY!

**Be aware also that Final Field Internship has different requirements for data entry and actual paperwork and documentation that must be completed IN ITS ENTIRETY by both you and your preceptor(s) to receive credit. Be sure you have all the necessary paperwork and have thoroughly reviewed all instructions from the Clinical Coordinator prior to starting your first FFI rotation. Also, stay in close touch with the Clinical Coordinator throughout FFI by message in the percomonline.com message system to ensure you are completing the requirements correctly and completely to avoid having to pull more rotations or redo paperwork or data entry to receive credit. You must also have the preceptor sign the Preceptor Verification Form and must upload it for each FFI shift, just as you did for all other rotations.**

**NOTE: All data and paperwork is graded by the Clinical Coordinator or other designated Clinical Faculty. Your sites and even specific preceptors may be contacted during weekly random audits to verify honesty and integrity of student data/paperwork submissions as well as to assess performance and**

**overall behavior of students during rotations. Complaints, comments, or concerns voiced, entered or written by sites, preceptors, or others with whom you may have come in contact or who may have knowledge of your rotation or your data or paperwork submissions, will be investigated. Based on data entry comparison/verification with sites and preceptors or the results of investigations of complaints, comments or concerns brought to the attention of PERCOM Clinical Faculty, Administration or Medical Director(s), student rotations may be counted as null/void and may have to be repeated for credit. Students may even be removed from the program as a “Fail” based on the nature of the infraction. Forgery or other falsification of documents or data will not be tolerated.**

**Whatever you do, do NOT remain a wallflower.** Experiences will not usually find you; YOU must find them. When you arrive at your rotation site, introduce yourself to the shift leader, chief, or charge nurse. Tell that person that you are an AEMT and/or Paramedic student from PERCOM EMS Academy and are scheduled to rotate with their department. Ask them who will be your preceptor. Be sure to introduce yourself to the preceptor and tell him or her that you are looking for every opportunity to help assess patients, take vital signs, and participate in every learning experience available.

If you are rotating in obstetrics, let the nurse know that you must observe a vaginal delivery so that you may be more prepared to deliver a baby in the field if the need arises and ask her to assist you in gaining access to the delivery room. (Male students typically will have a slightly more difficult time in this area of the hospital gaining experiences and must usually make a large effort to assist the mothers in labor, gain report with the patient and her family, and assist the nurse as much as possible to be able to gain access to a delivery suite.)

You must complete all clinical hours, patient contact requirements and skills requirements in order to graduate as an AEMT graduate or to proceed forward into Final Field Internship as a Paramedic student. In Final Field Internship, you must complete the minimum required EMS hours as well as receive the minimum number of positive/passing preceptor evaluations with all associated paperwork complete for team leads or you will be required to schedule and attend more rotations until all requirements are met. This must be documented in Platinum Planner and other designated paperwork and uploaded to the shift inside Platinum in order to receive credit. If you see that you are running low on a particular skill/contact requirement, inform the Clinical Coordinator (or designee) so that he/she can help ensure that you meet the minimum requirements for graduation. If you do not meet the minimum skills/contacts requirements, you will be required to attend more rotations.

Following the successful completion of all skills practice and testing, final exam, all rotations and Final Field Internship and all associated requirements, you will be required to take and pass your Paramedic Graduate Interview with a member of the

Medical Director's team. You should contact the Program Director when you have scheduled your last rotation for Final Field Internship with the date of that last rotation so that you can be included on the next list for interviews. Those days are based around physician availability and may require that you adjust your schedule accordingly. Interviews are usually administered once a month, and graduate candidates **MUST** pass this interview within two attempts to pass the program.

These clinical and field rotations will be what **YOU** make of them; you should strive to be personable and motivated, so that you can gain as much experience as possible during your limited time in these sites.

## **REQUIRED ROTATIONS**

Review the Chart below which delineates what rotations will be required for you to complete this course. If you have questions, please e-mail them to the clinical Liaison. These rotations and experiences are mandatory for course completion and some students may have to attend more rotations than others before gaining the minimum patient contacts and experiences.

### **INTERMEDIATE/AEMT**

<b>Hours Required:</b>	<b>EMS – 72 Hours</b> <b>Hospital ER – 56 Hours</b> <b>Hospital OB – 16 Hours</b> <b>Hospital Respiratory Dept. – 8 Hours</b> <b>Hospital OR – 16 Hours</b>  <b>Total Required Hours – 168 Hours</b>
<b>Contacts Required:</b>	<b>EMS – Fifteen (15) EMS transports, Five (5) must be advanced transports</b> <b>OB patient contacts – 5</b> <b>Live birth witnessed – 1</b> <b>Medical patient contacts – 20</b> <b>Trauma patient contacts – 20</b> <b>Cardiac patient contacts – 10</b> <b>Respiratory patient contacts – 10</b> <b>Psychiatric/behavioral patients – 3</b> <b>Altered mental status patients – 2</b> <b>Syncopal episode patients – 1</b> <b>Abdominal pain patients – 1</b> <b>Adult patient contacts – 20</b> <b>Geriatric patient contacts – 10</b> <b>Adolescent patient contacts – 1</b> <b>School-age patient contacts – 1</b> <b>Preschool patient contacts – 1</b> <b>Toddler patient contacts – 1</b> <b>Infant patient contacts - 1</b>
<b>Skills Required:</b>	<b>Successful IV administration – 10 times</b> <b>Successful blood draw – 10 times</b> <b>-Endotracheal intubation – 3 times</b> <b>Ventilations with BVM – 1 time</b> <b>Respiratory Medication Administration - 2</b>

## PARAMEDIC

- Hours Required:** EMS – 240 Hours (minimum 144 hours in Final Field Internship)  
Hospital ER – 128 Hours  
Hospital OB – 16 Hours  
Hospital Respiratory Dept. – 8 Hours  
Hospital OR – 24 Hours  
Hospital Cardiac unit – 8 Hours  
Hospital Cath Lab – 8 Hours  
Hospital Neonatal ICU – 8 Hours  
Hospital ICU – 16 Hours
- Total Required Hours – 456 Hours
- Contacts Required:** EMS – Twenty five (25) EMS transports, Five (5) must be advanced transports  
OB patient contacts – 10  
Live birth witnessed – 1  
Medical patient contacts – 40  
Trauma patient contacts – 40  
Cardiac patient contacts – 20  
Respiratory patient contacts – 20  
Psychiatric/behavioral patients – 5  
Altered mental status patients – 5  
Syncopal episode patients – 4  
Abdominal pain patients – 4  
Adult patient contacts – 40  
Geriatric patient contacts – 20  
Adolescent patient contacts – 4  
School-age patient contacts – 4  
Preschool patient contacts – 4  
Toddler patient contacts – 4  
Infant patient contacts - 4
- Skills Required:** Successful IV administration – 40 times  
Successful blood draw – 20 times  
Endotracheal intubation – 5 times  
Ventilations performed – 3 times  
Medication administration – 15 times  
EKG interpretation – 20 times  
EKG Interpretation: Not normal sinus rhythm – 10 times  
20 Airway (18 of last 20 successful)
- Final Field Internship:** 20 Team Leads with last 18 as “successful” Team Leads  
NOTE: Paramedic students may NOT start Final Field Internship until Cleared by the Clinical Coordinator and after having received correct Paperwork and instructions for this final rotation phase.

You should arrive for your rotation at least 15 minutes early. Take hard copy clinical documentation paperwork with you as well as your tablet PC, complete data entry and all evaluations prior to leaving the site, and If the tablet PC or internet



fails, complete all hard copy paperwork and have the preceptor sign in all appropriate places. Do not forget to also get the Preceptor Verification Form signed on all rotations even if you use Platinum or you will NOT receive credit for the rotation or any of its experiences. This is MANDATORY!

## **Instructions for Completing Clinical Paperwork**

ALL students are required to do computerized data entry using the approved electronic data entry/charting system, Platinum Planner. If the student chooses to be enrolled in one of PERCOM's approved alternate clinical programs, that program may utilize FISDAP or other systems, and all charges for these other systems will be incurred and paid by the student to the approved alternate clinical program. In those instances, the student is required to use the system made available by that program if enrolled and will also still be responsible for entering all shift data into Platinum following the shift for proper tracking by PERCOM's Clinical Coordinator or designee.

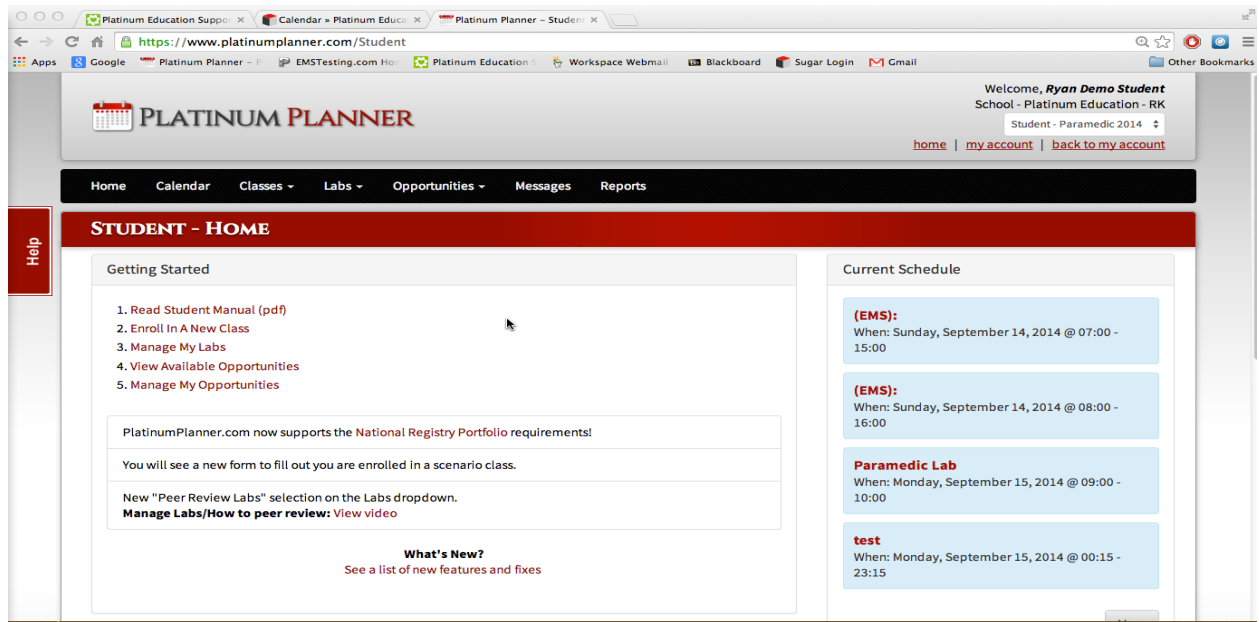
PERCOM students will be supplied with hard copy paperwork by the Clinical Coordinator or designee that can be utilized to assist in documentation or in the event that the tablet PC or internet fails during the rotation. However, this paperwork will not be used INSTEAD of the electronic charting through Platinum Planner. In fact, students are expected to take either their own or a PERCOM loaned tablet PC with internet access to each rotation and document throughout the shift. At the end of the rotation, the system will allow the student to choose or add preceptors. The system also allows the student to complete site and preceptor evaluations. ALL data must be correctly entered including student evaluations for the student to receive credit for the shift, skills and patient contacts. THIS MEANS THAT YOU MUST COMPLETE YOUR PAPERWORK BEFORE THE END OF YOUR SHIFT AND BEFORE YOUR PRECEPTOR LEAVES HIS/HER SHIFT, SUBMIT YOUR PAPERWORK, OPEN UP A WEB BROWSER AND NAVIGATE TO PLATINUMPLANNER.COM, AND ASK YOUR PRECEPTOR TO SIGN IN AND COMPLETE THE PRECEPTOR EVALUATION ON YOU AND SUBMIT IT. THE PRECEPTOR SHOULD BE ADVISED TO THEN LOG OUT AND HAND THE PC BACK TO YOU. ASSURE THE PRECEPTOR THAT THIS ASSURES THE EVALUATION IS NOT SEEN BY YOU DIRECTLY AND THAT YOU MUST HAVE THE EVALUATION OR YOU WILL LOSE CREDIT FOR THE SHIFT, CONTACTS, SKILLS, ETC THAT YOU JUST COMPLETED. Hard copy paperwork used in the event of equipment or internet failure must be completed and signed, **all evaluations completed** and signed and then the data entered following the shift with the hard copy paperwork uploaded as attachments to the shift inside Platinum Planner. (NOTE: Students who accept the loaned tablet PC from PERCOM must sign and return a usage and

return agreement prior to receiving and using the tablet PC. The student will be bound by the provisions set out in that agreement whether or not the student signs or returns the agreement if he/she accepts a PERCOM tablet PC. Students should be aware that extraneous or unauthorized use, unauthorized charges and fees, and/or lack of return of the tablet PC in usable and unaltered condition will require that the student pay for the charges, damages, or the tablet PC itself before being cleared for graduation. PERCOM will hold no liability if the student uses the tablet PC for illegal purposes and will report, comply with legal proceedings and/or contact law enforcement or other authorities as indicated based on the nature of the infraction. Illegal or unauthorized use of the tablet PC can result in expulsion of the student from the program.)

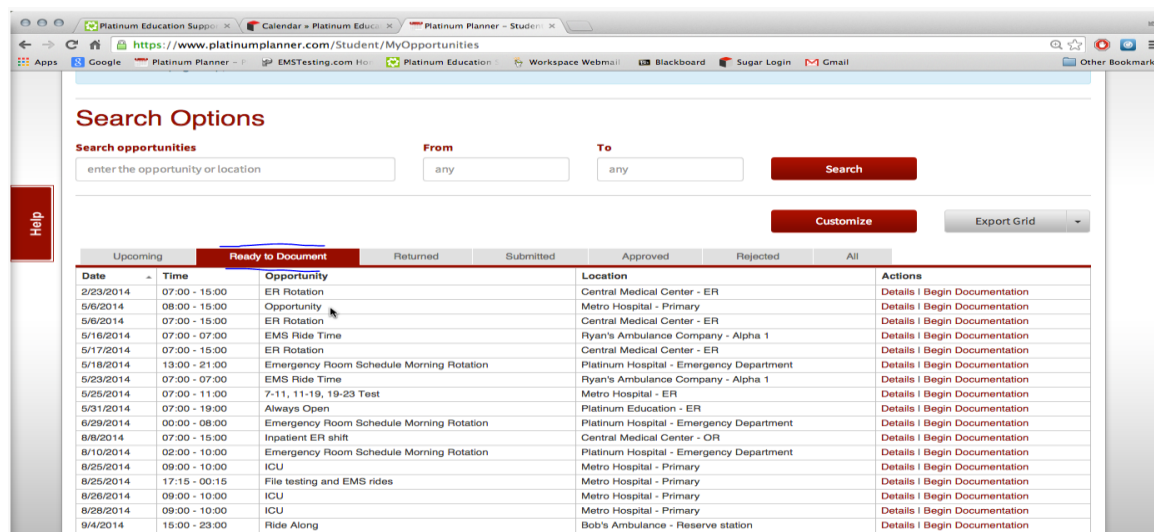
Students will receive an “invite” email during the lock and confirmation process for his/her first upcoming Skills Session. Students are barred from attending any rotations unless the Skills Session/Testing Session is successfully completed following successful completion of the course Final Exam. Once the student receives the “invite” email for Platinum Planner, he/she should read it carefully and follow instructions closely to request to be added to the correct EMT course and then to select the correct skills labs and clinical and field rotation classes. If the student fails to follow the instructions in the “invite” email, he/she will be unable to schedule or attend any rotations until it is completed and the Clinical Coordinator (or designee) schedules the rotations inside the Platinum system.

**NOTE:** Paramedic students should be aware that they will NOT be cleared to start Final Field Internship rotations until all other clinical and field requirements, patient contacts/ages, and skills are completed and properly denoted in Platinum Planner. When they are cleared for FFI, the students will receive more instructions in email form or otherwise at that time and will also be required to complete hard copy paperwork over and above what is required for data entry in Platinum that must be completed and uploaded inside the Platinum system for each shift until all is completed and marked satisfactory by the Clinical Coordinator (or designee). This means that students may perceive that they have completed all requirements but once grading is in based on the data entry and documents uploaded, the Clinical Coordinator (or designee) may either return the documentation/date to the student to edit or direct the student to complete more rotations to finish the requirements. NO student will be cleared for the Paramedic Graduate Interview until all requirements are met in Final Field Internship and graded as completed by the Clinical Coordinator (or designee).

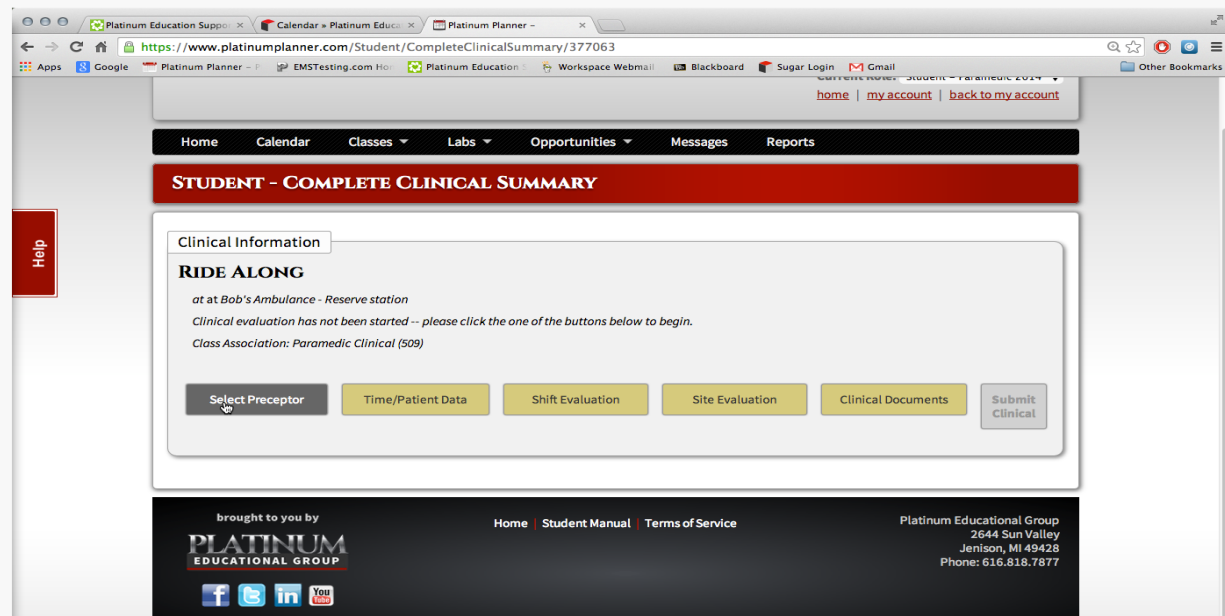
The following clip shows what the Platinum system looks like upon successful login. Any shifts for hospital or EMS rotations scheduled correctly will show up under the Current Schedule section of the page.



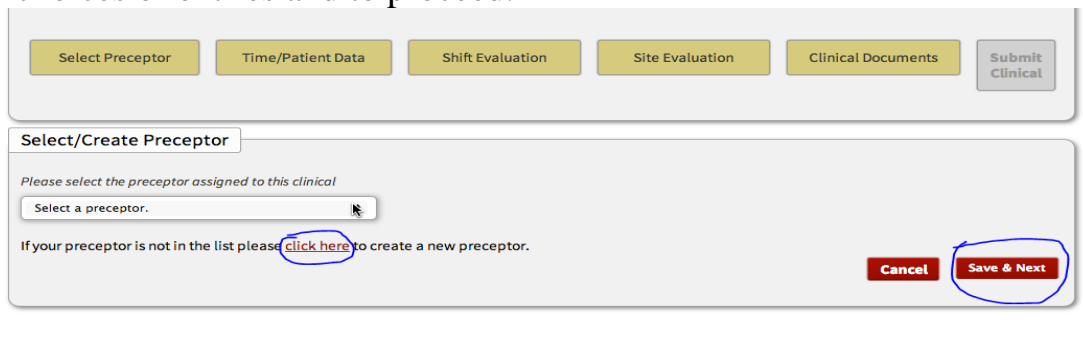
During the rotation, the student should click on “Opportunities” in the top toolbar and then “My Opportunities” to go to the screen to enter documentation for the shift. The next clip shows what the following screen should look like. The “Upcoming” tab will show all shifts coming up. For data entry for a current shift, the student will need to click on the tab for “Ready to Document”. Then a list will appear of all shifts needing documentation, as in the example below.



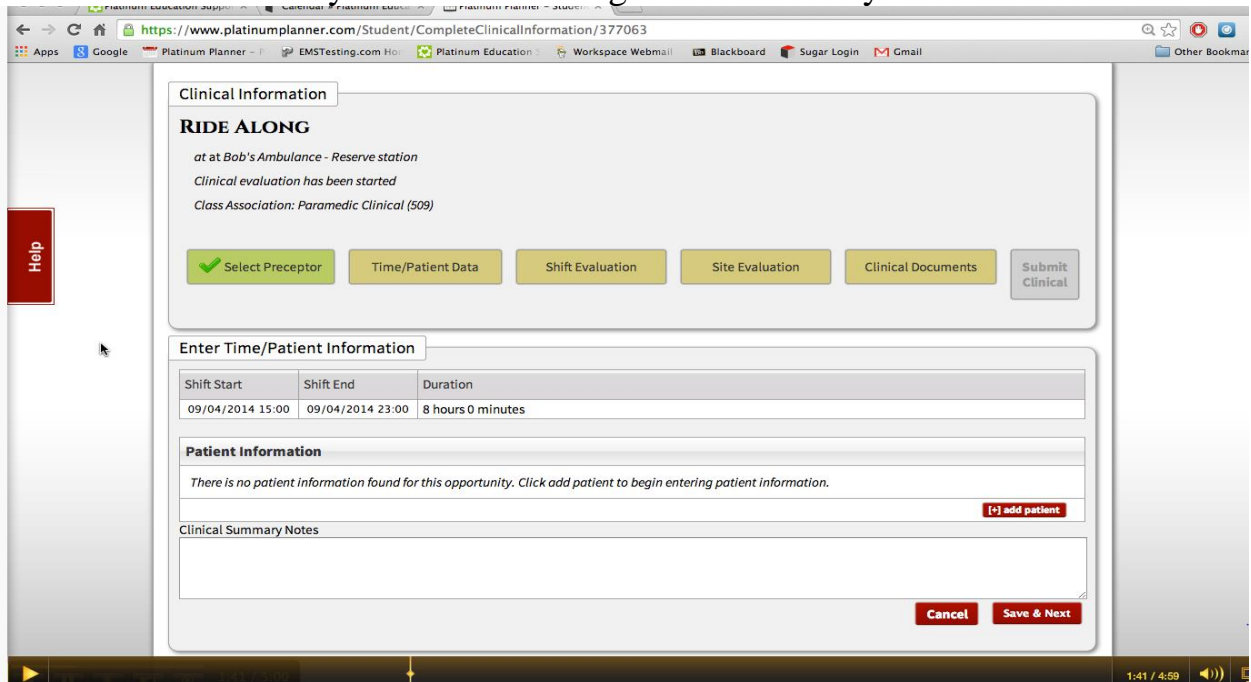
The next step is to click the “Begin Documentation” red link for the correct shift to start the data entry process. The below screen clip shows what the student will see next.



The first button allows you to either select an existing preceptor or to add a preceptor. Look in the dropdown list to select a preceptor, and if the preceptor is not in the list, click to add the preceptor and enter all requested information. Be sure in each stage of this process that you always click “Save and Next” to save your choices or entries and to proceed.



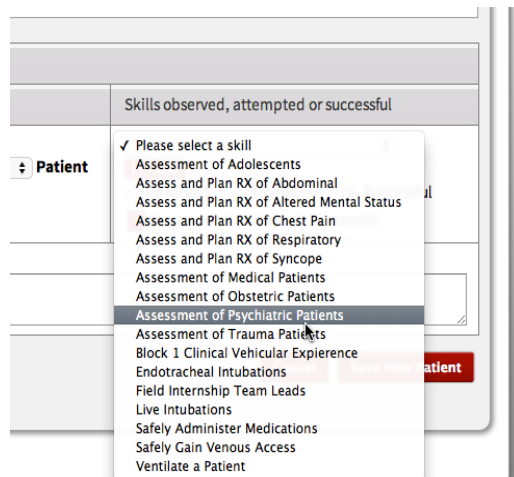
The next screen to appear will be the same as if you click the “Time/Patient Data” button and will allow you to start entering all the data for your shift.



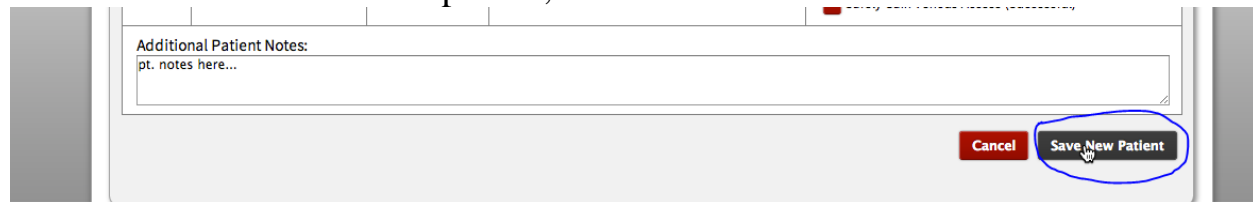
If the start time is incorrect or the student stays later on the shift, it is simple to just click the box to bring up the ability to adjust the times if necessary. Click the “add patient” button, and the following screen will appear allowing you to add all patient data for each patient contacted. Be sure to enter the time when patient contact was initiated. The “Additional Patient Notes” section should be utilized to enter narrative information about the contact just like writing notes in a real patient chart. Add assessment, working diagnosis, final diagnosis, and data about any skills entered such as oxygen delivery device type, flow rates, how many attempts for the student to successfully perform the skill, etc. For EMS rotations, this area **MUST** be utilized for entering the PCR narrative – the STUDENT’s written version of the narrative, not a rehash typed from the preceptor’s real PCR. It is imperative that we see your ability to document patient information just as if you were a fully certified/licensed healthcare provider. Not adding in narratives will most likely cause your documentation to be returned to you for revision before credit will be granted.

The drop down menu for “Skills Observed, attempted or successful” should be used to enter all skills observed or performed by the student on that patient, with specifics written into the Notes section narrative. You may use this drop down menu multiple times per patient to continue entering skills by clicking the add button after selecting each skill and whether it was observed, attempted (meaning attempted by not successful), and successful. Remember, patient Assessment is a skill.

Below is a clip exhibiting some of the skills available for choice but there are many more in the list so familiarize yourself with the list at the beginning of your first rotation.



Once data is entered for that patient, click the Save New Patient button.

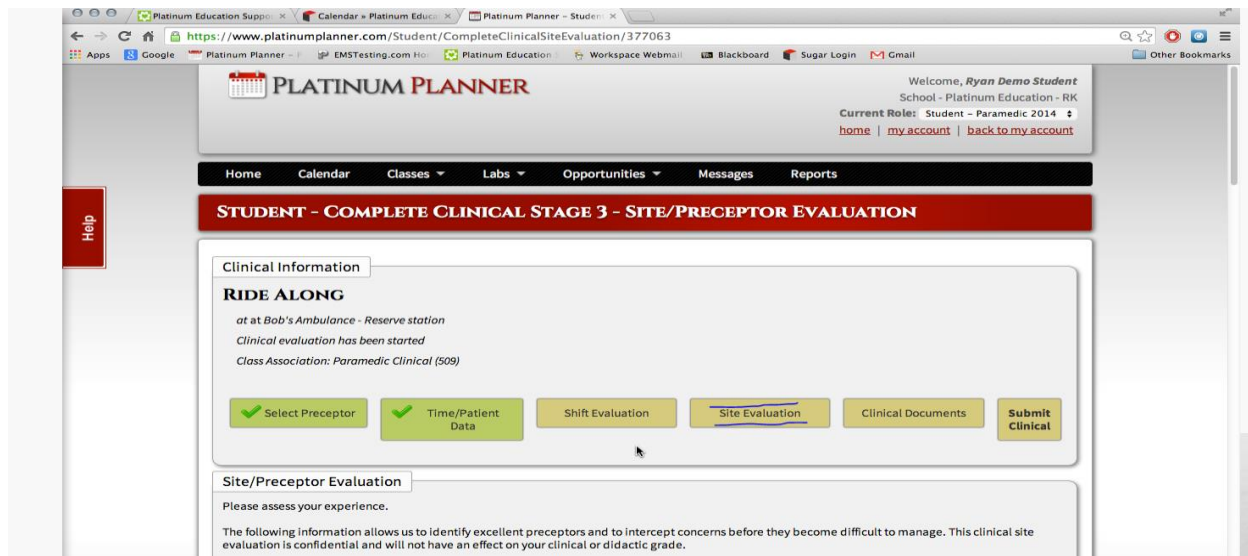


The student can then add new patients as the shift progresses. At the end of the shift, the student may enter any overall summary notes about the shift in the box entitled Clinical Summary Notes before clicking Save and Next to go to the next button allowing evaluations of the shift and performance.

**NOTE:** The Platinum Planner system will log you out after several minutes of no activity. So to prevent loss of data, it is best to be sure to enter all data for each patient at one time and click Save New Patient. If you are interrupted and must stop data entry prior to finishing that patient contact data entry, click “Save New Patient” and the system has an “edit” button that will appear on the patient contact list to allow you to go back in and add or edit the information.

The next button the student will see is “Site Evaluation” – “Shift Evaluation” will not be visible for students. Click on the “Site Evaluation” button and complete the evaluation form on the preceptor and site. This is MANDATORY and the data for the shift may not be accepted unless this is completed.

The next screen will allow you to upload any documents from the shift, such as hard copy paperwork, hard copy evaluation forms, etc. When that is completed or if not necessary, click the red button for “Save and Next”.



Once all data is entered and any paperwork uploaded and the shift has been completed, submit the clinical with the Submit Clinical button. Without this step, the data will not be submitted for review by the preceptor and Clinical faculty.

**NOTE:** Once the Submit Clinical button is clicked and data is successfully submitted, the student will no longer be able to edit any of the shift information unless the Clinical Coordinator (or designee) returns the shift to the student for editing or correction purposes.

Clinical Documentation is a teaching/learning experience. Feedback will be given on your PCR documentation. For this reason Clinical paperwork must be submitted ASAP after completing the shift. This allows for adequate review time and feedback. If there are any issues with submitting paperwork/data, contact the Clinical Coordinator.

Clinical and field rotations can be a fun and even exhilarating experience. Please try to relax and enjoy the opportunity to learn from these opportunities. We want you to learn everything possible during the short exposure you will have, so please seek out opportunities while at these hospital and field sites. If you have any problems, please contact the Clinical Coordinator (or designee) by email. If it is an emergency situation, attempt to contact the Clinical Coordinator (or designee) immediately. For emergencies ONLY, you may call the Clinical Coordinator at 903/407-1563. If it is not an emergency, please use the Clinical Coordinator email address – [clinicalcoordinator@percomonline.com](mailto:clinicalcoordinator@percomonline.com) . If you cannot contact the Clinical Coordinator (or designee) regarding an **EMERGENCY** clinical situation, please contact Jane Dinsmore at 325-267-6749.

**Professional Education and Resources  
Company**

**PERCOM**

**Clinical/Internship Student Manual**

**Intermediate AEMT/Paramedic**



## CLINICAL/INTERNSHIP RULES:

ALL AMBULANCE RUNS, INCLUDING ROUTINE TRANSPORTS AND NO TRANSPORTS, MUST BE WRITTEN UP, JUST AS YOU WOULD IF YOU WERE ACTUALLY AN EMS EMPLOYEE.

NO AMBULANCE INTERNSHIP PATIENT CONTACTS MAY BE DONE WHILE AT WORK UNLESS YOU ARE IN 3<sup>RD</sup> RIDER STATUS WITH A PRECEPTOR. ALL AMBULANCE INTERNSHIPS MUST BE DONE AS THIRD RIDER IN THE PATIENT COMPARTMENT. SKILLS OPPORTUNITIES ON DUTY MAY RECEIVE CREDIT WITH PRIOR APPROVAL. STUDENT IS PROHIBITED FROM DRIVING.

Student shall not initiate or direct patient care except for the Final Field Internship. Student will perform only those specific tasks delegated by preceptors. Student will not perform any action that exceeds those permitted by the Clinical/Internship objectives.

Students will not attend any clinical or internship experience for which they are not signed up in the Platinum Planner scheduling system unless otherwise authorized by the Clinical Coordinator, instructor or the Course Coordinator. **Students may not attend rotations without being in designated school uniform and with school nametag. If you have a scheduled rotation coming up within 1 week and have not received your uniform shirt(s) and nametag, contact the Clinical Coordinator immediately.** Students Schedules will be made available inside the Platinum system. *No student is allowed to become part of the minimum “staffing requirements” for an EMS service or during an EMS or Fire response while in rotation/student capacity. Students MUST function in that capacity when scheduled or for credit under the auspices of a designated preceptor at all times. Any student that attends a rotation not scheduled in the Platinum system may be expelled from the program.*

Student shall study Clinical and ambulance objectives and become familiar with them. Student shall carry the Clinical Manual at all times during clinical and internship. Students who perform activities not authorized by the objectives for the experience involved do so without authority and beyond the scope and purpose of training and are **solely and personally responsible for such acts.** Students who violate state regulations may be dropped from the course with a failing grade. PERCOM and its instructors are not responsible for such acts.

Students must sign up for clinical and ambulance times through the Clinical Coordinator (or designee) or other designated route. Students shall arrive on time for all scheduled rotations and must **notify the Clinical Coordinator (or designee)** by email a minimum of 48 hours in advance of missing a rotation. A fine of \$50.00 plus processing will be paid for each “missed” rotation. (See “No Show” Policy in your student handbook)

Students found sleeping during clinical rotations may be dismissed from the course. Breaks of not more than 10 minutes for each hour of clinical time may be taken. Students who are absent from the clinical area for longer periods of time may be disciplined or dismissed from the course.

**Students must complete all clinical, internship, and skills requirements by the due date. Clinical and Internship documentation that is incomplete or not correctly entered into the Platinum Planner system will not be counted toward the minimum required number of patient reports, contact types/ages, or skills. Students with incomplete Clinical/ Internship records will receive the course grade of “Fail” if not corrected prior to the course deadline or extended deadline. Applications for extension to the deadline will be made in writing to the Program Director and will be evaluated on an individual basis. Extensions will ONLY be granted in cases of unusual or extenuating circumstances and Extension Fees will apply in most cases. The decision is entirely up to the Program Director and will not be automatically granted for any reason.**

Students must learn and follow all rules set forth by clinical and ambulance providers. Rules may vary concerning the number of students and level of students allowed on an ambulance or at a clinical site at any one time. Students must comply with rules that are announced by instructors and Clinical Coordinator (or designee). Students should report any incidents or difficulties with clinical or ambulance preceptors or otherwise immediately to the Clinical Coordinator (or designee) by email as soon as possible following the incident. If the situation is URGENT, the student should call the Clinical Coordinator at 903/407-1563. However, contacting the Clinical Coordinator by telephone rather than email should be reserved for urgent or emergent situations requiring a more immediate response or assistance. **A student who is barred from any Clinical /Internship site by the Clinical /Internship provider may be dropped from the course with an overall grade of “Fail”. Further disciplinary action or reports to appropriate agencies may apply. Refer to the Student Handbook for further information.**

**INFECTIOUS DISEASE CONTROL: PLEASE REFER TO THE STUDENT MANUAL FOR INFECTION CONTROL AND EXPOSURE POLICY AND PROCEDURES.**

**ALCOHOL AND DRUG POLICY:**

**Consumption of alcohol and drugs is inconsistent with a good learning experience. Students who come to class after having ingested alcoholic beverages will be required to leave class, and an unexcused absence will be recorded.** Students will not drink alcoholic beverages while performing clinical or internship experiences; nor within a period of 8 hours prior to such experiences; nor

at any time or place when wearing the PERCOM EMS Academy uniform.

**Students shall not perform clinical or internship experiences while under the influence of any drug that impairs performance, whether such drug be prescription or over-the-counter. Students shall not be under the influence of any illegal drug. Any instructor who has reason to believe that a student is under the influence during class or during clinical or internship experiences may require that the student submit to a blood or urine test at the student's expense. Refusal to submit to a required alcohol or drug test will result in dismissal from the program with the grade of "Fail". If it is determined that a student is under the influence of alcohol and/or drugs during class or a clinical or internship experience, the student may either be required to receive counseling or be dropped from the program as determined by the Course Coordinator. Violation of drug and alcohol policy may result in dismissal from the program and an overall grade of "Fail" assigned to the course.**

## ***INTERMEDIATE/AEMT CLINICAL OBJECTIVES***

- 1.0 Infection control and safety
  - 1.1 Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations.
  - 1.2 Demonstrate the proper procedures to take for personal protection from disease.
  - 1.3 Demonstrate the use of protective equipment appropriate to the environment and scene.
  - 1.4 Demonstrate the ability to comply with body substance isolation guidelines.
  - 1.5 Demonstrate the donning and doffing of appropriate PPE.
  - 1.6 Demonstrate how to safely place a patient in, and remove a patient from, an ambulance.
  
- 2.0 Venous Access and Medication Administration
  - 2.1 Demonstrate cannulation of peripheral or external jugular veins.
  - 2.2 Demonstrate intraosseous needle placement and infusion.
  - 2.3 Demonstrate clean technique during medication administration.
  - 2.4 Demonstrate administration of meds via the following routes:
    - 2.4.1 Oral/Sublingual
    - 2.4.2 Inhalation
    - 2.4.3 IVP
  - 2.5 Demonstrate preparation and techniques for obtaining a blood sample.
  - 2.6 Demonstrate proper disposal of contaminated items and sharps.
  
- 3.0 Airway Management and Ventilation
  - 3.1 Perform body substance isolation procedures during basic airway management, advanced airway management, and ventilation.
  - 3.2 Perform pulse oximetry.
  - 3.3 Perform end-tidal CO<sub>2</sub> detection.
  - 3.4 Perform manual airway maneuvers
  - 3.5 Perform manual airway maneuvers for pediatric patients.
  - 3.6 Perform the Sellick maneuver.
  - 3.7 Perform complete airway obstruction maneuvers.
  - 3.8 Demonstrate suctioning the upper airway.
  - 3.9 Perform tracheobronchial suctioning in the intubated patient.
  - 3.10 Demonstrate insertion of an oropharyngeal airway.
  - 3.11 Demonstrate insertion of a nasopharyngeal airway.
  - 3.12 Demonstrate ventilating a patient.
  
  - 3.13 Perform oxygen delivery with an oxygen cylinder and various delivery devices.
  - 3.14 Perform endotracheal intubation.
  - 3.15 Perform assessment to confirm correct placement of the endotracheal tube.
  - 3.16 Adequately secure an endo-tracheal tube.
  - 3.17 Perform extubation.
  - 3.18 Perform insertion of a supraglottic airway.
  - 3.19 Perform assessment to confirm correct placement of a supraglottic airway.
  
- 4.0 Patient Assessment
  - 4.1 Demonstrate the skills involved in performing each phase of the patient assessment skill.
  - 4.2 Demonstrate a caring attitude when performing physical examination skills.
  - 4.3 Demonstrate proficiency in the assessment of vital signs.

## 5.0 Communications

- 5.1 Demonstrate the ability to use the local dispatch communications system.
- 5.2 Demonstrate the ability to use a radio.
- 5.3 Demonstrate the ability to therapeutically communicate with patients, bystanders, preceptors, fire personnel, law enforcement personnel, and other healthcare personnel.

## 6.0 EMS Field Objectives

- 6.1 Perform assessments, treatments, and interventions at EMT-Intermediate/AEMT student level of patients with the following complaints:
  - 6.1.1 CVA/AMS
  - 6.1.2 Cardiac
  - 6.1.3 Trauma
  - 6.1.4 Medical
  - 6.1.5 Other patients

## ***PARAMEDIC CLINICAL OBJECTIVES***

- 7.0 Infection control and safety
  - 7.1 Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations.
  - 7.2 Demonstrate the proper procedures to take for personal protection from disease.
  - 7.3 Demonstrate the use of protective equipment appropriate to the environment and scene.
  - 7.4 Demonstrate the ability to comply with body substance isolation guidelines.
  - 7.5 Demonstrate the donning and doffing of appropriate PPE.
  - 7.6 Demonstrate how to safely place a patient in, and remove a patient from, an ambulance.
  
- 8.0 Venous Access and Medication Administration
  - 8.1 Demonstrate cannulation of peripheral or external jugular veins.
  - 8.2 Demonstrate intraosseous needle placement and infusion.
  - 8.3 Demonstrate clean technique during medication administration.
  - 8.4 Demonstrate administration of meds via the following routes:
    - 8.4.1 Oral/Sublingual
    - 8.4.2 Inhalation
    - 8.4.3 Gastric tube
    - 8.4.4 Rectal
    - 8.4.5 Parenteral
    - 8.4.6 IVP
    - 8.4.7 Subcutaneous
    - 8.4.8 Intramuscular
    - 8.4.9 IV piggy back drip
    - 8.4.10 Nasal
  - 8.5 Demonstrate preparation and techniques for obtaining a blood sample.
  - 8.6 Demonstrate proper disposal of contaminated items and sharps.
  
- 9.0 Airway Management and Ventilation
  - 9.1 Perform body substance isolation procedures during basic airway management, advanced airway management, and ventilation.
  - 9.2 Perform pulse oximetry.
  - 9.3 Perform end-tidal CO<sub>2</sub> detection.
  - 9.4 Perform manual airway maneuvers
  - 9.5 Perform manual airway maneuvers for pediatric patients.
  - 9.6 Perform complete airway obstruction maneuvers.
  - 9.7 Demonstrate suctioning the upper airway.
  - 9.8 Perform tracheobronchial suctioning in the intubated patient.
  - 9.9 Demonstrate insertion of a nasogastric tube.
  - 9.10 Demonstrate insertion of an orogastric tube.
  - 9.11 Perform gastric decompression.
  - 9.12 Demonstrate insertion of an oropharyngeal airway.
  - 9.13 Demonstrate insertion of a nasopharyngeal airway.
  - 9.14 Demonstrate ventilating a patient.
  - 9.15 Perform oxygen delivery with an oxygen cylinder and various delivery devices.
  - 9.16 Perform endotracheal intubation.
  - 9.17 Perform assessment to confirm correct placement of the endotracheal tube.

- 9.18 Adequately secure an endotracheal tube.
- 9.19 Perform extubation.
- 9.20 Perform insertion of a Combitube or LMA.
- 9.21 Perform assessment to confirm correct placement of the Combitube or LMA.
  
- 10.0 Patient Assessment
  - 10.1 Demonstrate the skills involved in performing each phase of the patient assessment skill.
  - 10.2 Demonstrate a caring attitude when performing physical examination skills.
  - 10.3 Demonstrate proficiency in the assessment of vital signs.
  
- 11.0 Communications
  - 11.1 Demonstrate the ability to use the local dispatch communications system.
  - 11.2 Demonstrate the ability to use a radio.
  - 11.3 Demonstrate the ability to therapeutically communicate with patients, bystanders, preceptors, fire personnel, law enforcement personnel, and other healthcare personnel.
  
- 12.0 Foley catheterization
  - 12.1 Demonstrate the proper technique and procedure for insertion of a Foley catheter.
  
- 13.0 Ophthalmoscope/Otoscope
  - 13.1 Demonstrate proper utilization of the ophthalmoscope in patient assessment situations.
  - 13.2 Demonstrate proper utilization of the otoscope in patient assessment situations.
  
- 14.0 Trauma
  - 14.1 Demonstrate the assessment and management of patients with signs and symptoms of hemorrhagic shock.
  - 14.2 Demonstrate the assessment and management of patients with signs and symptoms of external hemorrhage.
  - 14.3 Demonstrate the assessment and management of patients with signs and symptoms of internal hemorrhage.
  - 14.4 Demonstrate the assessment and management of a patient with signs and symptoms of soft tissue injuries.
  - 14.5 Demonstrate the assessment and management of the burn patient.
  - 14.6 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury.
  - 14.7 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury.
  - 14.8 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of a spinal injury.
  - 14.9 Demonstrate documentation of suspected spinal cord injury to include:
    - 14.9.1 General area of spinal cord involved
    - 14.9.2 Sensation
    - 14.9.3 Dermatomes
    - 14.9.4 Motor function
    - 14.9.5 Area(s) of weakness
    - 14.9.6 Before and after immobilization techniques
  - 14.10 Demonstrate preferred methods for stabilization of a helmet in a potentially spine injured patient.
  - 14.11 Demonstrate helmet removal techniques.
  - 14.12 Demonstrate the following techniques of management for thoracic injuries:

- 14.12.1 Needle decompression
  - 14.12.2 Elective intubation
  - 14.12.3 ECG monitoring
  - 14.12.4 Oxygenation
  - 14.12.5 Ventilatory assistance
  - 14.13 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma.
  - 14.14 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury.
- 15.0 Pulmonary
- 15.1 Demonstrate proper use of airway and ventilation devices.
  - 15.2 Conduct a history and patient assessment for patients with pulmonary diseases and conditions.
  - 15.3 Demonstrate management and treatment of a patient with a pulmonary emergency.
  - 15.4 Demonstrate management and treatment of a patient with shock related to pulmonary disorders.
- 16.0 Cardiology
- 16.1 Demonstrate how to set and adjust the ECG monitor settings to varying patient situations.
  - 16.2 Demonstrate a working knowledge of various ECG lead system – 3 lead, 12 lead, 15 lead etc. and demonstrate interpretation of leads to identify the area and potential impact of a myocardial infarction..
  - 16.3 Demonstrate how to record an ECG.
  - 16.4 Perform, document and communicate a cardiovascular assessment.
  - 16.5 Set up and apply a transcutaneous pacing system.
  - 16.6 Assess and manage a patient with signs and symptoms of heart failure.
  - 16.7 Demonstrate satisfactory performance of the following skills in the patient care environment:
    - 16.7.1 CPR
    - 16.7.2 Defibrillation
    - 16.7.3 Synchronized cardioversion
    - 16.7.4 Transcutaneous pacing
  - 16.8 Demonstrate management and treatment of a patient with a cardiac emergency.
  - 16.9 Demonstrate management and treatment of a patient with cardiogenic shock.
- 17.0 Neurology
- 17.1 Perform an appropriate assessment of a patient with coma or altered mental status.
  - 17.2 Perform a neurological examination as part of the comprehensive physical examination of a patient with coma or altered mental status.
  - 17.3 Appropriately manage a patient with coma or altered mental status as indicated, including the administration of oxygen, oral glucose, 50% dextrose and narcotic reversal agents.
  - 17.4 Perform an appropriate assessment of a patient with syncope.
  - 17.5 Appropriately manage a patient with syncope.
  - 17.6 Perform an appropriate assessment of a patient with seizures.
  - 17.7 Appropriately manage a patient with seizures.
  - 17.8 Perform an appropriate assessment of a patient with a possible stroke. Appropriately manage a patient with a possible stroke.
  - 17.9 Demonstrate management and treatment of a patient with other types of neurological or spinal emergencies.



- 17.10 Demonstrate management and treatment of a patient with shock related to neurological or spinal disorders.
  
- 18.0 Hematology
  - 18.1 Perform an assessment of the patient with a hematologic disorder.
  - 18.2 Appropriately manage a patient with a hematologic disorder.
  - 18.3 Demonstrate management and treatment of a patient with shock related to hematological disorders.
  
- 19.0 Infectious Disease
  - 19.1 Perform an assessment of a patient with infectious/communicable disease.
  - 19.2 Effectively and safely manage a patient with infectious/communicable disease.
  - 19.3 Demonstrate management and treatment of a patient with an infectious disease emergency.
  - 19.4 Demonstrate management and treatment of a patient with septic shock.
  
- 20.0 Behavioral/Psychiatric
  - 20.1 Demonstrate safe techniques for managing and restraining a violent patient.
  - 20.2 Demonstrate appropriate assessment techniques for the patient with a behavioral/psychiatric emergency.
  
- 21.0 Obstetrics/Gynecology
  - 21.1 Demonstrate proper assessment of a patient with a gynecological complaint.
  - 21.2 Demonstrate proper care of a patient with:
    - 21.2.1 Vaginal bleeding
    - 21.2.2 Abdominal pain
    - 21.2.3 Sexual assault
  - 21.3 Demonstrate proper assessment of an obstetric patient.
  - 21.4 Demonstrate how to provide care for a patient with:
    - 21.4.1 Excessive vaginal bleeding
    - 21.4.2 Abdominal pain
    - 21.4.3 Pregnancy induced hypertension
  - 21.5 Demonstrate how to prepare the obstetric patient for delivery.
  - 21.6 Demonstrate how to assess the patient in labor to include:
    - 21.6.1 Fetal heart tones
    - 21.6.2 Fetal position
    - 21.6.3 Crowning
    - 21.6.4 Maternal assessment
  - 21.7 Demonstrate how to assist in the normal cephalic delivery of the fetus.
  - 21.8 Demonstrate proper actions to be taken as the placenta delivers and management of the placenta .
  - 21.9 Demonstrate how to deliver post-delivery care to the mother and neonate.
  - 21.10 Demonstrate procedures for assisting with abnormal deliveries.
  - 21.11 Demonstrate proper care of the mother with delivery complications.
  
- 22.0 Neonatology
  - 22.1 Demonstrate preparation for management of the newborn.
  - 22.2 Demonstrate appropriate assessment techniques for examining a newborn.
  - 22.3 Demonstrate appropriate assisted ventilation of the newborn.
  - 22.4 Demonstrate appropriate endotracheal intubation of the newborn.
  - 22.5 Demonstrate appropriate insertion of an orogastric tube.
  - 22.6 Demonstrate needle chest decompression for a newborn or neonate.

- 22.7 Demonstrate appropriate CPR techniques for the newborn.
- 22.8 Demonstrate vascular access cannulation techniques for a newborn.
- 22.9 Demonstrate initial steps in resuscitation of a newborn.
- 22.10 Demonstrate oxygen delivery techniques for a newborn.
  
- 23.0 Pediatrics
  - 23.1 Demonstrate the appropriate approach for assessing and treating infants and children.
  - 23.2 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children.
  - 23.3 Demonstrate appropriate techniques for assessing pediatric vital signs.
  - 23.4 Demonstrate the use of a length based resuscitation tape when treating an infant or child.
  - 23.5 Demonstrate the appropriate approach for treating for treating infants and children with respiratory distress, failure, shock and arrest.
  - 23.6 Demonstrate the appropriate use of airway adjuncts, both basic and advanced, for infants and children.
  - 23.7 Demonstrate the proper placement of a gastric tube in infants or children.
  - 23.8 Demonstrate appropriate techniques for gaining vascular access in infants and children.
  - 23.9 Demonstrate the appropriate techniques for administration of medications by various routes.
  - 23.10 Demonstrate the appropriate method for insertion of an intraosseous line.
  - 23.11 Demonstrate proper assessment and management of infants or children with partially or completely occluded airways.
  - 23.12 Demonstrate appropriate assessment and management of pediatric trauma victims to include:
    - 23.12.1 Head injury
    - 23.12.2 Chest injury
    - 23.12.3 Abdominal injury
    - 23.12.4 Extremity injury
    - 23.12.5 Burns
  - 23.13 Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations.
  - 23.14 Demonstrate proper infant and child CPR.
  - 23.15 Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.
  
- 24.0 Geriatrics
  - 24.1 Demonstrate the ability to assess a geriatric patient.
  - 24.2 Demonstrate the ability to adjust assessment and treatment of the geriatric patient.
  
- 25.0 Abuse and Assault
  - 25.1 Demonstrate the ability to assess a spouse, elder or pediatric abused patient.
  - 25.2 Demonstrate the ability to assess a sexually assaulted patient.
  
- 26.0 Chronically Ill Patients
  - 26.1 Demonstrate proper care of a tracheostomy patient.
  - 26.2 Demonstrate proper technique for drawing blood from a central venous line.
  - 26.3 Demonstrate the method of accessing vascular access devices found in the home health care setting.
  - 26.4 Demonstrate proper care of a peg tube.
  - 26.5 Demonstrate proper care of the patient with a urinary catheter.

- 26.6 Demonstrate wound care in the bed bound or chronically ill patient.
- 27.0 Rescue Awareness and Operations
  - 27.1 Demonstrate stabilization techniques for a vehicle involved in a MVC.
  - 27.2 Demonstrate access techniques for a patient involved in a MVC.
  - 27.3 Demonstrate techniques for accessing and moving patients in various situations such as high angle, water, enclosed spaces, etc.
- 28.0 EMS Field Objectives
  - 28.1 Perform assessments, treatments, and interventions at Paramedic level of patients with the following complaints. A minimum of 10 successful team leads is required. Not all of the following complaints may be contacted in this phase but as many of the following as possible are preferred.
    - 28.1.1 CVA/AMS/Seizure
    - 28.1.2 Cardiac
    - 28.1.3 Trauma
    - 28.1.4 Geriatric
    - 28.1.5 Pediatric
    - 28.1.6 Neurological
    - 28.1.7 Pulmonary
    - 28.1.8 Endocrine
    - 28.1.9 Allergy/Anaphylaxis
    - 28.1.10Gastrointestinal
    - 28.1.11Obstetrical/Gynecological
    - 28.1.12Renal
    - 28.1.13Toxicological/Overdose
    - 28.1.14Hematological/Cancer
    - 28.1.15Communicable Disease
    - 28.1.16Behavioral/Psychiatric

**AEMT/PARAMEDIC CLINICAL AND INTERNSHIP  
OBJECTIVES SUMMARY BY DEPARTMENT**

## Intensive Care Unit/Coronary Unit (ICU/CCU) Objectives

During the experience in the ICU/CCU, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform patient assessment including relevant medical history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Review all patient cases including patient chart, diagnosis, and treatment.
- Perform peripheral IV insertion.
- Draw blood samples.
- Assist in performing CPR and basic airway management.
- Assist in the care of patients with tracheostomy tubes.
- Assist in the care of patients breathing on respirators.
- Prepare and administer intramuscular, subcutaneous, and IV medications. (**Appropriate meds for P1 and P2**)
- Record and interpret EKGs. (**P2 Only**)
- Perform defibrillation, transcutaneous pacing, and/or synchronized cardioversion. (**P2 Only**)

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## Cardiac Catheterization Lab Objectives

During the experience in the Cath Lab, the Paramedic 2 student should practice under direct supervision and demonstrate proficiency for each of the following:

### **P2 Only**

- Assess the impact of cardiac catheterization on the patient and his/her family.
- Identify the role that proper patient preparation has in successful diagnostic procedures.
- Evaluate various interventions used to facilitate patient comfort and compliance during diagnostic procedures.
- Observe interventions and evaluations made by professional personnel within the department.

Paramedic students are allowed to work to their level if needed in the patient care of cardiac arrest. Skills that can be performed include but not limited to high quality chest compressions, medication administration, IV/IO access, defibrillation, pacing and/or cardioversion, and ETT insertion and maintenance.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## **Surgery/OR Objectives**

During the experience in the Surgery room, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform endotracheal suctioning.
- Maintain airway in an unconscious patient using manipulations and position of head, oropharyngeal airways, etc.
- Monitor vital signs of the surgical patient.
- Operate oxygen equipment and assist in the operation of the mechanical respirators.
- Perform endotracheal and supraglottic intubation.
- Perform peripheral IV insertion.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## **Pediatric Contact Objectives**

During the rotation experiences, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform patient assessment including relevant medical history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist in the management of febrile and seizure patients, if available.
- Initiate and monitor intravenous infusions, if available.
- Observe physiological differences in the pediatric patient.
- Prepare and administer intramuscular and IV medications, if available.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director..



## **Labor and Delivery Objectives**

During the experience in the labor and delivery unit, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Identify and label the three stages of labor, common complications, and abnormal deliveries.
- Assist in normal cephalic deliveries.
- Observe and assist, if possible, in abnormal deliveries.
- Assist in the management of the newborn, including cutting the cord and suctioning.
- Assist in the resuscitation of the newborn.
- Observe and assist, if possible, the control of postpartum hemorrhage by uterine massage and infusion of oxytocin.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## **Respiratory Therapy Objectives**

During the respiratory therapy clinical experience, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Assist with nebulizer treatments as allowed.
- Auscultate lung sounds before and after treatments to differentiate various pulmonary lung sounds.
- Assist with suctioning as allowed.
- Perform endotracheal intubation, as allowed.
- Assist with Ventilator as allowed.
- Assist with stoma patients as allowed.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## **Emergency Room Objectives**

During emergency room experience, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform patient assessment including relevant medical history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist and review the treatment of trauma cases and medical emergencies.
- Assist in triaging patients.
- Assist in hemorrhage control and splinting.
- Assist in the performance of CPR and basic airway management.
- Assist in administration of Epinephrine for use in treatment of allergic reactions.
- Assist in use of bronchodilator.
- Perform peripheral IV insertions.
- Draw blood samples.
- Perform endotracheal and supraglottic intubations.\*
- Prepare and administer intramuscular, subcutaneous, and IV medications.  
**(Appropriate meds for P1 and P2)**
- Perform urinary catheterization.

### Paramedic II Only

- Record and interpret EKGs.
- Perform Defibrillation, Pacing and/or Cardioversion.
- Perform external jugular IV insertion, if allowed.\*

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

\* Indicates optional skills that may be performed if allowed.

## **Field Internship Objectives**

During the experience in the field internship, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Locate, inspect, and prepare each piece of equipment for use on the ambulance.
- Practice loading and unloading the ambulance stretcher with and without a load.
- Perform patient assessments on medical patients, unconscious patients, trauma patients, and pediatric patients.
- Assist in triaging patients.
- Assist in hemorrhage control and splinting.
- Assist in cases of cardiac arrest, including the performance of CPR.
- Assist in basic airway management.
- Assist in the use of Bronchodilators.
- Perform peripheral IV insertions.
- Draw blood samples.
- Perform Endotracheal and Supraglottic Intubations.
- Prepare and administer intramuscular, subcutaneous, and IV medications.  
**(Appropriate meds for P1 and P2)**

### Paramedic II Only

- Record and interpret EKGs.
- Perform Defibrillation, Pacing and/or Cardioversion.
- Perform a cricothyrotomy, if allowed. \*

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

\*Indicates optional skills that may be performed if allowed.



### **Final Field Internship Objectives (Paramedic Only)**

The Final Field Internship Phase for the Paramedic student is to be completed after all other clinical and EMS internship requirements are successfully met. This phase is specifically designed to determine “street readiness” for the Paramedic student as an entry level Paramedic practitioner. All Paramedic students must complete this phase successfully, as well as a final Graduate Interview with the course medical director’s team member to be eligible for graduation regardless of prior performance in rotations or academic settings during the program.

Paramedic students who **enrolled prior to 4/10/2016** are required to demonstrate team leader and practitioner level competency under the preceptor’s direct supervision on a minimum of 10 EMS runs. The Paramedic student will complete all data entry and other provided documentation with the assistance, verbal and written evaluations of the preceptor. If any runs are not rated by the preceptor as “team leader level” achieved successfully, the Paramedic student will be required to complete more EMS runs until at least 10 are successful as rated by the preceptor.

Paramedic students who **enrolled AFTER 4/10/2016** are required to demonstrate team leader and practitioner level competency under the preceptor’s direct supervision on a minimum of 20 EMS runs, with the last 18 in a row being rated by the preceptor as “team leader level” completed successfully. If 18 in a row is not achieved successfully at “team leader level” as rated by the preceptor, the Paramedic student’s “18” consecutive team leader runs will start over until 18 in a row is successfully achieved. The Paramedic student will complete all data entry and other provided documentation with the assistance, verbal and written evaluations of the preceptor.



### **STUDENT EVALUATION OF PRECEPTOR/SITE**

You **MUST** complete one of these forms for each of your clinical or internship sites unless you are able to complete the site evaluation inside Platinum Planner. We would like to know when you have good experiences as well as bad ones. This will help guide us in making improvements to our preceptor training, site selection process, etc. Your comments will remain anonymous, and your name will not be reported to the site or the preceptors.

**1. Name of Clinical or Internship Site:**

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**2. Location within site (ED, OB Department, Station or Unit #, etc.):**

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**3. Name and certification or licensure level of preceptor:**

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**4. On a scale of 1 – 5 (with one being poor and 5 being the best), how would you rate your experiences and treatment at this site?**

1=poor or not beneficial 2=slightly beneficial 3=good, beneficial  
4=above average or very beneficial 5=excellent, extremely beneficial

**5. Also using a scale of 1-5, please rate your designated preceptor for the shift.**

1=not professional, not helpful, or did not seem comfortable with students  
2=seemed professional but was not very helpful or was uncomfortable with students  
3=seemed professional and facilitated skills opportunities during the rotation  
4=very professional and worked closely with the student during the rotation to facilitate skills opportunities and provided guidance  
5=extremely professional and helpful, guided and taught the student as well as provided skills opportunities

**6. Do you have any suggestions or comments regarding this clinical or internship site, or specific comments regarding your preceptor**



**PRECEPTOR VERIFICATION FORM – MANDATORY FOR EVERY SHIFT**

**Date:** \_\_\_\_\_ **Site/Agency Name:** \_\_\_\_\_

**Rotations Start Time:** \_\_\_\_\_ **Rotation End Time:** \_\_\_\_\_

**Student Printed Name:** \_\_\_\_\_

I, \_\_\_\_\_ (preceptor printed name) verify that this student completed the rotation listed above and that he/she has given me the opportunity to evaluate his/her performance and data/paperwork in platinumplanner.com or on paper in the event of internet or device failure or if I am uncomfortable or unsure about completing the student's review and evaluation in Platinum Planner.

\_\_\_\_\_  
Preceptor Signature

(NOTE: If you, the preceptor, are unsure of how to evaluate, would like to discuss the student's performance or behavior, or do not wish to utilize the methods provided by the student for ANY reason, please email or call the Clinical Coordinator for PERCOMOnline, Inc. and PERCOM/Kilgore College Consortium with the information given below. (Feel free to tear off the bottom part of this sheet to save this information for use.

We also may be contacting you directly or your site to verify that you are the preceptor for this student's shift and experiences as a quality assurance and security measure. THANK YOU!!!)

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PERCOM's Clinical Coordinator is Tammy Williams. Telephone: 903/407-1563  
Email: clinicalcoordinator@percomonline.com