

PERCOMOnline, Inc.

**Clinical Internship Manual
Advanced Level Courses**

AEMT 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. 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 is required that you send your schedule requests at least 30 days in advance. Sometimes, however, 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 even 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. If you are a week out from a scheduled date and have not heard from the Clinical Coordinator or your requested shift is not posted in platinumplanner.com, email the Clinical Coordinator to check in. And please remember that requests to all sites are just that – “requests” – and PERCOM has no control over the sites to **FORCE** them to accept the requests or respond in a timely manner despite written and fully executed agreements. We strive to work cooperatively with all sites to help them to be able to offer the best opportunities and experiences to our students without overloading them further but many clinical sites juggle EMS students from multiple programs, nursing students, respiratory therapy students, and others in the few available slots where they have preceptors who can oversee students.

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. Good behavior and a positive attitude are expected. Using your rotation opportunities to complain, spread rumors and dissent, or otherwise denigrate PERCOM Online, Inc., PERCOM EMS Medical Education Consortium, its sites, affiliates, faculty, staff, preceptors, or fellow students is inappropriate and unprofessional and will not be tolerated. There are methods and ways for students to positively work toward resolution of perceived or real conflict or issues and using clinical and field EMS rotation sites and their staff, preceptors or patients as the platform will be viewed as unprofessional behavior and serve as grounds for removal from the site/rotation, being placed on course suspension pending an investigation of the events, and either being placed on probation with a clearly delineated counseling plan to be met or being dropped from the program. **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.

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.

When you arrive for your rotation, we HIGHLY RECOMMEND that you identify your primary preceptor and ensure that the preceptor is listed in the drop-down list for existing preceptors in Platinum. If not, you need to set this up EARLY with the preceptor, preferably at the beginning of the shift. You also should discuss what is expected of you and what you need from your preceptor as far as signatures in Platinum and on paper and the preceptor evaluation of your performance and behavior for the shift before he/she leaves the site/shift. Work closely with your preceptor so that you will not be caught at the end of the shift with paperwork or data entry incomplete but the preceptor has already left the site. It is up to YOU to be pro-active and work closely with your preceptor to ensure that all steps are completed so that you can receive credit.

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 sure to email or message the Clinical Coordinator when you think you have completed all rotation requirements for graduation to assist in making sure your final submissions are recognized as such during grading.

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 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.) **However, ALL students must be pro-active, work closely with the nurses, and interact with the patient and families during the labor process to ensure that you will be allowed into the delivery room. You MUST achieve the minimum numbers of live births and neonatal assessments or you will be required to continue going to L&D rotations until you get them all. This means it is in your best interest to arrive on time or early for your shift, have good personal hygiene, interact professionally and courteously with all nursing personnel and other hospital staff as well as the patients and their families, assist in any way you can, and be sure to describe your objectives and why you are there to those involved. Sometimes it just takes the explanation of the situations that you may be placed in out in the field and the responsibilities you will be required to perform (once you develop the necessary relationships) to open the doors you need so that you can achieve.**

You must complete all clinical hours, patient contact requirements and skills requirements in order to graduate as an AEMT. 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 all associated requirements for AEMT, you will enter the process for graduation as an AEMT and to be marked clear to test NREMT-A for certification purposes. Be aware that this process can take up to two weeks from the date that the final requirement is marked as “met”.

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.

AEMT

Hours Required: EMS – 72 Hours
Hospital ER – 56 Hours
Hospital OB – 16 Hours
Hospital Respiratory Dept. – 8 Hours
Hospital OR – 16 Hours

Total Required Hours – 168 Hours

Contacts Required: EMS – Fifteen (15) EMS transports, Five (5) must be advanced transports

Contacts are divided into contact type categories as well as specific age groups. One patient contact can meet various requirements. For example: A 72-year-old patient who is having chest pain counts as both Geriatric and Chest Pain/Medical. To carry this a little further, if this patient's mental status was altered, you can count that category as well.

Medical Patient Contacts – 25 total from below categories (minimums must be met but the remaining 1 can be from any category):

OB Patient – 5
Live Birth witnessed – 2
Newborn care (associated with Normal Birth) – 4
Cardiac patient – 2
Respiratory Distress/Failure – 1
Psychiatric/Behavioral – 3
Altered Mental Status – 1
Stroke/TIA – 1
Abdominal Pain – 1
Hypoglycemia/DKA/HHS – 1
Sepsis – 1
Shock – 1
Toxicological Events/OD – 1

Trauma Patient Contacts – 20 (of which the following minimum contacts must be met):

Pediatric Trauma – 3 (Defined as Birth to 18 yp)

Geriatric Trauma – 3 (Defined as 65 yo +/- 5 years)
Remaining Contacts Can Be Adult, Geriatric or Any Age

Of ALL Pediatric Contacts between Medical and Trauma Categories must have at least:

Adolescent (12-18 yo) Contacts – 1

School-Age (6-12 yo) Contacts – 1

Preschool (3-6 yo) Contacts – 1

Toddler (1-3 yo) Contact - 1

Infant (28 days to 1 yo) Contacts – 1

Neonate (up to 28 days) Contacts – 1

TOTAL minimum Medical/Trauma Pediatric Contacts – 6

TOTAL minimum Medical/Trauma Geriatric (65 yo +/- 5 years) Contacts – 6

Remaining Contacts can be Adult or Any Age.

Skills Required: Successful IV administration – 20 times

Successful blood draw – 10 times

O2 Administration – 1

Glucometer - 1

Endotracheal intubation – 3 times

Ventilations performed – 3 times

Medication admin. – TOTAL 25 times

(to include following minimums):

IV Bolus Med – 5

IM/SQ Med – 1

Inhaled Med - 1

10 Airway (ALL types of airway management to include oxygen therapy, airway positioning, basic adjuncts, suction, alternative airways, advanced airways of other types, etc.)

Pt Hx Alert Pt – 4

Comprehensive Pt Ass. Pediatric – 4

Comprehensive Pt Ass. Adult/Geriatric – 4

Trauma Physical Ass. Adult/Geriatric – 4

Cardiac Physical Ass. Adult/Geriatric - 5

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

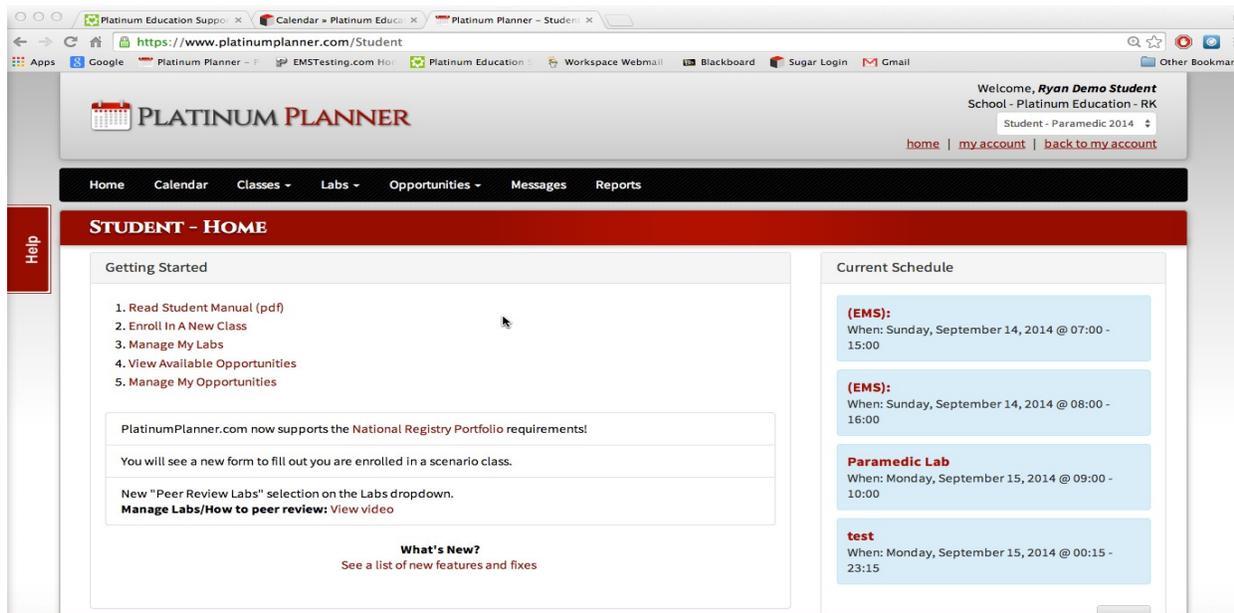
ALL students are required to do computerized data entry using the approved electronic data entry/charting system, Platinum Planner. If the student chooses to be enrolled in one of PERCOM's approved alternate clinical programs, that program may utilize FISDAP or other systems, and all charges for these 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

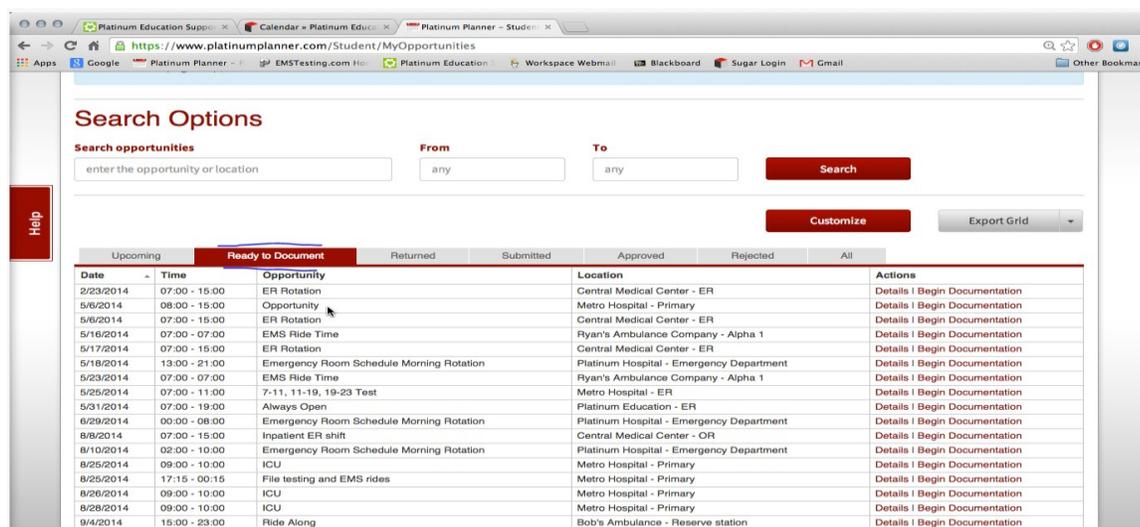
return agreement prior to receiving and using the tablet PC. The student will be bound by the provisions set out in that agreement whether or not the student signs or returns the agreement if he/she accepts a PERCOM tablet PC. Students should be aware that extraneous or unauthorized use, unauthorized 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.

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.

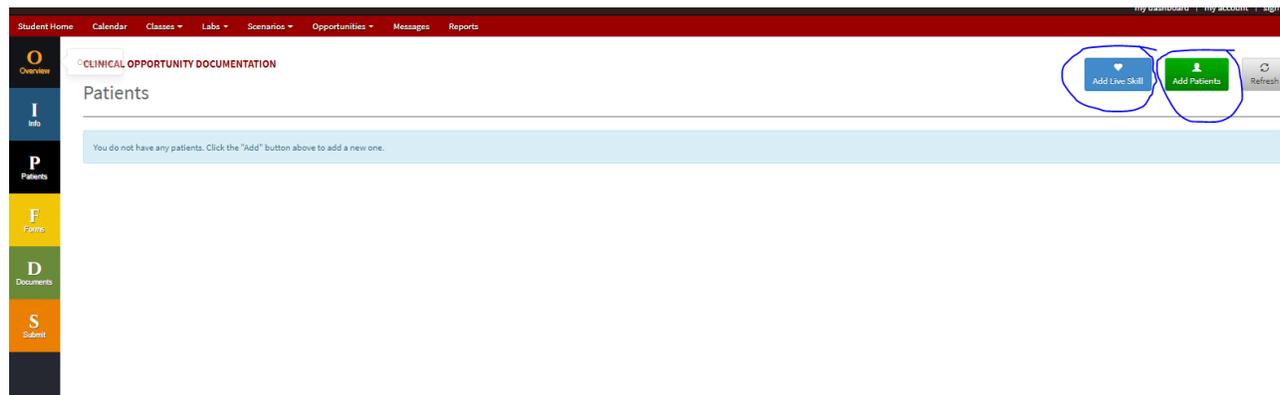
The first button is an Overview of the shift and before you submit, you can click on this button and scroll down the page to verify that you have uploaded documents and patients correctly before submitting.

The “I” button is for basic shift info and has two tabs. The first tab is where you will enter your preceptor (use the drop down or add the preceptor information as NEW if not in the drop down list), your actual start time for the shift and time you left, and any notes you wish to add to the chart about your attendance. Tab 2 allows you to enter in break times, if any are given and taken during your shift. This is usually more applicable to hospital shifts and should only be entered if you take more time than the standard 15-minute morning and 15-minute afternoon break and more than 30 minutes for a meal break. It WILL deduct from your overall shift time if entered so should be reserved for unusual breaks. See the screen clip below.

The screenshot shows the 'Information' tab in the 'CLINICAL OPPORTUNITY DOCUMENTATION' system. The sidebar on the left has buttons for Overview (O), Info (I), Patients (P), Form (F), Documents (D), and Submit (S). The main content area is titled 'Information' and has two tabs: 'Shift Details' and 'Attendance'. Under 'Shift Details', there is a dropdown menu for 'Select the Preceptor Assigned to This Opportunity' with 'Phillips, Brandon (PERCOM)' selected and a 'New' button. Below this, there are input fields for 'Actual Shift Start' (10/09/2019 06:00) and 'Actual Shift End' (10/09/2019 14:01), with a calculated 'Actual Duration' of 8 hours, 1 minute. There are also fields for 'Total Patient time (minutes)' and 'Total Physician time (minutes)'. A 'Summary Notes' section is at the bottom with a text area and a 'Save Changes' button.

The “P” button is where you will enter all your patient contact and skills information. Most skills are typically matched to a patient. However, some are available under the first button on the right side of the screen that are not necessarily matched to patients you are assessing and caring for in general. Familiarize yourself with what is under these buttons at the beginning of your shift and be sure when you enter skills or patient data and skills that you mark ALL items that are applicable. For instance, in the sample clip below, after clicking on Add Patient, we have entered in the applicable logistical information about the patient at the top. We have selected “Live” from one drop down menu and the matching initial patient chief complaint or presenting problem from the other drop down. In the narrative box, for hospital we typed a brief narrative of the patient contact. Then in the drop-down menus below, we selected the skills we participated in/performed and clicked the Successful or Attempted or Observed button as appropriate before selecting the next skill. Be sure to mark

“Successful” if you performed the skill, not “Observed”. If you attempted but it an unsuccessful attempt, click “Attempt”. When all information is entered, click the “Save” button at the bottom of the entry. This will list it as one entry on the “P” screen behind this box. If you remember later something you forgot to enter (but before submitting the shift to the Clinical Coordinator), there will be an Edit Patient button to the right of each entry. Continue entering patients as you go until you have completed all data entry. Screen clips are below.



Patient Information ✕

Please complete the information below to create a new patient. Reset

Time **Gender ***

📅

Patient Age

Years
Months
Days
Hours

Patient Type * **Chief Complaint ***

Patient Notes (Level of Consciousness/Event Circumstances/Medications)

Pt presented to ED with altered mental status, GCS is 10. Patient's family states she is an insulin dependent diabetic but "may have given herself her injection twice this morning." BG reading initially was 25.

Add Skill Performed

Group

Skill

Status

Skills Performed

- ✔ Comprehensive Normal Physical Assessment - Adult 🗑 ✕
- ✔ Intravenous Therapy 🗑 ✕
- ✔ Glucometer Portfolio 🗑 ✕
- ✔ Intravenous Bolus (Med Admin) 🗑 ✕

Next on the left side is the “F” button for Forms. Click here at the end of the shift and click on the down arrow to enter your site/preceptor evaluation. Screen clips below.

Site/Preceptor Evaluation

Please assess your experience. The following information allows us to identify excellent preceptors and to intercept concerns before they become difficult to manage. Reset

Please rate the clinical site with the following scale of 1-5. One (1) is low or poor rating. Five (5) is high or excellent rating. Please include comments.

Rate the willingness of your preceptor:

N/A 1 2 3 4 5

Comments

Was time taken to explain equipment and/or procedures?

N/A 1 2 3 4 5

Comments

How did you perceive your preceptor?

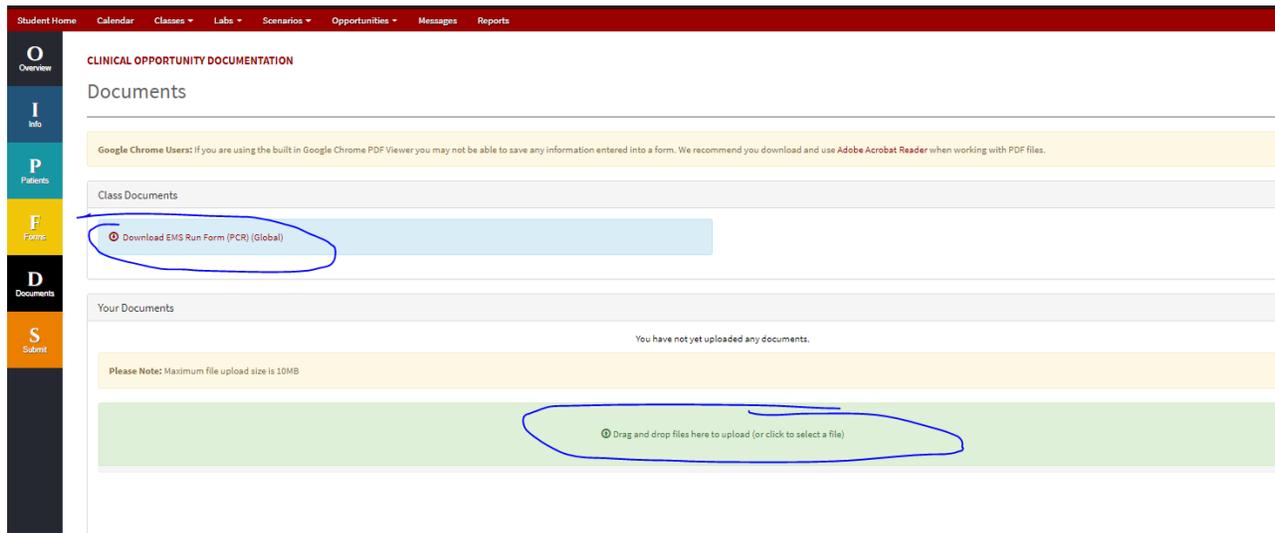
N/A 1 2 3 4 5

Comments

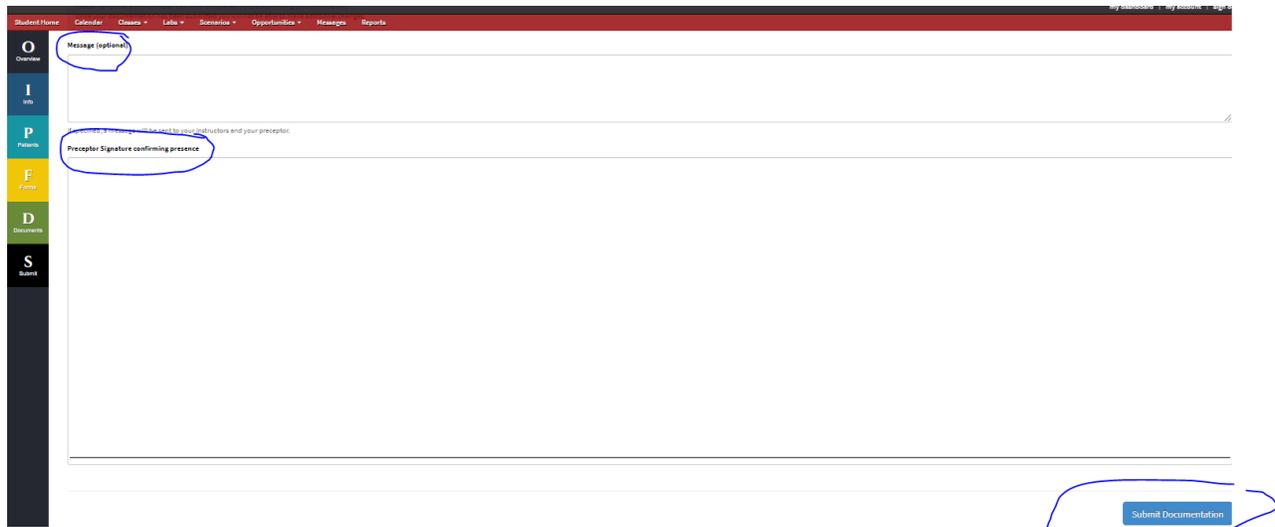
How did you perceive other clinical site employees?

N/A 1 2 3 4 5

The “D” button is for Documents. This is where you will click to obtain your Patient Care Report (PCR) to complete for all EMS runs. It is an Adobe fillable form so you can fill it out electronically, save it to your tablet PC or computer, and then upload it back into documents using the upload feature. (Once it is uploaded, be sure to DELETE the document from the tablet PC memory if using a PERCOM tablet.) This is also where you will upload any other applicable documentation for your patient encounter.



Finally, the “S” button is where you will submit the shift data when you have completed the shift and all data entry. There is a data entry box on this page where you can type information you wish to relay to the Clinical Coordinator if needed. Be SURE your preceptor uses a finger or a touch pen (if you have one for your electronic device) to sign for your attendance or you WILL NOT receive credit. This, and the subsequent “successful” preceptor evaluation of your performance step addressed in earlier pages of this manual are MANDATORY if you wish to get credit for your hours and skills entered.



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 . 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

AEMT

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 3RD 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, wearing school nametag, or without a tablet PC or other electronic device for data entry and hard copies of all clinical paperwork in case the internet or electronic device fails during the rotation. If you have a scheduled rotation coming up within 1 week and have not received your uniform shirt(s) and nametag or your shift is not listed in PlatinumPlanner, 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, if approved by the Clinical Coordinator. 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 \$51.50 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 15 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 or attend rotations 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; or

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.

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 CO₂ 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

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

Surgery/OR Objectives

During the experience in the Surgery room, the AEMT 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 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 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 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 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)
- Perform urinary catheterization.

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.

Internship Objectives

During the experience in the field internship, the AEMT 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)

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.



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:

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

3. Name and certification or licensure level of preceptor:

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!!!)

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