

PERCOMOnline, Inc.

Clinical Internship Manual

EMT Level Course

PERCOMOnline, Inc.

EMT Clinical Orientation Guidelines

EMT 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, Nurse Practitioner, Certified Registered Nurse Practitioner, MD, DO, PA, RT, EMT, EMT-I/AEMT, or Paramedic who supervise the student during the patient contact). These experiences must be documented appropriately to successfully complete the EMT 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, especially for the first request at a specific site. 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 registration documents. It is recommended that you submit the Clinical Registration paperwork through the link inside percomcourses.com ALL AT ONE TIME between 30 and 60 days before your first date that you plan to rotate. This requires some judgement and planning on your part. But you cannot send in schedule requests until all of the rotation requirements are correctly submitted and accepted, you are cleared by Clinical Faculty, and you have met all didactic and skills lab requirements.

Waiting or delaying submission of these documents and your 10-panel urine drug screen 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 therequests, it means you have to plan ahead. 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 PERCOMOnline, 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 EXIT SESSION and turned in all required documentation to be released to start rotations.

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.

To assist you in being able to submit your data and documentation correctly, you **MUST** watch the video that will be provided by the Clinical Coordinator on basics of data entry and submissions and tips to avoid common pitfalls, as well as **READ** this manual in its entirety. If you do not submit your data and documentation correctly, it will be returned to you and no credit will be posted until or unless it is corrected. To avoid unnecessary time delays, it is important for students to be diligent, thorough, and accurate when submitting data and paperwork following rotation shifts. Every “i must be dotted and t must be crossed” or the shift may not count so use care while completing this step.

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 EMT 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. 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. (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.)

Following the successful completion of all skills practice and testing, final exam, all rotations and any other associated requirements for EMT, you will enter the process for graduation as an EMT and be marked clear to test NREMT-EMT for certification purposes. Be aware 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.

PERCOM Clinical Faculty reserves the right to allow some substitution of hours from EMS to other clinical/hospital departments. However, this is only for special situations and exceptions when the student has attempted to complete those clinical/hospital hours through affiliated sites or if sites are reduced, restricted or unavailable as per the judgment of the Clinical Coordinator. Students MUST be willing to travel to sites that are available and within reason but, if the student is unable to complete all departments, contacts, assessments or skills within reasonable scheduled hours at those sites, the Clinical Coordinator may choose to substitute HOURS from EMS rotation overages by the student. No substitutions can be made, however, for patient ages, conditions, assessments or skills. All pediatric minimum rotation assessments must be completed on “live” children of the appropriate ages with some sort of pathology and may not be simulated, per accreditation policies. The non-completed contacts and skills may be completed during EMS rotations but if the student is not able to achieve these during those hours, more hours will be required or other acceptable options may be discussed with the Medical Director for individual approval.

Hours Required: EMS – 48 Hours
Hospital ER – 36 Hours
*Hospital OB – 8 Hours (or alternate location)
*Hospital Respiratory Dept. – 8 Hours (or alternate location)

Total Required Hours – 100 Hours

Contacts Required: EMS – Ten (10) EMS transports
Medical patient contacts – 4
Trauma patient contacts – 4
Cardiac patient contacts – 4

Skills Required: O² administration – 5 times
Vital signs taken – 20 times
Respiratory medication administration – 2 times

***NOTE:** PERCOM Clinical Faculty reserves the right to allow some substitution of hours from EMS to other clinical/hospital departments. However, this is only for special situations and exceptions when the student has attempted to complete those clinical/hospital hours through affiliated sites or if sites are reduced, restricted or unavailable as per the judgment of the Clinical Coordinator. Students **MUST** be willing to travel to sites that are available and within reason but, if the student is unable to complete all departments, contacts, assessments or skills within reasonable scheduled hours at those sites, the Clinical Coordinator may choose to substitute **HOURS** from EMS rotation overages by the student. No substitutions can be made, however, for patient ages, conditions, assessments or skills. All pediatric minimum rotation assessments must be completed on “live” children of the appropriate ages with some sort of pathology and may not be simulated, per accreditation policies. The non-completed contacts and skills may be completed during EMS rotations but if the student is not able to achieve these during those hours, more hours will be required or other acceptable options may be discussed with the Medical Director for individual approval.

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!**

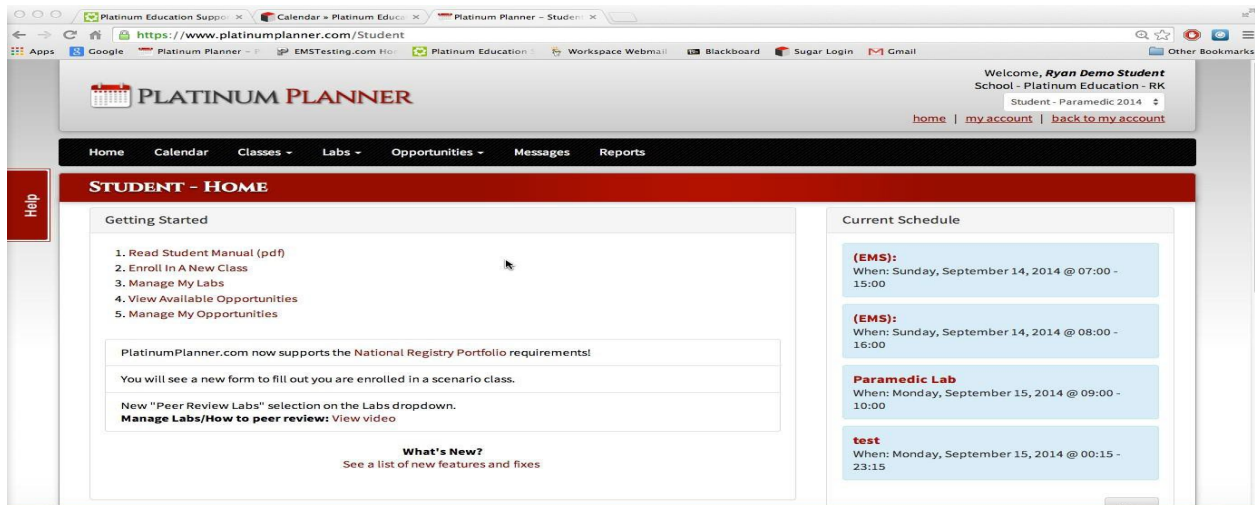
Instructions for Completing Clinical Paperwork

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.

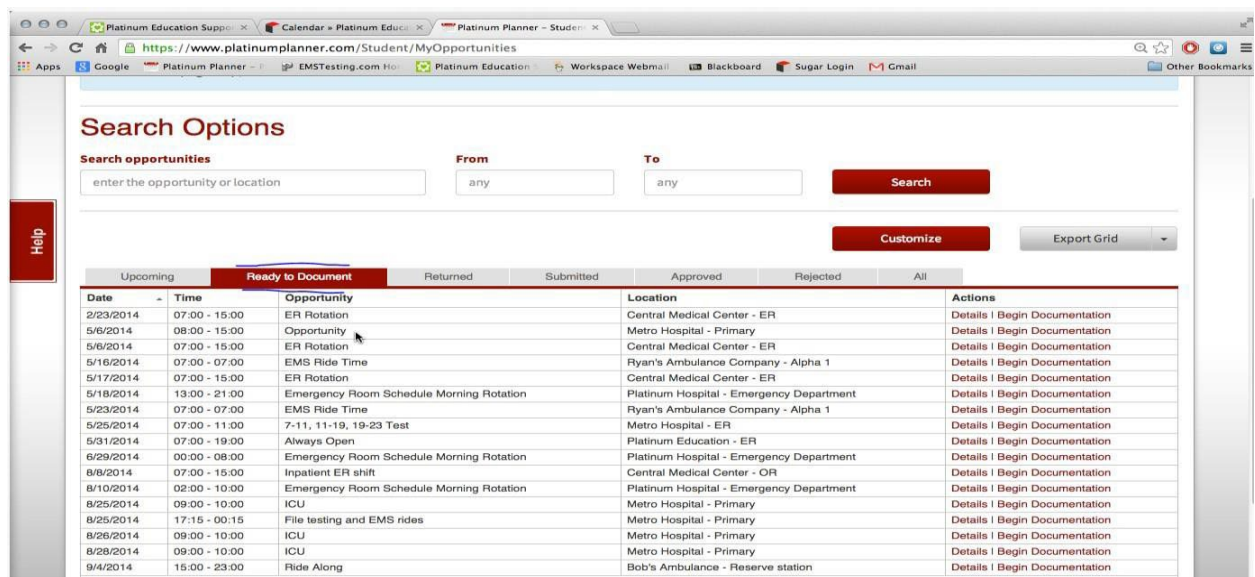
PERCOM students will be supplied with hard copy paperwork by the Clinical Coordinator or designee that can be utilized to assist in documentation or in the event that the tablet PC or internet fails during the rotation. However, this paperwork will not be used INSTEAD of the electronic charting through 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 sign 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 upcoming Exit Session. Students are barred from attending any rotations unless the Exit 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.

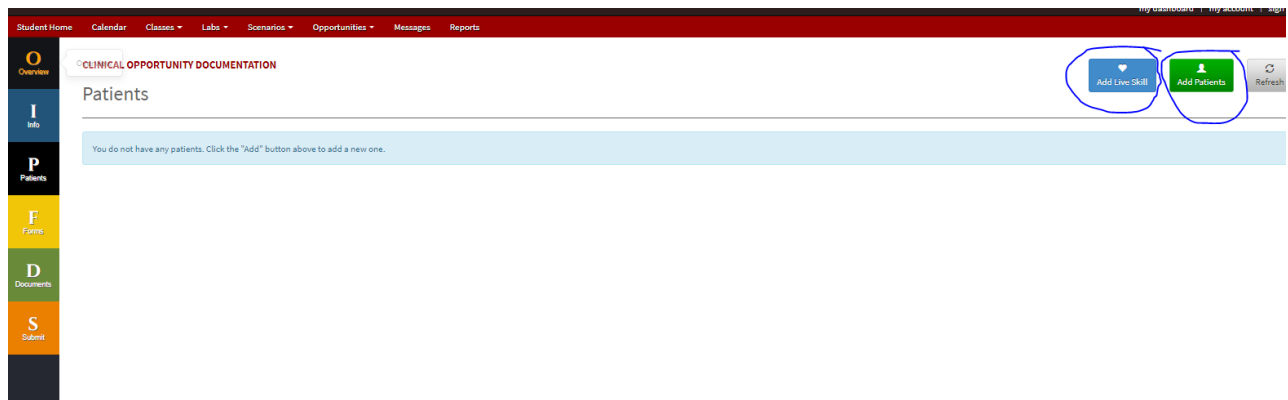
The first button is an Overview of the shift and before you submit, you can click on this button and scroll down the page to verify that you have uploaded documents and patients correctly before submitting.

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 'CLINICAL OPPORTUNITY DOCUMENTATION' interface. The 'Information' tab is selected. A dropdown menu for 'Select the Preceptor Assigned to This Opportunity' is open, showing 'Phillips, Brandon (PERCOM)' and a 'New' button circled in blue. Below, 'Actual Shift Start' is set to 10/09/2019 06:00 and 'Actual Shift End' is 10/09/2019 14:01, with '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. A 'Save Changes' button is in the top right corner.

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?

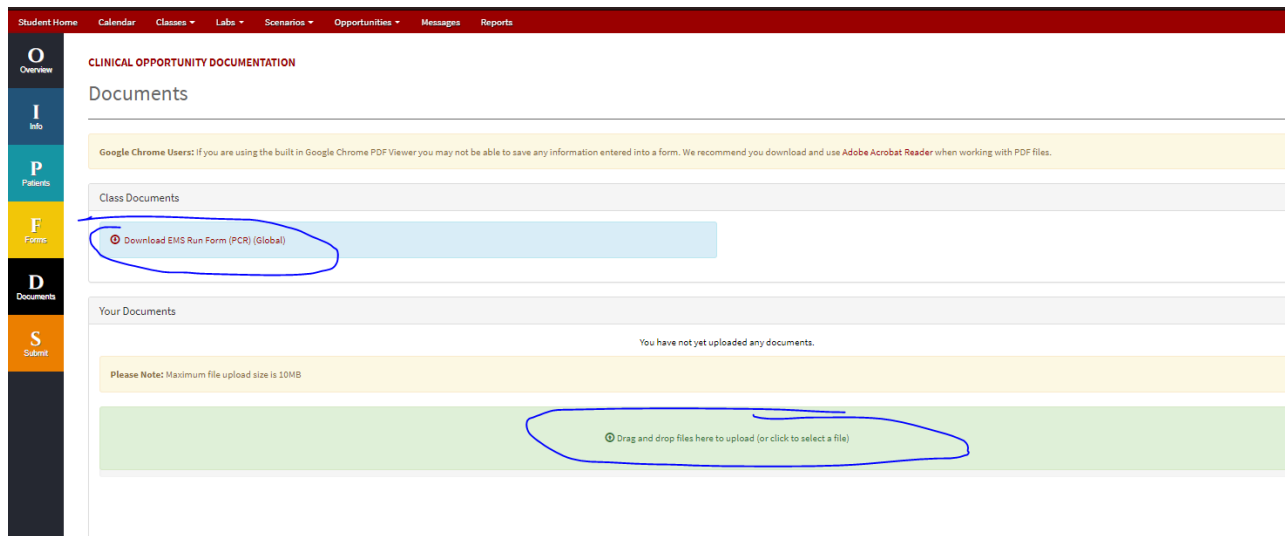
N/A 1 2 3 4 5

Comments

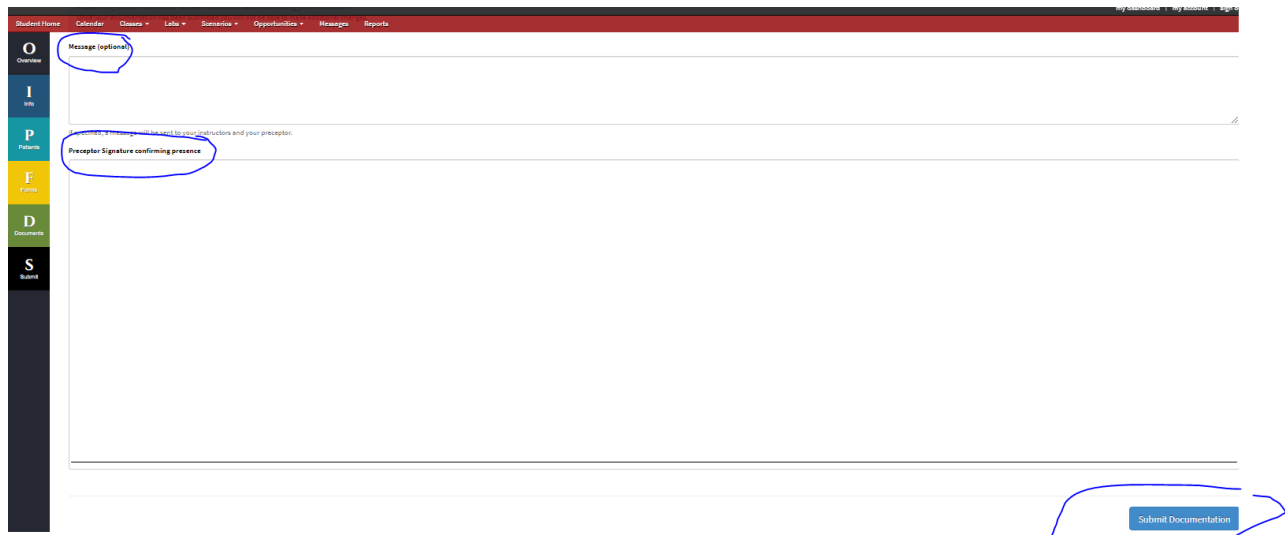
How did you perceive other clinical site employees?

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.



,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.

The student should let the preceptor know that he/she will be receiving an email with instructions on how to review the shift and evaluate the student's performance and to please watch for this email and complete the evaluation so that you may receive full credit for the shift.

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 end of the shift. This allows for adequate review time and feedback. If there are any issues with submitting paperwork/data, contact the Clinical Coordinator.

All Clinical Documentation must be submitted through the electronic data entry system within 48 hours of the end of the Clinical shift at the very latest.

If documentation is not received within 48 hours, you will be considered a "NO SHOW" for the clinical shift and no credit will be given for the shift.

You will also be subject to the disciplinary policy with regards to "NO SHOW" as stated in the student handbook.

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 and press the option for the Program Director.

PERCOMOnline, Inc.

Clinical/Internship Student Manual

EMT

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.

Students must not initiate or direct patient care. 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 electronic data scheduling system unless 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 or your shift is not listed in PlatinumPlanner, contact the Clinical Coordinator immediately.

Students Schedules will be made available inside the Platinum Planner 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. *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.*

Students must study Clinical and ambulance objectives and become familiar with them. **Students must 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 without access to the Appeals Process. PERCOM and its instructors are not responsible for such acts.

Students must sign up for clinical and ambulance times through the Clinical Liaison 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** immediately by email a minimum of 48 hours if there is a problem. **A fine of \$51.50 will be paid for each missed rotation. Refer to the “NO SHOW” Policy in your student handbook.** Students Schedules will be made available inside the platinum system. Any student that attends a rotation not scheduled in the platinum system may be expelled from the program.

Students found sleeping during clinical rotations (except for in designated sleep hours during designated sleep periods) 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 designated deadline for the course. Clinical and Internship documentation that is incomplete will not be counted toward the minimum required number of patient reports. Students with incomplete Clinical/ Internship records will receive a 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. Students should report any incidents or difficulties with clinical or ambulance preceptors or otherwise immediately to the Clinical Coordinator by email 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 **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 24 hours prior to such experiences; nor at any time or place when wearing the PERCOM EMS Academy uniform or nametag.** 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. An instructor who has reason to believe that a student is under the influence of either alcohol or drugs 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 the drug and alcohol policy may result in dismissal from the program and an overall grade of "Fail" assigned to the course.**

Hospital and EMS Objectives:

***Because of patient availability, it is possible that all objectives may not be met and that all skills may not be performed. Nonetheless, as many skills as possible should be observed and practiced by the student. **Minimum patient contacts/skills must be achieved in order to graduate.**

General Clinical Objectives:

- 1. Tour and receive orientation to the assigned area.**
- 2. Perform equipment/vehicle checks and any other preparatory tasks.**
- 3. Utilize “Universal Precautions” of infection control.**
- 4. Perform a patient assessment:**
 - a) Primary survey**
 - b) Secondary survey**
 - c) Vital signs, including lung sounds**
 - d) History**
- 5. Assist and observe the triage of patients.**
- 6. Perform airway management:**
 - a) Manual techniques**
 - b) Oropharyngeal airways**
 - c) Nasopharyngeal airways**
 - d) Oropharyngeal suctioning**
- 7. Perform respiratory support:**
 - a) Oxygen administration**
 - b) Bag-valve mask ventilation**
 - c) CPAP/BiPAP/PEEP**
- 8. Perform CPR:**
 - a) Observe and assist in cardiac resuscitation**
 - b) Observe and assist in trauma resuscitation**
 - c) Observe and assist in the use of the Automatic External Defibrillator (AED)**
- 9. Recognize and evaluate mechanisms of injury.**
- 10. Assist in the treatment of trauma cases:**
 - a) Perform bleeding control**
 - b) Dress and bandage wounds**
 - c) Perform musculoskeletal immobilization**
 - d) Assist with spinal immobilization**
 - e) Penetrating wounds of the chest and abdomen**

f) Other trauma cases as available

11. Assist in the treatment of medical cases

- a) Chest pain**
- b) Assist in the administration of nitroglycerine**
- c) Congestive heart failure**
- d) Chronic obstructive pulmonary disease**
- e) Obstructed airway/Asthma attack**
 - 1. Assist in the administration of the metered dose inhaler**
 - 2. Assist in the administration of nebulizer treatment**
- f) Diabetic emergencies**
 - 1. Assist in the use of the glucometer**
 - 2. Assist in the administration of an instant glucose product**
- g) Seizures**
- h) Coma**
- i) Overdose (alcohol or drug abuse)**
 - 1. Assist in the administration of Activated Charcoal**
- j) Other medical cases as available**
- k) Anaphylactic Shock**
 - 1. Auto-injector**

12. Assist or observe the care of behavioral emergencies:

- a) Suicidal behavior**
- b) Hostile/violent behavior**
- c) Acute grief or depression**
- d) Paranoia**
- e) Hysterical conversion**
- f) Acute anxiety/agitation**
- g) Schizophrenia**
- h) Anger**
- i) Confusion**
- j) Fear**
- k) Hyperactivity**
- l) Alcohol and drug abuse**
- m) Other behavioral cases which are safely available**

13. Assist in the care of geriatric patients:

- a) Chronically altered mental status**
- b) Alzheimer's disease**
- c) Osteoporosis**
- d) Rheumatoid arthritis**
- e) Immobility**
- f) Other geriatric cases as available**

14. Assist in the care of pediatric patients:

- a) Signs and symptoms of pediatric illness**

- b) Febrile seizures
 - c) Restraint procedures
 - d) Psychological states of age progression
 - e) Note vital sign differences
 - f) Parental care
 - g) Poisonings
 - h) Other pediatric cases as available
15. Assist or observe the care of obstetric patients:
- a) Identify the three stages of labor
 - b) Cephalic delivery
 - c) Clamping and cutting of the umbilical cord
 - d) Complications of delivery
 - e) Observe a caesarian section
 - f) Note medications given to the mother
 - g) Inspect the delivered placenta and umbilical cord
 - h) Postpartum hemorrhage control
 - i) Newborn care
 - j) APGAR scoring
 - k) Premature infant care
 - l) Fetal monitoring
 - m) Other obstetric cases as available
16. Observe the management of cases with legal implications or which require evidence preservation:
- a) Sexual assault/rape
 - b) Child/elderly abuse
 - c) Shootings/stabbing
 - d) Animal bites
 - e) Other cases as available
17. Observe sterile techniques and assist as directed.
18. Assist in lifting, moving and patient transfers.
19. Perform patient access, packaging and extrication.
20. Assist in any restocking, cleaning or other duties as assigned in the clinical/field facility.
21. Observe diagnostic procedures/tests and review lab results.
22. Review charts for clinical findings, diagnosis and treatment plans.
23. Monitor and record radio and oral communication of patient information.
24. Document, for student records, patient and/or incident information.
25. Assist or observe in any procedure authorized by the attending physician and/or preceptor that will increase the understanding of anatomy and physiology of illness or injury.

EMS Specific Objectives

Performance of skills contained in the field internship objectives shall be based on performance criteria established by standard medical practice unless otherwise defined by the course coordinator. During the field internship, the student must practice under direct supervision of a recognized preceptor and should demonstrate proficiency for each of the following skills.

All Levels

1. Complete an orientation of expected behavior before, during and after a response with ambulance crew.
2. Locate, inspect and prepare each piece of equipment for use on the ambulance.
3. Locate and operate radio equipment.
4. Practice loading and unloading the ambulance stretcher, with and without a load.
5. Locate and become familiar with emergency equipment such as flares and fire extinguishers.
6. Perform patient assessment including developing relevant medical history and conducting a physical examination. The assessments should include, at a minimum, assessments on medical patients, unconscious patients, trauma patients and pediatric patients.
7. Assist and review the treatment of trauma cases and medical emergencies.
8. Assist in triaging patients.
9. Assist in hemorrhage control and splinting.
10. Assist in cases of cardiac arrest, including the performance of CPR.
11. Assist in basic airway management.
12. Assist in the use of an Automatic External Defibrillator (AED).
13. Administration of Epinephrine for use in treatment of allergic reactions.
14. Assist in use of Bronchodilator.
15. Assist in the management of cardiac arrest through the use of an AED

CLINICAL EXPERIENCE: 52 HOURS MINIMUM

Clinical experience will consist of 36 hours in the Emergency department, 8 hours in Respiratory Care and another minimum 8 hours in OB/Gyn, with a mandatory requirement of one delivery observation. Students must complete a minimum of 12 Hospital/Clinical patient care documentations to pass the clinical practicum. Each patient contact MUST be thoroughly documented utilizing all information blanks on the Clinical form to count toward the minimum number of patient contacts for this environment. Failure to complete all hours, minimum patient contacts, documentations, skills or OB delivery can result in the student being required to sign up for more hours in specified departments until all minimum requirements are met.

Preceptors for clinical can include Paramedics, PAs, RNs, MDs or DOs. Only personnel at these levels of certification or licensure are authorized to precept the student experience or sign clinical paperwork.

AMBULANCE INTERNSHIP: 48 HOURS MINIMUM

Internship will be scheduled with approved EMS or Fire/EMS agencies. Students must complete a minimum of 4 AMBULANCE patient care documentations for emergency responses with patient transports to pass ambulance internship. Student should write a documentation report on every patient transported or contacted. No Transports should also be thoroughly documented and MAY count toward the minimum number of required contacts IF a thorough patient assessment and some treatment was administered prior to no transport.

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. REMEMBER!!! You must have a total of 16 patient care documentations to pass!!!!

INFORMATION REGARDING CLINICAL PAPERWORK:

All students are required to use electronic methods to document clinical and field rotation experiences and associated proofs of meeting the minimum requirements during those rotations. The Clinical Coordinator emails specific instructions once all your Clinical Paperwork Documents and Requirements are checked in and counted as complete. You must follow these instructions **IMPLICITLY**. This includes instructions on familiarizing yourself with PlatinumPlanner.com and how to do the data entry for each rotation as discussed in this manual and with the Help Features on their website. You should familiarize yourself with this information **BEFORE** you attend the rotation and **REVIEW** it frequently and prior to each rotation until you are able to do it thoroughly and completely without review. Any missing data, signatures, documents, or other required items not submitted correctly within Platinum following each shift you complete is the **STUDENT'S RESPONSIBILITY**, no one else's. And you can't simply go back to the site later and ask someone to sign off that you did something or complete the preceptor evaluation. Again, not entered, not documented, not signed, not evaluated means **NOT DONE**, and you will have to repeat the rotation.

The Clinical Coordinator also emails you attachment documents that you should print for **HARD COPIES** and take to each site with you as well as your tablet PC or other chosen electronic device, clinical objectives, and a copy of this manual. This serves two purposes.

1. If the internet or your electronic device fails (and **ONLY** if it fails and cannot be used), then you may use this paperwork to manually document and obtain signatures for the rotation. All data entered on the hard copy shift paperwork is still required to be entered into Platinum following the shift and the hard copy form can be scanned and uploaded as well to verify the data entered.
2. Preceptors sometimes will not do the Platinum Preceptor steps when you are getting ready to leave the site, even though you follow the instructions and explain to them what you are trying to achieve. You must **ATTEMPT** to get them to use the Platinum system as described in this manual but in the event that the preceptor does not wish to do so or says he/she will do the evaluation in Platinum "later", then present the preceptor with the "EMS Preceptor Evaluation of Student Form" and ask them to complete it before you both leave the site. This form will also be provided to you in email by the Clinical Coordinator, and it is also located in the last few pages of this manual. Remember, you **MUST** be evaluated in writing by the preceptor either within Platinum or on hard copy paperwork. The completed hard copy must be scanned to pdf and uploaded into the shift data you submit.

You are **ALSO** required to take a copy of the final document in this manual, which will also be emailed to you in advance by the Clinical Coordinator – the "Preceptor Verification Form". This paper form is **REQUIRED** also and is designed to verify your attendance, as well as help you with instructions to the preceptor about using Platinum or how to contact the Clinical Coordinator if there is a problem. So this form **ALSO** must be scanned to pdf and uploaded with your data submission from the shift for **EVERY** shift to receive credit for the hours.

We also want **YOU** to evaluate your preceptors and site. The form on the next page is also something we need you to complete for every shift/rotation that you complete (and is also supplied to you in hard copy by the Clinical Coordinator and a version of it is available for use in Platinum). This helps us to know how things are going at the sites and with the preceptors. They evaluate you;

you evaluate them.

So please pay attention to the initial emailed instructions that the Clinical Coordinator sends to you. Read them carefully. If you received your clinical packet with your shirt, nametag and such and have NOT seen an email from clinicalcoordinator@percomonline.com with instructions and attachments, please check your spam/trash/junk or updates folders FIRST. Then if you still do not see the email, email the Clinical Coordinator at the above email address and ask for instructions.



STUDENT EVALUATION OF PRECEPTOR/SITE

Please complete one of these forms for each of your clinical or EMS sites and upload it into the documentation upload section of the shift in Platinum Planner 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.

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?

PERCOM/Medical Consortium EMS Academy
Preceptor Evaluation of EMS Student – NOT FFI

Student Name: _____ **Course Level:** EMT AEMT Para

Preceptor: Please circle the description that best illustrates the student’s abilities. Discuss your feedback with the student, then sign where indicated and return to the student.

1. Work Organization Skills			
Punctual, uses effective time management. Performs tasks in a logical, orderly manner, recognizes tasks that need to be done and takes initiative to do them. Demonstrates sufficient forethought into actions.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			
2. Professionalism			
Neatly dressed in appropriate uniform, uses good hygiene and grooming. Is polite and respectful. Takes initiative to learn and ask questions. Good representative of the profession.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			
3. Listening and Communication Skills			
Accurately receives radio and spoken communications, effectively communicates messages to others. Demonstrates active listening and empathy when communicating with patients and their families. Uses complete and accurate written documentation of patient care.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			
4. Scene Size-up and Management			
Ensures safety of crew, patient, bystanders. Noted mechanism of injury and relevant findings.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			
5. Forms Accurate Clinical Impression			
Performs effective, appropriate initial assessment, patient interview and physical examination. Synthesizes information to arrive an accurate impression of the patient’s problem.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			

Student Name _____ Date _____

6. Treatment Plan Formulates and implements, or directs the implementation of a treatment plan based on the clinical impression. Monitors the effectiveness of interventions and redirects treatment as indicated.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			
7. Skills Any skills performed by the student were indicated and performed correctly. Notes and corrects any incorrect skill performance by on-scene personnel.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			
8. Leadership Sets priorities, directs team, adapts to evolving information.			
Unsatisfactory	Dependent on Preceptor for Direction	Independent/ Entry-level competent for Course Level	No opportunity to observe
Comments:			
9. Overall Rating Based on today's performance, which of the following most accurately represents the student's readiness as an entry level EMS professional at his/her course level? Consider whether you would be comfortable with the student caring for you or your family in a life-threatening emergency.			
Not Ready. Needs Extensive remediation	Marginal. Internship should be extended to allow for Further development	Entry-level competent Would function well in the job with an experienced partner	

Preceptor Name _____

Preceptor's Signature _____ Date _____

Student's Signature _____ Date _____



**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. 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