

**TRI-RIVERS PUBLIC SAFETY SERVICES TRAINING PROGRAM**  
**TRI-RIVERS/MARION GENERAL HOSPITAL SCHOOL OF PARAMEDICINE**  
ODPS #329

**CLINICAL HANDBOOK**

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The coordinator of the program retains the right to adjust, add, or delete policies and procedures from this handbook, when it is in the best interest of the program, school, and clinical sites, at any time.

## **CLINICAL EXPERIENCE**

The students will be developing and refining skills in direct patient care settings in the hospital and field. Performance objectives are closely monitored and evaluated, as the student develops clinical competency. There are 400 hours of in- hospital experience and 50 hours of field experience in this part of the program.

Various areas of the hospital used in the clinical rotations are: Laboratory, Respiratory, Emergency Dept., Pediatric Unit, Intensive Care Unit, Operating Room, Labor and Delivery, and Psychiatric Unit. Also, various public agencies and public and private ambulance services are used. Several of the clinical areas of the hospital will be open for clinical 24 hours a day, 7 days a week. Most are open 16 hours a day, 7 days a week. All hospital clinical time will be done between the hours of 7am and 11pm, and all field clinical time done between the hours of 7am and 9pm unless otherwise approved by the PSS Coordinator. Students are required to meet the regulations of any clinical site at which they do their training.

## **APPROVED CLINICAL SITES**

**(subject to change)**

### **HOSPITAL SITES**

Bucyrus Community Hospital	629 N. Sandusky Avenue Bucyrus, OH 44820
Marion General Hospital	1000 McKinley Park Drive Marion, OH 43302
Galion Community Hospital	County Portland Way South Galion, OH 44833
Marion Area Health Center	1050 Delaware Avenue Marion, OH 43302

### **FIELD SITES**

Delaware County EMS, Marion Township Fire Dept, Marion City Fire Dept, MedFlight Ground Unit, Morrow Co. EMS, Stofcheck, Galion Fire

## **CLINICAL AREA DRESS**

Navy blue pants, program shirt, dark shoes, belt and socks. No tennis shoes allowed. No "cros" type footwear. Name tag will be provided. Only jewelry allowed is wrist watch and wedding ring. No facial piercing will be allowed in the clinical/field setting. In surgery, recovery room, holding room, OB-Delivery, program scrub shirts or hospital provided clothing will be appropriate. You must wear your name tag. Tri-Rivers Marion General Hospital School of Paramedicine reserves the right to modify the dress code as appropriate.

## **CLINICAL WORK/RIDE POLICY**

No student may perform field or clinical time as an employee. The student is at the site as a student of Tri-Rivers/MGH School of Paramedicine and may ONLY act in the capacity of a student. If the student acts as an employee of the site, then no time will be credited for the hours at the clinical or field site.

## **CLINICAL ATTENDANCE**

Clinical hours are 450+ hours; this is variable upwards, depending on the individual need of the student. Students must satisfactorily complete all assigned hours and required skill/assignments of the clinical experience for the school year to graduate.

Any student with less than 100% completion of the clinical hours and clinical requirements completed by the end of quarter IV will not be permitted to graduate and will not be eligible for the National Registry examinations

The student who cannot attend a scheduled clinical time should call the clinical site and the clinical coordinator no later than an hour prior to the scheduled time. Acceptable reasons for excused absence from clinical area would be personal illness, illness in immediate family, or other reasonable unexpected events.

Clinical records will be reviewed monthly and any student with less than 90% of the required clinical hours for that quarter will be placed on academic probation. The student will then be required to make up the hours for that quarter by the next monthly review or be subject to possible dismissal. Students on academic probation are not eligible to receive any financial aid.

## **STUDENT EXPOSURE POLICY**

In the event that the student receives an exposure, injury or illness during the hospital or field clinical rotation the Public Safety Services Coordinator and / or Clinical Coordinator must be contacted immediately. If during daytime business hours the student is to call:

- PSS Coordinator at (740) 389-4681 x 351. or
- Clinical Coordinator at (740) 389-4681 X 352 or
- PSS Executive Assistant (740) 389-4681 x 350 or

If unable to reach any PSS staff during business hours, or if the exposure occurs after business hours the student is to call the Clinical Coordinator at (740) 272-0247. The student is to receive the appropriate medical care related to his/her injury or illness.

## **CLINICAL SITE CONTACT NUMBERS**

Marion General Hospital	Pager: 1-740-375-1023	Page overhead: 740-383-8400
Marion Area Surgery Center	Phone: 1-740-383-7772	
Galion Community Hospital	Phone: 1-419-468-4841	
Bucyrus Community Hospital	Phone: 1-419-562-4677	
Marion City Fire Department	Phone: 1-740-382-0040	
Marion Township Fire Dept:	Phone: 1-740-387-5404	
Stofcheck Ambulance Service	Phone: 1-800-432-5402	
Morrow County EMS	Phone: 1-419-946-7727	
Delaware County EMS:	See TRCC online	

## **GUIDELINES FOR HOSPITAL CLINICAL PRECEPTORS**

1. Review the objectives with the clinical coordinator and discuss which objectives are to be included in the unit activities.
2. The student should report to the nurse or other person designated for that area and shift.
3. Have the student sign in if applicable and determine their proper attire, for example, surgical greens.
4. Review the rules and operating procedures with the team, making certain to define the student's role with the team. Any special regulations concerning the student's activities should be defined.
5. Define those skills that will and will not be included in this instructional unit, but were discussed during the classroom activities.
6. Review the history, diagnosis, complications, and treatment of your patients with the student. Ideally the student should be in report. The activities of the student should not be limited to those specifically defined in the objectives but, must remain within the scope of practice appropriate for their training level.
7. For each activity, demonstrate the skill initially, then coach the student through the skill at least one time. Finally, observe the student as they perform the skill.
8. Observe the student when they are performing activities with the team. The preceptor should critically review the student's technique and suggest corrections when appropriate.
9. Assist and evaluate the student until they are competent in each activity on the checklist.  
(Clinical Phase Form Checklist)
10. Answer any of the student's questions concerning activities with the team or specific patients and their conditions.
11. Review the objectives for this instructional unit periodically, and discuss the student's progress with respect to the items on the checklist.
11. The preceptor should make comments on the student's clinical forms in areas designated for comments as necessary.
13. There may be more than one preceptor that has observed a student in various skills during the day. Please sign off and evaluate those objectives that you observed.
14. Please use a pen to mark clinical check-off list and logs.
15. The student will be bringing a clinical tracking form to the site. This will have their name and clinical level to which they have been trained at that time. The clinical levels will progress through the year. Their clinical activities should include everything from "Phase 1" through "Phase 4", as designated on their form.

Please initial the areas on the front of the tracking form and complete the student evaluation on the back of the form and sign. Then seal the form in an envelope provided by the student and the student may return the form to the school

## GUIDELINES FOR PARAMEDIC FIELD CLINICAL PRECEPTORS

1. Preceptor should be a State of Ohio Certified or National Registry Paramedic. If preceptor is a Basic EMT or Intermediate, the student will only be able to function at that level and will only receive credit for observing basic or intermediate level skills.
2. Preceptor and/or supervisor (as appropriate) should determine if student is properly attired and have student sign in (if sign in form is utilized). From student's phase badge, determine the student's level of training.
3. Review rules and operating procedures, making certain to define student's role. All special regulations specific to the department or shift, etc. should be defined.
4. Where possible, have student observe and assist with pre-operational checks and related duties. Familiarize the student with the unit to which you will be assigned with him/her.
5. Allow the student to observe patient care initially. You should answer questions and offer directions and explain your actions as needed and then have the student perform those skills that you determine are within the level of training and the student's competence. Performance should be closely supervised. Critique the student's performance as soon as possible after the call is concluded.
6. Please check off and date the field tracking form for the appropriate skills performed or observed and initial, be sure to also review the students PCR form and sign. Also, please make comments, as appropriate, on the student's performance or lack thereof. Please make all entries ink.
7. All skills at the basic level should be considered appropriate as paramedic students are required to be at least an EMT-B. However, the experience of each student may not be equal and patient care should be limited until the preceptor establishes the student's competence.
8. As students progress through the course and new skills are learned through lab practice the appropriate clinical Phase form and badge will be used to identify the current skill level. Students will wear an identifying tag behind their MGH ID badge that denotes what "**Phase**" they are in and what skills they may currently perform. (See page 14)
9. The field clinical preceptor should be cautious and observant in allowing a student to perform advanced skills such as intubation, defibrillation, etc. in the emergent situation. If the preceptor chooses to not allow the student to perform a skill it is expected that the student will be placed in a position to observe these skills.

## **GUIDELINES FOR THE STUDENT'S CLINICAL ACTIVITIES**

1. Patients are the focal point of this educational experience and deserve the highest quality care. The paramedic student will not attempt to do anything which might constitute harm to the patient, either physically or mentally.
2. Ethical aspects of care are a high priority and no paramedic student will observe, assist, or attempt procedures without the patient's awareness, if conscious. All information regarding a patient's care and condition is confidential outside of the clinical setting.
3. The paramedic student will maintain standards of behavior required for all EMS professionals; and can be counseled, put on probation, or dismissed from the program for any of the following:
  - a. Odor of alcohol, intoxication, and/or illegal use of drugs on hospital premises or its clinical affiliates.
  - b. Participating in gambling or sleeping on duty.
  - c. Dishonesty, theft, or destruction of hospital, employee, or patient property.
  - d. Inconsiderate conduct toward patients, employees, fellow students, physicians, and the public.
  - e. Fighting with or striking a patient, employee, fellow student, physician, or any other person.
  - f. Any action detrimental to the hospital or its affiliates, where it would be in the best interest of the hospital and the education program for the paramedic student to be dismissed. (See Student Handbook, Counseling Policy)
  - g. Any breach of confidentiality of medical information concerning a patient.
  - h. Use of any clinical site computer/computers
  - i. Attendance problems of a repeated nature.
  - j. Falsification of any clinical materials or time.
  - k. Forgery of any signatures on clinical forms.
4. The EMS student will be responsible for getting verification of he/she having met clinical requirements from the preceptor.
5. Evaluation forms should be reviewed by the preceptor with you at the end of that day's clinical period.
6. Take advantage of your time in clinical; find things to do and observe. Keep busy. If there is little activity in the clinical area you are in during a particular period, check with the preceptor about possibly using the library to look up answers to questions you may have. Do not hesitate to establish open communication with preceptors so you can receive optimal benefit from your clinical experience.
7. The EMS student will be responsible for scheduling his/her own time with the clinical coordinator for the different clinical areas and is also responsible to show up at the appropriate time and place. The student must call both the clinical coordinator and the clinical area for which they are scheduled should they not be able to keep their time (i.e., illness, etc.).
8. The EMS student must be in the appropriate and approved clinical uniform for each of the clinical areas. The student is highly encouraged to have available an extra uniform or change of clothing and toiletries should they be exposed to a contaminant (blood, vomit, etc) and be required to shower.

9. The student shall be familiar with the student handbook for other items that pertain to clinical activities.
10. On the day of the clinical the student shall:
  - a. Report to the clinical area on his/her scheduled date and time and sign in or check in with the supervisor, charge nurse, OIC, or other designated person, and get an assignment to a preceptor.
  - b. Review the rules and operating procedures for that clinical area with the preceptor, or other designated person making certain that his/her role in the clinical area is defined.
  - c. Review the history, diagnosis, complications, and treatment of each patient in the clinical area if appropriate.
  - d. Observe and participate in clinical area activities as directed by the preceptor, or designated person. If the student observes a technique or procedure performed differently from its presentation during the classroom activities, the student may question the preceptor about differences observed, but remember that the techniques presented during the lecture may not be the only correct method. NEVER question staff, preceptors, or physicians or discuss differences in front of the patients! Wait until you can address them in private.
  - e. **Perform each activity on the checklist when appropriate under the direct supervision of the preceptor, or designated person.** If the student is unsure of the activity, the preceptor will demonstrate the skill. Review each activity performed with the preceptor, and be sure the preceptor critiques your performance and initials the appropriate skill box on that clinical areas phase form ie. ER, ICU, Respiratory, Field. The clinical preceptor, or designated person must also sign the patient assessment forms and the field patient care reports.
  - f. Before leaving the clinical area that day be sure that the preceptor, or designated person has completed or signed all appropriate areas including the hospital and field clinical log sheets that are to be submitted by the student the last day of each quarter. **NO clinical forms will be accepted or count as clinical hours without all appropriate signatures and information completed.**
  - f. The student will then submit the documentation for that clinical experience by placing all appropriate and completed materials in their student folder located in the classroom the next scheduled class day. Make sure that all materials are complete and stapled together for each clinical experience. For example if the student completed 8 hours at Marion General Hospital ER during Phase 2 and completed 5 patient assessments. All materials would include the ER Phase 2 form completed and the 5 patient assessments stapled together.

# CLINICAL OBJECTIVES

## EMERGENCY DEPARTMENT

During the experience in the emergency department, students will have the opportunity to practice on patients under direct supervision and to demonstrate their proficiency to the satisfaction of the preceptor.

Each student will:

1. Perform patient assessment (See patient assessment assignment)
  - Relevant medical history
  - Physical exam
  - Blood pressure
  - Pulse
  - Respirations
  - Temperature
  - Auscultation of lung and heart sounds
  - Auscultation of abdominal sounds
2. Assist in triage of patients
3. Perform peripheral IV
  - Over-the-needle catheter
  - Winged infusion needle
  - Observe through-the-needle catheter
4. Draw blood samples
5. Administration of medications after satisfactory knowledge demonstrated
  - Intramuscular
  - Subcutaneous
  - IV Bolus
  - IV Piggy-back
  - Oral/Sublingual
6. Perform suctioning
7. Perform CPR
8. Assist and review the treatment of cases of:
  - Angina pectoris
  - Acute myocardial infarction
  - Congestive heart failure
  - Ventricular Aneurysm
  - Cardiogenic shock
  - Myocardial trauma
  - Acute hypertensive crisis
9. Perform patient assessment for musculoskeletal injuries
10. Assist in trauma cases
  - Hemorrhage control
  - Immobilization of suspected fractures
11. Perform patient assessment for soft-tissue injuries



# CLINICAL OBJECTIVES

## **I.C.U., TRANSITION, AND RECOVERY ROOM**

During the experience in these departments, the student will have the opportunity to practice on patients under direct supervision and to demonstrate with proficiency to the satisfaction of the preceptor.

Each student will:

1. Perform patient assessments
  - Vital signs
  - Auscultation of heart and lung sounds
  - Auscultation of abdominal sounds
  - Patient history
  - Physical examination
2. Perform peripheral IV insertions
  - Over-the-needle catheter
  - Winged infusion needle
  - Observe through-the-needle catheter
3. Assist and review the treatment of cases of:
  - Angina pectoris
  - Acute myocardial infarction
  - Cardiac arrest
  - Congestive heart failure
  - Ventricular aneurysm
  - Cardiogenic shock
  - Myocardial trauma
  - Acute hypertensive crisis
4. Draw blood samples
5. Administration of medications after satisfactory knowledge demonstrated
  - Intramuscular
  - Subcutaneous
  - IV administration
  - Piggy-back
  - Oral/Sublingual
6. Airway management and suctioning
7. Perform CPR
8. Assist in "Code" situations
9. Perform neurologic assessments
10. Perform cardiac monitoring (See cardiac assignment)
11. Perform care for patients with multiple medical/surgical problems
12. Be aware of effects of pharmacological agents

## CLINICAL OBJECTIVES

### **ANESTHESIA (SEE ENDOTRACHEAL INTUBATION EVALUATION FORM)**

During the experience in the anesthesia department, the student will have the opportunity to practice on patients under direct supervision of a physician and/or nurse anesthetist to demonstrate with proficiency to the satisfaction of the physician preceptor.

Each student will:

1. Perform a **minimum** of fifteen (15) successful endotracheal intubations.
2. Assist in monitoring the patient's vital signs and EKG.
3. Demonstrate aseptic technique
4. Perform aseptic suctioning on intubated and non-intubated patients

### **HOLDING ROOM**

During the experience in the holding room of surgery, the student will have the opportunity to practice on patients under direct supervision and to demonstrate with proficiency to the satisfaction of the preceptor.

Each student will:

1. Perform peripheral IV insertions
  - Over-the-needle catheter
  - Winged infusion needle
  - Observe through-the-needle catheter
2. Administration of medications after satisfactory knowledge demonstrated
  - Intramuscular
  - Subcutaneous
  - IV Bolus
  - IV Piggy-back

# CLINICAL OBJECTIVES

## **OB/GYN (LABOR & DELIVERY)**

During the experience in the delivery room, the student will have the opportunity to practice on patients under direct supervision and will demonstrate proficiency in knowledge and/or performance of the skills listed to the satisfaction of the preceptor.

Each student will, to the extent practicable:

1. Perform peripheral IV insertions.
2. Assist and/or observe management of the labor process.
3. Assist with patient data collection related to labor, i.e.:  
Vital signs, fetal heart rate per Doppler
4. Observe vaginal & operative deliveries.
5. Identify types of deliveries.
6. Assist in and/or observe management of newborns, i.e.:  
Suctioning  
Positioning infant  
Apgar scoring  
Feeding
7. Observe resuscitation of newborns, i.e.:  
CPR  
Airway management
8. Assist in and/or observe control of post-partum hemorrhage, i.e.:  
Uterine massage  
Infusion of oxytocin

## **PEDIATRICS**

During the experience in the pediatric unit, the student will have the opportunity to practice on patients under direct supervision and to demonstrate proficiency to the satisfaction of the preceptor.

Each student will:

1. Perform patient assessments  
Vital signs  
Auscultation of heart and lung sounds  
Auscultation of abdominal sounds
2. Perform peripheral IV insertions  
Over-the-needle  
Winged infusion needle
3. Prepare and administer medications  
Intramuscular  
Subcutaneous  
IV Bolus and Piggy-back

4. Observe the action of pharmacological agents administered
5. Assist in the management of patients
  - Febrile
  - Seizure
  - Others
6. Provide emotional support to the child and family
7. Determine the stages of development of the child
8. Perform dressing changes, bandaging, splinting

## **PSYCHIATRIC UNIT**

During the student's experience in the psychiatric unit, he/she will observe patients' behaviors and the management techniques employed by physicians and unit staff.

Each student will:

1. Observe the management of patients with:
  - Suicidal tendencies
  - Hostility or violent behavior
  - Acute grief or depression
  - Paranoia
  - Hysterical conversion
2. Observe action of pharmacologic agents administered

**NOTE:** The student may assist in managing these patients only at the request of physicians or staff.

## **MEDFLIGHT GOUND UNIT**

During the student's experience with Medflight he/she will observe critical care interventions and transfer to different facilities in accordance with trauma triage protocols.

Each student will observe and participate as allowed by the ground teams:

1. Trauma assessment and stabilization
2. Cardiac management and stabilization
3. Airway management
4. Medication administration
5. Spinal/musculoskeletal management and stabilization
6. Flight operations and transport safety.
7. Patient Assessment

## PARAMEDIC CLINICAL SCHEDULING GUIDELINES

1. All scheduling both field and hospital will be done through the clinical coordinator.
2. Clinical schedules will be faxed to the appropriate clinical sites every Monday morning after 8:00am to reflect the schedule for the following week. No changes may be made after Monday morning until the following Monday. ***Students are encouraged to schedule with consideration for the hours needed each quarter.***
2. ***No student shall be in the Hospital clinical setting after 11:00pm or in the Field clinical setting after 9:00pm without prior authorization from the Clinical Coordinator or Program Manager and completion of the appropriate form.***
3. All appropriate hospital and field clinical forms are available online at <https://trcconline@tririverscc.org>

## **CLINICAL ACCOUNTABILITY POLICY**

Students attending clinical rotations at Marion General Hospital will be required to sign in with the greeter in the emergency room lobby at Marion General Hospital. When the student arrives they will report to the greeter and identify themselves. The student must be properly attired in the required program shirt and have their student ID badge visible for the security officer.

The student will then sign in on the Tri-Rivers Public Safety Services Training Program log sheet with the greeter. The date, the student's name, the time in and the clinical department are to be filled in. The greeter will then initial that the student has arrived at Marion General Hospital

The student is then to stamp their phase form in the upper left corner using the time stamp located in the emergency room lobby. The student may then report to the proper clinical department.

When the student completes their clinical rotation, they will report back to the greeter to sign out. The greeter will then initial that the student has left Marion General Hospital. The student is then to stamp their phase form in the upper right corner using the time stamp located in the emergency room lobby.

**MGH CLINICAL FORMS THAT ARE NOT TIME STAMPED WILL NOT BE ACCEPTED AS VALID.**

If the student reports to a clinical department that is not busy such as OB and then decides to move to another department such as ICU or ED, then the student must report back to the greeter, log out of the assigned clinical, and then log back in for the clinical department that they transferred to making sure to time stamp both phase forms.

***It is the responsibility of the student to understand and adhere to this policy.***

Clinical results will be reported quarterly. Failure to complete the required quarterly clinical hours will result in probation, and if not corrected promptly, may result in dismissal.

**Students on financial aid may lose benefits either temporarily or permanently for failure to complete required hours in classroom and/or clinical quarterly.**

Refer to Student Handbook for Clinical Attendance policy.

## PARAMEDIC CLINICAL ASSIGNMENTS

1. There are 450 clinical hours, **minimum** in this course of study. These hours will be completed on a timely basis through scheduling. (See Scheduling Guidelines)
2. **Two (2) unexcused absences from the clinical will be an automatic probation. Three (3) unexcused absences or non-correction of the probation may mean dismissal.**
3. Listed below are all the assignments to be completed in the clinical area.

### **\*HOSPITAL CLINICAL TIME LOG - 350 hours, minimum**

Complete all relevant information on the appropriate phase form.

Hospital clinical log forms (found in section A) will be collected on a quarterly basis.

### **\*FIELD CLINICAL TIME LOG – 100 hours minimum and 50 runs with reports, minimum. (Clinical Exception Hours CANNOT be used towards field time!!!!!! Students must have a minimum of 50 runs total and a minimum of 30 ALS runs. NO EXCEPTIONS)**

30 of the runs must be ALS runs

Runs with Medflight do not count into this total. Medflight time is observation only.

Cancelled enroute will not be accepted for any credit

Refusals and non-transport will count as BLS runs only

Treat and release runs will count at the appropriate skill level ie. Patient receives IV dextrose but not transported

Complete only 1 run report for each run regardless of number of patients

ie. MVC with multiple patients, complete run report based on 1 patient's assessment and care

Complete all relevant information on the field phase form

Assessments are to be obtained in the field as run reports

Field clinical log forms (found in section B) will be collected on a quarterly basis

### **\*PATIENT ASSESSMENT ASSIGNMENT - minimum of 30 assessments**

Follow directions in Section C.

10 of the 30 total assessments must be on a pediatric patient.

6 of the 30 total assessments must be on a geriatric patient

### **\*EKG ASSIGNMENT - minimum of 30 strips**

Follow directions in Section D.

Collect and interpret 30 EKG strips with no more than 5 of any one type of rhythm

### **\*IV INSERTION – minimum of 50 successful IV insertions with a 75% or higher success percentage**

Will be tracked via the clinical phase form

### **\*DRUG ADMINISTRATION – minimum of 25 medication administrations**

May be either PO, Sub-Q, IM or IV routes

Will be tracked via the clinical phase form

### **\*ENDOTRACHEAL INTUBATION – minimum of 15 successful endotracheal intubations**

Will be tracked via the clinical phase form

4. All assignments are due by \_\_\_\_\_

## **CLINICAL EXCEPTION HOURS**

A student may accumulate a maximum of 20 clinical exception hours. These hours are not required to be completed and are used to supplement the required clinical hours. Clinical exception hours are awarded at the discretion of the Program Coordinator and the Clinical Coordinator. Clinical exception hours may be awarded for such things as:

- Continuing education attended during the course
- Participation in National Registry Practical Skill Evaluation Sessions

The student must complete the clinical exception hours form and attach appropriate documentation to the form as necessary. Clinical exception hours are not awarded to a specific area and are only added into the student's total clinical hours.

**Clinical Exception Hours CANNOT be used towards field time!!!!!!**

## **CLINICAL PHASE DESCRIPTIONS**

The clinical "Phase" will denote to what skill level and skills the paramedic student may function at or do in the clinical setting. There is no correlation between the clinical skill "Phase" and the calendar quarters. The student is required to wear their current clinical phase badge as part of the clinical uniform. The phase badge should be clearly visible at all times. The phases are broken down as follows:

**PHASE 1:** All EMT-Basic skills to include

Universal precautions, Vital signs and lung sounds, suctioning, O2 therapy and BVM ventilation, patient assessment and history, CPR, glucose sticks, bandaging and wound care, fracture immobilization, c-spine and backboarding, PASG/MAST

**PHASE 2:** All phase 1 skills + (plus)

Nebulizer treatments, IV initiation, medication administration (IV, IM, SubQ, PO), endotracheal intubation.

**PHASE 3:** All phase 2 skills + (plus) Student must have obtained ACLS certification to progress to phase 3 or 4

EKG interpretation, cardioversion, defibrillation

**PHASE 4:** All phase 3 skills + (plus)

Needle decompression  
Pediatric IO  
Needle cricothyroidotomy











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**SURGERY/ANESTHESIA INTUBATION CLINICAL – Quarter 1**

**Name:** \_\_\_\_\_

Required: 24 hours minimum. Minimum of fifteen (15) successful endotracheal intubations or until performance is satisfactory to the preceptor(s). Please log LMA placements also

S = Successful      U = Unsuccessful      O = Observed Only

No.	DATE	TIME IN	TIME OUT	TOTAL HOURS	ATTEMPTS S / U / O	COMMENTS
1						
2						
2						
4						
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6						
7						
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**SURGERY/ANESTHESIA INTUBATION CLINICAL – Quarter 2**

**Name:** \_\_\_\_\_

Required: 24 hours minimum. Minimum of fifteen (15) successful endotracheal intubations or until performance is satisfactory to the preceptor(s). Please log LMA placements also

S = Successful      U = Unsuccessful      O = Observed Only

No.	DATE	TIME IN	TIME OUT	TOTAL HOURS	ATTEMPTS S / U / O	COMMENTS
1						
2						
2						
4						
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**SURGERY/ANESTHESIA INTUBATION CLINICAL – Quarter 3**

**Name:** \_\_\_\_\_

Required: 24 hours minimum. Minimum of fifteen (15) successful endotracheal intubations or until performance is satisfactory to the preceptor(s). Please log LMA placements also

S = Successful      U = Unsuccessful      O = Observed Only

No.	DATE	TIME IN	TIME OUT	TOTAL HOURS	ATTEMPTS S / U / O	COMMENTS
1						
2						
2						
4						
5						
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**SURGERY/ANESTHESIA INTUBATION CLINICAL – Quarter 4**

**Name:** \_\_\_\_\_

Required: 24 hours minimum. Minimum of fifteen (15) successful endotracheal intubations or until performance is satisfactory to the preceptor(s). Please log LMA placements also

S = Successful      U = Unsuccessful      O = Observed Only

No.	DATE	TIME IN	TIME OUT	TOTAL HOURS	ATTEMPTS S / U / O	COMMENTS
1						
2						
2						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						



## PARAMEDIC FIELD CLINICAL GUIDELINES

1. Student must complete 100 hours of field time minimum.
2. 50 runs in the field setting required, minimum. 30 of the runs must be ALS (Advanced Life Support) level runs. 50% of the field clinical experience **MUST** be completed at Marion City Fire Department or Marion Township Fire Department.
3. Runs made with your home department or EMS can be counted only if an EMT-P is present and you are functioning as a student and NOT as an essential member of the crew. In other words, there must be at least two (2) others on the EMS unit besides yourself and you are not functioning as an employee of that service. Functioning as the driver will not be counted. We must also have a signed and board approved clinical contract in place with that service.
4. **Complete a run report for each run; no copies of the original report will be accepted.** Do not use the patient's name or address, only age & sex.
  - A. Ten (10) pediatric run reports must be included (pediatric will be defined as less than 17 y.o.a.)
  - B. Ten (10) geriatric run reports must be included (geriatric will be defined as 65 y.o.a. or older)
5. Patient confidentiality, courtesy, punctuality and attendance are as important in the field clinical setting as they are in the hospital clinical setting.
6. Performance in the field may be observed that is different from that which you were taught in class. Remember that just because it is done differently, does not mean it is being done wrong. **NEVER** question the Paramedic's or EMT's decision or discuss the differences noted in front of patients. Wait for an opportunity to discuss your questions with them after the run is over or you are back in quarters.
7. No field clinical experience may be performed after 9:00pm, unless a student is doing clinicals at their home service and have the appropriate authorization from the PSS Coordinator or Clinical Coordinator and have completed the After Hours Clinical Authorization Form.









## PARAMEDIC PATIENT ASSESSMENT ASSIGNMENT

### OBJECTIVES:

- Develop good habits in taking a complete history and physical.
- Develop good clinical techniques.
- Develop correlation between history and physical finding and the appropriate therapy.
- Develop a better understanding of pathophysiology through a variety of patient presentations.

### ASSIGNMENT:

1. Complete during your hospital clinical experience a minimum of thirty (30) patient assessments.
  - a. Minimum of 10 pediatric (less than 17 years of age)
  - b. Minimum of 6 geriatric (65 years of age or older)
  - c. Use summary sheet for this assignment as a guide.
  - d. Have the nurse or physician preceptor critique the assessment on the back of the sheet, if possible and sign it.
  - e. Use only the patient's initials where the form says name.
2. Under treatment on the patient assessment form, write what your treatment would have been in the field as you find the patient presenting. Then write what action the E.R. physician or other physician took.
  - a. Talk with the physician and nurse about differences and similarities in treatment.

NOTE: As you progress through the clinical year, your understanding of therapy in the field as it relates to the paramedic objectives will broaden, and you will be better able to relate to the physicians approach to emergency care in these assigned assessment cases and others. Spelling and grammar will be evaluated and, if found deficient, will result in additional assignments.

## PATIENT ASSESSMENT ASSIGNMENT - SUMMARY SHEET

Using this list of Medical/Trauma emergencies, find as many of them as you can. Develop a history and physical and treatment plan as outlined on the assignment and objective sheet.

Write up at least 30 patient assessments, with no more than 4 of any one type of the following suggested presentations.

	1	2	3	4
Acute Alcohol Intoxication				
Alcohol Withdrawal				
Angina Pectoris				
Cardiogenic Shock				
Congestive Heart Failure				
Diabetic Coma				
Diabetic Complications				
Electrocution				
Febrile Seizure				
Fracture/Dislocations				
Head Injuries				
Hemorrhage				
Hypertensive Crisis				
Hypothermia				
Hypovolemic Shock				
Insulin Shock				
Multiple Trauma				
Myocardial Infarction				
Myocardial Trauma				
Near Drowning				
OB/GYN Emergencies				
Overdose/Poisoning				
Penetrating/Blunt Abdominal Injuries				
Pneumothorax				
Pulmonary Edema				
Respiratory Distress				
Seizure Disorders				
Urologic Injuries				
Ventricular Aneurysm				
Soft Tissue with Medical Complications				
Pediatric Fever				
Anemia				
Intestinal Enlargement				
Acute Gall Bladder				
Dysphasia				
COPD				
Acute Abdomen				
Burns				
Pediatric Assessments				
Geriatric Assessments				

## E.K.G. ASSIGNMENT

Using the list of rhythms during your clinical experience, find as many of them as you can. Take an E.K.G. strip of the patient and clip it to the assignment format. Make sure to note the clinical presentation of the patient when you take the strip. Follow the format to determine the interpretation of the strip. Note also any cardiac or related drugs being given to this patient along with the amount and method give.

Collect 30 strips, with not more than 5 of any one type of strip.

	1	2	3	4	5
Normal Sinus Rhythm					
Sinus Arrhythmia					
Sinus Arrest					
Sinus Bradycardia					
Sinus Tachycardia					
Premature Supraventricular Contractions					
Supraventricular Tachycardia					
Atrial Fibrillation					
Atrial Flutter					
First Degree AV Block					
Second Degree Block					
A. Mobitz I Wenckebach					
B. Mobitz II					
Third Degree AV Block					
Premature Ventricular Contractions					
Ventricular Tachycardia					
Ventricular Fibrillation					
Asystole					
Pacemaker Rhythms					



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PLACE E.K.G. HERE

CARDIOLOGY FORMAT FOR INTERPRETING ELECTROCARDIOGRAMS

1. Rhythm: Regular \_\_\_\_\_ Irregular \_\_\_\_\_

2. Heart Rate (Ventricular): \_\_\_\_\_

3. P Wave: Absent \_\_\_\_\_ Present \_\_\_\_\_

“QRS” follows each P wave? Yes \_\_\_\_ No \_\_\_\_

Atrial rate: \_\_\_\_\_

Comments:

4. “P-R” Interval: \_\_\_\_\_

If variable, give range \_\_\_\_\_ to \_\_\_\_\_

Comments:

5. “QRS” Duration (Basic Complex): \_\_\_\_\_

Comments:

6. “S-T” Segment: Isoelectric: \_\_\_\_\_

Elevated: \_\_\_\_\_ Depressed: \_\_\_\_\_

7. T Wave: \_\_\_\_\_ Configuration: \_\_\_\_\_

Comments:

8. Clinical presentation of the patient:

9. Interpretation:

Reviewer comments:

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Lead/s: \_\_\_\_\_

Patient's Initials: \_\_\_\_\_ Area: ICU \_\_\_\_\_ ER \_\_\_\_\_ Transition \_\_\_\_\_ Surgery \_\_\_\_\_ RR \_\_\_\_\_

Score: \_\_\_\_\_ Peds. \_\_\_\_\_ OB/GYN \_\_\_\_\_ Ambulance \_\_\_\_\_

**TRI-RIVERS PUBLIC SAFETY SERVICES TRAINING PROGRAM**  
**TRI-RIVERS/MARION GENERAL HOSPITAL SCHOOL OF PARAMEDICINE**  
ODPS #329

**Marion General Hospital Medication Administration policy**

The following is the approved list of medications that the Paramedic student may administer in the hospital clinical setting at Marion General Hospital.

The student may be asked by the preceptor information regarding the medication prior to administration to include indications, action, dose, contraindications, and special precautions. The student should be prepared to provide this information and if they are unable to, will be required to look up this information before being able to administer the medication. Under no circumstance should the medication administration be delayed while the student obtains this information, the student will need to wait for another opportunity.

Atropine  
Benadryl (Diphenhydramine)  
Dextrose 25%  
Dextrose 50%  
Epinephrine 1:1,000  
Epinephrine 1:10,000  
Ipratropium (Atrovent)  
Lasix (Furosemide)  
Lidocaine 100mg  
Lidocaine 2gm  
Lorazepam (Ativan)  
Morphine  
Narcan (Naloxone)  
Nitroglycerin  
Oxygen  
Proventil/Albuterol/Ventolin  
Sodium Bicarbonate  
Sodium Chloride 0.9%  
Valium (Diazepam)  
Zofran