



**PARAMEDIC PROGRAM  
CLINICAL BOOK**

**2019-2020  
Class 17**

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## **Student Responsibilities and Objectives**

### Goals:

To provide a clinical experience that will aid the student in transitioning classroom skills into real world proficiency. Along with the state mandated skill minimums, the student will also be accountable for bedside manner, moving patients, problem solving, organization, time management, and working as a team member.

The goal of the Respond Right EMS Academy Paramedic Program is to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

### Objectives:

Become a Team Member by Achieving these Attributes:

1. Demonstrates followership – is receptive to leadership
2. Performs functions using situational awareness and maintains it
3. Utilizes appreciative inquiry
4. Avoids freelance activity
5. Listens actively using closed-loop communication and reports progress on tasks
6. Performs tasks accurately and in a timely manner
7. Advocates for safety and is safety conscious at all times
8. Leaves ego/rank at the door

Becoming a Team Leader by Achieving these Attributes:

1. Creates an action plan
2. Communicates accurately and concisely while listening and encouraging feedback
3. Receives, processes, verifies, and prioritizes information
4. Reconciles incongruent information
5. Demonstrates confidence, compassion, maturity and command presence
6. Takes charge
7. Maintains accountability for team's actions/outcomes
8. Assess situation and resources and modifies accordingly

### Problem solving:

1. Showing ability to come up with a clear plan of care for different patient acuity.
2. Performing effectively using an established standard of care.

### Organization/Time management:

1. Observe and begin to utilize appropriate skills in prioritizing and delegating patient care in collaboration with preceptor.
2. Work in a systematic fashion to stabilize patients and proceed to time sensitive clinical evaluation.



## **Student Performance Guidelines**

The following are guidelines for the student to adhere to during preceptor rotation. The student is responsible for accomplishing the objectives set forth in their clinical packet. They are responsible for seeking guidance and taking responsibility for learning.

The student will:

1. Recognize the nature and seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical care.
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition.
3. Lift, move, position and otherwise handle the patient to minimize discomfort and prevent further injury.
4. Perform safely and effectively the expectations of a paramedic/EMT.
5. Observe any special procedures.
6. Be on time wearing appropriate attire.
7. Demonstrate willingness to assume the responsibilities and roles of a paramedic/EMT.
8. Demonstrate flexibility and a willingness to learn.
9. Seek assistance from the preceptor when needed.
10. Maintain communication with clinical site and clinical coordinator as it pertains to tardiness, absence, and early departure of shift.
11. Follow the guidelines of the clinical site as it pertains to injury or exposures.
12. Complete the required paperwork including their clinical book and evaluations.
13. Meet with preceptor at beginning of shift to discuss objectives and at the end of the day to discuss student performance.
14. Cell phones are not allowed at ANY clinical site except for education purposes as approved by the preceptor.

## **Policies**

### **General Conduct**

1. You are a guest at our clinical sites and should act with integrity and courtesy at all times. You should treat each clinical as a first job interview. If you behave inappropriately (i.e. sleeping, being lazy or unhelpful, creating a disturbance, etc), you can assume that clinical site will likely not hire you once you acquire a license...they will also likely tell their friends at other departments...so act accordingly or expect to not be returning to that clinical site.
2. Students are never allowed to be on any computer, cell phone or other electronic device at any clinical site unless approved by the preceptor for educational purposes. Any students found accessing these devices for non-educational purposes at a site will be subject to immediate program termination.
3. The student will maintain patient confidentiality in compliance with the Health Information Portability and Accountability Act (HIPAA). Breach of this policy will result in suspension, termination from the program, and/or monetary fine(s).
4. All clinical requirements must be done on a voluntary (unpaid) basis while acting in the capacity of a student. Students are not allowed to attend clinicals, either in hospital or on the ambulance, where they are employed or volunteer. Violation of this policy will result in suspension and possibly expulsion.
5. The student is expected to arrive 15 minutes before the start time of the rotation.
6. Students will 'Check In' and 'Check Out' of every shift electronically.



7. The student will report to the charge nurse, supervisor, or chief at the clinical/field site upon arrival.
8. The student will act *under the direct observation* of appropriate licensed or certified personnel *at all times*. **No ALS skills may be performed out of sight of a preceptor.**
9. The student will make the best use of the clinical/field experience and will not remain idle during opportunities to participate in patient care. This includes staying for the duration of the shift scheduled unless verified by the shift preceptor AND clinical coordinator.
10. The student will act with concern for the safety of himself/herself, the patient, and others at the site, and will not cause harm to anyone.
11. Any injury or exposure at a clinical/field site must be reported to the clinical coordinator immediately (regardless of day or time) and a written incident report must be submitted within 48 hours of the event. During these events students, should be treated as any other member of the site team and follow the sites protocols. Respond Right® policy states that each student is responsible for their own medical needs and that Respond Right EMS Academy assumes NO financial or other responsibility for treatment as a result of injury to a student during participation in the Paramedic program. All expenses, whether emergency or non-emergency will be the responsibility of the student. Respond Right EMS Academy does not financially cover any medical consultations or treatments.
12. The relationship between student/preceptor is to be a professional one. There is no dating or physical relations between students and preceptors while the student is still enrolled as a ‘student’ at Respond Right EMS Academy. Violation of this policy will result in a 2-week suspension and possible expulsion from the program.
13. Clinical site preceptors may not be a spouse, boy/girlfriend, partner, parent, family member or close personal friend. Violation of this policy will result in a 2-week suspension and possible expulsion from the program.
14. Any student caught altering, forging or changing clinical data, dates, hours, data or signatures will be immediately expelled from the Paramedic Program. Cheating will not be tolerated either during the academic session or the clinical completion phase of your program.
15. Signatures and initials from preceptors must be the original signature. No copies or alterations will be tolerated. Any tampering, copying or altering of a signature will be immediate grounds for dismissal from the program.
16. Choosing to come to Respond Right EMS Academy means joining a distinctive community. RREMSA places high expectation on students regarding the way in which each person will act in the classroom, during the clinical, field and beyond. In particular, students are expected to uphold and promote the highest level of moral and ethical principles. Students are expected to pledge themselves to the NAEMT Code of Ethics and EMT Oath (found at NAEMT website). Furthermore, students are upheld to the same standards as any other EMS practitioner.
17. A complaint against a student will result in the following actions:
  - First complaint - will result in suspension for 2-weeks and the student will not be able to return to that site.
  - Second complaint - will result in suspension for-2 weeks, the student will not be able to return to that site, and the student's status in the program will be evaluated. The student may be removed from the program.
  - Third complaint - will result in expulsion from the program

\*If the severity of any complaint is deemed serious enough that the student caused a preceptor or patient harm or put a preceptor or patient in harm’s way, Respond Right EMS Academy reserves the right for immediate expulsion.



## **Attendance**

### **Attendance for Hospital and Field**

Students are expected to arrive at the clinical site 15 minutes prior to the start of their assigned shift. **They must have their preceptor or charge nurse sign for their hours.** Students must notify their preceptor or charge nurse any time they leave the clinical site for any reason.

Attendance is verified by the student's name, the student 'Checking In', the preceptors name and signature/initials, and the student shift review. If this is not completed for the shift, then no credit is given for the entire shift. If attendance is unable to be verified an absence is given.

Students who arrive at clinical sites late or leave early will have to repeat those hours and any skills performed. Students who stay longer than the approved times will not be allowed to count the additional time or skills obtained unless approved by their preceptor. Any additional hours must be signed by their preceptor and verified.

Failure to notify the Clinical Coordinator and the clinical site of an absence will result in a "no-call no-show," and be counted as an absence. A "no call no show" is a very serious offense and will result in losing the privilege of participating at that particular clinical site and a two-week suspension. Should this infraction occur more than once, the student will be expelled from the paramedic program at the discretion off the Program Director and Clinical Coordinator.

Only under extreme circumstances may a student cancel or leave a clinical. Instances such as a documented illness or death of an immediate family member are acceptable. The student must contact the Clinical Coordinator, Program Director and Instructor. More than three absences from clinicals will result in immediate expulsion from the Paramedic Program at the discretion of the Program Direction.

Students are not allowed to frequent any clinical site at any time other than their scheduled clinical times. Violation of this policy will result in a 2-week suspension from clinicals.

You are not allowed to stay past the scheduled hours at a clinical site, including a Fire Department, unless an unforeseen "late call" occurs. Violation of this policy will render the subsequent hours and skills obtained invalid and will NOT count. This will also result in a 2-week suspension from all clinicals. Repeat violations will further result in expulsion from the Paramedic Program.

### **Sick Days / Absences**

- You will be allowed a total of 2 sick days for the duration of the program. Upon your 3rd sick day, you will be suspended for 2 weeks from clinicals. More than 3 sick days will result in expulsion from the Paramedic Program, at the discretion of the clinical coordinator.
- You must contact the Clinical Coordinator and the clinical / field site as soon as possible to notify them of your absence.
- You must complete the 'Clinical Absence Form' the following day and turn it in to the Program Director.
- If you fail to turn paperwork in for a scheduled clinical, this will be considered an absence.

### **No Call No Show**

- A "No call, no show" will result in a suspension of 2 weeks of clinicals.
- A "No call, no show" means you failed to contact the site, Program Director, and Clinical Coordinator about your absence.





- You must complete the ‘Clinical Absence Form’ the following day and turn it in to the Program Director.
- This will result in losing the privilege of participating at that particular clinical site and a two-week suspension.
- Should this infraction occur more than once, the student will be expelled from the paramedic program at the discretion of the Program Director and Clinical Coordinator.

### **Leaving Early**

- Leaving early is not an option.
- If you need to leave a clinical site for a medical emergency, you must contact the available staff at Respond Right EMS Academy. If after regular business hours, you must contact the Clinical Coordinator.
- You must complete the ‘Clinical Absence Form’ the following day and turn it in to the Program Director.
- Leaving early as the result of a documented medical emergency will result in the following:
  - You will be charged with an absence
  - You will only be allowed two instances before a two-week suspension will be applied
- Leaving early from a clinical site without a documented medical emergency and failing to notify the Program Director will result in the following:
  - a suspension of two-weeks and the student will have to repeat those hours and any skills performed during the entire shift

### **Behavior**

Students are expected to conduct themselves in a manner that is respectable and respectful of others at all times. Disruptive and inappropriate behavior will not be tolerated at any time. Students will be evaluated on their behavior periodically throughout this program. Students must display satisfactory ratings in all the behavior categories for successful completion. Students who struggle with any component of the behavioral rating will be counseled and given direction on how to correct that behavior.

### **CBT Exam**

The Computer Based Test (CBT) exam must be completed for course completion and graduation. The CBT exam must be completed with at least a passing grade as part of course completion. If the student is unable to pass the CBT exam with the provided number of attempts, it will be the student’s responsibility to pay for additional attempts until a passing grade is achieved.

Students will be eligible to attempt the CBT exam once they enter Capstone.

The CBT exam must be completed BEFORE the course completion deadline. Students will be allowed to attempt the exam 3 times before their completion deadline. If the student is unsuccessful at an attempt, they may apply to retest 15 days after the last exam. After three unsuccessful exam attempts, and/or the course completion date, the student will have two options:

1. Students will have 30 days to complete 24 hours of tutoring focusing on the deficient areas that the PD, student and tutor feel would be most beneficial for the student to be successful on the exam. After the 24 hours have been completed, and the PD’s approval, the student will be allowed to repeat up to 3 more attempts at the CBT. After the third failure, the student will be removed from the program at the discretion of the Program Director. All tutoring and CBT costs will be the responsibility of the student.



- a. Students will have a maximum of 90 days to complete the three additional CBT attempts.
2. The student can choose to be removed from the program

### **Clinical Completion**

Students will be required to obtain a certain number of hours in each area of the hospital and ambulance along with certain required skills. It is imperative that the student receives competence in each skill as they progress in their training. If a student does not receive a competent evaluation from a preceptor, it will result in additional clinical time until the student receives entry level competency in the deficient area. This may prolong this Phase of training for the student and require an extension at the approval of the Program Director and Clinical Coordinator.

It is important that the student is diligent during the clinical phase to ensure proper documentation is taking place. It is required that all skills, reports and narratives are electronically documented in PLATINUM PLANNER before the end of shift. Failure to submit the documentation before the end of shift will result in paperwork being rejected and full credit not being awarded during review.

Shift documentation is required to be signed by the preceptor and submitted to validate attendance. Any shifts without proper documentation will be considered absent.

### **Extension**

If students are not able to complete the program by the course completion date, they can request one extension. Valid reasons for an extension would include:

- Medical necessity
- Jury duty
- Military leave

This is a continuous program without interruptions. Students are not able to take a leave of absence, vacation or time off. Extensions will not be granted for those reasons.

### **Homework**

Students may be required to complete homework during the clinical portion of the program. Failure to complete homework assignments will result in the loss of points during clinical review and clinical suspension.

### **Inclement Weather / Unsafe Situations**

While attending clinicals students may encounter inclement weather or situations that may cause traveling to/from the clinical site unsafe. Student safety is our main concern. If students feel it is unsafe to travel to/from the clinical site, they have the option of contacting the site and Program Director to let them know about the unsafe situation. Excusal from the clinical will be at the discretion of the Program Director.

Students must complete the clinical absence form and submit to the Program Director for approval. Students must be aware that if they have been excused from the clinical, they may still need to re-schedule the clinical if they need the hours, skills or assessments to meet the Terminal Competencies.



## **Lab Skill – Skills Sign Off**

### Skills Sign Off in the Lab

To establish a policy that allows students to get clinical credit for specific skills in the event that they do not encounter them in their clinical or field rides. Students must complete all adult IVs, and age/complaint-based assessments during a clinical/field rotations before being approved for a Lab Skill Sign Off.

A maximum of 13 skills will be allowed to be completed in the Lab Skill Session.

The following skills will be eligible to complete in a Lab Skill Session:

- Defibrillation w/Assessment
- Direct Orotracheal Intubation w/Assessment
- Pharmacological Cardioversion w/Assessment
- Subcutaneous Injections w/Assessment
- Suction – Oral w/Assessment
- Suction - Tracheal (suction through ET tube) w/Assessment
- Synchronized Cardioversion w/Assessment
- Ventilate BVM to mouth w/Assessment

In the event that a student is unable to accomplish a specific skill during their clinicals, Respond Right® EMS Academy will provide the student an opportunity to complete those skills in a lab setting. The skills will be performed by the student with a preceptor employed by RREMSA. The student will adhere to all NREMT performance standards or he/she will not receive credit for the skill. The student will be tested in both the cognitive and psychomotor learning domains.

The current hourly rate for tutoring will be paid for by the student for however long the student will need to be evaluated. The student will complete the Lab Skill Sign Off Form and submit it to Administration to schedule the laboratory session. They will be assigned a preceptor based on availability.

### **Participation**

Students are expected to participate in at least 1 clinical per week while in the didactic portion and at least 3 clinicals per week once released from the didactic portion. Students must refer to the clinical due dates for specific information. Students must keep accurate and up-to-date documentation in PLATINUM PLANNER. If a student fails to meet these criteria, they will jeopardize their timely completion of the program and compliance with VA and WIA programs.

Students are given a course completion date, which is reflected on the syllabus. Failure to maintain participation in the program will lead to the inability to complete the program.

### **Schedule Changes**

During the clinical portion of the program, students are expected to only submit/request days at clinical sites in which they are available to attend. If a student schedules a clinical by error or needs to adjust their schedule for any reason the following consequences will occur:

- At your request to have 1 clinical shift changed, you will only receive 6 out of 10 points during your clinical paperwork review. You will have multiple reviews during the program.
- At your request to change a 2<sup>nd</sup> clinical shift, you will only receive 2 out of 10 points during your clinical paperwork review. As stated above, you will have multiple reviews during the program.



- At your request to change a 3<sup>rd</sup> or more clinical shifts you will receive 0 out of 10 points during your clinical paperwork review. **Multiple infractions will result in a clinical suspension of 2 weeks and possible re-training.** As stated above, you will have multiple reviews during the program.

To request a schedule change, students must email the Clinical Coordinator at least 3 business days before the start of the shift. Failure to request the schedule change 3 business days before the start of the shift will result in the shift not being cancelled and the shift will be considered an absence or sick day.

Any clinical shift that has been submitted for approval will not be changed and must be attended by the student or incur penalty for a clinical absence.

### **Skills in the Clinical Setting**

Students are approved to perform skills and assessments in the clinical setting after they have received instructor competency using that skill in a scenario and have passed the Mod Exam relating to that content/skill. Furthermore, skills and assessments that have not been approved will not be opened up for access in Platinum Planner until these parameters have been passed.

Students who fail a Mod Exam must follow the Mod Exam re-take policy as stated in the Policy Manual.

### **Violations**

Violation of any policy will result in a 2-week suspension and will render clinical hours/shifts invalid. Repeat violations will result in removal from the program.

Some violations will be egregious enough to warrant a final warning and/or removal from the program. Examples of these violations would include violations involving ethics and/or morals, patient and/or crew safety, forgery, and HIPPA.

### **Documentation**

#### **General Guidelines**

- All documentation will be directly entered in Platinum Planner.
- Documentation is due before your shift ends. Once your preceptor signs your shift, no further data can be added/edited.
- No paper documentation will be accepted unless you are attending an OR rotation, or you have a device failure.
- Preceptor signatures will be acquired directly in the Platinum Planner app. Failure to obtain the proper signatures will result in no credit for the shift.
- Preceptor signatures must be obtained at the same day/time as the scheduled clinical shift.
- If documentation gets returned to the student, you will have 72 hours to correct the errors and resubmit it. Failure to correct and resubmit will be subject to rejection and point deduction. Students must understand documentation is an important part of EMS. Turning in documentation in a timely manner is part of your overall grade. Failure to turn in documentation on-time will result in point reduction during clinical grade reviews.
- In the case of device failure or other unforeseen circumstances, physical paper documentation can be used. Students must use Respond Right approved clinical paperwork. Paperwork must be filled in and signed by preceptor. Documentation must then be entered in Platinum Planner exactly as seen on paper.
- Preceptors must validate the student's attendance by signing shift documentation. If shift documentation is not completed, the student will be counted absent.
- All shifts must have the following completed for each shift:



- Preceptor Evaluation of Student – completed by the Preceptor
- Site and Preceptor Evaluation – completed by the Student
- You must complete the required number of assessments for all age, illness-based assessments and ambulance rides. You are required to use the CHART method in your narrative. Narratives will be typed into Platinum Planner directly.
- **Every assessment completed on the ambulance must have a complete EMS PCR and narrative in Platinum Planner to support the assessment completed. This is a minimum of 50.**
- All illness-based assessments can be counted for two primary field impressions of the patient. Example – A patient having shortness of breath and chest pain –can receive a credit for both chest pain or dyspnea if the student has provided documentation supporting such.
- A maximum of two assessment / impression types will be allowed per patient.
- If applicable, patients will be eligible for assessment of medical, assessment of trauma, age-based assessment and up to two additional assessment types.
- Each time a skill is completed on a patient, you can count that skill. Example – You can count tracheal suctioning as many times as you perform it on a patient. Just make sure you have it documented correctly.
- Preceptors – Your preceptor must be of **equal or higher training than you**. This means you can be precepted by a Paramedic, Nurse or Doctor. If you have a question about another licensure level of staff that is precepting you, you MUST ask!

### **For Physical Paper Documentation**

- Operating Room (OR) shifts will not allow devices. Students must bring the OR paper documentation to this shift.
- Preceptors must initial / sign all signature areas for the skill or assessment. If an arrow/line is drawn from a signature line to another signature line, this will not be accepted and will not count.
- Copies of signatures will not be accepted. Copies are considered a form of altering and/or forgery and will be grounds for dismissal from the program.
- Errors are corrected with one line through it. Initialed and new, corrected information written above it.
- All skills must be written individually. No skills will be given credit when written ‘x 3’, etc trying to indicate that a skill has been completed three times. If a skill has been completed three times, it must be written down three separate times.
- Any form missing a signature will not be given credit.
- Any form, skill or assessment missing an evaluation will not be given credit.
- Students will have 72 hours from the end of shift to enter this data.

### **Platinum Planner Guide**

Visit the following link to download the mobile app and watch a short video:

<https://www.platinumed.com/platinum-planner-mobile-app/>

### **Documentation is due before the end of each shift.**

The Platinum Planner student manual is located here:

<https://s3.amazonaws.com/peg-planner-docs/Platinum-Planner-Student-Manual.pdf>

### **Assessments - Patient Information**

The following is mandatory information when completing Patient Information:

- **Time**
- **Gender**



- **Age**
- **Patient Type** – this will be Live when doing a clinical rotation
- **Chief Complaint** – enter what the patient is complaining of
- **Patient Notes**
  - Must contain the minimum information:
    - Level of consciousness
    - Event and or circumstances
    - Patient current condition
    - Medication name, dosage and route, if administered to the patient
    - Any intervention details such as IV location/size, ETT size, etc.
      - Credit will not be given for any intervention without details of insertion site, size, dosage delivered, etc.
  - Hospital shifts:
    - Patient notes must contain your patient assessment.
    - Must have a primary and secondary assessment for the patient.
    - Must include 1 set of vital signs
    - If medications are given, must specify dose, route, location, etc.
- **Skill**
  - Select the skills that you performed on the patient
  - Assessment of Medical or Trauma can be used on any patient, if you performed the assessment
  - Airway Management should be selected any time you do a qualified airway management skill
  - You can choose up to two other Assessment types in addition to Medical, Trauma and age.
- **Status**
  - You must select if the skill was Successful, Attempted (Unsuccessful) or Observed

### **Skills – Patient Information**

The following is mandatory information when completing information regarding a skill:

- Pt age must be included in the notes
- Any drug that has been administered: must include the drug, dosage and route in the notes
- Any IV that has been administered: must include the age of pt, size, site and fluid type

### **Forms**

Forms completed on every Hospital shift:

- Site / Preceptor Evaluation – completed by you, the Student
- Preceptor Evaluation of Student – completed by your Preceptor

Forms completed on every Ambulance shift:

- Site / Preceptor Evaluation – completed by you, the Student
- Preceptor Evaluation of Student – completed by your Preceptor
- EMS Patient Care Report – completed by you for every patient

Forms completed on every Capstone shift:

- Site / Preceptor Evaluation – completed by you, the Student
- Capstone Preceptor Evaluation of Student – completed by your Preceptor
- EMS Patient Care Report – completed by you for every patient



## Affective / Behavioral Evaluation

- Completed as directed

Failure to complete forms by the deadline will result in point deduction during the clinical grade review.

### **Ambulance Narrative – Located in the EMS Patient Care Report**

Your narrative on the ambulance is used to document all the elements of the patient assessment, care and/or transport. You will need to make sure everything is documented in the narrative that occurred during your interaction with the patient. **You must support your assessment by providing a thorough narrative with a primary and secondary assessment.** Even though you are in class at this time, remember, this can be used as a legal document. Take pride in how you document patient care.

Incomplete or inaccurate reports can cause other care givers to provide inappropriate care to the patient, and in the case of your school work and real life, **if you didn't document it – it didn't happen.**

You will use the CHART method to document your narratives. Nothing less than a complete narrative with a primary and secondary assessment will be accepted for credit. No exceptions.

Narratives must be entered in Platinum Planner to receive credit for the assessment.

#### Hospital shifts:

- Narratives are entered in the Patient Notes area

#### Ambulance shifts:

- Narratives are entered on the EMS Patient Care Report in Platinum Planner



The CHART method is described below:

<p><b>D</b> <b>Dispatch Information</b></p>	<p>The dispatch information given to the crew at the time of the call.</p>
<p><b>C</b> <b>Chief Complaint</b></p>	<p>Why the patient/ healthcare provider called 911? What the patient/family member/caregiver told you was the current problem. Some situations require that you make a judgment call as to the primary reason the patient is seeking medical care.</p>
<p><b>H</b> <b>History</b></p>	<p>History of the present illness (HPI – This would include mnemonics such as OPQRST, SAMPLE, MOI, AEIOUTIPS) Past Medical History (If not obtained in the patient medical history section of the PCR) Any statement regarding the present event or pertinent past events</p>
<p><b>A</b> <b>Assessment</b></p>	<p>How and where you found the patient upon your arrival. Specify who and when for any information given to you by first responders about their assessment. Your primary and secondary assessment of the patient. Include pertinent positive and negative findings. Include the findings/results from any treatment and diagnostic findings. The patient’s primary suspected problem, and a differential problem list.</p>
<p><b>Rx</b> <b>Treatments</b></p>	<p>All treatment and interventions performed (This can be a general overview if the specific information was captured elsewhere in the PCR) Record the patient’s response to the medication or treatment If adjustments were made to a medication drip the reason and adjustment needs to be recorded</p>
<p><b>T</b> <b>Transport/Transfer of Care</b></p>	<p>Who at the receiving facility you gave verbal report to and accepted the patient. Any changes in the patient condition during transport. Time you transferred care to another healthcare provider.</p>





<b>E Exceptions</b>	Any item that you felt was an exception to the call such as weather and road travel, unexpected delay in accessing the patient, or other exceptions can be documented here.
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### **Paperwork**

Paperwork will only be used when attending the OR rotation or when technical issues arise with Platinum Planner. If paperwork is completed, it must be uploaded into Platinum Planner under the ‘Documents’ tab and properly entered in the app for credit.

#### Hospital Shift and Field Shift (Ambulance)

1. Daily Assignment and Assessment or Daily Assignment and Live Skill Form
  - a. Your preceptor must print and sign their name.
  - b. Your preceptor must review your performance.
  - c. This form must be completed for you to obtain credit for your clinical.
  - d. Document the assessments and/or isolated live skills, both successful and unsuccessful.
  - e. Complete all information on the front.
  - f. Your preceptor **MUST** rate your performance for each skill listed.
  - g. Your preceptor **MUST** initial each skill listed to verify accuracy.
  - h. You must rate your own performance.
2. Enter data in Platinum Planner
  - a. You have up to 72 hours to enter your data from the end of your shift.
3. Complete Platinum Planner Evaluations
  - a. Site / Preceptor evaluation – completed by you, the student
4. You will be asked to submit a tech support email to me and Platinum Planner as to why you were unable to submit your documentation electronically. Excessive paper documentation will lead to point deduction during clinical review.

### **Paperwork Review / Clinical Grade**

Clinical documentation is collected / reviewed on specific dates as outlined on the syllabus. During the review, documentation is evaluated for organization, timely completion, errors, completion of site and preceptor evaluations and number of hours completed. The student is also evaluated on behavioral components such as dress code, attendance, work ethic, communication skills, complaints, and completion of mandatory requirements.

Students who fail to complete documentation on-time will be subject to the documentation being rejected and points lost during the clinical grade.

**Processing time:** There is a processing time of at least 10 business days to review clinical data. Do not expect clinical paperwork to be reviewed and approved immediately.

This processing time will be very important to you when you are being approved for Capstone. You must plan ahead and understand you must leave at least 10 business days between your last clinical shift and your first Capstone shift.



## **Preceptors**

### **Guidelines**

1. The student's role is to observe, assist in providing care, and work under the supervision of the preceptor.
2. It is the student's responsibilities to let the preceptor know when expectations are beyond their capability.
3. The student shall not perform skills outside the supervision of the preceptor.
4. Students may not take physician phone orders, verbal orders, or witness any legal documents.
5. Students must be precepted by preceptors that are of equal or higher training than that of the student. This would include: paramedic, nurses and physicians. If any other licensure is in question, please contact the clinical coordinator.
6. The preceptor's role is to let the student participate in the care of assigned patients and assume as much of the role of the paramedic/EMT as experience, time and policy allow.
7. The preceptor may elect to not allow students to participate in selected procedures or other aspects of care.
8. Contact the Coordinator or available Respond Right staff regarding questions or problems.

### **Responsibilities of Preceptors**

The Preceptor will:

1. Function as a role model in the provision of safe and competent care.
2. Allow and encourage the student to build on existing knowledge and skill.
3. Provide technical expertise.
4. Provide guidance in organizing and prioritizing workload based on patient needs.
5. Evaluate student performance and give feedback.
6. Provide input for program development by completing an evaluation form at the end of the student shifts.
7. Promptly contact coordinator or available Respond Right staff for clarification of student responsibilities, program objectives, policy questions or problems.

### **Training**

Respond Right EMS Academy offers training to clinical preceptors and welcomes feedback from our preceptors. Our training can be found on our website located at:

<http://www.respondright.com/classes/academy-classes/paramedic-program/paramedic-preceptor/>

Or preceptors can contact the Program Director for more information.

## **Phase 2 – Hospital Clinicals**

### **Phase 2 Pre-Approval - Hospital**

It will be necessary to pre-approve students for Phase 2. Students will need to gain pre-approval to avoid a lapse in clinical scheduling. All clinical sites require at least a 30-day advance schedule.

To gain pre-approval, the student must complete and understand the following:

- Student cannot be on Academic Probation or suspension
- Must understand how to use the electronic scheduler
- Have a strong plan on how to schedule clinicals for the next few months
- Must have current GPA of at least 75% in all areas
- Have minimal skills left to complete on the Red Badge



- Pass Clinical Book quiz with 100%

Once approved, the student will be able to submit clinical requests in Platinum Planner for all in-hospital sites.

If, for some reason, the student fails to meet the guidelines set forth for Phase 2 approval, the requested clinical dates will be cancelled, and the student will not be approved for Phase 2. The student will remain in Phase 1 until all requirements have been met. The students' status will be re-evaluated the following month.

Students will receive a Pre-Approval Form that will be required to be signed.

## **Phase 2 Approval – Hospital**

Students will have final approval for hospital clinicals when they have the following completed and understand the following:

- Student cannot be on Academic Probation or suspension
- Must understand how to use the electronic scheduler
- Have a strong plan on how to schedule clinicals for the next few months
- Red Badge must be completed by the deadline stated on the syllabus
- Anatomy and physiology content with a passing grade
- 75% GPA on all Mod Exams at the end of EMS 303
- 75% GPA on all other assignments at the end of EMS 303
- Must have a passing grade on all Mod Exams.
- Successfully completed all Lab Skill Practice at the end of EMS 303 – Red Badge
- Clinical Quiz MUST be successfully completed with a 100%
- Must be signed off by the Program Director and/or Clinical Coordinator to enter Phase 2

Students are not allowed to perform any skill for which they have not received instruction and training in the Paramedic classroom. Students will have practiced the skill/scenario peer-to-peer and proven competency in front of an instructor in order to be released to perform the skill in a clinical setting. Any student caught performing skills that exceed their level of training at any point in the program will be dropped from the program immediately without refunds.

Students are expected to complete at least 1 clinical rotation per week during the beginning of Phase 2 while still enrolled in Phase 1 – Didactic. Upon successful completion of Phase 1 and all mandatory requirements the student will begin at least 3 clinicals per week.

Students will complete all in hospital clinical hours before they are eligible to progress to Phase 2 - Ambulance. Students MUST be approved by the Program Director or Clinical Coordinator BEFORE starting Phase 2 - Ambulance. Starting Phase 2 - Ambulance before approval will result in those clinical shifts being void.

**Students who fail to complete clinicals will not complete the program and will receive a failing grade. Completion of all clinical requirements is mandatory for course completion.**



Students must understand the following:

- I must attend/request clinicals as outlined on the 'Clinical Grade Due Dates'
- I can schedule more clinicals than I am required, but I understand I am still responsible for maintaining my grade requirements.
- It is not recommended that I do more than the minimum required clinicals while I am in the classroom. I understand that other students have attempted this and found it to be overwhelming and be detrimental to their grade.
- The specific clinical schedule and grading criteria can be found on the 'Clinical Grade Due Dates'.
- The fastest I can possibly start ambulance clinicals would be after I have all my in-hospital hours completed and PHTLS has been passed.
- I understand that I can perform skills and assessments after I have passed the Mod Exam and lab skills that correspond with that skill/assessments.
- I must sign up for clinicals using Platinum Planner. All my requests must be in at least 30 days in advance and by the last day of the month.
- I have a deadline for course completion, and I understand that deadline is found in my syllabus.
- I have been advised that most students will need to return to the hospital after they complete their ambulance time because they have been unable to complete all the required skills and assessments. I understand I can request these shifts on short notice at Mercy, if desired.
- I know I must complete all the skills, hours and assessments on the Terminal Competency form
- If I have questions, I need to ask Toni Milan, my Program Director.
- I understand The Academic Integrity Policy and know that under no circumstances is it acceptable for me to violate it.
- I understand my documentation is due in Platinum Planner before the end of my shift. If I don't enter it within this time, I will lose points during review and possibly lose credit.
- I understand that Platinum Planner shifts will NOT be re-opened for data entry once they have been submitted. I will not ask the Program Director or Clinical Coordinator to open a shift for me.
- I understand I will obtain my preceptors signature in the Platinum Planner app at the end of my clinical rotation.
- I understand without a preceptor's signature; my clinical shift will be invalid and not count.
- I understand if I have a technical issue with Platinum Planner, I need to contact Platinum Planner tech support and send a copy of that email to my Clinical Coordinator.
- I am only allowed to use paper documentation during my OR rotation and during technical difficulties with Platinum Planner. More than three shifts of paper documentation will be considered excessive and will be grounds for point deduction during clinical grade review.
- Preceptor signatures are required for all shifts to prove I attended my clinical. If I don't have a preceptor signature to validate my hours, then I have no way to prove I attended the shift.
- I am only allowed to complete skills, hours and assessments in clinical rotations once I have passed that Mod Exam and associated lab skills/scenarios in the classroom. This allows me to prove that I have gained the required knowledge in that subject matter.
- I will follow the procedure for each facility listed to sign up for the clinical rotation.



- I will follow the Attendance Policy and I'm aware of how my attendance effects my success.
- I understand I can check my attendance in QuickSchools.
- I understand I am not allowed to do a clinical at any site that I am employed, volunteer, have a strong working relationship with, or that I have a spouse or loved one at.
- I understand clinical documentation/clinical grades will take up to 10 business days to be reviewed/approved.



## **Hospital -Preceptor Letter**

### **Communication is key!**

When you start your hospital rotations, remember that you need to verbally communicate with your preceptors so they know what you are thinking. Make sure and let them know where you are in your training and what you are expecting to complete during your training. We have developed a short letter that you can present to your preceptors that will help start a conversation about your clinical requirements and what is required of you.

Make sure your preceptor reads the following:

### ***Student Instructions:***

Complete all student areas of your Platinum Planner app before giving it to your preceptor for evaluation. You will be documenting all your assessments, skills and patient care in real time inside the app. Be sure to remind the preceptor, and patients, that you will have your phone or device out for this documentation. Do not take advantage of your phone!

Your patient can be ALS or BLS, but know that you are required to achieve a minimum number of assessments and skills as noted on your Course Completion / Terminal Competency paperwork. Initially, you will work alongside your preceptor, assisting, performing skills and assessments as needed. Eventually, you will feel comfortable enough to become more involved with patient care and you will be allowed to perform the patient interview and exam, but your preceptor must be present during all care or skills.

You must have documentation to prove the skills and/or assessments you have completed. Make sure your documentation is thorough, accurate and complete. Documentation issues may result in your assessments and skills not being counted. Allow your preceptor to read and review your documentation BEFORE asking him/her to sign it. Once your preceptor signs your shift electronically and submits it, the shift will lock.

Allow your preceptor to read these instructions and ask you questions about your current level of training within the program.



***Dear Preceptor,***

Thank you for assisting me today!

I just started my hospital clinicals and want to remind you that I am not a seasoned professional. I need your guidance as I learn this new environment. Please orient me to your department and show me where the supplies are located. I want to be helpful and make the most of my experience today.

**My Training Level**

I'm already trained in ACLS and have a good understanding of pharmacology, patient assessment and airway management. I would appreciate the opportunity to participate in as many patient assessments and interventions as you are comfortable. Feel free to review the 'Level of Knowledge Chart' to see exactly what I've trained in so far. If at any time you need to intervene for patient safety or other issues with patient care, feel free to do so. Patient care and safety must always come first. I just ask that you discuss any issues you have with me so I can improve and grow.

**Documentation and Evaluations**

All documentation is completed electronically in Platinum Planner. I will be using my cell phone or tablet to access the app to complete my documentation. I will be asking you to review my documentation and digitally sign off on everything at the end of the shift.

Evaluations are important to me and my school. These tools let me, and my Program Director know how I am performing and what I can do to improve. I won't get credit for my shift if these aren't filled out. Please take a moment at the end of my shift and fill these out so I know how I can improve. I truly want to be successful.

**From the Director**

All students have been instructed to participate in your daily duties, assist with clean up, and re-stocking as you see fit. They have been instructed to be part of the team. Sitting, sleeping and non-educational activities are not prohibited. So, if you see something that needs to be reported, please let me know. We know that one day, this student could be a potential employee at your department. We take pride in our graduates and have a vested interest to make sure everyone is job-ready when they graduate.

Do you want to complete our preceptor training? Visit:

<http://www.respondright.com/classes/academy-classes/paramedic-program/paramedic-preceptor/>

Questions or feedback on a student or our policy:

Email or call me directly. You can always contact me with questions.

Thank you for being a preceptor today. I appreciate your time and effort in the educational process of this student.

Sincerely,

Toni Milan, BS, Paramedic  
Program Director / Co-owner  
Clinical Coordinator  
[toni@respondright.com](mailto:toni@respondright.com) – 314-713-1641

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\*subject to change due to CoAEMSP. Rev 04/2012, 10/2013, 3/2014, 4/2014, 5/2017, 3/2018

Clinical Packet – Class 17





**Student Level of Knowledge**  
 Red → Blue  
 Learning from a Novice to More Experience

	Red Badge	Yellow Badge	Blue Badge
1 & 2 Rescuer - AHA BLS Healthcare. Adult, Child, Infant	✓	✓	✓
12-lead Placement	✓	✓	✓
AED	✓	✓	✓
Bag-mask Technique and Rescue Breathing for Adults and Children	✓	✓	✓
Comprehensive Normal Adult Physical Assessment Techniques	✓	✓	✓
CPAP and PEEP	✓	✓	✓
Direct Orotracheal Intubation Adult	✓	✓	✓
Direct Orotracheal Intubation Pediatric	✓	✓	✓
Drawing from a Vial	✓	✓	✓
Glucometer	✓	✓	✓
Hemorrhage Control	✓	✓	✓
Inhaled Medication Administration	✓	✓	✓
Intramuscular and Subcutaneous Medication Administration	✓	✓	✓
Intranasal Medication Administration	✓	✓	✓
Intraosseous Infusion	✓	✓	✓
Intravenous Bolus Medication Administration	✓	✓	✓
Intravenous Piggyback Infusion	✓	✓	✓
Intravenous Therapy	✓	✓	✓
Supine Spinal Immobilization	✓	✓	✓
Joint Splinting	✓	✓	✓
Long Bone Splinting	✓	✓	✓
Medical/Cardiac Scenario Assessment	✓	✓	✓
Nasotracheal Intubation Adult	✓	✓	✓
Needle Cricothyrotomy	✓	✓	✓
Obtain a Patient History	✓	✓	✓
Rectal Medication Administration	✓	✓	✓
Relief of Choking in Infants or Victims 1 Yr and Older	✓	✓	✓
Spinal Immobilization (Seated & Supine)	✓	✓	✓
Sublingual Medication Administration	✓	✓	✓
Supraglottic Airway Adult	✓	✓	✓





Traction Splinting	✓	✓	✓
Trauma Endotracheal Intubation Adult	✓	✓	✓
Trauma Physical Assessment	✓	✓	✓
ACLS Certification		✓	✓
Defibrillation (Unwitnessed Arrest)		✓	✓
Synchronized Cardioversion		✓	✓
Transcutaneous Pacing		✓	✓
PALS Certification			✓
PHTLS Certification			✓
Trauma Adult Physical Assessment			✓
Pleural Decompression			✓
Normal Delivery with Newborn Care			✓
Abnormal Delivery with Newborn Care			✓
Neonatal Resuscitation Beyond Routine Newborn Care			✓
Comprehensive Normal Pediatric Physical Assessment Techniques			✓
Oral Station A			✓
<b>Assessments - Medical</b>			
Respiratory Distress and/or Failure	✓	✓	✓
Abdominal Pain – Adult		✓	✓
Allergic Reaction / Anaphylaxis - Adult		✓	✓
Cardiac Dysrhythmia/Cardiac Arrest - Adult		✓	✓
Chest Pain - Adult		✓	✓
Hypoglycemia / DKA / HHNS - Adult		✓	✓
Overdose – Adult		✓	✓
Psychiatric - Adult		✓	✓
Seizure – Adult		✓	✓
All other medical assessments - adult		✓	✓
<b>Assessments – Trauma &amp; Special Patients</b>			
Cardiac Dysrhythmia/Cardiac Arrest - Pedi			✓
Chest Pain - Geri			✓
Delivery with Neonatal Resuscitation			✓
Obstetric - Adult			✓
Respiratory Distress/Failure - Geri			✓
Respiratory Distress/Failure - Pedi			✓
Seizure - Pedi			✓
Sepsis – Geri			✓
Shock – Adult			✓
Stroke - Geri			✓
Trauma – Adult			✓
Trauma – Pedi			✓



## **Hospital Clinical Sites**

You are not allowed to schedule, or attend, a clinical at a hospital unless approved first by the Clinical Coordinator and/or Program Director. Violation of this policy will render those hours and subsequent skills invalid and will NOT count. This will result in a 2-week suspension from all clinicals. Repeat violations will further result in expulsion from the Paramedic Program.

Preceptors – Your preceptor must be of **equal or higher training than you**. This means you can be precepted by a Paramedic, Nurse or Doctor. If you have a question about another licensure level of staff that is precepting you, you MUST ask!

### **DePaul Medical Center**

- **Schedule 30 days in advance**
- **Request your clinical dates in Platinum Planner**
- **To call in sick:** call the ER charge nurse AND call/email/text Toni and complete the clinical absence form.
- **Address:**
  - 12303 DePaul Drive
  - St. Louis, MO 63044
  - 314-344-6000
- **Departments:**
  - **ER**
    - Park in garage by ER entrance.
    - Report to: Charge nurse in ER.

### **St. Clare Health Center**

- **Schedule 30 days in advance**
- **Request your clinical dates in Platinum Planner**
- **To call in sick:** call the ER charge nurse AND call/email/text Toni and complete the clinical absence form.
- **Address:**
  - 1015 Bowles Avenue
  - Fenton, MO 63026
  - 636-496-2000
- **Departments:**
  - **ER**
    - Parking: Employee parking areas.
    - Report to: Charge nurse in ER.



### St. Joseph Health Center

- **Schedule 30 days in advance**
- **Request your clinical dates in Platinum Planner**
- **To call in sick:** call the ER charge nurse AND call/email/text Toni and complete the clinical absence form.
- **Address:**
  - 300 Capital Drive
  - St. Charles, MO 63301
  - 636-947-5000
- **Departments:**
  - **ER**
    - Parking: Parking garage in employee area.
    - Report to: Charge nurse in ER.

### St. Joseph Hospital West – Lake St. Louis

- **Schedule 30 days in advance**
- **Request your clinical dates in Platinum Planner**
- **To call in sick:** call the ER charge nurse AND call/email/text Toni and complete the clinical absence form.
- **Address:**
  - 100 Medical Plaza
  - Lake St. Louis, MO 63367
  - 636-625-5200
- **Departments:**
  - **ER**
    - Parking: Main employee parking is located on the Southeast part of hospital campus beyond the yellow line crossing the parking lot. Employees are allowed to park both in the upper and lower decks of the parking garage.
    - Report to: Charge nurse in ER.

### Mercy Hospital St. Louis

- **Schedule 30 days in advance**
- **Request your clinical dates in Platinum Planner**
- **Short notice shifts can be requested when approaching Capstone -see the policy**
- **Pediatric IV's – allowed with patients over the age of 14**
- **Intubations – can only be attempted in the OR**
- **To call in sick:** call the ER charge nurse AND call/email/text Toni and complete the clinical absence form.
- **Address:**
  - 615 New Ballas Rd.
  - St. Louis, MO 63141
  - 314-251-6000
- **Departments:**
- Park in specified garage for all departments.
  - **ER**
    - Report to: Charge nurse in ER
  - **Burn**
    - 5<sup>th</sup> Floor – Yellow Tower
    - Report to: Charge nurse in the Burn unit



- **ICU**
  - 4<sup>th</sup> Floor – Main Tower
  - Report to: Charge nurse at the main ICU desk. She will direct you to your ICU assignment for the day.
- **Labor & Delivery**
  - 6<sup>th</sup> Floor – Yellow Tower
  - Report to: Charge nurse
- **OR – Must bring OR paperwork.**
  - Dressed out and ready by 0630
  - Report to: Charge nurse
- **Pediatric ER**
  - Report to: Charge nurse
- **Psych**
  - 5<sup>th</sup> Floor – Main Tower
  - Report to: Charge nurse

### St. Louis Children's Hospital

- **Schedule 30 days in advance**
- **Request your clinical dates in Platinum Planner**
- No IV push medications
- No IM or SQ medications
- No intubations
- **To call in sick:** call the ER charge nurse AND call/email/text Toni and complete the clinical absence form.
- **Address:**
  - One Children's Place
  - St. Louis, MO 63110
  - 314-454-6121
- **Departments:**
  - Pediatric ER
    - Parking: We will issue you a parking ticket for the parking garage that is across from the ER entrance.
    - Report to: Charge nurse



## **Phase 2 - Ambulance – Field Experience**

### **Student Progress in Phase 2 - Ambulance – Field Experience**

To be eligible to enter Phase 2 - Ambulance, students must have completed the following:

- 100% of in hospital hours completed
- Platinum Planner must be up-to-date
- PHTLS has been successfully completed
- Successfully completed all Lab Skill Practice for Red and Yellow Badge. On track for completion of Blue Badge.
- Clinical paperwork must be reviewed and turned in before approval.
- The student cannot be on academic probation
- Must have current GPA of at least 75% in all areas
- Must pass Clinical Book quiz #2
- Must be signed off by the PD and/or CC to enter Phase 2 - Ambulance

### **Field Experience**

You are not allowed to schedule, or attend, a clinical at an ambulance site unless approved first by the Clinical Coordinator and/or Program Director. Violation of this policy will render those hours and subsequent skills invalid and will NOT count. This will result in a 2-week suspension from all clinicals. Repeat violations will further result in expulsion from the Paramedic Program.

Students will be required to complete at least 3 shifts per week once they have been released from the didactic portion.

Students will begin ambulance rides to gain an understanding of the environment, learn how to perform skills and assessments and interact with crew members. The field experience phase assesses a student as a Team Member and is isolated to evaluation of skill performance, patient assessment and communication. The student is not assuming the Team Leader role but integrating with other Team Members. When evaluating the student's performance as a Team Member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the student's cognitive understanding of complete patient care that Paramedics are expected to deliver.

Students are expected to participate as a team member and eventually be a competent team leader. During your field experience, it is expected that you 'practice' being a Team Leader so you can be ready for your Capstone/Team Leader phase. Practicing as Team Leader means you will begin to develop all the necessary skills to manage an ALS patient. You will begin to lead a team on scene, complete a comprehensive assessment, formulate and implement a treatment plan for the patient, perform most of the decisions, formulate a field impression, direct the treatment, determine patient acuity, disposition and packaging and moving the patient.

During the field experience phase, students must complete the required number of field hours and skills on an Advanced Life Support vehicle with a preceptor and demonstrate sufficient, successful, competent reviews to be release for Capstone. During this time, the student will be expected to perform skills that they have learned throughout their training and apply critical thinking to appropriately care and treat patients. Students will be evaluated by preceptors on their communication, behavior, skill set and ability to develop a treatment plan for the patient.



It is important that the student is diligent to ensure proper documentation is taking place. It is required that all skills, reports and narratives are electronically documented in PLATINUM PLANNER before the end of shift. Platinum Planner shifts will NOT be re-opened for data entry.

Shift paperwork /documentation is required to be signed by the preceptor to validate attendance. Any shifts without proper documentation will be considered absent.

### **Mandatory Requirements for Phase 2 – Ambulance**

- All requirements as previously stated.
- Students must complete all field / ambulance hours, assessments and required skills.
- Students must earn an “entry-level competent” rating in each area of field evaluation by the end of Phase 2.
- Students must complete the required number of patient care reports completely and appropriately. All assessments must have complete written narratives, vitals and interventions.
- Students must complete PLATINUM PLANNER data entry (this includes clinical evaluation forms, skills, hours, assessments and narratives) before the end of the shift.
- All shifts, including extended shifts, must be completed within 3 months extension, if applied for and approved.
- Students must successfully complete any program extension if granted.
- Paperwork must be uploaded to Platinum Planner and turned in as requested.
- Students are not allowed to start the Phase 3 - Capstone until all hours, skills, assessments have been completed.
- Failure to meet the deadline set forth will result in removal from the program.

### **Phase 2 Ambulance - Pre-Approval**

It will be necessary to pre-approval students for the ambulance. Students will need to gain pre-approval to avoid a lapse in clinical scheduling. Most clinical sites require a 30-day advanced schedule.

To gain pre-approval, the student must:

- Have all in-hospital hours scheduled for 100% completion the month prior to Phase 2 - Ambulance starting
  - This includes all specialty departments and the ER
- Have Platinum Planner up-to-date
- Must have current GPA of at least 75% in all areas
- Not be on Academic Probation or suspension
- Must pass Clinical Book quiz #2 with 100%

The students' progress will be monitored several months prior to Phase 2 - Ambulance approval to see if they are on track to be completed with all in-hospital hours. The student will be advised of their status and which sites they are pre-approved to sign up for. Once pre-approved, students will be able to submit clinical requests in Platinum Planner for sites that require 30-day advance scheduling, such as Florissant Valley, and Metro West.

If, for some reason, the student fails to meet the guidelines set forth for Phase 2 - Ambulance approval, the requested clinical dates will be cancelled, and the student will not be approved for Phase 2 - Ambulance.



The student will remain in Phase 2 until all requirements have been met. The students' status will be re-evaluated the following month.

Students must understand the following as they enter/complete ambulance clinicals:

- I am required to attend/request clinicals as noted on the 'Clinical Grade Due Date'.
- I have a deadline for course completion, and I understand that deadline is found in my syllabus.
- I have been advised that most students will need to return to the hospital after they complete their ambulance time because they have been unable to complete all the required skills and assessments.
- I know I must complete all the skills, hours and assessments on the Terminal Competency form
- If I have questions, I need to ask Toni Milan, my Program Director.
- I understand The Academic Integrity Policy and know that under no circumstances is it acceptable for me to violate it.
- I understand my documentation is due in Platinum Planner before the end of my shift. If I don't enter it within this time, I will lose points during review and possibly lose credit.
- I understand that Platinum Planner shifts will NOT be re-opened for data entry once they have been submitted. I will not ask the Program Director or Clinical Coordinator to open a shift for me.
- I understand I will obtain my preceptors signature in the Platinum Planner app at the end of my clinical rotation.
- I understand if I have a technical issue with Platinum Planner, I need to contact Platinum Planner tech support and send a copy of that email to my Clinical Coordinator.
- Preceptor signatures are required for all shifts to prove I attended my clinical. If I don't have a preceptor signature to validate my hours, then I have no way to prove I attended the shift.
- I am only allowed to use paper documentation during my OR rotation and during technical difficulties with Platinum Planner. More than three shifts of paper documentation will be considered excessive and will be grounds for point deduction during clinical grade review.
- I am only allowed to complete skills, hours and assessments in clinical rotations once I have completed that Mod Exam and associated lab skills/scenarios in the classroom. This allows me to prove that I have gained the required knowledge in that subject matter.
- I will follow the procedure for each facility listed to sign up for the clinical rotation.
- I will follow the Attendance Policy and I'm aware of how my attendance effects my success.
- I understand I am not allowed to do a clinical at any site that I am employed, volunteer, have a strong working relationship with, or that I have a spouse or loved one at.
- I understand that I can NOT attend more than 13 shifts at any one ambulance site. If I have scheduled / attended more than this, then I understand that those hours/shifts will be void. All the hours / shifts, and all the skills/assessments completed during that time will be voided. It is my responsibility to keep track of this.
- I understand that I can attend one of the Capstone sites for Capstone even if I completed 13 shifts during my ambulance time. My Capstone time does not count toward my clinical hours.
- I understand I will need to follow the Capstone scheduling policy when I am close to clinical completion.



- I understand clinical documentation/clinical grades will take up to 10 business days to be reviewed/approved.

## **Ambulance -Preceptor Letter**

### **Communication is key!**

When you start your ambulance rotations, remember that you need to verbally communicate with your preceptors, so they know what you are thinking. Make sure and let them know where you are in your training and what you are expecting to complete during your training. We have developed a short letter that you can present to your preceptors that will help start a conversation about your clinical requirements and what is required of you.

Make sure your preceptor reads the following:

### ***Student Instructions:***

Complete all student areas of your Platinum Planner app before giving it to your preceptor for evaluation. You will be documenting all your assessments, skills and patient care in real time inside the app. Be sure to remind the preceptor, and patients, that you will have your phone or device out for this documentation. Do not take advantage of your phone!

Your patient can be ALS or BLS, but know that you are required to achieve a minimum number of ALS Calls as noted on your Course Completion / Terminal Competency paperwork. Initially, you will work as a Team Member, being receptive to leadership and performing skills as needed. Eventually, you will feel comfortable enough to become Team Leader and direct your team as needed, but your preceptor needs to allow you to run the call, only intervening if necessary, for the purpose of proper patient care.

You must have documentation to prove the skills and/or assessments you have completed. Make sure your documentation is thorough, accurate and complete. Documentation issues may result in your assessments and skills not being counted. Allow your preceptor to read and review your documentation **BEFORE** asking him/her to sign it. Once your preceptor signs your shift electronically and submits it, the shift will lock.

Make sure your preceptor understands the difference between your Field Experience portion and Capstone. The Field Experience portion of your training is meant for you to spend time as a Team Member learning the ins and outs of EMS. Take some time getting used to running 911 calls. Eventually you will want to run a few BLS 911 calls. Before you know it, you will be comfortable running ALS calls.

The objective of Capstone is that the student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew.





### ***Preceptor Instructions / Letter:***

#### ***Dear Preceptor,***

Thank you for assisting me today!

I just started my ambulance clinicals and want to remind you that I am not a seasoned professional. I need your guidance as I learn this new environment. Please orient me to your department and show me where the supplies are located. I want to be helpful and make the most of my experience today.

#### **My Training Level**

I'm already trained in ACLS, PALS and PHTLS and have completed 228 hours in the hospital. I would appreciate the opportunity to participate in as many patient assessments and interventions as you are comfortable. Feel free to review the 'Level of Knowledge Chart' to see exactly what I've trained in so far. If at any time you need to intervene for patient safety or other issues with patient care, feel free to do so. Patient care and safety must always come first. I just ask that you discuss any issues you have with me so I can improve and grow.

In the beginning, I will probably participate as a Team Member, but as I become more comfortable, I will quickly take on the role of Team Leader. Feel free to give me feedback and direction. Eventually, I'll be able to run calls with little or no prompting.

Once I'm finished with my field experience and get approval from my Director, I'll be ready for Capstone. During Capstone, I'll need to run calls with little or no prompting. The purpose of this is to assess my ability to act as an independent paramedic, which is why this process is not started until near the end of the program. During my field experience I appreciate all your feedback to help make me successful in this process.

#### **Documentation and Evaluations**

All documentation is completed electronically in Platinum Planner. I will be using my cell phone or tablet to access the app to complete my documentation. I will be asking you to review my documentation and digitally sign off on everything at the end of the shift.

Evaluations are important to me and my school. These tools let me, and my Program Director know how I am performing and what I can do to improve. I won't get credit for my shift if these aren't filled out. Please take a moment at the end of my shift and fill these out so I know how I can improve. I truly want to be successful.

#### **From the Director**

All students have been instructed to participate in your daily duties, assist with clean up, and re-stocking as you see fit. They have been instructed to be part of the team. Sitting in recliners, sleeping and non-educational activities are not prohibited. So, if you see something that needs to be reported, please let me know. We know that one day, this student could be a potential employee at your department. We take pride in our graduates and have a vested interest to make sure everyone is job-ready when they graduate.

Do you want to complete our preceptor training? Visit:

<http://www.respondright.com/classes/academy-classes/paramedic-program/paramedic-preceptor/>



Questions or feedback on a student or our policy:  
Email or call me directly. You can always contact me with questions.

Thank you for being a preceptor today. I appreciate your time and effort in the educational process of this student.

Sincerely,

Toni Milan, BS, Paramedic  
Program Director / Co-owner  
Clinical Coordinator  
[toni@respondright.com](mailto:toni@respondright.com) – 314-713-1641



## Ambulance / Field Sites

\*13 shifts maximum at any one site

## Community Fire Protection District (Capstone Site)

- **Schedule 30 days in advance**
- **Email Chris Meier** to schedule your clinicals: [cmeieremtp@gmail.com](mailto:cmeieremtp@gmail.com)
- **Email Toni** your confirmed/scheduled clinicals the same day it has been confirmed with Chris.
- If you are scheduled on day 2 of a crew's 48-hour shift, you will show up at 0900 instead of 0800. Be aware of this.
- **To call in sick:** Call the house that you are assigned to that day. Email/text/call Toni and fill out the clinical absence form.
- **Rotation hours:**
  - 0900 – 2200 (13 hours)

### **House 1**

8847 St. Charles Rock Road  
St. John, MO 63114  
314-592-3810

### **House 3**

3736 Geraldine  
St. Ann, MO 63074  
314-592-3830

### **House 2**

9411 Marlow Ave  
Overland, MO 63114  
314-592-3822

## Florissant Valley Fire District (Capstone Site)

- **Schedule 30 days in advance**
- **Request your dates in Platinum Planner for approval**
- The morning of your shift: You will always report to House 1 and speak with the BC to find out your final house assignment for the day.
- **To call in sick:** Call 314-837-4894 AND House 1 to let them know you are sick for the day. Email/text/call Toni and fill out the clinical absence form.
- **Rotation hours:**
  - 0700 – 2200 (15 hours)

### **House 1**

661 Saint Ferdinand St.  
Florissant, MO 63031  
314-837-8730

### **House 3**

1910 Shackelford Road  
Florissant, MO  
314-837-4897

### **House 2**

1925 Pohlman Rd.  
Florissant, MO 63033  
314-837-4896



## Maryland Heights Fire District

- **Schedule 30 days in advance**
- **Request your dates in Platinum Planner for approval**
- **To call in sick:** Call Mark Russell at 314-298-4400. Email/text/call Toni and fill out the clinical absence form.
- **Rotation hours:**
  - 0700 – 2100 (14 hours)

### **House 1**

2600 Schuetz Road  
Maryland Heights, MO 63043

### **House 2**

12828 Dorsett Road  
Maryland Heights, MO 63043

## Metro West

- **Schedule 30 days in advance**
- **Request your dates in Platinum Planner for approval**
- **To call in sick:** Call the house that you are assigned to that day. Email/text/call Toni and fill out the clinical absence form.
- **Rotation hours:**
  - 0730 – 2200 (14.5 hours)

### **House 1**

14835 Manchester Road  
Ballwin Mo. 63011  
Phone (636) 821-5891

### **House 4**

16060 Clayton Road  
Ellisville Mo. 63011  
Phone (636) 821-5894

## St. Charles City

- **Schedule on short notice** – within the current month
- Call Donna to schedule your clinicals: 636-949-3250
- **Email Toni** your confirmed/scheduled clinicals the same day it has been confirmed with Donna.
- **To call in sick:** Call the house that you are assigned to that day. Email/text/call Toni and fill out the clinical absence form.
- **Rotation hours:**
  - 0730 – 1930 (12 hours)

### **House 1**

911 6<sup>th</sup> Street  
St. Charles, MO 63301  
636-949-3380

### **House 5**

1650 Hawks Nest Dr  
St. Charles, MO 63301  
636-949-3392



## **Phase 3 - Capstone**

### **Team Lead**

During Capstone, students must be able to demonstrate they have the knowledge, skills and attitudes to manage any call. It will be the students' responsibility to demonstrate they are able to manage the scene, direct other rescuers on the scene, direct patient care, develop a patient care plan, and complete the required paperwork.

This will indicate that the student will be able to successfully lead a team on scene, complete a comprehensive assessment, formulated and implemented a treatment plan for the patient, perform most of the decisions, formulate a field impression, direct the treatment, determine patient acuity, disposition and packaging and moving the patient.

Successful completion will be determined when minimal to no prompting was needed by the preceptor and no action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, first responders or crew. Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew.

To determine "entry-level competency" of the student a summative evaluation of the student by the preceptor will become part of the Capstone Experience. Students must earn a competent rating on this evaluation. Preceptors must complete the following forms/evaluations and indicate the student is performing as a job-ready, entry-level paramedic:

Forms completed on every Capstone shift:

- Site / Preceptor Evaluation – completed by you, the Student
- Capstone Preceptor Evaluation of Student – completed by your Preceptor
- EMS Patient Care Report – completed by you for every patient

Preceptors must indicate the student is a competent Team Leader and is able to perform as a job-ready, entry-level paramedic. Any score or rating less than this will result in failure of Capstone.

### **Preparing For Capstone**

Students must plan ahead to make sure they have met the requirements to enter Capstone.

The requirements to enter Capstone are:

- Students must pass the computer-based exam to be eligible for course completion and to be eligible to take the NREMT written exam.
- Students must successfully pass the NREMT psychomotor exam before being approved for Capstone.
- Students must be prepared to be the Team Leader and have sufficient ratings/reviews to prove they are ready to enter Capstone.
- Students must have 100% of all skills, hours and assessments completed as listed on the Terminal Competency list



- Students must meet and gain approval of the Program Director and/or Clinical Coordinator

### **Short Notice Scheduling - Mercy**

To assist students in completing required skills and assessments as they get closer to course completion, students can schedule short notice shifts at Mercy Hospital as long as they meet the following requirements:

- Students must already have all clinical hours attended (360 ambulance hours and all in-hospital hours)
- Students must have all practicing Team Leads completed, including ALS and BLS
- Students must have all ALS calls completed

If students have met these requirements, they are able to email the Clinical Coordinator to request clinical shifts at Mercy to obtain shifts within the current month. Shifts will be submitted on the 1<sup>st</sup> and 15<sup>th</sup> on each month. Students must provide at least a three-day notice when requesting shifts.

### **Capstone Scheduling Procedure**

Students must gain approval from the Program Director and/or Clinical Coordinator before entering Capstone. Students must have 100% of skills, hours and assessments completed before Capstone will be approved.

To reduce confusion and streamline the scheduling process, students must follow this procedure:

Students will schedule a Capstone meeting with the Program Director:

- After their last day of regular clinical hours
- When all assessments have been completed
- When they have 13 or less eligible Lab Skills to complete and have already scheduled a Lab day, if needed
- When their Psychomotor exam has been passed
- Capstone meetings will not be scheduled until all the above is confirmed

During the Capstone meeting we will discuss:

- The Capstone expectations
- Capstone documentation
- The Capstone dates the student will be attending

Students must provide at least 10 business days in between their last clinical shift and the beginning of Capstone to account for their Capstone meeting and lab day.



## **Completion of the Capstone Experience**

- During the Capstone Experience the student must successfully complete the minimum number of required Capstone calls. Success is defined as a '2' or 'Successful' in the Team Leadership Category and a 'Yes' to the statement that they are a competent, entry-level paramedic on their daily review.
- The student must encounter a patient that requires ALS interventions and transport to a receiving facility.
- The student must exhibit Team Leadership abilities with minimal to no prompting by the preceptor.
- The student must complete 20 consecutive Capstone calls.
- The preceptor on the call must completed a Capstone Evaluation for each day.
- Capstone paperwork is completed digitally and is due by the end of shift.
- If it is the suggestion of the evaluator that the student is not successful and not able to perform as an entry-level competent paramedic, the student will meet with the Program Director.
- A passing score on the Computer Based Test (CBT).

## **Failure of the Capstone Experience**

If it is the suggestion of the evaluator that the student is not prepared to 'pass' his or her capstone, as noted by marking 'unsuccessful' or 'marginal' on the evaluation form with a detailed explanation of reasoning, the student shall be remediated by staff at Respond Right EMS Academy. The remediation process will involve:

1. A review of all student evaluations.
2. Further conversation with evaluator as necessary for clarification.
3. A minimum of 4 hours of lab work for 'failure' and 2 hours for 'weak' on the specific deficiencies of the student.
4. A written plan from the student on how they will overcome their deficiency.
5. Review and recommendation to complete clinical rotation with Medical Director.
6. Approval of Program Director and Clinical Coordinator to resume secondary capstone experience that will require a minimum of 5 ALS patient contacts with a passing evaluation on all calls from the preceptor.

The process will be allowed to be repeated one more time following the same protocol for remediation. If at that time the student is evaluated as giving a 'weak performance' the student will be referred to a paramedic refresher program before moving on to attempting their capstone evaluation again. This will be at the discretion of the program director as to whether or not the student will be allowed to continue following the refresher. If given approval the student will have one more attempt to pass their capstone. If the student is given a 'failing performance' on their original capstone and their two subsequent attempts, the student will be dropped from the program.



## Capstone Sites

### Community Fire Protection District

- **You can schedule Capstone in the current month**
- **You must be approved by your Program Director to start Capstone**
- **Email Chris Meier** to schedule your clinicals: [cmeieremtp@gmail.com](mailto:cmeieremtp@gmail.com)
- **Email Toni** your confirmed/scheduled Capstone days the same day it has been confirmed with Chris.
- If you are scheduled on day 2 of a crew's 48-hour shift, you will show up at 0900 instead of 0800. Be aware of this.
- **To call in sick:** Call the house that you are assigned to that day. Email/text/call Toni and fill out the clinical absence form.

#### **House 1**

8847 St. Charles Rock Road  
St. John, MO 63114  
314-592-3810

#### **House 3**

3736 Geraldine  
St. Ann, MO 63074  
314-592-3830

#### **House 2**

9411 Marlow Ave  
Overland, MO 63114  
314-592-3822

### Florissant Valley Fire District

- **Must schedule 14 days in advance**
- **You must be approved by your Program Director to start Capstone**
- **Email your requested dates to Toni for approval**
- The morning of your shift: You will always report to House 1 and speak with the BC to find out your final house assignment for the day.
- **To call in sick:** Call 314-837-4894 AND House 1 to let them know you are sick for the day. Email/text/call Toni and fill out the clinical absence form.

#### **House 1**

661 Saint Ferdinand St.  
Florissant, MO 63031  
314-837-8730

#### **House 3**

1910 Shackelford Road  
Florissant, MO  
314-837-4897

#### **House 2**

1925 Pohlman Rd.  
Florissant, MO 63033  
314-837-4896





## **Clinical Scheduling - FYI**

- You are not allowed to attend a clinical at a hospital/ambulance unless approved first.
- You must sign up for shifts at least one month in advance. Ie: For November clinicals, requests must be in by September 30<sup>th</sup>. Your Clinical Coordinator submits the clinical schedule on the 1<sup>st</sup> of the month for the following month. There are no exceptions to this rule.
- Capstone scheduling has a different procedure. Please read the Capstone scheduling procedure.
- Each facility may have slightly different procedures. Be sure to pay attention on how to schedule at each facility.
- Students are not allowed to complete more than 13 shifts at any one ambulance/fire district. This does not include your Capstone.
- Students who show up to a clinical site without following the proper scheduling procedures will be removed from that clinical site with a 2-week suspension. No credit will be allowed for that shift.
- Students are responsible for following all scheduling guidelines and making sure the Clinical Coordinator and Program Director are aware of where they are at all times. The student's safety is a great concern.
- Students who show up at a wrong clinical site will be sent home. Students will not be able to claim credit for the shift that was attended in error.
- You are not allowed to complete a clinical at any site where you are employed or have a working relationship.
- You are not allowed to be precepted by someone you have a significant relationship with. This includes a boyfriend, girlfriend, spouse, significant other, mother, father, sibling, uncle, aunt, etc.

## **Platinum Planner Scheduler Policy**

The Platinum Planner schedule will close 30 days in advance for ALL sites.

You must request your shifts by the last day of the month for the following month.

- January's schedule will close the last day of November.
- February's schedule will close the last day of December.
- March's schedule will close the last day of January.
- April's schedule will close the last day of February.
- So on and so forth.



## **How To Sign Up For Shifts**

### **30-Days In Advance**

(The schedule closes on the last day of the month)

#### **Request your days in Platinum Planner for:**

- Hospital Sites
  - Children's
  - DePaul
  - Mercy
  - St. Clare
  - St. Joe's Health Center
  - St. Joe's Hospital West
- Ambulance / Field Sites
  - Florissant Valley FPD
  - Maryland Heights FPD
  - Metro West FPD

#### **You will contact these sites to schedule directly:**

- Field Sites
  - Community – email Toni your confirmed dates the same day you confirm shifts with Community
  - St. Charles City FPD – email Toni your confirmed dates within 7 days of your shift
    - They require you to schedule shifts in the current month. You are not allowed to schedule shifts far in advance.

Do not show up for clinical at Community FPD or St. Charles City FPD without first getting approval from that site. Doing so will result in a write up for not following protocol and may result in suspension.

When scheduling at St. Charles City and Community:

- If you fail to email your shift details 7 business days BEFORE the day of the shift, it will NOT be added to Platinum Planner and you will NOT receive credit for that shift.

Violation of any portion of the scheduling policy will result in a 2-week suspension. Repeat violations of this policy will result in expulsion from the program



## Mandatory Requirements

### Terminal Competencies

#### Requirements for course completion

Hours		Min Required	Completed
	ER Hours	228	
	Burn Unit Hours	8	
	ICU Hours	12	
	OB Hours	12	
	Operating Room Hours	1 shift	
	Pediatric ER Hours (Children's or Mercy Pediatric ER)	12	
	Psychiatric Unit Hours	8	
	Ambulance Hours	360	
<b>Patients – Green Button in Platinum Planner</b>			
	Adult Patient Assessment (18 to less than 64 yr)	50	
	Geriatric Patient Assessment (64 yrs and greater )	30	
	Pediatric Patient Assessment (0 – 17)	30	
	Assessment of Newborn (0 up to 1 month)	2 of the 30	
	Assessment of Infant (1 month up to 1 yr)	2 of the 30	
	Assessment of Toddler (1 yr to less than 3 yrs)	2 of the 30	
	Assessment of Preschooler (3 yrs to less than 6 yrs)	2 of the 30	
	Assessment of School Aged (6 yr up to 12 yr)	2 of the 30	
	Assessment of Adolescents (12 yr to less than 18 yr)	2 of the 30	
	Airway Management Goal – 100%	35	
	ET success rate over the last 10 > or equal to 90%		
	Success rate over the last 20 skills must be 100%		
	Assessment of Medical	170	
	Assessment of Medical Patient – Adult	6	
	Assessment of Medical Patient – Geriatric	12	
	Assessment of Medical Patient – Pediatric	12	
	Assess & Plan Rx of Respiratory Distress / Failure	20	
	Pediatric Dyspnea	8 of the 20	
	Assess & Plan Rx of Syncope/Change in Responsiveness Assessment	10	
	Assessment of Abdominal Pain	20	
	Assessment of Acute Coronary Syndrome	2	
	Assessment of Altered Mental Status	20	
	Assessment of Cardiac Dysrhythmia	20	
	Assessment of Chest Pain	30	
	Assessment of Hypoglycemia, DKA or HHS	4	



	Assessment of Obstetric Patient	10	
	Assessment of Psychiatric	20	
	Assessment of Sepsis	2	
	Assessment of Shock	2	
	Assessment of Stroke and/or TIA	2	
	Assessment of Toxicological Event and/or OD	4	
SL	Defibrillation w/Assessment	3	
SL	Direct Orotracheal Intubation – Adult w/Assessment	5	
	Intramuscular Injections w/Assessment	2	
	Inhaled / Nebulized Medication w/Assessment	2	
	Intravenous Bolus w/Assessment	20	
	Intravenous Therapy – w/Assessment	25	
	Observation of Childbirth w/Assessment	2	
	Obtain a Patient History from an Alert & Oriented Pt w/Assessment	8	
SL	Pharmacological Cardioversion w/Assessment	5	
SL	Subcutaneous Injections w/Assessment	2	
SL	Suction – Oral w/Assessment	5	
SL	Suction - Tracheal (suction through ET tube) w/Assessment	5	
SL	Synchronized Cardioversion w/Assessment	3	
	Trauma Assessments w/Assessment	40	
	Trauma Physical Assessment – Adult	12 of the 40	
	Trauma Physical Assessment – Pediatric	6 of the 40	
	Trauma Physical Assessment – Geriatric	6 of the 40	
SL	Ventilate BVM to mouth w/Assessment	20	
SL	Ventilate w/o ETT – Adult	10 of the 20	
SL	Ventilate w/o ETT – Geriatric	5 of the 20	
SL	Ventilate w/o ETT – Pediatric	5 of the 20	
<b>Live Skills - Performed in Isolation - Blue Button in Platinum Planner. Do these in the Hospital</b>			
	12 Lead ECG Placement	4	
	Comprehensive Normal Physical – Pediatric	2	
	Intravenous Bolus	5	
	Intravenous Therapy	10	
	Intravenous Therapy - Geriatric	5	
	Intravenous Therapy - Pediatric	5	
	Medical Including Cardiac Assessment	40	
	Trauma Physical Assessment – Adult	6	
	Venipuncture (Blood Draws)	20	
<b>Ambulance – Can only be performed on Ambulance Rotation</b>			
	ALS Calls	50	
	EMS Patient Care Report	50	



	Intravenous Therapy on the ambulance	10	
	Team Leads ALS (Practice)	30	
	Team Leads BLS (Practice)	20	
----- MUST COMPLETE ALL ABOVE BEFORE MOVING ON TO CAPSTONE -----			
<b>Field Internship / Capstone</b>			
	Capstone Experience Calls – Team Lead	20	
	EMS Patient Care Report	20	



## **Mandatory Requirements To Complete Phase 2**

- A cumulative score of 75% on all Mod Exams.
- A cumulative score of 75% on all other assignments as listed.
- A passing score of 75% on the Final Skills exam.
- Must pass both clinical quizzes with 100%.
- Lab skills and scenario's must be completed, and competency obtained as required by due date.
- Lab scenario Team Leads must be completed, and competency obtained as required by due date.
- Red, Yellow and Blue Card must be obtained by date specified on syllabus.
- Obtaining and maintaining current certification in BLS, PALS, PHTLS and ACLS
- Obtaining and maintain current immunizations.
- Accurate PLATINUM PLANNER electronic documentation by the end of shift.
- Successful completion and competency of the Affective Evaluation of Professional Behaviors and Behavioral grades.
- Must meet required attendance policy.
- Students must attend any scheduled hospital orientation at the designated location.
- Students must complete the required number of patient care reports completely and appropriately. All assessments must have complete written narratives, vitals and interventions.
- Students must complete all in-hospital and ambulance hours (this includes ER, OR, OB, ICU, etc.) to complete Phase 2 and the program.
- Students must complete 100% of skills, hours and assessments as outlined on the Terminal Competency form.
- Students must earn "entry-level competent" ratings in each area of clinical evaluation before entering the field phase. Additional clinical shifts may be required to accomplish this; if so, students will be placed on academic probation until this requirement is met.
- Students must submit clinical paperwork as requested for review and approval.
- All clinical data must be original, verifiable data that has been obtained during the students' clinical rotation.
- Students must only submit original clinical data obtained on the original scheduled day of the clinical.
- Students are not allowed to start the Capstone until all hours, skills, assessments have been completed.
- NREMT Psychomotor exam successfully passed.
- Failure to meet the deadline set forth will result in removal from the program.

## **Mandatory Requirements To Complete Phase 3**

- All requirements as stated for Phase 1 and Phase 2
- Students must have all hours, skills and assessments completed to start Capstone.
- During the Capstone Experience the student must complete 20 consecutive ALS level Team Lead calls with transport.
- The student must encounter a patient that requires ALS interventions and transport to a receiving facility.
- The student must exhibit Team Leadership abilities with minimal to no prompting by the preceptor.
- A Capstone call is defined as:
  - ALS level call with transport to a receiving facility.
  - The student must successfully perform as the Team Lead
  - The call cannot be a treat no transport or a transfer.
- The preceptor on the call must complete a Capstone Experience Team Lead evaluation for each call.
- Completed evaluations for every day must be reviewed by the Program Director for approval.



- If it is the suggestion of the evaluator that the student is successful and able to perform as an entry-level competent paramedic, the student will be released for program completion.
- Students must pass the computer-based exam (CBT) to be eligible for course completion and to be eligible to take the NREMT written exam.
- Failure to meet the deadline set forth will result in removal from the program.

### **Airway Management Goal**

The paramedic student should have no fewer than fifty (50) attempts at airway management across all age levels. This can include lab, clinical and field experiences.

The student should have a 90% success rate utilizing endotracheal intubation in their last ten (10) attempts. These last 10 attempts can be a combination of live patients, low fidelity and high-fidelity simulation.

The paramedic student needs to be 100% successful in the management of their last twenty (20) attempts at airway management.

If the student is unsuccessful at meeting the airway management goal, they will not be eligible for course completion. Students will have the opportunity to complete skills in a lab setting as stated in Lab Skill Policy.

Airway management skills are defined in the Definitions under ‘Airway Management’.

### **Evaluations**

Evaluations are used throughout the program to evaluate the performance of the student, the facilities, clinical and field sites, and preceptors. This valuable feedback allows everyone involved the opportunity to learn, grow and create a better environment for future paramedic students.

It is imperative that the student receives competence in each skill as they progress in their training. If a student does not receive a competent evaluation from a preceptor, it will result in additional clinical time until the student receives entry level competency in the deficient area. This may prolong training for the student and require an extension at the approval of the Program Director and Clinical Coordinator.

### **Students are required to obtain and complete the following evaluations for EVERY shift:**

- Site/Preceptor Evaluation – Student completes
- Preceptor Evaluation of Student – Preceptor completes

Clinical affective behavior evaluations will be completed as directed on the syllabus.

It is the students’ responsibility to make sure the preceptor completes the evaluation. Evaluations will not be altered in any way. Any student found forging, altering or not turning in evaluations will be subject to disciplinary action. This includes altering or forging the rating or the signature/initial.

If evaluations are not completed, the following will occur:

- Students will lose points during clinical review
- The result of too many evaluations not completed may lead to losing credit for the skills/assessments completed during the shift.



Evaluations that are completed by a student on a clinical/field site or preceptor are kept confidential, unless the student requests otherwise or Respond Right EMS Academy is legally obligated to report an incident.

## **Hospital and Field Rotation Objectives**

### **Emergency Room Rotation: 228-hour minimum**

The ER is intended to help the student develop their understanding of their roles and responsibilities to the patient, as well as within the medical community and how their performance impacts the overall outcome of the patient.

The student will have the opportunity to improve their skills and develop critical thinking skills necessary to perform as a Paramedic. The student will have the opportunity to apply theory and material from the classroom, knowledge gained in other clinical experiences and skills in other settings under the supervision of a preceptor and guidance and direction of ER staff.

The student is expected to accomplish the following objectives while in the ER:

- Perform and document at least 5 patient assessments per shift. This must include current and past medical history, physical exam, vital signs and a review of all body systems (neurological, cardiovascular, pulmonary, gastrointestinal, genitourinary). All assessments must be signed by the preceptor and entered in Platinum Planner to receive credit.
- Identify medical emergencies and perform assessments on various types of patients
- Differentiate between medical etiologies
- Administer medications and identify their physiological effects and interactions. This includes IV med pushes, intramuscular (IM), subcutaneous (SQ) and IV medications to solutions.
- Establish IV's and IV fluids.
- Perform venipunctures and prepare blood samples for the lab.
- Interpret ECG's, appropriately diagnose and treat dysrhythmias.
- Perform airway management skills as needed. This includes suctioning, ventilating, intubation and other various types of airway equipment.
- Understand the role of EMS in the medical community, specifically within the ER
- Build communication and rapport with ER staff including nurses and physicians.

Focus on completing the following skills and assessments as listed on the Terminal Competency:

- All age-based assessments
- All assessments
- All skills

### **Burn Unit Rotation – 8-hour minimum**

The burn unit clinical rotation is intended to give the student the opportunity to understand the care and management of patients suffering from various degrees of burns. Students will be able to apply theory and material learned in the classroom under the supervision of a preceptor and guidance and direction of staff.

The student is expected to accomplish the following objectives while in the burn unit:

- Perform and document at least 1 patient assessments per shift. This must include current and past medical history, physical exam, vital signs and a review of all body systems (neurological, cardiovascular, pulmonary, gastrointestinal, genitourinary). All assessments must be signed by the preceptor and entered in Platinum Planner to receive credit.
- Assist with dressing changes



- Observe and understand patient healthcare needs
- Perform airway management skills as needed. This includes suctioning, ventilating, intubation and other various types of airway equipment.
- Review the patients chart, diagnosis, treatment and progress notes to gain a better understanding of the patient's outcome, care and progress. Keep in mind that these documents are confidential as required by HIPAA.

Focus on completing the following skills and assessments as listed on the Terminal Competency:

- Trauma Assessment

### **ICU Unit Rotation – 12-hour minimum**

The Intensive Care Unit rotation is designed to provide the student with the opportunity to understand acute care and management of patients suffering from serious disease and trauma and to provide an opportunity to learn at a level beyond pre-hospital care. The purpose of this rotation is to allow the student to observe and participate as much as possible in the care of these patients.

The student is expected to accomplish the following objectives while in the ICU:

- If you can, perform and document at least 1 patient assessments per shift. This must include current and past medical history, physical exam, vital signs and a review of all body systems (neurological, cardiovascular, pulmonary, gastrointestinal, genitourinary). All assessments must be signed by the preceptor and entered in Platinum Planner to receive credit.
- Administer medications and identify their physiological effects and interactions. This includes IV med pushes, intramuscular (IM), subcutaneous (SQ) and IV medications to solutions.
- Interpret ECG's, appropriately diagnose and treat dysrhythmias.
- Perform airway management skills as needed. This includes suctioning, ventilating, intubation and other various types of airway equipment.
- Review the patients chart, diagnosis, treatment and progress notes to gain a better understanding of the patient's outcome, care and progress. Keep in mind that these documents are confidential as required by HIPAA.

Focus on completing the following skills as listed on the Terminal Competency:

- IM
- Subcutaneous
- Suctioning – tracheal
- Suctioning – oral
- Venipuncture (blood draws)
- Ventilate without ETT

### **OB/Labor & Delivery Rotation: 12-hour minimum**

The purpose of this rotation is to allow the paramedic student to observe and assist in the care of OB patients. The student will learn to recognize signs and symptoms of normal and abnormal labor and birth and learn to effectively communicate with woman in labor. The student will gain experience in conducting patient gynecological histories, observe patients through the labor process and observe surgical and abnormal deliveries. The student will also understand the principles of newborn management and assessment techniques and post-partum care.

The student is expected to accomplish the following objectives while in Labor & Delivery:



- Perform and document at least 2 patient assessments per shift of the pregnant patient. This must include current and past medical history, physical exam, vital signs and a review of all body systems (neurological, cardiovascular, pulmonary, gastrointestinal, genitourinary). All assessments must be signed by the preceptor and entered in Platinum Planner to receive credit.
- Perform and document at least 2 patient assessments per shift of the newborn including the APGAR score. This must include a physical exam, vital signs and a review of delivery.
- Complete an assessment on each of the following patients the student had the opportunity to evaluate and assess:
  - The mother giving birth
  - The newborn that was recently delivered
  - Any other patient that is being evaluated for OB related issues
- Observe and/or administer medications specific to obstetrical emergencies.
- Observe, identify and discuss patient treatment options for various OB emergencies that may be encountered such as:
  - Breech delivery
  - Prolapsed umbilical cord
  - Limb presentation
  - Multiple births
  - Abruptio placenta
  - Placenta previa

Focus on completing the following skills and assessments as listed on the Terminal Competency:

- Ventilate without ETT – pediatric
- Assessment – newborn
- Assessment - OB
- Childbirth with newborn care

### **Operating Room Rotation: 1 Shift minimum**

**Must use paper to document clinical experience. The OR will not allow devices.**

This rotation should be closely monitored by the preceptor in the operating room. Students are to be present, dressed and ready to begin at the scheduled time. Students must leave sufficient time to arrive, park, arrive in the proper surgical area, get dressed out, and be prepared for the first case.

The student is expected to introduce themselves to the anesthesiologist, CRNA, and charge nurse to determine possible candidates.

The student is expected to accomplish the following objectives while in the OR:

- Appropriately manage the patients' airway including:
  - Proper positioning of the head and shoulders
  - Creating an effective seal with a bag valve mask
  - Effectively ventilating with a bag valve mask
  - Successful placement of an endotracheal tube
  - Assessment of tube placement and continued airway management
  - Identify airway structures while managing the airway
- Administer medications and identify their physiological effects and interactions.
- Monitor patient vital signs.
- Opportunities to complete manual ventilations, and oral and tracheal suctioning may present themselves. The student is encouraged to have open communication with their preceptor so they are allowed opportunities to complete such skills.



Focus on completing the following skills as listed on the Terminal Competency:

- Intubations
- Ventilations without ETT – mask to face
- Suctioning

### **Pediatric ER Rotation: 12-hour minimum**

The purpose of this rotation is to give the student the opportunity to observe and assist in the specialized care of pediatric patients. Students will be able to develop an effective approach to pediatric patients and develop an appreciation for pediatric patient's physiologic response to illness and injury.

The student is expected to accomplish the following objectives while in the pediatric ER:

- Perform and document at least 5 patient assessments per shift. This must include current and past medical history, physical exam, vital signs and a review of all body systems (neurological, cardiovascular, pulmonary, gastrointestinal, genitourinary). All assessments must be signed by the preceptor and entered in Platinum Planner to receive credit.
- Identify medical/trauma emergencies and perform assessments on various types of patients.
- Differentiate between medical etiologies
- Administer medications and identify their physiological effects and interactions. This includes IV med pushes, intramuscular (IM), subcutaneous (SQ) and IV medications to solutions.
- Perform venipunctures and prepare blood samples for the lab.
- Interpret ECG's, appropriately diagnose and treat dysrhythmias.
- Perform airway management skills as needed. This includes suctioning, ventilating, intubation and other various types of airway equipment.
- Understand the role of EMS in the medical community, specifically within the ER
- Build communication and rapport with ER staff including nurses and physicians.

Focus on completing the following skills and assessments as listed on the Terminal Competency:

- Pediatric age-based assessments
- Medical assessments – pediatric
- Pediatric dyspnea assessments
- Trauma assessments – pediatric
- IV – pediatric
- Ventilate – pediatric

### **Psychiatric Unit Rotation: 8-hour minimum**

This rotation will allow the student to observe and assist in the specialized care in treating psychiatric patients.

The student is expected to accomplish the following objectives while in the psychiatric unit:

- Observe and assist in the assessment and management of the patients
- Discuss with the preceptor the role of drugs and alcohol in behavioral emergencies.
- Observe, learn, and utilize different verbal communication techniques that are useful in managing patients.
- Discuss with the preceptor the factors associated with risk of suicide.
- Observe, identify and discuss patient treatment options for various psychiatric emergencies that may be encountered such as:



- Depression
- Suicide
- Anxiety
- Mania
- Schizophrenia

Focus on completing the following assessments as listed on the Terminal Competency:

- Behavioral assessments

**Ambulance / Field Rotation: 360-hour minimum**

Students will have the opportunity to function as a third member on an ALS unit that operates in a 911 system. A minimum of 360 hours will be completed as field experience. During the field experience, the student is expected to act as a team member and eventually transition to the role of team leader. Students are required to complete all didactic, lab, clinical hours, field experience hours, and all competencies before they will be allowed to enter Capstone. Students should try to schedule themselves at the same department they expect to attend their Capstone at.

During field experience the student is expected to develop skills necessary for an entry-level competent paramedic. This is the learning phase of the student’s pre-hospital clinical education. Students are encouraged to select a variety of agencies to ride with to obtain a well-rounded perspective.

Focus on completing the following skills as listed on the Terminal Competency:

- All assessments
- All age-based assessments
- All skills
- ALS calls
- Practicing Team Leads



## **Definitions**

The following list includes definitions of terms that are included in the Paramedic Psychomotor Competency Portfolio, Capstone Field Internship phase of education:

### **Age Groups**

#### **Platinum Legacy (Pre-2018)**

**Pediatric:** 0 years old – 17 years old

##### **Pediatric Sub Groups**

- Newborn – 1 hour to less than 1 month, 7 hours
- Infant – 1 month, 7 hours to 1 year
- Toddler – More than 1 year to less than 3 years
- Preschooler – 3 years to less than 6 years
- School Ager – 6 years to less than 12 years
- Adolescent – 12 years to less than 18 years

**Adult – 18 years to less than 64 years**

**Geriatric – 64 years and greater**

### **12 Lead Placement**

1. Demonstrate the proper procedure and placement of the 12 Leads
2. Place the leads appropriately.
3. Acquire the 12 Lead ECG.

### **Airway Management Skills**

The paramedic student should have no fewer than fifty (50) attempts at airway management across all age levels. This can include lab, clinical and field experiences. Airway management skills are defined as the following when successful and documented in PLATINUM PLANNER:

- Direct orotracheal intubation
- Inhaled / nebulized medication w/assessment
- Suction – oral w/assessment
- Suction – Tracheal w/assessment
- Ventilate BVM to mouth w/assessment
- CPAP or BiPAP

Airway management should be selected for EACH time one of the above skills are performed.

### **ALS Call**

An ALS call is defined as the following when successful and documented in paperwork/PLATINUM PLANNER:

- A medication other than oxygen is administered (by anyone on the team), or
- An ECG monitor and an IV (attempt) are performed successful together (by anyone on the team).
- An ALS call does not include: transfers or calls where no ALS equipment is used.

### **BLS Call**

A BLS call is defined as the following when performed successful and documented in paperwork/Platinum Planner:

- Patient condition or complaint requires assessment or interventions that an EMT should be able to perform.

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- Oxygen has been administered to the patient (by anyone on the team)

### **Capstone Call**

A Capstone call is defined as an ALS level call with transport to a receiving facility where the student successfully performs as the Team Lead. The call can not be a treat no transport or a transfer.

### **Capstone Field Internship**

This component includes planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to critical and emergent patients who access the emergency medical system. The primary purpose of the Capstone Field Internship is to experience managing the Paramedic level decision-making associated with out-of-hospital patients in order to develop and evaluate Team Leading skills.

### **Clinical Phase**

This component of a student's education includes planned, scheduled, educational student experience with patient contact activities in settings such as hospitals, clinics, free-standing emergency centers, and ambulance.

### **Clinicals**

Relating to either the hospital or ambulance where observation and/or assessments are completed.

### **Communication**

Student communicates effectively with the patient, team members, and preceptor/evaluator. The student provides an adequate verbal report to other healthcare providers and completes a thorough, accurate written patient narrative to include correct spelling and grammar.

### **Entry-level Competency**

Entry-level competency is defined as consistent student performance and safe, appropriate patient management over multiple patient encounters. Please keep in mind that minimally competent EMS providers may not perform to the level that a more experienced provider would; for example, they may not perform as rapidly or as smoothly. It is expected that the student will perform timely and appropriate assessments, skills, and formulate accurate field impressions and provide appropriate management. Cases have varying levels of difficulty and acuity.

The preceptor should assign a successful rating if you feel the student has successfully led the team. This means the student conducted a comprehensive physical assessment, which may include the direction of other Team Members to perform parts of the interview and/or physical exam. The student should formulate and implement an appropriate treatment plan for the patient. Most, if not all, of the decisions have been made by the student, especially the formulation of a field impression, direction of treatment, determination of acuity, disposition, appropriate delegation, and when applicable, packaging/ moving the patient.

A successful rating also infers that minimal to no prompting was provided by the preceptor. At no time should an action have been initiated/ performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or the crew. Preceptors should not assign a successful rating unless the student performed adequately as a competent entry-level Paramedic. As a general rule, more unsuccessful attempts indicate a willingness to try and are preferable to no attempt. An unsuccessful rating should be assigned if a student required more than minimal or critical prompting, or ordered or performed an action that could have inappropriately endangered the physical or psychological safety of the patient. Withholding



appropriate care or not recognizing appropriate interventions can be just as dangerous as performing incorrect ones.

### **Evaluator/Preceptor Documentation**

In the early stages of learning, performance can be inconsistent. It is impossible to predict when the student will begin to show consistent achievement, so it is imperative that each attempt be evaluated and documented. Since competency must be documented and tracked over multiple attempts, monitoring student performance, achievement of set goals, and the response to your coaching is essential. Evaluators/preceptors are encouraged to document additional and attach additional documentation as necessary.

### **Field Experience**

This component includes planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development, but which does not include Team Leading and does not contribute to the CoAEMSP definition of Capstone Field Internship.

### **Impression & Treatment Plan**

Student formulates an impression and verbalizes an appropriate patient care plan.

Patient Interview/ History Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and/or form bedside manner depending on the needs of the situation.

### **Physical Exam**

Student completes an appropriate focused and/or comprehensive physical exam specific to the chief complaint.

### **Practicing Team Lead**

Practicing Team Leads will occur during the ambulance clinicals (Field experience) in which students start to apply the concepts acquired and demonstrate that they are achieving the terminal goals for learning established by their educational program, and can demonstrate entry-level competency in the profession including the cognitive, psychomotor, and affective learning domains.

### **Professional Behavior (Affect)**

Student demonstrates that he or she is:

#### **Self-motivated**

Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, and adjusts behavior/performance.

#### **Efficient**

Keeps assessment and treatment times to a minimum, releases other personnel when not needed, and organizes team to work more efficiently.

#### **Flexible**

Makes adjustments to communication style, directs Team Members, changes impressions based on findings.

#### **Careful**



Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.

### **Confident**

Makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.

### **Open to feedback**

Listens to evaluator/preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

## **Skill Performance**

Student performs technical skills accurately and safely.

### **Team Lead**

The Team Lead occurs during the Capstone Field Internship experience in which students apply the concepts acquired and demonstrate that they have achieved the terminal goals for learning established by their educational program, and are able to demonstrate entry-level competency in the profession including the cognitive, psychomotor, and affective learning domains. The Capstone Field Internship occurs after the didactic, lab and clinical components have been completed and of sufficient volume to show competence in a wide range of clinical situations.

### **Team Leader Attributes**

Creates an action plan; communicates accurately and concisely while listening and encouraging feedback; receives, processes, verifies, and prioritizes information; reconciles incongruent information; demonstrates confidence, compassion, maturity and command presence; takes charge; maintains accountability for Team's actions/outcomes; assess situation and resources and modifies accordingly (NREMT, 2012)

### **Team Leadership**

The student has successfully led the team if he or she conducted a comprehensive physical assessment. This may include the direction of other Team Members to perform parts of the interview and/or physical exam. The student should formulate and implement an appropriate treatment plan for the patient. This means that most, if not all of the decisions have been made by the student, especially the formulation of a field impression, direction of treatment, determination of acuity, disposition, appropriate delegation, and when applicable, packaging/ moving the patient.

A successful rating also infers that minimal to no prompting was provided by the preceptor. At no time should an action have been initiated/ performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or the crew. Preceptors should not assign a successful rating unless the student performed adequately as an entry-level Paramedic. As a general rule, more unsuccessful attempts indicate a willingness to try and are preferable to no attempt.

### **Team Member Attributes**

Demonstrates followership – is receptive to leadership; performs functions using situational awareness and maintains it; utilizes appreciative inquiry; avoids freelance activity; listens actively using closed-loop communication and reports progress on tasks; performs tasks accurately and in a timely manner; advocates for safety and is safety conscious at all times; leaves ego/rank at the door (NREMT, 2012)

### **Prompting**

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Successful ratings in assessment, skills, and Team Leadership requires little to no prompting on the part of the preceptor. The more prompting that a preceptor does, the less the student performed as the Team Leader. Prompts should, therefore, be focused on important interventions that affect patient care and satisfaction. Non-essential prompts that do not affect patient care may be appropriate, but should not affect the evaluation of the student's performance.

## **Skill and Assessment Definitions**

### **Age Based Assessments**

1. Demonstrate the proper procedure for conducting a physical exam.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Document OPQRST and SAMPLE.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Demonstrates proficiency in using the Trauma Score Scale.
6. Complete an assessment and narrative.

### **Acute Coronary Syndrome – Assess and Plan Treatment**

1. These patients will include: unstable angina and STEMI's. The location of the blockage, the length of time that blood flow is blocked and the amount of damage that occurs determines the type of acute coronary syndrome.
2. Demonstrate the proper procedure for conducting a physical exam, specific to a cardiac assessment.
3. Demonstrate the proper technique for evaluating the neurological status of the patient.
4. Document OPQRST and SAMPLE.
5. Demonstrate the proficiency in using the Glasgow Coma Scale.
6. Formulates a field impression and treatment plan.
7. Complete the documentation and narrative specific to cardiac assessment.
8. Include ECG and interpretation

### **Abdominal Pain Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to an abdominal assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Document OPQRST and SAMPLE.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Formulates a field impression and treatment plan.
6. Complete the documentation and narrative specific to abdominal assessment.
7. Include ECG interpretation.

### **ALS Calls**

1. Demonstrate the proper procedure for conducting a physical exam.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Demonstrate the proficiency in using the Glasgow Coma Scale.
4. Formulates a field impression and treatment plan.
5. Complete the proper assessment and narrative.
6. A call is considered ALS, if:
7. A medication other than oxygen is administered (by anyone on the team), or
8. An ECG monitor and an IV (attempt) are performed together (by anyone on the team).
9. Include ECG interpretation.
10. Does not include transfers or treat no transports.



### **Altered Mental Status Assessment - Assess and Plan Treatment**

1. These patients will include: Alcohol, Acidosis, Epilepsy, Endocrine, Electrolytes, Uremia, and other unknown etiologies.
2. Demonstrate the proper procedure for conducting a physical exam, specific to an AMS assessment.
3. Demonstrate the proper technique for evaluating the neurological status of the patient.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Formulates a field impression and treatment plan.
6. Complete the documentation and narrative specific to altered mental status assessment.
7. Include ECG interpretation.

### **Capstone Calls – Team Lead**

1. The student has successfully led the team if he or she conducted a comprehensive physical assessment. This may include the direction of other Team Members to perform parts of the interview and/or physical exam. The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew.
2. The student should formulate and implement an appropriate treatment plan for the patient.
3. A successful rating also infers that minimal to no prompting was provided by the preceptor. At no time should an action have been initiated/ performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or the crew.
4. Demonstrate the proper procedure for conducting a physical exam.
5. Demonstrate the proper technique for evaluating the neurological status of the patient.
6. Demonstrate the proficiency in using the Glasgow Coma Scale.
7. Formulates a field impression and treatment plan.
8. Student must call in the radio report to the receiving facility.
9. The patient must be transported. The call cannot be a refusal or a no transport.
10. Complete the proper assessment and narrative.
11. Include ECG interpretation, if applicable.
12. The call must be ALS.
13. Does not include transfers.

### **Chest Pain – Assess and Plan Treatment**

1. These patients will include: angina, or unspecified chest pain.
2. Demonstrate the proper procedure for conducting a physical exam, specific to a cardiac or chest pain assessment.
3. Demonstrate the proper technique for evaluating the neurological status of the patient.
4. Document OPQRST and SAMPLE.
5. Demonstrate the proficiency in using the Glasgow Coma Scale.
6. Formulates a field impression and treatment plan.
7. Complete the documentation and narrative specific to chest pain assessment.
8. Include ECG and interpretation



## **Childbirth Observation**

1. Preparation of mother.
2. Observation of newborn delivery
3. Care of newborn after delivery. Delivery and care of placenta.
4. Care of mother after delivery.
5. Demonstrate the proficiency in using the APGAR scale.
6. Formulates a field impression and treatment plan.
7. Complete the documentation and narrative for newborn assessment.
8. Include ECG interpretation if applicable.

## **Defibrillation or Synchronized Cardioversion-Electrical w/Assessment**

1. These patients will include: symptomatic bradycardia, tachycardia, MI, V Fib, V Tach, SVT, etc.  
Any ACLS related rhythm that has been treated
2. Demonstrate the proper procedure for conducting a physical exam, specific to a cardiac or chest pain assessment.
3. Demonstrate the proper technique for evaluating the neurological status of the patient.
4. Document OPQRST and SAMPLE.
5. Demonstrate the proficiency in using the Glasgow Coma Scale.
6. Formulates a field impression and treatment plan.
7. Appropriately diagnose and treat dysrhythmia.
8. Inform the patient of the procedure and check the 5 rights for medication and sedation if required. (Pt, med, dose, expiration, route)
9. Deliver appropriate electrical therapy.
10. Re-evaluate the pt
11. Document the ECG.
12. Complete the documentation and narrative specific to cardioversion assessment.

## **Dysrhythmia w/ Assessment**

1. These patients will include: symptomatic bradycardia, tachycardia, MI, V Fib, V Tach, SVT, etc.  
Any ACLS related rhythm that has been treated.
2. Demonstrate the proper procedure for conducting a physical exam, specific to a cardiac or chest pain assessment.
3. Demonstrate the proper technique for evaluating the neurological status of the patient.
4. Document OPQRST and SAMPLE.
5. Demonstrate the proficiency in using the Glasgow Coma Scale.
6. Formulates a field impression and treatment plan.
7. Appropriately diagnose and treat dysrhythmia.
8. Re-evaluate the pt
9. Attach the ECG to the dysrhythmia form.
10. Complete the documentation and narrative specific to cardioversion assessment.

## **Orotracheal Intubation w/ Assessment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to an unresponsive patient.
2. Continue ventilations during preparation for direct laryngoscope and intubation.



3. Identify and assemble equipment and test laryngoscope, select appropriate ETT, lubricate as needed. Have suction and oxygen equipment available, and check patency of cuff.
4. Proper position for tracheal intubation, patient in supine position, extended head (sniffing position), and hyperventilate the patient.
5. Insert the laryngoscope; visualize the base of the tongue, uvula, epiglottis, and vocal cords.
6. Insert ETT between the vocal cords and inflate the cuff.
7. Check for proper placement, auscultator bilateral LS and epigastria, and good chest rise/fall.
8. Secure ETT in place and attach CO monitor/capnography.
9. Formulate a field impression and treatment plan.
10. Complete the documentation and narrative specific for the patient.

### **Hypoglycemia / DKA / HHS Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a hypoglycemia / DKA / HHS assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Document the blood sugar and other relevant diabetes information.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Formulates a field impression and treatment plan.
6. Complete the documentation and narrative specific to diabetic assessment.
7. Include ECG interpretation.

### **IM Injections w/ Assessment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. Inform the patient of the procedure and check the 5 rights. (Pt, med, dose, expiration, route)
3. Prepare the medication with proper syringe and needle gauge and recheck the 5 rights. Prep the site.
4. Inject medication by stretching the skin tight around the injection site. (Deltoid/Ventro Gluteal)
5. Inject the needle at a 90 degree angle, aspirate for blood and inject slowly.
6. Withdraw the needle, apply dressing and secure the sharp.
7. Document the outcome of the patient and response to treatment.
8. Monitor the patient.
9. Complete the documentation and narrative specific to the patient.

### **IV Access**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. Inform patient of procedure as needed. Check for patient allergies.
3. Locate site, prep equipment, use proper technique, secure tubing, apply venigard, and secure sharp.
4. Document the outcome of the patient and response to treatment.
5. Monitor the patient.
6. Complete the documentation and narrative specific to the patient.

### **IV Med Pushes**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. Inform patient of procedure as needed. Check for patient allergies. Check 5 rights (pt, route, med, expiration, and dose).
3. Prepare medication using appropriate syringe and expel air.
4. Clean the site with alcohol prep and recheck 5 rights.



5. Pinch IV tubing off above port and inject medication at the proper rate.
6. Withdraw the syringe and re-establish flow adjusting rate as needed.
7. Document the outcome of the patient and response to treatment.
8. Monitor the patient.
9. Complete the documentation and narrative specific to the patient.

### **Medical Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a medical assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Document OPQRST and SAMPLE if applicable.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Formulates a field impression and treatment plan.
6. Complete the documentation and narrative for Medical assessment.
7. Include ECG interpretation.

### **OB Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to an OB assessment.  
Examples would include: normal and abnormal labor, placenta previa, abruptio placenta, eclampsia, any other pregnancy related assessment.
2. This does not include gynecologic assessments.
3. Demonstrate the proper technique for evaluating the neurological status of the patient.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Formulates a field impression and treatment plan.
6. Complete the documentation and narrative for OB assessment.
7. Include ECG interpretation.

### **Pharmacological Cardioversion w/ Assessment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. These patients will include: symptomatic bradycardia, V Fib, V Tach, SVT, etc. Any ACLS related rhythm that has been treated
3. Demonstrate the proper procedure for conducting a physical exam, specific to a cardiac or chest pain assessment.
4. Demonstrate the proper technique for evaluating the neurological status of the patient.
5. Document OPQRST and SAMPLE.
6. Demonstrate the proficiency in using the Glasgow Coma Scale.
7. Formulates a field impression and treatment plan.
8. Appropriately diagnose and treat dysrhythmia.
9. Inform the patient of the procedure and check the 5 rights for medication and sedation if required. (Pt, med, dose, expiration, route)
10. Deliver appropriate medication for pharmacological cardioversion.
11. Medications that would qualify for pharmacological cardioversion would include:
  - a. Adenosine
  - b. Amiodorone
  - c. Cardizem
  - d. Epi
  - e. Lopressor
12. Re-evaluate the pt
13. Document the ECG.
14. Complete the documentation and narrative specific to cardioversion assessment.



### **Psychiatric Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a behavioral assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Demonstrate the proficiency in using the Glasgow Coma Scale.
4. Formulates a field impression and treatment plan.
5. Complete the documentation and narrative specific to behavioral assessment.
6. Include ECG interpretation if applicable.

### **Respiratory Distress / Failure Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a respiratory assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Document lung sounds and respiratory effort.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Formulates a field impression and treatment plan.
6. Complete the documentation and narrative specific to dyspnea assessment.
7. Include ECG interpretation.

### **Sepsis Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a sepsis assessment.
2. Document the patient's temperature and onset.
3. Demonstrate the proper technique for evaluating the neurological status of the patient.
4. Demonstrate the proficiency in using the Glasgow Coma Scale.
5. Formulates a field impression and treatment plan.
6. Complete the documentation and narrative specific for sepsis assessment.
7. Include ECG interpretation.

### **Shock Assessment – Assess and Plan Treatment**

1. These patients will include the following: cardiogenic shock, obstructive shock, hypovolemic shock, distributive shock, anaphylactic shock, and neurogenic shock.
2. Demonstrate the proper procedure for conducting a physical exam, specific to a shock assessment.
3. Document the patient's vital signs, blood pressure and onset.
4. Demonstrate the proper technique for evaluating the neurological status of the patient.
5. Demonstrate the proficiency in using the Glasgow Coma Scale.
6. Formulates a field impression and treatment plan.
7. Complete the documentation and narrative specific for shock assessment.
8. Include ECG interpretation.

### **Stroke / TIA Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a stroke or TIA assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Demonstrate the proficiency in using the Glasgow Coma Scale.
4. Document the stroke scale.
5. Document the blood sugar.
6. Formulates a field impression and treatment plan.



7. Complete the documentation and narrative specific for stroke and/or TIA assessment.
8. Include ECG interpretation.

### **Subcutaneous**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. Inform the patient of the procedure and check the 5 rights. (Pt, med, dose, expiration, route)
3. Prepare the medication with proper syringe and needle gauge and recheck the 5 rights. Prep the site.
4. Inject medication by pinching the skin around the injection site.
5. Inject the needle at a 45 degree angle, release the skin and inject slowly.
6. Withdraw the needle, apply dressing and secure the sharp.
7. Complete the documentation and narrative for this specific patient.
8. Include ECG interpretation.

### **Suctioning – Pharyngeal (oral suction) w/ Assessment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. Prep all equipment and advise patient of the procedure.
3. Place patient in proper position and pre-oxygenate the patient.
4. Use sterile technique (gloves, catheter, and sterile water).
5. Insert the catheter and apply suction as you withdraw, rotating as you pull out. No longer than 15 sec.
6. Oxygenate the patient, watch for hypoxia, arrhythmias, reflex bradycardia or SVT.
7. Complete the documentation and narrative for this specific patient.
8. Include ECG interpretation.

### **Suctioning – Tracheal (suction through ET tube) w/ Assessment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. Advise patient of procedure (if conscious).
3. Place patient in proper position and pre-oxygenate.
4. Use sterile technique (gloves, catheter, and sterile water as needed).
5. Insert catheter to proper depth, apply suction as you withdraw catheter, and rotate as you pull out for a max of 15 seconds.
6. Oxygenate patient, watch for hypoxia, arrhythmias, reflex bradycardia, or SVT.
7. Complete the documentation and narrative for this specific patient.
8. Include ECG interpretation.

### **Syncope Assessment (Change in responsiveness) - Assess and Plan Treatment**

1. These patients will include any causes of syncope other than previously specified reasons such as: cardiac rhythm disturbances, hypoglycemia, overdose.
2. Examples of syncope patients that would fit in this category would be: dehydration, PE or unknown etiologies.
3. Demonstrate the proper procedure for conducting a physical exam, specific to a syncope assessment.
4. Demonstrate the proper technique for evaluating the neurological status of the patient.
5. Demonstrate the proficiency in using the Glasgow Coma Scale.
6. Formulates a field impression and treatment plan.
7. Complete the documentation and narrative for syncope/change in responsiveness assessment.
8. Include ECG interpretation.



### **Toxicological / Overdose Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a overdose assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Demonstrate the proficiency in using the Glasgow Coma Scale.
4. Formulates a field impression and treatment plan.
5. Complete the documentation and narrative specific for toxicological and/or overdose assessment.
6. Include ECG interpretation.

### **Trauma Assessment - Assess and Plan Treatment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to a trauma assessment.
2. Demonstrate the proper technique for evaluating the neurological status of the patient.
3. Demonstrate the proficiency in using the Glasgow Coma Scale.
4. Formulates a field impression and treatment plan.
5. Complete the documentation and narrative for trauma assessment.
6. Include ECG interpretation.

### **Venipuncture**

1. Locate site, prep equipment, proper technique, tubes labeled, apply dressing, secure sharp.
2. Venipuncture/Blood Draws will be counted if you use a butterfly or draw blood through an IV site that the student establishes.

### **Ventilation without ETT (ventilate with mask to face) w/ Assessment**

1. Demonstrate the proper procedure for conducting a physical exam, specific to the patient.
2. Inform patient of procedure as needed.
3. Demonstrate the proper assessment of the airway for appropriate age group.
4. Demonstrates proper BVM or pocket mask use for appropriate age group.
5. Demonstrate Head Tilt/Chin Lift or Jaw Thrust.
6. Demonstrates use of OPA, NPA, and oxygen administration with the use of BVM.
7. Complete the documentation and narrative specific to the patient.
8. Include ECG interpretation.

## **Frequently Asked Questions**

### **1. How do I call in sick to a clinical?**

Calling in sick to a clinical should only be done when it's absolutely necessary. Your clinical site looks upon this like calling in sick for work. Keep in mind that you are only allowed 2 sick days during your clinicals. If you must call in sick be sure to follow the policy for that site.

### **2. Where can I find the clinical absence form?**

The clinical absence form, and all other forms, are located in the discussion area of QuickSchools. If you ever forget a form or need to reprint something, just log in and download the form.

### **3. What happens if I forgot to bring my device to a clinical or I lost my paperwork?**

The only way we can validate your attendance, hours, location and preceptors is with your signed documentation. Most of the documentation in our program is electronic. You have the ability to sign



in to your Platinum Planner account from any device. Ask your preceptor if it's possible to sign into your account on a computer at their facility.

If you fail to get your documentation signed on the same day of your clinical, then you will be considered absent. Unfortunately, you are not allowed to visit clinical sites after your scheduled time to acquire a signature. You are never allowed to try to acquire a signature for a shift that has happened in the past. There is no way for a preceptor to remember you and the skills you performed days, weeks or months later.

If you need copies of your paperwork, no worries. We have you covered. You can always find your clinical paperwork in your student portal at [respondright.quickschools.com](http://respondright.quickschools.com). If you need us to make copies for you, just stop by the office and we can help you with that.

**4. Can I trade a shift? If so, how do I do that?**

No. You are not allowed to trade a day. Once you request a shift and have been assigned that day, you are required to attend that shift. If you do not attend that shift, then you will be absent.

**5. When can I start doing clinicals on the ambulance?**

You will be eligible to start ambulance clinicals after you have been approved by your Program Director and/or Clinical Coordinator. You will need to meet certain criteria that is spelled out in the Phase 2 section. Make sure to read the requirements.

**6. Is it necessary for me to complete an evaluation form every time I do a clinical with the same preceptor?**

Yes. You are required to complete a preceptor evaluation form in Platinum Planner every day. You will complete an evaluation for every preceptor and site. This is important for us and you! We always want to know how our preceptors and clinical sites are performing. If their performance is not up to our standards, then we want to know! This is the only way we can improve our program. Help us make our program the best we can.

**7. If I'm doing a clinical and my preceptor tells me it's ok to leave early, can I go ahead and leave?**

NO. You are not allowed to leave early. If you decide to leave early for some reason, you should be aware that this will result in a 2 week suspension. This is how you need to handle it:

- If you need to leave a clinical site for any reason, you must contact the available staff at Respond Right EMS Academy. If after regular business hours, you must contact the Clinical Coordinator.
- You must complete the 'Clinical Absence Form' the following day and turn it in to the Program Director.
- Leaving early from a clinical site or failing to notify the clinical coordinator of leaving early will result in a suspension of 2 weeks and the student will have to repeat those hours and any skills performed.

**8. Can I do a clinical at a site where I work or currently volunteer?**

NO. You are not allowed to do a clinical where you work. If you have a question about this, make sure to ask your Program Director and Clinical Coordinator. Violation of this policy will result in suspension and/or expulsion.



**9. Is it OK to have my preceptor sign paperwork that is not completely filled out?**

NO. It is your responsibility to make sure your paperwork is filled out completely before your preceptor signs it. It is a violation to have your preceptor sign a form that is not completed. You are putting your preceptor and yourself at risk for academic integrity issues.

**10. If someone asks me to document something that I think could be unethical or I'm not sure how to handle it, what do I do?**

Stop and contact us. Immediately tell us about the situation and document what happened. It is always better to immediately notify us about the situation, so we can decide how to handle it, document and find a resolution.

**11. What if I have an emergency while I'm at a clinical or field shift?**

Depending on the emergency, take care of yourself and always make sure you are safe and secure first. After that, make sure to contact Toni and/or your clinical coordinator. Toni can always be reached by calling or texting her cell phone at 314-713-1641. Don't abuse this. If it's a true emergency, we want to know. What's a true emergency? Here are some examples:

- You and your crew were involved in a motor vehicle accident
- The hospital you are at experienced a bomb threat and you had to leave the area
- The hospital you are at experienced a fire and you had to evacuate the area
- You had a blood or environmental exposure that needed to be reported immediately

Most items can be reported the following business day with the proper incident report paperwork.

**12. What if I have a technical problem with Platinum Planner?**

Take a snapshot of the issue you are having and email Platinum Planner help using the red help button. Forward the email you receive from the Platinum Planner tech support to Toni Milan. Your case will be followed until it is resolved with Platinum Planner. Toni will work with you to open your shift and assist with getting your data documented.

**13. If I forget something when I'm documenting my clinicals, what should I do?**

You should always keep a digital copy of this clinical book. This will allow you to easily search the document and find your answer quickly. This is the best order of steps you should take when you have a question:

1. Search your clinical book for the answer.
2. If you can't find it in your clinical book, email Toni Milan, Program Director.

**NREMT Exam Process**

**Important! Please Read**

**The most up-to-date information can be found on the NREMT website here:**

**Psychomotor exam information:**

<https://www.nremt.org/rwd/public/document/psychomotor-exam>

**Cognitive Exam information:**

<https://www.nremt.org/rwd/public/document/cognitive-exam>

