



Paramedic Program

STUDENT HANDBOOK

Fall 2023

PRINCETON RESCUE SQUAD - EDUCATION DEPT. | 701 STAFFORD DRIVE PRINCETON, WV 24740



MISSION STATEMENT

To effectively and professionally provide quality educational experiences for students to meet the needs of the communities we serve.

PREFACE

This Student Handbook is designed to provide a source of information for the Paramedic Program. As a student, your actions are governed by numerous policies with various sources. **It is your responsibility to be aware of *all* of these policies.**

Policies and procedures that are program-specific (Paramedic Students only) are located within this Paramedic Student Handbook.

Information related to institutional policies and procedures can be found in the *Princeton Rescue Squad Education Department Catalog* at www.princetonrescue.edu

PARAMEDIC PROGRAM STAFF:

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WHAT SHOULD I EXPECT FROM THIS CLASS?

This class is unlike any you have EVER taken before! It is designed specifically to target the adult student based on how *our* brains learn.

In elementary school you probably had a classroom that looked like this:



Extremely linear, and very little interaction between students (*unless someone was passing notes in class*). The focus was on the teacher...every student focused on the teacher and in many cases, students were passive learners...meaning they sat in their chairs and were “taught at”. That’s NOT the way adults learn!

As Adults we Learn by:

- Past Experience
- Experiences of others (Story Telling)
- Relevance
 - How it applies to our lives
 - Reinforced through:
 - See one...Do one... Teach one

How to Improve Your Chance of Success on the NREMT Exam:

The National Registry expects participants on the exam to have obtained a vast amount of knowledge that applies critical thinking skills to solve problems.

To do this, we will be using a “Why” Driven EMS Education model.

This involves a learner centered classroom, where students collaborate, and the instructor facilitates discussions and activities to gain insight into the objectives of the lessons.

We will use multiple methods of discovery including: Video Case Integrated Scenarios, Mental Mapping, Gamification, Group Projects with Hands on Activities, and Skills. We will use our past experiences and share them with the class (constructively!) and reinforce lectures with simulations. When you leave this class, you will take with you a “Portfolio of Learning” that you have personally constructed from the program that will help you prepare for the NREMT exam.

Everyone can learn, regardless of the method... But everyone has a preferred method of learning that is regarded as “easiest” for them.

These classes are constructed specifically to build on a foundation of learning that will involve most (if not all) of your senses and learning styles.

Your classroom will look like this:



PEARLS TO REMEMBER:



1. THIS...



IS EARNED....NEVER GIVEN!!!!

If you want the title of "Paramedic" you WILL have to WORK HARD for it.

2. QUITTING IS A PERMANENT SOLUTION....TO A TEMPORARY PROBLEM!!!!!!

At some point in the program, EVERYONE considers dropping out. It is okay to feel this way! The best thing you can do is talk to your classmates...they know what you are going through better than anyone else. And if you still feel like quitting, come talk to your instructor... I am sure that there is a way we can work together to solve the problem and keep you in the program.

3. DON'T PROCRASTINATE! SET SMALL GOALS AND SEE THEM THROUGH!!!!

A vast majority of getting through this program is being able to manage your time effectively! Please see the webpage on www.princetonrescue.edu for paramedic students to find helpful tips and tricks to success.

4. IF YOU HAVE A QUESTION... ASK!!!! (THERE IS NO SUCH THING AS A DUMB QUESTION)

I can promise you, if you don't understand something discussed in class there are others just like you who don't get it either. If you don't speak up, I will never know you need help. NO ONE moves on until EVERYONE understands!

Do's and Don'ts of <u>Classroom Behavior</u> for Adult Students:

DON'T:

- If you are absent from class, ask your instructor if you missed anything important (every class is important)
- Have side conversations during class. If you have a question, ask the instructor not another student or you will both be lost.
- Over participate in class discussions. Give others a chance to contribute and yourself to learn from their input.
- Ask if the lecture today will be on something important. (**See First Bullet Point above!*)
- Go over the instructor's head unless you have to. If you have a complaint it is best to see the instructor first if possible.
- Sit in the back row of the classrooms.
- Leave class early or unannounced. This is disruptive and inconsiderate.
- Act disinterested, pompous, or bored.
- Assume your instructor only teaches one class and has no other responsibilities on committees, research, or other projects.
- Give the instructor gifts with the hope of special privilege.
- Be late to class.
- Leave you phone on anything other than vibrate.
- Answer your phone during lecture. Please quietly leave the room first.
- Answer your phone during testing.
- Leave anything lying out on your desk, including computers, during an exam.
- Make excuses.
- Ask to "go home early"
- Pack your bags to go home while the instructor is still talking.

DO:

- Ask questions that are pertinent to the topic being discussed.
- Come to class prepared, having completed the reading and pre-course work assignments.
- Discuss your personal situation (parent, full-time employee, etc.) with your instructor to create a plan if you must miss class in the event of an emergency. Discuss how to communicate with the instructor and the consequences of missing class time.
- Let the instructor know when you must miss class or an exam in advance whenever possible.
- Expect instructors to hold adult learners to a high standard
- Be honest with your instructors
- Try to solve your own problems or at least come up with a reasonable solution when approaching the instructor.
- Know your rights. Keep all copies of printed materials.
- Show up on time.
- Assume that all tasks/assignments are important and do your best to be sure that your work is done to your best ability and within deadlines.
- Realize that all tasks are not fun, personally rewarding, or exciting.
- Take the initiative once in a while to go the extra mile in class or assignments.
- Develop a positive mental attitude about school and your goals.
- Come to class prepared with proper materials; paper, pen, books, etc.

Do's and Don'ts of Clinical Behavior for Adult Students:**DON'T:**

- Have your phone out during clinical. Unless you have permission to do so, and are using it to document information in Platinum Planner.
- Be tardy or absent without permission from the clinical coordinator.
- Forget your Student ID Badge, or Student Handbook with appropriate paperwork, or wear unapproved clinical attire.
- Schedule yourself for ANY internship rotation on your own. This is the job of the clinical coordinator.
- Assume that just because we have a facility, you are free to attend whenever. There are orientations that must be addressed, and unit managers that must agree to your presence in their ward.
- Leave clinical early. This is inconsiderate, and can be detrimental to your competency requirements.
- Act disinterested, pompous, or bored.
- Assume your preceptor is there only to assist you. Ultimately, you are responsible for filling out your own documentation. The preceptor is to verify your documentation through evaluation, and signatures.
- Wear long nails, loose hair, jewelry, visible body piercings or tattoos.
- Make excuses.
- Be late entering data into Platinum Planner. This only causes you further stress and problems as you progress into the program. Additionally, it will have a negative effect on your grade.
- Be dishonest with your clinical coordinator.

DO:

- Ask questions that are pertinent to the patient encounter.
- **Understand that the Internship form is a legal document signed by the preceptor indicating the skills and assessments performed. ALL information entered into Platinum Planner MUST match your written documentation provided. Failure to do so constitutes a form of falsifying documents and can lead to expulsion for Academic Dishonesty.**
- Discuss your personal situation (parent, full-time employee, etc.) with your clinical coordinator to create a plan if you must miss clinical in the event of an emergency. Discuss the consequences of missing clinical time.
- Let the clinical coordinator know when you must miss clinical in advance whenever possible.
- Expect the clinical coordinator to hold adult learners to a high standard.
- Try to solve your own problems or at least come up with a reasonable solution when approaching the clinical coordinator.
- Know your rights. Keep all copies of printed materials.
- Realize that all tasks are not fun, personally rewarding, or exciting.
- Take the initiative once in a while to go the extra mile in clinical.
- Develop a positive mental attitude about clinical and your goals.



1. "I'm not your mama! Please pick up after yourself"
2. Please deposit your completed work in the "Classroom Bucket"
3. Please be respectful of:
 - Me
 - Yourselves
 - Your classmates
 - The equipment
4. Let me know when you need a break.
5. Smoking locations

NOW! ON TO THE NUTS AND BOLTS!



PARAMEDIC		
Clock Hours: 1027	Length of Course:	Student/Instructor Ratio:
Course Type:		Class: 15:1
Traditional	4 Semesters (16 months)	Laboratory: 6:1
Course Description:		
This program will prepare the student to possess the complex knowledge and skills necessary to provide patient care and transportation as a Paramedic. The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. Paramedics function as part of a comprehensive EMS response, under medical oversight, and serve as a vital link from the scene into the health care system. The Paramedic performs interventions with the basic and advanced equipment typically found on an ambulance.		
Pre-Requisites:		
<ul style="list-style-type: none"> • Must be a nationally registered or State certified Emergency Medical Technician (EMT) 		
Credential Awarded Upon Graduation:		
Certificate of Completion		

PROGRAM GOAL:

“To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

PROGRAM OBJECTIVES:

Upon successful completion of the certificate program, the student will be able to:

1. Sit for the National Registry of Emergency Medical Technicians- Paramedic exam.
2. Use the problem-solving process in assessing the health/illness of individuals, families, and communities.
3. Utilize effective therapeutic communication skills consistent with the role of the professional paramedic.
4. Understand the legal-ethical issues that influence critical decision making in the out of hospital environment.
5. Utilize leadership skills to facilitate comprehensive emergency care of patients that access the healthcare system.
6. Apply critical thinking and problem-solving skills based on assessment findings, the principles of epidemiology, and pathophysiology to formulate and implement a comprehensive treatment disposition plan for a critically ill or injured patient of any age group.

REQUIREMENTS FOR GRADUATION:

1. Maintain an overall GPA of 70% or higher in each course.
2. Complete the final cumulative examination with a 70% or higher.
3. Miss no more than 8 hours of class per semester.
4. Complete the minimum number of hours for all Practicum.
5. Submit verification of all skill lab, scenario-based lab, and Practicum competency requirements.
6. Student Financial account must reflect a zero (\$0.00) balance with no outstanding or unpaid charges.

Semester 1							
Course #	Course Title	Didactic Hours	Lab Hours	Sim. Lab	Internship	Capstone	(18 weeks) 8 hour class day/week. ** Hours shown do not reflect the amount of time spent in preparation or the completion of homework assignments.
NRPM 101	Introduction to Emergency Medical Care	5	15				
NRPM 102	Medical Math and Pharmacological Principles	10					
NRPM 102L	Pharmacological Techniques		15				
NRPM 103	Introduction to Clinical Medicine & Assessment	4	15				
NRPM 104	Anatomy & Physiology for Emergency Medical Care	45					
NRPM 104L	Anatomy & Physiology for Emergency Medical Care Lab		15				
NRPM 106	Airway and Injury Management in the Field	11					
NRPM 106L	Airway and Injury Management in the Field Lab		15				
Total Hours		75	75				
Semester 2							
Course #	Course Title	Didactic Hours	Lab Hours	Sim. Lab	Internship	Capstone	(18 weeks) ~8 hour class day/week PLUS 5hrs/week clinical. ** Hours shown do not reflect the amount of time spent in preparation or the completion of homework assignments.
NRPM 108	Basic ECG Interpretation and Cardiac Resuscitation	8	15				
NRPM 109	Advanced ECG Interpretation & Cardiopulmonary Emergency Care	24					
NRPM 110	Medical Emergency Pre-Hospital Care	10					
NRPM 111	Maternal and Child Emergency Care	15					
NRPM 111L	Maternal and Child Emergency Care Lab		15				
NRPM 112	Special Consideration in Pre-Hospital Care	6	2				
NRPM 113	Simulation Lab 1			55			
NRPM 114	Clinical Practicum 1				88		
Total Hours		63	32	55	88		
Semester 3							
Course #	Course Title	Didactic Hours	Lab Hours	Sim. Lab	Internship	Capstone	(16 weeks) 9 hour class day/week PLUS 12hrs/week clinical. ** Hours shown do not reflect the amount of time spent in preparation or the completion of homework assignments.
NRPM 200	Simulation Lab 2			30			
NRPM 201	Clinical Practicum 2				189		
NRPM 107	Rescue and Operations	10	30				
NRPM 202	Special Topics in Pre-Hospital Care	40	40				
Total Hours		50	70	30	189		339
Semester 4							
Course #	Course Title	Didactic Hours	Lab Hours	Sim. Lab	Internship	Capstone	(18 weeks) 8 hour class day/week PLUS 8hrs/week clinical. ** Hours shown do not reflect the amount of time spent in preparation or the completion of homework assignments.
NRPM 203	Seminar in Emergency Medicine	60	90				
NRPM 204	Capstone: Paramedic Field Practicum					>150	
Total Hours		60	90			>150	~300

Didactic = 248, Lab = 267, Sim. Lab = 85, Internship = 277, Capstone = >150 (Total Class = 600 hrs, Total Clinical = >427)

CLASSROOM ATTENDANCE POLICY:

You cannot miss more than **one (8 hour) class session per semester**. Every lesson is important so please refer to the *policy excerpt from the PRS Education Dept. Catalog* listed below:

ATTENDANCE POLICY

All material is important to your success; therefore, students absent more than 5% of the course without a valid excuse will be dismissed from the program of study.

There are two types of absences recognized as a “valid excuse” by Princeton Rescue Squad’s Education Department: (1) absence resulting from participation in an activity where you are officially representing the Education Department; and (2) absence caused by unforeseeable and unavoidable circumstance which is beyond your control. All other absences are considered willful and will not count as excused. It is your responsibility to provide your instructor with a proper explanation and documentation of these valid absences. It is the responsibility of the student to make up any work or testing missed. The missed (comparable) coursework and exams must be completed within 72 hours of the absence and prior to the last date of the class.

Tardiness will not be tolerated. Any student who shows up later than 15 minutes into the beginning of a course or leaving a class session 30 minutes or more before the end of the class day will result in the mark of tardy on his/her record. An accumulation of 5 tardies will result in an unexcused absence.

Students may withdraw from the course at any time. Any student that misses more than two (2) consecutive class sessions without contacting the course instructor will be considered to have withdrawn from the course.

*SPECIAL NOTE REGARDING ATTENDANCE IN PARAMEDIC PROGRAM COURSES:

Online Video course Lectures associated with “Hybrid” classes are required to be completed by 10am on the morning of the deadline listed. These deadlines are typically due weekly and attendance will be taken based on your submission of these Lectures. **If you fail to submit the Lecture when due, you will be marked tardy for that week’s hybrid class.**

GRADING POLICY:

Procedures for Evaluation

- A. *Students must complete each NRPM course with a grade point average of at least 70%. Any student who does not have a 70% average at the completion of an NRPM course will not be allowed to continue in the program. The student’s academic standing will be discussed with the student periodically throughout the program.
- B. If a student scores below a 70% on a NRPM Cumulative examination, the student will be required to retake the examination until a score of 70% is attained; however, the original score will stand as the recorded score.

- C. Individual skills that comprise a skill lab are mandatory per the National Registry of EMT's. A student must complete each skill with the minimum points required AND the established number of SUCCESSFUL attempts meeting those minimum point standards. A grade will be issued to the student based on their participation in lab sessions and their reporting in platinum planner.

***NOTE:** NRPM 202 is the exception to this policy. In this course, you must successfully complete each sub-specialty based on the criteria from each governing agency. The final grade issued for this course will be a "pass/fail." If the student is unable to receive a passing grade for this class, the student will NOT be allowed to continue in the Paramedic Program.

Grade Scale	
90% - 100%	A
80%-89%	B
70%-79%	C
60%-69%	D
Below 60%	F

Grading Components and Weights:

While the standards listed above are the same across the board, there are some minor differences in weighting, so:

PLEASE REFER TO THE SYLLABUS FOR THE COURSE YOU ARE ENGAGED IN!

***REMINDER...REQUIREMENTS FOR GRADUATION:

1. *Maintain an overall GPA of 70% or higher in each course.*
2. *Complete the final cumulative examination with a 70% or higher.*
3. *Miss no more than 8 hours of class per semester.*
4. *Complete the minimum number of hours for all Practicum.*
5. *Submit verification of all skill lab, scenario-based lab, and Practicum competency requirements.*
6. *Student Financial account must reflect a zero (\$0.00) balance with no outstanding or unpaid charges.*

AFFECTIVE BEHAVIORAL EVALUATIONS

Affective evaluations are conducted monthly and are weighted at 20% of your total grade. The standard for evaluation is based on the Code of Ethics for the program shown below:



The following categories with corresponding values have been provided to give you an opportunity to prepare for the behavioral expectations of the Paramedic Program.

Integrity	1	Major infraction of 1 (or more) areas of #3 or many minor infractions in most areas of #3.
	2	Minor infractions of 1 area of #3 but otherwise complaint with all aspects described in #3.
	3	Consistent honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.
	4	Consistently honest, assists other classmates in understanding confidential issues and in developing documentation skills.
	5	Always honest, leads by example and models exemplary behaviors regarding integrity. Consistently turns in paperwork that is complete and accurate prior to due date.

Empathy	1	Being deliberately disrespectful of others, making fun of others, being condescending or sarcastic to others, clearly uncomfortable dealing with the emotional displays of patients.
	2	Being uncompassionate towards others or responding inappropriately to emotional responses because of discomfort with emotional displays. Acting coolly towards patients in distress and not acting as a patient advocate.
	3	Showing compassion to others, responding appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient, can direct patients and their families to available community resources.
	4	Able to show compassion and respond appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient, can direct patients and their families to available community resources.
	5	Seeks out opportunities to serve in the community, when the situation arises can provide contact information on assistance agencies, has the ability to set troubled patients at ease and actively listens to their problems and concerns.

Self-motivation	1	Consistently failing to meet established deadlines, unable to demonstrate intrinsic motivation requiring extra extrinsic motivation from instructors, failing to improve even after corrective feedback has been provided by faculty, requiring constant supervision to complete tasks or being asked to repeat a task that is incorrectly performed.
	2	Failing to meet 1-3 tasks as described in #3 but obviously making attempts to attain acceptable standards.
	3	Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement,

		consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.
	4	Occasionally completing and turning in assignments before the scheduled deadline, volunteering for additional duties, consistently striving for excellence in all aspects of patient care and professional activities, seeking out a mentor or faculty member to provide constructive criticism, informing faculty of learning opportunities.
	5	Never missing a deadline and often completing assignments well ahead of deadlines, reminding other students of deadlines, supporting faculty in upholding the rules and regulations of the program, taking seriously opportunities to provide feedback to fellow students, seeking opportunities to obtain feedback, assisting faculty in arranging and coordinating activities.

Appearance & Personal Hygiene	1	Inappropriate uniform or clothing worn to class or clinical settings. Poor hygiene or grooming.
	2	Appropriate clothing or uniform is selected for a majority of the time, but the uniform may be unkempt (wrinkled), mildly soiled, or in need of minor repairs, appropriate personal hygiene is common, but occasionally the individual is unkempt or disheveled.
	3	Clothing and uniform is appropriate, neat, clean and well maintained, good personal hygiene and grooming.
	4	Clothing and uniform are above average. Uniform is pressed and business casual is chosen when uniform is not worn. Grooming and hygiene is good or above average.
	5	Uniform is always above average. Non-uniform clothing is business-like. Grooming and hygiene are impeccable. Hair is worn in an appropriate manner for the environment and student is free of excessive jewelry. Make-up and perfume or cologne usage is discrete and tasteful.

Self-Confidence	1	Does not trust personal judgment, is unaware of strengths or weaknesses, and frequently exercises poor personal judgment.
	2	Needs encouragement before not trusting personal judgment, is aware of strengths but does not readily recognize weakness, sometimes makes poor personal choices.
	3	Demonstrates the ability to trust personal judgment demonstrates an awareness of strengths and limitations, exercises good personal judgment.
	4	Stands by his/her choices when challenged by an authority figure, aware of strengths and weaknesses and seeks to improve, exercises good personal judgment and often serves as a mentor for classmates.
	5	Stands by and can defend personal choices when challenged by an authority figure, actively seeks to improve on areas of weakness, seeks out opportunities to assist other classmates in developing their self-confidence.

Communications	1	Unable to speak or write clearly and is unable to correct behavior despite intervention by instructors, does not actively listen (requires instruction to be repeated or appears unable to follow directions) resistant to learning new communication strategies.
	2	Needs work to speak or write clearly, knows how to actively listen although sometimes is unable to model good listening skills, able to identify alternative communication strategies needed in various situations but is still developing the skill to perform alternative strategies.
	3	Speaks clearly, writes legibly, listens actively, adjusts communication strategies to various situations.
	4	Working on improving speaking and writing abilities, models active listening skills, able to modify communication strategies easily in various situations and able to effectively communicate a message in these various settings.
	5	Working on self and assisting classmates in improving speaking and writing abilities, models and is able to demonstrate active listening techniques to other students, is comfortable utilizing a variety of communication styles, may have proficiency in another language, including sign language.

Time Management	1	Often late to class or clinical sites, upon arrival needs additional time to be ready to begin (changing into uniform, gathering supplies, etc.) frequently late in turning in assignments, requires constant reminder about due dates and may blame others if a due date is missed.
	2	Occasionally late in arriving to class or clinical sites, occasionally late in turning in assignments or requires reminding about deadlines.
	3	Consistent punctuality, completes tasks and assignments on time.
	4	Seldom late to class or clinical, generally ready to begin class or clinical prior to the actual start time, completes tasks and assignments by due date (and occasionally in advance of due date) with minimal need for remainder.
	5	Punctual (or early) nearly 100% of the time, completes tasks and assignments prior to the due date, seldom requires reminding about deadlines or due dates, may assist instructor in reminding classmates about due dates.

Teamwork & Diplomacy	1	Manipulating the team or acting with disregard of the team, being disrespectful of team members, being resistant to change or refusing to cooperate in attempts to work out solutions.
	2	Sometimes acting for personal interest at the expense of the team, acting independent of the team or appearing non-supportive, being somewhat resistant to change or occasionally unwilling out work to a solution.
	3	Placing the success of the team above self interest, not undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to solve problems.
	4	Placing success of the team above self interest, supporting and holding up the team by shouldering additional responsibilities, actively seeking to include all members of the team in decision making processes where appropriate, welcoming change and remaining flexible, helping to open the lines of communication.
	5	Placing success of the team above self interest (even if that means a negative outcome to self) taking a leadership role and using good management skills while leading, involving all appropriate team members in the decision making process, suggesting and implementing changes to benefit the team, seeking ways to keep communication and dialogue going.

Respect	1	Disrespect of authority, being argumentative, using inappropriate words or outbursts of anger, deliberately undermining authority in words or actions or trying to provoke others, frequently unable to act in a professional manner.
	2	Being polite when required, occasionally overhead using demeaning or derogatory language but confining it to situations other than in patient care settings, occasionally acting unprofessional on the job.
	3	Being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.
	4	Being polite even when a situation is not going in his/her favor, always using respectful language when describing situations even when not in public areas, modeling good professional behaviors.
	5	Serving as a “peacemaker” in volatile situations, able to take abusive language or disrespect from patients (or coworkers) without reacting negatively towards the individual, modeling good professional behaviors even when outside of the classroom setting.

Patient Advocacy	1	Unable to deal with patients because of personal biases, actively demeaning or degrading patients with words or deeds, unconcerned about patient rights, feelings or considerations, frequently takes shortcuts during care of patients because it is “easier” or “faster.”
	2	Occasionally has difficulty dealing with patients because of personal bias or feelings, not always able to place the needs of the patient first.
	3	Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interest, protecting and respecting patient confidentiality and dignity
	4	Not allowing personal bias or feelings to interfere with patient care despite strong negative feelings or biases towards a patient or situation, actively advocating for patient rights, protecting confidentiality.
	5	Models patient advocacy and able to defend the need to advocate for patient rights, seeks out opportunities to help fellow classmates learn the principles of patient advocacy, when the opportunity presents itself can be called upon to follow through on an advocacy issue even if it occurs on their time off work.

Careful Delivery of Services	1	Unable to perform skills at entry level or requiring constant monitoring or reinforcement to perform skills, required to recheck tasks because of omissions or inaccuracies in performances or documentation, unwilling to learn policies, procedures or protocols, deliberate unwillingness to follow the letter or spirit of rules or regulations.
	2	Occasionally performing skills below the entry-level, requiring monitoring to ensure completeness and accuracy in completing tasks, occasional minor breeches in policies, procedures or protocols attributed to lack of knowledge but demonstrating a willingness to learn, may follow the letter of, but not always the spirit, of rules and regulations.
	3	Performing skills at an entry-level capacity a majority of the time, performing complete equipment and supply checks, demonstrating careful and safe ambulance operations, following policies and procedures and protocols, following orders.
	4	Can be trusted to function independently with only minor supervision, does not need to be reminded to perform routine tasks like maintenance checks, and follows the letter and spirit of all rules, regulations, policies and procedures.
	5	Functions independently and able to correct mistakes by self-reflection, able to assist in the development of rules, regulations, policies and procedures, will assist in monitoring fellow students in the completion of tasks and may be able to assist fellow student identify weakness and strengths.

SKILL & LABORATORY SESSIONS

The Paramedic curriculum has been specifically designed to enhance learning transfer through a progression of basic (rote) skill learning, the integration of scenarios to enhance problem solving, and finally full immersion through simulation to improve critical thinking skills. The information provided below is meant to provide a deeper appreciation for the tailored training sessions and how they are built to reinforce the foundation in progressive steps.



HOW DO SCENARIO INTEGRATION LABS DIFFER FROM SIMULATION LABS?

First and foremost, classes that contain **“Rote” skills** are meant to provide students with an opportunity to learn new skills. These sessions focus on the basic memorization of steps to perform a skill in isolation of any external events or compounding issues. These skills are presented to the student on a step-by-step skill sheet with a numeric value assigned to each step on the form. This is typically facilitated by the instructor who will: (#1) show students how to perform the skill, then (#2) have the students practice the skill with his/her peers, and finally (#3) perform the skill in front of the instructor. These skills are considered PASS/FAIL. You must meet the minimum number of points within the skill sheet AND perform the skills a specified number of times with a peer and instructor.

Classes that are identified as Scenario Integration Lab’s will be labeled in the course number with an “L”. For example: NRPM 102L is **a Scenario Integration lab**. While these classes will indeed have sessions involved in “Rote” learning as outlined above, what makes them different is that there will come a point (upon mastery of the rote skill) where the student will be asked to engage in a scenario with his/her peers in the presence of the instructor who will help him/her hone their ability to incorporate the skill into a more complex event or scenario that presents with compounding issues. What makes this learning opportunity different is the chance to interact with the instructor during the scenario to correct errors as they may take place.

Meanwhile, **simulation courses** are fully immersive scenarios that require the learner to function as the team leader on a patient encounter that encompasses multiple skills and assessments learned. These interactions are carried out just as if it were a “live” event. The student is given 20 minutes to arrive at the call, work through the scenario, transport the patient, assess and administer treatment, contact medical command, reassess, and provide a follow up report at the “receiving facility.” These sessions are accomplished **without the involvement of the instructor**. While the simulation is remotely viewed and controlled by the instructor, it is completely up to the student to act upon their assessment findings and implement a treatment plan. The treatments will NOT magically change the patient presentation! All treatments will become effective as it would in “real-time”. After the session is complete, the instructor will then perform a debriefing to discuss the event with everyone involved (this may include playback of the videotaped event as needed). These courses are important! As a student you will function based on your own knowledge and skills without interference from the external environment. If an intervention is performed incorrectly,

then the patient presentation will change accordingly. It will be up to the student to determine how to best correct the issue during the encounter. HOWEVER, just remember, as in real life...patient's can respond poorly to treatment despite our best efforts and accuracy in treatment. That is why it is crucial to be actively involved in the post call debriefing to identify what was done well, and what needs improvement for future encounters.

GRADING REQUIREMENTS FOR COURSES THAT CONTAIN SKILLS:

Didactic (<i>classroom</i>) Course	Skill Lab
80% Coursework <ul style="list-style-type: none"> • Homework/Special Projects = 5% • Quizzes = 5% • Case Studies/Objectives = 20% • Exams = 50% 	Skill Lab: Pass/Fail <i>(minimum points required per skill)</i>
20% Monthly Behavioral Evaluations	

Laboratory Courses (<i>Scenario Integration</i>)
80% Skill Lab: Pass/Fail (<i>minimum points required per skill</i>) <ul style="list-style-type: none"> • Platinum Documentation = 20% • Instructor Review Skill = 60%
20% Monthly Behavioral Evaluations

Simulation Lab Courses (<i>full immersion</i>)
80% Skill Lab: Pass/Fail (<i>minimum points required per skill</i>) <ul style="list-style-type: none"> • Platinum Documentation = 5% • Lab Paperwork = 15% • Instructor Review Skills and/or Team Lead (TL) = 60%
20% Monthly Behavioral Evaluations

COURSES THAT CONTAIN SKILL LABS

First Semester Classes that Contain Skills

Course	Title	Skill Type	Notes
NRPM 101	Intro to Emergency Medical Care	Basic Rote Skills	WV EMT-B level skills evaluated
NRPM 102L	Pharmacological Techniques	Rote Skills with Scenario Integration Lab	These rote skills (medication administration) are learned & practiced, then progress from topics taught from other courses and are integrated into scenarios for problem solving. <i>(for example: IM injection [rote skill] will be integrated with a scenario that requires the participant to calculate the dosage administered)</i>
NRPM 103	Intro to Clinical Medicine and Assessment	Basic Rote Skills	Patient Assessment and monitoring device placement
NRPM 106L	Airway and Injury Management in the Field	Rote Skills with Scenario Integration Lab	These rote skills (airway & trauma skills) are learned & practiced, then progress from topics taught from other courses and are integrated into scenarios for problem solving. <i>(for example: airway management [rote skill] will be integrated with a scenario that requires the participant to use patient assessment skills learned in 103, with medication administration found in 102L)</i>

Second Semester Classes that Contain Skills

Course	Title	Skill Type	Notes
NRPM 108	Basic ECG Interpretation and Cardiac Resuscitation	Basic Rote Skills	Cardiac electrotherapy skills, ECG interpretation and correlation with ACLS management procedures
NRPM 109	Advanced ECG Interpretation and Cardiopulmonary Emergency Care	Basic Rote Skills	Medical Patient Assessment and 12 Lead ECG Interpretation
NRPM 111L	Maternal and Child Emergency Care Lab	Rote Skills with Scenario Integration Lab	These rote skills (airway & delivery skills) are learned & practiced, then progress from topics taught from other courses and are integrated into scenarios for problem solving. <i>(for example: ECG interpretation and ACLS management [rote skill] will be integrated with patient assessment, IV, and Med admin skills to care for an obstetrics patient)</i>
NPPM 113	Simulation Lab 1	Immersive Simulation Lab	Skills learned from semester one will be evaluated in a fully simulated patient encounter where the student will function autonomously in the encounter without interference from the instructor. Simulation scenarios will include trauma patient assessment, IV and med admin, trauma and airway management with some integration of ECG interpretation and ACLS management.

Third Semester Classes that Contain Skills

Course	Title	Skill Type	Notes
NRPM 200	Simulation Lab 2	Immersive Simulation Lab	In this, fully immersive patient encounter, you will be asked to function autonomously as the "Team Leader" in the event without interference from the instructor. This simulation lab will confirm competence in BLS skills, all patient assessment types/ages, and advanced skills learned throughout the course.

BREAKDOWN OF "PASS/FAIL" CRITERIA PER COURSE/SEMESTER

SEMESTER ONE:

COURSE	SKILL	MINIMUM POINTS REQUIRED	MINIMUM NUMBER OF PEER EVALUATIONS	MINIMUM NUMBER OF INSTRUCTOR EVALUATIONS
NRPM 101	CPAP	64	2	1
	Traction Splinting	30	2	1
NRPM 102L	IM & SQ Injections	44	2	2
	IV Therapy	76	2	2
	IV Bolus Med Admin.	36	2	2
	IV Infusion Medication	84	2	2
	Intraosseous Access	62	2	4
NRPM 103	Patient Assessment - Medical	36	2	1
	12 Lead ECG Placement	30	2	1
NRPM 106L	PPV with BVM	8	2	4
	Oral ET	50	2	2
	ET suctioning	13	2	2
	FBAO removal with McGill's	13	2	2
	Cricothyrotomy	34	2	2
	Supraglottic airway	38	2	2
	Needle Decompression	30	2	2
	Trauma ET	40	2	1
	Nasotracheal ET	42	2	1
Trauma Assessment	116	2	1	

SEMESTER TWO:

COURSE	SKILL	MINIMUM POINTS REQUIRED	MINIMUM NUMBER OF PEER EVALUATIONS	MINIMUM NUMBER OF INSTRUCTOR EVALUATIONS
NRPM 108	Synchronized Cardioversion	34	2	2
	Defibrillation	36	2	2
	Transcutaneous Pacing	34	2	2
	Chest Compressions	11	2	2
NRPM 109	12 Lead ECG Placement with Interpretation	30	2	1
	Medical & Cardiac Physical Assessment	130	2	1
NRPM 111L:	ET - Peds	40	2	1
	Normal Delivery with Newborn Care	70	2	2
	Abnormal Delivery with Newborn Care	74	2	2
NRPM 113:	IV Med Infusion	84	2	2
	IO access	62	2	2
SIMULATION LAB	PPV with BVM	8	2	10

"formative" (Enter under Opportunities)	Oral ET	50	2	10
	Endotracheal suctioning	13	2	2
	Perform FBAO removal with Magill Forceps	13	2	2
	Perform Cricothyrotomy	34	2	2
	Insert Supraglottic Airway	38	2	10
	Needle Decompression	30	2	2
	Synchronized Cardioversion	34	2	2
	Defibrillation	36	2	2
	Transcutaneous Pacing	34	2	2
	Chest Compressions	11	2	2
	Cardiac Arrest (Dynamic)	18	2	3
	OB Delivery (normal newborn care)	70	2	1
	OB Delivery (complicated) [ie: breech, prolapsed cord, dystocia, multiple births, meconium staining, premature, abnormal presentation, post- partum hemorrhage]	74	2	1
	Distressed neonate (0-1mo.)	32	2	2

SEMESTER THREE:

COURSE	SIMULATED SCENARIOS:	MINIMUM # of <u>SUCCESSFUL</u> TEAM LEADS
NRPM 200 "Capstone Pre- Requisite" (Enter under Opportunities)	Adult Trauma Simulated Scenario	1
	Pediatric Trauma Simulated Scenario	1
	Psychiatric (Behavioral Scenario)	1
	Complicated OB delivery (prolapse cord)	1
	Complicated OB delivery (breech delivery)	1
	Distressed neonate (birth to 30 days)	1
	Cardiac related chest pain scenario	1
	Cardiac arrest scenario	1
	Geriatric stroke scenario	1
	Pediatric respiratory distress/failure scenario	1
	Geriatric respiratory distress/failure scenario	1
	Geriatric sepsis scenario	1

DOCUMENTING SKILL AND SCENARIO LAB SESSIONS

During the skill lab session, you will be expected to log into your student platinumplanner.com account. Once logged in, you will need to "Check In" to the appropriate class session. Together with your partner, you will complete the assigned skills using the digital form(s) found on platinumplanner. Additionally, your partner MUST sign the paper form and record the total points awarded for each and every attempt. When you have completed the skill lab session for the day and all documents have been completed, please "Submit" the lab for instructor evaluation and approval. If no errors are identified in the documentation, the instructor will approve the lab. If an error is identified, the session will be returned to you with a note regarding what needs corrected. Please do not delay in completing the corrections, as it can impact the continuity of your future lab sessions. Once you have completed the corrections, please resubmit for instructor approval.

Documentation for skill labs should be completed by your partner as you progress through the skill attempts.

Documentation that is not submitted within 7 days of the class session will receive a grade deduction. Scenarios and Simulation labs are handled in much the same manner; however, you may also be required to provide a written narrative that details your patient encounter.

CLINICAL PRACTICUM

Pre-clinical Requirements:

Before any student is permitted to attend internship, he/she must:

1. Submit all required immunity records
 - a. MMR
 - b. TDAP
 - c. Hep B
 - d. TB Skin Testing (PPD)
 - e. Seasonal flu shot (*if attending clinical between 10/1 and 4/30*)
2. Must have completed and passed a criminal background check.
3. Submit the signed "Student Clinical Responsibilities" Document to the Instructional Faculty.
4. Submit requests detailing the following criteria to the designated faculty **with a minimum of 2 weeks advanced notice:**
 - a. Date of Internship Rotation
 - b. Location of Internship (hospital unit/EMS agency)
 - c. Time of Internship Rotation

INTERNSHIP POLICIES

STUDENT DRESS AND GROOMING POLICY

Princeton Rescue Squad personnel are expected to present themselves to the public in a manner that exemplifies the professionalism of Emergency Medical Services. As such, participants in the Emergency Medical Technician Program will be held to the same level of professionalism. All students will be required to meet the following standards.

Professionalism is part of your *affective grade*.

- Program dress code and grooming standards:
 - Students will have proper clean personal hygiene
 - All clothing will be clean and in good repair.
 - Clothing worn for classroom activity as well as lab activity should be such that exhibits a professional demeanor. Clothing should be free moving to perform all lab skills.
 - Shorts, low cut tops, torn T-shirts and / or torn pants are not appropriate clothing for class.
 - **Clinical Uniform Dress:**
 - Students will be issued one (1) class uniform Polo style shirt.
 - Dark blue or black colored pants are to be worn (No blue jeans, shorts, or sweatpants)
 - While black boots are recommended, any black footwear is acceptable.
 - During inclement weather, coats or jackets should be plain, solid color, and free of logos or designs.
 - Any hats worn should be of solid color, no logos or designs.
 - Students with long hair must either have their hair pinned up or pulled back into a tail while performing patient care activities.
 - Students should not wear perfumes or colognes that are strong enough to be smelled at greater than arm's length.
 - Facial jewelry in any form is not permitted during classroom sessions or clinical rotations.

- Hoops or hanging style earrings are not permitted during classroom and lab sessions or clinical rotations.
- Any tattoos that depict nudity, profanity, or have a relation to gangs or hate groups must be covered during classroom and lab sessions or clinical rotations.
- During lab sessions students with long hair must either have their hair pinned up or pulled back into a tail.
- Students should not wear perfumes or colognes during class time that are strong enough to be smelled at greater than arm's length.

Students that present to class that do not meet these standards will have a reduction in their *affective grade performance*. Students that arrive for clinical rotation not in uniform or not following the appearance standards will not be permitted to do their clinical rotation and will receive a reduction in their *affective grade performance*.

TRANSPORTATION TO/FROM CLINICAL:

- Transportation to and from all clinical assignments is the responsibility of the student.
- If the student is unable to make clinical site due to car trouble, it is the student's responsibility to notify that clinical area at least one (1) hour before schedule starting time.
- Some clinical areas are a distance from course site or home and students may wish to combine clinical areas with other students to carpool to the site.

EMPLOYMENT DURING CLINICAL:

- The student may complete his/her clinical internship time at location of employment but the student **MAY NOT** complete clinical hours during regular scheduled paid time.
- The student missing class or clinical due to a conflicting working schedule will be marked with an unexcused absence.
- The tardiness in class related to work would be added as an absence as any other tardy times will.
- Special squad education sessions required for a student's employment that interferes with scheduled class time will be excused, if a copy or letter of attendance is submitted to the program coordinator. This student is required to make up time (hours) missed. Arrangements can be made with program coordinator.

CLINICAL ATTENDANCE

- The student should be at each clinical site at least 15 minutes before scheduled time.
- If the student is unable to make clinical site for any reason, See Transportation (above).
- The student is supposed to complete all clinical rotations as scheduled. If the student needs to reschedule a rotation, it is the student's responsibility to notify the clinical coordinator.
- It is the student's responsibility to complete clinical sheets and to hand deliver these forms to the instructor. The recommendation is to turn in completed forms at least once per week.
- Attendance is required. Missing two (2) clinical rotations without a valid excuse will cause the student to be dismissed from the program. Tardiness of 15 minutes or more, or early departure of 30 minutes or greater from an assigned clinical internship will result in a mark of tardy on the student's record. Accumulating 5 tardies will result in 1 unexcused absence.

CLINICAL OBJECTIVES:

The main objective of clinical rotations is to allow the student to observe and apply learned knowledge and skills they have obtained during classroom and lab activities. The student will have a set number of clinical hours as well as specific goals that they must meet during their clinical rotations. A review of the Clinical Objectives, required documentation, and completion competencies will be discussed with the students by the designated Clinical Coordinator or Faculty member prior to the start of clinical rotations.

During clinical rotations the student is operating under the medical license and guidance of this program's medical director and no other physician is responsible for the students' activity during their internship. You have one week from the date of the clinical rotation to submit your paperwork for that date. If documentation is not received in that time frame, you will receive negative deductions on your affective evaluation report.

PRECEPTOR ROLE DURING CLINICAL ROTATIONS:

1. Preceptors need to evaluate, assist, and monitor student's activity while they are performing clinical rotations within the department and/or field rotation.
2. Preceptors need to evaluate what type of skills have been previously performed and signed off as completed and verified by the instructor of the program, with each and every clinical rotation.

Note:* The skills proficiency that each student can perform will increase as the instructional education progresses.

3. Preceptors need to evaluate the student's patient assessment parameters.
4. The preceptor should monitor and assist the student's performance of these assessment skills.
5. The preceptor should complete clinical evaluation forms on the student's performance during rotation through that clinical site. The student is responsible for providing this form to the appropriate representative. Return form to the student for delivery to the Program Faculty and/or Clinical Coordinator.
6. The Preceptor will use the "**Clinical Internship Evaluation Sheet**" for the student's evaluation. It should be noted that the preceptor has the right, at any time during clinical rotation, to immediately remove any student who has demonstrated:
 - Any rude/demanding manner to patients or staff
 - Showed careless or reckless disregard for safety
 - Showed a disinterest in clinical activities

This problem must be noted on the evaluation sheet. The sheet should be sealed in an envelope and leave a message at 304-425-3914 ext. 5 for the Education Director to pick up this evaluation.

7. The preceptor, who can review pathophysiology of the disease process, would be an asset to the student's education.
8. The preceptor should try to assist the student in the common understanding of patient's medical condition.

NOTE:* Some of the medical emergency conditions will **not** be reviewed until later in the curriculum and any additional help with informing the students of medical/trauma conditions will improve the student's understanding

PEARLS FOR CLINICAL PRACTICUM



CLINICAL COMPETENCY OBJECTIVES & DOCUMENTATION REQUIREMENTS:

Per CoAEMSP and the NREMT, the following must be successfully accomplished within the context of the learning environment. Clinical experiences will occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course.

For a student to meet the criteria of successful completion for the internship component of the program, he/she MUST provide the following:

1. Complete all 427 hours designated above:
2. Provide the following documentation for EACH Internship Rotation:

Hospital Unit:	EMS Field Internship & Capstone:
<ul style="list-style-type: none"> • “Clinical” Internship Evaluation Worksheet 	<ul style="list-style-type: none"> • “Field” Internship Evaluation Worksheet
<ul style="list-style-type: none"> • 3 (4 Lead) ECG tracings • 1 (12 Lead) ECG tracing 	<ul style="list-style-type: none"> • “PCR” for EVERY Patient Encounter performed
<ul style="list-style-type: none"> • Student Evaluation of Clinical Preceptor 	<ul style="list-style-type: none"> • 3 (4 Lead) ECG tracings • 1 (12 Lead) ECG tracing
	<ul style="list-style-type: none"> • Student Evaluation of Clinical Preceptor

3. You MUST complete the online clinical tracking requirements (Platinum Planner)
4. You MUST take responsibility for whatever skill you perform **(EVEN IF YOU HAVE MET THE REQUIRED MINIMUMS!)**, both in platinum planner and on paper.

Incomplete or inaccurate paperwork will be returned to you for revision, and credit for that rotation will not be given until the paperwork is properly completed and turned back in. Additionally, you will receive a negative evaluation mark for material not completed correctly.

WHAT IS PLATINUM PLANNER ANYWAY?

In addition to the completion of handwritten paperwork in regard to clinical rotations, you will also be responsible for entering the data within the confines of the online software system called PLATINUM PLANNER.

The online documentation in this class is crucial to its success and will help shape future Paramedic programs. You will be participating in a unique quality improvement and research effort with cutting edge technology and contributions by students nationwide.

Patient confidentiality is very important to us. PLATINUM PLANNER does not track any patient information that can identify a patient (i.e. names addresses, run numbers, etc...) and all information is entered into a password protected database. Remember that online documentation is not just more busy work. You will be able to:

- a. Get progress reports on skills you have performed and/or observed.
- b. Get a printout of your scheduled shifts.
- c. Compare yourself to other students (anonymously).

EXPECTATIONS REGARDING PLATINUM PLANNER:

1. BE TRUTHFUL - PLEASE! I do verify through audit that this information matches your paperwork!
2. ENTER YOUR DATA PROMPTLY, AND BE THOROUGH.
3. Keep the paperwork TOGETHER

PLATINUM PLANNER RULES FOR DOCUMENTATION IN SUMMARY:

1. You **MUST** complete the online clinical tracking requirements (PLATINUM PLANNER)
2. You **MUST** turn in **ALL** required rotation paperwork (including PLATINUM PLANNER documentation) within one week of the clinical rotation **OR YOU WILL RECEIVE A NEGATIVE EVALUATION MARK FOR THE ROTATION.**
3. All information on your Evaluation Forms **MUST** match all of the information you have provided in the online PLATINUM PLANNER clinical tracker. Failure to do so will result in a **NEGATIVE EVALUATION MARK FOR THE ROTATION.**
4. You **MUST** take responsibility for whatever skill you may perform. **FAILURE TO DO SO MAY CAUSE YOU TO LOSE CREDIT FOR THAT SKILL.**
5. Incomplete or inaccurate paperwork will be returned to you for revision, and credit for that rotation **will not be given** until the paperwork is properly completed and turned back in. Additionally, **you will receive a negative evaluation mark for material not completed correctly.**
6. You **CANNOT** test if you **DO NOT** properly complete all clinical paperwork & competencies!
7. **NO EXCUSES/NO EXCEPTIONS!**

STUDENT’S ROLE DURING CLINICAL ROTATIONS:

Students may perform any of the below listed skills. ***The clinical sites and preceptors have the final right to state what skills will be allowed in their facility.*** The Student is only allowed to perform the skills with the Instructor’s signature in the appropriate box designated for that skill. Additionally, all patient encounters and/or skills performed by the student must be under the direct supervision of the designated preceptor. **At no time may a student be substituted for staff.**

NAME OF SKILL	DATE COMPETENCY MET:	INSTRUCTOR VERIFICATION:
EMT LEVEL SKILLS		
Insert NPA/OPA		
Oral Suction		
BVM - Adult, Child, Infant		
Tourniquet		
Supine/Seated Spinal Immobilization		
Splint long bone		
Splint joint		
Stabilize an impaled object		
Dress/bandage soft tissue injury		
Apply occlusive dressing		
Uncomplicated delivery		
Vital signs		
CPR - adult, child, infant		
Traction splint		
CPAP		
Glucometer		
Intranasal Med Admin		
Inhaled Medication Admin		
1ST SEMESTER PARAMEDIC SKILLS		
IM & SQ Injections		
IV Therapy		
IV Bolus Med Admin		
IV Infusion Medication		
IO Access		
Obtain a Pt. History		
Comprehensive Patient Assessment (Adult & Pediatric)		
12 Lead ECG Placement		
Oral ET		
ET suctioning		
FBAO removal with McGill’s		
Cricothyrotomy		
Supraglottic airway		
Needle Decompression		
Trauma ET		
Nasotracheal ET		
Patient Assessment - Trauma		
2ND SEMESTER PARAMEDIC SKILLS		
Synchronized Cardioversion		
Defibrillation		
Transcutaneous Pacing		
12 Lead ECG Placement with Interp.		
ET - Peds		
Normal & Abnormal Delivery with Newborn Care		

SEMESTER #2: CLINICAL SCHEDULE

NRPM 114 – CLINICAL PRACTICUM I

Location/Unit:	Minimum Hours Required:
Cardiopulmonary Unit	4
ER	36
Field Internship	48
TOTAL HOURS:	88

NRPM 114 Course Objectives:

Competency Requirements:	Minimum SUCCESSFUL ATTEMPTS Required by Program
IV access	25
IV Bolus Medication	10
IM Med Admin	2
IV Infusion Medication	2
Patient Assessment: Pediatric	10
Patient Assessment: Adult	20
Patient Assessment: Geriatric	6
Trauma Assessment	9
Medical Assessment (other)	6
Field Internship: Team Member	30

SEMESTER #3: CLINICAL SCHEDULE

NRPM 201 – CLINICAL PRACTICUM II

Location/Unit:	Minimum Hours Required:
ER	120
Pediatrics	25
L&D	12
Behavioral Science	8
CCU/ICU	12
Operating Room	12
TOTAL HOURS:	189

Minimum <u>SUCCESSFUL ATTEMPTS</u> TO BE COMPLETED IN CLINICAL (NRPM 201 & 204 Capstone)		
Age/Skill/Condition:	Formative Exposure (DS) “Developing Skill Competence” <i>(conducts patient assessment, performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation)</i>	Summative Exposure (SC) “Skill Competent” <i>(conducts patient assessment AND develops a management plan for evaluation on each patient <u>with minimal to no assistance</u>)</i>
ASSESSMENT PER AGE GROUP		
*Neonate (0-1 mo.)	-	2
Infant (1mo.-1 yr)	1	3
Toddler (1yr-2yr)	1	3
Preschool (3-5 yrs)	1	3
School-aged (6-12 yrs)	1	3
Adolescent (13-18yrs)	1	1
Adult (19-65 yrs)	10	30
Geriatric (65- older)	3	9
ASSESSMENT PER PATHOLOGY/COMPLAINT		
Trauma	9	9
Behavioral/Psychiatric	12	6
Cardiac pathologies (<i>ACS, cardiac related chest pain</i>)	12	6
Cardiac Dysrhythmias	10	6
Medical: Neurologic complaint (<i>ie: TIA, CVA, Syncope, AMS</i>)	8	4
Medical: Other conditions (<i>NOT cardiac, respiratory, or Neurological complaints</i>)	6	6
Respiratory (<i>distress, failure, arrest, asthma, lower respiratory infection</i>)	8	4
MOTOR SKILLS		
*Oral Endotracheal Intubation	10	

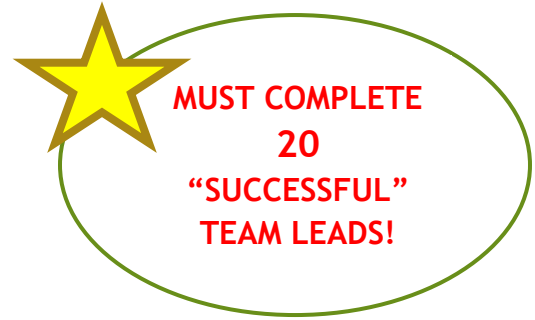
Failure to complete the above listed clinical requirements AND/OR failure to submit ALL mandatory supporting documentation to verify competency minimums have been met prior to the completion of the course will result in an incomplete grade. Any student assigned an “incomplete” is ineligible for testing and would result in failure of the course.

CAN BE COMPLETED IN CLINICAL OR CAPSTONE (NRPM 201 OR 204)
MOTOR SKILLS THAT CAN BE PERFORMED IN CLINICAL OR CAPSTONE IF THE OPPORTUNITY ARISES; HOWEVER, THESE ARE NOT MANDATORY AS THEY HAVE BEEN COMPLETED PREVIOUSLY IN SIMULATION AND/OR CLINICAL
IV Access
IV Bolus medication
IM Injection
*Endotracheal Suctioning
*PPV with a BVM
*IO Access
*FBAO removal using Magill Forceps
*Cricothyrotomy
*Supraglottic Airway
*Needle decompression of the chest
*Synchronized Cardioversion
*Defibrillation
*Transcutaneous Pacing
*Chest Compression
*Cardiac Arrest
*OB Delivery (normal newborn care)
*OB Delivery (complicated) [<i>ie: breech, prolapsed cord, dystocia, multiple births, meconium staining, premature, abnormal presentation, post- partum hemorrhage</i>]
*Distressed neonate (0-1mo.)

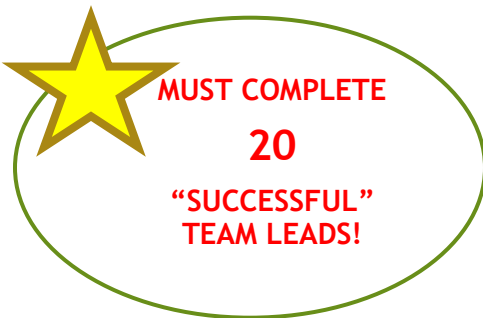
SEMESTER #4 CAPSTONE PARAMEDIC FIELD PRACTICUM

NRPM 204 – CAPSTONE SCHEDULE

Location/Unit:	Minimum Hours Required:
Field Internship	150
TOTAL HOURS:	150



WHAT CONSTITUTES A “SUCCESSFUL TEAM LEAD”



DEFINITION OF A **“SUCCESSFUL TEAM LEAD”**:

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 should not agree to a “successful” rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate a willingness to try and are better than no attempt at all.*) To be counted as a Team Lead the paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field. For the NRPM 204 Capstone: Paramedic Field Practicum to meet the breadth of the paramedic profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care.

SPECIAL NOTATIONS:

“Patient refusals and/or termination of care in the field”: The paramedic student **MUST** complete and document an **assessment of ALL body systems** to count the patient encounter as a “Successful Team Lead”.

18 of the 20 calls MUST be ALS transports to an emergency room or an ALS Interfacility transfer to higher level of care.

No more than 2 of the 20 calls can come from: **“BLS transports, termination in the field, OR patient refusals.”**

Capstone field internship team leads cannot be accomplished with simulation.

FINAL PARAMEDIC PROGRAM POLICY REMINDERS:

- Instructor contact can be achieved by utilizing the following phone number:

Paula Johnson: Cell Phone.....(304) 673-3123

- It is expected that the student's physical examination indicates that he/she is physically and emotionally capable of performing the objectives of the program. Maintenance of health is the responsibility of the student. It is requested that the student report any change in their health status to the Program Instructor. A physician's report of a student's current health status may be requested by the Program Instructor as indicated by the student's behavior and/or physical appearance at any time during the program.
- If a student is or becomes pregnant during this course, she must file a statement from her physician including medical instructions that will allow or disallow her participation in the required clinical exposures and activities. It shall be the responsibility of the student to inform, and keep informed, her physician as to what these exposures and activities will be during this program.
- There must be adequate safeguard for the health, safety and privacy of patients, faculty and students. All incidents of conflict, injury, etc. are to be reported to the Program Instructor immediately.
- Any student who, while enrolled in this Program, violates any federal, state or local law or procedure, or hospital, PRS guideline or policy relating to Emergency Medical Services operation or their safety sensitive position may be subject to suspension or administrative dismissal from the Paramedic program.

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Signature Form

(To be remitted to the Program Director)

Acknowledgement of Policies, Procedures and Requirements

I have received a copy of the Paramedic Program - Student Handbook for Princeton Rescue Squad's Education Department.

These policies, procedures and requirements have been completely explained to me by the Course Instructor and I fully understand them.

I realize that non-compliance may result in dismissal from the course.

I understand that should a question arise concerning any aspect of this Paramedic Program I should contact Paula Johnson, the Director of Education at the earliest, appropriate time.

Paramedic Student Signature

Paramedic Student Name (Print)

Date ____/____/____

Agreement of Student Responsibilities

Please initial beside each item below and then sign the bottom.

The following agreement is between the Princeton Rescue Squad’s Education Department – Paramedic Program and the student of said school.

- Recognize that I am responsible for my own professional paramedic role behavior and required to be able to perform all activities taught in the paramedic course.
- Secure consultation and/or assistance of the clinical preceptor in those clinical areas if I am unsure and/or inexperienced. I will make specific time arrangement with the instructors/coordinator when indicated.
- Recognize that paramedic clinical hours are a **LEARNING** experience rather than a work experience. I will be responsible to learn as much as possible from each clinical experience and document as required.
- Evaluate my own learning experiences and progress. I will determine if I need special kind of learning experiences, inform the clinical lab instructor or coordinator, and keep the required record of experiences gained and needed.
- Schedule any non-emergency appointments (doctor, dental, etc.) after class or clinical times.
- Assume responsibility for transportation to and from assigned areas. I will not expect any special considerations of hours worked or school days off in order to meet this responsibility.
- Notify the school office if ill and unable to attend class or notify the clinical site at the hospital/ambulance service if unable to attend clinical. I will notify these persons each day in case of an extended illness. Notification will be before the scheduled class or clinical time not during or after the class or clinical time.
- Be aware of the fact that any situation that indicates cheating or lying or that I have plagiarized for any purpose (tests, papers, etc.) will be reviewed by all faculty members and myself. I recognize that the faculty will then act, which can result in an "F" for the course and dismissal from the program.
- Recognized that if I am absent on a test day that the makeup test will be an oral or written exam. This makeup exam must be within six (6) days of returning to class if not the missed test will be a "0" unless an expressly agreed upon date is documented by the instructor and student.
- Recognized that the clinical component of the paramedic program is extremely important and that all students are expected to complete all clinical required hours. I recognized that failure to complete semester clinical would result in a grade of "F" for the Lab grade. Observation by faculty/ clinical preceptor in a clinical setting is a mandatory requirement in order to pass a practicum course.
- Please recognize that avoidable tardiness is both rude and inconsiderate to both the instructors and peers. Tardiness definition is any period of up to 15 minutes after class has begun. If I am tardy five (5) times during a semester, then I recognize that this will then become an absence from a class period. I should recognize that after eight (8) tardy episodes I would expect to have a conference with instructors or coordinator.
- Assume accountability for professional conduct and appropriate moral and ethical behaviors that include truthfulness, confidentiality, and an awareness of patient's rights.
- I will maintain the Attendance policy as outlined in the Princeton Rescue Squad’s Education Department catalog.
- In order to graduate the program, I must: (1) complete all minimum clinical hours, (2) complete all minimum lab, simulation, and clinical competencies (formative and/or competent), (3) complete the final cumulative exam with a minimum score of 70%, (4) Maintain an overall GPA of 70% or higher in each course, (5) Miss no more than 8 hours of class per semester, (6) have a student financial account that reflects a (\$0.00) zero balance with no outstanding or unpaid charges.

Paramedic Student Signature

Paramedic Student Name (Print)

Date ____/____/____