

NRPM 201: Clinical Practicum 2 Syllabus

[Semester and year]



Instructor information

Instructor	Email Address	Office hours
Paula Johnson	pjohnson@princetonrescue.com	Vary

General information

Description

This clinical internship course is intended to develop the paramedic student's assessment and management skills on live patients of all age groups with varying pathologies and complaints in the hospital setting. *Pre-Requisites: NRPM 109, NRPM 110, NRPM 111, NRPM 112, NRPM 114.*

Expectations and goals

Upon Successful completion of this course, students will be able to:

- Synthesize information obtained from a live patient encounter to formulate and implement and treatment plan for individuals of any age group suffering from illness and injury.
- Assist the team leader in the treatment of a live patient of any age group suffering from illness and injury.

Course Delivery Method: In-Hospital Rotations

Course materials

Required materials

Computer with Internet capabilities to access:

- <https://canvas.instructure.com>
- <https://www.platinumplanner.com/>

Optional materials

Required text

- Nancy Caroline's Emergency Care in the Streets; 8th edition, 2013 by Elling and Smith; Publisher Jones and Bartlett. ISBN: 978-1-284-13718-7

Course schedule

Class Session	Activity	Student Expectations
Week 1	Clinical Orientation [lecture, Q/A], Attend 12 hours of internship	Review Clinical expectations for this semester with the students. Students should attend 12 hours on the initial week after the class session. Ensure all documentation is signed by the instructor/clinical coordinator and given to student for rotation (PRN). Submit requests for week 3
Week 2	Attend 12 hours of internship	Submit requests for week 4. Complete and submit platinum planner records and paperwork for audit.
Week 3	Attend 12 hours of internship	Submit requests for week 5. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 4	Attend 12 hours of internship	Submit requests for week 6. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 5	Attend 12 hours of internship	Submit requests for week 7. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 6	Attend 12 hours of internship	Submit requests for week 8. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.

Week 7	Attend 12 hours of internship	Submit requests for week 9. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 8	Attend 12 hours of internship	Submit requests for week 10. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 9	Attend 12 hours of internship	Submit requests for week 11. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 10	Attend 12 hours of internship	Submit requests for week 12. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 11	Attend 12 hours of internship	Submit requests for week 13. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 12	Attend 12 hours of internship	Submit requests for week 14. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 13	Attend 12 hours of internship	Submit requests for week 15. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.

Week 14	Attend 12 hours of internship	Submit requests for week 16. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit.
Week 15	Attend 12 hours of internship	Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections. Collect previous documents (PRN) returned for corrections from students for final audit
Week 16	Attend 12 hours of internship	Submit requests for Semester 4 (NRPM 204) week 1&2. Complete and submit platinum planner records and paperwork for audit. Return any documentation for corrections (These MUST be returned within 3 days to be included in the final grade for the semester). Collect previous documents (PRN) returned for corrections from students for final audit

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

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 percentage grade will be issued to the student based on the points obtained per attempt, active participation in lab sessions and the accuracy of his/her platinum documentation.
- D. Late submission of platinum documentation will receive a 10-point deduction in grade for each class day in which it wasn't handed in.

***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.

Grading Components and Weights:

The Paramedic Program Student's Classroom Assessment grade will be the sum of the weighted scores comprising the parameters of course work outlined below.

Clinical Practicum Courses	
5%	Platinum Planner Documentation
75%	Internship Evaluations from the Preceptor
20%	Monthly Behavioral Evaluations

Grading Scale:

100-90 = A 89-80 = B 79-70 = C 69-60 = D <59 = F

All students must maintain a C average in each course to continue throughout the program

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. The student should be at each clinical site at least 15 minutes before scheduled time. 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 24 hours before the rotation. It is your responsibility to provide your instructor with a proper explanation and documentation of these valid absences. Without rescheduling, missing two (2) clinical rotations during a semester will place the student on probation. To remove probation, the student needs to successfully complete eight (8) clinical rotations without an absence. One more absence will result in the student's dismissal from the program. Tardiness will not be tolerated. Any student who shows up late to internship may be turned away resulting in an unexcused absence. Students may withdraw from the course at any

time. Any student that misses more than two (2) consecutive clinical sessions without contacting the course instructor will be considered to have withdrawn from the course.

Clinical Uniform

Appropriate dress for the clinical rotation includes:

- The student will wear dark blue or black work-type pants.
- The student must wear the official polo-type shirts of the Paramedic program in the appropriate color. These shirts will have the appropriate Princeton Rescue Squad - Paramedic Program logo.
- The student must wear black shoes. Boots are preferred in the field and black soft-shoes are preferred in the hospital setting.
- Student must wear ID badge for all clinical rotations and the ID badge needs to be surrendered to the clinical coordinator at the end of the program.
- The student cannot wear any non-PRS symbols or lapel pins on uniform shirt or cap.
- The student should not wear a cap during clinical times in the hospital and the only allowable cap/hat during ambulance rotation is a PRS cap or plain dark blue or black cap.
- Rings with stones are not recommended because they harbor bacteria. Female students are allowed to wear one pair of plain stud earrings. No alternative piercings can be visible in the clinical setting. Tattoos should not be visible. Fingernails must be short and clean; polish is not recommended. Hair should be clean, neatly arranged and controlled.

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/Field Internship Hours

The student may complete his/her clinical time at his/her place of employment; however, the student **MAY NOT** complete clinical hours during scheduled, paid time as an EMT-Basic.

Student Advisory and Evaluation

Faculty will routinely discuss student progress throughout the program of study at regular intervals (increments no longer than 25% of the program) to provide learners with adequate chances to take corrective actions. During these mandatory meetings with a student item(s) or subject(s) of concern to discuss may include, but are not limited to:

Excessive absences and tardiness, failure to turn in assignments / clinical rotations on time, classroom / clinical behavior concerns, plagiarism, cheating, struggling or failure to maintain a GPA of 70%, etc.

A Student Advisory Form will be filled out and signed by both the Faculty member addressing the concern, and the student. Once the concern has been documented, the Program Instructor

and student will discuss possible resolutions to the problem and a proposed action plan will be written on the Advisory Form. The student may use the Advisory Form to record a rebuttal against the initial concern or proposed action plan. The instructor will then mark the form “unresolved” and forward it to the Education Director who investigate the matter and make a determination on a second Advisory Form. Copies of these completed Advisory Forms are available to the student; however, originals must and will be retained by the Education Program.

Standards of Conduct Regarding Cell Phone Use

As adults, you are permitted to retain your cellular devices unless during testing. At that time, all cell phones must be placed in a bag away from your testing area or given to your instructor until the testing is complete. It is common during lecture for students to utilize their cell phones to look up information regarding topics discussed in the class session, and this practice is permitted. However, if the instructor or other member of the instructional or administrative staff see that cell phones are being used for other purposes (ie: facebook, messenger, etc.) during lecture, lab, or any other designated course activity then the following discipline policy will take place:

- First offense - verbal warning
- Second offense - written warning
- Third offense - dismissal from the program

Academic Dishonesty

As a student and pre-hospital professional, you are expected to adhere to a professional code of conduct and not engage in plagiarism, cheating, falsifying information or records, or any other such activity. Failure to adhere to this code of conduct will result in disciplinary action up to and including dismissal from the program.

Grounds For Dismissal

A student may be dismissed from the program for the following reasons:

1. Absenteeism greater than 1 unexcused class.
2. Receiving a “D” or “F” as a cumulative grade for the course.
3. Insubordination (in class, lab, or in clinical)
4. The conviction and/or known use of, distribution of, or possession of illegal drugs, or controlled substances.
5. Failure to accomplish clinical assignments and objectives
6. Unprofessional or unethical conduct
7. Cheating in related or professional EMS courses or in clinical documentation.

NRPM 201 Course Objectives:

SEMESTER THREE - NRPM 201: Clinical Practicum 2

Minimum SUCCESSFUL ATTEMPTS 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 with minimal to no assistance)</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.)

PLATINUM PLANNER

In addition to the completion of handwritten paperwork in regards to clinical rotations, you will also be responsible for entering the data within the confines of 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 busy work. You will be able to:

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

Platinum Planner Rules:

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**

MANDATORY COMPONENTS OF CLINICAL ROTATIONS

1. You **MUST** complete the online clinical tracking requirements (PLATINUM)

2. You **MUST** turn in **ALL** required rotation paperwork (including PLATINUM documentation) within two weeks of the clinical rotation **OR YOU WILL RECEIVE A NEGATIVE EVALUATION FOR THE ROTATION.**
3. All information on your Evaluation Forms **MUST** match all of the information you have provided in the online PLATINUM clinical tracker. Failure to do so will result in a **NEGATIVE EVALUATION 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 for material not completed correctly.**
6. Each of the following items must be included in the paperwork for **EACH AND EVERY** clinical rotation.
 - I. **Hospital Rotations**
 - a. Clinical Shift Evaluation Worksheet
 - b. 4 ECG Interpretations
 - c. Evaluation of your Preceptor
7. You **CANNOT** complete the program and sit for the NREMT test if you **DO NOT** properly complete all clinical paperwork!
8. **NO EXCUSES/NO EXCEPTIONS!**

Preceptor Role During the Clinical Internship

The purpose of the Clinical Internship is to provide the participant with an opportunity to showcase skills and competencies learned throughout the program. During this time, the preceptor is expected to evaluate and monitor the student as the team leader on a variety of patient encounters. It is expected for a preceptor to intervene should the student attempt to perform a dangerous or inappropriate intervention during a patient encounter. Should this occur, clear and concise documentation should be reported on the Shift Evaluation Worksheet. This type of sentinel event should be carefully discussed between the preceptor and the student during a post encounter critique.

The preceptor should complete the Evaluation Worksheet on the student's overall performance during the clinical rotation at the completion of the shift. The student is responsible for providing this form to the appropriate representative. This form, once reviewed and signed by the preceptor should be sealed in an envelope, signed, and delivered to the clinical coordinator (by way of the student) within one week of the rotation.

It should be noted that the preceptor has the right, at any time during clinical rotation, to immediately remove a 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

Objectives for the EMERGENCY DEPARTMENT ROTATION

The student will be able to:

1. Assess vital signs.
2. Observe and demonstrate the site location for an IV using a quick catheter.
3. Observe and demonstrate proper suction technique of the adult patient.
4. Observe and demonstrate the technique of IM and Sub-Q injections.
5. Perform patient assessment, including:
 - a. History
 - b. Physical Examination
6. Inspection, auscultation and palpation of the head, neck, chest and abdomen.
7. Evaluation of neurological status and neuromuscular function.
8. Demonstrate the procedure for the administration of oxygen using a nonrebreather mask or nasal cannula.
9. Demonstrate the application of electrodes and the monitoring of a patient's EKG. (3 lead, MCL1 and 12 lead)
10. Identify and list the treatment of all cardiac rhythms.
11. Perform CPR, one rescuer and two rescuers.
12. Recall signs and symptoms and demonstrate the treatment for each of the following conditions:

a. acute myocardial infarctions	h. syncope
b. congestive heart failure	i. seizures
c. cardiogenic shock	j. coma of any cause
d. ventricular heart failure	k. myocardial trauma
e. head or spinal trauma	l. all types of shock
f. acute hypertensive emergencies	
g. cerebrovascular accident	
13. Demonstrate the procedures for managing:
 - a. avulsion
 - b. impaled objects
 - c. eviscerations
 - d. amputation
14. Recall signs and symptoms and demonstrate the skills for managing:

a. diabetic ketoacidosis	f. heat stroke
b. hypoglycemic reactions	g. heat exhaustion
c. anaphylactic reactions	h. heat cramps
d. drug overdose	i. poisonings
e. acute abdomen	
15. Demonstrate the appropriate procedure for dealing with emotionally disturbed patients, whether the cause is physical or psychological.

Note: All students must have the Clinical Preceptor or his designated representative present during demonstration of any procedure involving advanced medical treatment or invasive procedure.

Objectives for **CRITICAL CARE UNIT ROTATION (ICU & CCU)**

The student will be able to:

1. Assess vital signs.
2. Observe and demonstrate the site location for an IV using a quick catheter.
3. Observe and demonstrate proper suction technique of the adult patient.
4. Observe and demonstrate the technique of IM and Sub-Q injections.
5. Perform patient assessment, including:
 - c. History
 - d. Physical Examination
6. Inspection and palpation of the head, neck, chest and abdomen.
7. Evaluation of neurological status and neuromuscular function.
8. Demonstrate the procedure for the administration of oxygen using a Non-rebreather mask or nasal cannula.
9. Demonstrate the application of electrodes and the monitoring of a patient's EKG.
10. Identify and list the treatment of all cardiac rhythms.
11. Perform CPR, one rescuer and two rescuer.
12. Recall signs and symptoms and demonstrate the treatment for each of the following conditions:

a. acute myocardial infarctions	g. syncope
b. congestive heart failure	h. seizures
c. cardiogenic shock	i. shock of any cause
d. ventricular heart failure	j. coma of any cause
e. head or spinal trauma	k. myocardial trauma
f. acute hypertensive emergencies	
g. cerebrovascular accident	
13. Demonstrate the procedures for managing:
 - a. avulsion
 - b. impaled objects
 - c. eviscerations
 - d. amputation
14. Recall signs and symptoms and demonstrate the skills for managing:

a. diabetic ketoacidosis	f. heat stroke
b. hypoglycemic reactions	g. heat exhaustion
c. anaphylactic reactions	h. heat cramps
d. drug overdose	i. poisonings
e. acute abdomen	
15. Demonstrate the appropriate procedure for dealing with emotionally disturbed patients, whether the cause is physical or psychological.

Note: All students must have the Clinical Preceptor or his designated representative present during demonstration of any procedure involving advanced medical treatment or invasive procedure.

Objectives for: **PEDIATRIC UNIT**

Perform comprehensive assessments on pediatric patients with a variety of chief complaints including, at a minimum, a review of the patient's chart, taking vital signs, and auscultation of

lung sounds.

Formulate a treatment plan for patients with all varieties of chief complaints as though the patient currently being assessed was to be transferred out to another facility via ambulance transport. Students should work directly with precepting staff members on verification of the appropriateness for their hypothesized treatment plans

Preparation and administration of intramuscular and IV medications as is appropriate

Monitor IV infusions

Starting IV therapy as is appropriate

Perform ventilations on unintubated patients of all age groups

Assist in the care of patients as is appropriate

Observe techniques used to manage difficult patients

Observe techniques for family interactions

Objectives for: **LABOR AND DELIVERY**

Perform comprehensive assessments on obstetric patients

Perform comprehensive assessments on neonate patients

Formulate a treatment plan for obstetric patients and neonates as though the patient currently being assessed was initially being brought into the unit, or was to be transferred out to another facility via ambulance transport. Students should work directly with precepting staff members on verification of the appropriateness for their hypothesized treatment plans

Identify and label the three stages of labor, common complications, and types of abnormal deliveries.

Assist, if possible, in normal cephalic deliveries.

Observe and **assist**, if possible, in abnormal deliveries.

Observe or **assist** in control postpartum hemorrhage by uterine massage and infusion of oxytocin.

Observe and **Assist** in the management of the newborn, including severing the cord, suctioning, etc. as is appropriate.

Observe and **Assist**, if possible, in the resuscitation of the newborn.

Perform, as is appropriate, ventilation of the unintubated patients of all age groups

Objectives for: **OPERATING ROOM/RECOVERY**

Perform comprehensive patient assessments of all age groups and chief complaints.

Perform endotracheal intubation under the supervision of anesthesiologist/anesthetist.

Perform peripheral IV insertion.

Perform aseptic endotracheal and orotracheal suctioning as directed.

Prepare and **administer** IV medications and observe and record effects of pharmacologic agents.

Maintain airway in an unconscious patient using manipulations and positioning of the head, oropharyngeal airways, etc.

Monitor the cardioscope and attempt to accurately interpret an EKG, noting any irregularities.

Operate oxygen equipment and assist as directed in the operation of mechanical respirators.

Observe the treatment of various soft-tissue and musculoskeletal injuries; as well as the observation of a variety of surgical procedures, as is appropriate.

Objective for **IV THERAPY IN OTHER CLINICAL LOCATIONS:**

The student will be able to:

1. Establish patient's identity and communicate with the patient concerning the venipuncture procedure.
2. Observe IVT and assist in setting up IV's using aseptic technique.
3. Observe the technique for the administration of drugs into an IV bag/bottle or through an IV insertion site.
4. Calculate the volume of fluids to be administered given the dosage required and the concentration of the drug.
5. Recall anatomical location of veins and underlying structures.
6. Assess patients' upper extremities for suitable venipuncture sites.
7. Recall potential hazards of venipuncture and their treatment.
8. Explain the rationale of how venipuncture and fluid administration affects limb and systemic circulation.
9. Observe IVT and perform aseptic venipuncture using over-the-catheter needle or butterfly device for the purpose of starting intravenous fluids.
10. Perform aseptic venipuncture for the purpose of starting intravenous fluids under the supervision and guidance of IV Therapist, Clinical Preceptor or his designated representative.

Special Note:

1. IV's will be started by the Student Paramedic at the discretion of the IV Therapist, Clinical Preceptor or his designated representative.
2. The Student Paramedic is not to attempt more than three (3) venipunctures per patient.
3. The Student Paramedic may administer drugs via the IV at other clinical sites, upon approval of and under the direct supervision and guidance of the Clinical Preceptor or his designated representative.

Overview of Semester 3 Class Schedule:

WEEK #	NRPM 200	NRPM 107	NPRM 202	Total hrs	
1			9	9	PEPP
2			9	9	PEPP
3			9	9	PALS
4			9	9	PALS
5			9	9	ACLS
6			9	9	ACLS
7			9	9	PHTLS
8			9	9	PHTLS
9			8	8	GEMS
10		20		20	Vehicle extrication over 2.5 days = 20
11		10		10	MCI/WMD with lab
12		10		10	Specialty rescue with lab
13	3			3	
14	9			9	
15	9			9	
16	9			9	
	30	40	80	150	

Course Legend:	Classes will meet on Tuesdays with special session time TBA		
	Req. Hrs:	Start Time	End Time
NRPM 200: Simulation Lab 2	30	900	1830
*NRPM 201: Clinical Practicum 2	205	Based on student avail.	
**NRPM 107: Rescue and Operations	40	900	1900
NRPM 202: Special Topics in Pre-Hospital Care	80	900	1830
	355		
*NRPM 201 students will complete 14hrs/week of clinical internship			
**NRPM 107 contains vehicle extrication which will require students to attend a 2.5 class session totalling. Additional Rescue/Ops classes will include extensive field trips/lab sessions that will require additional drive time, etc.			