

NRPM 204: Capstone: Paramedic Field Practicum Syllabus

[Semester and year]



Instructor information

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

General information

Description

This is a capstone clinical experience intended to develop leadership ability and refine advanced life support assessment and treatment skills in the field setting. *Pre-Requisite: NRPM 201, NRPM 202*

Expectations and goals

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

- Function as team leader of a routine single patient advanced life support emergency call, directing or performing all patient care activities which includes:
 - Performing a comprehensive history and physical exam
 - Integrate and synthesize multiple determinants to develop a treatment plan and perform basic and advanced interventions to mitigate the emergency, provide symptom relief, and improve the overall health of the patient.
 - Evaluate the effectiveness of interventions and modify treatment plans accordingly.
 - Effectively communicate in a professional manner with the patient, family, bystanders, and all personnel involved in the care of the individual.
 - Ensure the safety of all providers in an emergency.

Course Delivery Method: Field Internship

Course materials

Required materials

Computer with Internet capabilities to access:

- <https://CourseSites.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

The student is responsible for coordinating the field internship with the clinical coordinator. It is recommended that the student submit internship hours early and check in with the coordinator to ensure adequate time has been made available to complete the **mandatory 20 team leads on emergency calls within the 18 week semester**.

All documentation should be submitted to the clinical coordinator one week from the date of completion.

Class Session	Activity	Student Expectations
Week 1	Clinical Orientation [lecture, Q/A], Attend 8 hours of internship	Review Clinical expectations for this semester with the students. <u>STRESS THE IMPORTANCE OF MEETING 100% COMPLIANCE ON COMPETENCY REQUIREMENTS!</u> Students should attend 8 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 8 hours of internship	Submit requests for week 4. Complete and submit platinum planner records and paperwork for audit.
Week 3	Attend 8 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 8 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 8 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 8 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 8 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 8 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 8 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 8 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 8 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 8 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 8 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 8 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 8 hours of internship	Submit requests for week 17. 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 8 hours of internship	Submit requests for week 18. 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 17	Attend 8 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 18	Attend 8 hours of internship	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. It is important that the student submit all internship hours and competency verification as early as possible in order to prevent delay in the release of the NREMT ATT/PATT Letters and subsequent skill exam reservation

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

Procedures for Evaluation

The following formula indicates the means by which a final grade is recorded for the clinical rotations completed by the Paramedic Student. If a student's clinical rotation paperwork and online documentation does not meet the required course standard, then the student will receive a point deduction for each negative evaluation incurred. (Please review "MANDATORY COMPONENTS OF CLINICAL ROTATIONS" for specifications below)

Grading Components and Weights:

Clinical Practicum Courses	
5%	Clinical Hour Completion
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 this course to continue in the Paramedic 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. However, it is at the discretion of the supervising clinical location/unit to determine if you may or may not use your device during clinical. Please discuss the facilities cell phone policy at the beginning of the rotation. If a complaint regarding inappropriate cell phone use during clinical is received, 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 204 Course Objectives:

1. Perform a comprehensive history and physical examination to identify factors affecting the health of a patient.
2. Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology.
3. Relate assessment findings to underlying pathological and physiological changes in the patient’s condition
4. Integrate and synthesize the multiple determinants of health and clinical care to perform basic and advanced interventions as a part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. He/she will be able to evaluate the effectiveness of interventions and modify treatment plans accordingly.
5. Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome

6. Function as the team leader of a routine single patient advanced life support emergency call.

SEMESTER FOUR - NRPM 204: Capstone: Paramedic Field Practicum

CAN ONLY BE COMPLETED IN CAPSTONE (NRPM 204)	
FIELD INTERNSHIP:	
Team Leader	20

CAN ONLY BE COMPLETED IN CLINICAL OR CAPSTONE (NRPM 201 OR 204)	
SKILLS:	
Airway Management	2
Intubation	2
Ventilate a Patient	2
IV Access	2
IV Medication Administration	20
IM/SQ Injection	2
Inhaled Medication (MDI, Nebulizer)	2
ASSESSMENT PER AGE GROUPS:	
• Newborn	3
• Infant	3
• Toddler	3
• Preschool	3
• School-Aged	3
• Adolescent	3
• Adult	2
• Geriatric	2
ASSESSMENT PER PATHOLOGY:	
Assessment of Trauma Patients	30
Assessment of Obstetric Patients	2
Assessment of Psychiatric Patients	6
Assessment of Medical Patients	60
COMPLAINTS:	
Trauma - Geriatric Patient	6
Trauma - Pediatric Patient	6
Medical - Pediatric Patient	12
Medical - Geriatric Patient	12
Stroke/TIA	2
ACS	2
Cardiac Dysrhythmia	2
Hypoglycemia/DKA/HHS	2
Sepsis	2
Shock	2
Toxicological Event/OD	2
Assess and Plan Rx of Altered Mental Status	2
Assess and Plan Rx of Abdominal Pain	2
Assess and Plan Rx of Chest Pain	2
Assess and Plan Rx of Respiratory	2
Assess and Plan Rx of Syncope	2

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** field rotation.
 - I. **Field Internship**
 - a. Capstone: Field Internship Shift Evaluation Worksheet
 - b. 4 ECG Interpretations
 - c. PCR on EACH patient encounter
 - d. 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 Field Internship

The purpose of the Capstone Field Internship is to provide the participant with an opportunity to showcase skills and competencies learned throughout the program as a team leader on live emergency calls. During this time, the preceptor is expected to evaluate and monitor the student as the team leader on a variety of emergency calls. 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 both on the PCR as well as on the Shift Evaluation Worksheet. This type of sentinel event should be carefully discussed between the preceptor and the student during a post call 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

MINIMUM # OF SUCCESSFUL TEAM LEADS REQUIRED: 20

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.

Overview of Semester 4 Class Schedule:

	NRPM 203	Total hrs/day
WEEK #		
1	8.3	8.3
2	8.3	8.3
3	8.3	8.3
4	8.3	8.3
5	8.3	8.3
6	8.3	8.3
7	8.3	8.3
8	8.3	8.3
9	8.3	8.3
10	8.3	8.3
11	8.3	8.3
12	8.3	8.3
13	8.3	8.3
14	8.3	8.3
15	8.3	8.3
16	8.5	8.5
17	8.5	8.5
18	8.5	8.5
	150	150

Course Legend:		Req. Hrs:	Start Time	End Time
DONE	NRPM 203: Seminar in Emergency Medicine	150	1000	1830
	*NRPM 204: Capstone: Paramedic Field Practicum	150		
		300		
	*NRPM 204 requires students to complete a minimum of 150 hours to finish collecting the competencies necessary for graduation including team leadership skills. Students will complete 8 hours/week of internship based on his/her availability.			