



HLC Accreditation Evidence

- 2021-2022 Paramedic Student Handbook

URL:

Office of Origin:

- Vice President of Instruction

Contact(s):

- Dean of Workforce Training and Community Education
 - Executive Director of Healthcare and Public Service Education



BARTON

EMS EDUCATION

Paramedic
STUDENT HANDBOOK

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Welcome from the Director

Welcome to Barton's paramedic program. You are embarking on the first steps toward your goal of becoming a field medic.

This is an exciting time for you, but also a time with many difficulties facing you. This journey is not an easy journey, but everything worth having is worth fighting for, and at times, this will seem like a fight.

The life of a paramedic is honorable, selfless, and generally thankless. It should never be about you, but about your patients and their families. The next year is also not about you. This is about you and your classmates working together so you succeed as a team. It is about your families who are making huge sacrifices in order for you to obtain your dreams. Finally, it is about those you work with; the teammates who are covering or trading shifts, who are helping you study, who are supporting you, so you can attend school.

The staff at Barton has years and years of field experience and education experience. Our job is all about your success and your job is to trust us, trust the process, and come to class prepared, and you will be successful.

This is a ride you probably have never had and will probably never experience again. So put your seatbelt on prepare for the ride of your life.

Karyl
Director of EMS Education

ACCREDITATION INFORMATION

Barton County Community College is accredited by the Higher Learning Commission and is a member of the North Central Association of Colleges. Barton is also falls under the oversight of the Kansas Board of Regents.

The Higher Learning Commission

30 North LaSalle Street, Suite 2400
Chicago, IL 60602
(800) 621-7440
www.ncahigherlearningcommission.org

Kansas Board of Regents

700 SW Harrison, Suite 1410
Topeka, KS 66603-3760
www.kansasregents.com

The Paramedic Degree Program at Barton County Community College is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org). upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). Barton's EMS program is also approved by the Kansas Board of EMS (KSBEMS).

Commission on Accreditation of Allied Health Education Programs

1361 Park Street
Clearwater, FL 33756
P 727.210.2350
F 727.210.2354
www.caahep.org

Committee on Accreditation for EMS Professionals

8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
P 214.703.8445
F 214.703.8992
www.coaemsp.org

Kansas Board of EMS

Landon State Office Building
900 SW Jackson Street, Suite 1031
Topeka, KS 66612-1228
P 785.296.7296
www.ksbems.org

WELCOME!!!

Congratulations on your desire to pursue a career as a paramedic. It takes a special kind of person to become a paramedic, providing help to others during their time of need. We are pleased you have chosen Barton to help you fulfill your career goal.

The paramedic program is a challenging program with a wide variety of experiences and activities planned to enhance your learning. This is a program that will ultimately prepare you to enter the field as a strong entry-level paramedic.

If either the faculty or I can be of service to you, let us know. We look forward to working with you!

Karyl White M.S. Paramedic IC
Director of EMS Education

FACULTY AND STAFF

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MISSION STATEMENTS

Vision

Barton Community College will be a leading educational institution, recognized for being innovative and having outstanding people, programs and services.

The Mission

The Mission of Barton Community College is to provide quality educational opportunities that are accessible, affordable, continuously improving and student focused. Barton is driven to provide an educational system that is learning-centered, innovative, meets workforce needs, strengthens communities, and meets the needs of a diverse population.

We will seek to achieve our mission through eight ENDS and four Core Priorities (Values) that define our commitment to excellence in education.

ENDS

1. Essential Skills
2. Work Preparedness
3. Academic Advancement
4. "Barton Experience"
5. Regional Workforce Needs
6. Barton Services and Regional Locations
7. Strategic Plan
8. Contingency Planning

Core Priorities (Values)

Drive Student Success
Cultivate Community Engagement
Optimize Employee Experience
Emphasize Institutional Effectiveness

EMS Mission Statement

Barton is a leading educator in Emergency Medical Services Education; providing quality programs through innovation, academic rigor, and collaborative learning. These programs are facilitated by educated, motivated, and progressive faculty and staff members who strive to serve the communities of interest.

PURPOSE OF THE PARAMEDIC STUDENT HANDBOOK

This provides you with information you will need regarding guidelines and policies for the paramedic program. This handbook does not replace current Barton publications such as the Catalog, Bulletin of Classes, or the Student Handbook and Academic Planner. This handbook serves as supplemental source of information that is specific to the paramedic program. The policies and guidelines within this handbook are a living document; therefore all are subject to constant review and possible change.

OVERVIEW OF THE BARTON PARAMEDIC PROGRAM

This program is intended to make the student aware of Emergency Medical Services as a total systems concept. It further identifies the paramedic concept, function, roles and responsibilities of the paramedic within the system as well as the legal aspects of prehospital medicine and an introduction to legislation affecting prehospital medicine. This program will also expose the student to the basics of anatomy and physiology of the human body, including: basic chemistry and biochemistry through cellular and body systems structure, mechanisms of human physiology to systems application. All aspects of EMS communications will be reviewed, to include medical terminology, radio technology, verbal and written communication. Along with body fluids and electrolytes, acid-base balance and parenteral therapy, the program covers the physiologic effects and clinical applications for pharmacology in the prehospital setting. This program also will teach the student to recognize, assess, and manage emergency situations that result from external mechanisms of injury and the pathophysiology involved in traumatic injuries.

"The Barton Community College paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)."

Program Goals

The Barton County Community College (Barton) Paramedic Training program has been evaluated and certified by the Kansas Board of EMS (BEMS) education and training division to conduct paramedic training programs, evaluate the student's progress, and ultimately recommend students to sit for the National Registry of EMT-P examination.

These three responsibilities are taken seriously and all members of the Barton Paramedic program constantly endeavor to assure quality training, professionalism, and sound judgment in student instruction, evaluation, and board recommendations.

The paramedic is a health care professional. While much of the material in the curriculum is peripheral to many of the psychomotor skills, this knowledge is essential for paramedics to learn if they are to continue working under written standing orders or physician orders. This knowledge is also vital should direct communications be interrupted and to provide long-term academic base for continuing education.

Primary Program Goal:

"To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels."

Objective 1A:

Upon graduation, the graduate will demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their role of an entry-level Paramedic.

Objective 2A:

Upon graduation, the graduate will demonstrate technical proficiency in all skills necessary to fulfill the role of an entry-level Paramedic.

Objective 3A:

Upon graduation, the graduate will demonstrate personal behaviors consistent with professional and employer expectations of an entry-level Paramedic.

Competencies

This course will contain information and skills practice opportunities which enable a properly motivated participant to:

- A. Demonstrate an understanding of the rationale, physiology, and fundamentals of prehospital care and treatment of the sick and injured.
 1. Identify cellular structures and explain their respective functions.
 2. Identify and describe the 12 systems of the body.
 3. Identify and describe the physiology of the homeostatic systems that control metabolism.
- B. Demonstrate an understanding of EMS.
 1. List the components of an EMS system.
 2. Describe the White Papers and the importance to EMS today.
 3. Describe the major historical events that helped create EMS and bring it into the 21st century.
- C. Demonstrate an initial and secondary assessment.
 1. Perform a primary assessment.
 2. Perform a secondary assessment.
 3. Perform an ongoing assessment.
 4. Utilize appropriate treatment modalities during patient assessment.
- D. Recognize medical emergencies and make an appropriate working diagnosis.
 1. Demonstrate the importance of a step-by-step approach to assessing each patient.
 2. List the AMS and LOC of the adult, child, and infant patient.
 3. List the components of an EMS system.
- E. Proficiently stabilize an airway.
 1. Demonstrate competency of maintaining a patient's airway.
 2. Demonstrate proper insertion of BLS adjunct airways.
 3. Demonstrate proper insertion of ALS adjunct airways.
- F. Complete appropriate paperwork.
 1. At a minimum write 30 run reports of occurrences for the use by the receiving hospital as well as a permanent record of the patient care provided.
 2. Prior to set deadlines, complete FISDAP entries for clinical and internship experiences.
- G. Effective communication during the program.
 1. Demonstrate effective communication with the hospital nursing staff and physicians.
 2. Demonstrate empathy and caring, when interacting with patients, families, and bystanders.
 3. Demonstrating professional and a working relationship when working with outside agencies during clinicals and internship.
 4. At all times showing compassion, accountability, respect, and empathy to instructors, classmates, preceptors, patients, and any others contacted during the program.
- H. Maintaining Scene Safety during an incident.

1. Explain the rationale for securing the scene and providing a safe environment for the patient and rescue personnel.
2. Identify unsafe scenes and describe methods for making them safe.
3. Identifying and using the appropriate BSI and PPE needed during a scene.
4. Describe the correct safety measures needed during extrication of a patient.
- I. Utilizing and treating ECG dysrhythmias.
 1. Demonstrate proficiency of utilizing ECG monitoring techniques including basic ECG, 12-lead, defibrillation, cardioversion, and pacing.
 2. Interpret basic and 12-lead ECG patterns and recognize the significance of the rhythms.
 3. Show the appropriate electrical or pharmacological treatment necessary for a dysrhythmia.
 4. Successfully pass and maintain ACLS.
- J. Demonstrate Pharmacological interventions..
 1. List the class, indications, contraindications, side effects, and dose, per dose for required medications.
 2. Demonstrate how to accurately initiate an IV/IO and give IV/IO medications.
 3. Demonstrate how to give IM and subq injections.
1. Accurately figure drug calculations including IV bolus and medication drips.

Barton Expectations for Student National and Kansas Testing

Since the purpose of this course is to provide the EMS community with adequately trained emergency medical providers, major emphasis is placed on the ability of the technician to recognize the seriousness of injury or illness and possess adequate knowledge and skills to intervene and stabilize the patient. With this in mind, the eligibility to sit the certification examination shall have the following requirements.

1. Successful completion of the program.
 - a. 80% cumulative cognitive knowledge grade
 - b. Successful completion of each semester final exam of 80% or higher
2. Successful completion of final practical examination. If the student fails any component of the practical examination, he may reattempt each component one time.
3. Successful completion of paramedic Final Evaluation Matrix.
4. Per K.A.R. 109-11-8, students must attend 90% of the paramedic program and per Barton must attend 90% of the total number of didactic and lab sessions.
5. Successful completion of the minimum 236 clinical hours and competency requirements.

6. Successful completion of the minimum 528 field internship hour and competency requirements.
7. Successful completion of NREMT prep. The lead instructor must verify successful completion.
8. In addition to the clinical and internship hours; the regulatory requirements of the Kansas Board of EMS found in K.A.R. 109-11-6. (3) A-J must be met prior to attempting the certification exam.
9. Must meet Barton's education requirements for graduation.
 - a. Transcripts turned into Registrar's office
 - b. Any monies owed Barton paid in full
 - c. 15 hours of general education completed
 - i. Anatomy and Physiology (4-5 credit)
 1. A&P for prehospital provider accepted
 - ii. Comp I (3 cr.)
 - iii. Intermediate Algebra or higher (3 cr.)
 1. Math for Prehospital Provider accepted
 - iv. Introduction to Sociology (3 cr.)
 1. General Psychology accepted
 - v. Interpersonal Communication (3 cr.)
 1. Public Speaking accepted

EMS Code of Conduct

All members of Barton's paramedic program, whether faculty, students, lab assistants, or preceptors are committed to WORLD CLASS SERVICE. In every way, by our appearance, attitudes, and actions, we serve to meet the needs of our guests and to help each other. Friendliness, good manners, communication skills, concern for others, and performance excellence are expected of all members of Barton's team.

Appearance

Cleanliness, good grooming, approved dress, name badge, and a smile all contribute to World Class Appearance.

Attitude

Courtesy, respect and desire to help others are always World Class Attitudes! Choose to bring good attitudes with you to class, clinicals, and FI and practice them. YOU control you attitudes, not someone else or a "bad day."

Actions

How you can help others or make them more comfortable is the foundation for World Class Actions. Make it a habit to do things right the first time! Treat others as if they are the most important people. (They, and you, are!)

Friendliness

Cheerfulness contributes to a pleasant learning environment for everyone and eases stress and reassures our patients. Share good humor and laughter to build friendships, but never at the expense of someone else.

Good Manners

Acknowledge others by making eye contact and smiling. Ask how you can be of help..... and listen attentively to your patients. Respond with courtesy and accurate information.

Good Communication

Make a habit of saying hello, please, thank you, you're welcome, and good-bye to patients, other students, and staff. If you have disappointed someone, say I am very sorry and ask "What can I do to help?" Introduce yourself to guests and address adults respectfully by name (as "Mr. Rose") when known. Discuss concerns or complaints privately with your instructor, rather than with others in public places.

Concern for others

Always maintain the privacy, dignity, respect, and confidentiality of patient information and College business in communications. Reserve public elevators and visitor parking places for guests, patients, and family members. Wash hands often and well to control the spread of infection to ourselves, other students, healthcare staff, and patients.

Performance of Excellence

Report for assignments on time; know your duties and resources available to assist staff and guests. You must be with your preceptor at all times unless plans have been **pre-arranged** to participate with another preceptor. Ask questions if you aren't sure of what you are to do or where you are to be. Commit to a personal standard of excellence as a World Class Service team member.

Equipment

Students will take pride in the equipment provided for their use. Equipment and supplies are expensive and at times difficult to obtain. The equipment is of no use if it has been abused or damaged. Any student that intentionally misuses equipment shall be disciplined appropriately. If any equipment is accidentally broken or is found inoperative, the student will report the incident to the instructor immediately.

It is the responsibility of all class participants, instructors, and assistants to insure that equipment is cleaned and put away in a neat and orderly manner after each class. Each student will properly dispose of his/her trash at the end of each class period.

Misconduct Warranting Discipline

Plagiarism and cheating will not be tolerated. This program has been formulated to instruct the student to become a health care provider. The Paramedic profession by its' very nature is based on truthfulness and integrity. Any student that is found to be cheating will be immediately dismissed from the program and may not be reaccepted into the Barton Paramedic Training Program for a period of no less than three (3) calendar years.

Academic misconduct shall include but is not limited to:

1. giving, receiving, or utilizing unauthorized aid on examinations
2. misrepresenting the course of academic work
3. unauthorized collaboration on assignments, projects, and/or other tasks
4. during clinical rotation, placing a patient in needless jeopardy by inappropriate actions
5. during clinical rotations, any breach or violation of confidence

Non-Academic misconduct shall include but is not limited to:

1. conviction of a felony involving moral degradation
2. material misrepresentation concerning past achievements or present endeavors
3. abuse of narcotic drugs, or drugs listed in Schedule I, II, III, or IV of the Comprehensive Drug Abuse Act, 1970
4. any other acts or omissions which could result in discipline by the Kansas Board of EMS, Topeka, KS.

Confidentiality

Medical personnel are ethically committed to maintaining a nonjudgmental attitude, to honesty, and to protecting the confidentiality and right to privacy of the patient. Patients often confide highly personal information to medical personnel, trusting them not to divulge the information carelessly. Medical personnel must learn to weigh the relevance of such information against the current clinical condition of the patient before revealing any data to coworkers or other students. When in doubt, the student may consult with the instructor about the nature or disclosure of confidential information. Patient information should be treated in a manner that ensures patient confidentiality. When writing patient care reports or presenting case studies, never use patient names except when this information is directly recorded in the patient's chart or it is used as a basis for ongoing patient care. Care must be taken to prevent misplacing any patient information. Details of a patient's history or status must not be discussed in elevators, restrooms, cafeterias, or in any other public place. There are times when certain details of a patient's history may be shared for medical or educational purposes. However, discussing a patient's medical history merely for the sake of gossip is highly unethical and unprofessional and may result in dismissal from the program.

Curricular Structure and Instructional Areas

Curricular Structure

The curriculum of the Paramedic Program is composed of general education, core paramedic courses, clinical time, and field internship. The curriculum includes all major subject areas currently applied in the EMS field. Objectives address cognitive, psychomotor, and affective domains and are introduced in the didactic and applied in the clinical and field internship aspects of the program. Course objectives show progression to the level consistent with entry level paramedics.

Instructional Areas

The curriculum addresses principles of:

- Methodologies of all major areas currently applied to modern EMS, including problem solving and trouble shooting.
- Integration of knowledge of EMS systems, safety/wellbeing of the paramedic, and medical/legal, and ethical issues,
- Complex depth and comprehensive breadth of knowledge of anatomy/physiology and pathophysiology of all human systems.
- Integration of comprehensive anatomical and medical terminology into the written and oral communication.
- Comprehensive knowledge of pharmacology enabling the student to formulate a treatment plan intended to mitigate emergencies and improve the health of the patient.
- Assessment and implementation of a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
- Integration of scene and patient assessment finding with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnosis through clinical reasoning to modify the assessment and formulate a treatment plan.
- Integration of assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient.
- Integration of assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for patients with special needs.
- Operational roles and responsibilities to ensure safe patient public, and personnel safety.

The curriculum is sequenced to develop and support entry-level competencies and include instructional materials, classroom and/or online presentations, classroom and/or online discussion, demonstrations, supervised clinical and field internship experiences.

Traditional Course Sequence

General Education Courses

The paramedic program is an application program. Included in the application process are the general education requirements. All general education requirements must be met prior to the start of the paramedic curriculum, however a candidate may apply to the paramedic program prior to the completion of their general education requirements. In the event a candidate applies to the paramedic program prior to completing their general education coursework, the candidate may be accepted into the program contingent upon successful completion of their general education requirements.

Acceptance of other general education classes, in lieu of those listed above will be at the discretion of the student's advisor and program director.

- Comp I (3 credit hours)
- Anatomy and Physiology OR A&P for Pre-Hospital Provider (4-5 credit hours)
- Introduction to Sociology (3 credit hours)
- Intermediate Algebra OR Math for Pre-Hospital Provider (3 credit hours)
- Interpersonal Communication (3 credit hours)

Total 15-16 hours

EMS Core Curriculum

Semester I

Paramedic I 12

Semester II

Paramedic II 12

Semester III

Paramedic III 12

Semester IV

Paramedic IV 16

Total 52 hours

Paramedic Course Descriptions

EMTS 1540 - Paramedic I (12 Credit Hours)

This course is intended to make students aware of Emergency Medical Services as a total systems concept. It further identifies the paramedic concept, function, roles and responsibilities of the paramedic within the system as well as the legal aspects of prehospital medicine and an introduction to legislation affecting prehospital medicine. This course will also expose the student to the basics of anatomy and physiology of the human body. All aspects of EMS communications will be reviewed, to include medical terminology, radio technology, verbal and written communication. This course covers the physiologic effects and clinical applications for pharmacology in the prehospital setting. Students will learn to recognize, assess, and manage emergency situations that result from external mechanisms of injury and the pathophysiology involved in traumatic injuries. This course adheres to Kansas Administrative Regulations (K.A.R.), Article 10 Section 109-10-5.

Prerequisite: EMTS 1500 Emergency Medical Technician and permission of program director.

EMTS 1541 - Paramedic II (12 Credit Hours)

This course provides students with the pathophysiology, recognition and management of acute and chronic cardiovascular disease processes. Basic interpretation of electrocardiography and introduced to the twelve-lead electrocardiogram as it applies to diagnosis of acute myocardial infarction. The course covers the diagnosis, etiology and field treatment of patients of various medical emergencies. This course adheres to Kansas Administrative Regulations (K.A.R.), Article 10 Section 109-10-5.

Prerequisite: EMTS 1540 Paramedic-I and permission of program director.

EMTS 1542 – Paramedic III (12 Credit Hours)

Students successfully completing the Paramedic II of the paramedic training program will be allowed to participate in Paramedic III, the hospital clinical rotation module. The purpose of this portion is to provide students with an opportunity to apply the practical application of patient assessment and management under the supervision of nurses, physicians and paramedic training staff. This course adheres to Kansas Administrative Regulations (K.A.R.), Article 10 Section 109-10-5.

Prerequisite: EMTS 1541 Paramedic-II and permission of program director.

EMTS 1543 – Paramedic IV (16 Credit Hours)

Students successfully completing the Paramedic III of the paramedic training program will be allowed to participate in Paramedic IV, the field internship rotation module. The purpose of this portion is to provide the student with an opportunity to apply the practical application of patient assessment and management under the supervision of field paramedics in a real life environment. Students will also become prepared to test for state and national certification as a paramedic. This course adheres to Kansas Administrative Regulations (K.A.R.), Article 10 Section 109-10-5.

Prerequisite: EMTS 1542 Paramedic-III and permission of program director.

Advanced Placement

We do not offer advanced placement at Barton.

Transfer Students

We do not accept transfers from other paramedic programs to Barton's program.

Experiential Learning

We do not accept experiential learning as part of Barton's paramedic program.

Clinical and Field Internship Affiliates of the BARTON EMS Program

A large number of medical facilities have partnered with Barton's EMS Program to provide clinicals and field internships (FI). If a student desires to complete some or all of their clinical or FI hours with a facility Barton has not yet partnered with; the student needs to contact Barton's EMS Education Director in writing, requesting Barton attempt to partner with the facility

Further explanations, procedures and processes for clinicals and FI can be found in the Clinical (page 42) and FI (page 93) portions of this handbook.

Continuing Education

This course is the beginning of the participant's experience in advanced life support patient care. The participant should plan to devote time and effort to continuing education in order to maintain certification and a level of knowledge and proficiency according to the standards established by the Kansas Board of EMS.

Continuing education credits will be awarded during this program to active participants on an hour for hour basis. Participants wishing to obtain hours shall sign in on the class roster and sign out before they leave the class. They shall be given a certificate of attendance for their participation.

Expected Costs of the BARTON EMS Program

You are required to maintain **medical insurance** while a student in the Program. If you are not covered by a plan through your employer or your spouse's employer, check with insurance agencies to find a company that markets medical insurance designed specifically for college students.

You will need to pay **tuition and fees** for the courses you take. Barton County Community College shall award 52 credit hours for successful completion of the paramedic program. Student fees include tuition and fees for 52 credit hour, textbooks, and semester fees. Barton's current rates can be found in the cover page of

the bulletin at the College web site <http://www.bartonccc.edu/enrollment/classes> If you are taking classes from other institutions, contact them for similar information.

You will need to buy **books and general educational supplies** for the courses you take.

You are required to provide proof of certain **immunizations**, including but not limited to HBV, influenza, MMR, and TD/DPT; a TB skin test (PPD) and varicella are also required. Check the relevant record forms for more specific information. If necessary, check with your county health department for information on where you can get these immunizations.

You are required to have a **physical examination**. The exam must be performed by a physician, a PA, or an APRN. Check the relevant record forms for more specific information.

*Each paramedic student is responsible for the cost of their **background checks** which are required by our clinical affiliate and internship sites associated with the Program.*

You will be eligible to take **national certification examinations** upon completion of Barton's Paramedic Program. NREMT requires payment prior to the scheduled test date. These fees are non-refundable and payable at each examination attempt.

A non-refundable fee of \$65.00 is due to the Kansas Board of EMS the first day of class.

Because of the potential to travel to the class site and your clinical and internship hours, you should consider the cost of **food, lodging and transportation**. If you work, consider your "lost income" while you are gone from your workplace.

Refund Policies

Students who officially withdraw from the College are entitled to a full refund of enrollment fees and tuition during the first two weeks of the fall and spring semesters. No refund on tuition and/or fees is given after the second week of classes, and the student is responsible for the total tuition and fees incurred. The refund period for summer sessions is one week after classes start. Nonattendance does not constitute an official drop.

Students who are enrolled in classes which do not materialize will get full refund regardless of date. This refund policy is the same for the fall semester, spring semester, and/or summer session. The policy includes on-campus classes and outreach classes.

Refunds on mini-courses will vary according to start and end dates.

Refund policies are published in the Bulletin of Classes and the following web link.

www.bartonccc.edu/enrollment/waiversandrefunds

Education Incentive Grant

The Education Incentive Grant (EIG) is funded by the Kansas Legislature and administered by the Kansas Board of EMS (BEMS) in two half year periods (Jan-Jun and Jul-Dec).

Here is are most of the details but complete details can be found at http://www.ksbems.org/ems/?page_id=188

Those eligible for EIG funding would be licensed “ground” services providing care in a frontier, rural, or densely settled rural county or city, based on U.S. census data.

An eligible student for this program is “a person who agrees to fulfill their year(s) of obligated service with a qualifying licensed ambulance service”.

The student must be at least 18 years of age at the time of signing the Memorandum of Agreement.

Only EMS services located in frontier, rural, or densely settled rural counties or cities are eligible. Substations are not eligible.

If a service is licensed in a city or county based on EIG eligibility, to obtain eligibility in another city or county area of operation, an additional license would be necessary to identify the city or county as a separate licensed ground service based on the above criteria.

If the paramedic student successfully completes the EIG application, he/she is eligible for up to \$5110 in grant funding during the course of the program. The monies are paid to the service the student currently works or volunteers for and they are then responsible for paying Barton for the student’s cost up to the award amount or \$5110.

If a student receiving EIG monies does not complete the paramedic program then he/she is responsible for paying BEMS back all or a portion of the monies.

- If the student drops or is dismissed from the program for non-academic reasons, they are responsible for the entire amount of the EIG.
- If the student fails the class, they are responsible for repayment of 50% of the EIG award.
- If the student completes the class but is unable to gain certification after making all exam attempts, they are not responsible for paying any of the cost of the grant back to BEMS. If they do not make all exam attempts, they must repay 100% of the grant.
- If the student fails to serve the two year service obligation to the service, they are responsible for paying BEMS back 100% of the grant funding.

GENERAL PROGRAM POLICIES

Academic Advising

You will be assigned an academic advisor from among the Program faculty. You should consult at least once each semester with your advisor to review your progress toward graduation and choose a schedule that will meet your needs. However, it is your responsibility to be sure you have completed all the courses you need to get your degree.

Please note the Curriculum Guide provided in this Handbook.

At any time, if you need information or referral for assistance, your advisor can help.

Academic Progress

To complete the EMS Program you must receive a grade of C or better in every course of the core Paramedic curriculum.

The EMS Program Director and your advisor will monitor your progress through the Program. If you receive a grade lower than a "C" or an "I" (incomplete) in any course in the EMS curriculum you will be notified to meet with the EMS Program Director. Your EMS Program academic status will be changed to "Probationary," or you may be dismissed from the program.

Your EMS Program academic status will be changed to "Probationary" if for any reason you must modify your curriculum plan and extend it for a time frame that is more than the usual four semesters.

If you are placed on "Probationary" status for any reason you will be placed on an educational plan. If you are unable to fulfill the educational plan for any reason; you will be removed from the Program.

If you receive a failing grade for a clinical practicum you will be "Dismissed" from the Program.

Each student will be advised of their standing in didactic, practical, and clinical areas on four separate dates. Additional counseling will be given in specific incidents at the discretion of the instructor, advisor, and/or program director. Student requested counseling and tutoring is made available by contacting the instructor or program director.

The Paramedic Program is not for everyone. If the student experiences difficulty with the program, it is important that he/she meets with the instructor as soon as possible.

If the student continues to have difficulty or demonstrates poor performances, he/she may wish to drop the program on his/her own accord.

During the course of the program the instructor, program director, and/or medical director has the discretion to suggest and carry out academic/clinical dismissal of the student if the student continually demonstrates inadequate academic work, discipline problems, or excessive absenteeism.

There will be a conference with the student prior to any decision to drop the student from the program. The instructor shall provide the student, the Executive Director of Nursing and Healthcare Education, the Dean of Workforce Training and Community Education, and medical director a full written explanation of the drop within forth-eight (48) hours of the action.

As it is inherent to the paramedic as a professional that all didactic knowledge and skill levels be learned and retained, all evaluations will be cumulative. Each section must be successfully completed before the student advances to the next learning module.

Access to Files

All records including attendance rosters, grades, schedules, conference documentation and evaluations will be maintained by the instructor. Records will be maintained by Barton County Community College for no less than three years following the completion of the program. You have access to your general college student files by following the guidelines as stated in current College publications.

Title IX

The EMS Program policy is to provide equal opportunities in accordance with all regulations supported by the BARTON policies as stated in current college publications. Acceptance into the EMS Program is made with no discrimination based upon race, color, national origin, sex, age, handicap or disability.

More information about Title IX and Civil Rights Equity can be found at the following link

<http://www.bartonccc.edu/smart>

Attendance/Absenteeism

College Policy

As a part of its mission to improve your social, economic, and personal life, the College acknowledges its responsibility to prepare you for future academic and professional endeavors. Therefore, you are encouraged to develop a professional ethic that reflects personal responsibility, personal initiative and teamwork. In context to that commitment, you are required to attend all classes. When you are absent from class, you not only miss a part of the subject matter of the course but also diminish the opportunities for contributing to the learning environment. Poor attendance in class may cause you to lose your financial aid according to federal guidelines and irresponsibility will diminish your professional and academic progress.

Program Policy

Due to the intense pace of the program, class attendance is essential and mandated by BEMS. Therefore, students should observe the following requirements:

- 1 Attendance at all scheduled activities is strongly recommended. Absences must be excused by the instructors prior to the session and the student is responsible for making up assignments which may include research papers and/or oral reports to insure that material has been learned. As per K.A.R. 109-11-8, students must attend 90% of the total number of didactic and lab sessions. Faculty may counsel or recommend dismissal in the case of absences in excess of the specified 10%.
 - (1) Barton expects students to attend all class sessions. In addition to K.A.R. 109-11-8; students are expected to attend 90% didactic sessions each semester. If attendance falls below 90% during a given semester, it will be the discretion of the instructor whether class time missed can be made up. In addition, the Program Director may counsel or recommend dismissal if absences exceed more than 10% didactic time.
- 2 Students must be prompt for all class sessions and complete assignments before class. Tardiness will not be tolerated; three tardy arrivals of 15 minutes or more will constitute an absence. The same will be in effect for anyone leaving early.
- 3 Students must complete a specified number of hours for completion of clinical and field internship training. Therefore, before completion of the training program, the student must have completed all scheduled shifts. If the student anticipates late arrival, absence, or the need to leave early from clinicals or field internship for any reason, he/she should do the following:
 - a. Call the appropriate clinical or field supervisor, and notify them of the impending change in the schedule.
 - b. Notify the clinical coordinator of the impending change in the schedule.
 - c. Notify the instructor of the impending change in the schedule.

- 4 Students are required to be at their assigned clinical and field internship sites prior to the start of each shift unless other arrangements have been pre-approved.
- 5 During field internship, students are required to be available for calls at all times during the assigned shift. Therefore, students must stay with the crew at all times. Leaving the crew for errands of any type is unacceptable.
- 6 Grading penalties for tardiness, absenteeism, and excessive illness will be levied at the discretion of the instructors.
- 7 Clinical rotations will consist of 4, 6, 8, 12 hours shifts. Field internship will consist of 12 or 24 hour shifts, unless previously approved by the instructor.
- 8 During clinical and field internship rotations, particularly if they are run congruently, the physical and mental status of the student in regards to his/her assignments involving patient care must be respected. The following limitations are placed on rotation schedules unless previously approved by the instructor.
 - a. Eight (8) hours must be allotted between 12 hour clinical shift assignments.
 - b. Eight (8) hours must lapse between field internship shifts.

Background Checks and Drug Screening

You are subject to a formal **background check**. For many of our cooperating clinical and internship affiliates, background checks are required by law and regulation or are organizational policy. You are responsible for the costs of any background checks that are requested by a cooperating affiliate.

You are responsible for obtaining the background check within the first six weeks of class. All Barton medical education programs use Verified Credentials and the website link can be found in the Course Home of your Bartonline shell. Each paramedic student is responsible for the cost of any **background checks** that are required by our clinical affiliate and internship sites associated with the Program.

You are subject to unannounced **drug screenings**. For many of our cooperating clinical affiliates such drug screens are required by law and regulation or are organizational policy. EMS Program policies on drug screening reflect the College's substance abuse policies as described in the Student Handbook and Academic Planner. Check with the EMS Program Director if you have any questions.

Cancellation of Classes

The College notifies local media when classes must be canceled due to inclement weather or other reasons.

You may also sign up to receive text messages for various alerts, including school cancellations, from the college. Below is the website link to get signed up.

<https://www.getrave.com/login/bcc>

Your safety is of utmost importance. If you deem weather conditions to be unsafe for driving, then stay where you are and notify your instructor(s) as soon as possible. In most cases you will be required to make up the missed course work.

College Policies and Procedures

For Barton's policies and procedures, please refer to Barton's Student Handbook found on the following link under the "resource" tab

<http://www.bartonccc.edu/studentervices>

Competency-Based Education

The EMS Program is based on a philosophy of education described as competency-based education. In this system, competencies, abilities, and skills that you must acquire and demonstrate to become an exemplary paramedic are stated as behavioral objectives.

Critical Incidents

Critical Incidents can impede or disqualify you from attaining the professional affective behavioral skills and also affect your program standing and/or program acceptance:

Critical Incidents that will result in automatic **dismissal** from the Program are:

- Cheating during exams or quizzes
- Intentionally falsifying clinical or FI data in any way
- Performing skills outside of the paramedic scope of practice
- Breach of confidentiality

Critical Incidents that will result in a **misconduct warning, programmatic probation or suspension** include but are not limited to:

- Unexcused absence or tardiness to scheduled clinical or FI experiences
- Failure to notify the instructor or clinical contact person in a timely manner when an emergency results in unexpected absence
- Absences of more than 10% of the schedule class time
- Failure to follow standard Universal Safety Precautions
- Violation of HIPPA rules and regulations
- Inadequate or inappropriate patient care during clinical or FI rotations

Disability

The EMS Program supports the philosophy of Barton County Community College in recognizing the rights of all persons to gain a post-secondary education. However, because the EMS program requires a great number of physical, visual, and auditory skills; successfully completing the program will be difficult to those with physical challenges.

Admission into the Paramedic Program is determined through a procedural sequence. Though entry into the program will not be denied to anyone based solely by reason of disability, successful completion of the application process and an oral interview are required for admission into the program. Those students with documented disabilities have the right to contact and use Barton's services pertinent to their specific disability. In addition, tutoring is available for all students in the EMS program.

If the student with such a disability is able to complete the paramedic program, it is imperative the student make contact with NREMT prior to testing and make arrangements for accommodations.

Essential Requirements

To become a competent entry level paramedic, you must be able to perform routine medical care which frequently requires heavy lifting, as well as have the ability to place oneself in confined spaces, ascend and descend varying elevations, and drive an ambulance. Development of these competencies requires certain physical capabilities. The following essential functions are the essential non-academic requirements of the Program that you must master to successfully participate in the Program and become employable. This list is provided so that you will be able to assess your own health and ability to complete the Program successfully. You must be able to participate in course work, on and off the College campus, in ways that will not endanger yourself, students, faculty, patients, or others.

- **Visual Skills:** You must be able to effectively read protocols and drug reference materials, read instrument displays, and perform procedures that require eye-hand coordination such as endotracheal intubation and IV therapy.
- **Auditory Skills:** You must be able to auscultate lung sounds, blood pressures, and heart tones, hear equipment alarms. You must be able to hear your patients, partners, bystanders, emergency personnel, and other health care providers.
- **Communication Skills:** You must be able to effectively communicate with your patients, partners, bystanders, emergency personnel, and other health care providers.
- **Motor Skills:** You must be able to perform procedures that require eye-and coordination. You must be able to effectively manipulate medical equipment such as patient cots, stair chairs, lifts, O₂ regulators, ventilators, medication infusion pumps, cardiac monitors, and capnometers. You must be able to feel for veins when performing venipuncture and develop the skill to collect such specimens without undue trauma to the patient. You must be able to tolerate wearing personal protective equipment. You must be able to write legibly.
- **General Physical Health:** Your general physical health must be such that you can perform moderate to heavy physical activity. Heavy lifting is not only frequently required but is often required to be completed in awkward positions.
- **General Mental Health:** Your general mental health must be such that you can maintain attention to detail and interact effectively with other medical personnel and patients. The EMS profession can be an extremely emotional profession and the technician must be able to maintain composure while providing medical care to those in need.

Student Safety

General Classroom Safety

All student performances in the classroom, clinical setting, and field internship site shall be overseen by the instructors, training assistants, and/or preceptor. Each student shall address any problem or concern that he/she may have regarding his/her safety immediately to the individual directly involved with the training.

All students will perform with normal regard for personal safety as well as the safety of patients, partners, and others involved. At NO TIME shall the student perform any action that he or the preceptor deems unsafe or that the student/preceptor feels is an inappropriate action.

Any student that has an infectious disease (common cold, flu, hepatitis, etc.) shall not be allowed to participate in activities in which others might be infected. The student is responsible for any class make-up time this might cause.

If a student misses two (2) or more consecutive classes due to illness or injury, they must present a medical release from a physician to return to class.

Any student with a history of chronic health problems, pregnancy, recent surgery, or back injury will be required to present a medical release from a physician. The instructor has the option at all times to request such a release or an update on a prior release. If the student is injured or develops health problems, that prevent him/her from actively participating in the program during the course of the class, the student shall present a medical release prior to continuing.

At any time a student suffers an injury requiring medical care, while functioning as a paramedic student, the student shall report the incident to the preceptor who will in turn make a report to the I/C. A written incident report of the occurrence must be made within 48 hours. All incidents will be reported by the I/C to the EMS Education Director.

Treatment of Patients with Infectious Diseases

Efforts shall be made by the college and the medical facility to provide students adequate education and training regarding the handling of patients with infectious disease.

Students with special health problems or needs who are assigned to work with patients with infectious diseases shall have the responsibility for discussing the issue with the instructor and providing such medical history or information as requested of him/her.

Students with Infectious Diseases

Any student is expected to advise the instructor or any official of the school that he/she has been diagnosed as having any infectious disease, such as AIDS, tuberculosis, or hepatitis. He/she shall be put on medical leave or absence pending a physician's statement regarding two factors.

The vulnerability of the student to a secondary infection from being in the health care institution

The potential for infection of others by the student in his/her present medical state

The instructors may require that the Medical Director review the documentation provided by the student and/or interview the student prior to a final determination regarding returning to class.

If it is determined that the student is able to continue but has an infectious disease, one or more of the following shall take place.

The student will not be allowed to continue course work in a patient contact area if the patient must be protected.

The student shall continue on a medical leave of absence until they are able to be reinstated. The instructor will determine the extent of credit for course work completed.

If the student is currently assigned in a non-patient contact area and has been released by his/her physician to return to class, he/she may be allowed to return to class.

If it is determined that no reasonable accommodation is feasible for a student with an infectious disease, the student will continue on a medical leave of absence for a period of time defined by his/her physician and the instructor. Upon terminations of the medical leave of absence, the student may be allowed to resume his/her course work in the mode or manner approved by the instructors and the program's medical director. Since this program is coordinated with the schedules of clinical and field internship sites, the student with a lengthy absence may not be accommodated and may be dismissed from the program.

Field Internship

While responding to calls, the student shall be seated in the jump seat with the seat belt fastened. It is up to the policy of the field internship site and/or the discretion of the preceptor as to whether the student will be secured with a seat belt during patient transport.

NO student is allowed to drive EMS vehicles at any time during field internship. Failure to comply with this rule will result in the IMMEDIATE dismissal of the student from the program.

All students shall exercise prudent physical exertion on calls. (cot/patient lifting, scene safety, etc.)

Practical Skills, Technique Training

All manikins, airway adjuncts, etc. shall be properly cleaned with disinfectant between student contacts. Due to the nature of the training, it is imperative all students maintain high personal hygiene habits. A sink and disinfecting soap are available and should be used routinely during skills practice.

While performing ALS techniques such as IV and IM medications, defibrillation, etc., students will practice under the direct supervision of the instructor, training assistant or preceptor. Both the student and instructional staff will strictly adhere to appropriate safety measures while performing these techniques. Failure to comply will result in automatic student disciplinary action to be determined by the instructor and potential termination of adjunct faculty involved.

Any incident involving accidental blood borne pathogens exposure will be reported in writing to the instructor within twenty-four (24) hours of the incident.

Grading

In order for the paramedic student to provide optimum emergency care to patients, it is necessary for the student to possess an understanding of the fundamentals of the profession, rationale and philosophy of emergency medical treatment, and demonstrate the basic principles of emergency medical techniques. Written examinations are the most appropriate and effective process for measurement and assessment of the student's ability for converting content into knowledge.

A number of examinations will be provided to aid not only the instructor as well as the learner. These examinations provide a good learning tool and provide feedback on progress.

Practical examinations provide feedback for both the instructor and the student on the ability of the student to perform specific tasks.

The following grade scale shall be utilized:

94-100%	A
86-93%	B
80-85%	C
70-79%	D
<70%	F

Each major section will be awarded grades on the following material.

A. PARAMEDIC I

1. Homework
2. Weekly Exams/Quizzes
3. Final Exam
4. Instructor Evaluation of Student's Affective Domain

B. PARAMEDIC II

1. Homework
2. Weekly Exams/Quizzes
3. Final Exam
4. Instructor Evaluation of Student's Affective Domain

C. PARAMEDIC III

1. Homework
2. Weekly Exams/Quizzes
3. Final Exam
4. Instructor Evaluation of Student's Affective Domain

D. PARAMEDIC IV

1. Homework
2. Weekly Exams/Quizzes
3. Final Exam
4. Instructor Evaluation of Student's Affective Domain
5. Evaluation Matrix

E. Clinicals

1. Homework
2. Quizzes
3. Clinical Evaluations

F. Field Internship/Capstone

1. Homework
2. Quizzes
3. Internship Evaluations

Homework shall be graded on timeliness and content. Grading will be based on timeliness, grammar, spelling, and accuracy.

Quizzes, weekly examinations, and final examinations shall be graded on accuracy. If failed, FINAL examinations may be retaken ONE time with a MAXIMUM score of 80% on the reattempt.

Health Insurance

You must provide your own health insurance, at your own expense. We will require that you show us documentation of health insurance coverage before you can begin your clinical rotation.

Illness/Injury Expenses

Emergency care for illness or injury is the responsibility of the individual student.. Any costs associated with any health care services and insurance are your responsibility.

Liability Insurance

All students will purchase or shall be currently covered under liability insurance in the amount of \$ 1,000,000/5,000,000 aggregate. An insurance rider is available through Barton that is included in the student fees. An insurance rider must be on file with Barton prior to the student entering clinical or field internship rotations.

Make-up of Exams

Due to "Absenteeism"

Exams, whether written or practical, are to be taken as scheduled by the Instructor, and only under extreme circumstances are students allowed to make up an exam. Exam make up is determined by the instructor and/or program director.

Remedial Activities due to Lack of Exam Mastery

If you score less than 80% on an exam, at the discretion of the Instructor, you may be required to complete remedial activities.

These remedial activities are to be completed within the time frame specified by the Instructor. Failure to complete assigned remedial activities will result in an "F" grade for the exam. Failing to maintain a 80% in the class will result in the student being placed

on an Educational Plan. Failure to fulfill the Educational Plan will result in dismissal from the program.

Appeal of such decisions must be in writing, to the Director of the EMS Education.

EMS Program Dress Code

Classroom

All students will present themselves as appropriately dressed and exhibit professionalism at all times.

1. Each student shall be required to purchase a minimum of one approved classroom T-shirt. Barton will provide two clinical/FI polo uniform shirts. Students may purchase more shirts through Barton.
2. Navy blue or black slacks with a black belt purchased by the student at the student's expense, black shoes or boots cleaned and polished, and black socks.
3. Watch with a second hand or equivalent.
4. Hair must be worn away from the face in a manner that does not interfere with vision or providing medical care.
5. Hats are not to be worn indoors for class, lab, clinicals, or field internship.

Clinicals (O.R. excluded)

All students will present themselves as appropriately dressed and exhibit professionalism at all times.

1. Navy blue or black slacks with a black belt purchased by the student at the student's expense, black shoes or boots cleaned and polished, and black socks.
2. Polo shirts. Each student shall receive two shirts from Barton. Students may purchase more shirts through Barton. The polo shirts shall be identified with the Barton logo and the student's name and title.
3. Watch with a second hand or equivalent.
4. Stethoscope.
5. Hair must be worn away from the face in a manner that does not interfere with vision or providing medical care.

Operating Room (clinical)

All students will wear scrubs which are provided by the participating hospital. Shoes will be rubber soled and may be white or black. Shoes are to be clean and in good condition.

Field Internship

1. Navy blue or black slacks with a black belt purchased by the student at the student's expense.
2. Black shoes or boots cleaned and polished. Black socks.
3. Polo shirts. Each student shall receive two shirts from Barton. Students may purchase more shirts through Barton. The polo shirts shall be identified with the Barton logo and the student's name and title. The student shall also wear identification required by the field internship site.
4. Watch with a second hand or equivalent.
5. Stethoscope
6. Navy blue jacket or coat if needed. Students also have the option to purchase a Barton EMS jacket.
7. Students must comply with the field internship affiliates dress code.
8. Hair must be worn away from the face in a manner that does not interfere with vision or providing medical care.

Upon the discretion of the instructors, the student may be given an unsatisfactory rating in writing (in the appearance category) if the dress code is violated. The instructor may request that any item of apparel worn in the clinical or field internship be replaced if the item is worn, dirty, stained or creates a less than desirable professional image. The student should plan to purchase a sufficient number of uniform items so that clean scrubs, uniform shirts, etc. can be changed at the clinical or field internship site.

Student cleanliness is of the utmost importance not only for the patient, but for personal safety and that of other health care providers. All students shall present themselves appropriately dressed and exhibit professionalism at all times.

Professional Behavior

In order to demonstrate acceptable professional behavior you must regularly exhibit the following behaviors:

1. Demonstrate ethical responsibility by
 - a. Demonstrating accountability and responsibility
 - b. Performing duties in an honest and conscientious manner
2. Maintain good attendance and punctuality record by
 - a. Notifying instructor of unexpected absence/tardy
 - b. Requesting approval in advance for planned absence/tardy
 - c. Arriving at class, clinicals, and internship punctually
 - d. Maintaining a 90% or better attendance record
3. Adapt to changing environment by
 - a. Approaching and performing routine tasks confidently without assistance
 - b. Establishing priorities among tasks, with attention to analytical requirements
 - c. Demonstrating ability to transfer skills and knowledge learned to the field
 - d. Complying with the changes in policies and procedures
 - e. Occupying time productively when working independently in the lab or during down time at internship
4. Maintain personal appearance by
 - a. Maintaining good personal hygiene
 - b. Wearing uniforms at all times
 - c. Wearing clean and neat uniforms with shirts tucked in
5. Utilize constructive criticism by
 - a. Responding to suggestions and constructive criticism in a positive manner
 - b. Learning to use the criticism to your knowledge, skills, and critical thinking skills
6. Cooperate with other personnel by
 - a. Following the direction of Program Officials and the policies of the Program
 - b. Responding to events and situations in a positive manner
 - c. Respecting opinions of others
 - d. Assisting others as time permits
 - e. Keeping the work area, supplies, etc. neat, clean and stocked
7. Receive/relate information by
 - a. Asking and answering questions in a courteous manner
 - b. Participating in oral questioning and discussions

- c. Listening attentively
 - d. Writing legibly, neatly and in an organized manner
 - e. Responding appropriately to verbal/written inquiries
 - f. Demonstrating basic computer literacy
8. Demonstrate legal responsibility by
- a. Respecting confidentiality of patients and other students
 - b. Not falsifying documentation or treatment plans
 - c. Follow chain of command

Program Evaluation by Student

As a means of evaluating the student's perception of the educational experience, the following will be accomplished.

1. At the completion of each semester, the student will be asked to evaluate the primary instructor and the didactic content.
2. At the completion of each guest presentation, the student will be asked to evaluate the lecturer's presentation.
3. At the completion of the clinical rotation, the student will be asked to evaluate the clinical experience.
4. At the completion of field internship, the student will be asked to evaluate each internship site, preceptor, and overall experience.
5. At the completion of the Paramedic Program, the student will be asked to evaluate the program as a whole.

All student evaluations may be anonymous at his/her discretion. At no time will student evaluations of the program content be reflected in the grading system.

As the program is a contract between the student and the instructors all students have the capability, if not the responsibility, to bring to the attention of the instructors and staff any perceived problems or concerns with the educational presentations and/or soundness of the program.

If at any time a student believes a problem or concern is not being appropriately addressed he/she is encouraged to contact Barton's Program Director, the Executive Director, Dean, and/or the KS Board of EMS.

Contact Information for Problems or Concerns

Karyl White M.S. Paramedic I/C
Director of EMS Education
Barton County Community College
245 NE 30th Rd
Great Bend, KS 67530
620.792.9347

Chris Baker
Executive Director of Healthcare Education and Public Service
Barton County Community College
245 NE 30th Rd
Great Bend, KS 67530
620-792-9267

Dr. Kathy Kottas
Dean of Workforce Training and Community Education
Barton County Community College
245 NE 30th Rd
Great Bend, KS 67530
620.792.9355

Elaine Simmons
Vice President of Instruction and Student Services
Barton County Community College
245 NE 30th Rd
Great Bend, KS 67530
620.792.9212

Carman Allen
Education/Training Coordinator
KS Board of EMS
900 SE Jackson LSOB
Topeka, KS 66603
785.296.7296

CLINICALS

From: Andrew Hartzell, Clinical Coordinator

Dear paramedic student,

Welcome to the clinical and Field Internship (FI) portion of Barton Community College EMS Paramedic program. Over the next four semesters, you will have a wide range of experiences, patient contacts, and learning opportunities. In many instances, it will be your first experience outside of the classroom to practice many new skills. With this in mind. It is important to recognize the major role of the clinical experience and to treat it with your utmost respect.

In this handbook, you will find many of the rules and procedures associated with the clinical/FI experience. You will also find examples of the paperwork you will be using. In addition to this handbook, you will receive additional documentation pertaining to the specific facilities and unit. Please bring these with you when you attend clinicals or FI.

The clinical/FI experience should be a hard, yet enjoyable experience. We work hard to ensure you receive the best learning experience we can provide. Should you ever have a question or concern, please let me know. I am here to help you have to help assist you through your clinical and FI phases of the program.

Good luck and enjoy.

Andrew Hartzell

Dear Paramedic Student,

As Program Director for Barton Community College's EMS Education, I want to take the time and opportunity to share with you some of my personal clinical and internship philosophies. These philosophies, I believe, will not only allow you to be successful in your endeavor to become Paramedics, but will be traits desired and required for success within the EMS professions. Understanding, accepting, and adhering to these philosophies will also ensure that future students are assured the same experiences as you.

Throughout your clinical experience, many people will be watching and listening to assure that you meet the competencies set forth for this program. The Clinical Coordinator, Course Instructor, Site Liaisons, Preceptors, and the Medical Director will use a multitude of tools to assure the program and its Communities of Interest that you are ready to become a paramedic.

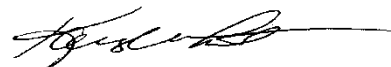
While my job as Program Director is to assist these individuals in accomplishing their tasks, it is also my job to assure students understand what behaviors allow BARTON to be considered and recognized as a "Quality" EMS education program. BARTON strongly feels that you represent more than just yourself. As a BARTON Paramedic student, you represent a large alumnus of Paramedic graduates that take pride and ownership from their accomplishments here at BARTON.

Before you begin each clinical shift, review and commit yourself to these philosophies:

- My appearance, cleanliness, and personal hygiene contribute to patients feeling comfortable and secure with my abilities.
- When my attitude is one of courtesy, respect, and desire to help others, I cannot help but to be effective and successful. I understand fully that I choose my attitude and it is not acceptable to have a "bad day."
- My actions each day will be guided on what I can do for someone else or how I can make life easier for others first.
- I will understand the importance of friendliness and contribute to a pleasant work place.
- My ability to listen attentively, make eye contact, and smile shows I have manners and care what other people perceive.
- My concern for privacy, dignity, respect, and confidentiality are the foundation of professionalism.
- Excellent performance is rooted in my passion and drive to be the best I can possibly be and to leave nothing unasked or unanswered.

I wish you all the best and hope that your clinical and FI experiences are ones that allow you to fully appreciate how incredible our profession truly is.

Best Regards



Karyl White

POLICES FOR CLINICAL EXPERIENCE

Dress Code

An important part of EMS is public perception. The public sees us as professionals, and we should look clean and professional. Habits developed now as a student will continue to reward you in your career in EMS.

□ Students must wear school-approved uniform. If your uniform is not clean or available, you will need to wear clean, neatly pressed navy blue or black slacks or shorts (Dockers type, no jeans), and a clean, neatly pressed white shirt with a collar. No other logos or patches are to be affixed to shirts. Military-style boots or leather shoes are to be clean and black. No caps, hats, tennis or sports shoes are allowed inside a building or while accompanying a patient.

- Each student must have a name tag or ID badge visible that identifies their name, school and student status.
- Do not wear perfume, heavily scented lotions or aftershave. Many patients have allergies and heavy scents could increase their discomfort.
- The only earrings permitted are ear studs.
- Bracelets are not permitted.
- If worn, necklaces must be concealed under clothing.
- No facial piercing is permitted.
- Rings are discouraged and should be limited. Be cautious of sharp edges that may puncture gloves.
- Though tattoos are permitted in class, many clinical sites do not allow tattoos to be seen so the student must learn and adhere to each individual hospital policy concerning tattoos.
- Men must be clean-shaven or sport only a neatly trimmed mustache and beard.
- Hair must be clean, look professional and be worn off the shoulders.
- Good hygiene is mandatory. Students should be clean, have clean teeth and fresh breath, emit no discernible body odor and appear professional.

As defined in your syllabus, you will wear your BARTON student uniform shirt. Your instructor may have additional instructions for you in regards to uniform needs in some clinical areas.

Each student, as an adult learner, has responsibility to come to the clinical area prepared for that day's learning experience. Faculty has responsibility to evaluate each student's preparation for the clinical learning experience. Any student who is unprepared will not be allowed to remain in the clinical area.

Clinical assignments may be made for any of three shifts, seven days a week. Combined clinicals and class sessions may not exceed 40 hours per week except for special circumstances and must be approved by the instructor in advance.

The paramedic student is to maintain a courteous and safe attitude throughout the program as would be required of a working paramedic in similar situations.

Clinical experience, which is required to successfully complete the paramedic course, would not be possible without the cooperation of area hospitals and health care agencies. Clinical space is limited. For this reason 100% attendance of scheduled assignments is a must. If you know 24 hours in advance of your clinical assignment that you will be unable to attend contact the clinical coordinator. If an emergency develops less than 24 hours of your clinical time contact the clinical coordinator and the clinical area where you were assigned. An absence from a clinical assignment without notification may result in a failure in the clinical portion of the course. Absences will be handled on an individual basis with the clinical coordinator.

Students will adhere to the policies of the facility and specialty areas.

Instructors or preceptors are to know where the student is at all times. Students are not to leave the assigned unit without reporting to the instructor or preceptor.

Role of Student versus Employee

This policy applies to all current **Paramedic** students enrolled in the BARTON EMS Education Paramedic Program. The intent of the policy is to clarify activities approved for student performance while employed for an ambulance service.

Students scheduled for clinical rotations may only perform those skills, which have been sufficiently demonstrated for BARTON faculty.

A designated preceptor or Clinical Instructor must be scheduled in conjunction with student activities. No student participation in clinical or field activities is approved without prearranged supervision.

Students shall never assume the responsibilities or the role of employee or staff during clinical experiences, but should act only in a **Paramedic** student capacity outlined with the clinical agency.

Student Health Policy

All Paramedic students are to adhere to the practices presented in the classroom regarding hand washing, etc. Each student is at risk of contracting a variety of infectious diseases from their patients and others they have contact with. Diseases include hepatitis, tuberculosis, and AIDS. Please read the following policies/procedures carefully.

Hands are to be washed before all laboratory sessions.

Hands are to be washed immediately after (or as soon as possible) patient contact or contact with soiled/contaminated material.

Any contaminated clothing should be properly placed aside immediately.

As per the EMS paramedic syllabus, Safety Guidelines are to be followed at all times.

Any question of exposure should be documented and the instructor notified immediately.

Universal precautions are to be employed at all times.

Infection Control

Infection control should be an area of concern for students and faculty throughout the entire training program and responsibility must be taken by each individual to see that appropriate precautions are taken.

The Center for Disease Control has established guidelines known as UNIVERSAL PRECAUTIONS which are to be implemented in the hospital and other health care settings. Universal Precautions are established to prevent spread of infectious diseases to health care workers or patients. Blood and body fluids requiring implementation Universal Precautions are as follows:

- Blood (including menstrual blood);
- Semen;
- Vaginal secretions (including menstrual discharge);
- Cerebrospinal fluid;
- Amniotic fluid;

- Synovial fluid;
- Pleural fluid;
- Peritoneal fluid;
- Pericardial fluid;
- Any body fluids with visible blood present.

It is important to remember when emergency medical personnel encounter body fluids under uncontrolled, emergency situations in which differentiation between fluid types is difficult, if not impossible, THEY SHOULD TREAT ALL BODY FLUIDS AS POTENTIALLY HAZARDOUS.

Personal protective equipment commonly used by health care workers include but are not limited to gloves, masks, goggles, masks with shields, resuscitation masks with one-way valves, and gowns. These are provided in each area you will be working. It is highly important to remember washing your hands frequently is a very effective measure in reducing spread of infectious disease. This includes washing your hands before patient contact, between patients and after removing gloves. It is recommended to wash hands for 25 seconds with warm soapy water.

Follow the facility's policy concerning eating or drinking in clinical patient areas..

"Sharps" containers are provided in all areas also and must be used at all times for disposal of all sharp objects.

The appearance of AIDS has sparked a renewed interest in infection control. The nature of EMS often requires close contact with patients' blood and body secretions. These guidelines have been developed to protect EMS personnel as well as their patients against not only AIDS but other communicable diseases as well. The following represent prudent practices:

- Wear leather or leather/canvas gloves during extrication to prevent injuries to yourself, which may result in bleeding. Fresh wounds are most susceptible to infection through contamination. Wear rubber gloves to prevent skin contact with the patients' blood or body secretions. Any open sores on the body should be covered.
- Dispose of needles and sharp instruments properly. Place them in a puncture resistant container immediately after use. Do not bend, break or recap needles as this is one of the most common causes of blood exposure to health care workers.
- Use a pocket mask or bag/valve mask for ventilator resuscitation.

- This reduces the likelihood of exposure to the patient's secretions and provides better oxygenation to the patient.
- Wear facemasks whenever the patient's condition suggests a lung infection such as tuberculosis or whenever you have an upper respiratory infection yourself.
- Avoid exposing skin or mucous membranes to the patient's blood or other body fluids. Exposed surfaces should be washed off with water as soon as practical and the skin surfaces wiped with an antiseptic. This action will limit the length of your exposure to any potential pathogens.
- Wear eye protection (goggles) whenever the patient is losing a large amount of blood or secretions. This should prevent any contaminants from entering the eye.
- Once the care of the patient has been transferred to hospital or other personnel the following represent prudent practices:
 - All towels and sheets used in the response should be placed in a plastic bag for proper laundering. (1:10 household bleach solution)
 - Bandages and other one-time use items used in the response should be placed in a red biohazard plastic bag and disposed of properly (Incineration preferred).
 - Clothing of the Paramedic student which has become grossly contaminated with blood or body fluids should be exchanged for clean fresh clothing. Contaminated clothing should be laundered in a 1:10 household bleach solution.
 - Wash hands as soon as possible after providing patient care and after handling contaminated materials. This is the most effective means of infection control.
 - Accidental injuries such as cuts or needle sticks resulting in possible exposure to infectious diseases should be recorded and reported to clinical coordinator and/or instructor as soon as possible and before leaving the clinical area.
 - Protective gloves should be worn during any patient contact and while handling possibly infectious materials.

These guidelines are intended to provide the best possible infection control for the Paramedic student without interfering with the quick and efficient provision of emergency medical services.

It is the Paramedic student's responsibility to review clinical policies and procedures to ensure that infection control guidelines are utilized.

What to do in the event of exposure

If the exposure is a sharp injury

- Get the area to bleed freely
- Wash the area with soap and water or waterless hand wash solution
- Notify the Clinical Instructor immediately
- Notify the BARTON Site Liaison

If the exposure was a splash to the eye, nose, or mouth

- Flush the area for 10 minutes with water
- Notify the Clinical Instructor immediately
- Notify the BARTON Site Liaison

The medical facility will provide appropriate follow up, however; **they will not bear the expense.**

If your uniform is contaminated while on shift the incident should immediately be reported to your instructor. The medical facility is not required to provide scrubs for you to wear, therefore additional student uniforms should be carried at all times. Your contaminated uniform must be bagged and properly cleaned. If scrubs are used in the clinical setting, you will need to return the scrubs to the hospital and advise the Clinical Instructor when you do. If the Clinical Instructor is not advised of the return of the scrubs you will be billed for them.

Designated Officer for Disease/Exposure Reporting and Follow Up

A student who feels that they have had an exposure should contact the designated officer:

Designated Officers

Andrew Hartzell, PARAMEDIC, I/C, EMS Education Clinical Coordinator
Cell – (785) 380-9087
E-MAIL – hartzella@bartoncc.edu

OR

Karyl White, MS, PARAMEDIC, I/C, Program Director
Direct line - (620) 792-9347
E-MAIL - whitek@bartoncc.edu

CLINICAL GOAL

Demonstrate an understanding of professional and ethical responsibilities inherent in the clinical setting.

CLINICAL and FI COMPETENCIES

The following goals must be successfully accomplished in the clinical/Internship environment, on actual patients.

1. Safely administered a medication forty (40) times or more.
2. Perform a minimum of thirty (30) airway management procedures
(May use simulations on a 1:1 basis)
3. Perform at the minimum five (5) live intubations.
4. Safely gained venous access on thirty-five (35) patients.
(May use simulations on a 1:1 basis)
5. Ventilate a minimum of ten (10) patients
6. Assess three (3) newborns
7. Assess two (2) infants
8. Assess two (2) toddlers
9. Assess two (2) pre-school age children
10. Assess two (2) school age children
11. Assess two (2) adolescents
12. Assess forty (40) adult patients
13. Assess thirty (30) geriatric patients
14. Assess three (3) obstetric patients
15. Assess twenty (20) trauma patients
16. Assess thirty (30) medical patients
17. Assess two (2) psychiatric patients

18. Assess and plan RX for ten (10) chest pain patients
19. Assess and plan RX for ten (10) respiratory distress patients
20. Assess and plan RX for four (4) syncope patients
21. Assess and plan RX for seven (7) abdominal distress patients.
22. Assess and plan RX for nine (9) altered mental status patients.
23. Case Studies two (2) patients from two (2) different departments to be turned in prior to completion of that department's clinical time.

CLINICAL OBJECTIVES

Emergency Department

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of emergency department patients of various ages, pathologies, and complaints.

Objectives

1. Perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - f. Perform the necessary documentation on the chart, per hospital policy.
2. Perform venipuncture to draw venous blood samples
3. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all medications administered to patients.
4. Set up, start and maintain IV fluid therapy on adult and pediatric patients, to include changing IV bags and properly calculating flow rates.
5. Correctly recognize the need for and perform endotracheal, nasopharyngeal and oropharyngeal suctioning.

6. Properly recognize the need and administer oxygen therapy, utilizing all equipment.
7. Assist in the management of behavioral, medical and traumatized patients.
8. Initiate treatment of lacerations and other soft tissue wounds and assist the physician or nurse as needed.
9. Correctly apply ECG leads appropriate for the hospital.
10. Correctly interpret ECG tracings.
11. Assist respiratory therapist in performing the respiratory assessment, to include breath sounds, history, and assisting with the administration of breathing treatments.
12. Identify accepted methods of treating dysrhythmias.
13. Identify the effects of an AMI on the electrocardiogram and laboratory test results.
14. Identify the parameters evaluated for the diagnosis of AMI and relate these to the pre-hospital setting.
15. Perform nasogastric intubation and understand the indications for this treatment.
16. Perform gastric lavage and understand the indication for this treatment.
17. Perform Foley catheter placement.
18. Closely observe arterial blood gas sampling and interpret laboratory test results.
19. Observe and perform cardiopulmonary resuscitation.
20. Observe and if possible, perform needle thoracostomy.
21. Observe and if possible, perform an emergency cricothyrotomy.
22. Observe and if possible, perform triage.
23. Interpret lab results and correlate to the patient's presentation
24. Manage the emotionally disturbed patient.
25. Defibrillate cardiovert and apply external cardiac pacemaker.

26. Use peak flow meter and discuss values with the respiratory therapist.
27. Observe and if possible, perform endotracheal intubation.
28. Observe and if possible, insert an intraosseous needle and establish an infusion.
29. Utilize proper body substance isolation procedures.
30. Show integrity, appropriate communication and time management, and respect.
31. Show empathy, patient advocacy, and careful delivery of service.
32. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Intensive Care Units

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of intensive care unit patients of various ages, pathologies, and complaints.

Objectives

1. Perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - f. Perform the necessary documentation on the chart, per hospital policy.
2. Perform venipuncture to draw venous blood samples
3. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all medications administered to patients.
4. Set up, start and maintain IV fluid therapy on adult and pediatric patients, to include changing IV bags and properly calculating flow rates.
5. Correctly recognize the need for and perform endotracheal, nasopharyngeal and oropharyngeal suctioning.
6. Properly recognize the need and administer oxygen therapy, utilizing all equipment.

7. Assist in the management of behavioral, medical and traumatized patients.
8. Initiate treatment of soft tissue wounds.
9. Correctly apply ECG leads appropriate for the hospital.
10. Correctly interpret ECG tracings.
11. Assist respiratory therapist in performing the respiratory assessment, to include breath sounds, history, and assisting with the administration of breathing treatments.
12. Identify accepted methods of treating dysrhythmias.
13. Identify the effects of an AMI on the electrocardiogram and laboratory test results.
14. Perform nasogastric intubation and understand the indications for this treatment.
15. Perform Foley catheter placement.
16. Closely observe arterial blood gas sampling and interpret laboratory test results.
17. Observe and perform cardiopulmonary resuscitation.
18. Learn indications and usage of temporary invasive pacemakers.
19. Observe and assist staff in proper moving and positioning of patients.
20. Observe and if possible, perform the valsalva maneuver and carotid sinus massage.
21. Interpret laboratory test results and correlate to the patient's presentation.
22. Observe and if possible, perform a needle thoracostomy.
23. Defibrillate cardiovert and apply external cardiac pacemaker.
24. Use peak flow meter and discuss values with the respiratory therapist.
25. Observe and if possible, perform endotracheal intubation.
26. Set up and administer parenteral medications and identify the complications of the therapy.

27. Utilize proper body substance isolation procedures.
28. Show integrity, appropriate communication and time management, and respect.
29. Show empathy, patient advocacy, and careful delivery of service.
30. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Operating Room

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of operating room patients of various ages, pathologies, and complaints.

Objectives

1. Perform endotracheal intubation.
2. Place an LMA device.
3. Observe conscious sedation, and local, general and spinal anesthesia.
4. Observe assisted ventilation devices.
5. Observe orthopedic surgical procedures and consider the anatomy of bones, nerves and vessels.
6. Recognize an upper airway obstruction.
7. Utilize proper body substance isolation procedures.
8. Show integrity, appropriate communication and time management, and respect.
9. Show empathy, patient advocacy, and careful delivery of service.
10. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Recovery Room

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of operating room and recovery room patients of various ages, pathologies, and complaints.

Objectives

1. Perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - f. Perform the necessary documentation on the chart, per hospital policy.
2. Perform venipuncture to draw venous blood samples
3. Set up and administer parenteral medications and identify the complications of this therapy.
4. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all medications administered to patients.
5. Set up, start and maintain IV fluid therapy on adult and pediatric patients, to include changing IV bags and properly calculating flow rates.
6. Correctly recognize the need for and perform endotracheal, nasopharyngeal and oropharyngeal suctioning.
7. Properly recognize the need and administer oxygen therapy, utilizing all equipment.
8. Correctly interpret ECG tracings.
9. Interpret laboratory test results and correlate to the patient's presentation.
10. Perform Foley catheter placement.
11. Closely observe arterial blood gas sampling and interpret laboratory test results.
12. Observe and assist staff in proper moving and positioning of patients.
13. Observe and if possible, perform a needle thoracostomy.

14. Defibrillate cardiovert and apply external cardiac pacemaker.
15. Perform nasogastric intubation and understand the indications for this treatment.
16. Remove endotracheal tube
17. Recognize an upper airway obstruction.
18. Utilize proper body substance isolation procedures.
19. Show integrity, appropriate communication and time management, and respect.
20. Show empathy, patient advocacy, and careful delivery of service.
21. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Labor and Delivery Room

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of labor and delivery room patients of various ages, pathologies, and complaints.

Objectives

1. Perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - f. Perform the necessary documentation on the chart, per hospital policy.
2. Perform venipuncture to draw venous blood samples
3. Set up and administer parenteral medications and identify the complications of this therapy.
4. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all medications administered to patients.

5. Set up, start and maintain IV fluid therapy on adult and pediatric patients, to include changing IV bags and properly calculating flow rates.
6. Properly recognize the need and administer oxygen therapy, utilizing all equipment.
7. Observe and identify the different stages of labor.
8. Observe fetal monitoring.
9. Locate fetal heart sounds.
10. Accurately time contractions and assess the intensity of uterine muscle tone.
11. Assess ante partum and postpartum maternal bleeding, and observe and assist with its treatment.
12. Discuss and perform, if possible:
 - a. Uterine massage.
 - b. Pitocin administration.
13. Observe and if possible, assist with the normal delivery.
14. Observe and if possible, assist with the clamping and cutting of the umbilical cord.
15. Observe and if possible, assist with the staff interactions with patients in labor.
16. Observe and if possible, assist with techniques utilized for the prevention of tearing, to include stretching, support and control of delivery speed.
17. Observe and episiotomy.
18. Observe a Cesarean delivery, if possible.
19. Observe and if possible, assist with the management of shoulder dystocia, breech birth and prolapsed cord.
20. Observe and if possible, assist with the management of pre-eclampsia and eclampsia.
21. Observe and if possible, assist with the management of the newborn and premature neonate.
22. Observe and if possible, assist with the suctioning of the neonate, to include meconium staining.

23. Observe and if possible, assist with the management of placenta previa, abruptio and pre-term labor.
24. Observe and if possible, assist with the management of hypotensive patients.
25. Observe and if possible, assist with the APGAR scoring.
26. Observe and if possible, assist with the methods of conserving neonatal body warmth.
27. Observe and if possible, assist with prenatal counseling.
28. Utilize proper body substance isolation procedures.
29. Show integrity, appropriate communication and time management, and respect.
30. Show empathy, patient advocacy, and careful delivery of service
31. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Pediatric Unit

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of pediatric unit patients of various ages, pathologies, and complaints.

Objectives

1. Perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - f. Perform the necessary documentation on the chart, per hospital policy.
2. Perform venipuncture to draw venous blood samples
3. Observe and if possible, set up and administer parenteral medications and identify the complications of this therapy.
4. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all medications administered to patients.

5. Correctly recognize the need for and perform endotracheal, nasopharyngeal and oropharyngeal suctioning.
6. Observe and if possible, set up, start and maintain IV fluid therapy on adult and pediatric patients, to include changing IV bags and properly calculating flow rates.
7. Properly recognize the need and administer oxygen therapy, utilizing all equipment.
8. Interpret lab results and correlate to the patient's presentation.
9. Use peak flow meter and discuss values with the respiratory therapist.
10. Auscultate and correctly identify adventitious breath sounds.
11. Evaluate and if possible, assist with the management of:
 - a. Asthma
 - b. Croup.
 - c. Epiglottitis
 - d. Trauma
 - e. Dehydration
 - f. Elevated body temperature
 - g. Seizure activity.
12. Interact with the patient's parents.
13. Utilize proper body substance isolation procedures.
14. Show integrity, appropriate communication and time management, and respect.
15. Show empathy, patient advocacy, and careful delivery of service.
16. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

I.V. Team

Objectives

1. Perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - f. Perform the necessary documentation on the chart, per hospital policy.
2. Perform venipuncture to draw venous blood samples
3. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all fluids administered to patients.
4. Set up, start and maintain IV fluid therapy on adult and pediatric patients, to include changing IV bags and properly calculating flow rates.
5. Observe and when possible, perform other I.V. functions such as starting cleaning and maintaining Central Lines, PIC lines, etc.
6. Observe and assist staff in proper moving and positioning of patients.
7. Utilize proper body substance isolation procedures.
8. Show integrity, appropriate communication and time management, and respect.
9. Show empathy, patient advocacy, and careful delivery of service.
10. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Respiratory Therapy

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of respiratory therapy patients of various ages, pathologies, and complaints.

Objectives

1. Perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats

- b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - g. Perform the necessary documentation on the chart, per hospital policy.
2. Correctly recognize the need for and perform endotracheal, nasopharyngeal and oropharyngeal suctioning.
3. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all medications administered to patients.
4. Properly recognize the need and administer oxygen therapy, utilizing all equipment.
5. Assist respiratory therapist in performing the respiratory assessment, to include breath sounds, history, and assisting with the administration of breathing treatments.
6. Closely observe and perform arterial blood gas sampling and interpret laboratory test results.
7. Observe and if possible, perform endotracheal intubation.
8. Observe assisted ventilation devices.
9. Observe and assist in proper moving and assist the therapist with respiratory care.
10. Use peak flow meter and discuss values with the respiratory therapist.
11. Auscultate and correctly identify adventitious breath sounds.
12. Utilize proper body substance isolation procedures.
13. Show integrity, appropriate communication and time management, and respect.
14. Show empathy, patient advocacy, and careful delivery of service.
15. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Psychiatric

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of psychiatric patients of various ages, pathologies, and complaints.

Objectives

1. If possible, perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment
 - e. Develop a clinical impression and discuss with the physician or nurse
 - f. Perform the necessary documentation on the chart, per facility policy.
2. Define the term behavioral emergency
3. Discuss the role of drugs and alcohol in behavioral emergencies.
4. Describe the use of open-ended versus closed-ended questions.
5. Describe and utilize verbal communication techniques useful in managing the emotionally disturbed patient.
6. List factors associated with the increased risk of suicide.
7. Observe and if possible, help manage the following conditions:
 - a. depression
 - b. suicide
 - c. anxiety
 - d. mania
 - e. schizophrenia
 - f. behavioral problems in children
 - g. domestic violence
8. Utilize proper body substance isolation procedures.
9. Show integrity, appropriate communication and time management, and respect.
10. Show empathy, patient advocacy, and careful delivery of service.
11. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

Medical Clinic, Physician Office and Health Care Department

Upon completion of this unit, the paramedic student will have participated in the assessment and appropriate management of patients of various ages, pathologies, and complaints that present in the medical clinic.

Objectives

1. If possible, perform patient assessment, including:
 - a. Perform a primary assessment to rule out life threats
 - b. Ascertain the patient's history, including HPI, PMH, medications and allergies.
 - c. Assess vital signs.
 - d. Perform a secondary assessment, to include:
 - I. neurological assessment
 - II. eye exam
 - III. ear exam
 - IV. nose exam
 - V. throat exam
 - VI. lymphatic system exam
 - VII. skin exam
 - VIII. heart and lung sounds
 - IX. major systems
 - e. Develop a clinical impression and discuss with the physician, P.A., or nurse
 - f. Perform the necessary documentation on the chart, per facility policy.
2. Perform venipuncture to draw venous blood samples
3. Recite the class, action, dosage, uses, and duration of action, contraindications, precautions, antidote and side effects of all medications administered to patients.
4. Set up, start and maintain IV fluid therapy on adult and pediatric patients, to include changing IV bags and properly calculating flow rates
5. Set up and administer parenteral medications and identify the complications of this therapy.
6. Correctly recognize the need for and perform endotracheal, nasopharyngeal and oropharyngeal suctioning.
7. Properly recognize the need and administer oxygen therapy, utilizing all equipment.

8. Assist in the management of behavioral, medical and traumatized patients.
9. Initiate treatment of lacerations and other soft tissue wounds and assist the physician or nurse as needed.
10. Correctly apply ECG leads appropriate for the clinic.
11. Monitor and correctly interpret limb lead and twelve lead ECG tracing.
12. Assist with the administration of breathing treatments.
13. Identify accepted methods of treating dysrhythmias.
14. Identify the effects of an AMI on the electrocardiogram and laboratory test results.
15. Identify the parameters evaluated for the diagnosis of AMI and relate these to the pre-hospital setting.
16. Perform nasogastric intubation and understand the indications for this treatment.
17. Perform gastric lavage and understand the indication for this treatment.
18. Perform Foley catheter placement.
19. Closely observe arterial blood gas sampling and interpret laboratory test results.
20. Observe and perform cardiopulmonary resuscitation.
21. Observe and if possible, perform needle thoracostomy.
22. Observe and if possible, perform an emergency cricothyrotomy.
23. Observe and if possible, perform triage.
24. Interpret lab results and correlate to the patient's presentation.
25. Manage the emotionally disturbed patient.
26. Defibrillate cardiovert and apply external cardiac pacemaker.
27. Use peak flow meter and discuss values with the respiratory therapist.
28. Observe and if possible, perform endotracheal intubation.

29. Observe and if possible, insert an intraosseous needle and establish an infusion.
30. Observe and assist with stress test.
31. Observe and assist with sonography.
32. Evaluate basic parameters of X-rays.
33. Assist with lesion removal.
34. Utilize therapeutic communications skills.
35. Develop interactive skills with other health care professionals.
36. Utilize proper body substance isolation procedures.
37. Show integrity, appropriate communication and time management, and respect.
38. Show empathy, patient advocacy, and careful delivery of service.
39. Show self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork and diplomacy.

MINIMUM CLINICAL HOURS

The following is a listing of the minimum number of hours that each student must complete. A successful passing of each section is determined by preceptor and clinical area personnel evaluations and the student's progression of attaining the needed knowledge base, as well as practical application capabilities. The instructors and/or medical director may at any time, assign additional hours to the student in any of the clinical areas. The student also has the option to attain additional hours, subject to availability.

Clinical Rotation Area Hours

Emergency Department	132 hours
Intensive Care	16 hours
Surgery	40 hours
Mother/Baby	24 hours
Pediatrics	16 hours
IV Team	8 hours
Total Minimum Clinical Hours	236 hours

It should be clearly understood by the PARAMEDIC student that completion of this program is competency and hour based and not specifically hourly based. The hours listed for clinical are required minimums. Failure to meet competencies will result in additional clinical hours.

CLINICAL ROTATION AREAS DESCRIPTION

The clinical content as described is designed to serve as a general framework for the implementation of the clinical objectives of the paramedic curriculum. This time is dedicated to providing the student with an opportunity to implement the knowledge and skills attained in the didactic portion of this program. This is accomplished with supervision of physicians, licensed professional nurses and paramedics. A complete set of objectives for each clinical area shall be provided to the students and department head.

Emergency Department

This area of clinicals is designed to familiarize the student with the Emergency Department aspect of definitive care. The student will practice skills of IV therapy, venous puncture, endotracheal intubation, nasopharyngeal and oropharyngeal suctioning and assist physician and nurses in various other procedures.

Activities include assessment of the emergency patient, as well as pharmacological interventions, and all aspects of emergent patient care.

Intensive Care Unit

This area of clinical experience is designed to familiarize the student with intensive and coronary care units in the hospital. The student will practice patient assessment, IV therapy, and pharmacology.

Practical applications include patient assessment and management, techniques such as venipuncture, interpretation of ECG rhythms and administration of medications.

Surgery/Recovery Departments

These areas of clinicals are designed to provide the student with the knowledge of surgery along with techniques of airway and ventilation maintenance. Aseptic technique, hemorrhage control, intravenous therapy and airway management are discussed in the OR. Practical applications include airway maintenance utilizing specific airway devices. All intubations in this rotation must be document by an MD or CRNA.

The OR rotations must be done in eight (8) hour shifts, Monday through Friday.

Mother/Baby

This area of clinical experience is designed to give the student knowledge of the labor and delivery rooms and the nursery of the hospital. The student will assist when possible with all aspects of labor delivery. The student will also have the opportunities to participate in newborn assessments and interact with family members.

Childbirth is discussed from the standpoint of actual field situations. Techniques of management of emergency childbirth are discussed and observed.

Psychiatric

The primary object of this area is to introduce the student to a variety of mental illnesses and the need of completing a thorough patient assessment. The students will be involved in all aspects of patient care including any assessment and management that may be necessary to treat these patients, including pharmacological interventions.

Electives

The student may choose one or more of the elective areas to complete (24) hours of clinical experience. The elective clinical experience is designed to offer the student opportunity to familiarize him/herself with other integral parts of health care. The student will perform the clinical objectives under the supervision of a physician, professional licensed nurse, physician's assistant, respiratory therapist, paramedic, or other licensed/certified individuals in the appropriate area of expertise.

UNPROFESSIONAL CONDUCT

Unprofessional conduct at any point is grounds for immediate dismissal from the clinical area, disciplinary action and/or termination from the program depending on the infraction.

Unprofessional conduct is defined as:

1. Performing acts beyond the activities authorized for the level at which the individual is approved;
2. Failing to take appropriate action to safeguard the patient.
3. Inaccurately recording, falsifying or altering a patient's hospital, student or other records.
4. Committing any act of verbally or physically abusing patients, or others.
5. Violating confidentiality.
6. Diverting drugs, supplies or patient's property.
7. Providing patient care while under the influence of alcohol or other drugs.
8. Negatively influencing the atmosphere in the classroom, clinical experience or field internship, to the point other's learning opportunity, or the student's personal learning opportunity, is affected.
9. Taking or removing Hospital/Institutional properties.
10. Failure to follow instruction of any clinical employee, BARTON Site Liaison, clinical coordinator, and/or instructor.
11. Contact of clinical site directly by the student for the purposes of scheduling or conflict resolution.

CLINICAL EVALUATION

Introduction to Clinical Evaluation

Clinical experiences emphasize the learning of behavior skills. Such skills are measured by evaluation of clinical performance. Evaluation of students' clinical performance is a professional and legal obligation of the Clinical Instructor. Such evaluation involves supervisor judgments in a variety of situations. The purpose of the evaluation process is to provide a basis for fairness, consistency, and objectivity in this evaluation process.

It is imperative for the student to understand that the clinical segment of their education is supervised by professionals with different responsibilities. Clinical Instructors are nurses or physicians that work directly in the clinical area and are responsible for signing off on your competencies. This is further identified within the Kansas Administrative Regulations.

The preceptor is a representative of BARTON and is primarily tasked with clinical site coordination instead of instruction. These individuals will assist you with your clinical experience but are only allowed to verify your competencies when they witnessed the skill.

Use of the Evaluation Forms

Formative

The clinical evaluation forms are designed to be used by the Clinical Instructor and Site Liaison to evaluate the student's performance in each clinical area. The behavioral components identified under each clinical section serve as a guide for behaviors necessary to meet each section satisfactorily. Each behavior component will be evaluated utilizing a 1-5 Likert scale. Competencies will be evaluated with pass/fail criteria.

In some clinical settings the student will have contact with more than one Clinical Instructor during his/her rotation. Each Clinical Instructor will complete a daily evaluation form for each student he/she has supervised. The Site Liaison present at the end of each shift will have a conference with the student and discuss all the evaluation forms completed by the Clinical Instructors. Evaluations within the Behavior domain that receive less than 3 or evaluations of the Competency domain with a fail will require a written Action Plan from the Site Liaison.

The student will assist in the evaluation process by completion of the daily log and daily evaluation form. The student will bring the completed daily logs plus the daily evaluation forms to the conference and together the Site Liaison and the student will discuss student performance based on the behavioral components of the clinical objectives.

Summative

The Clinical Coordinator and course Instructor will complete the final clinical evaluation form. If the student wishes to write a statement for the purpose of clarification, he/she may do so.

Methods of Evaluation

Each of the following evaluation methods can be employed any unit of the clinical experience. These methods will be observed or performed by the Clinical Instructor, Clinical Coordinator, Site Liaison, Medical Director, Program Coordinator, and/or the course Instructor.

- Student's daily log (FISDAP)
- Direct observation.
- Verbal quizzing
- Daily evaluation form
- Written evaluations
- Random family and patient interview on student performance.
- Case Studies

ATTENDANCE

The student must report to the clinical assignment at the scheduled time. Any tardiness may result in extra assignments, extra clinical time, grading penalties, or if in excess of 1 clinical shift is attended late, the student may be removed from the clinical experience and/or dropped from the program. These circumstances will be handled on a 1:1 basis with the Clinical Coordinator and course Instructor.

Failure to attend clinical assignments as originally scheduled is an absence, and will only be rescheduled according to Barton Community College guidelines. In the event of an absence the following procedure will be followed: If you know you are going to be absent, immediately contact the Clinical Coordinator and/or course Instructor.

DAILY LOGS

Daily logs function as the student's self-evaluation and record of clinical experiences. The student should document facts in the narrative such as:

- Patient age, sex, and diagnosis.
- Medications administered, dose, why patient is receiving drug etc.
- Procedures performed, assisted, or observed.
- I.e. Foley catheter, IV initiation, insertion of chest tube, bronchoscopy, CT scan, etc.
- Lab tests, CT scan, MRI, X-ray, or EKG results and how they relate to patient condition.
- Other information indicating student learning that took place. This could include unique communication problems, special emotional or spiritual needs of family, patient, staff or student, special medication situations etc.

List all pharmaceutical agents administered on the daily log form along with reason for administration, time and route. Include the following information: Drug classification, pharmacologic effects, uses, duration of action, etc.

Include all intravenous fluid administration on the daily log along with reason for inline establishment, catheter type and size, drip rate, site and fluid type.

FISDAP is the current record being utilized. All entries need to be posted as soon as the day's clinical is completed. Any entry posted after 72 hours from the time of the experience may be considered VOID and the hours repeated.

CASE STUDIES

Students will prepare case studies during their clinical rotations. These case studies will follow a given format and be submitted to the Instructor within 14 days of completion of that unit. Two cases will be submitted from any two of the following areas (1 from each of 2 different areas):

- Psychiatric
- Emergency Department
- Intensive Care Unit

- Labor and delivery
- Surgery/Recovery
- Electives

You will be graded on content, spelling, grammar, and punctuation. Examples can be provided.

**BARTON COUNTY COMMUNITY COLLEGE
EMERGENCY SERVICES EDUCATION**

INCIDENT REPORT

The attached "Incident Report Form" is to be completed when an unusual event occurs involving the student which needs documented. Incident reports are required for these events, but, not limited to:

- Injury to the student
- The student causing damage to property or injury to others
- Significant difficulties with activities by the student

As deemed necessary by the Site Liaison, Medical Director, course Instructor, Clinical Coordinator, and/or Program Coordinator

The student is responsible for the completion of the form.

Name of Student _____

Client Initials _____ Hospital _____

Date of Incident _____ Time of Incident _____

Describe exactly what happened.

What were the causes?

If an injury, state part of body injured. Describe the damage.

Discuss what you might have done to prevent the incident from occurring.

What measures will you take in the future to prevent a similar occurrence?

Instructor's comments:

Student's Signature

Instructor's Signature

Field Internship

PREPARATION FOR FIELD EXPERIENCE

A student must be approved by the program director, lead instructor, and clinical coordinator before the student may enter field internship.

PARAMEDIC students will appear for Field Internship in appropriate dress and appearance should be well groomed.

The PARAMEDIC student is to maintain a courteous and safe attitude throughout the program as would be required of a working PARAMEDIC in similar situations.

Students will report to their assigned Field Internship unit at the pre-scheduled time and will adhere to the policies of the facility and specialty areas.

Preceptors are to know where the student is at all times. Students are not to leave the assigned units without reporting to the supervisor. Any time away from the assigned unit is not considered part of field internship.

Unprofessional conduct as defined in student handbook and Barton Community College Paramedic Program Syllabus is grounds for immediate dismissal from the field internship area. Dismissal from field internship initiates an immediate review of the student's status to include potential termination from the program.

Field internship assignments will be scheduled on the same basis as clinical with hours not to exceed 72 hours per week except in special circumstances.

Missed field internship assignment must be rescheduled by the clinical coordinator and must be made up by the student.

If a field internship assignment is to be missed the student must contact the EMS supervisor working that day and the Paramedic Program clinical coordinator as soon as possible. Notification should occur prior to the beginning of the shift just as would be expected in an employment relationship.

Written assignments and case study presentations are part of the field internship final grade and are required for successful completion of field internship and the Paramedic Program.

Barton Community College EMS Education safety guidelines are to be adhered to at all times. Any field internship site protocols in excess of Barton Community College EMS Education are to be strictly and completely followed. Neither policy should be interpreted so as to diminish the expectations of the other.

GENERAL RULES APPLICABLE TO FIELD EXPERIENCES

This policy applies to all current PARAMEDIC students enrolled in the BARTON program. The intent of the policy is to clarify activities approved for student performance while completing FI. This includes those completing their FI at their place of employment.

1. Students scheduled for field rotations may only perform those skills that have been sufficiently demonstrated for BARTON faculty.
2. A designated preceptor must be scheduled in conjunction with student activities. No student participation in clinical or field activities is approved without pre-arranged supervision.
3. Students shall never assume the responsibilities or the role of an employee or staff during field experiences, but should act only in a PARAMEDIC student capacity outlined with the clinical/field agency.
4. Students are to wear the approved BARTON Field Internship uniform while acting in the student role. Students are not to wear the BARTON Field Internship uniform when acting in the employee role.
5. Under no circumstance should a student assume sole responsibility for any patient.
6. Under no circumstance should a student operate a vehicle as driver.
7. Under no circumstance should a student engage in fire suppression, hazardous material entry, high angle rescue, trench rescue or rescue tool operation in association with a call for service. On duty, training activities while awaiting calls for service are approved activities if conducted under direct supervision and approval of the host site and its training staff. On duty, training should not include live burn activities or other fire suppression activities, which include open flame.
8. Timeliness of reporting is crucial to the field internship process. Students are to return all patient worksheets and Shift Evaluation Forms to BARTON EMS Education. It is the student's responsibility to ensure the completion of each of these forms AND information put into FISDAP. It is also the responsibility of the student to place their completed forms in the designated file box. **Forms not found in the appropriate file box at the end of each clinical area rotation or FISDAP not completed within 72 hours of the shift will not be counted as field internship time.**

GENERAL GUIDELINES FOR FIELD INTERNSHIP

1. Appearance should be neat and well groomed.
2. Report to your scheduled station at the correct time and be prompt.
3. Unprofessional conduct of any kind is grounds for immediate dismissal from the program.
4. PARAMEDIC students are to act under the direct supervision of the assigned preceptor or the preceptor's qualified and trained PARAMEDIC designee at all times.
5. The PARAMEDIC student is to keep the preceptor advised of their whereabouts and activity at all times.
6. Absences due to illness must be reported in advance to the preceptor to whom the student is assigned or they will be documented as unreported. Two unreported absences may constitute an incomplete. More than two absences due to illness may also constitute an incomplete. The clinical coordinator should be notified of the missed shift via phone.
7. Students and preceptors are expected to work together to develop a schedule of internship attendance. It is customary for the student to attend each shift of the preceptor as if they are working as an employee.
8. Students should attend all scheduled internship. Students should also attend all scheduled classes during field internship. If classes are scheduled on the same day as an internship day, the student should attend class. They will be given credit for class time only if they are attending class. **FI does not exclude the BEMS requirement for 90% attendance in class.**
9. Students will complete a patient worksheet for **each** call, regardless of call type. In addition, each shift will be documented with a Shift Evaluation Form completed by the student and the preceptor. Each shift, whether 12 or 24 hours is be documented on a separate Shift Evaluation Form to better address student's weaknesses, strengths, and progress towards meeting the objectives. Shift Evaluations are currently completed electronically on FISDAP.
10. It will be the responsibility of the PARAMEDIC student to assure the PARAMEDIC preceptor completes a Shift Evaluation Form at the end of each shift. Program faculty uses these forms as a component of the assessment process for the student.

11. Any injury sustained while in internship must be reported immediately to the clinical coordinator. Applicable host site procedures are to be followed including any reporting.
12. All other course policies apply to field internship where appropriate.
13. The policies laid out in the Barton Community College Student Handbook apply during field observations.
14. The student is to follow all applicable policies of the host site.
15. The PARAMEDIC student is not to drive any host site vehicle while in internship or observing.

FIELD INTERNSHIP GOAL

Demonstrate an understanding of professional and ethical responsibilities inherent in the paramedic field setting.

FIELD INTERNSHIP/CLINICAL COMPETENCIES (REQUIRED)

Found in Clinical competencies – page 49 - 50

OBJECTIVES (RECOMMENDED)

1. Demonstrate the ability to obtain information rapidly by talking with the patient and by physical examination, by interviewing others, and from observation of the environment.
2. Demonstrate the ability to communicate concisely and accurately.
3. Demonstrate the ability to organize and interpret data rapidly.
4. Demonstrate a willingness and ability to communicate with others.
5. Relate meaning of verbal and nonverbal communication of each participant.
6. Realize when feelings interfere with effective communication and formulate possible ways of channeling feelings appropriately.
7. Demonstrate the ability to accept patients as they present themselves without passing judgments.
8. Follow identified guidelines when reporting and recording pertinent observations.
9. Utilize correct lines of communications.
10. Demonstrate the ability to involve others significant to the patient.
11. Demonstrate the ability to build a working relationship with patients and peers.

12. Demonstrate the ability to respond to a patient's sense of crisis.
13. Demonstrate the ability to discuss proposed actions with patient as appropriate.
14. Demonstrate the ability to recognize when the beliefs and values of the patient are different from own beliefs and values.
15. Demonstrate the ability to consider cultural and spiritual needs of patient.
16. Evaluate the effectiveness of care given by appraising the care given by self, other staff, and obtaining feedback from patients.
17. Operate within the parameters of the established student role.
18. Demonstrate accountability for clinical practice consistent with own abilities and knowledge.
19. Function effectively in stressful situations.
20. Demonstrate the ability to function as a team member.
21. Demonstrate the ability to accept and follow direction.
22. Demonstrate dependability in meeting time commitments to clinical experiences and/or individual patients, staff, peers, and instructor(s).
23. Seek assistance as needed.
24. Keep a daily record of tasks accomplished, experienced, and observed.

25. Participate in such routine unit duties as requested or assigned by the unit staff that are within the student scope of practice.
26. Demonstrate initiative in seeking new learning experiences.
27. Demonstrate the ability to record observations & patient care using:
 - a. legible writing
 - b. correct spelling, abbreviations & symbols
 - c. appropriate terminology
28. Demonstrate the ability to prioritize patient care and allow adequate time for recording information.
29. Given actual patients in the field setting, the student will both observe and perform a primary and secondary assessment, as pertinent to the performance level of Kansas PARAMEDIC STUDENT.
30. Given actual patients in the field setting, the student will demonstrate the ability to take and evaluate vital signs, clinical symptoms, and clinical history, and to arrive at an impression and appropriate treatment modality, as defined by the field internship service protocols.

31. Given the need for medication therapy, the PARAMEDIC student will set up and administer parenteral medications under the supervision of a PARAMEDIC, identifying the possible complications of parenteral therapy.
32. Given those medications carried by the EMS service that the student is interning with, the student will be able to recite a description of said agent to include: drug classification, pharmacologic effects, uses, duration of action, preparations dosage and administration, side effects, contraindications, antidote, and pediatric dose; as specified in the service protocols or BARTON medication data sheets.
33. Given a need for intravenous therapy, the student will perform venipuncture on a patient, using standard, acceptable procedure for field venipuncture therapy.
34. Given a patient with a need for intravenous therapy, the student will start and maintain I.V. fluid therapy, changing of containers, adding of medications, and adjusting flow rates, under the direction of a PARAMEDIC.
35. Given a patient in the field setting, the PARAMEDIC student will recognize the need for and initiate oxygen therapy using appropriate flow rate, oxygen delivery device, and adjunctive airway equipment including oropharyngeal airway and bag-valve-mask, under the direction of a PARAMEDIC.
36. Given a patient in need of a secure airway, the PARAMEDIC student will perform endotracheal intubation, under the supervision of a PARAMEDIC.
37. Given a patient in need of a secure airway (for whom endotracheal intubation is not an option), the PARAMEDIC student will insert an alternative airway, under the supervision of a PARAMEDIC.
38. Given a patient in cardiac arrest, the PARAMEDIC student will perform CPR as indicated, to the AHA CPR standard.
39. Given a patient in need of suctioning, the PARAMEDIC student will cite the need and demonstrate oropharyngeal, nasopharyngeal, and endotracheal suctioning, using aseptic techniques.
40. Given a need for cardiac monitoring, the PARAMEDIC student will apply and a 4 lead and 12 lead cardiac monitor and interpret the rhythm strips.
41. Given an EKG rhythm, the PARAMEDIC student will identify potentially lethal dysrhythmias, distinguishing between these and simple external electrical interference and artifact.
42. Given a dysrhythmia, the PARAMEDIC student will identify accepted methods of treatment, as defined in the field internship service's protocols.
43. Given a field patient, the PARAMEDIC student will evaluate the neurological status of the patient, both conscious and unconscious.
44. Given the need for blood samples, the PARAMEDIC student will draw venous blood samples under the direction of a PARAMEDIC, properly labeling the blood tubes.

45. Given a field patient with the appropriate dysrhythmia, the PARAMEDIC student will demonstrate the need for cardioversion, pacing, or defibrillation, as indicated by the field internship service's protocols.
46. Given a field patient, the PARAMEDIC student will demonstrate the ability to assist in proper moving and positioning of both the patient and the cot, utilizing safe methods.
47. Given a patient with hemorrhage in the field, the PARAMEDIC student will demonstrate the proper control of bleeding and wound bandaging and dressing, under the direction of a PARAMEDIC.
48. Given a patient needing spinal care that must be extricated, the PARAMEDIC student will apply and extrication devices.
49. Given a patient with musculoskeletal injuries, the PARAMEDIC student will apply appropriate splints for the injury involved.
50. Given field patients, the PARAMEDIC student will demonstrate proper triage of patients based on mechanisms, medical conditions, and assessment, using standard Kansas triage definitions.
51. Given a field patient, the PARAMEDIC student will relay patient information via radio or telephone, utilizing proper communication procedures and reporting the information in a brief, concise, and meaningful manner.
52. Given the field internship setting, the PARAMEDIC student will participate in routine duties, as requested or assigned by the PARAMEDIC supervisor.
53. Given each field patient encountered by the PARAMEDIC student, the PARAMEDIC student will complete the ambulance run form and patient narrative.

UNPROFESSIONAL CONDUCT

Unprofessional conduct is defined as:

1. Performing a skill the student has not be trained to perform or the service in which the student is completing their FI does not have protocols
2. Failing to take appropriate action to safeguard the patient.
3. Inaccurately recording, falsifying or altering a patient's hospital, student or other records.
4. Committing any act of verbally or physically abusing patients, or others.
5. Violating confidentiality.
6. Diverting drugs, supplies or patient's property.
7. Providing patient care while under the influence of alcohol or other drugs.
8. Negatively influencing the atmosphere in the classroom, clinical experience or field internship, to the point other's learning opportunity, or the student's personal learning opportunity, is affected.

9. Missing an ambulance class due to but not limited to sleeping through the alert tones, being away from the EMS area, having the volume of pager or radio too low or off.
10. Taking or removing Hospital/Institutional properties.
11. Failure to follow instruction of any preceptor, clinical coordinator, and/or instructor.
12. Contact of internship site directly by the student for the purposes of scheduling or conflict resolution.

CRITERIA FOR SUCCESSFUL INTERNSHIP COMPLETION

The student will be scheduled for a minimum of 528 hours during your field internship. These hours should not be confused with completion of field internship. The completion of field internship is competency and hour based. The student must complete all hours and competencies before they will be consider to have successfully completed internship.

Failure to meet competencies will result in additional field internship hours. Additional hours will be scheduled to accommodate hours missed due to class time, illness and other unexpected absences.

SITE VISITS

To assist in providing accurate management of a student's field internship, each student will receive a minimum of three site visits. At least two of these visits will be in person. These site visits are to provide a face-to-face evaluation with the student involving a program staff member, the field preceptor, and the student in an attempt to better provide the student with a beneficial field internship experience. These site visits are in addition to written shift evaluations and will aid in identifying student or preceptor problem areas, student or preceptor strengths, and ensure adequate student progress through their internship experience.

DESCRIPTION OF FIELD INTERNSHIP EXPERIENCE - THE THREE PHASES

The field experience of the PARAMEDIC student is broken into three different segments, or phases; all of which are guided by the PARAMEDIC preceptor. These three phases are: first, the period of introduction and orientation for the student, secondly, the team activities—task responsibilities stage, and thirdly, the team coordination—lead responsibilities stage of the internship. An explanation of these phases is as follows:

Phase #1 – Introduction/Orientation Stage

Depending on the student and the internship site, this stage of the internship should last approximately 3 days for those services running 12-hour shifts, and approximately 2 shifts for those services running 24-hour shifts. If a student is splitting their internship experience between two services, they should receive this phase at their second site as well as the first.

It is in this phase the student will be introduced to the preceptors they will be working with during internship. Shift personnel, administrative staff and supervisors, fire department and law enforcement first

responders, hospital staff and physicians will also be introduced during this phase of the internship. Every organization has its own set of unwritten rules and attitudes that place responsibility and expectations on anyone working in the system. As the Paramedic student, you will become a part of that system in the next few weeks so each student needs to have an understanding of these cultural expectations.

Primary area of evaluation include willingness to learn, participation, desire to adopt environmental expectations, individual skills, progress learning and understanding protocols, and demonstration of attitudes appropriate for a PARAMEDIC STUDENT. Areas of evaluation to include running the call, complex performance scenarios, and service specific operational procedures.

Phase #2 – Team Activities / Task Responsibilities

The second phase of internship is the “guts” of the internship process. This phase should last approximately **20-25 shifts** for those students working in **12-hour shift services**, and approximately **10 shifts** for those students working in **24-hour shift services**. This stage is dependent upon how much previous field experience a student has and well the student is able to deliver patient care with some coaching from your preceptor.

In this second phase, the student is expected to learn how to work as a part of the team, delivering patient care in the field. This includes everything from communicating with co-workers to working equipment, to performing patient care skills. It is important to remember that while in class you were working on proficiency of your skills and though you spent many hours working in scenarios, the intensity of field care will bring expectations and barriers to move through. Some of you will move quickly through this phase and adapt to working in the field with little difficulty while some of you will find this transition more difficult especially those of you with little previous experience.

When the preceptor believes the student is ready, or nearly ready, for phase 3, he/she should contact the clinical coordinator. After consultation, the student may progress to phase 3 activities under the guidance of the preceptor.

Primary areas of evaluation include performance of complex call subsets (patient assessment, hx gathering, advanced airway management, or medication algorithm regimens), performance of simple call management (isolated injuries, non-critical transfers) service specific operating procedures (hospital, radio traffic, triage, unit checkout) and treatment decision making.

Phase #3 – Team Lead Responsibilities

The third and final phase of the student’s field internship should last 10 or more shifts. Again, for those students who are splitting their field internship at more than one service, they may spend the majority of their second site in this phase, and not even reach this phase at the first site.

You will learn to coordinate the care of the patient and give task assignments. In phase two you learned to assess, form an impression, decide on a course of action, and implement a team approach and carry out the action plan. Now, in phase three, you are the TEAM LEADER. You will be guiding the team through the entire scene based on what you learned in the second stage. Your preceptor will step back and allow you to take the lead while at the same time assessing the situation to be sure you are leading in a matter conducive to good patient care.

In order to successfully be a Team Lead, you must run the call from start to finish with no guidance or suggestions from your preceptor or team members.

Summary of Phases

The number of hours and shifts given about the phases are just guidelines. Some students may move through the phases faster than others and some may take longer in each phase. Your preceptor will make the decision as to when you may move from phase one to phase two. However, a student may not move from phase two to phase three without the permission of the primary instructor, the preceptor, the clinical coordinator, and the Director of EMS Education.

RECORDS AND EVALUATIONS

As a student, your job will include documentation of your performance and activity. There are several different tracking evaluations that we use and will briefly outline them here.

1. **Shift Evaluation Form.** It is the student's responsibility to get with the preceptor to complete this evaluation together. The student is responsible to return it to BARTON. As stated before, any and all strengths and needs that the student has should be noted on the evaluations so as to provide documentation for the clinical coordinator. These forms are also used to track competencies that the student is performing. A Shift Evaluation Form is to be completed for each shift.
2. **Patient Worksheet.** These will track the number of patients seen, patient type, patient age, and gender of patients, experience level, and other information. These will be filled out in their entirety on every call regardless of the nature of the call. The student will also be responsible to complete any documentation for the agency.
3. **Student/Preceptor assessment.** There are two preceptor assessment forms. One is student completed, and one is preceptor completed. These forms are filled out following the completion of each of the three phases of internship. These forms are mailed to BARTON EMS Education. The completion of these forms provides a feedback loop for preceptor and enables us to continue improvement of the field internship program.
4. **Incident forms.** Incident forms are provided for you to use in the event that a problem or concern rises during your participation in field internship. This would include protocol deviations, injuries, and discipline needs, etc. The preceptor will be the one to file this report.

STUDENT ROLE

It is important that a student understand very clearly what their role is during field internship. Often, it is a lack of understanding between the student and the preceptor that leads to dissatisfaction in the field internship experience.

What should the student be learning?

The student is in field internship to learn how to integrate different patient care skills together; thus allowing for efficient and timely patient care. The student should already have a good handle on their individual skills. If they do not it should be noted on the student's evaluations early. The preceptor should guide the student in the process of learning to integrate skills and fine tune skill abilities. This literally translates to teaching such items as judgment, teamwork, organization, critical thinking and communication as these are the issues at hand when learning to function as a competent field PARAMEDIC.

What skills does the student have?

The PARAMEDIC student has received training in all skills relevant to the function of a Kansas PARAMEDIC. These skills are combined with a solid knowledge base of the different situations encountered by PARAMEDIC's in the field. Each student who progresses into the field internship phase of the PARAMEDIC program has shown competency in both written and practical performance. Again, if the student does not have the knowledge base or skill level associated with an entry-level PARAMEDIC candidate, this should be noted on the student's evaluations.

Just as it is important to know the skill and knowledge level of the student entering field internship, it is also important to know what the student is not to have in terms of skills. Their skills have only been in a lab and clinical settings and will be fine-tuned in the field. The student also will need your assistance in determining field priorities and implementation methods. This is the affective domain, (that portion of learning that deals with attitude and actual implementation), and the only way for the PARAMEDIC student to learn this is in the field setting, with preceptor instruction.

What activities can the student participate in, and when should they simply observe?

Basically, students may participate in all field care with a few exceptions. The BARTON PARAMEDIC program asks that students not become involved in any special rescue situations, such as high angle, trench rescue, hazardous materials entry or decontamination, hostage rescue, or other specialty types of situations. They may participate in support roles using their PARAMEDIC STUDENT skills, maintaining a safe distance from the operation or threat.

Students should NEVER DRIVE THE UNIT!

Students may participate in vehicle rescue and domestic disturbances, with the provision that the preceptor monitors their safety.

Can I use the student as a regular crewmember?

Students are at field sites to learn how to become a PARAMEDIC STUDENT. This means that they must be working under the direct supervision of their preceptor at all times. They may not be used as a regular crewmember. At a minimum, the student should be the third person on any EMS unit, regardless of the type of call.

What should the student do at the station?

Students are expected to help with all station duties and activities. When not engaged in work related duties or activities, the student is expected to be studying within reason. While we understand that no one can study 24 hours a day, we also understand the need for the PARAMEDIC student to work towards competency and mastery of their studies. This translates into the need for continuing study and review. Your help in promoting this will be beneficial for the student. If you don't feel a student is studying adequately, please notify the clinical coordinator. An individual learning plan with a schedule and study outline will be provided for the student as needed. The weekly class session listed on the student's schedule provides a guide for subject matter to be reviewed throughout the internship. The student should use this in planning study time.

THE ROLE OF THE INSTRUCTOR COORDINATOR

The role of the IC and Clinical Coordinator.

The instructor/coordinator clinical coordinator is ultimately responsible for the student's performance, as well as the student's continuation and progression in the program. To do this, the IC must have continual and objective feedback from the field preceptor regarding student performance. This is the reason for evaluations. However, it is recognized that there will be situations in which the need for I/C and clinical coordinator involvement is too pressing to allow for notification through evaluation. In this case, there are two different options as outlined below.

When should the Instructor Coordinator be notified?

Urgent Notification

For situations in which the student has been hurt or has received a communicable disease exposure, the IC or clinical coordinator needs to be notified as quickly as possible. The following names and phone numbers should allow for quick access to an IC or clinical coordinator to help you deal with any situation that arises.

First Contact

Tom Shuler, PARAMEDIC, I/C, Clinical Coordinator
Cell 785-201-9190
e-mail- shulert@Bartoncc.edu

Second Contact

Instructor Name
Office number
Cell number
Email address

Third Contact

Karyl White, MS, PARAMEDIC, I/C, Program Director
Office 620-792-9347
Cell 620-727-3818
e-mail- whitek@Bartoncc.edu

EMS Education Office

620-792-9341
Fax 620-786-1180

Non-Urgent Notification

In situations in which the need for notification is not urgent, such as tardiness or an absence, send a note to the IC or clinical coordinator detailing what has happened. This is also preferable for those situations in which you have specific concerns about student performance not being acceptable. Feel free to utilize the

return envelope provided by the student for return of any written communications or utilize the E-Mail address given in the contacts page of this book.

Last of all, do not hesitate to contact the instructor or clinical coordinator with any concern that you have regarding internship. This is highly encouraged and allows for the instructor and clinical coordinator to maintain a better degree of supervision over the students.