LANE COMMUNITY COLLEGE

PARAMEDIC PROGRAM
CLINICAL HANDBOOK

2022-2023

REVISED JANUARY 4, 2023

CHANGES IN RED

OVERVIEW OF THE CLINICAL EXPERIENCE

Please read carefully the following as it contains valuable information regarding the clinical requirements and scheduling of your rotations.

Much of your time during the program is dedicated to your clinical rotations. Approximately 256 hours will be spent in various clinical sites. All clinical hours must be documented in Platinum Planner and have completed evaluations.

You must pass the didactic portion of the Paramedic program and successfully complete the clinical and internship requirements to be eligible to take the Nation Registry/Oregon Paramedic certification/licensing exams.

The Clinical Rotation requirements will be completed at one of the three local hospitals unless otherwise stated. Shifts are divided below and are a minimum of **8 hours**.

DEPARTMENT	FALL TERM	WINTER TERM	SPRING TERM	TOTAL SHIFTS
ED	5	6	4	15
ICU		2		2
Cath Lab		1		1
OR		2	1	3 (12 Intubations)
L&D		1	1	2 (3 births)
Peds		2	1	3
NICU			1	1
Rapid Response Team			2	2
Total Shifts (Min. Hours)	5 (40)	14 (112)	10 (80)	29 (232)

These are estimates for planning purposes. They are subject to change and will be adjusted to the needs of the class and program.

INSTRUCTIONS FOR CLINICAL ROTATIONS

- Due to the number of hours to be scheduled and the number of students in the class needing to be scheduled in accordance with various hospital policies and scheduling requirements, it is important that you schedule all clinical rotations on Platinum Planner and through the direction of the Clinical Coordinator.

- Students will schedule their shifts, "Opportunities" at least 10 days in advance. Students may drop and alter their schedules further than 10 days out. Students are committed to shifts they have signed up for 10 days or sooner.

- You will be expected to schedule yourself during the open scheduling timeframe set by the clinical coordinator. The scheduling will be on a first come first serve basis. There will be flexibility in the initial scheduling with regard to shift availability, however, you will be expected to schedule yourself responsibly and not require rescheduling except in emergencies.
    - Examples of acceptable cancellation: Illness, accident, family emergency, or drafted to work unexpectedly. Proof may be required.
    - Examples of unacceptable cancellation: Transportation, social events, previously scheduled work, etc..

- You must be present in the department you are scheduled for and must take your breaks in accordance with the staff break policy for that department. The Clinical Coordinator or a clinical faculty may attend your rotation and verify attendance and participation with hospital staff.

- On the day of the rotation plan to arrive ten to fifteen minutes prior to the scheduled start of your shift and report to the Charge Nurse. Check into your shifts on Platinum Planner. Have your objectives with you (digital is fine).

- Attend the full shift to include shift report and take breaks in accordance with the unit policy. Check out of your shift on Platinum Planner.

- Complete the required paperwork, evaluations, and data on Platinum Planner for each shift within the required timeframe (24 hours at the completion of the shift).

- You must wear your Paramedic uniform and LCC Student ID to all rotations. ID's must be visible from the front and above the xyphoid process.

Clinical Rotation Material

- Clinical Instruction Plan (Clinical Objectives)
    - This outlines the program expectations for the clinical experience for both the student and the hospital preceptors. This information must be readily available to staff when asked.
- Preceptor Evaluation of Student (Clinical and Field) Form
    - Your preceptor for the day will fill this out at the completion of your shift. Keep in mind, on some shifts; you may work with multiple preceptors. Have the person you worked with the most fill it out.
    - Students must have one completed evaluation form for each clinical rotation attended.
    - Forms must be attached digitally to the shift on Platinum Planner. The student must have the Preceptors full first and last name AND credentials recorded, as well as, the date completed.
    - Shifts missing evaluations attached on Platinum Planner will not be counted as completed. Students are encouraged to keep the originals through the completion of their clinical time.
    - Additional Clinical Evaluations must also be completed in order for the student to receive credit for the shifts and data obtained.

It is strongly recommended that students keep and maintain all of their objectives and completed evaluations in a 3-ring binder

CLINICAL DOCUMENTATION

- Platinum Planner shifts will be late 24 hours after the completion of the scheduled shift. All clinical data and evaluations must be completed with attachments within 24 hours of the completion of the shift.
- Any shifts without the proper, incomplete, or illegible documentation will be deleted, and the student will not get credit.
- Patient Care Documentation
    - Students are to complete a Patient Care Report on ALL PATIENTS they perform skills and/or assessments on.
    - Minimum requirements of documentation for each patient are: preceptor, age, gender, complaints, primary impression, and any Vitals and Interventions performed.
    - Students may use a digital device (tablet of phone) to record data into Platinum Planner. This must be done outside of any patient rooms, in the nurses' station or breakroom.

- It is recommended and preferred that students use a paper notepad and transfer their work as time permits or at the completion of their shift.

GRADING

See Course Syllabus for the Clinical Experience grading.

Academic Probation will be initiated for any of the following reasons:

- Student dismissal from a site. Any unexcused absence (See above), 3 excused absences, 3 late opportunity documentations of their clinical shifts.

STUDENT SAFETY IN THE CLINICAL & INTERNSHIP ROTATIONS

Student safety is of the utmost importance. Your clinical and Internship rotations are full shifts of actual work. Students must be smart and balance their time between class, life, and clinical time. If you are too tired to safely perform your shift, contact your clinical coordinator to discuss rescheduling. If you are too tired to drive after a shift, please seek alternate methods of transportation (friend, family, taxi, etc.); please call your clinical coordinator if you are not finding any solutions. In all cases of extreme fatigue, please contact the clinical coordinator and advise of the situation. We need to be made aware of all situations where our program has potentially exposed our students to unsafe conditions. There is no shame in bring forward safety concerns to faculty or clinical staff. That being said, students are expected to plan their schedules and lives accordingly to accommodate school, clinical time, internship, work, and just as important, sleep and rest.

PPE (Personal Protective Equipment)

Students are expected to wear all proper and required PPE in the clinical setting when making any patient contact. CDC and/or hospital guidelines are required to be followed by all students at all times. Students not following or practicing the required guidelines may receive a failing grade and be removed from the program. If students need additional PPE, they need to contact the Clinical Coordinator within a reasonable time prior to their shift.

Coronavirus (Covid 19) in the clinical setting

Students should not be allowed to be in contact with known positive patients. No students should be allowed to enter any patient room that is suspected to be positive with the corona virus; regardless of the student's history with the virus. If a student makes contact with a Covid positive patient, a report needs to be made and sent to the clinical coordinator. The report should include an explanation of the event, the extent of the contact, and PPE warn by the student at the time.

In the event of an injury or exposure sustained during a shift:

1. Seek medical attention.
2. Notify your immediate preceptor and superior (Supervisor, Charge Nurse, or Physician).
3. Notify the Clinical Coordinator as soon as possible.
4. Participate in the investigatory and recovery process, fill out all of the proper required forms and documentation.
5. If a quarantine timeline is enacted and required as a result in the exposure and/or contraction of an infectious disease, clinical time and requirements will be suspended until the student can safely return.

CLINICAL ROLES AND RESPONSIBILITIES

1. Students will not be allowed to perform any skill prior to the student demonstrating competency in the lab portion of the class.
2. During the clinical experience, the student will have to follow all the rules of the agency in which the experience is taking place. At times there may be a difference in interpretation of the policy. If this arises the Program Director or Clinical Coordinator should be consulted prior to any discussion with any facility staff personnel.
3. Promptness for all clinical time is expected. If for some reason you are going to be late, please call the clinical area to notify them of your time of arrival. (a phone list for the clinical sites is provided in your packet)
4. Patient safety is essential. If unsafe behavior is exhibited by the student, the student will be dismissed from the clinical/internship and may result in failing the course.
5. It is the student's responsibility to have in their possession a copy of the objectives for each clinical and internship shift. The student is also responsible for meeting the objectives for the clinical/internship experience.
6. Students must wear clothing that is appropriate for the professional environment in which he or she may be working. A student improperly attired will be asked to leave the area. Proper attire will consist of your clean, unwrinkled student uniform. Hospital scrubs will be worn in the Operating Room, Cath Lab, and in the Neonatal Intensive Care Unit
7. Student I.D. is mandatory and must be worn when attending all clinical sites.
8. Patient confidentiality is an essential aspect for all medical care. Patient name or any type of identifying information must not be written on any paperwork or documentation. Student's passing information to unauthorized persons will be immediately dropped form the program. This topic will be covered in detail prior to the scheduled clinical experience.
9. All Paramedic skills performed MUST be directly supervised by a Paramedic, RN, or MD.
10. Grooming is important in an environment in which the potential for students to adversely impact the image, moral, or corporate culture of which an agency clearly exists, Jewelry will be limited to one ring (double wedding band is okay) and a watch. Earrings (or other obvious body piercing jewelry) is not allowed (no jewelry of any kind will be allowed in the O.R. and N.I.C.U.) Fingernails must be kept short with no polish. Acrylic nails are not allowed. Hair will be kept clean and neat. Beards must be cut short.

Students found committing forgery stealing, cheating, sexual misconduct, illegal drug use, or misrepresentation will be dropped from the program. Licensed EMS Providers are governed by the Oregon Health Authority through the Oregon Administrative Rules. Any unprofessional conduct (as a student, volunteer, or employee) must be reported to the Health Authority for their investigation. The school may suspend a student's clinical or internship experience pending a decision from the Health Division. If the Health Authority places a student on probation (as defined in the Oregon Administrative Rules), the student is no longer considered "In Good Standing with the Division" and will be subsequently be dropped form the Paramedic Program.

PRECEPTOR OBJECTIVES

I. Take the student on a brief tour identifying the location of triage, patient assessment areas, diagnostic/treatment supplies and/or equipment, staff lounge, utility rooms, waiting rooms, x-ray, etc., this will facilitate their adaption to the unit.

II. Give a brief unit orientation describing the routine patient flow patterns and the responsibilities usually assumed by nurses, physicians, and ancillary personnel.

III. Review the clinical objectives with the student and mutually determine the level of participation expected of them during the clinical assessment.

IV. Assess the student in gaining clinical expertise by encouraging patient contact whenever possible and directly observing while the student performs listed skills.
V. Serve as a source of reference in answering specific questions posed by the student regarding unit policy, evaluation, or treatment rendered.
VI. Resolve any potential conflict situations in favor of the patients' welfare and restrict the students activities until the incident is investigated by the Program Coordinator

PROFESSIONAL BEHAVIOR AND DRESS

I. Students shall wear their LCC Paramedic uniform consisting of the uniform shirt, dark slacks, dark socks, and dark shoes. No scrubs should be worn to avoid confusion with unit staff.
II. Students shall wear their student name badges at all times while in patient care areas.
III. Hair must be neatly groomed, nails kept short without polish, and no acrylic nails.
IV. Students appearing in inappropriate attire shall be dismissed from the clinical area and must reschedule the rotation based on unit availability.
V. Each student shall bring their own stethoscope and penlight to the clinical rotation.
VI. Surgery/Operating Room and Cath Lab Supplement:
    A. Students shall change into scrubs in the surgical locker room. They must strictly observe the host hospital's guidelines relative to hand washing, shoe and hair covers, masks, and cover gowns for when outside the unit, etc.
        i. All hair must be covered with caps while in the operating room suite.
        ii. Covers are worn over shoes while in surgery.
        iii. Masks are worn at all times in the operating rooms whether surgery is in progress or not. A clean mask is worn for each case.
        iv. Lab coats/cover gowns are worn to cover scrub clothes when leaving the unit. They should be buttoned/tied to cover the clothes completely.
        v. No jewelry is allowed to be worn in surgery. Medical tags are permitted if worn inside the scrub attire.
    B. Principles to preserve the aseptic environment
        i. Never touch or reach over a sterile field. Allow a very wide margin to avoid brushing against the sterile drapes.
        ii. Do not walk between two sterile fields. Remain on the perimeter of the sterile field.
        iii. Keep your hands above you waist while near a sterile field.
        iv. Do not touch or come near a "sterile" person's front, hands, ore arms up to the elbows. You may look over their shoulder from behind.
        v. If you accidentally contaminate a sterile field, notify a nurse immediately so the area can be re-draped.
VII. General Rules of Conduct:
    A. During clinical rotations, students will be required to observe all rules, regulations, and policies imposed by the host hospital on its employees. All instances of inappropriate conduct or potential conflict must be immediately resolved in favor of the patient and reported to the Clinical Coordinator as soon as possible.
    B. A student may be required to do additional hours in a clinical site if the preceptor believes that he/she has not met the objectives or if there is an insufficient patient population during the shift.
    C. Students must refrain from smoking while on hospital premises
    D. The student should attempt to schedule their lunch and breaks so they coincide with their preceptor's breaks. When leaving the unit at any time drying the shift, the student must report off to their preceptor.

ATTENDANCE POLICIES

I. If a student is unable to attend a clinical rotation as scheduled, they must call or text the Clinical Coordinator at least one hour before the anticipated absence.

II. If a student fails to attend a clinical shift as assigned and doesn't call ahead of time to notify the Clinical Coordinator of his or her anticipated absence, the student will receive an unexcused absence for that day and may be placed on academic probation.

III. A student who, through personal error, goes to the wrong clinical unit on the wrong day or time will NOT be allowed to perform the clinical and will be instructed to leave to clinical area. The student will receive an unexcused absence for that day.

IV. If a student arrives more than thirty minutes late to the clinical area without calling or texting the Clinical Coordinator, the lateness will be noted as unexcused. If the unit activity the student was to engage in has already been accomplished, i.e. intubations, births, etc. the student may be sent home and rescheduled based on unit/preceptor availability.

V. Highly unusual or extenuating circumstances occasionally occur, causing a student to be absent or late without the opportunity to provide adequate notice. We believe these situations to be rare. The acceptance of such unusual circumstances as adequate for an "excused absence" is the sole responsibility of the Clinical Coordinator.

VI. Two unexcused absences and/or late arrivals will be interpreted as irresponsible behavior violating the course ethics policy and may be grounds for dismissal from the program. The attendance infraction will be evaluated by the Clinical Coordinator, the Program Coordinator and the Physician Director.

VII. Rescheduling of the clinical rotations can only be done at the convenience of the Clinical Coordinator based on unit availability. A student may delay graduating and not be able to take the state approved licensing exam if they do not finish the clinical course component on time.

VIII. No student may leave a clinical rotation before completing the assigned shift unless permission is granted by the Clinical Coordinator or they are dismissed by the preceptor as having completed all objectives and/or there is no continuing opportunity to provide patient care.

IX. The policies concerning clinical time are very specific and will be consistently enforced throughout the various program locations. It is important that students handle clinical responsibility in a professional way. The ability to function in a profession and dependable manner will be as important as knowledge in overall success as a Paramedic.

CLINICAL AND INTERNSHIP PLACEMENT

I. Understanding of Placement

- A. Passing the didactic and psychomotor portions of the program is a given, however, it does NOT mean placement in a clinical or filed internship site is automatic. Successful performance in course work is one component of placement. The Program Director, Clinical Coordinator, and Medical Director will also discuss affective evaluations, class performance, overall participation, scenario performance, leadership qualities, critical thinking and decision making skills, industry understanding, patient rapport, and other areas of student performance when making the decision for placement.
- B. Regardless of individual class performance, students who are ready for clinical or field internship placement will be given a probationary status and work plan will be initiated to help the student prepare for placement.
- C. Placement is a requirement of program completion. It is also a privilege. Students must maintain professional behavior at all times, including:
    - i. Full attendance
    - ii. Maintaining an appropriate schedule of shifts as outlined by the Clinical Coordinator, clinical syllabus, and/or internship syllabus

iii. Complete all paperwork and evaluation on time

D. Students may be required to pass additional evaluations (cognitive and/or psychomotor) in order to be placed. Failure of these evaluations will constitute failure of the program. Reason for these additional evaluations may include (but are not limited to):
    i. Program Director, Clinical Coordinator, or Medical Director believing the student is not yet ready for placement
    ii. Delayed start time to a clinical rotation or field internship, regardless of reason for the delay
E. Students may have their clinical or field internship suspended and be required to pass additional evaluations (cognitive and/or psychomotor) in order to continue with the program. Failure of these evaluations will constitute failure of the program. Reason for these additional evaluations may include (but are not limited to):
    i. Poor evaluations from preceptors
    ii. Concerns reported from clinical or field internship sites regarding student performance
    iii. Evidence of poor knowledge or poor skill performance
    iv. Program Director, Clinical Coordinator, or Medical Director believing the student is not progressing appropriately or believes knowledge or skills are not sufficient enough to continue

CLINICAL INSTRUCTIONAL PLANS

EMERGENCY DEPARTMENT

I. PURPOSE

The purpose of the Emergency Department (ED) rotation is to enable students to observe and participate in the clinical assessment and emergency interventions for acutely ill or injured patients. This experience must be facilitated by a designed instructor (clinical coordinator). The student can maximize the learning potential of this experience by (1) observing care of acutely ill and injured patients; (2) asking pertinent questions of the ED team; (3) correlating EMS assessments and interventions to those completed in the ED; and (4) participating in care while directly supervised.

II. SCOPE OF PRACTICE

A student enrolled in the Paramedic Program, while fulfilling the clinical training and in-field supervised experience requirements mandated for certification by the Oregon Public Health Division, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered nurse, or a qualified Paramedic.

III. PROCEDURE FOR REPORTING TO THE UNIT

A. Report to the unit on the assigned day and time. Inform the Charge Nurse of your arrival and they will provide your preceptor assignment.
B. Report to the assigned preceptor. Show the preceptor a copy of the instruction plan to remind them of your objectives, scope of practice, and the Program's requests of them as a preceptor
C. Initiate the paperwork for the ED clinical rotation.

IV. OBJECTIVES

A. **Gain competence and strengthen patient assessment skills.** This can best be accomplished by working with the physician or RN preceptor. Practice performing the steps of inspection, palpation, and auscultation. Systematically divide the stages of assessment into the initial survey, resuscitation, focused assessment, and detailed assessment. Correlate the kinematics of injury or the nature of illness with the patient's history to begin forming an impression of their current status. Recognize the importance of frequent reassessments in planning patient care. If a physician is available, question him or her about the patient's clinical presentation, some physicians prefer to teach at the bedside, others prefer you observe and ask questions later. Regardless if the individual preference, most physicians are willing to instruct when a student shows interest and initiative. Interaction with the ED staff can improve your performance in the field and can be a great learning experience. Do not expect them to seek you out; you must initiate the interchange. Do not hesitate to ask for clarification re: chart contents, i.e., handwriting, terminology, etc.
B. **Observe and perform BLS skills as directed.** These skills include CPR, non-invasive airway management and suctioning, application of oxygen, ventilator support with BVM; wound bandaging, obtaining vital signs, and techniques of limb splinting, and spinal immobilization. Although the actual methods of performing some of these skills may differ between hospitals, the basic principles do not. Exercise flexibility if shown a new way to accomplish a skill.
C. Observe and perform ALS skills as directed. Including: airway access maneuvers; IV access and administration of IV fluids; administration of medications via PO, SL, topical,

SQ, IM, IV, ETT, IO, inhaled and intra rectal routes; obtaining blood samples, ECG monitor application, and rhythm interpretation; defibrillation, cardioversion, transcutaneous pacing; needle chest decompression, and capillary glucose testing. **You may not perform any ALS skills unless you are under the direct supervision of a nurse preceptor or physician.**

D. Develop communication skills by

i. Evaluating radio calls to the ED from field units for clarity and thoroughness of data transmission.
ii. Expressing oneself verbally and in writing, using appropriate medical terminology and correct spelling
iii. Observing the interaction of family members/significant others, patients and the ED staff

E. **Develop diagnostic skills** by reviewing the accuracy of your initial impressions. Observe the process followed by the physician in arriving at his/her medical diagnosis. Learn to use critical thinking skills in making a differential diagnosis based on clinical presentation and history.

F. **Observe comprehensive care of acutely ill and injured patients.** Emergency medicine is a multi-faced field with a wide variety of patients presenting to the ED. By observing total patient care, the student will achieve greater knowledge of disease processes and definitive interventions which will improve the quality of care provided in the field.

G. **Observe the effect and side effects of mediation and/or treatment** that is rendered in the field and in the ED. This promotes understanding of pharmacodynamics. Assist in calculating drug doses and IV drip rates.

H. **Enhance knowledge of anatomy and pathophysiology** by asking to interpret x-rays and lab results. Accompany patients to special procedures, i.e. CT scans, angiography, ultrasound, surgery, etc., whenever possible.

V. SPECIFIC SKILLS TO PERFORM

If the opportunity presents, Paramedic students should perform the following

A. Patient assessments including a SAMPLE history and completing a physical exam consistent with EMS principles. The assessment should include taking vital signs, auscultating breath sounds, evaluating mental status using AVPU and/or the Glasgow Coma. Scale as appropriate, and performing a neurological assessment of pupils

B. Airway access maneuvers – observe, assist, perform to the following

i. Nasopharyngeal/oropharyngeal airway placement
ii. Oropharyngeal, tracheal suctioning
iii. Endotracheal intubation
iv. Nasotracheal intubation
v. Cricothyrotomy

C. Oxygen delivery and/or ventilatory support via NC, NRBM or BVM

D. Needle chest decompression

E. Cardiac monitoring/resuscitation

i. Apply leads and interpret a cardiac rhythm strip
ii. Assist in cases of cardiac arrest
iii. Perform monitored defibrillation
iv. Perform cardioversion
v. Perform transcutaneous pacing
vi. Instruct a patient in performing Valsalva maneuver

F. Peripheral venous cannulation or insertion of an IO line

G. Infusion of IV isotonic crystalloid solutions (D5W, NS, LR)

H. Hemorrhage control using direct pressure/pressure dressings
I. Preparation, administration and monitoring the response to medications. These may include, but are not limited to:

Adenosine	Dextrose 50%	Nitroglycerin
Activated Charcoal	Dobutamine	Phenergan
Albuterol	Dopamine	Pitocin/Oxytocin
Aminodarone	Epinephrine 1:10,000	Sodium Bicarbonate
Ammonia Inhalants	Epinephrine 1: 1,000	Succinylcholine
Aspirin	Fentanyl	Tetracaine eye drops
Ativan	Glucagon	Theophylline
Atropine	Lasix	Thiamine
Atrovent	Lidocaine	Thrombolytics
Benadryl	Magnesium Sulfate	Valium
Cardizem (ditiazem)	Morphine	Vasopressin
Cetacaine Spray	Narcan	Versed

J. Eye or skin irrigation following chemical burns
K. Burn management
L. Application of dressing and bandages
M. Spinal immobilization
N. Application of musculoskeletal splinting devices
O. Wound management
P. Proper restraining techniques
Q. Psychological support of patients/significant others
R. Assist in patient care with lifting, transporting, etc. as needed
S. Students may not perform any skill that are outside of their scope of practice as defined by the DOT curriculum and Oregon Administrative Rules

SURGERY/OR

I. PURPOSE

The purpose of the OR rotation is to enable students to apply classroom theory relative to airway access and intubation to clinical practice. This shall be facilitated by a designated preceptor (anesthesiologist). The Paramedic student can maximize the learning potential of this experience by (1) Performing intubation procedures and (2) asking pertinent questions of the anesthesiologist.

II. SCOPE OF PRACTICE

A student enrolled in the Paramedic Program, while fulfilling the clinical training and in-field supervised experience requirements mandated for certification by the Oregon Public Health Division, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered nurse, or a qualified Paramedic.

III. DIDACTIC PREPARATION

Students have completed didactic lecture and demonstration/return demonstration labs covering the critical steps of intubation including the following:

A. Anatomy and physiology applied to intubation
B. Purpose and indications for intubation
C. Selection of proper equipment
    i. Laryngoscope
    ii. ET Tubes
    iii. Stylets
    iv. End tidal CO2 detectors
    v. Tube securing devices
    vi. Suction
D. Patient preparation/positioning/pre-oxygenation
E. Premedications, sedating medications, reversal agents
F. Intubation techniques
G. Confirming tube placement
H. Securing the tube
I. Ventilating through an ET tube
J. Complications of intubation
K. Monitoring patients during intubation attempts

IV. PROCEDURE FOR REPORTING TO THE UNIT

A. Report to the O.R. on the assigned date and time. Change into scrubs in the designated locker room and report to the assigned area. The charge nurse will assign you to an anesthesiologist.
B. Meet the anesthesiologist and introduce yourself. Show them a copy of this instruction plan to keep them aware of your objectives, scope of practice, and the Program's request of them as a preceptor.
C. Initiate the paperwork for the O.R. clinical rotation.

V. OBJECTIVES

A. Perform a minimum of 12 live endotracheal intubations under the direct supervision of an anesthetist, anesthesiologist, or physician. In the hospital, this is dependent on the consent of the surgeon and the anesthesiologist (2 may be Video Assisted intubations).
B. Observing/performing peripheral IV insertion as directed.
C. Observing/performing aseptic, oropharyngeal and tracheal suctioning as directed.

D. Maintaining the airway in unconscious patients using jaw and head position and airway adjuncts.
E. Observing/monitoring vital signs, including SpO2 and capnography readings, and ECG rhythms on operative patients.
F. If there are no more cases or intubation opportunities prior to the scheduled end of the students shift, the student may be excused from the department and leave early.

CATH LAB

PURPOSE

The purpose of the Cath Lab rotation is for students to observe and witness vascular reperfusions and procedures. Students will observe the critical role of heart and vascular disorders, from prevention and diagnosis to life saving treatments and rehabilitation.

SCOPE OF PRACTICE

A student enrolled in the Paramedic Program, while fulfilling the clinical training and in-field supervised experience requirements mandated for certification by the Oregon Public Health Division, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered nurse, or a qualified Paramedic.

DIDACTIC PREPARATION

Term one preparations.

PROCEDURE FOR REPORTING TO THE UNIT

Report to the Oregon Heart Vascular Institute (OHVI) or McKenzie Willamette Medical Center on the assigned date and time. Change into scrubs in the designated locker room and report to the assigned area. The charge nurse will assign you to a preceptor within the department.

OBJECTIVES

Observe multiple vascular procedures to gain a greater understanding of the anatomy and physiology vascular system. Understand and learn the critical role EMS systems play in the activation of emergency vascular teams, and the critical assessments, procedures, treatments they can provide to optimize best patient outcomes.

INTENSIVE CARE UNIT (ICU)/CORONARY CARE UNIT (CCU/CICU)

I. PURPOSE

The purpose of the Intensive Care rotation is to enable students to observe and participate in the clinical assessment and definitive interventions for critically ill or injured patients. This experience shall be facilitated by a designated instructor (Clinical Coordinator). The student can maximize the learning potential of this experience by (1) observing he total patient care of critically ill and injured patients; (2) asking pertinent questions of the critical care team; (3) correlating EMS assessments and interventions to those completed in the critical care area; and (4) participating in care while directly supervised.

II. SCOPE OF PRACTICE

A student enrolled in the Paramedic Program, while fulfilling the clinical training and in-fields supervised experience requirements mandated for certification by the Oregon Public Health Division, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered nurse, or a qualified Paramedic.

III. PROCEDURE FOR REPORTING TO THE UNIT

A. Report to the unit on the assigned day and time. Inform the Charge nurse of your arrival and he or she will provide your preceptor assignment.
B. Report to the assigned preceptor. Show the preceptor a copy of this instruction plan to remind them of your objectives, scope of practice, and the Program's requests of them as a preceptor.
C. Initiate the paperwork for the Intensive Care clinical rotation.
D. Students shall listen to change of shift report with unit staff and receive area assignment.

IV. OBJECTIVES

A. Perform patient assessments consistent with the principals of an on-going assessment. At a minimum the patient assessment should include a review of all assigned patients' charts, taking vital signs, auscultating breath and heart sounds, calculating a Glasgow Coma Score, and performing neuro assessment to include pupil size, shape, equality, and reactivity to light, and ECG analysis.
B. Review selected patients' charts including their diagnostic workup, interventions, and response to interventions.
C. Assist in airway access using oral and nasopharyngeal airways, oral-pharyngeal and tracheal suctioning.
D. Observe the care of patients with endotracheal, cricothyrotomy, or tracheostomy tube in place and patients being maintained on ventilators.
E. Administer oxygen via NC, NRM, or BVM.
F. Perform peripheral IV access and adjust fluid infusions as directed
G. Observe the care of patients who require hemodynamic monitoring
H. Monitor and interpret ECG rhythm strips and change monitor leads.
I. Assist in the care of a patient who requires transcutaneous pacing.
J. Administer drugs approved for EMS via the PO, SL, IV, IVPB, IM SQ, inhalation, and topical routes as directed.
K. Assist in cases of cardiac arrest, including the performance of CPR, management of the airway, and defibrillation.
L. Accompany patients to diagnostic tests, if patient availability permits
M. Observe the techniques of correct positioning to avoid complications, skin care, DVT prophylaxis, and restraint application.
N. Establish rapport with patients, significant others, and unit staff.

O. Students may not perform any skills that are outside of their scope of practice aas defined in the DOT Curriculum and the Oregon Administrative Rules.

P. Specific Content to review:

i. Pharmacology and pharmacodynamics including therapeutic actions, indications, contraindications, correct dosages, side effects and precautions for commonly used critical care drugs.

ii. ICU especially:

a. A&P of the respiratory system, pathophysiology and management of common respiratory problems:
b. Respiratory depression arrest
c. Obstructive airway disease; asthma, COPD
d. Toxic inhalations and aspirations
e. Near drowning
f. Pulmonary edema; cardiogenic and non-cardiogenic
g. Hyperventilation syndrome
h. Pulmonary embolism
i. Thoracic Trauma:
(1) Rib fractures and flail chest
(2) Traumatic pneumothorax
(3) Simple pneumothorax
(4) Tension pneumothorax
(5) Open pneumothorax (sucking chest wound)
(6) Hemothorax and Hemo-pneumothorax

iii. CCU especially:

a. A&P of the cardiovascular system, pathophysiology, assessment, risk stratification, and management of cardiovascular problems including:
b. Acute coronary syndromes: angina to AMI
c. Congestive heart failure/acute pulmonary edema
d. Hypoperfusion states and shock
e. Hypertensive states and
f. Abdominal aortic aneurysms

iv. Cardiac Dysrhythmia interpretation for the following:

a. Sinus arrhythmia
b. Sinus pause/arrest
c. Sinus bradycardia
d. Sinus and atrial tachycardia
e. Supraventricular tachycardia
f. Wandering atrial pacemaker
g. Atrial fibrillation
h. Atrial Flutter
i. Ventricular tachycardia
j. Ventricular fibrillation
k. Idioventricular rhythm
l. Pulseless Electrical Activity (PEA)
m. Asystole
n. Conduction Defects:
(1) Atrio-ventricular blocks:
(a) First degree block
(b) Second degree block-- Mobitz I
(c) Second degree block—Mobitz II (Wenkebach)
(d) Third degree block (complete heart block)

(2) Intraventricula conduction defects (BBBs)

o. Ectopic Beats:
   (1) Premature atrial contractions (PACs)
   (2) Premature junctional contractions (PJCs)
   (3) Premature ventricular contractions (PVCs)

p. Paced Rhythms

v. Techniques of Management:
   a. Use of invasive and non-invasive airway adjuncts
   b. Suctioning
   c. Oxygen administration
   d. Use of non-invasive pressure support ventilation devices
   e. Chest tube placement and maintenance
   f. Cardioversion / Defibrillation
   g. Drug therapy

PEDIATRICS & NICU

I. PURPOSE

The purpose of the Pediatrics/NICU rotation is to enable students to observe and participate in the clinical assessment and definitive interventions for acutely ill or injured infants and children. This experience shall be facilitated by a designated instructor (Clinical Coordinator). The Paramedic student can maximize this learning experience by (1) observing patient care; (2) asking pertinent questions of the Pediatric/NICU team; (3) correlating EMS assessments and interventions to those completed in the Pediatric/NICU areas; (4) participating in care while directly supervised; and (5) assessing and evaluating the patient's physical, mental, emotional, and psycho-social well-being with an RN preceptor.

II. SCOPE OF PRACTICE

A student enrolled in the Paramedic Program, while fulfilling the clinical training and in-field supervised experience requirements mandated for certification by the Oregon Public Health Division, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered nurse, or a qualified Paramedic.

III. PROCEDURE FOR REPORTING TO THE UNIT

A. Report to the unit on the assigned day and time. Inform the Charge Nurse of your arrival and he or she will provide your preceptor assignment.
B. For NICU- Change into scrubs, do a 3 minute scrub at the scrub sink (no watches, rings or other jewelry)
C. Report to the assigned preceptor. Show the preceptor a copy of this instruction plan to remind them of your objectives, scope of practice, and the program's requests of them as a preceptor.
D. Initiate the paperwork for the Pediatric/NICU clinical rotation.
E. Students shall listen to change of shift report with unit staff and receive area assignment

IV. OBJECTIVES

A. Explain the general goals of management of Pediatric and NICU patients
B. Discuss/demonstrate the general approach to a pediatric patient based on their level of growth and development, including sources of historical information
C. For each of the following age groups, discuss: normal growth and development including normal vital signs, personality development; relationship to parents; and common illnesses and injuries: Neonatal, 1-5 months, 6-12 months, 12-36 months, 3-5 years, 6-12 years, 12-17 years
D. Identify deviances from age-appropriate behavior which could indicate a significant problem in a child.
E. Describe the pathophysiology, assessment, and pre-hospital management of each of the following pediatric emergencies: Obstructed airway, asthma, bronchiolitis, croup, epiglottitis, dehydration, seizures, infectious disease.
F. Assess an infant, toddler, preschooler, and school-age child obtaining a sample history and completing a physical exam consistent with EMS principles. The exam should include estimating size using a length-based tape, taking vital signs, auscultating breath sounds, evaluating mental status, evaluating hydration status, and performing a focused assessment consistent with the child's stage of growth and development.
G. Observe, assist and/or perform the following airway access maneuvers: Oropharyngeal airway placement, Oropharyngeal / tracheal suctioning, endotracheal intubation.
H. Provide oxygen delivery/ventilator support via NC, NRM, Face tent, or BVM
I. Assist with cardiac monitoring/resuscitation: apply leads and interpret a rhythm strip

J. Perform peripheral venous cannulation or assist with IO access
K. Regulate an IV infusing isotonic crystalloid solution (NS/LR)
L. Attempt hemorrhage control using direct pressure/pressure dressings
M. Describe the preparation, correct pediatric doses, administration techniques, expected responses, and special considerations in pediatric patients for PO, SQ, IM, IV, ETT, inhalation, sublingual, IO, intrarectal, and/or topical medications approved for Pediatric EMS use including: albuterol, atropine suphate, dextrose, naloxone, dopamine, epinephrine, valium/versed, lidocaine
N. Assist with wound management
O. Apply dressings and bandages
P. Assist with spine immobilization
Q. Apply musculoskeletal splinting devices approved for EMS
R. Assist in applying restrain devices as per hospital protocals
S. Provide psychological support of patients/significant others
T. Assist in patient care with lifting, transporting, etc. as needed
U. Students may not perform any skills that are outside of their scope of practice as defined in the DOT curriculum and Oregon Administrative Rules

V. Case study requirement.
To ensure completion of the objectives, each student is required to complete at least one Peds Patient Case Study form per 8 hour rotation in Pediatrics and in NICU. The case study must be completed in a full patient chart on Platinum Planner.

LABOR & DELIVERY

I. PURPOSE

The purpose of the Labor and Delivery rotation is to enable students to observe and participate in monitoring a patient in labor and participating in a variety of birth situations. This experience shall be facilitated by a designated preceptor (RN). The Paramedic student can maximize the learning potential of this experience by (1) observing total patient care of pregnant patients in labor and (2) asking pertinent questions of the L & D team.

II. SCOPE OF PRACTICE

A student enrolled in the Paramedic Program, while fulfilling the clinical training and in-field supervised experience requirements mandated for certification by the Oregon Health Division, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered nurse, or a qualified Paramedic.

III. DIDACTIC PREPARATION

This module of study contains the following units:

A. Anatomy and physiology of the female reproductive system
B. Identification of the structures and their functions associated with pregnancy
C. Assessment of the obstetric and/or gynecologic patient
D. Pathophysiology and management of obstetric emergencies including:
    i. Spontaneous abortions
    ii. Ectopic Previa
    iii. Abruption placentae
    iv. Ruptured Uterus
    v. Pre-Eclampsia/Eclampsia
    vi. Prolapsed cord
    vii. Nucal cord
    viii. Preterm labor and Delivery
E. Types of deliveries:
    i. Cephalic
    ii. Breech
    iii. Limb presentation
    iv. Multiples
F. Uncomplicated and complicated emergency childbirth
G. Neonatal resuscitation
H. Post-partum care of the mother and the infant

IV. PROCEDURE FOR REPORTING TO THE UNIT

A. Report to the unit on the assigned day and time. Inform the Charge Nurse of your arrival and he or she will provide your preceptor assignment.
B. Change into scrubs (and any other attire as directed by the unit) in the designated locker room. Scrub hands per posted policy.
C. Report to the assigned preceptor. Show the preceptor the copy of this instruction plan to remind them of your objectives, scope of practice, and the program's requests of them as a preceptor.
D. Initiate the paperwork for the Pediatric/NICU clinical rotation.
E. Students shall listen to change of shift report with unit staff and receive area assignment

V. OBJECTIVES

A. Observe or assist with at least 3 live births. Two must be vaginal deliveries, one may be a C-section.
B. Assist with activities that are commensurate with Paramedic scope of practice. This may include helping the nursing staff with duties such as stocking, setting up the delivery rooms, clean-up following deliveries, and transporting patients within the women's services department
C. Perform peripheral IV access as directed
D. Perform OB patient assessments consistent with DOT principles. At a minimum, the patient assessment should include a review of all assigned patient's charts, taking vital signs, timing contractions, assisting patients with positioning and auscultating fetal heart sounds.
E. Observe labor and participate in a minimum of three vaginal deliveries as directed. The patient and physician must consent to a student's presence in the labor and delivery rooms. It is the responsibility of the preceptor to obtain this consent. It is helpful to obtain consent as early as possible rather than waiting until the patient is in the delivery room.
F. Focus on the care given the infant (rather than repair of the episiotomy after delivery of the infant). Observe initial efforts to suction, stimulate, dry, and warm the infant. Note how the time of birth is recorded. Correctly calculate APGAR scores. Observe neonatal resuscitation.
G. Assist in transporting the baby to the nursery and observe the admission and physical exam.
H. Observe and assist with post-partum care of the mother. It is very important to identify stable vital signs and differentiate by palpation a tonic versus atonic uterus and observe normal lochia from hemorrhage.
I. Observe cesarean sections if the opportunity presents, although this skill is not part of the EMT's scope of practice.
J. Use the time between patients/deliveries as productive learning time—ask questions regarding equipment and procedures and common medications to stay involved.
K. Specific areas of content to review:
    a. Signs of first, second, and third stages of labor and appropriate interventions for each.
    b. Explain fetal monitor usage and the information it provides.
    c. Manually recognize and time uterine contractions and to listen to fetal heart tones.
    d. Understand EMS criteria for field delivery preparations versus rapid transport. Add to this any information they may find helpful.
    e. Explain uncomplicated delivery steps and those interventions that may be useful in deliveries complicated by meconium aspiration and should dystocia.
    f. Discuss/demonstrate resuscitation and immediate care of the newborn, including how to preserve body warmth, APGAR scoring, and umbilical cord clamping. Understand babies are slippery and the importance of maintaining airway and warmth. Performing bulb suctioning.
    g. Discuss post-partum care of the mother including fundal massage observing atonic uterus, comfort measures, and delivery of the placenta.
L. If there are no delivery opportunities prior to the scheduled end of the students shift, the student may be excused from the department and leave early. Preceptor evals are still required.

LCC PARAMEDIC PROGRAM STUDENT CLINICAL AGREEMENT

I, _____, have read and understand the Lane Community College Paramedic Program Clinical Handbook. I agree to conduct myself in accordance with the provisions of the program handbook, the Clinical Handbook, and the LCC Student Code of Conduct. I accept responsibility for my conduct or actions that may result in disciplinary action.

_____ I understand that I must successfully complete Clinical Rotations with passing evaluations. I further understand that additional clinical time may be necessary (beyond the minimum hours or skills numbers) in order to show passing cognitive knowledge, psychomotor skills, affective behaviors, or meeting required objectives.

_____ I understand that my failure to meet the Clinical objectives as outlined in these guidelines, syllabus, Clinical Coordinator, Program Director and Medical Director and/or any failing grade I receive for any portion of the Program (Discussion, Lab, Clinical, or Field Internship) will:

1) prevent me from continuing with any paramedic certification/licensing exam, and
2) require that I retake the entire series in order to complete the paramedic program

_____ I understand that I must complete all requirements for the AAS-Paramedicine degree at LCC AND I must successfully complete all Clinical requirements before I am able to participate in any paramedic field internship or certification licensing exam.

_____ I understand I may be required to complete additional work, as assigned by the Clinical Coordinator, Program Director, and/or Medical Director not outlined on the syllabus, in order to show mastery and successful completion of Program Clinical Rotations.

_____ I understand that the Paramedic Program is a significant commitment and must be a priority. I have discussed, as appropriate, with my family the necessary time commitment, and I am ensuring I have the ability to complete this program. I understand Clinical time is in addition to normal class time and I have prepared my life schedule to accommodate this.

_____ I understand that that program may sometimes conflict with my work or job. I have discussed, as appropriate, my program requirements with my place of employment, and I am ensuring I will not have a conflict with the successful completion of this program.

_____ Date _____
(Student)

_____ Date _____
(Clinical Coordinator)

_____ Date _____
(Program Director)

_____ Date _____
(Medical Director)