EMSP 1160 Clinical – Emergency Medical Technology/Technician (EMT)

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Course Title: EMSP 1160 Clinical – Emergency Medical Services, EMT

Course Number and Section: 2015 FA EMSP 1160-21233 & 21234

TX Course Approval number: Varies with each individual class-group, check with your Lead Faculty for your class group number.

TX School number: This number is used for the online State application. Not needed for paper application. You will also need the course number, a six digit unique identifier of your class. It is found on the header of the class daily schedule document. For National Registry,

Required Textbook: The Brookhaven College EMS Program clinical book is required for this course. It is available on eCampus. For additional information on texts and reference materials refer to the EMS Program Student Handbook. Cognitive, Affective, and Psychomotor objectives will be discussed during the clinical orientation.

Catalogue Description: A basic, intermediate, or advanced type of health professions work-based instruction that helps students synthesize new knowledge, applies previous knowledge, or gain experience managing the workflow. Practical experience is simultaneously related to theory. Close and/or direct supervision is provided by the clinical professional (faculty or preceptor), generally in a clinical setting. Clinical education is an unpaid learning experience.

Course Competences: At the end of this course, the student will be able to demonstrate competency in functional application of EMT-Basic knowledge and skill with minimal guidance or support from a health care professional.

Prerequisite: All students must be currently admitted and eligible for certification with the Texas Department of State Health Services. This includes legal residency status, a valid social security number, a clear criminal background, and a clean drug screen. Program requirements include, but are not limited to: (1) Current CPR certification at the Health Care provider level from the Emergency Care Institute, American Red Cross, or American Heart Association, (2) Immunizations must be fully completed and submitted to the clinical coordinator prior to starting clinical assignments. Additionally, all immunization forms must be verified by the BHC school nurse to be considered complete. (3) A random drug screen will be performed and passed prior to the beginning of clinical rotations. You will need to have the necessary cash or money order available everyday unless you pre-pay online. No checks or credit cards are accepted by the lab-provider. (4) A criminal background check is also mandatory and done online. The results are approved by the BHC Clinical Coordinator. For your security, this information will only be accessible by the clinical coordinator. (5) The minimum age to attend clinical experiences is 17 years of age. (6) Satisfactory concurrent status in EMSP1501 is mandatory to attend clinical experiences. Those who
fail to complete the requirements of EMSP 1501 must withdraw from clinical or a WF drop will be processed by faculty. It is the student’s responsibility to affect the proper withdrawal documents. No refunds are granted after the drop-date as determined by the college.

Class Format:

Class sessions will be shift-based external experiences. Assignments are done on an 8 to 12 hour basis to better match the needs and availability of the Hospital staff and the student. Some orientations are done by the coordinator of some clinical sites, on campus or at their location. On all orientations, (off-site or on campus), uniforms will be worn! Do not sign up for a Clinical Shift on a 1501 class day! 1160 Clinicals should start after the last day of Course 1501. There will be 3 mandatory orientations: 1st Orientation: The basics of the clinical program.--how to sign up, approximate dates and times, etc. *The student’s dates and times must be submitted to the BHC Clinical Coordinator, via email, before the 2nd orientation*. 2nd Orientation: Your dates and times are submitted to the clinical site for approval, and that response is reviewed with the students. Once clinical rotations are secured, the schedule is set. There will be NO CHANGES MADE. 3rd Orientation: A review of the objectives, responsibilities, documentation, and expectations for successful completion. It is scheduled prior to the start of clinical assignments. Students will be given a start date and end date to submit your schedules for clinicals. Missed deadlines can result in: 1st offense-probation/drop(discretion of the Program Director & Clinical Coordinator), 2nd offense-administration drop resulting in an F for 1160.

Students will be scheduled for a minimum of 6 rotations: 2 Ambulance shifts and 4 Emergency Room rotations. Additional clinical rotations may be scheduled at the discretion of the clinical coordinator.

A change due to illness or injury requires documentation to be turned in to the clinical coordinator. Absences for observance of a religious holy day are excused. A student whose absence is excused to observe a holy day is allowed to take a make-up exam or complete an assignment within a reasonable time after the absence information may be found at: http://www.brookhavencollege.edu/ The student must show up to all of the assigned rotations. Clinical rotations are scheduled without regard to weekend or holidays. Student’s requests to be off on a certain date are not guaranteed. If a student cannot attend a clinical rotation, the clinical coordinator must be notified in advance. The best way to do this is via email. If a student does not show up to a scheduled rotation without notifying the clinical coordinator, there will be a penalty enforced up to and including dismissal from the EMS Program and receiving an F for EMSP 1160.

Evaluation Methods:

The EMS Program utilizes a combination of active participation, documentation and preceptor evaluation for affective, cognitive as well as psychomotor competencies of pertinent skills to evaluate SCANS Competencies. Student will turn in clinical documentation forms on a date specified by the clinical coordinator. For more specific details on evaluation methods refer to the EMS Program Student Handbook. A written exam will be scheduled after all clinical rotations have been completed. This exam will be in the testing center for a specified date and time range, no exceptions will be made. After the exam is completed, students will contact the Clinical Coordinator to get their official grade. Students that fail to achieve a passing grade (70% or higher), will be afforded the opportunity of one re-test. When students achieve a passing grade, they are allowed to take the National Registry Exam. To take this exam, students must create their own account with the NR. All clinical documents are required to be turned in no later than 5 days after the students last clinical shift. The Capstone exam must be taken no later than 5 days after paperwork has been turned in to the Clinical Coordinator. Upon successful completion, a Certificate of Completion will be issued. It is the student’s responsibility to make arrangements with the National Registry of EMTs and the Texas Department of State Health Services to complete the certification process to practice as an EMT in the State of Texas. Important: At the conclusion of both EMSP
1501 & EMSP 1160, the student is not certified to practice. The student is only eligible to take the NREMT basic EMT exam. To practice in the state of TX, you MUST be state certified with the Texas Department of State Health Services (DSHS). To begin the process, you must log on to the NREMT website (www.nremt.org). It is recommended that you also begin the state application process early on. All initial applicants must undergo an additional background check and obtain finger prints for DSHS. Information on this process can be found at www.dshs.state.tx.us/emstraumasystems/certinfo.shtml.

Important information for minors (less than 18, but at least 17, years of age): It is a requirement by the NREMT, that a candidate be 18 years of age to become registered. However, there is an Assessment exam that is equivalent to the Registration exam. At the time of your course completion you may take the Assessment exam. On your 18th birthday you will eligible for Registration with the NREMT. You will be required to submit a new application/fee to upgrade your status. No additional testing is required. Contact the Program Director and/or the Clinical Coordinator for instructions on this process.

There will be grades given when the required documents are turned in and the exam has been completed. All documents must be received by the Clinical Coordinator. The weight of the grades will be as follows:

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There is a minimum passing score of 70% on the final exam. If this is not obtained, one retesting opportunity will be allowed. There is a minimum passing score of 70%. Those that necessitate this re-test will receive a maximum grade of 70% on the official final grade report regardless of actual averages. Each clinical document has a certain amount of points to it. When all documents are turned in and the Capstone exam has been scored, a “Total Points” will be divided by the “Possible Points” and a score of 70% must be obtained to pass this course. *NOTE* Students must use all skills forms to account for the number of skills they have done in clinicals. If the Benchmark (number of skills) set by the College have not been met, the students will have an opportunity to get more skills at the College(supervised) or additional internships until required Benchmark is met.

Grading Criteria and Requirements: Grading will be based on several factors which include, but not limited to, homework, spelling, grammar, quizzes, tardiness at clinical sites, preceptor’s evaluation of performance, and turning in documentation on time. A key component is turning in the required documentation within 5 days of your last clinical. The clinical coordinator will occasionally drop into the clinical sites to verify attendance. **IF DOCUMENTATION AND CAPSTONE EXAM ARE NOT COMPLETED BY THE TIME SPECIFIED (posted on eCampus), YOU WILL RECEIVE AN “F” ON THIS COURSE**. Students are expected to be on time, and present, at all scheduled clinical assignments. If a clinical is missed, or a student is tardy, the penalty can be up to receiving an F for this course and dismissal from the EMS program. At the Clinical Coordinator’s discretion, all or a portion of the above penalty can be enforced.

INSTITUTIONAL POLICIES

http://www.brookhavencollege.edu/about/vpi/Pages/Syllabus-Addendum.aspx
RETRIEVING YOUR GRADE AND eConnect
Paper grade reports are no longer available from the Dallas Community Colleges. Students may retrieve their grades on-line through eConnect or by visiting the Advising Center. Specific instructions for obtaining your grades can be found at: http://www.brookhavencollege.edu/studentsvcs/grades/

Course/classroom Policies:
Timeliness, psychomotor abilities, interaction with peers and the public, dress code, grooming, and other affective behaviors which are consistent with the public’s expectation of an emergency services public servant are all considered as valid measurements towards the successful completion of the EMS Program. For more specific details on these course policies refer to the EMS Program Student Handbook. Due to the nature of this course, communication between students and the clinical coordinator will be done primarily by email and the use of eCampus. Announcements and other important documents are posted on eCampus. Students should not expect a personal email, thus eCampus should be checked daily!
While attending clinical rotations, the student is expected to act in a professional manner. If a clinical site contacts the clinical coordinator regarding unprofessional student behavior, the student will be placed on probation. Depending on the seriousness of the complaint, the student might be referred to the BHC Vice-President of Student Affairs. If there is a second occurrence, the student will receive an F for EMSP 1160.
Each clinical site will require certain documentation to be completed and turned in. Those documents are placed on eCampus under “clinical documents.”

College Policies:
The entire Brookhaven College Student Code of Conduct is online at www.brookhavencollege.edu. These policies provide the guidelines for the educational environment and student conduct and discipline. Additional EMS-specific policies can be found on the EMS Program Student Handbook.

Supplies needed for Course:
During clinical rotations, you are required to have: Navy blue uniform pants (no denim, no “scrubs”), black belt, black closed-toe shoes or boots, grey BHC EMS polo shirt, pen, watch, and stethoscope and the BHC ID badge.

Course Completion Schedule:
See Course Schedule

Instructor’s Rights:
The Instructor reserves the right to add to, delete, or revise any component of the course, or syllabus, as circumstances dictate.

Course Learning Outcomes:

1 Emergency Room & MICU. --- SCANS 1, 2, 3, 4, 5, 6, 7, 8
At the completion of this unit, the EMT student’s intended purpose of clinical internship is to capture the valuable collective experience that comes from actual interaction with real patients while being guided by experienced health care professionals.
Evaluation of competence – completion - of these expectations is dependent on a positive recommendation from the clinical preceptors, a passing grade on assignments, and a grade of no less than 70% on the capstone examination.

Scans Competencies:
The Secretary’s Commission on Achieving Necessary skills (SCANS) was established to determine skills that students need in order to succeed in the work environment. Description of SCANS competencies as follows:
1. Basic skills:
   a. Psychomotor skills as determined by the US DOT EMT national standard curriculum and evaluated by the National Registry of EMT.
2. Thinking Skills:
   a. The ability to discern varied patient complaints from a complex set of presenting signs and symptoms. Formulate a treatment plan based on these findings.

3. Personal qualities:
   a. A sincere interest in providing emergency care and empathy to persons experiencing times of personal, physical, or other distress.

4. Resources:
   a. Ability to access the necessary tools and resources to deliver pre-hospital emergency care.

5. Interpersonal skills
   a. Ability to communicate with strangers of all differing backgrounds and ethnicities during times of stress.

6. Information:
   a. Willingness to arm oneself with the information necessary to remain current in treatment methodologies in the pre-hospital environment.

7. Systems:
   a. Knowledge of the components of the emergency delivery system in the local area, or that where the student resides.

8. Technology:
   a. Familiarity with all current pre-hospital emergency care devices, appropriate to the EMS level of the student.
Clinical Guidelines and Course Expectations:  

1. As students you may or may not be allowed to practice all of your skills in the hospital or MICU. The main objective of these clinical rotations, are not specifically the psychomotor skills but actually your patient assessment skills. In these clinical experiences, you should be drawing up your own medical conclusion as to the patient's problem and a treatment plan based on that information. You may or may not be asked for your input; however it is good practice to see if you can reach the same conclusions that the staff reaches concerning a given patient. 

2. The Emergency Department at the hospital is facilitated for students to enhance their psychomotor skills, patient assessment and critical thinking: Make the best use of this time. Concentrate on patient care, not reviewing for an upcoming exam…Be helpful with all ongoing activities. This includes –but it is not limited to- patient care, cleaning and restocking the rooms, cleaning other apparatus, etc.

3. The internship at an ambulance (MICU) station is afforded as an opportunity to hone your skills in delivering pre-hospital care, particularly patient assessment. Shifts are on a 24 hr on and 48 hr off basis. You will work with the same station crew –though not necessarily in the MICU- as they might have a rotation between apparatuses. However, all of these emergency professionals are well versed in the preceptor function. Follow their guidance at all times. Be helpful with all ongoing activities. This includes –but it is not limited to- emergency responses, cleaning and restocking the MICU, cleaning other apparatus, station, etc.

4. Introduce yourself to the charge nurse and staff when at the hospital or the station Captain/manager and staff at the MICU station. This might need to be repeated every shift. Be sure to write the in-charge nurse/office’s name on your preceptor form in the appropriate space. Find out whom, if any, particular person will be your preceptor. If there is a particular person or crew that will be your primary preceptor(s), be certain to follow their every instruction in detail and to the best of your ability. Not only will your grade depend on it, but more importantly, the patient’s well being! 

Due to the nature of the unit(s)/stations, you may not be assigned to a specific preceptor but rather you will go from patient to patient; or rotate crews. If this is the case, have the charge nurse/office guide you as to who should sign your preceptor form at the end of the shift.

5. Remember that the BHC Clinical Coordinator “drops-in” at all facilities unannounced. Be prepared to show your ID (must be worn and visible at all times), documents, etc at all times. Keep a log of your activities throughout the day as the coordinator may choose to sit and review all of these with you on the spot.

6. When a patient arrives, be in the room as soon as possible. Be ready to respond without delays when a call comes in at the MICU station. Follow the direction of your preceptor as to what you should do for the patient. You may be asked to leave a room at the request of a patient or their family. As well, there might be scenes where the family, or patient, might ask that interns not partake of the care. This has nothing to do with you in particular, but rather with the patient's (or family) request for privacy.

7. Be aware of your own personal safety. Gloves and eye protection are a minimum level of personal protection. Aseptic techniques are a minimum mandatory level of infection control. You are not trained to perform sterile techniques. Make sure to acknowledge this to your preceptor and ask for guidance if asked to perform any sterile technique in the hospital(s).

8. The following lists of approved skills are intended to reflect what you are allowed to do by your school, your school’s medical director, and the State of Texas. It is NOT intended, nor should it be implied, that any facility or facility staff will allow you to perform any of these patient interventions.
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a. Basic level:
   - Patient assessment. This is your own assessment for your education, not that of the facility for a diagnosis.
   - Vital signs, oxygen administration (ask for details, i.e., type of mask, flow rate, etc)
   - CPR. Especially chest compressions.
   - Bandaging. Follow the facility’s guidelines.
   - Splinting (be aware there may be limitation on splint application due to specific devices in the ER)
   - Immobilization (generally means holding the head of a fall/trauma patients, may include restricting the movement of certain patients for their safety. Be sure to ask specifically what you are to do).
   - Lifting and moving patients.
   - Birthing assistance. Be certain to ask specifically what you are to do.

9. Hospital clinical progression and expectations;
   a. Before the start of the shift you should have contacted the in-charge person and know who your preceptor is for that day. At the start of the shift you must be ready to assist with patient care as requested.
   b. Within the first hour of arrival: Know the location of vital sign monitoring equipment and which –if any- of these you are expected to use on patients.
   c. After the first hour on the unit: Demonstrate the ability to, with minimal assistance, acquire a set of vital signs on a patient as requested by the preceptor. These must include, at a minimum, respiratory rate and quality, pulse rate and quality, and blood pressure. Additionally, you should be familiar with acquiring and reporting a capillary refill time, abnormal skin colors, diaphoresis, abnormal temperatures, and obvious musculoskeletal deformities that might indicate trauma; as well as other obvious conditions such as third trimester pregnancy, etc.
   d. Perform –or assist with- CPR.
   e. Assist with ventilating a patient with a BVM if requested.
   f. Apply oxygen delivery devices if requested (NC, simple masks, NRB mask).
   g. Manually stabilize a fractured/dislocated extremity. Assist with –or apply- a board splint if requested.
   h. Assist with –or apply- spinal immobilization, if requested.
   i. Assist with –or apply- bandaging, if requested.
   j. Assist with –or apply- EKG electrodes for single-lead monitoring if requested.
   k. Assist with –or assemble- an IV bag and delivery tubing if requested.
   l. After the first hour on the unit, or after the first two patient contacts, you are expected to perform all of the above processes without assistance from your preceptor.

10. Ambulance shift progression and expectations. As an EMT intern you should be able to:
   a. Before the start of the shift you should have contacted the in-charge person and know who your preceptor is for that day. At the start (i.e., at 0700 hrs, not 0701 hrs) of the shift you must be ready to respond to any and all emergencies.
   b. On first arrival, assist in checking the equipment to assure its readiness to respond to an emergency call. Assist with cleaning of all equipment.
   c. With minimal assistance, operate and utilize the gurney and know the location of all major equipment.
   d. Know the PPE usage policy. This includes knowing the limitations placed on you by the EMS provider on where you can be during MVC’s, fire incidents, and other scenes that required special training or equipment.
e. First trauma call: demonstrate, with minimal assistance, your ability to acquire all basic vital signs, successfully apply spinal immobilization, bandaging, splinting, and moving patients as appropriate for that call. Assist with the application of oxygen delivery devices, assembly of an IV bag and delivery tubing, measuring blood glucose, applying EKG electrodes for –at least- Lead II.

f. First medical call: demonstrate your ability –with minimal assistance- to acquire all basic vital signs. Assist with the application of oxygen delivery devices, assembly of an IV bag and delivery tubing, measuring blood glucose, applying EKG electrodes for –at least- Lead II, assist with birthing procedures, and any other non-invasive procedure you are asked to perform by your preceptor.

g. For all subsequent trauma or medical calls, you are expected to perform all of the above processes without assistance from the preceptor.

11. On-site documentation: (Forms are included in your clinical packet. They also are available on eCampus.)
   - A copy of these three pages (5, 6, and 7) from this form. You need to have it available for the clinical/MICU staff should they need clarification of the objectives. This is at their discretion.
   - BHC EMS ID. You must have your ID visible at all times. No exemptions.
   - Preceptor evaluation forms must be completed at each and every shift.
   - The paper patient chart must be completed while on-site. Remember this form needs a preceptor’s signature.
   - Have an incident form available at all times should the need arise to report an incident.
   - Contact information. It is important that you have your contact information available should an emergency arise.
STUDENT ACKNOWLEDGEMENT

Read this document in its entirety.
Ask questions and clarifications as needed.
Then, sign this page and return it to your instructor.

I ___________________________ have read the course syllabus and understand what is required of me in this course.
I have had the opportunity to ask the instructor questions, and received clarifications, about the content of this syllabus.
I understand that infractions of these guidelines and instructions may result in my failure of this course and up to dismissal from the EMS program.
I understand that I must follow my preceptor’s instructions and the guidelines contained within this document.
I understand that I must be on time and ready to perform my duties at the start of the shift. And, as well, that being late or absent may result in receiving a failing grade on this course. Further, I understand that there are no excuses allowed for being late or absent and that any exemption to this rule is at the sole discretion of the Clinical Coordinator and Program Director.

__________________________________________  ____________________________
PRINT (Student’s Name)                  Date

__________________________________________  ____________________________
Student’s Signature                     Date