I want to start off by saying thank you for accepting the responsibility to help educate the next generation of EMS professionals. The knowledge and experience that you offer our students will be influential in their career for years to come. Having your organization as a clinical site is vital to the education we provide to our students here at Motlow. We expect our students to be career ready when they leave our program and having clinical sites to assist in that process is very important.

Motlow EMS Education holds its students to the highest standards and expects its students to exhibit professionalism, courtesy, compassion, and respect at all times. Within this notebook is a thorough explanation of the expectations of our students as well as a comprehensive description of their clinical necessities and limitations.

We have great expectations for our program as well as the continued success of our students. I have included contact information for the EMS program’s administrative staff. Please contact us without hesitation should you have any questions, concerns, or comments.

Thanks!

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EMS Program Director
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P.O. Box 618
Fayetteville, TN 37334

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Preparatory

Hospital Departments
In order to complete the skills and objectives, the student will:

1. Report to the specialty unit on your scheduled rotation date and "check in" with the supervisor.

2. Review the rules and operating procedures within the unit with the preceptor, making certain that the student's role in the unit is well defined.

3. Review the objectives with the preceptor in the instructional unit. Discuss which activities will be included and/or excluded in the experience.

4. Review the history, diagnosis, complications and treatment of each patient in the unit.

5. Observe and participate in unit activities as directed by the preceptor. Should the student observe a technique or procedure performed differently from its presentation during the classroom activities, they may question the preceptor about differences observed, but remember that the techniques presented during the lecture may not be the only correct method.

6. Perform patient care skills (where appropriate) under direct supervision of the preceptor. If the student is unsure of the activity, the preceptor will demonstrate the skill.

7. Review each activity performed with the preceptor, critiquing the student's performance.

8. Be sure the preceptor signs the Clinical Area Documentation form sign and seals the envelope after each clinical rotation place the envelope in the mailbox for the Clinical Coordinator.

Pre-hospital Units
Complete steps 1-8 as well as additional steps as follows:

9. Complete the Patient Evaluation form for each patient contact with the following information:
   a. Patient's ID# - do not use patient's name due to HIPPA privacy laws
   b. Major problem - i.e., appendectomy, trauma
   c. Complications
   d. Skills and activities observed
   e. Skills performed - i.e., initiated I.V., monitored cardiac activity
   f. Arrhythmias observed (if applicable)
   g. Drugs administered (as well as Drug Administration form)

10. Complete any assignments given in-class for "down time" and turn in to Clinical Coordinator.

Incomplete forms will not be acceptable and may result in student not getting credit for ALS contacts.
Learning Objectives

Through clinical experience in the hospital, the EMS student will develop a more comprehensive understanding of the pathophysiology of disease and trauma, rationale for treatment and how specific treatment alters disease or injury. Students will also enhance their prehospital skills.

Skills:

EMT:

- Medical assessment
- Trauma assessment
- NPA
- OPA
- BVM
- All oxygen masks and cannulas
- Upper airway suctioning
- AED
- Extremity stabilization and splinting
- Traction splint
- Eye irrigation

AEMT: All EMT skills plus the following:

- Esophageal airways
- Nebulizer treatments
- Glucometer
- IM injections
- Subcutaneous injections
- Intranasal med administration
- IV initiation
- Pediatric IO
- The following medications are in the AEMT scope of practice:
  - Glucagon
  - Oral glucose
  - D50/D25
  - NTG
  - ASA
  - Narcan
  - Epinephrine
**Paramedic:** All EMT and AEMT plus the following:

- Oral route
- Topical route
- G-tube route
- Rectal route
- IO/IV route
- External Jugular IV
- Piggy back IV
- All CPR and ACLS skills to include endotracheal intubation (all age groups)
- Naso/orotracheal intubation
- LMA
- Tracheal suction
- Nasogastric decompression
- RSI
- Needle chest decompression
- Vagal maneuvers
- 12 lead recognition
- Defibrillation
- Synchronized cardioversion
- Transcutaneous pacing
- Cardiac rhythm interpretation
- Acute ischemic stroke assessment
- Normal vaginal delivery
- Multiple births
- Umbilical vein cannulation
- Male/female catheterization
- NG tube

- Facility staff are encouraged to allow students to perform these skills. However, it is the staff’s discretion as to which skills and procedures the students are allowed to perform.
- Students are expected to comply with all lawful instructions, orders, or directions given to them by facility staff.
CLINICAL SKILLS LIST PARAMEDIC

PRECEPTOR: The following is a list of skills that the students have performed under classroom conditions. At your convenience, please allow the students to practice these skills under your direct supervision whenever possible.

Patient Assessment: To include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient’s chart and do a pertinent physical examination. The paramedic should show proficiency in obtaining vital signs, verbal history, primary and secondary survey (head to toe assessment). The paramedic should demonstrate good communication skills with patient and other health care providers.

Airway Management: To include oxygen administration, oropharyngeal airways, nasopharyngeal airways, laryngeal mask airway (LMA), pharyngotracheal airways (PTL or Combitube), bag-valve-mask (BVM), CPAP, ventilator, suctioning techniques, nasogastric tube, oral intubation, nasal intubation, cricothyrotomy and rapid sequence induction (RSI). Student should be able to confirm tube placement by auscultating breath sounds, absents of epigastric sounds and end-tidal CO$_2$ detector or capnography.

Medication Administration: To administer medications via intravenous, oral, sublingual, intramuscular, subcutaneous injection, intranasal, and endotracheal routes using aseptic technique. Calculate proper drug dosage using correct formulas and correct concentration. Student should be able to verbalize indications and contraindications of medications administered by them.

Cardiac Management: including CPR, basic airway management, advanced airway management, EKG interpretation (3 lead and 12 lead), cardioversion, defibrillation, transcutaneous pacing, medication administration, and IV therapy.

Trauma: To include use of short and long spine immobilization devices, XP1, KED, cervical collars, and CID. Control bleeding, bandage, splint fractures using boards and traction splints, use PSAG trousers, chest decompression and fluid resuscitation. Proper management of a burn patient. Use destination guidelines to reach a conclusion on patient transport priorities.

Respiratory Emergencies: Administer Medication via hand held nebulizer or metered dose inhaler and other medications as patient condition indicates. Use of pulse oximetry as an assessment tool for a respiratory compromised patient. Use of CPAP machine for respiratory compromised patient.

I.V. Therapy: To include selecting, inspecting, set up, and initiation of Intravenous Infusions including venipuncture, using aseptic technique. Discontinuing IV lines, maintenance of proper rate of infusion, calculate proper drip rate, peripheral IV insertion, external jugular IV insertion, intraosseous cannulation, drug administration bolus via IV, drug administration drip via IV, and IV fluid resuscitation.

OB Care: Skill proficiency sufficient to provide care during complicated deliveries or normal vaginal delivery. Provide care for mother and/or neonate.

Environmental Emergencies: Provide care of heat and cold illnesses and hazardous materials exposures.

Communication: Give oral & written report to medical staff or other health care providers.
CLINICAL SKILLS LIST EMT BASIC

PRECEPTOR: The following is a list of skills that the students have performed under classroom conditions. At your convenience, please allow the students to practice these skills under your direct supervision whenever possible.

Patient Assessment: To include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient's chart and do a pertinent physical examination. The EMT-B should show proficiency in obtaining vital signs, verbal history, primary and secondary survey (head to toe assessment). The EMT-B should demonstrate good communication skills with patient and other health care providers.

Airway Management: To include oxygen administration, oropharyngeal airways, nasopharyngeal airways, BVM, pulse oximetry.

Medication Administration: The EMT basic is not authorized to administer medications.

Cardiac Management: To include CPR, basic airway management, AED.

Trauma: To include use of short and long spine immobilization devices, XP1, KED, cervical collars, and CID. Control bleeding, bandage, splint fractures using boards and traction splints, use PASG.

Respiratory Emergencies: To include use of pulse oximetry as an assessment tool for a respiratory compromised patient.

Communication: Give oral & written report to medical staff or other health care providers.
CLINICAL SKILLS LIST AEMT

PRECEPTOR: The following is a list of skills that the students have performed under classroom conditions. At your convenience, please allow the students to practice these skills under your direct supervision whenever possible.

**Patient Assessment:** To include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient's chart and do a pertinent physical examination. The AEMT should show proficiency in obtaining vital signs, verbal history, primary and secondary survey (head to toe assessment). The AEMT should demonstrate good communication skills with patient and other health care providers.

**Airway Management:** To include oxygen administration, oropharyngeal airways, nasopharyngeal airways, BVM, pulse oximetry, airways not intended for trachea.

**Medication Administration:** To include Glucagon, Oral Glucose, D50/D25, NTG, ASA, Nitrous Oxide, Narcan, Epinephrine. Routes: IM, IN, SC, IV, IO.

**Cardiac Management:** To include CPR, basic airway management, AED.

**Respiratory Emergencies:** To include assist with MDI, Pulse oximetry.

**I.V. Therapy:** To include selecting, inspecting, set up, and initiation of intravenous infusions including venipuncture, using aseptic technique. Discontinuing IV lines, maintenance of proper rate of infusion, calculate proper drip rate, peripheral IV insertion, intraosseous cannulation, drug administration bolus via IV.

**Communication:** Give oral & written report to medical staff or other health care providers.
Affective Objectives:

- Uniform is neat, clean, and conforms to program policy.
- Arrives on time
- Actively seeks out learning opportunities
- Establishes and maintains rapport with patients
- Maintains a positive, helpful demeanor towards others and works well as a team member
- Maintains patient confidentiality
- Follows directions from staff
- Utilizes time wisely and stays motivated
- Accepts constructive criticism and seeks advice when appropriate

Student Responsibilities and Expectations:

- No cell phones in patient care areas
- Students will supply their own meals
- Students will take breaks only at staff discretion
- Students should not leave early unless approved by the clinical staff or program staff
- Students shall not perform any skills that are not within their respective scope of practice
- Students shall treat patients with communicable diseases using appropriate precautions and will not be allowed to refuse treatment for fear of infection
**Dress Code Policy**

Students should remember that they are representing Motlow State Community College EMS Education Program and the entire EMS profession. Students shall wear a uniform in any class related event. An integral part of how others perceive us is through our appearance. Therefore, students must adhere to the following dress code.

1. Pants will be black EMS style. Jeans are not permitted. EMS style uniform pants that have a side pocket are required for Paramedic students. If BDU style pants are worn, the pant leg must be hemmed and may not have drawstring style closures. The pants must be kept neat, clean, and ironed. Black belts shall be worn and pants will rest on the waist.

2. The uniform shirt must be purchased as prescribed by the Program. The shirt should be kept clean, neat, and ironed. A clean, white short sleeve undershirt must be worn under the uniform shirt.

3. In the event of inclement weather, the student may wear a navy blue or black EMS style jacket. The jacket must be plain, without adornments from other services or affiliations.

4. Shoes or boots must be low-heeled, closed toe, black, and have rubber soles. Shoes should be kept in a neat and clean condition. Dark socks only.

5. Students should wear a watch with a second hand (or digital), and bring a stethoscope, pen light, small note pad, black ink pen, and all required clinical forms to each clinical rotation.

6. MSCC nametags must be worn at all times. The nametag shall be issued to each student by the EMS Education Program unless otherwise specified by individual institutions.

7. Hands must be clean and nails trimmed neatly. Acrylic or other artificial nails are prohibited. Only clear nail polish is allowed. Nails cannot extend more than ¼” beyond the fingertips. One ring will be allowed on each hand.

8. Hair must be clean and neat and of a natural color. Hair must be kept off the shoulders at all times. No flamboyant or distracting hair styles such as Mohawks, dreadlocks, fad hairstyles, or unconventional haircuts, as determined by faculty. Facial hair must be neat, clean, and well-trimmed; however, students must abide by the facial hair policy of the clinical site. Hats are not permitted in the classroom or on clinical sites.

9. **All visible tattoos must be covered.**

10. No perfume or aftershave is permitted.

11. You are expected to bathe regularly and wear an effective deodorant.

12. No excessive jewelry should be worn. No body piercing/jewelry allowed. Females are allowed only one single stud earring in one hole only. Necklaces should be tucked into the shirt. Students must understand that jewelry can be a significant safety and infection control hazard in the clinical setting and with that in mind will not be allowed.

**Please note that any violations in the above dress code may result in the student being sent home. This would constitute a clinical absence that would need to be rescheduled according to the clinical absence policy. Violations of the Clinical Dress Code may result in disciplinary action up to and including failure of the course.**
**Healthcare Services**

Motlow State Community College and affiliated clinical sites are not financially responsible for providing healthcare services in the event of illness and/or injury during classroom or clinical rotation. Students are required to carry health insurance for these occasions.

**Infection Control**

Students are required to comply with the infection control policies at each clinical site. As a minimum, students should:

1. Wash their hands before and after contact with patients and/or patient care equipment.
2. Wear gloves when patient contact is expected.
3. Wear gowns, masks, and eye protection when spattering of body fluids may be likely.
4. Clean all body fluid spills promptly with the appropriate agent and technique.
5. Consider all body fluids as infectious.
6. Promptly and properly dispose of all sharps in appropriate containers.

**Exposure to Potentially Infectious Substances**

Any student who has a known or suspected exposure to potentially infectious fluid during the performance of their academic or clinical responsibilities will follow the “Employee Exposure Policy” for the facility at which the exposure occurred. In addition to following this policy, the student should notify the EMS Education Faculty member on-call immediately. The student will also be referred to their private physician or the appropriate public health facility. **Motlow State Community College and the EMS Education Program assume no financial responsibility for the treatment of a potential infection.** This is the reason that students are required to carry their own health insurance.
EMS Clinical Rotation Skills and Objectives

The following objectives are proposed for the Mobile Intensive Care Unit - Ambulance Service. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the EMS experience, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

**Patient assessment**, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

**Airway management**, to include oxygen administration, ET/NT intubation, Non-tracheal airway, suctioning, CPAP, and Needle/surgical Cricothyrotomy.

**Assist in cardiac arrest**, including CPR, airway management, intubation and defibrillation or cardioversion;

**Endotracheal intubation**, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes, examination of technique used;

**Medication administration**, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

**IV insertion**, peripheral IV administration including the various sites and administration devices preferred by the preceptor, draw blood samples, perform intraosseous infusion;

**EKG recognition and management**, to include drug administration and defibrillation;

**All basic EMT skills**, medical, trauma and cardiac;

**Formulate a plan of treatment**, to include scene survey, determining mechanism of injury, triage of patients, patient assessment and treatment, radio reports and correct usage, run sheet documentation and transportation of the patient.

EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC
Clinical Rotation Skills and Objectives

Emergency Department

The following objectives are proposed for the Emergency Department. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Emergency Department, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

- **Patient assessment**, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations, reviewing the patient's chart and doing a pertinent physical examination;

- **Review**, all cases including the patient's chart, vital signs, diagnosis and treatment;

- **Airway management**, to include oxygen administration, ET/NT intubation, Non-tracheal airway, CPAP and suctioning.

- **Assist in cardiac arrest**, including CPR, airway management, intubation and defibrillation or cardioversion;

- **Endotracheal intubation**, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes, examination of technique used;

- **Medication administration**, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

- **IV insertion**, peripheral IV administration including the various sites and administration devices preferred by the preceptor, draw blood samples, perform intraosseous infusion;

- **EKG recognition and management**, to include drug administration and defibrillation;

- **Formulate a plan of treatment**, determining mechanism of injury, triage of patients, patient assessment and treatment, radio usage and daily operations in the emergency department.

**EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES**

**AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES**

**PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC**
Clinical Rotation Skills and Objectives

Intensive Care Unit/Coronary Care Unit

The following objectives are proposed for the Intensive Care Unit/Coronary Care Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Intensive Care Unit/Coronary Care Unit, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

- **Patient assessment**, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

- **Review**, all cases including the patient's chart, vital signs, diagnosis and treatment;

- **Endotracheal intubation**, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes; examination of technique used, care of those patients with endotracheal or tracheostomy tubes and those patients on ventilators;

- **Assist in cardiac arrest**, including CPR, airway management, intubation and defibrillation or cardioversion;

- **Medication administration**, preparation and administration of intramuscular, subcutaneous and intravenous medications; also observe the actions of these pharmacological agents, with emphasis on drug calculations;

- **IV insertion**, peripheral IV administration including the various sites and administration devices preferred by the Coronary/Intensive Care Unit, with emphasis on drip rates;

- **EKG recognition and management**, to include drug administration and defibrillation;

- **Formulation of plan of treatment**;

EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC
Clinical Rotation Skills and Objectives

Operating/Recovery Room

The following objectives are proposed for the Operating/Recovery Room. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Operating/Recovery Room, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

- **Patient assessment**, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

- **Review**, all cases including the patient's chart, vital signs, diagnosis and treatment;

- **Placement of an oral airway**, to include suctioning;

- **Endotracheal intubation**, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes; examination of technique used, student continuously monitored by physician or CRNA;

- **Assist in cardiac arrest**, including CPR, airway management, intubation and defibrillation or cardioversion

- **Medication administration**, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

- **IV insertion**, peripheral IV administration including the various sites and administration devices preferred by the Operating Room, draw blood samples;

- **EKG recognition and management**, to include drug administration and defibrillation;

- **Assist**, in the operation of the Bag-Valve-Mask, operate oxygen equipment and administer oxygen using various masks and cannulas, monitor vital signs including blood pressure, pulse, respirations;

- **Observe**, the effects of pharmacological agents administered;

*EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC*
Clinical Rotation Skills and Objectives

Pediatric Emergency Room/Intensive Care Unit

The following objectives are proposed for the Pediatric Emergency Room/Intensive Care Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Pediatric Emergency Room/Intensive Care Unit, the student will have the opportunity to practice on actual pediatric patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

- **Patient assessment**, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination, and assessment of the chest and abdomen as a minimum;

- **Review**, all cases including the patient's chart, vital signs, diagnosis and treatment;

- **Endotracheal intubation**, selection of equipment needed, including typical laryngoscope blade and sizes and endotracheal tube sizes; examination of technique used;

- **Assist in cardiac arrest**, including CPR, airway management, intubation and defibrillation/cardioversion;

- **Medication administration**, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents, with emphasis on drug calculations;

- **IV insertion**, peripheral IV administration including the various sites and administration devices preferred by the Pediatric Emergency Room/Intensive Care Unit, with emphasis on drip rates;

- **EKG recognition and management**, to include drug administration and defibrillation;

- **Febrile and seizure patients**, observe and assist in the management of these patients, the most common pediatric patient seen in the prehospital environment;

- **Perform Intraosseous infusion**, assist and review the treatment of trauma cases and medical emergencies;

EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC
Clinical Rotation Skills and Objectives

Nursery Unit Rotations

The following objectives are proposed for the Nursery Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Nursery Unit, the student will have the opportunity to practice on actual neonatal patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

- **Patient assessment**, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

- **Review**, all cases including the patient's chart, vital signs, diagnosis and treatment;

- **Endotracheal intubation**, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes; examination of technique used;

- **Assist in cardiac arrest**, including CPR, airway management, intubation and defibrillation/cardioversion;

- **IV insertion**, peripheral IV administration including the various sites and administration devices preferred by the Nursery Unit, with emphasis on drip rates;

- **EKG recognition and management**, to include drug administration and defibrillation;

- **Demonstrate the ability to calculate an accurate APGAR score**;

- **Identify the significance of meconium staining**;

- **Formulation of plan of treatment**;

EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC
Clinical Rotation Skills and Objectives

Labor and Delivery Department - Labor Suite

The following objectives are proposed for the Labor and Delivery Department. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Labor and Delivery Department, the student will have the opportunity to practice on actual obstetric patients under direct supervision of their preceptor and demonstrate entry-level competency in each of the following areas:

- **Patient assessment**, to include an assessment of the patient utilizing a systematic approach to learn all relevant medical history, making pertinent observations of the environment and doing a pertinent physical examination;

- **Review**, all cases including the patient's chart, vital signs, diagnosis and treatment;

- **Airway management**, to include oxygen administration, ET/NT intubation, PTLA and suctioning;

- **Assist in cardiac arrest**, including CPR, airway management, intubation and defibrillation/cardioversion;

- **Endotracheal intubation**, selection of equipment needed, including typical laryngoscope blade sizes and endotracheal tube sizes, examination of technique used;

- **Medication administration**, preparation and administration of intramuscular, subcutaneous, and intravenous medications; also observe the actions of these pharmacological agents;

- **IV insertion**, peripheral IV administration including the various sites and administration devices preferred by the preceptor, draw blood samples, perform intraosseous infusion;

- **EKG recognition and management**, to include drug administration and defibrillation;

- **Assist in normal cephalic deliveries**;

- **Observe and Assist**, where possible, in abnormal deliveries and complicated deliveries;

- **Control post-partum hemorrhage**, by uterine massage and infusion of oxytocin;

- **Identify the three stages of labor**, common complications, and abnormal deliveries;

- **Assist in the management of the newborn**, including management of the cord,
suctioning, APGAR scoring, managing meconium staining, etc;

**Assist in the resuscitation of the newborn or mother:**

**Formulate a plan of treatment.**

EMTS MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTS MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC
Clinical Rotation Skills and Objectives

Psychiatric Unit Rotation

The following objectives are proposed for the Psychiatric Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the Psychiatric Unit, the student will have the opportunity to practice on actual patients under direct supervision of their preceptor and demonstrate entry level competency in each of the following areas:

- **Observe and assist** in the management and interview of with the following disturbances:
  - Suicidal feelings
  - Hostility and violent behavior
  - Acute grief and depression
  - Paranoia
  - Hysterical conversion
  - Alcohol and drug addiction

- **Assist** in the restraint of combative patients;

- **Record and evaluate** the use of drugs for the treatment of the aforementioned problems;

EMTs MAY ONLY PERFORM SKILLS LISTED IN EMT SECTION OF LEARNING OBJECTIVES
AEMTs MAY ONLY PERFORM SKILLS LISTED IN AEMT SECTION OF LEARNING OBJECTIVES
PARAMEDICS MAY PERFORM SKILLS LISTED IN CLINICAL SKILLS LIST PARAMEDIC
# Paramedic

## Clinical I Breakdown

All shifts 12 hours unless otherwise specified

<table>
<thead>
<tr>
<th>Unit</th>
<th>Number of rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>4</td>
</tr>
<tr>
<td>OB</td>
<td>2</td>
</tr>
<tr>
<td>EMS</td>
<td>6</td>
</tr>
<tr>
<td>Med-Surg</td>
<td>1 (8 hours)</td>
</tr>
</tbody>
</table>

## Clinical II Breakdown

<table>
<thead>
<tr>
<th>Unit</th>
<th>Number of rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCL</td>
<td>1 (8 hours)</td>
</tr>
<tr>
<td>CCU/ICU</td>
<td>2</td>
</tr>
<tr>
<td>ER</td>
<td>4</td>
</tr>
<tr>
<td>OR</td>
<td>2</td>
</tr>
<tr>
<td>EMS</td>
<td>6</td>
</tr>
<tr>
<td>Sleep Lab</td>
<td>1 (8 hours)</td>
</tr>
<tr>
<td>Peds</td>
<td>2</td>
</tr>
</tbody>
</table>

## Field Internship

21 shifts (252 hours)
EMT BASIC

Emergency Department  3 shifts (12 hours)

EMS  5 shifts (12 hours)

AEMT

Emergency Department  2 shifts (12 hours)

EMS  6 shifts (12 hours)
Motlow State Community College
EMS Education

Clinical Contract

I, __________________________________________, (Print Name) have received or acknowledge the following conditions for participating in the clinical experience of the EMS education program:

Please initial

__________ I have attended the required field internship orientation.

__________ I have received the MSCC Paramedic Clinical/Field Student Handbook and course syllabus and will read, understand, and abide by all the information contained in these documents.

__________ I understand the sick policy and will abide by it. If I am ill, I will call my preceptor, my liaison and the clinical coordinator no later than 1 hour prior to the beginning of my shift.

__________ I understand that I will strictly comply with the Program dress code.

__________ I understand that I must attend and complete all scheduled field shifts.

__________ I understand that my attitude must be professional at all times. I must treat my fellow students, faculty, peers, preceptors and patients with the highest degree of courtesy and respect.

__________ I understand that only the Clinical Coordinator or the Director of the Program may excuse me from an assigned shift. No other faculty or non-faculty can excuse an absence.

__________ I understand that I must turn in all paperwork on time. To do otherwise, could lead to my dismissal from the program or lead to cancellation of field shifts and repeating of those shifts at the Clinical Coordinator’s discretion.

__________ I understand that I may NOT leave a field assignment early, change field areas, schedule my own field rotations and I may NOT have my paperwork signed before the end of the shift.

__________ I agree to be assigned either 8 or 12 hour shift. These shifts will be assigned by the Clinical Coordinator in accordance with the preceptor assigned to me.

__________ Failure to comply with ANY of the above mentioned requirements will result in disciplinary action up to and including dismissal from the program.

_________________________ __________________________
Signature Date

_________________________ (Return to the Clinical Program Coordinator)
Name (Print)