

WILLIAM RAINEY HARPER COLLEGE
HEALTH CAREERS DIVISION
NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM
COURSE SYLLABUS

| EMS Course Prefix | 215 Course Number | PARAMEDIC: FIELD INTERNSHIP Course Title | (0 / 20) (Lec-Lab) | 4 Credit Hours |
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Dates: March 1- May 17, 2019 and/or until all objectives and patient care contacts are achieved;
no later than June 12, 2019 unless an extension is granted

Time & location of classes: EMS agencies within the Northwest Community EMS System

Class days: Dates and times variable depending on preceptor schedules and agency policies

COURSE DESCRIPTION

This course integrates the theoretical concepts and practical skills acquired during EMS 210, 211, 212, 213, 217, and 218 and requires students to use higher order thinking and critical reasoning to safely care for patients in the out of hospital environment under the direct supervision of an approved paramedic preceptor. The internship is divided into two phases of ascending mastery and accountability with each having a minimum number of patient care contacts and competencies. A full description of the objectives and expectations is contained in the NCH Paramedic Program Student Handbook and on the internship forms. (NOTE: This course has an additional fee of \$1500 to cover the cost of preceptor supervision.)

Prerequisites for release to Field Internship:

- Successful completion of EMS 213
- All initial Hospital clinical rotations (EMS 217 & 218) done except for the elective; paperwork approved by J. Dyer
- *All Fisdap entries for labs and EMS 217 and 218 entered by student and approved by J. Dyer
- All class-required simulated runs completed by student, submitted to and approved by J. Albert
- Eligible preceptor(s) identified by agency, approved by hospital educator, & paperwork submitted to M. Gentile
- Agency agreement to host students signed by authorized administrator and submitted to C. Mattera
- Hold harmless statement signed by student and forwarded to agency

TOPICAL OUTLINE

Students shall complete a minimum of the following:

- I. Orientation to the internship
- II. Phase 1; **Team member** with an emphasis on enhancing assessment and intervention skills.
- III. Phase 2: “Capstone” experience, where students, in an end-of-program sequence field internship, do work that gets assessed against the desired overall course outcomes. They are expected to demonstrate competency as a **team leader**.
- IV. Mandatory actual and/or simulated skills/patient care contacts

METHODS OF PRESENTATION

- Progression of learning typically sequences from didactic/theory to laboratory practice followed by hospital clinical experience, followed by the field internship.
- While in the field, students are awarded temporary ALS privileges and will perform to that scope of practice as a team member and then leader under the direct supervision of an approved preceptor for a minimum of 300 hours.
- Each phase of the internship has specific objectives, expected outcomes, and forms on which to evaluate the learning experience. A complete description of the Internship is found in the NCH Paramedic Student Handbook.
- Students use independent inquiry to research pathophysiology and drug profiles for patient contacts.

Learning Goal: To develop contextual, integrative, and adaptive competencies using higher order critical thinking skills and demonstrate competent entry-level Paramedic performance in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

STUDENT OUTCOMES: *(The student will...)*

1. during EMS 210, 211, 212, 213, 215, 217 and 218 (combined), complete the following minimum patient care contacts and demonstrate skill competency at the precision level or higher for assessments and interventions included in the National EMS Scope of Practice model, The Illinois Scope of Practice Model, National EMS Education Standards, those approved by the Program MD as specified in the System SOPs, Policy and Procedure Manuals and as approved by the Paramedic Program Advisory Committee:

| Assessments | Minimum number |
|---|----------------|
| Adult (18-64 yrs) | 75 |
| Geriatric (65 or older) | 50 |
| Pediatrics total | 25 |
| Newborn (0-1 mos) | 2 |
| Infant (1-12 mos) | 3 |
| Toddler (2-3 yrs) | 2 |
| Preschool | 2 |
| School age | 3 |
| Adolescent | 5 |
| Trauma patients total | 30 |
| Trauma peds | 6 |
| Trauma geriatric | 6 |
| Medical patients total | 60 |
| Medical peds | 12 |
| Medical geriatric | 12 |
| Stroke/TIA | 2 |
| Acute coronary syndrome/chest pain | 10 |
| Cardiac dysrhythmia | 2 |
| Respiratory distress/failure | 2 |
| Hypoglycemia/DKA/HHNS | 2 |
| Sepsis | 2 |
| Shock | 2 |
| Toxicology emergency/OD | 2 |
| Psych/behavior emergency | 6 |
| Altered mental status | 8 |
| Abdominal pain | 4 |
| Skills | |
| Obtain Hx from A&O pt (total) | 10 |
| Comprehensive assessment adult | 2 |
| Comprehensive assessment peds | 6 |
| Trauma assessment adult | 16 |
| Medical assessment (cardiac) adult | 54 |
| Direct tracheal intubation adult (4 live) | 24 |
| Direct tracheal intubation peds | 24 |
| Trauma intubation (inline adult) | 6 |
| Nasotracheal intubation adult | 2 |
| Supraglottic airway | 20 |
| Cricothyrotomy (needle/surgical) | 8 |
| CPAP | 5 |
| Pleural decompression | 6 |
| Vascular access (IV) | 47 |
| Vascular access (IO) | 8 |
| IV/IO Medication administration | 16 |
| IVPB Medication administration | 4 |
| IM or subcutaneous medication admin. | 6 |
| Inhaled medication (nebulized) | 2 |

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|---|-------------------------|
| Synchronized cardioversion | 16 |
| Defibrillation | 16 |
| Transcutaneous pacing | 15 |
| Normal delivery & newborn care | 7 |
| Abnormal delivery & newborn care | 7 |
| Neonatal resuscitation | 7 |
| Serve effectively as the team leader | 20 runs (15 ALS) |

| SKILLS | Minimum # |
|--|------------------|
| BLS skills to be competencied in lab before live patient encounters | |
| Spine motion restriction (adult supine) | 3 |
| Spine motion restriction (adult seated) | 3 |
| Joint splinting | 3 |
| Long bone splinting | 3 |
| Traction splinting | 3 |
| Hemorrhage control | 3 |
| IN med administration | 4 |
| Inhaled med administration | 4 |
| Glucose check | 2 |
| 12 L ECG electrode placement | 4 |
| CPR equivalent to AHA BLS for HCP | |
| 1 & 2 rescuer CPR for adults, children, infant | 3 |
| BVM ventilations adult and child | 2 |
| Use of AED | 1 |
| Obstructed airway technique 1 yr & older | 2 |

- characterize the professional behaviors stated in the program affective objectives.

METHODS OF EVALUATION

- Formative evaluations are conducted by the Field Preceptors using forms prepared by the Program to rate student achievement of cognitive, psychomotor and affective objectives after each call. These are discussed with the student, Preceptor and EMS Coordinator/educator (EMSC) during Phase meetings.
- The program uses a computer based tracking system (FISDAP) that incorporates the program-defined minimum numbers of encounters/competencies required for each of the defined exposure groups and patient ages (pediatric subgroups include newborn, infant, toddler, preschooler, school-ager, and adolescent), pathologies, complaints, and interventions. The tracking system clearly identifies those students not meeting the program minimum numbers.
- The program evaluates at least annually that the established minimums are adequate to achieve competency. Terminal competency is validated by the Program Medical Director's signature.
- Student evaluations of preceptors** and internship process
- Employer evaluations** of student readiness to work completed six months after graduation

COMPLETION OPTIONS: To successfully pass EMS 215, students must demonstrate *entry-level* mastery of EMS knowledge, skills, and behaviors as measured by satisfactorily completed all objectives in the Field Internship instruction plan. A summative evaluation is conducted with the student, their primary Field Preceptor, PEMSC and hospital EMSC/educator when all objectives have been achieved. They may select from three options at the end of the first 300 field internship hours:

- Objectives fully achieved:** Graduate; recommend for terminal certifying exam and licensure without restriction.
- Objectives minimally achieved:** Graduate; recommend for terminal certifying exam; and licensure with restriction in the form of a probationary status where the new licensee shall continue providing ALS care under the direct supervision of an approved preceptor with periodic meetings with the EMSC/educator for an agreed-upon period of time. If this option is selected, the hospital EMSC/educator must specify in detail the rationale and objectives for the probationary status in an education action plan (EAP) and the EMS agency chief/administrator and EMS Medical Director must agree to the plan. A copy shall be forwarded to the Course Coordinator for the student's file.
- Objectives not achieved:** The student is given an incomplete at the end of the regularly scheduled Field Internship. If this option is selected, the hospital EMSC/educator must specify the cause in detail and an EAP must be established between the student, the primary preceptor, the PEMSC and the hospital EMSC/Educator. A copy shall be forwarded to the Course Coordinator for the student's file. The student may continue in EMS 215 with an incomplete for a maximum of one month after the class graduation date unless alternative provisions are made.

If licensure cannot be recommended at the end of one month, the hospital EMSC/educator must specify in detail the student's inability to meet the objectives and the EMS agency PEMSC and chief/administrator must be informed of the determination. The EMS MD must be consulted about the final assessment and agree with the findings. A copy of the final report shall be forwarded to the Course Coordinator for the student's file. The student will be given an F for EMS 215 and may attempt to re-enroll the next time EMS 215 is offered.

GRADING: Students receive a pass/fail grade for this course based on accomplishment of the objectives.

TIME REQUIREMENTS: Varies from student to student as each phase is competency rather than time-based. Students are required to ride a minimum of 300 state-required hours, but may extend to 768 hours as there are 32 possible 24 hour shift days within the full internship time. Eight additional hours are allowed for phase or coaching meetings. Internship time may be extended a maximum of 45 days after the scheduled end of EMS 215 based on limited patient contact opportunities and slow but steady student progress. It will not be extended due to irresponsible student behavior or lack of progress in meeting an IEP. Specific internship attendance requirements and consequences of failing to meet those requirements are specified in the NCH Paramedic Student Handbook.

ATTENDANCE POLICY: Students are to be present, duty ready, and have reported to the shift commander/preceptor at least 15 minutes prior to the start of a shift. At a minimum, students are expected to ride an entire day and evening shift extending until the time set by the EMS agency on days that coincide with their preceptor's work schedule. Optimally, this includes a 24 hour shift every three days. Students shall not leave in the middle of a shift except for illness or an emergency, and their early departure must be approved in advance by the Course Coordinator or Clinical Coordinator. No more than one third of the total hours may be completed from 11 pm to 7 am.

STUDENT BEHAVIOR

Information relative to civil, courteous and professional behaviors including, but not limited to, integrity, honesty, empathy, self-motivation, appearance and personal hygiene, self-confidence, communication, time management, teamwork, diplomacy, attitude, respect, patient advocacy, and use of electronic and social media, is specified in the NCH Paramedic Program Student Handbook at www.nwcemss.org and Harper College Student Handbook at <https://myharper.harpercollege.edu/pls/portal/url/ITEM/937272F78B81316DE0402E0A0A2A3059>.

Information relative to guided study, corrective coaching, disciplinary procedures, and student resources is also included in the NCH Paramedic Student Handbook.

INSTRUCTIONAL MATERIALS: Northwest Community EMS System Standards of Practice: Standard Operating Procedures (SOPs), Policy Manual, Procedure Manual, and Drug and Supply List; NCH Paramedic Program Field Internship paperwork.

EQUAL OPPORTUNITY

The Paramedic Program does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, marital status, sexual orientation, disability, or unfavorable discharge from military service as long as the candidate meets statutory requirements of licensure as a paramedic and is able to perform all the essential functions of the paramedic profession during the course with or without reasonable accommodation.

STUDENTS WITH DISABILITIES and Academic Accommodations

If you have a disability (learning, ADHD, physical, psychological or other) and may require any accommodation during this course, please contact the Course Coordinator at the *beginning* of the course to discuss. Students with disabilities must contact Access and Disability Services (ADS) to discuss approval of reasonable accommodations. Any student already connected with ADS should provide the Course Coordinator a copy of your approved Accommodation Plan if you would like to use any accommodations during the course. Access and Disability Services is located in Building D, D119; on the Harper College campus; 847.925.6266 (voice) or 224.836.5048 (videophone for deaf and hard of hearing callers only).

STUDENT E-MAIL NOTIFICATIONS

All notifications related to student registration or other Harper College business activities are sent to students via G-mail account that is assigned to students upon registration. Students access the G-mail account via an icon in the student portal (where you registered for classes). Please check this e-mail frequently. To forward e-mails from this account to a personal e-mail account please follow the instructions for forwarding Harper e-mail available to <http://harper.blackboard.com/>. Students must provide the NWC EMSS office with an e-mail address to be used for all direct correspondence relative to class academic and clinical activities.