

**Emergency Medical Care**

**Clinical Manual**

**EMC 483**

**Fall 2006**

**WESTERN CAROLINA UNIVERSITY**  
**Department of Health Sciences**  
**Cullowhee, NC**

### **Introduction**

The clinical rotations at various clinical sites provide the paramedic student with the opportunity to apply and integrate the skills and knowledge learned in the classroom and laboratory to actual patient care situations. The field internship rotations on the Mobile Intensive Care Units (MICU) provide the paramedic student with the opportunity to apply and integrate the skills and knowledge learned in the classroom, laboratory, and hospital clinical rotations to actual patient care situations in the prehospital setting. In addition, the paramedic student has the opportunity to gain insight and understanding into the role of the paramedic as a member of the health care team that works to provide optimal care in the emergency setting.

### **Supervision in the Clinical Area**

The student will always be supervised in the clinical area by a designated hospital staff preceptor, a clinical instructor who is a WCU faculty member, or a paramedic preceptor. The preceptor may be a physician, physician's assistant, registered nurse, paramedic, or other allied health professional. Clinical objectives for each clinical rotation will be made available to all preceptors and to students assigned to the clinical rotations. Preceptors may refuse to supervise specific student interactions with patients or specific clinical skills.

### **Supervision Conditions**

The student should always be supervised by a clinical preceptor who will be objective; preceptors assigned to students will have to maintain an inter-rater reliability. If a prior or present relationship exists with the preceptor that may interfere with evaluator objectivity, the student must discuss this at an early date with the EMC Program clinical coordinator. The student shall never be supervised by a clinical preceptor who employs the student; nor shall the student ever be paid for clinical course work done.

### **Confidentiality**

The patient's right to privacy and confidentiality will be respected. Permission of the staff preceptor or clinical instructor must be obtained before initiating any patient assessment or treatment or before

reviewing patient medical records. Permission of the mother-to-be must be obtained before observing the birth of a baby. Permission to view patient surgery will be determined by the individual hospital affiliates.

Students are reminded that information obtained from patients or patient records is confidential and may be discussed only with the patient's physician, the staff preceptor, or the clinical instructor. Students are cautioned about discussing patients in public areas such as the hospital cafeteria.

Individual hospital affiliates may require students to sign confidentiality statements before beginning the clinical experience.

### **Pre-Clinic Competency Exam**

Prior to admission to the clinical setting, all students must successfully complete a pre-clinic competency exam. The exam will include material from EMC 340, 350, 351, 360, 361, 370, and EMT-basic. One retest of the exam is permitted. Failure to successfully complete this competency exam will preclude the student from attending clinical rotations.

### **Online Clinical Orientation**

Each student will be required to complete an online clinical orientation program prior to being admitted to the clinical sites. The orientation program covers the following areas: Clinical Orientation Behaviors, Ethics, JCAHO, HIPAA, Risk Management, Corporate Compliance, Public Safety, Ergonomics, Proper Lifting & Moving Techniques, Fire Safety, Electrical Safety, Radiation Safety, Hazard Communication, Bloodborne Pathogens, Tuberculosis, Communication Aids, Advance Directives, and Patients Rights & Responsibilities. Students must also complete and pass a written exam that covers each of these topics prior to being admitted to the clinical setting.

### **Clinical Schedules**

Clinical rotations through various areas and facilities will be coordinated as much as possible to regular school hours and the usual working hours of the particular area and/or facility. Students may need to attend clinical rotations in the evenings or on weekends in addition to regular daytime hours in order to obtain exposure to necessary patient situations and in order to practice required skills.

The clinical schedule will be provided to the students at the beginning of the semester. Once finalized, no changes will be made to the clinical schedule except in cases of illness or unforeseeable emergency. All clinical rotation reschedules must be approved and made by the Clinical Coordinator. Students may not reschedule themselves for missed rotations.

### **Professionalism**

Students are expected to conduct themselves professionally at all times when presenting themselves as students of the Emergency Medical Care Program and interns associated with county Emergency Medical Services systems. Professionalism may be demonstrated in a variety of ways, and therefore, the student must be conscious of appearance, punctuality, attitude, flexibility, courtesy, and consideration of others. The county emergency medical services that provide MICU experiences for students are public service organizations and as such provide a service for fee to their customers, the citizens and visitors of the counties which they serve. Students serving as interns are expected to behave in the same professional manner expected of employees of the organization and abide by the rules of conduct governing those employees.

### **Safety**

Students are reminded that the prehospital environment can be volatile. Student and crew safety are paramount. Students should discuss safety issues with preceptor early in the rotation. Students are required to have their TB masks on their person at **every** rotation. Students are required to adhere to universal precautions as the situation necessitates. Students are required to wear their EMC Program issued safety vest at **all** accident scenes.

### **Attendance**

Every effort must be made to attend each scheduled clinical experience. Students will be excused from clinic only for approved University trips, deaths in the family, or other instances with the prior approval of the clinical coordinator. If a student misses a rotation due to illness, a note from the student's personal physician or Health Services physician must be provided to the Clinical Coordinator. Failure to provide a physician's note will result in an unexcused absence and will be penalized by five (5) percentage points for

each occurrence. Students will receive a grade of I (incomplete) until clinical absence hours have been made up. The availability of make-up clinics is limited.

Students must notify the hospital clinical instructor **directly** no later than fifteen minutes before the starting time of the day's rotation if unable to attend the assigned clinic. In addition, the student must also notify the clinical coordinator before 5 p.m. Failure to provide notification to both the clinical instructor and the clinical coordinator will result in the lowering of the student's final grade by five (5) percentage points for each occurrence. During orientation to each clinical facility, students will be provided with the phone number where they can reach the clinical instructor to report an absence. All missed clinical rotations must be made up, regardless of the reason for the absence.

Students are required to be at their assigned clinic location for the complete shift. Leaving the assigned location early without permission of the clinical instructor will not be tolerated. Every effort must be made to report to the assigned clinical area on time. Students are reminded to allow adequate travel time for adverse weather conditions that are often present in the mountains. Tardiness will result in the lowering of the student's final grade by two (2) points for each occurrence. In addition, the clinical preceptor reserves the right to dismiss the student from clinical for the day for tardiness or unacceptable appearance. In such instances, the student will face a two (2) point reduction in the final course grade and will be responsible for making up the missed clinical rotation.

### **Emergency Medicine Today (EMS Today) Conference**

Students' attendance at the EMS Today Conference is required. The conference provides both learning and networking opportunities. Students not wishing to attend will spend the Monday and Wednesday of that week in clinical at Henderson County EMS. This clinical must be scheduled by the Clinical Coordinator.

### **Inclement Weather**

In the event that a student is at a clinical site and the weather becomes or has an imminent potential of becoming inclement (ice, snow, etc.), the student is to contact the Clinical Coordinator immediately for instructions.

### **Insurance**

Students are required to purchase current malpractice insurance prior to the first scheduled clinical rotation of the academic year. The University will purchase a group plan, and students will be billed for the insurance. Students will not be permitted to attend clinical without malpractice insurance.

### **Certification**

Students are required to show proof of current NC EMT status and CPR certification prior to the first scheduled field internship rotation of the academic semester and to maintain both throughout the internship period. These certifications must be with the student at all times during clinical rotations.

### **Immunizations**

Prior to being permitted in the clinical setting, each student must provide proof of having the following immunizations:

- 1) MMR
- 2) Tetanus (within the last 10 years)
- 3) TB skin test (within the last 1 year) or chest x-ray (within the last 5 years)
- 4) Hepatitis B immunization titer (or signed declination form)
- 5) Chicken pox (Varicella) vaccine, titer test, or documentation of having chicken pox

Students will not be permitted into the clinical setting until each of these is on record with the Clinical Coordinator.

### **Appearance**

See Emergency Medical Care Program Dress Code Policy. Students are required to adhere to the Clinical Dress Code. Each violation of this Code will result in the lowering of the students' final grade by five (5) points.

### **Transportation**

Students are expected to provide their own transportation to and from their clinical assignments. Any traffic violations incurred en route to and from clinical assignments are the responsibility of the student.

### **Parking**

During orientation to each clinical facility, students will be advised where to park their automobiles. Hospitals may restrict the number of student vehicles they will allow in their parking facilities. Any parking fees or fines are the responsibility of the student.

### **Meals**

Students are responsible for their own meals during clinical assignments. You may bring food to the station or be prepared to "eat out" with the crew. Hospitals permit students to purchase meals in the hospital cafeterias usually at reduced rates. Most areas also have refrigerators where "brown bag" meals may be stored prior to the lunch hour.

### **Post-Conference**

A post-conference session will be held following each scheduled clinical rotation. During this time, the students and the clinical instructors will discuss and review the clinical experience for that day. This provides an opportunity to share clinical experiences with the other EMC students and implement problem-solving skills as needed.

### **Documentation of Clinical Skills**

State and national standards for paramedic certification and EMC program accreditation require documentation of specific clinical skills and chief complaint categories of patient contacts. The minimum clinical requirements are listed in the terminal competency checklist. Students are reminded that these are **minimum** requirements. It is the responsibility of the student to maintain a record of advanced clinical procedures performed during the clinical rotation. Students will be provided with appropriate forms for recording this information. In addition to the "hard copy" clinical procedures log, students are required to

submit their procedures on the clinical data website. This allows a computerized database of procedures to be maintained for audit by the Clinical Coordinator and external accrediting agencies. The Clinical Coordinator reserves the right to spot check the procedures reported on the computer clinical logging program against the written log. Any procedure not documented in the written log and verified by the signature of a clinical preceptor will not receive credit. Falsification of documentation is grounds for program dismissal.

It is the student's responsibility to bring the appropriate documentation to each clinical rotation. If a student does not have the required paperwork for the rotation, it is the student's responsibility to return to the clinical site and obtain proper signatures from the assigned preceptor. Paperwork may be found in the organizer located near the EMC student mailboxes and on the EMC Program website. It is the students' responsibility to inform the Health Sciences secretary when paperwork needs to be replenished.

All completed documentation forms for each week are due to the Clinical Coordinator. Paperwork should be placed in the Clinical Coordinator's mailbox located in the faculty lounge. For each instance of late or incomplete documentation, two (2) points will be deducted from the final course grade. Incorrect or incomplete paperwork will be returned to the student for correction. Once corrected and turned back in, this paperwork is considered late and will result in the reduction of the students' final grade by two (2) points.

### **Learning Journal**

The student will keep a learning journal of each MICU rotation. It is to be turned in to the clinical coordinator at midterm and at the end of the term according to the dates established on the course syllabus. The journal must be completed and turned in on time to earn the maximum percentage points toward the final grade.

A journal is a personal document. It is an activity that allows the author the opportunity to reflect in writing on specific activities, in this case learning experiences that fulfill the course objectives. Keeping a journal is one way individuals use to personalize knowledge, construct meaning from experience, evaluate performance, and learn more about themselves. Your journal should contain your personal thoughts, feelings, and reflections on what you learned during each MICU experience and student-selected hospital experiences. It is **NOT TO BE A LOG OF THE DAY'S RUNS OR PATIENTS**, but rather reflections on the day's learning experiences and their meanings to you - how you feel about what occurred during the day. It may



involve patient interactions, peer or preceptor interactions, or self-realizations. Most journals are hand written but if you are more comfortable composing at the computer that is acceptable. The student is assured of complete confidentiality. No part of the journal will be shared with any other person. Only you and the Clinical Coordinator will know its contents. The journal entry should be completed following each MICU experience and student-selected hospital experiences. Constructive remarks will be made following the midterm evaluation of the journal by the Clinical Coordinator but students are encouraged to share their journals early in the semester with the faculty coordinator in order to obtain direction. Students who make an honest effort to complete this assignment in a current and timely fashion will be awarded the full points for their journals. Students who fail to make daily entries, attempt to reconstruct the day's activities at some time distant from the event, fail to present the journal at mid-term and at the end of the term, or keep a log rather than a journal will not receive the full points available and may receive no points for this activity

### **Evaluation**

The following grades will be utilized in this course:

- 93 - 100% = A excellent clinical work
- 86 - 92% = B above average clinical work
- 78 - 85% = C average clinical work
- 70 - 77% = D below average clinical work
- < 70% = F unacceptable clinical work

The final course grade will be based on the pre-clinic competency exam, the online orientation exam, the learning journal, patient report forms, and the daily evaluations (Daily MICU Evaluation Forms & Hospital Clinical Evaluation Forms) of each student's clinical performance by the WCU Clinical Instructors, hospital staff preceptors, and paramedic preceptors.

During individual clinical conferences, a student will be notified by a clinical instructor of an unsatisfactory performance evaluation. A written record of this conference will be signed by both participants and placed in the student's file.

Students who are failing will receive a clinical grade in writing at midterm and throughout the remainder of the semester whenever that student is in jeopardy of receiving a final grade of D or F. To remain in the program, a grade of C or better must be earned in each EMC course.

Evaluation in EMC 483/484 is entirely Formative in nature. Final Summative evaluation will occur during the second half of EMC 485.

### **Patient Report Forms**

Following each patient contact the student is to write a report of the patient contact on a copy of the standard ambulance run report which will be provided by WCU. **Do not include the patient's name or address.** While it is important to include information that can be recorded by checking boxes on the form, emphasis in grading will be placed on completeness and the narrative description. Students are required to complete a patient care report for every patient treated during the MICU experience. Each of these reports will be submitted through emscharts.com. In addition, students must submit one handwritten ACR each week. Feedback on both handwritten and computerized patient care reports will be given each week.

### **Clinical Commendations**

In an effort to recognize student excellence in the field internship setting, clinical commendations will be awarded. The commendations include uniform pins for field delivery, cardiac arrest saves, multi-trauma patients or resuscitation situations, and preceptor recognition. These pins shall be worn on the Class A clinical uniform by deserving students.

### **Department of Health Sciences Health Problems Policy**

The student who, in the opinion of the supervising faculty, has a health problem that interferes with the client or patient safety, will be removed from the clinical, laboratory, or field experience until the health problem is resolved. A health problem may be generally defined as behavior that is injurious or potentially injurious to either the student or his/her patients. The health problem may include the use or abuse of prescribed or un-prescribed substances, including alcohol, that results in conduct that is detrimental to a

classroom, seminar, clinical, field, or laboratory experience. In an effort to ensure safe clinical practice, the EMC Program retains the right to perform drug screens on students at its discretion.

Infectious disease transmission, immunization status, universal precautions, and prescribed exposure protocol will be discussed with each student prior to his or her clinical participation.

### **Department of Health Sciences Clinical Participation Policy**

Students enrolled in the upper-division clinical component of the programs of the Department of Health Sciences are generally presumed to be "new learners" in their discipline major. During the process of their clinical education, there is the potential that the student might face a situation where he or she chooses not to execute the faculty member's instruction in dealing with a clinical activity and "steps back" from the situation. In such cases, it will be the faculty member's responsibility to determine the validity of the student's decision.

Should the faculty member determine that the student's decision was based upon reasonable criteria (i.e. lack of self-confidence, severity of the presented activity) and not lack of preparation or some other controllable circumstance, then the student will not be penalized through an adjustment to his or her grade for such a first-time action. The faculty member may require the student to follow an alternate experience to make up for lost clinical time. The establishment of an alternate experience is the faculty member's choice and may require additional time and response by the student at the faculty member's discretion.

This policy is intended as a situational guideline for individual instances. Should there appear to be a pattern of abuse of this policy, the faculty may choose to initiate a grading penalty for the student.

Appeals concerning the use of this policy should be carried out through the normal academic appeal mechanism.

### **Emergency Medical Care Program Policy for Improper Clinical Conduct**

The EMC Program faculty has an academic, legal, and ethical responsibility to protect members of the public and of the health care community from unsafe or unprofessional practice. It is within this context that students engaged in clinical training can be disciplined or dismissed from the program for practices that

threaten, or have the potential to threaten, the safety or well-being of a patient, a family member or substitute familial person, a bystander, another student, a faculty member, or other health care provider.

*Definition:* Improper conduct is defined as:

- 1) an act or behavior of the type that is prohibited by any North Carolina statute regulating the practice of the profession;
- 2) an act or behavior that violates the Code of Ethics established by the professional organization representing that profession;
- 3) an act or behavior that threatens, or has the potential to threaten, the physical, emotional, mental, or environmental safety of the patient, a family member or substitute familial person, a bystander, another student, a faculty member, or other health care provider;
- 4) an act or behavior that constitutes practice that a student is not trained or authorized to perform at the time of the incident.
- 5) use of alcohol during the eighteen (18) hours prior to an assigned clinical rotation.

#### *Investigation and Evaluation*

Should a student, while in a clinical rotation, internship, or field practicum, be judged by the clinical faculty member, hospital staff preceptor, or unit director/supervisor to demonstrate improper clinical conduct, that student will be required to leave the clinical area immediately and report to the faculty member assigned to the affiliate facility for that day. The student will receive a non-patient contact assignment for the remainder of the day's rotation. Prior to the student's next scheduled clinical rotation, the faculty member will meet individually with the student, the preceptor, and the director/supervisor of the unit where the incident took place to discuss the incident. The faculty member will also discuss with the unit director/supervisor conditions under written report of the incident. A copy of the report is to be forwarded to the program director, to the student, and to the student's file. For the initial incident, it will be the responsibility of the faculty member to determine what action will be taken. The faculty member may: 1) require the student to return to the laboratory for review and practice before returning to the clinical site; 2) make other assignments deemed appropriate to upgrading of the student's skills and/or behavior; 3) set restrictions on the scope of

clinical practice once the student returns to the clinical facility; 4) require an immediate drug testing specimen be submitted at anytime in a clinical rotation that a student is suspected of being an impaired clinician; or, 5) if the act or behavior is deemed serious enough, request a program dismissal hearing by the program dismissal committee. The decision of the faculty member shall be in writing with copies given to the student and the program director and a copy placed in the student file.

### **Academic Dishonesty**

The following is WCU's Academic Honesty Policy as delineated in the Student Handbook:

Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at WCU because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:

- a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
- b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
- c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
- d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

Academic dishonesty includes falsification of clinical documentation in any form (procedures performed, time in, time out, etc.). This behavior will not be tolerated. Any student found falsifying clinical documentation will receive a grade of "F" (unacceptable clinical work). This may occur at any time during the semester, even during the course withdrawal period. In this case, the student will not be afforded the opportunity to have a "W" recorded for the course. Subsequently, the student will also be dismissed from the EMC Program.

### **Program Dismissal**

The Program Dismissal Committee shall consist of the program director, the medical director, and the clinical coordinator. In instances where improper clinical conduct has occurred and the clinical faculty member is the program director, the Program Dismissal Committee shall consist of the medical director, the clinical coordinator, and another Health Sciences program director to be selected by the dean of the College of Applied Sciences. Dismissal from the program may occur for the following reasons:

- 1) failure to maintain an over 2.0 GPA;

- 2) failure to achieve a grade of C or better in each EMC course;
- 3) an initial incident of improper clinical conduct when such conduct is determined by the clinical faculty member to warrant such action;
- 4) a second incident of improper clinical conduct during a single semester

At the dismissal hearing, a faculty member shall present the information which has resulted in the convening of the committee. The student may request to be heard at the hearing. The committee may vote to: 1) dismiss the student from the program; 2) allow the student to continue in the program; or 3) allow the student to continue in the program with provisions. A written copy of the committee's decision will be forwarded to the student and placed in the student's file.

If the student is dismissed from the program for improper clinical conduct, a grade of "F" (unacceptable clinical work) will be recorded. This may occur at any time during the semester, even during the course withdrawal period. In this case, the student will not be afforded the opportunity to have a "W" recorded for the course.

If the student or faculty member is dissatisfied with the outcome of the program's deliberation, either may appeal based on the procedures outlined in the Student Handbook.

**EMC 483/484 Clinical Manual Statement**

I \_\_\_\_\_ have read and understand the EMC 483/484 clinical manual and agree to abide by the stated policies.

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Signature

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Date