

GFC-UPMC-CEM Paramedic Training Consortium

Paramedic Program

Clinical Handbook

GFC-UPMC-CEM PARAMEDIC
TRAINING CONSORTIUM

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Overview

The Clinical Program at the GFC-UPMC-CEM Paramedic Training Consortium is designed to give the paramedic student an opportunity to correlate didactic information and laboratory exercises with actual patient care experience. This correlation of information and experience creates the opportunity to acquire entry-level knowledge as a paramedic, while preparing the student for the challenges of tomorrow.

Program Structure (Consortium)

The Paramedic Training Program at Good Fellowship Ambulance & EMS Training Institute is a consortium partnership with The University of Pittsburgh Medical Center, Center of Emergency Medicine.

Throughout all documents, the entity will be referred to either as the “Program,” or GFC-UPMC-CEM PTC

Program Objectives

The objectives of the program are:

TO PREPARE COMPETENT ENTRY LEVEL EMERGENCY MEDICAL TECHNICIAN-PARAMEDICS IN THE COGNITIVE (KNOWLEDGE), PSYCHOMOTOR (SKILLS), AND AFFECTIVE (BEHAVIOR) LEARNING DOMAINS.

Clinical experiences are concurrent with didactic sessions, allowing for the immediate application of information obtained in the classroom and laboratory exercises. A minimum of 16 hours per week of clinical course work is required for no less than 560 clinical hours. Performance Objectives integrated with clinical course work provides an objective method to measure the experiential learning and competency that occurs during a patient contact.

By utilizing a vast assortment of separate clinical and field sites in the Delaware Valley, the paramedic student has the opportunity for exposure to many facets of the healthcare continuum. Clinical rotations include: Critical Care, Emergency Department, Medical Command, Morgue, Operating Room/Anesthesia, Pediatrics, Burn Center, Respiratory Care, Trauma Services, and Emergency Medical Dispatching.

Field sites include multiple rural, suburban and urban ALS organizations within the greater Delaware Valley.

This intense and challenging program promotes a solid foundation for individuals pursuing the application of advanced life support care in domestic and international healthcare systems.

Policies and Procedures

The GFC-UPMC-CEM PTC is committed to providing the very best possible educational experience to our students. These Policies and Procedures have been developed to inform the student of what will be expected for matriculation through the Paramedic Program's clinical rotations and internships. The student is responsible for all of the information contained within this document. Policies and procedures are subject to change with advanced written notice.

Rules of Conduct

Throughout a student's education, it is expected that all participants in the GFC-UPMC-CEM PTC will abide by the policies, procedures and rules of conduct outlined in the "GFC-UPMC-CEM PTC, Policy Manual." Any violation of these policies and procedures in any educational setting, didactic or clinical, may result in disciplinary action up to and including termination.

During all clinical rotations (in-hospital and pre-hospital), you are bound by the rules, regulations and policies of the host clinical site. You must remember that you represent GFC-UPMC-CEM PTC, your profession and yourself. Unacceptable behavior will result in severe disciplinary action and possible course dismissal.

Course Requirements

The requirements for successful completion of the clinical course work of the program are divided into three phases, each with specific goals and objectives. Students will be given this clinical handbook at the beginning of the first phase, and it outlines the requirements for all clinical course work. The handbook and requirements are subject to change with advance written notice.

In each phase, students are required to complete the hour and skill requirements outlined in this clinical handbook. These requirements are to be completed during the period between the first class day of each phase and the last day of that phase. Each phase's clinical course work must be completed prior to moving to the next phase. All clinical requirements including the satisfactory completion of the Summative Field Internship must be completed before last day of the program. If any clinical requirements are incomplete following the predetermined 'end date' of the program, the student will not be allowed to test for the National Registry Certification and will be compelled by State and Regional Policy to restart the program the following year.

It is imperative that each student complete all clinical course work as scheduled during each phase. While GFC-UPMC-CEM PTC does understand that emergencies and other extenuating circumstances can and do occur, it is the position of GFC-UPMC-CEM PTC that all clinical course work will be completed on time. In the event of such extenuating circumstances, it is the responsibility of the student to contact the Clinical Coordinator and Program Director to discuss if accommodations are applicable.

Students who have failed to meet pre-set benchmarks for clinical course work for each phase will only receive one warning to improve their clinical performance. Continued failure to stay on-schedule with clinical course work will result in disciplinary action up to and including dismissal from the program at the discretion of the Clinical Coordinator, Program Director, and Training Director.

Clinical Skills Requirements

Throughout the program you will gain skills and knowledge valuable to perform as a competent entry-level paramedic. You have a **minimum** amount of HOURS to complete each Phase, and each student must complete a MINIMUM of **ALL** of the following skills **by the end of the program** in order to complete the program, and sit for national registry testing.

These skills are cumulative over the entire program, however, the Course Director and Clinical Coordinator will track progress and advise students who fall behind in completion of skills.

Skills requirements are also located in your FSDAP program. FSDAP shows the student a graph of the percentage of completion of all skills.

Procedure	Number Required by Program*
Safely Administers Medications	10
Live Intubations	3
Endotracheal Intubations (Live / Lab)	6
Safely Gains Venous Access	50
Ventilates a Patient	10
Assessment of Newborns (0 – 1 mo)	2
Assessment of Infants (1 mo – 1 yr)	2
Assessment of Toddlers (1 yr – 4 yrs)	2
Assessment of Preschoolers (4 yrs – 6 yrs)	2
Assessment of School Ages (6 yrs – 13 yrs)	2
Assessment of Adolescents (13 yrs – 18 yrs)	2
Assessment of Adults (18 yrs – 65 yrs)	50
Assessment of Geriatrics (65 yrs+)	30
Assessment of Obstetric Patients	2
Assessment of Trauma Patients	15
Assessment of Psychiatric Patients	5
Assessment of Medical Patients	20

Assess & Plan Rx of Chest Pain	30
Assess & Plan Rx of Breathing Problem	20
Assess & Plan Rx of Change in Responsiveness	10
Assess & Plan Rx of Abdominal Pain	20
Assess & Plan Rx of Altered Mental Status	20
Field Internship – ALS/BLS Team Leads	10/30

** This is a guideline: Numbers may change! Refer to FISDAP for current approved numbers.*

Insurance

As part of the program, you are provided with malpractice insurance for training activities that are performed under the direct supervision of the preceptor. *You are **not** covered under workmen's compensation by the GFC-UPMC-CEM PTC. It is expected that each student will provide personal medical and accident insurance.* Students are required to supply a copy of their insurance information, which will be maintained in that students' clinical file. We suggest that you check with your sponsoring service (if you have one), to determine if you can be covered during training.

Grading

Grading for the clinical course work will be on an Honors/ Satisfactory/ Marginal/Unsatisfactory marking. You **MUST** obtain Honors or Satisfactory ratings in all activity areas to successfully complete the clinical rotation. The following criteria will be utilized in evaluating your performance for the clinical rotation.

Activity	Method of verification
Attendance of Scheduled Shifts	FISDAP, Shift Evaluation Form, Attendance
Performance Objectives	FISDAP, Shift Evaluation Form, Preceptor Correspondence
Completeness of Documentation	FISDAP, Shift Evaluation Form, Patient Care Documentation, Preceptor Correspondence
Preceptor/ Professional Behavior Evaluations	Monthly Counseling Sessions, Professional Behavior Evaluations, Preceptor Correspondence

Students not completing the required hours and performance objectives for each phase's clinical course work will receive an unsatisfactory marking for that phase, and will not be permitted to advance to the next clinical phase of the following phase until completion of all required objectives is achieved/satisfactory and approved to do so by the Clinical Coordinator. Students earning an

Unsatisfactory in any clinical course work and/or phase will be required to complete Clinical Remediation as determined by the Clinical Coordinator and Program Director. Clinical Remediation typically involves additional clinical hours for the particular clinical experience where the student has yet to show proficiency. Students receiving an Unsatisfactory in any 2 areas within a clinical phase will be required to repeat the entire clinical experience and/or phase at the discretion of the Clinical Coordinator and Program Director.

Clinical Counseling Sessions

During each phase, students will be required to attend counseling sessions. The sessions will be held on a regular basis. However, certain extenuation circumstances may require a counseling session be held on very short or no notice to the student. The Clinical Coordinator, Medical Director(s), Program Director and/or other faculty from the professional community may attend any session. The purpose of these sessions will be two fold. They can act as an investigative instrument for purposes of evaluating claims of misbehavior or poor performance. In addition, these counseling sessions will be used to simply discuss with the student his/her overall progress in the program. During the session, the Clinical Coordinator will provide a summary of the hours on record for each student as well as an updated grade report for the student's review. These meetings generally serve as a formal opportunity for faculty and the student to personally discuss progress, concerns, questions, and generally the state of the student's enrollment within the Paramedic Program.

A formal counseling form signed by GFC-UPMC-CEM PTC faculty and the student will be presented following each counseling session. If needed, the counseling form will clearly outline any performance benchmarks that are not being met. The appropriate steps for remediation may also be included in this form. Failure to comply with the recommendations for improved performance as listed on the counseling form will typically result in the student's dismissal from the program.

Clinical Probation

Students who have completed less than 75% of the requirements on a monthly basis for two consecutive months will be placed on clinical probation. Clinical probation serves as a period of time in which the student is formally warned that his/her progress in the program is in jeopardy. Clinical probation lasts for a period of approximately one month and spans the time period between two consecutive clinical counseling sessions.

Students are placed on clinical probation by the Clinical Coordinator and will be notified of such in writing during a clinical counseling session. The student will receive and sign a counseling form at said session that indicates that the student has been placed on clinical probation and the plan needed for the student's continued progress in the program. If in one month's time or by the next clinical counseling session, the student has yet to meet the clinical performance bench marks, the student will be dismissed from the program at the discretion of the Clinical Coordinator and Program Director.

Attendance

It should be known that the Paramedic Program at GFC-UPMC-CEM PTC runs on the old adage, "Early is on-time, on-time is late, and late is never acceptable." Attendance is mandatory. Clinical sites are professional, working environments and tardiness/absence of a shift is unprofessional and disruptive to the staff. Students must allow sufficient time to arrive at a minimum of 10 to 15 minutes prior to a shift. Participation on nights, weekends, and/or holidays is also **mandatory**.

All absences, tardy arrivals, or early departures must be reported ahead of time to the Clinical Coordinator and/or the Program Director, as well as the clinical site supervisors. A tardy arrival or early departure may constitute as an absence. Anticipated absences, tardy arrivals, or early departures should be discussed in advanced with the clinical field site supervisors and the Clinical Coordinator. More than one absence, tardy arrival, or early departure per clinical phase will result in failure for the assignment. If a student misses any portion of a clinical shift assignment, time lost must be made up by the student. The Clinical Coordinator must be notified and approve of all make-up assignments prior to the scheduling and/or completion of that assignment.

In the event that a student anticipates tardiness to a clinical shift, the student must inform the hosting site/staff of the delay prior to the start of the shift. It will be the host facility's discretion whether the student will be permitted to remain at the site after an unexcused absence/tardiness incident.

Clinical Expectations

As a student you will be expected to:

1. If an emergency prevents you from attending a clinical shift, you must notify the Clinical Coordinator via Email and the clinical site staff as described in the *Clinical Sites* section (Section 5) of this handbook prior to the start of that particular shift. Failure to attend a clinical rotation without advanced notice made to the site and the Clinical Coordinator may result in disciplinary action.
2. Have your class syllabus with you at all times.
3. Have your "Authorization for Advanced Skills" with you at all times in both punch-card and written form.
4. Review your Performance Objectives and Authorization for Advanced Skills with your preceptor at the beginning of the shift.
5. Only perform skills that are authorized and are directly supervised by a preceptor.
6. No student is permitted to perform any advanced skills when not acting as a student scheduled clinical or field rotation.
7. No student may be actively working for an employer during your scheduled time of performing skills in the field/clinical rotations.

8. Strictly adhere to the Clinical Handbook's appearance policy.
9. Display an attitude reflective of respect for the patient, preceptor, staff and hospital.
10. File a written "Incident Report" immediately to the Clinical Coordinator, Program Director or GFC-UPMC-CEM PTC faculty for any incident or action that is out of the ordinary. In addition to the documentation, phone notification and / or email notification is required immediately following the incident or shift. (Please see attached *Incident Report Form* for reference)
11. Ensure that all of the appropriate documentation is completed by the preceptor at the completion of each shift. All FISDAP shift-data for pre-hospital clinical shifts should be entered, reviewed and audited by the preceptor no more than 48 hours following the close of a shift. All preceptor student evaluations should be completed on FISDAP forms by the preceptor at the close of each shift.
12. Keep strictly confidential all material, information and/or knowledge received or gained through the clinical experience, including but not limited to patient identities and information contained in patient medical records.
13. Under no circumstances are students to operate a host organization's vehicle.
14. Under no circumstances are students to wear a host organization's uniform or company attire with the exception of personal protective equipment.
15. In addition to this manual and all other GFC-UPMC-CEM PTC policies, all students are to strictly follow the policies and procedures of the host site/facility.

While serving in the clinical environment, the preceptor has ***complete control and ultimate authority***. In the event of unforeseen circumstances, a clinical site supervisor may have to resolve a schedule conflict or an emergency situation by asking a student to leave the site. If for any reason, a student is dismissed from a clinical site, the student is to immediately, politely and without question depart the site. The student is to then file an incident report with the Clinical Coordinator as directed above.

Dress Code

The following dress code will be observed at all times (more specific policies may also apply at the discretion of a clinical site. i.e. OR, OB, Trauma Service, etc.):

- I. Clinical Uniform
 - a. GFC-UPMC-CEM issued ID badge
 - b. GFC-UPMC-CEM issued grey polo shirt
 - c. Pants appropriate for clinical site
 - i. In-hospital/clinic
 1. Well-fitting, navy, black, tan dress-slacks
 2. Black or brown belt, matching shoe color
 - ii. Pre-Hospital
 1. Well-fitting navy BDUs or EMS uniform-style pant
 2. Black Belt

- d. Footwear appropriate for each clinical site
 - i. In-hospital/clinic
 - 1. Boots are permitted in the in-hospital clinical setting
 - 2. Black or brown dress shoe
 - 3. Closed toe
 - 4. Closed heel
 - 5. Flat heels
 - 6. Socks appropriate for dress
 - ii. Pre-hospital
 - 1. Black boots
 - a. Steel toe
 - b. At least six inches of ankle support
 - c. Polished
 - d. Free of dirt, scuffs, scratches, etc.
- e. Other considerations
 - i. White undergarments
 - ii. Students may wear a white cotton shirt under the uniform top (no writing or logo should be visible)

II. Uniform appearance

- a. Uniform must be laundered prior to **each** clinical shift
- b. Uniform will be free of all offensive or non-laundered odors
- c. No stain may be present on any portion of the uniform
- d. No rips or tears may be present
- e. The entire uniform must be well pressed

Appearance

In an effort to ensure that all students offer a professional appearance and instill an atmosphere conducive of learning and diligent patient care, the following appearance guidelines must be strictly adhered to:

- I. General Appearance
 - a. Hair
 - i. Off the collar and pulled back
 - ii. Of a natural color
 - iii. Single, discrete band to hold hair back may be used
 - iv. No clips, barrettes, or other accessories may be used while in the clinical setting for students' and patient safety
 - b. Makeup
 - i. Very minimal, light, discrete makeup should be applied only when necessary
 - c. Fragrance
 - i. In an effort to always consider the best for our patients, the GFC-UPMC-CEM PTC has a **no-fragrance** policy for perfumes, colognes, deodorants, hair-products, and detergents
 - d. Hygiene
 - i. All students must be bathed prior to **each** clinical shift
 - ii. No visible dirt may be present on any body part

- iii. The student should wear non-fragrance deodorant
 - iv. The student should brush teeth prior to each clinical shift and must have no evidence poor oral hygiene (halitosis, visible decay, visible gold or silver implanted teeth, chipped/missing tooth/teeth, etc)
 - e. No chewing of gum during any clinical shift
 - f. No visible body art of any kind is ever permitted
 - i. No visible tattoos of any kind are allowed
 - ii. Piercings
 - 1. One small, studded earring is permitted per ear
 - a. No hoops
 - b. No dangling earrings
 - c. No visible body piercings
 - i. No tongue piercing
 - ii. No implants
 - d. No spacers
 - e. No large visible spacer holes
 - g. Nails
 - i. Short, well-manicured
 - ii. No polish
 - iii. No artificial nails
 - h. Accessories should be strictly limited to one ring per hand w/ the exception of a wedding band AND adjoining wedding ring, if applicable
 - i. No visible or dangling necklace
 - ii. No bracelets
 - i. A single, professional watch must be worn at all times except when prohibited i.e. OR, Cath Lab, NICU, etc.
 - i. No logo
 - ii. Must have either a sweeping second hand or digital second annotation
- II. Site Specific Appearance
 - a. In addition to these requirements, each student is compelled to also adhere to the host site's appearance policies.
 - b. No exceptions will be granted to any site-specific policies.

Hats/caps are not permitted during in-hospital clinical shifts. Hats/Caps are generally not permitted during pre-hospital field shifts unless cold-season specific, and approved by the Clinical Coordinator.

The GFC-UPMC-CEM PTC clinical uniform may only be worn while you are involved in GFC-UPMC-CEM PTC related activities.

Any additions to the GFC-UPMC-CEM PTC clinical uniform (e.g. hats, gloves, scarves, etc.) will be permitted only with approval of the Clinical Coordinator.

Patient Care Error

If an error in patient care occurs at any time in the student's clinical training, the site's preceptor *must* be informed immediately. An incident report *must* be filed with the Clinical Coordinator

immediately following the shift. If the patient suffers a poor outcome as a result of the error, the Emergency On-Call System is to be activated. The Program Director and Clinical Coordinator will investigate all patient care errors with the preceptor, crew, and medical records (when appropriate). A meeting with the student and GFC-UPMC-CEM PTC will be scheduled to discuss all patient care errors.

Significant Exposure

Any student that is exposed to a potentially infectious material or environment must inform the Program Director or Clinical Coordinator immediately of the exposure. At the time of the exposure, the student must immediately inform their preceptor and/or clinical site supervisor. It is essential that appropriate patient information be gathered to assist in infection risk assessment and treatment. Students must fill out an incident report with the Program Director or Clinical Coordinator at the earliest opportunity. All documentation completed as required by a host site must also be submitted to the Program Director or Clinical Coordinator immediately.

Each facility has policies and procedures regarding significant exposure that the student must follow. GFC-UPMC-CEM PTC nor the hosting clinical site assumes no financial liability for costs incurred from any and all treatment as result of any exposure. Failure to submit appropriate documentation of follow-up procedures specific to the respective hosting clinical site's own policies and procedure will immediately result in the student's suspension of clinical privileges.

Emergency On-Call Policy

While it is understood that the majority of contact between a clinical site and the administration of GFC-UPMC-CEM PTC can be achieved in a casual and planned-for manner, it is also understood that certain circumstances involving the students of the program will warrant immediate and emergent contact with specific GFC-UPMC-CEM PTC faculty. This policy is in place to address the communication needs of ALS Program while students are in the clinical environment. This clinical environment is specific to both pre-hospital and in-hospital sites. The line of emergent communication can be activated by students, site preceptors, and site administration. At no time should a student; preceptor; or site administrator, while in the midst of a potentially urgent/emergent situation, feel as though there is no line of communication with the GFC-UPMC-CEM PTC faculty at any time of day. This, in effect, will be known as the "Emergency On-Call System", specific to the ALS Program.

The procedure for the activation of the Emergency On-Call System is as follows:

- a. The Emergency On-Call System is to be activated in a timely fashion by any **one** person involved in the incident (student or preceptor). The only person permitted to activate the system without being involved in the incident is an administrator of the site (manager, chief, charge nurse, supervisor, etc.) where the student was being precepted.

- b. If there is no answer when the on-call system is activated, a brief but detailed message should be left in the voice mailbox of the administrator trying to be reached, or a text message.
- c. If there is no response within 10 minutes of leaving the original message, move to the next person in command with specific attention being paid to the chain of command.
- d. The appropriate chain of command for the emergency on-call system is as follows with the numeral “i” being the first to be contacted:
 - i. ALS Program Director (Jerry Peters – 610-721-0501)
 - ii. GFTI Training Director (Bill Wells – 610-637-5371)
 - iii. Clinical Coordinator (Chaz Brogan – 610-496-8527)
 - iv. GFAC Operations Supervisor (610-431-3132)
- e. Upon reaching the appropriate party, all further instruction will be given by that person.
- f. Within 72 hours of the on-call system being activated, an incident report will be created and forwarded to all parties involved or in the need to know.

This on-call system is for emergencies that cannot wait until the following business day or communication via e-mail is not appropriate. Examples of situations that would require the activation of this system are:

- a student severely injuring/harming a patient
- a student becoming injured while at a site and warranting emergent medical attention
- a student intentionally injuring another person while at a site
- a student caring for a patient that will require direct intervention between police and the student/training institute (student witnessed rape, child abuse, etc.)
- a student committing a crime at/with a clinical site
- a preceptor committing a crime with a student present

Certainly other scenarios not mentioned on a case by case basis will warrant the activation of the on-call system.

Clinical Form & Computer Documentation Guidelines

In order to track and evaluate the progress that a paramedic student has during the clinical course work of paramedic education, the student is required to document important information about the contact they experience with patients. This is completed by two equally important methods, paper-form and electronic-form. This allows the opportunity to evaluate students and clinical sites. It also provides the paramedic student with the necessary validation of skills and experience, and facilitates practice and feedback of documentation skills and requirements.

The content of this section is a description of the guidelines that paramedic students should use to complete the documentation utilized by the program during clinical experiences. The Paramedic Program faculty reserves the right to modify, add or replace any of the forms identified and described throughout the clinical experience depending upon course and student needs with prior written notice to the students.

****ALL DOCUMENTATION AND COMPUTER ENTRY MUST BE SUBMITTED TO THE CLINICAL COORDINATOR AND ENTERED INTO FSDAP WITHIN 72 HOURS AFTER THE END OF THE CLINICAL SHIFT!****

Failure to comply with this requirement will trigger a “late” notice to the Program Director and the Clinical Coordinator. Your shift will be deleted, and hours and skills lost.

Documentation

Documentation of patient information and student skill performance takes place in the following manor:

Authorization for Advanced Skills

This form is issued at the beginning of the student’s clinical course work, and is to be maintained throughout the student’s entire clinical experience in the program. This form is to be kept in the “Clinical Binder” provided at the beginning of class. This form is to be kept in a clear, protective sleeve. This form is to never be wrinkled, stained, folded, or damaged in any way. Any damage to this form immediately invalidates its use at a clinical site. Students must bring the skill form to each clinical site as validation for authorization to perform advanced skills. Loss of this form may result in the student being required to “re-validate” their competencies of advanced skills.

In addition to this form, the student will also be given a “punch card” for the purpose of Authorization of Advanced Skills. This card provides a clinical site the opportunity to quickly distinguish if a student has been validated to perform certain skills. This card lists the most common advanced skills that a student might encounter in the field. As the student is authorized to perform said skills, the student’s card will be punched by GFC-UPMC-CEM PTC faculty. Only skills on the “punch card” that have been punched out may be performed by the student. If there is any question

relating to the validity of the “punch card”, the Authorization for Advanced Skills Form will hold ultimate authority.

It is the responsibility of the student to obtain the instructor signature following a lab or teaching experience identified to determine student competence. Failure to produce this form for signature at this time may result in the student being required to “re-validate” their competencies of one or more of the advanced skills evaluated.

Team Leads

It is the objective for each student to progress to the point that they will be responsible to handle all aspects of a call in the field. This takes time to complete the cognitive and psychomotor requirements set in the program.

Students may act as team leader on non-critical BLS calls throughout Clinical 1 and Clinical 2 as directed by your preceptor. Further, if your preceptor feels you can manage certain ALS calls, you may team lead these as well. ***These team leads are not to be documented in FISDAP!*** They should be documented on your WHITE Field Rotation Shift Reports.

After completion of ***ALL program cognitive and psychomotor requirements***, the Program Director will advise the class of the date when Team Leads may be documented in FISDAP and counted toward the required totals as set by the program (SEE “Required Skills Completion”}

Clinical Sites (Non-Field):

Clinical Shift Evaluation Form (White form, Front)

Evaluation forms are designed for the various clinical environments that the student is required to attend. These forms are available in the rear of the classroom filing cabinet and online in the FISDAP Forms File.

The purpose of this form is to secure feedback from the preceptor regarding the student’s progress and performance during a certain shift, and to provide validation of skills performed. All the information on this form must be completed, including an itemized list of ALS skills the student completed during that shift.

Self/Preceptor evaluation of performance for areas of professionalism/attitude, phase/shift objectives and psychomotor skills are required for each clinical shift. The student is required to complete the demographic and skills/patient-contact sections prior to submitting to the preceptor for evaluation and validation. Student self-ratings are indicated numerically according to the scale provided on the form.

The Preceptor Evaluation at the bottom of the page must be completed, any comments written, signed and dated for validation of the shift and skills performed. Failure to obtain a preceptor signature will result in the shift being invalid. The student will be required to repeat the time and any skills necessary to meet performance objectives that are not met as the result of insufficient documentation.

The student must turn in the white form with all other paperwork from the shift within 72 hours of the completed shift.

Clinical Site Evaluation Forms (White form, Back)

All evaluation forms on the back of each Shift Evaluation Form must be completed by the preceptor and submitted with your paperwork for that shift. It is the responsibility of the student to assure the preceptor completes and signs the form AT THE END OF THE SHIFT.

Failure to obtain a preceptor signature will result in the shift being invalid. The student will be required to repeat the time and any skills necessary to meet performance objectives that are not met as the result of insufficient documentation.

Pre-Hospital Field Site:

Field Shift Evaluation Form (White form, Front)

Evaluation forms are designed for the field (prehospital) environment that the student is required to attend. These forms are available in the rear of the classroom filing cabinet and online in the FISDAP Forms File.

The purpose of this form is to not only secure feedback from the preceptor regarding the student's progress and performance during a certain shift, but to also provide validation of skills performed. All the information on this form must be completed, including an itemized list of ALS skills the student completed during that shift.

Self/Preceptor evaluation of performance for areas of professionalism/attitude, phase/shift objectives and psychomotor skills are required for each field shift. The student is required to complete the demographic and skills/patient-contact sections prior to submitting to the preceptor for evaluation and validation. Student self-ratings are indicated numerically according to the scale provided on the form.

The Preceptor Evaluation at the bottom of the page must be completed, any comments written, signed and dated for validation of the shift and skills performed. Failure to obtain a preceptor signature will result in the shift being invalid. The student will be required to repeat the time and any skills necessary to meet performance objectives that are not met as the result of insufficient documentation.

The student must turn in the white form with all other paperwork from the shift within 72 hours of the completed shift.

Field Site Evaluation Forms (White form, Back)

All evaluation forms on the back of each Shift Evaluation Form must be completed by the preceptor and submitted with your paperwork for that shift. It is the responsibility of the student to assure the preceptor completes and signs the form AT THE END OF THE SHIFT.

Failure to obtain a preceptor signature will result in the shift being invalid. The student will be required to repeat the time and any skills necessary to meet performance objectives that are not met as the result of insufficient documentation.

FISDAP

FISDAP is an internet based software program that tracks paramedic student clinical and field internships.

General Information

The FISDAP process is simple. Every time a student makes contact with a new patient (termed a "patient encounter"), the student uses web-based computer program to enter information about the nature of the experience that just occurred. FISDAP tracks the patient's chief problem and demographic information, and the scope and nature of the skills performed

Benefits

Here are some of the benefits you'll receive:

You will be able to:

1. Get progress reports on skills/ hours you have performed and/or observed
2. Get a print out of your scheduled shifts
3. Compare yourself to other students (anonymously)
4. Show employers, potential employers, or preceptors your level of experience
5. Use the internet to: Exchange e-mail, surf the World Wide Web (WWW), look for job openings, Even put up your own web pages,
6. Contribute to the improvement of future paramedic internships

Guidelines

BE TRUTHFUL -- PLEASE!

Your data is extremely important to future students. If it is incorrect it will skew our results and damage the study. Any data entered that is misleading, intentionally incorrect, or falsified will be treated as an issue of academic dishonesty and will result in severe disciplinary action.

Data Entry

Data entry is to occur as soon as possible after a call, and must be done within 72 hours of the shift. If a computer connected to the Internet is available, enter the data immediately following the call. The student should double check the data before submitting it. Students will not be able to change the data once it is submitted. If at a later time, the data entered is found to be incorrect by the student, the student is to notify the Clinical Coordinator immediately.

FISDAP Completion Requirements

Throughout each clinical and field shift, a student should be constantly updating FISDAP in regards to patient contacts, skills performed, narratives, etc. At the end of each shift, the student will need enter in all data and then "Complete" the shift in FISDAP.. ***You have 72 hours to complete all data or you will be locked out of the shift and lose the hours in your class record.***

Following the completion of each field or clinical shift, the preceptor will complete the appropriate Report form. This allows the preceptor to give the student feedback on the events of the shift when it is fresh in everyone's mind. A preceptor's signature is required for each clinical or field shift completed.

Performance Objectives*Phase 1*

GFC-UPMC-CEM PTC
Office of Education
Paramedic Diploma Program
 EM 1131: Clinical 1

Course Syllabus

<i>Class Day(s):</i>	<i>Various</i>	<i>Instructor:</i>	<i>Al Kalbach, EMT-P</i>
<i>Phase:</i>	<i>1</i>	<i>Meeting Time:</i>	<i>Various</i>
<i>Contact:</i>	<i>610.431.2303</i>		akalbach@goodfellowship.com
<i>Office Location:</i>	<i>GFC-UPMC-CEM PTC</i>	<i>Office Hours:</i>	<i>By Appointment</i>

Required Textbook(s): Caroline, Nancy L., et al. *Nancy Caroline's Emergency Care in the Streets*. 7th Jones and Bartlett Publishers, 2012. Print.

This course is to verify the ability of the student to be able to serve as a competent entry-level Emergency Medical Technician by engaging in hospital and field clinical experiences designed to reinforce the Phase 1 course work of the paramedic curriculum; and demonstrate the ability to perform as a team member for BLS and ALS calls. As a team member, students are expected to enhance individual abilities in the areas of history taking and patient assessment skills as well as perform specified ALS skills.

Course Objectives

In this clinical course, the paramedic student will demonstrate the ability to:

- Perform appropriate physical exams and patient histories based on the chief complaint on a pediatric, adult, geriatric, traumatic and psychiatric patients
- Develop a written treatment plan for patients identified with complaints of chest pain, respiratory distress, pediatric respiratory distress, syncope, abdominal pain and altered mental status
- Perform venipuncture
- Perform intubation
- Administer medications by various routes
- Complete documentation requirements

Course Format

GFC-UPMC-CEM PTC is a competency-based program in which all objectives must be completed. The course is structured such that the competencies should be completed in a certain number of clinical hours, but you are encouraged to focus on competencies, not hours. Hourly requirements are set at a minimum number; the goal is to complete the objectives and skill requirements in this amount of time. A maximum amount to time to complete the objectives has been established to prevent students from monopolizing clinical learning opportunities. Requests for additional time will be evaluated on an individual basis.

Minimum Total Hours for Completion (must include ALL of the following)	252 Hours
Anesthesia	24
Pediatric Emergency Dept	12
Communication Center (Optional)	8
Respiratory	8
Field	120
Trauma Service	12
Emergency Department	60
Morgue	4
Medical Command	4
Maximum Hours for Completion:	282 Hours
All clinical MUST be completed by:	Scheduled
	End Date of
	Phase 1

Documentation

Documentation is a crucial component of job performance and professional responsibility as a Paramedic. Proper documentation MUST be turned in within 72 hours of the shift. For each shift, students must complete the following:

- 1) A Shift Evaluation Form: The preceptor must sign one per shift.
- 2) A run report for every dispatch, including no patient found, and refusals. A general guideline to follow is: If the preceptor has to write a report, so does the student.
- 3) A Team Leader Evaluation for each call in which served as the team leader (BLS Calls Only).
- 4) FISDAP Data Entry

NOTE: Late, missing, incomplete, or inaccurate FISDAP data entry will result in an unsatisfactory grade, and must still be re-entered correctly. The last day to submit paperwork for this phase is 24 hours prior to the start of the following phase.

Affective Expectations

Students must always look and act in a manner consistent with the expectations of this profession. Student behavior must always demonstrate integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, patient advocacy, careful delivery of service, time management, and appropriate appearance and personal hygiene.

Some specific behaviors include, but are not limited to:

- Demonstrating initiative and interest in all learning activities

- Assist with all duty assignments, including housekeeping, ambulance cleaning, and pre shift equipment checks
- Making effective and responsible use of “downtime”
- Being familiar with equipment and supplies and participating in the pre-shift check.
- Reporting on time, in uniform (with name tag) and prepared to work and learn at the beginning of the shift
- Review the attitudinal expectations, specific tasks, and terminal objectives with the preceptor at the beginning of each shift.

Professional behavior evaluations are part of the student’s overall grade. Failure to consistently demonstrate all professional behaviors can result in an unsatisfactory marking for the course, regardless of the attainment of the objectives listed.

Field Shift Tasks

During each shift in this phase the student should be completing the following specific tasks:

- Conduct yourself as a member of the crew, participating in all crew duties (truck checks, cleaning, etc.)
- Serve as a team member on all calls, performing ALS and BLS skills as directed by your preceptor.
- Request the opportunity to conduct patient histories and physical exams on a variety of patient ages, types, and conditions.
- Serve as a team leader for calls where the preceptor determines that the patient is non-critical and will be treated with basic life support only. THIS IS NOT TO BE DOCUMENTED AS A TEAM LEAD IN FISDAP!

Permitted Skills

- All Basic Life Support Skills
- All skills signed off on the Authorization for Advanced Skills sheet.

Clinical Performance Objectives

To complete Clinical 1 phase of the curriculum, the student must:

Objective	Method of verification
Perform at least 132 hours of in-hospital and 120 hours of pre-hospital field time	FISDAP
Successfully, and while performing all steps of each procedure, perform ALS procedures as directed by the preceptor.	FISDAP, Shift Evaluation Form
SKILLS	
While performing all steps of each procedure, administer medications to actual patients (may include aerosol, endotracheal, intradermal, intramuscular, IV bolus, IV piggyback, oral, subcutaneous, sublingual, rectal)	FISDAP, Shift Evaluation Form
Successfully, and while performing all steps of each procedure, perform venipuncture on patients.	FISDAP, Shift Evaluation Form
While correctly performing all steps of the procedure, endotracheal intubate patients successfully	FISDAP, Shift Evaluation Form
While correctly performing all the steps of the procedure, ventilate patients successfully	FISDAP, Shift Evaluation Form
ASSESSMENT	
Perform an appropriate history and physical exam (based on the patient chief complaint) on pediatric patients.	FISDAP, Shift Evaluation Form
Perform an appropriate history and physical exam (based on the patient chief complaint) on adult patients.	FISDAP, Shift Evaluation Form
Perform an appropriate history and physical exam (based on the patient chief complaint) geriatric patients.	FISDAP, Shift Evaluation Form
PATHOLOGIES	
Perform a comprehensive history and physical exam on trauma patients	FISDAP, Shift Evaluation Form
Perform a comprehensive history and physical exam on psychiatric patients	FISDAP, Shift Evaluation Form

COMPLAINTS	
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with chest pain	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for adult patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for pediatric patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with syncope	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with abdominal complaints (abdominal pain, nausea/vomiting, GI bleeding, gynecological complaints)	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with altered mental status	FISDAP, Shift Evaluation Form
TEAM LEADS	
Function as a team leader* for BLS calls at the direction of the preceptor	FISDAP and Team Leader Evaluations

* Definition of a Team Lead: The student has team led if he or she has conducted (not necessary performed the entire interview or physical exam, but rather been in charge-of) a comprehensive assessment, formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression and directing the treatment, packaging and movement of the patient.

- THIS IS NOT TO BE DOCUMENTED AS A TEAM LEAD IN FISDAP!

Grading

Grading for Clinical performance will be on an Honors/Satisfactory/ Marginal/Unsatisfactory marking. Students MUST obtain Honors or Successful ratings in all Activity areas to successfully complete the clinical rotation. The following criteria will be utilized in evaluating your performance for the clinical rotation.

Activity	Method of verification
Attendance of Scheduled Shifts and Clinical Conference Activities	FISDAP, Shift Evaluation Form, Attendance
Performance Objectives	FISDAP, Shift Evaluation Form
Completeness of Documentation	FISDAP, Shift Evaluation Form, Patient Care Documentation
Preceptor/ Professional Behavior Evaluations	Monthly Evaluations, Professional Behavior Evaluations

GFC-UPMC-CEM PTC
Paramedic Education
Clinical 1

Student's Name: _____ Date: _____

Performance Objectives (In order to complete this phase of the field clinical, the student must):

Objective	Verification Method	Verified by:
Perform at least 132 hours of in-hospital and 120 hours of pre-hospital field time	FISDAP	
Successfully, and while performing all steps of each procedure, perform ALS procedures as directed by the preceptor.	FISDAP, Shift Evaluation Form	
SKILLS		
While performing all steps of each procedure, administer medications to actual patients (may include aerosol, endotracheal, intradermal, intramuscular, IV bolus, IV piggyback, oral, subcutaneous, sublingual, rectal)	FISDAP, Shift Evaluation Form	
Successfully, and while performing all steps of each procedure, perform venipuncture on patients.	FISDAP, Shift Evaluation Form	
While correctly performing all steps of the procedure, endotracheal intubate patients successfully	FISDAP, Shift Evaluation Form	
While correctly performing all the steps of the procedure, ventilate patients successfully	FISDAP, Shift Evaluation Form	
ASSESSMENT		
Perform an appropriate history and physical exam (based on the patient chief complaint) on pediatric patients.	FISDAP, Shift Evaluation Form	
Perform an appropriate history and physical exam (based on the patient chief complaint) on adult patients.	FISDAP, Shift Evaluation Form	
Perform an appropriate history and physical exam (based on the patient chief complaint) geriatric patients.	FISDAP, Shift Evaluation Form	
PATHOLOGIES		
Perform a comprehensive history and physical exam on trauma patients	FISDAP, Shift Evaluation Form	

Perform a comprehensive history and physical exam on psychiatric patients	FISDAP, Shift Evaluation Form	
COMPLAINTS		
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with chest pain	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for adult patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for pediatric patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with syncope	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with abdominal complaints (abdominal pain, nausea/vomiting, GI bleeding, gynecological complaints)	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with altered mental status	FISDAP, Shift Evaluation Form	
TEAM LEADS		
Function as a team leader* for BLS calls at the direction of the preceptor NOT TO BE DOCUMENTED AS SUCH IN FISDAP!	FISDAP and Team Leader Evaluations	

Minimum Total Hours for Completion (must include ALL of the following)			252 Hours
Clinical Site	Hours	Verified Hours / Date	Initials
Anesthesia	24		
Field	120		
Emergency Department	60		
Medical Command	4		
Communications Center (Optional)	8		
Morgue	4		
Pediatric Emergency Dept	12		
Respiratory	8		
Trauma Team	12		
Maximum Hours for Completion:			282 Hours
All clinical MUST be completed by:			End Date of Phase 1

Phase 2

GFC-UPMC-CEM PTC
Office of Education and
Paramedic Diploma Program
EM 1132: Clinical 2

Course Syllabus

<i>Class Day(s):</i>	<i>Various</i>	<i>Instructor:</i>	<i>Al Kalbach, EMT-P</i>
<i>Phase</i>	<i>2</i>	<i>Meeting Time:</i>	<i>Various</i>
<i>Contact:</i>	<i>610.431.2303</i>	akalbach@goodfellowship.cpm	
<i>Office Location:</i>	<i>GFC-UPMC-CEM PTC</i>	<i>Office Hours:</i>	<i>By Appointment</i>

Required Textbook(s): Caroline, Nancy L., et al. *Nancy Caroline's Emergency Care in the Streets*. 7th Jones and Bartlett Publishers, 2012. Print.

This course is to verify the ability of the student to be able to serve as a competent entry-level Emergency Medical Technician by engaging in hospital and field clinical experiences designed to reinforce the Phase 2 course work of the paramedic curriculum; and demonstrate the ability to perform as a team leader for BLS and ALS calls. As a team member, students are expected to enhance individual abilities in the areas of history taking and patient assessment skills as well as perform specified ALS skills.

Requirements of Clinical 1 must be complete prior to advancing to Clinical 2, Summative Field Evaluation.

Course Objectives

In this clinical course, the paramedic student will demonstrate the ability to:

- Function as the team member, and take lead of calls that preceptor is comfortable with for BLS and ALS calls.
- Perform appropriate physical exams and patient histories based on the chief complaint on a pediatric, adult, geriatric, obstetric, traumatic and psychiatric patients
- Develop a written treatment plan for patients identified with complaints of chest pain, respiratory distress, pediatric respiratory distress, syncope, abdominal pain and altered mental status
- Perform venipuncture
- Perform intubation
- Administer medications
- Complete documentation requirements

Course Format

GFC-UPMC-CEM PTC is a competency-based program in which all objectives must be completed. The course is structured such that the competencies should be completed in a certain number of clinical hours, but you are encouraged to focus on competencies, not hours. Hourly requirements are set at a minimum number; the goal is to complete the objectives and skill requirements in this amount of time. A maximum amount of time to complete the objectives has been established to prevent students from monopolizing clinical learning opportunities. Requests for additional time will be evaluated on an individual basis.

Minimum Total Hours for Completion (must include ALL of the following)				296 Hours
Trauma / Critical Care	24	Obstetrics/ Labor & Delivery	16	
Field	120	Pediatric Critical Care / ED	12	
Emergency Department	100	Burn Center	8	
Cath Lab	8	NICU	8	
Maximum Hours for Completion:				320 Hours
All clinical MUST be completed by:				End Date of Phase 2

Documentation Documentation is a crucial component of job performance and professional responsibility as a Paramedic. Proper documentation MUST be turned in within 72 hours of the shift. For each shift, students must complete the following:

- A Shift Evaluation Form: The preceptor must sign one per shift.
- A run reports on every dispatch, including no patient found, and refusals. A general guideline to follow is: If your preceptor has to write a run report, so do you.
- A Team Leader Evaluation for each call in which served as the team leader.
- FISDAP Data Entry

NOTE: Late, missing, incomplete, or inaccurate FISDAP data entry will result in receiving an unsatisfactory marking, and must still be re-entered correctly. The last day to submit paperwork for this phase is 72 hours after the date in which all clinical must be completed.

Affective Expectations Students must always look and act in a manner consistent with the expectations of this profession. Student behavior must always demonstrate integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, patient advocacy, careful delivery of service, time management, and appropriate appearance and personal hygiene.

Some specific behaviors include, but are not limited to:

- Demonstrating initiative and interest in all learning activities
- Assist with all duty assignments, including housekeeping, ambulance cleaning, and pre shift equipment checks
- Making effective and responsible use of “downtime”
- Being familiar with equipment and supplies and participating in the pre-shift check.
- Reporting on time, in uniform (with name tag) and prepared to work and learn at the beginning of the shift
- Review the attitudinal expectations, specific tasks, and terminal objectives with the preceptor at the beginning of each shift.

Professional behavior evaluations are part of the student’s overall grade. Failure to consistently demonstrate all professional behaviors can result in an unsatisfactory marking for the course, regardless of the attainment of the objectives listed.

Field Shift Tasks During each shift in this phase the student should be completing the following specific tasks:

- Conduct yourself as a member of the crew, participating in all crew duties (truck checks, cleaning, etc.)
- Serve as a team member on all calls, performing ALS and BLS skills as directed by your preceptor.
- Request the opportunity to conduct patient histories and physical exams on a variety of patient ages, types, and conditions.
- Serve as a team leader for calls where the preceptor determines that the patient is non-critical and will be treated with basic life support only. THIS IS NOT TO BE DOCUMENTED AS A TEAM LEAD IN FISDAP!

- Permitted Skills**
- All Basic Life Support Skills
 - All skills signed off on the Authorization for Advanced Skills sheet.

**Clinical
Performance
Objectives**

To complete Clinical 2 phase of the curriculum, the student must:

Objective	Method of verification
Perform at least 164 hours of in-hospital and 120 hours of pre-hospital field time	FISDAP
Successfully, and while performing all steps of each procedure, perform ALS procedures as directed by the preceptor.	FISDAP, Shift Evaluation Form
SKILLS	
While performing all steps of each procedure, administer medications to actual patients (may include aerosol, endotracheal, intradermal, intramuscular, IV bolus, IV piggyback, oral, subcutaneous, sublingual, rectal)	FISDAP, Shift Evaluation Form
Successfully, and while performing all steps of each procedure, perform venipuncture on patients.	FISDAP, Shift Evaluation Form
While correctly performing all steps of the procedure, endotracheal intubate patients successfully	FISDAP, Shift Evaluation Form
While correctly performing all the steps of the procedure, ventilate patients successfully	FISDAP, Shift Evaluation Form
ASSESSMENT	
Perform an appropriate history and physical exam (based on the patient chief complaint) on pediatric patients.	FISDAP, Shift Evaluation Form
Perform an appropriate history and physical exam (based on the patient chief complaint) on adult patients.	FISDAP, Shift Evaluation Form
Perform an appropriate history and physical exam (based on the patient chief complaint) on geriatric patients.	FISDAP, Shift Evaluation Form
PATHOLOGIES	
Perform a comprehensive history and physical exam on obstetric patients	FISDAP, Shift Evaluation Form
Perform a comprehensive history and physical exam on trauma patients	FISDAP, Shift Evaluation Form

Perform a comprehensive history and physical exam on psychiatric patients	FISDAP, Shift Evaluation Form
COMPLAINTS	
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with chest pain	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for adult patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for pediatric patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with syncope	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with abdominal complaints (abdominal pain, nausea/vomiting, GI bleeding, gynecological complaints)	FISDAP, Shift Evaluation Form
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with altered mental status	FISDAP, Shift Evaluation Form
TEAM LEADS	
Function as a team leader* for BLS calls at the direction of the preceptor. The Director will advise when you may act as team leader for ALS calls.	FISDAP and Team Leader Evaluations

*** Definition of a Team Lead:** The student has team led if he or she has conducted (not necessary performed the entire interview or physical exam, but rather been in charge-of) a comprehensive assessment, formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression and directing the treatment, packaging and movement of the patient.

Grading

Grading for Clinical performance will be on an Honors / Satisfactory / Marginal / Unsatisfactory marking. Students MUST obtain Honors or Successful ratings in all Activity areas to successfully complete the clinical rotation. The following criteria will be utilized in evaluating your performance for the clinical rotation.

Activity	Method of verification
Attendance of Scheduled Shifts and Clinical Conference Activities	FISDAP, Shift Evaluation Form, Attendance
Performance Objectives	FISDAP, Shift Evaluation Form
Completeness of Documentation	FISDAP, Shift Evaluation Form, Patient Care Documentation
Preceptor/ Professional Behavior Evaluations	Monthly Evaluations, Professional Behavior Evaluations

GFC-UPMC-CEM PTC
 Paramedic Education
 Clinical 2

Student Name: _____ Date: _____

Performance Objectives

In order to complete this phase of the field clinical, the student must:

Objective	Verification Method	Verified by:
Perform at least 164 hours of in-hospital and 240 hours of pre-hospital field time	FISDAP	
Successfully, and while performing all steps of each procedure, perform ALS procedures as directed by the preceptor.	FISDAP, Shift Evaluation Form	
SKILLS		
While performing all steps of each procedure, administer medications to actual patients (may include aerosol, endotracheal, intradermal, intramuscular, IV bolus, IV piggyback, oral, subcutaneous, sublingual, rectal)	FISDAP, Shift Evaluation Form	
Successfully, and while performing all steps of each procedure, perform venipuncture on patients.	FISDAP, Shift Evaluation Form	
While correctly performing all steps of the procedure, endotracheal intubate patients successfully	FISDAP, Shift Evaluation Form	
While correctly performing all the steps of the procedure, ventilate patients successfully	FISDAP, Shift Evaluation Form	
ASSESSMENT		
Perform an appropriate history and physical exam (based on the patient chief complaint) on pediatric patients.	FISDAP, Shift Evaluation Form	
Perform an appropriate history and physical exam (based on the patient chief complaint) on adult patients.	FISDAP, Shift Evaluation Form	
Perform an appropriate history and physical exam (based on the patient chief complaint) geriatric patients.	FISDAP, Shift Evaluation Form	
PATHOLOGIES		
Perform a comprehensive history and physical exam on obstetric patients	FISDAP, Shift Evaluation Form	
Perform a comprehensive history and physical exam on trauma patients	FISDAP, Shift Evaluation Form	

Perform a comprehensive history and physical exam on psychiatric patients	FISDAP, Shift Evaluation Form	
COMPLAINTS		
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with chest pain	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for adult patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for pediatric patients with dyspnea/respiratory distress/failure	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with syncope	FISDAP, Shift Evaluation Form	
Perform a comprehensive history, physical exam, and formulate a treatment plan for patients with abdominal complaints (abdominal pain, nausea/vomiting, GI bleeding, gynecological complaints)	FISDAP, Shift Evaluation Form	
TEAM LEADS		
Function as a team leader* for BLS calls at the direction of the preceptor. The director will advise when you may perform ALS team leads.	FISDAP and Team Leader Evaluations	

Minimum Total Hours for Completion (must include ALL of the following)			296 Hours
Clinical Site	Hours	Verified Hours / Date	Initials
Burn	8		
Cath Lab	8		
Trauma / Critical Care	24		
Field	120		
Emergency Department	100		
Obstetrics/ Labor & Delivery	16		
Pediatric Critical Care / ER	12		
NICU	8		
Maximum Hours for Completion:			320 Hours
All clinical MUST be completed by:			End Date of Phase 2

GFC-UPMC-CEM PTC
Office of Education
Paramedic Diploma Program
EM 1140: Summative Field (SFE)

Course Syllabus

<i>Class Day(s):</i> Various	<i>Instructor:</i> Al Kalbach, EMT-P
<i>Phass</i> 3	<i>Meeting Time:</i> Various
<i>Contact:</i> 610.4312303	akalbach@goodfellowship.com
<i>Office Location:</i> GFC-UPMC-CEM PTC	<i>Office Hours:</i> By
<i>Appointment</i>	

Required Textbook(s): Caroline, Nancy L., et al. *Nancy Caroline's Emergency Care in the Streets*. 7th Jones and Bartlett Publishers, 2012. Print.

This course is to verify the ability of the student to be able to serve as a competent entry-level paramedic. As such, the student must demonstrate the ability to perform as a team leader for all BLS and ALS calls.

Prerequisites: Successful completion of EM 1132: Clinical 1 and 2 requirements, current EMT and CPR certifications.

Requirements

Course Objectives

- In this clinical course, the paramedic student will demonstrate the ability to:
- Function as the team leader for all BLS and ALS calls
- Perform appropriate physical exams and patient histories based on the chief complaint on all patients encountered
- Complete a run report
- Complete Summative Evaluation Program

Course Format

The GFC-UPMC-CEM PTC is a competency-based program in which all objectives must be completed. This course is structured such that the competencies should be completed in a certain number of clinical hours, but you are encouraged to focus on competencies, not hours. Hourly requirements are set at a minimum number; the goal is to complete the objectives and skill requirements in this amount of time. A maximum amount to time to complete the objectives has been established to prevent students from monopolizing clinical learning opportunities. Requests for additional time will be evaluated on an individual basis.

Minimum Total Hours for Completion	120 Hours
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Summative Field Internship	120
Maximum Hours for Completion:	144 Hours
All Clinical MUST be completed by:	End Date of SFE

Documentation Documentation is a major part of job performance and professional responsibilities. Proper documentation **MUST** be turned in within 72 hours of the shift. For each shift, students must complete the following:

A Shift Evaluation Form: The preceptor must sign one per shift.

A run reports on every dispatch, including no patient found, and refusals. A general guideline to follow is: If your preceptor has to write a run report, so do you.

A Team Leader Evaluation for each call in which served as the team leader.

FISDAP Data Entry NOTE: Late, missing, incomplete, or inaccurate FISDAP data entry will result in receiving an unsatisfactory marking, and must still be re-entered correctly. The last day to submit paperwork for this phase is 72 hours after the date in which all clinical must be completed.

Affective Expectations Students must always look and act in a manner consistent with the expectations of this profession. Student behavior must always demonstrate integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, patient advocacy, careful delivery of service, time management, and appropriate appearance and personal hygiene.

Some specific behaviors include, but are not limited to:

- Demonstrating initiative and interest in all learning activities
- Assist with all duty assignments, including housekeeping, ambulance cleaning, and pre shift equipment checks
- Making effective and responsible use of “downtime”
- Being familiar with equipment and supplies and participating in the pre-shift check.
- Reporting on time, in uniform (with name tag) and prepared to work and learn at the beginning of the shift
- Review the attitudinal expectations, specific tasks, and terminal objectives with the preceptor at the beginning of each shift.

Professional behavior evaluations are part of the student’s overall grade. Failure to consistently demonstrate all professional behaviors can result in an unsatisfactory marking for the course, regardless of the attainment of the objectives listed.

- Field Shift Tasks** During each shift in this phase the student should be completing the following specific tasks:
- Conduct yourself as a member of the crew, participating in all crew duties (truck checks, cleaning, etc.)
 - Serve as a team member on all calls, performing ALS and BLS skills as directed by your preceptor.
 - Request the opportunity to conduct patient histories and physical exams on a variety of patient ages, types, and conditions.
 - Serve as a team leader for field calls where the preceptor determines are appropriate. This should include trauma, cardiac, and respiratory emergencies.

- Permitted Skills**
- All Basic Life Support Skills
 - All skills on the Authorization for Advanced Skills Sheet.
 - Team leader for all calls

Performance Objectives In order to complete this phase of the field clinical, the student must:

Objective	Method of verification
Perform at least 120 hours of field time. Assigned to two (2) preceptors at 60 hours each preceptor.	FISDAP
Successfully, and while performing all steps of each procedure, perform ALS procedures as directed by the preceptor.	FISDAP, Shift Evaluation Form
Function as a team leader* for a total of 50 team leads (throughout the program) at least 10 ALS calls.	FISDAP and Team Leader Evaluations

*** Definition of a Team Lead:** The student has team led if he or she has conducted (not necessary performed the entire interview or physical exam, but rather been in charge-of) a comprehensive assessment, formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression and directing the treatment, packaging and movement of the patient.

Summative

Evaluation Students will be assigned two preceptors that will evaluate the student’s performance as a team leader on each call. Students will spend a minimum of 60 hours with each of the assigned preceptors. Students will participate in a 32 hour program following their field rotations. This program is to appraise the understanding and competencies of an entry level paramedic.

Grading Grading for SFE will be on an Honors/ Satisfactory/ Unsatisfactory marking. Students MUST obtain Honors or Successful ratings in all Activity areas to successfully complete the SFE rotation. The following criteria will be utilized in evaluating your performance for the clinical rotation.

You must be signed off by both assigned preceptors to complete the program and sit for the National Registry Exams.

Activity	Successful Completion			Method of verification
Attendance of Scheduled Shifts	Honors	Satisfactory	Unsatisfactory	FISDAP, Shift Evaluation Form
Terminal Performance Objectives	Honors	Satisfactory	Unsatisfactory	FISDAP, Shift Evaluation Form
Completeness of Documentation and, where applicable, Case Presentation Scores	Honors	Satisfactory	Unsatisfactory	FISDAP, Shift Evaluation Form, Patient Care Documentation
Preceptor/ Professional Behavior Evaluations (Overall)	Honors	Satisfactory	Unsatisfactory	Monthly Evaluations, Professional Behavior Evaluations

GFC-UPMC-CEM PTC
Paramedic Education

Student's Name: _____

Date: _____

SFE Performance Objectives

In order to complete this phase of the field clinical, the student must:

Objective	Method of verification	Verified/ Faculty
Perform at least 120 hours of field time	FISDAP	
Successfully, and while performing all steps of each procedure, perform ALS procedures as directed by the preceptor.	FISDAP, Shift Evaluation Form	
Function as a team leader* for a total of 50 team leads (throughout the program) at least 10 ALS calls	FISDAP and Team Leader Evaluations	
Summative Evaluation Program	Attendance	

Minimum Total Hours for Completion	120 Hours
Summative Field Internship	120
Maximum Hours for Completion:	144 Hours
All MUST be completed by:	End Date of Phase 3



Field Sites

Pre-Hospital Field Site Information

Berwyn F.C. EMS Medic 2

UNIT/DEPT: MICU

DAYS: All

TIMES/SHIFTS: 0700-2000

CONTACT: Chris Bickings (cjbickings@gmail.com), Manager

SIGNUP: Self-Scheduled (FISDAP)

REPORT TO: Berwyn Fire Company
23 Bridge Ave.
Berwyn, Pa 19312

DRESS: Clinical Field Uniform

PARKING: Fire Company

NOTES: n/a

CALL-OFF: (610) 644-6050, On-duty Medic

Brandywine Memorial Hospital Medic 93

UNIT/DEPT: ALS/Paramedic

DAYS: All

TIMES/SHIFTS: 0600-1800

CONTACT: Cathie Rawlings, Student Coordinator
Leo Scaccia (Leo_Scaccia@chs.net), Manager

SIGNUP: Self-Scheduled (FISDAP)

REPORT TO: Brandywine Hospital – Houston Center
255 Reeceville Rd.
Coatesville, Pa 19320

DRESS: Clinical Field Uniform

PARKING: Houston Center Parking Lots

NOTES: Office is located inside of Houston Building which looks like a residential house from the outside. Located on edge of hospital campus. Enter through the entrance closest to where emergency vehicles are kept.

CALL-OFF: (610) 383-8406, On-duty Medic

**Chester County Hospital
Medic 91**

UNIT/DEPT: ALS/Paramedic

DAYS: All

TIMES/SHIFTS: 0700-1900, 1900-0700

CONTACT: Adrienne Pohar (apohar@cchosp.com), Manager; or On-duty medic

SIGNUP: Self-Scheduled (FISDAP)

REPORT TO: Chester County Hospital
701 E. Marshall St.
West Chester, Pa 19380

DRESS: Clinical Field Uniform

PARKING: Chester County Hospital Parking Lots

NOTES: Office is located just outside the ED and Adjoins the Ambulance Bay for the ED.

CALL-OFF: (610) 431-5567, On-duty Medic

**Delaware County Memorial Hospital EMS
Medic 103**

UNIT/DEPT: MICU

DAYS: All

TIMES/SHIFTS: 0700-1900, 1900-0700

CONTACT: Matt Kaminski, Unit Training Supervisor
Matthew.Kaminski@crozer.org 610-284-8418

SIGNUP: Self-Scheduled. E mail Matt Kaminski to set & confirm dates/ times
and Email shifts to GFC-UPMC-CEM PTC Clinical Coordinator

REPORT TO: DCMH Paramedic Unit
501 N. Lansdowne Ave
Drexel Hill, Pa 19026
Turn at light by ER and follow to paramedic unit in rear of hospital.

DRESS: Clinical Field Uniform

PARKING: Gated DCMH Hospital Parking Lots behind office trailers Park at
curb, go to door at the medic office, and ask one of the on duty medics
for their card key so you can enter the parking lot.

NOTES: Offices are located just behind the hospital's parking garage in trailers.
When the student arrives, he/she needs to get a temporary ID badge
to access the gated parking lot.
Last minute scheduling needs are not preferred, but can be addressed
via the On-Duty Supervisor.

CALL-OFF: (610) 633-8104, On-Duty Supervisor

Delaware County Memorial Hospital EMS Medic 106

UNIT/DEPT: ALS / Paramedic

DAYS: All

TIMES/SHIFTS: 0700-1900, 1900-0700

CONTACT: Matt Kaminski, Unit Training Supervisor
Matthew.Kaminski@crozer.org 610-284-8418

SIGNUP: Self-Scheduled. E mail Matt Kaminski to set & confirm dates/ times
and Email shifts to GFC-UPMC-CEM PTC Clinical Coordinator

REPORT TO: **Springfield Hospital (Medic 106) by the ER**
Springfield, PA 19064

DRESS: Clinical Field Uniform

PARKING: Parking lot

NOTES:

**Delaware County Memorial Hospital EMS
Medic 24-7**

UNIT/DEPT: MICU

DAYS: All

TIMES/SHIFTS: 1100-2300

CONTACT: Matt Kaminski, Unit Training Supervisor
Matthew.Kaminski@crozer.org 610-284-8418

SIGNUP: Self-Scheduled. E mail Matt Kaminski to set & confirm dates/ times and Email shifts to GFC-UPMC-CEM PTC Clinical Coordinator

REPORT TO: **East Lansdowne Fire Dept (Medic 24)**
164 Lexington Ave
East Lansdowne, Pa 19050

DRESS: Clinical Field Uniform

PARKING: Parking lot located beside the fire house.

NOTES: Last minute scheduling needs are not preferred, but can be addressed via the On-Duty Supervisor.

CALL-OFF: (610) 633-8104, On-Duty Supervisor

**Harleysville EMS
Medic 344**

UNIT/DEPT: ALS/Paramedic/MICU

DAYS: All

TIMES/SHIFTS: 06:00 (24 Hr shifts) Students may do 12 hr shifts.

CONTACT: Tim McAteer, Supervisor (215-513-1880)
mcateer.tim@gmail.com

SIGNUP: Self-Scheduled. Contact Tim McAteer, Email GFC-UPMC-CEM PTC Clinical Coordinator

REPORT TO: **Harleysville EMS Station**
309 Main Street
Harleysville, PA 19438

DRESS: Clinical Field Uniform

PARKING: Parking lot located behind building.
NOTES: N/A
CALL-OFF: (267) 228-5337, **Tim McAteer Cell Phone**

**Lafayette Ambulance & Rescue Squad
Medic 317**

UNIT/DEPT: ALS/Paramedic/MICU
DAYS: All
TIMES/SHIFTS: 0700-2400
CONTACT: **Jim Cheezum, Training Officer, Supervisor**
Phone: 610-265-2121
Fax 610-992-0162
Cell: 610-405-1331
Email: jcheezum@medic317.org
SIGNUP: Self-Scheduled. Contact Jim Cheezum to set & confirm dates/ times
and Email shifts to GFC-UPMC-CEM PTC Clinical Coordinator
REPORT TO: Lafayette Ambulance
180 North Henderson Road
King of Prussia, Pa. 19406
DRESS: Clinical Field Uniform
PARKING: Parking lots to the rear of the building
NOTES:
CALL-OFF: (610) 265-2121, On-duty Medic

**Longwood F.C. EMS
Medic 25**

UNIT/DEPT: ALS/Paramedic/MICU
DAYS: All
TIMES/SHIFTS: 0700-2300
CONTACT: **Scott Runge, Supervisor** 610-388-6880
SIGNUP: Self-Scheduled, (FISDAP)
REPORT TO: Longwood V.F.C

1001 E Baltimore Pk
Kennett Square, Pa 19348

DRESS: Clinical Field Uniform

PARKING: Parking lots to the rear of the building

NOTES: After parking, got the front of the building and access using the double doors. If doors are locked, ring buzzer.

CALL-OFF: (610) 388-6880, On-duty Medic

**Malvern F.C. EMS
Medic 4**

UNIT/DEPT: MICU

DAYS: All

TIMES/SHIFTS: 0600-2300

CONTACT: Richard Constantine, ALC Coordinator (610) 647-0693 ext. 0;
rconstantine@malvernfireco.com

SIGNUP: Contact Richard Constantine via email or phone to set & confirm dates/ times and Email shifts to GFC-UPMC-CEM PTC Clinical Coordinator

REPORT TO: Malvern Fire Company
424 E King St.
Malvern, Pa 19355

DRESS: Clinical Field Uniform

PARKING: Utilize the south lots for parking.

NOTES: n/a

CALL-OFF: (610) 431-5567, On-duty Medic

**Marple Ambulance
Medic 53**

UNIT/DEPT: ALS/Paramedic

DAYS: All

TIMES/SHIFTS: 0700-1900, 1900-0700

CONTACT: **Ali Erbayri** 610-356-1639

aerbayri@marpleems.com

Bill Downey (bdowney@marpleems.com), Chief 610-356-1639

- SIGNUP:** Self-Scheduled – Contact **Ali Erbayri** Marple assigns you to a primary and secondary preceptor. You will converse with your preceptors and plan shifts that are available. Shifts are entered into their EMS Manager Scheduler. <http://www.emsmanager.net/marple>
Confirm dates/ times and Email shifts to GFC-UPMC-CEM PTC Clinical Coordinator.
*Precepting Guideline handout will be distributed to class.
- REPORT TO:** Marple Ambulance
610 Park Way Drive
Broomall, PA 19008-0172
- DRESS:** Clinical Field Uniform
- PARKING:** Parking Lots in front of building.
- NOTES:** Entrance is located in front of building. Marple is doing research on hypothermic treatment after resuscitation, sepsis protocols and prehospital sedation.
- CALL-OFF:** **Ali Erbayri** directly by phone or direct with preceptor (first)
Bill Downey directly by phone or direct with preceptor.

Mercy-Fitzgerald Hospital EMS Medic 105

UNIT/DEPT: ALS/Paramedic

DAYS: All

TIMES/SHIFTS: 0700-1900, 1900-0700

CONTACT: Kathy Davis (kdavis@mercyhealth.org), Admin Asst. (610) 237-3616
Larry Smythe (lsmythejr@mercyhealth.org), Manager (610) 636-2815

SIGNUP: Call Kathy Davis to set & confirm dates/ times and Email shifts to
GFC-UPMC-CEM PTC Clinical Coordinator

REPORT TO: Mercy-Fitzgerald Hospital
St. Bernard's Hall
1500 Lansdowne Ave.
Darby, Pa 19023

DRESS: Clinical Field Uniform

PARKING: Parking Lots in front of building.

NOTES: Building is located across the street from the main hospital. Follow
signage for St. Bernard's Hall. Office is located on the 3rd floor of the
building.

CALL-OFF: Preceptor directly or Mr. Smythe's cellular.

Mercy-Fitzgerald Hospital EMS MICU 04-7A

UNIT/DEPT: MICU

DAYS: All

TIMES/SHIFTS: 0700-1900, 1900-0700

CONTACT: Kathy Davis (kdavis@mercyhealth.org), Admin Asst. (610) 237-3616
Larry Smythe (lsmythejr@mercyhealth.org), Manager (610) 636-2815

SIGNUP: Call Kathy Davis to set & confirm dates/ times and Email shifts to
GFC-UPMC-CEM PTC Clinical Coordinator)

REPORT TO: Darby Fire Company
Chester Pk and Quarry St
Darby, Pa 19023

DRESS: Clinical Field Uniform

PARKING: Parking Lots at fire department.
NOTES: n/a
CALL-OFF: Preceptor directly or Mr. Smythe's cellular.

**Mercy-Fitzgerald Hospital EMS
MICU 16-7**

UNIT/DEPT: MICU
DAYS: All
TIMES/SHIFTS: 0700-1900, 1900-0700
CONTACT: Kathy Davis (kdavis@mercyhealth.org), Admin Asst. (610) 237-3616
Larry Smythe (lsmythejr@mercyhealth.org), Manager (610) 636-2815
SIGNUP: Call Kathy Davis to set & confirm dates/ times and Email shifts to
GFC-UPMC-CEM PTC Clinical Coordinator
REPORT TO: Yeadon Fire Company
600 Church Ln.
Yeadon, Pa 19050
DRESS: Clinical Field Uniform
PARKING: Parking Lots at fire department.
NOTES: n/a
CALL-OFF: Preceptor directly or Mr. Smythe's cellular.

**Mercy-Fitzgerald Hospital EMS
MICU 75-7**

UNIT/DEPT: MICU
DAYS: All
TIMES/SHIFTS: 0700-1900, 1900-0700
CONTACT: Kathy Davis (kdavis@mercyhealth.org), Admin Asst. (610) 237-3616
Larry Smythe (lsmythejr@mercyhealth.org), Manager (610) 636-2815
SIGNUP: Call Kathy Davis to set & confirm dates/ times and Email shifts to
GFC-UPMC-CEM PTC Clinical Coordinator
REPORT TO: Briarcliffe Fire Company
767 Beech Ave

Glenolden, Pa 19036

DRESS: Clinical Field Uniform
PARKING: Parking Lots at fire department.
NOTES: n/a
CALL-OFF: Preceptor directly or Mr. Smythe's cellular.

**Minquas F.C. EMS
MICU 46**

UNIT/DEPT: MICU
DAYS: All
TIMES/SHIFTS: 0600-0000
CONTACT: **Brad Cosgrove** (bcosgrove@minquas.org), Manager; 610-269-6911
SIGNUP: Contact Brad Cosgrove via email to set & confirm dates/ times and Email shifts to GFC-UPMC-CEM PTC Clinical Coordinator
REPORT TO: Minquas F.C.
141 Wallace Avenue
Downingtown, Pa 19380
DRESS: Clinical Field Uniform
PARKING: Rear of the fire station.
NOTES: New Station – Note address!
CALL-OFF: (610) 269-6911, On-duty Medic

**Narberth Ambulance
Medic 313**

UNIT/DEPT: MICU
DAYS: All
TIMES/SHIFTS: 0600-0000
CONTACT: Patrick Doyle, Sr. (pdoyle@vmcsc313.org), Asst Chief (610) 636-7537
SIGNUP: Self-Scheduled. E-mail Chief Doyle. Once shifts are confirmed, Email GFC-UPMC-CEM PTC Clinical Coordinator
REPORT TO: Narberth Ambulance – Main Station

101 Sibley Ave.
Ardmore, Pa 19003

DRESS: Clinical Field Uniform
PARKING: VMSC Labeled parking spots.
NOTES: n/a
CALL-OFF: Patrick Doyle, Sr., Asst Chief (610) 636-7537

**Southern Chester County EMS
Medic 94-1**

UNIT/DEPT: ALS/Paramedic
DAYS: All
TIMES/SHIFTS: 0700-2300
CONTACT: **Gary Hartung, Supervisor**
ghartung1@comcast.net
SIGNUP: Self-Scheduled (FISDAP)
REPORT TO: Jennersville Hospital
1015 W. Baltimore Pk.
West Grove, Pa 19390
DRESS: Clinical Field Uniform
PARKING: ED parking lots.
NOTES: n/a
CALL-OFF: (610) 910-3180 ext 5, On-duty Medic

**Southern Chester County EMS
Medic 94-3**

UNIT/DEPT: ALS/Paramedic
DAYS: All
TIMES/SHIFTS: 0700-2300
CONTACT: **Gary Hartung, Supervisor**
ghartung1@comcast.net
SIGNUP: Self-Scheduled (FISDAP)

REPORT TO: Avondale Fire Company
23 Firehouse Way
Avondale, Pa 19311

DRESS: Clinical Field Uniform

PARKING: ED parking lots.

NOTES: n/a

CALL-OFF: (610) 910-3180 ext 6, On-duty Medic

**Uwchlan Ambulance Corps
Medic 87**

UNIT/DEPT: ALS/Paramedic/MICU

DAYS: All

TIMES/SHIFTS: 0700-1900, 1900-0700

CONTACT: **Emily McCarthy** (610-363-1067), Supervisor
emccarthy@station87.com

SIGNUP: Self-Scheduled. Contact Emily McCarthy)

REPORT TO: Uwchlan Ambulance Corps
70 West Welsh Pool Rd.
Exton, Pa 19341

DRESS: Clinical Field Uniform

PARKING: UAC parking lots.

NOTES: Ring doorbell inside front vestibule.

CALL-OFF: (610) 363-1067, On-duty Medic

**Uwchlan Ambulance Corps
MICU 87-6**

UNIT/DEPT: MICU

DAYS: All

TIMES/SHIFTS: 0700-1900

CONTACT: **Emily McCarthy** (610-363-1067), Supervisor
emccarthy@station87.com

SIGNUP: Self-Scheduled. Contact Emily McCarthy

REPORT TO: West Whiteland Fire Company
227 Crest Ave.
Exton, Pa 19341

DRESS: Clinical Field Uniform

PARKING: Parking spaces against the tree/wooded area.

NOTES: Ring door bell.

CALL-OFF: (610) 363-1067, On-duty Medic

Clinical Sites

Hospital Clinical Site Information

Anesthesia

Chester County Hospital

UNIT/DEPT:	Anesthesia
DAYS:	As scheduled in FISDAP
TIMES/SHIFTS:	0630 – 1430 One student per shift
CONTACT:	Clinical Coordinator
SIGNUP:	Self Scheduled (FISDAP)
REPORT TO:	Main Operating Room
DRESS:	GFC-UPMC-CEM PTC Uniform
PARKING:	at Good Fellowship
FOOD:	Hospital Cafeteria-PAY
NOTES:	This clinical is scheduled with pre-approval of the Clinical Site. Sign-up may require greater than 7 days in advance.
CALL-OFF:	610-431-5390

Chester County Hospital

Emergency Department

UNIT/DEPT:	Emergency Department
DAYS:	All
TIMES/SHIFTS:	2 Students, 7a-3p 2 Students, 3p-11p 2 Students, 11p-7a
SIGNUP:	Self Scheduled (FISDAP)
CONTACT:	Clinical Coordinator
REPORT TO:	Enter the hospital at the Emergency Entrance. ED Coordinator Nurse's Station Emergency Department, 1 st Floor
DRESS:	GFC-UPMC-CEM PTC Uniform

PARKING: at Good Fellowship
FOOD: CCH Cafeteria
NOTES:
CALL-OFF: 610-431-5150 notify charge nurse

Chester County Hospital

Cath Lab

UNIT/DEPT: Cath Lab
DAYS: Monday, Tuesday, Wednesday, Thursday, Friday
TIMES/SHIFTS: 1 Students per shift, 7a-3p
CONTACT: Clinical Coordinator
SIGNUP: Pre-scheduled
REPORT TO: Chester County Hospital
701 E. Marshall St.
West Chester, Pa 19380
DRESS: GFC-UPMC-CEM PTC Uniform
PARKING: Chester County Hospital Parking Lots
NOTES:
CALL-OFF:

Chester County Hospital Morgue

Morgue

UNIT/DEPT: Morgue
DAYS: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
TIMES/SHIFTS: 2 Students per shift, Various Shifts
CONTACT: Clinical Coordinator
SIGNUP: Pre-scheduled
REPORT TO: Chester County Hospital
701 E. Marshall St.
West Chester, Pa 19380
DRESS: Male: Dress pants, Uniform shirt
Female: Dress pants , Uniform Shirt

PARKING: Chester County Hospital Parking Lots

NOTES: Students **MUST** call at 8:00am. 610-431-5202
Ask to speak with the Autopsy Supervisor or an Autopsy Room Technician to see if there are any cases you will be permitted to watch.

If you are scheduled to observe and there are no cases or if there is a homicide, attempt to reschedule. If you do, make sure to fill out a Blue Clinical Request form to let the Clinical Coordinator know.

CALL-OFF: 610-431-5202, Speak with Supervisor or Technician

Crozer Chester Medical Center

Burn Unit

UNIT/DEPT: Burn Center

DAYS: ALL

TIMES/SHIFTS: 1 Student, 7:00am – 3:00pm

SIGNUP: Pre-scheduled (List with dates will be presented to class)

CONTACT: Clinical Coordinator

REPORT TO: Head/Charge Nurse, Nurses' Station

DRESS: Scrubs will be provided on your arrival.

PARKING: In garage

FOOD: Hospital Cafeteria - PAY

NOTES: DO NOT attend if you are ill
GFC-UPMC-CEM PTC ID required for admission to hospital and clinical area

CALL-OFF:

Hospital of University of Pennsylvania

Trauma SICU

UNIT/DEPT: Trauma-SICU

DAYS: Tuesday, Thursday

TIMES/SHIFTS: 1 Students per shift,

CONTACT: Clinical Coordinator

SIGNUP: Pre-scheduled

REPORT TO: Hospital of University of Penn
*3400 Spruce St
Philadelphia, PA 19104*

DRESS: GFC-UPMC-CEM PTC Uniform

PARKING: The best place to park is either Lot 7, Penn Tower Garage, the Perelman Center Garage, or up at the 34th and Walnut Street Garage. Parking is between 18 to 21 dollars. It is recommended to take the train if possible into University Station. This is more cost effective. The station is located right across from the hospital.

NOTES: Students should report to the Rhoads 5 SICU by 0700. This is on the 5th floor of the Rhoads Building. You can ask for directions to the unit from the main entrance of the hospital. There will be a security guard or greeter at the front desk. Students will wear their school ID or name badge.

Students should ask for the charge nurse when they arrive to the SICU. We can accommodate one student per day. Tuesdays and Thursdays are preferred. The SICU rotation is mainly observation. The student will be assigned to a nurse when they arrive on the unit by the charge nurse.

CALL-OFF: 215-662-2766

Nemours/Alfred I. duPont Hospital for Children

Pediatric Emergency Department

UNIT/DEPT: Pediatric ED

DAYS: All

TIMES/SHIFTS: 0600-1200, 1200-1800, 1800-0000, 0000-0600

CONTACT: Tracy Patrick-Panchelli (tpatrick@nemours.org), Coordinator of Continuing Nursing Education

SIGNUP: Self-Scheduled (FISDAP)

REPORT TO: Nemours/Alfred I. duPont Hospital for Children
1600 Rockland Rd
Wilmington, De 19803

DRESS: Clinical In-hospital Uniform

PARKING: Park only in parking lot/garage located on property. Parking is free.

NOTES: You will need your ID Badge to enter the building. Enter through the main entrance and follow directions to the ED. Once there, seek out the charge nurse for assignment.

CALL-OFF: (302) 651-4000, ask for emergency department, then ask for charge nurse.

Nemours/Alfred I. duPont Hospital for Children

Neonatal Intensive Care (NICU)

UNIT/DEPT: Neonatal ICU (NICU)

DAYS: All

TIMES/SHIFTS: 0700-1500 and 1500-2300

CONTACT: Tracy Patrick-Panchelli (tpatrick@nemours.org), Coordinator of Continuing Nursing Education

SIGNUP: Self-Scheduled (FISDAP)

REPORT TO: Nemours/Alfred I. duPont Hospital for Children
1600 Rockland Rd
Wilmington, De 19803

DRESS: Clinical In-hospital Uniform

PARKING: Park only in parking lot/garage located on property. Parking is free.

NOTES: You will need your ID Badge to enter the building. Enter through the main entrance and follow directions to the NICU. Once there, you will wash at the sink before entering the NICU (there is a window to talk with staff). **DO NOT WEAR:** watches, bracelets, rings, stethoscopes (they will provide a stethoscope).

Janice Boc is Department Head RN

CALL-OFF: (302) 651-4000, ask for NICU, then ask for charge nurse.

Main Line Health Hospitals

Please note that separate paperwork is expected to be completed for assessments and skills performed at these hospitals. This paperwork will be reviewed prior to you doing clinical time at these facilities.

Bryn Mawr Hospital

Emergency Department

UNIT/DEPT: Emergency Department

DAYS:

TIMES/SHIFTS:

SIGNUP: Self-Scheduled (FISDAP)

CONTACT: Linda Schanne

REPORT TO: 130 South Bryn Mawr Avenue
Bryn Mawr, PA 19010
Head/Charge Nurse, Nurses' Station

DRESS: .

PARKING:

FOOD: Hospital Cafeteria - PAY

NOTES:

CALL-OFF: 484-337-8017

Lankenau Hospital

Emergency Department

UNIT/DEPT: Emergency Department

DAYS:

TIMES/SHIFTS:

SIGNUP: Self-Scheduled (FISDAP)

CONTACT: Joyce Foresman-Capuzzi

REPORT TO: 100 East Lancaster Avenue
Wynnewood, PA 19096
ER PHYSICIAN

DRESS: .

PARKING:

FOOD: Hospital Cafeteria - PAY

NOTES: NO ADMINISTRATION OF DRUGS, NO DOCUMENTATION ON HOSPITAL CHARTS. Must complete "Education on the Go" (link will be provided) and bring certificate 1st day.

CALL-OFF: 484-476-8276

Paoli Hospital

**Emergency
Department**

UNIT/DEPT: Emergency Department

DAYS: Mon – Weds - Fri

TIMES/SHIFTS: Divided into 4 hour shifts

SIGNUP: Self-Scheduled (FISDAP)

CONTACT: Linda Torrens

REPORT TO: 255 W. Lancaster Ave.
Paoli, PA 19301
Head/Charge Nurse, Nurses' Station

DRESS: GFC-UPMC-CEM PTC Uniform.

PARKING: FREE – Lot past ER or Garage

FOOD: Hospital Cafeteria - PAY

NOTES: Shifts are divided into 4 hour blocks

CALL-OFF: 484-565-2074

Paoli Hospital

Trauma / ICU

UNIT/DEPT: Trauma / ICU

DAYS: All

TIMES/SHIFTS: 0700-1900 / 1900-0300

SIGNUP: Self-Scheduled (FISDAP)

CONTACT: Kerry Larkin

REPORT TO: 255 W. Lancaster Ave.
Paoli, PA 19301
PA on shift

DRESS: GFC-UPMC-CEM PTC Uniform.

PARKING: FREE – Lot past ER or Garage

FOOD: Hospital Cafeteria - PAY

NOTES: Shadow PA in Trauma, ICU and other areas.
Meet at 0700 in the Trauma PA office on 4 East Rm 438

CALL-OFF: [Contact phone number for the PA is 484-565-8319](tel:484-565-8319)

Riddle Memorial Hospital

Emergency Department

UNIT/DEPT: Emergency Department

DAYS:

TIMES/SHIFTS:

SIGNUP: Self-Scheduled (FISDAP)

CONTACT: Jennifer Cummins

REPORT TO: 1068 West Baltimore Pike
Media, PA 19063
Head/Charge Nurse, Nurses' Station

DRESS: .

PARKING:

FOOD: Hospital Cafeteria - PAY

NOTES:

CALL-OFF: [484-227-2613](tel:484-227-2613)