

# Texarkana College Paramedic Program

## Course Syllabus

**Name of Course:** EMSP 2362 Clinical-EMT (Paramedic II)

**Course Description:** A health-related, work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision of the student is provided by the clinical professional.

**Learning Outcomes:** The student will apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

**Key Concepts and General Course Plan:** This course provides the Paramedic student with the opportunity to transfer the medical concepts, principles, and skills learned in the classroom and lab to direct patient care. The intent is for the student to be a part of the hospital and prehospital team as patient care is delivered in the Emergency Department, Respiratory Care, Labor & Delivery/Nursery, Intensive Care Units, and EMS Advanced Life Support Units.

**Didactic, Psychomotor and Affective Learning Objectives:** Upon successful completion of EMSP 2362, the student will be expected to have at least met the minimum required hours in the classroom and skills laboratory; in addition to the specified number of hours in the various hospital and EMS areas as detailed in the current Paramedic Course Terminal Competency matrix. Due to limits on patient availability in the clinical areas, it is possible that not all objectives may be achieved. If this occurs, scenarios and simulations in the laboratory may be substituted for a portion of the human experience. Students are not allowed to perform any skills in the clinical setting that have not been previously practiced and evaluated in the lab. The following skills are approved:

1. Verify completion of all objectives for EMSP 2361 Clinical EMT (Paramedic I)
2. Assist in the Advanced Treatment of Medical Cases
  - a. IV initiation and maintenance
  - b. Assist with medication administration
    - i. Topical drugs
    - ii. Sublingual drugs
    - iii. Buccal drugs
    - iv. Inhaled drugs
    - v. Endotracheal administration
    - vi. Intradermal injections
    - vii. Subcutaneous injections
    - viii. Intramuscular injections
    - ix. Piggy back
    - x. IV bolus

# Texarkana College Paramedic Program

3. Assist in ACLS resuscitation
4. Perform and assist in cardiac monitoring
  - a. Apply monitor electrodes
  - b. Obtain and document monitor findings
  - c. Interpret ECG rhythms as available:
    - i. Normal Sinus Rhythm
    - ii. Sinus Arrhythmia
    - iii. Sinus Tachycardia
    - iv. Sinus Bradycardia
    - v. Paroxysmal Supraventricular Tachycardia
    - vi. Sinus Rhythm with First Degree AV Block
    - vii. Sinus Rhythm with Second Degree AV Block (Mobitz Type 1 and Mobitz Type 2)
    - viii. Sinus Rhythm with Third Degree AV Block
    - ix. Atrial Flutter
    - x. Atrial Fibrillation
    - xi. Junctional Rhythm
    - xii. Ventricular Ectopy (Uniform and Multiform in Origin, Frequency of PVC's)
    - xiii. Idioventricular Rhythm
    - xiv. Agonal Rhythm
    - xv. Ventricular Fibrillation
    - xvi. Ventricular Tachycardia
    - xvii. Asystole
    - xviii. Artifact
  - d. 12-Lead ECG (pad placement and recognize elevated ST segment)
5. Prepare and Administer Medications, (under direct Preceptor supervision and only after the student has demonstrated knowledge of actions, indications, contraindications, and side effects of the medication)
  - a. Oral medications
  - b. Sublingual medications
  - c. Rectal medications
  - d. Intramuscular injections
  - e. Intravenous administration of medication
  - f. Subcutaneous injections
  - g. Inhalation
  - h. Transdermal
  - i. Endotracheal
  - j. Intraosseous
6. Perform or observe defibrillation/cardioversion and/or external pacing
7. Document advanced procedures appropriately
  - a. ECG monitoring
  - b. Medication administration

# Texarkana College Paramedic Program

8. Assist in the Care of Geriatric Patients
  - a. Senility
  - b. Alzheimer's disease
  - c. Osteoporosis
  - d. Rheumatoid arthritis
  - e. Advanced physical debilitation
  - f. Other geriatric cases as available
9. Assist in the Care of Pediatric Patients
  - a. Signs and symptoms of pediatric illness
  - b. Febrile seizure
  - c. Restraint procedures
  - d. Psychological states of age progression
  - e. Note vital sign differences
  - f. Parental care
  - g. Respiratory emergency
  - h. Infectious/Communicable disease
  - i. Poisoning
  - j. Trauma
  - k. Other pediatric cases as available
10. Assist with or Observe the Care of Obstetric Patients
  - a. Identify the three (3) stages of labor
  - b. Cephalic delivery
  - c. Clamping and cutting of the umbilical cord
  - d. Complications of delivery
  - e. Observe a Cesarean section
  - f. Note medications given to mother
  - g. Inspect delivered placenta and umbilical cord
  - h. Post-partum hemorrhage control
  - i. Newborn care and assessment
  - j. APGAR scoring
  - k. Premature infant care
  - l. Fetal monitoring (FHT)
  - m. Other obstetric cases as available
11. Observe sterile technique and assist as directed
12. Assist with Patient Restraint, Lifting and Moving as needed
13. Perform advanced patient assessments (total number and types of patient presentations as specified in the **Paramedic Course Terminal Competencies**)
14. Assist or Observe in any procedure, authorized by the attending Physician and/or Preceptor that will increase the understanding of the pathophysiology of illness or injury

# Texarkana College Paramedic Program

**Methods of Instruction:** Observation and assistance with direct patient care opportunities in hospital and prehospital settings.

**Required Textbooks:** Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> Ed., AAOS, JB Learning, 2017, with online access to Navigate 2 Essentials, ISBN: 9781284104882.

**Required Supplies:** Program approved EMS uniform, PPE and assessment tools as listed in the EMT Student Handbook. All Paramedic students will receive an access code and instructions to utilize FISDAP (Field Internship Student Data Acquisition Project) Scheduler and Skills Tracker.

**Methods of Evaluation:** All students will need to follow the Clinical Guidelines as specified in the EMT Student Handbook as it relates to the required documentation. The forms included on pages 4-7 of this syllabus must be completed at the end of each patient encounter and/or shift by the student and the preceptor. In addition, the student will be responsible for entering all the appropriate data in FISDAP and then submitting the paper copies to the Clinical Coordinator for review. All this will become part of the student's portfolio and will be used to track their progress towards acquisition of the expected terminal competencies. To successfully complete this segment of the program and be eligible to proceed into the next phase; the student will be expected to meet all the didactic, laboratory, and clinical/field assignments listed in the First Semester section of the required Paramedic Course Terminal Competencies. In addition, it is recommended that the student has at least 65-70% of the minimum patient assessments in the various age ranges, chief complaints and impressions completed by the end of this course of study.

**Methods to Evaluate Learning Outcomes:** All Paramedic students will be fairly and equally evaluated in all learning domains; including didactic, psychomotor and affective. Once all required evaluations have been completed and submitted to the faculty for review; the numeric values will be averaged and the final grade will be calculated by the following rubric:

90 – 100	= A
80 – 89.99	= B
70 – 79.99	= C
60 – 69.99	= D
0 – 59.99	= F

*TC does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities.  
The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director,  
2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3017 [human.resources@texarkanacollege.edu](mailto:human.resources@texarkanacollege.edu)*

# Texarkana College Paramedic Program

STUDENT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

## TEXARKANA COLLEGE Paramedic Program

### Clinical Psychomotor Skills Evaluation

*This is a general psychomotor skills performance evaluation of the paramedic student by the clinical preceptor.*

Skill Grading	4	Proficient	Field Competent	
	3	Acceptable	Appropriate for Time in Clinical	
	2	Unacceptable	Needs Remediation	comment required
	1	Dangerous to Practice	Needs Structured	comment required

<b>Patient Assessment/History Taking Skills</b> <i>Primary Injury Prevention Awareness</i>	4	3	2	1
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<b>Airway Management Skills</b> <i>Basic and advanced airway techniques</i>	4	3	2	1
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<b>IV Related Skills</b> <i>Set-up, venipuncture technique, drip rate</i>	4	3	2	1
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<b>Medication Administration Skills</b> <i>5 R's, general ability</i>	4	3	2	1
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<b>EKG Recognition Skills</b> <i>Quality of independent analysis</i>	4	3	2	1
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<b>Student Knowledge</b> <i>Paramedic diagnoses and treatment, terminology</i>	Consistently exhibits mastery of all clinical objectives and skill events	4
	Usually exhibits mastery of all clinical objectives and skill events	3
	Exhibits mastery of 50% of all clinical objectives and skill events	2
	Student unprepared or shows poor performance of clinical objectives and skills	1

**Comments/Concerns/Recommendations:**

### Evaluative Recommendation for Progression to Field Internship

4	Fully Competent in ALS Skills	No Review
3	Entry Level ALS Competent	Skills will improve with field experience
2	Need Select Remediation of Skills	Needs work on designated Skills
1	Needs Full Remediation on skills	Must meet with program officials

Preceptor _____	Date _____	Reviewer _____
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# Texarkana College Paramedic Program

STUDENT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

## TEXARKANA COLLEGE Paramedic Program

### Clinical Affective Aptitude Evaluation

<b>Student Initiative – Self Motivation</b> <b>Resourcefulness-Assertiveness</b>		Taking initiative to complete assignments, improve and/or correct behavior; shows enthusiasm for learning and improvement; consistently strives for excellence in all aspects of patient care and professional activities; accepts preceptor feedback in a positive manner; takes advantage of learning opportunities.
_____	4	Consistently performs delegated tasks and seeks additional responsibilities
_____	3	Usually performs delegated tasks and seeks additional responsibilities
_____	2	Slow to perform delegated tasks and to seek additional responsibilities
_____	1	Minimal effort to perform delegated tasks and seek additional responsibilities
<b>Student Self Confidence-Integrity</b> <b>Degree of Reassurance-Level of Trust</b>		Demonstrates the ability to trust personal judgement, awareness of strengths and weaknesses; exercises good personal judgement; consistently honest; trusted with property of others; trusted with confidential information; complete and accurate documentation of patient care and learning activities.
_____	4	Consistently performs tasks without reassurance of responsibilities
_____	3	Usually performs tasks without reassurance or instruction
_____	2	Requires reassurance or instruction for 50% of assigned tasks
_____	1	Requires reassurance or instruction for almost all tasks
<b>Student Empathy-Patient Advocacy</b> <b>Compassion-Provision of Support</b>		Shows compassion for others; responds appropriately to the emotional response and family members; supportive and reassuring to others; places needs of patient above self-interest; protecting and respecting patient confidentiality and dignity.
_____	4	Consistently exhibits compassion for others, supportive-reassuring, respects patients confidentiality and dignity
_____	3	Usually exhibits compassion for others, supportive-reassuring, respects patients confidentiality and dignity
_____	2	Requires reassurance or instruction for 50% of patient encounters, hesitant to show compassion for others
_____	1	Requires constant guidance or instruction, fails to demonstrate compassion and respect for others
<b>Student Dependability-Time Management</b> <b>Appearance and Personal hygiene-Punctuality</b>		Clothing and uniform is appropriate, neat, clean, well maintained; good personal hygiene and grooming; consistently punctual; completes tasks and assignments on time.
_____	4	Consistently on time or notifies program; always presents a professional appearance
_____	3	Usually on time or notifies program; generally presents a professional appearance
_____	2	On-time (50%) or notifies program; generally presents a professional appearance
_____	1	Rarely on time and fails to notify program; rarely presents a professional appearance
<b>Communications</b> <b>Verbal, Writing, Listening Skills</b>		Speaks clearly, writes legibly; listens actively; adjusts communication strategies to various situations.
_____	4	Consistently exhibits good judgement and demonstrates clear and concise communications skills.
_____	3	Usually exhibits good judgement and demonstrates adequate communications skills
_____	2	Rarely exhibits good judgement and demonstrates difficulty in demonstrating adequate communication skills
_____	1	Fails to exhibit good judgement and demonstrates poor communication skills
<b>Respect</b> <b>Professional Behavior-Attitude</b>		Polite to others; doesn't use derogatory or demeaning terms; refrains from using inappropriate language; behaves in a manner that brings credit to the profession.
_____	4	Consistently demonstrates professional behavior and mannerisms
_____	3	Usually demonstrates professional behavior and mannerisms
_____	2	Requires occasional counseling for behavior and sometimes ill-mannered
_____	1	Requires constant counseling for behavior and frequently ill-mannered

Other Affective Domain Areas for Written Comment (Productivity; Stress Tolerance; Professional Ethics; Teamwork and Diplomacy)

Preceptor \_\_\_\_\_

Date \_\_\_\_\_

Reviewer \_\_\_\_\_

# Texarkana College Paramedic Program

## TEXARKANA COLLEGE Patient Care Report

FISDAP PATIENT CARE REPORT AND NARRATIVE												
Student: _____				Shift Date: ____ / ____ / ____				Run # _____				
Agency: _____				Unit: _____				Preceptor: _____				
<b>ETHNICITY</b>		<b>M F</b>	<b>DISPATCH</b>		<b>MEDICAL COMPLAINT</b>				<b>TRAUMA COMPLAINT</b>			
African American <input type="checkbox"/>		<b>AGE</b> ____	No lights & Sirens <input type="checkbox"/>		<input type="checkbox"/> Abdominal		<input type="checkbox"/> OD-Poison		<input type="checkbox"/> Abdomen		<input type="checkbox"/> Pelvic	
American Indian <input type="checkbox"/>			Upgraded <input type="checkbox"/>		<input type="checkbox"/> Cardiac		<input type="checkbox"/> Psychiatric		<input type="checkbox"/> Chest		<b>TRIAGE:</b>	
Asian <input type="checkbox"/>			Lights & Sirens <input type="checkbox"/>		<input type="checkbox"/> CVA		<input type="checkbox"/> Respiratory		<input type="checkbox"/> Extremities		Green <input type="checkbox"/>	
Caucasian <input type="checkbox"/>			Downgraded <input type="checkbox"/>		<input type="checkbox"/> Diabetic		<input type="checkbox"/> Seizure		<input type="checkbox"/> Head/Face		Yellow <input type="checkbox"/>	
Hispanic <input type="checkbox"/>					<input type="checkbox"/> OB/GYN		<input type="checkbox"/> Sepsis		<input type="checkbox"/> Neck/Back		Red <input type="checkbox"/>	
Other <input type="checkbox"/>				<input type="checkbox"/> Other				<input type="checkbox"/> Multi-system		Black <input type="checkbox"/>		
<b>MECHANISM OF INJURY</b>												
<input type="checkbox"/> None		<input type="checkbox"/> Driver MVA		<input type="checkbox"/> Passenger MVA		<input type="checkbox"/> Auto-Pedestrian		<input type="checkbox"/> Motorcycle		<input type="checkbox"/> Fall/Jump		
<input type="checkbox"/> Airbag		<input type="checkbox"/> Seatbelt		<input type="checkbox"/> Entrapment		<input type="checkbox"/> Ejection		<input type="checkbox"/> Rollover		<input type="checkbox"/> Blunt		
<input type="checkbox"/> Penetrating Injury – Type _____				<input type="checkbox"/> Other _____								
<b>MEDICATIONS:</b>												
<b>PAST MEDICAL HX:</b>												
<b>ALLERGIES:</b>												
<b>Time</b>		<b>BP</b>		<b>Pulse</b>		<b>Resp</b>		<b>A V P U</b>				
<b>Time</b>		<b>BP</b>		<b>Pulse</b>		<b>Resp</b>		<b>A V P U</b>				
Eyes Open <input type="checkbox"/>		<input type="checkbox"/> Spontaneous 4		<input type="checkbox"/> To Voice 3		<input type="checkbox"/> To Pain 2		<input type="checkbox"/> None 1		<b>Glasgow Score =</b> _____		
Verbal <input type="checkbox"/>		<input type="checkbox"/> Orient 5		<input type="checkbox"/> Confused 4		<input type="checkbox"/> Inappropriate 3		<input type="checkbox"/> Garbled 2		<input type="checkbox"/> None 1		
Motor <input type="checkbox"/>		<input type="checkbox"/> Obey Comm 6		<input type="checkbox"/> Pain/Local 5		<input type="checkbox"/> Pain/Withdraw 4		<input type="checkbox"/> Pain/Flexion 3		<input type="checkbox"/> Pain/Ext 2 <input type="checkbox"/> None 1		
<b>BLS AIRWAY</b>		<input type="checkbox"/> NC		<input type="checkbox"/> NRB		<input type="checkbox"/> Nasal airway		<input type="checkbox"/> Oral airway		<input type="checkbox"/> BVM @ _____ L/Min		
<b>ALS AIRWAY</b>		<input type="checkbox"/> PTL		<input type="checkbox"/> Surgical		<input type="checkbox"/> Nasal ET		<input type="checkbox"/> Oral ET		Attempts X _____ Success Y N ET size _____		
<b>Pulse Ox on room air</b> ⇒ _____ %				<b>After O2</b> ⇒ _____ %				<b>Glucometer</b> ⇒ _____				
IV / IO Attempts: _____ Success: Y N Site: _____ Gauge: _____ Solution: _____ Time: _____												
<b><i>Rhythm strips must be attached for all monitored patients.</i></b>												
<b>ELECTRICAL THERAPY</b>		<b>ENERGY LEVELS</b>		<b>STUDENT</b>		<b>TEAM</b>		<b>EKG INTERPRETATION</b>		<b>STUDENT</b>		
MANUAL DEFIBRILLATION				<input type="checkbox"/>		<input type="checkbox"/>		Rhythm 1		<input type="checkbox"/>		
AUTOMATED DEFIBRILLATION				<input type="checkbox"/>		<input type="checkbox"/>		Rhythm 2		<input type="checkbox"/>		
TRANSCUTANEOUS PACING				<input type="checkbox"/>		<input type="checkbox"/>		Rhythm 3		<input type="checkbox"/>		
SYNCHRONIZED CARDIOVERSION				<input type="checkbox"/>		<input type="checkbox"/>		Rhythm 4		<input type="checkbox"/>		
<b>ALS MEDICATION</b>												
<b>DRUG</b>		<b>DOSE</b>		<b>ROUTE</b>		<b>STUDENT</b>		<b>TEAM</b>		<b>DRUG</b>		
						<input type="checkbox"/>		<input type="checkbox"/>				
						<input type="checkbox"/>		<input type="checkbox"/>				
						<input type="checkbox"/>		<input type="checkbox"/>				
						<input type="checkbox"/>		<input type="checkbox"/>				



# Texarkana College Paramedic Program

BLS CARE			BCLS CARE		
PLEASE DESCRIBE # SKILLS PERFORMED BY STUDENT OR TEAM	STUDENT	TEAM	PLEASE DESCRIBE / # PERFORMED BY STUDENT OR TEAM	STUDENT	TEAM
PATIENT INTERVIEW	<input type="checkbox"/>	<input type="checkbox"/>	WITNESSED ARREST	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL EXAM	<input type="checkbox"/>	<input type="checkbox"/>	ROSC DURING TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>
HOSPITAL NOTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>	ROSC AT RELEASE	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CONTROL CONSULT	<input type="checkbox"/>	<input type="checkbox"/>	NO ROSC AT ANY TIME	<input type="checkbox"/>	<input type="checkbox"/>
VITAL SIGNS	<input type="checkbox"/>	<input type="checkbox"/>	SUCTION	<input type="checkbox"/>	<input type="checkbox"/>
O <sub>2</sub> ADMINISTRATION	<input type="checkbox"/>	<input type="checkbox"/>	CHEST COMPRESSIONS	<input type="checkbox"/>	<input type="checkbox"/>
BANDAGING	<input type="checkbox"/>	<input type="checkbox"/>	VENTILATIONS	<input type="checkbox"/>	<input type="checkbox"/>
TRACTION SPLINT	<input type="checkbox"/>	<input type="checkbox"/>	BLS airway adjunct	<input type="checkbox"/>	<input type="checkbox"/>
C-SPINE IMMOBILIZATION	<input type="checkbox"/>	<input type="checkbox"/>	AIRWAY ADJUNCT TYPE:		
LONG BACKBOARD	<input type="checkbox"/>	<input type="checkbox"/>	<b>ALS CARE – OTHER</b>		
LONG BONE IMOBILIZATION	<input type="checkbox"/>	<input type="checkbox"/>	DESCRIBE / # PERFORMED	STUDENT	TEAM
STUDENT PHYSICALLY INVOLVED IN LIFTING PATIENT	<input type="checkbox"/> YES <input type="checkbox"/> NO		CHEST DECOMPRESSION	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT NOTES			CRICOTHYROIDOTOMY	<input type="checkbox"/>	<input type="checkbox"/>
			12 LEAD ECG	<input type="checkbox"/>	<input type="checkbox"/>
			PULSE OXIMETRY	<input type="checkbox"/>	<input type="checkbox"/>
			BLOOD GLUCOSE	<input type="checkbox"/>	<input type="checkbox"/>

**Assessment-Based Management/Plan/Treatment Narrative (continued)**

<b>You performed the:</b>	Patient Interview	<input type="checkbox"/>	Patient Exam	<input type="checkbox"/>	Successfully managed the patient's airway	<input type="checkbox"/>					
<b>Scene Size-Up:</b>											
<b>Primary Impression:</b>											
<b>Secondary Impression:</b>											
<b>Other:</b>											
<b>Patient Disposition:</b>											
Cancelled	<input type="checkbox"/>	DOS	<input type="checkbox"/>	Field Term.	<input type="checkbox"/>	No Pt.	<input type="checkbox"/>	No Treatment	<input type="checkbox"/>	Pt. Refused	<input type="checkbox"/>
Treated & Refused Transport	<input type="checkbox"/>	Treated & Released	<input type="checkbox"/>	Transferred Care	<input type="checkbox"/>	Treated & Transported	<input type="checkbox"/>				
<b>Transport Mode From Scene:</b>											
Initial Lights & Sirens / Downgraded	<input type="checkbox"/>	No Lights or Sirens	<input type="checkbox"/>								
Initial No Lights or Sirens / Upgraded	<input type="checkbox"/>	Lights & Sirens	<input type="checkbox"/>								
<b>Preceptor Signature:</b> _____ MD, RN or Paramedic											
<b>Comments:</b>											