



THE UNIVERSITY OF
TOLEDO
1872

EMS
Education
Clinical
Addendum

Emergency Medical Technician
(ODPS Accreditation # 322)
(CAAHEP/CoAEMSP #600786)

2022/2023

This EMT-Field Experience course is to familiarize the student with patient care in the pre-hospital setting. Emergency medical calls begin here with you. The student will ride along with a prehospital provider and/or shadow in a clinical setting for a minimum of 10 hours/10 patient assessments and observe proper and professional prehospital emergency care being delivered, assist in providing optimal out of hospital care, act in a professional manner at all times, perform a complete assessment on each assigned patient and treat all patients with compassion and civility.

REPRESENTATION

Students attending clinical and field internship areas represent themselves, The University of Toledo, and The University of Toledo's EMS Education. Students are expected to adhere to attendance and behavior expectations as outlined in this addendum, the Program Handbook, University policies, and as discussed in class.

CLINICAL AFFILIATION POLICIES

Students obviously are not expected to know all of the policies of each hospital they may attend. Therefore, the hospitals have an obligation to provide direction to our students that are in compliance with their respective institutions. Students are expected to follow any and all directives provided by the employees of those institutions in all situations. In doing so, this removes a certain degree of responsibility from the student. Students who fail to follow directives place themselves at risk of violating a policy or procedure of that institution. Violation of affiliate policies may subject the student to disciplinary action, including dismissal, by the EMS Program.

CONFIDENTIALITY/HIPAA

Students are expected to hold specific patient and institutional information in the strictest confidence at all times. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes guidelines for maintaining confidentiality of patient information, as well as significant penalties for breach of this confidentiality or any unauthorized disclosure of confidential patient information.

Part of the law allows patients the right to control their personal health information. This means that the patient might share personal information with you as the healthcare provider, and expects that this will be shared only with other persons who have a "need-to-know" status in order to continue with patient care or insurance-related purposes. The healthcare provider cannot assume that the patient wants his or her information shared with family members!

How does HIPAA affect students?

- Students of all types are included in the HIPAA definition of the workforce, and therefore, must know and follow all policies and practices related to HIPAA
- Faculty and students have full access to patient information for treatment purposes while in clinical and field internship environments, but need to use information for school/learning purposes without identifying that particular patient.

PENALTIES:

Consequences of not following policies related to HIPAA can include termination of student privileges. It can also create problems with the relationship between the University of Toledo and its clinical and field internship affiliates for future students. Penalties for intentionally breaking the law may include fines and possible imprisonment.

UNIVERSAL PRECAUTIONS

When in the clinical/field internship setting, in all cases involving patient care, body substance isolation measures shall be taken. The student is responsible for communicating and inquiring with clinical staff about the location and use of gloves, goggles, and any other necessary body substance isolation equipment.

SIGNIFICANT EXPOSURE/ INJURY/ ILLNESS

Students should refer to the Program Handbook regarding illness or injury in class-related activities, as well as significant exposure. In a brief summary, both the well-being of the student as well as the health of any patients being cared for by the student are priorities. At the earliest realistic opportunity, the student shall make any necessary phone calls to ensure compliance with UT policies (as described in the Handbook). Students must be sure to complete any necessary documentation using forms required by UT as well as the clinical site. All expenses for medical care are the responsibility of the student.

DISCIPLINARY ACTION

Students are expected to abide by all clinical policies and other related policies within the Student Handbook at all times. If there is a violation of policy and/or procedure, each situation will be viewed on a case-by-case basis, considering student circumstances, historical patterns, the seriousness of the violation, and any additional factors. Additionally, if there is a complaint received from a clinical area, and through investigation the complaint is supported, the student will face some type of disciplinary action. Depending upon the circumstances, examples of a response to any policy/ procedure violation, or any substantiated complaint, might be (but is not limited to): written reprimand, probation, immediate dismissal.

STUDENT TRAVEL

To achieve an effective and efficient educational experience, a significant portion of clinical rotations must take place at sites that provide access to larger numbers of patients presenting with common problems encountered in the delivery of prehospital care. The University of Toledo and its contracted affiliations, assume no responsibility for expenses or incidents (i.e.: accidents, etc.) Incurred because of travel or transportation that must be arranged by students to satisfy course ~~requirements~~

ATTIRE/BEHAVIOR

When attending a clinical area, the behavior, attire, appearance, and hygiene of each student must be conservative and appropriate. Students are expected to arrive at the Clinical/Field Internship shift with all necessary equipment and forms to be completed. The following is a listing of some expectations. It is not intended to be an all-inclusive list:

- 1) Students are expected to be active and participate in patient care and other necessary activities. Students are to be always attentive, displaying a willingness to be involved. Students are to respect the experience and education of each preceptor. Reports of students turning down opportunities for skill performance (within the scope of training) is unacceptable.
- 2) Students must perform only skills that they have been approved to perform through class. If asked to perform a skill that is not approved, the student must communicate to the preceptor or physician it is outside the scope of what the student has been approved to perform.
- 3) Students are to wear the designated University of Toledo EMS Program clinical shirt, along with dark long pants (navy blue or black), that are not denim or spandex (or similar) material. Shorts are not permitted.
 - };>- Shoes and laces must be black, clean, polished and in good condition.
 - };>- Hats of any type are not to be worn except for a winter hat, and only during a field internship shift.
 - };>- Cologne and perfume are not to be worn, as some patients may have sensitivities.
 - };>- All necklaces and any earrings that dangle (i.e.: if it could be grabbed or pulled!) are prohibited in the clinical/field internship areas.
- 4) Students should always take a stethoscope, scissors, wrist watch with display of seconds, and a pen to the shift.
- 5) Students shall be drug and alcohol-free while representing the University of Toledo's EMS Program, as indicated in the Program Handbook. Tobacco use of any form (including smokeless) is prohibited by students while representing the Program, except when on a break in the appropriate location designated by the clinical or field internship area.
- 6) The student is to wear the designated University of Toledo EMS Program student name badge above the waist and in view for patients and preceptors to see. Students doing rotations at Promedica or St. Luke's locations shall also wear that name badge as well.

Students must keep in mind that they are guests of the area and are not automatically granted the liberties that full-time staff may assume. Other than a brief bathroom break, students are to notify their preceptor, the charge nurse, or the officer of the station (when riding with EMS) if they are taking a break or leaving the area.

ATTENDANCE AND CANCELLATIONS

Once a student schedules shifts, he/she must understand that this is a commitment that reflects on the reputation of both the student and the program. Repeated and frequent cancellations or attendance issues will result in disciplinary action, and may also factor into the Affective Domain grading for that student, depending upon whether the reasons are considered valid or not, by the Program. Students should also refer to the Attendance policies in the Program Handbook.

- 1) The student is responsible for notifying the clinical/field internship area and his/her advisor as soon as he/she knows that he/she will be absent or late. If a student must leave early, the charge person of that clinical or field internship area and the student's advisor must be informed.
- 2) Unless there are circumstances prohibiting communication, the clinical or field internship area and the student's advisor must be notified at least 2 hours prior to the beginning of the scheduled shift.
- 3) In all circumstances, a written report documenting the circumstances relating to the attendance must be submitted no later than the next class day following the scheduled shift. Failure to submit this documentation, and according to this timeline, will result in disciplinary action and influence the Affective Domain grade of the student.

DOCUMENTATION/ SUBMISSION OF PAPERWORK

Because certain paperwork requires initials and/or signatures of preceptors, paperwork must be taken to the Clinical/Field Internship shift. Students arriving without paperwork will be expected to obtain the necessary documents before their clinical/field internship time can begin. Documents from prior shifts are NOT to be presented to any preceptor for a "retro" signature.

Students are not to present a blank or incomplete form for the preceptor to sign. The preceptor's initials or signature are intended to be a verification that the student completed specific tasks, or was present during a specific time. It is the responsibility of the student to ensure that he/she has completed all of the necessary documentation prior to presenting any form to the preceptor for a signature or initials. Forgery of preceptor signature/initials/comments, or any other form of falsification of the documents is grounds for dismissal from the program.

All signatures must be from the actual preceptor that you worked with during your clinical shift. The officer of the station may not sign your evaluation sheets since these forms are to be evaluating your performance during the time period. The station officer will not be on every run with you and will most likely not be transporting with you to allow complete skill observation.

As a general rule, students should keep all forms in a folder of some type and take the folder to all clinical / field internship rotations. Not every form will be used in each rotation, but they should be available just in case. The following describes each form:

Patient Assessment Form

For each patient assessment performed, the student shall complete all spaces and have the assessment verified by obtaining the preceptor's initials. Students must obtain at least nine adult assessments and one pediatric assessment (under 6 years of age) to successfully complete their clinical rotation.

Shift Evaluation Form (Preceptor evaluation of Student)

The student must complete this form (except for the preceptor initials!). The preceptor must complete the evaluation of the student's performance for the shift. The preceptor should also take a few minutes to review his/her evaluation of the student performance. Lastly, be sure the preceptor has printed his/her name and signed the form at the bottom. The student should check the form and ensure that the preceptor evaluated every area on the form with a rating of 3, 2, or 1. It may not be uncommon to have a couple of different people who work with the student during a shift. If the student has multiple preceptors during the same shift, the person to do the shift evaluation should be the preceptor who can give the most accurate evaluation of the student's performance during the shift.

Student Evaluation of Clinical Site

The student does not necessarily have to take this form to the site, as it does not require any documentation by preceptors. This form, however, does need to be completed and submitted to the student's advisor along with the Skill Performance Form and the Shift Evaluation Form.

Clinical documents are to be submitted to the student's respective advisor no later than one week following completion of a clinical shift. After one week, barring extenuating circumstances brought to the advisor's attention, the clinical hours will be deleted and the shift will need to be repeated. Paperwork for each shift is to be compiled and bundled together by shift, complete with all of the required documents, and all necessary signatures. Here are the required documents for every shift:

- 1) Shift Evaluation
- 2) Student Evaluation of Clinical Site
- 3) Any documentation related to attendance (see the Attendance Policy)
- 4) Patient Assessment Form (must have at least one Pediatric Assessment)

The faculty reserves the right to reject incomplete or non-legible documentation, and documents submitted late (past the *one-week deadline*). All documentation must be satisfactory, which is left to the discretion of the faculty.

Lastly, all paperwork that is submitted must be in original handwriting. Photocopies are not acceptable unless approved under a specific circumstance by the Program Director. Students may make photocopies for their records, but it is at the student's expense.

***Both hospital and EMS personnel see students from a variety of EMS training programs. Each program may have varied forms. Therefore, IT IS THE RESPONSIBILITY OF THE STUDENT to ensure that forms are presented to the preceptors, and that all necessary areas are completed prior to leaving the clinical/field internship area.*

PERFORMING SKILLS IN ALL CLINICAL AND FIELD INTERNSHIP AREAS

Students shall adhere to the following rules when performing skills in the Clinical and Field Internship areas:

- Students are "guests" in the various hospital and EMS environments, and as such are not permitted to take it upon themselves to do skills that have not been authorized by a preceptor.
- A student may perform a skill that is within the current scope of practice (as defined by the Ohio Scope of Practice document) provided the student has been trained in that skill as a part of this program and has been authorized by the instructional staff to perform such skills in the Clinical and Field Internship areas.
- Any skill performed in a Clinical and/or Field Internship environment must be done as a "Student" and must be done under the direct supervision of a preceptor.
- At no time shall a student perform or attempt to perform a skill that he/she has not been trained in through this program and authorized to perform by the instructional staff.
- A student may not complete Clinical or Field Internship hours during regularly scheduled class hours. Students are required to attend all scheduled classes and labs.
- A student shall not be utilized as a substitute for regular staffing and shall not be regularly delegated to such tasks. It is expected that students will assist with cleaning and other tasks that are a part of patient care or readiness for new patients. However, they are not to be delegated these types of tasks while educational patient care opportunities exist. Students should not be used as transporters, taking them out of a learning environment.
- In the Field Internship setting a student must be specifically scheduled for a shift as a "student", which means they must exceed the normal staffing numbers of that EMS service. If, for some reason, staffing is reduced and the student is an employee who must become a part of normal staffing requirements, the clinical time is terminated at that point, documentation must reflect such activity, and the employee no longer is considered a "student". Skills performed at any time when the person is functioning as an employee rather than a "student" shall be restricted to that person's current level of certification. Skills outside the person's normal scope of practice may be performed ONLY under direct supervision of a preceptor, and ONLY while in the capacity of "student".
- While functioning as a "student" on an ambulance, no student is to be used as a driver or used in any other capacities that take the student away from direct patient care and educational purposes.

Hospital Clinical Information

Emergency Department	UTMC (University of Toledo Medical Center) 3000 Arlington Ave, Toledo OH 1 st Floor – enter thru ER patient entrance (NW corner) 419-383-3888 Manager Todd Stec
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Fire Department	Maumee Fire and Rescue 220 Illinois Ave Maumee, Ohio 43537 419-897-7052 Deputy Chief Jim Dusseau
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UT EMS Education Basic EMT Run Report

INCIDENT NUMBER		UNIT ID		INCIDENT DATE	
INCIDENT ADDRESS			INCIDENT CITY		INCIDENT STATE
INCIDENT COUNTY			INCIDENT LOCATION TYPE See .911!Elt		
COMPLAINT REPORTED BY DISPATCH See Ref. Sheet		PRIMARY PAYMENT See .Sheet	EMERGENCY MEDICAL DISPATCH PERFORMED No Yes w/pre-arrival instructions Yes w/out ore-arrival instructions		LEVEL OF SERVICE BLS, Emergency ALS,
INCIDENT/PATIENT DISPOSITION					
Treated, Transport EMS Cancelled		No Patient Found No Treatment Required		Treated, Transferred care Pt Refused Care	
Treated & Released		Dead at Scene		Treated, Transported Private Vehicle	
Treated, Transported Law Enforcement		Specialty Care Helicopter		Transport	
NUMBER OF PATIENTS ON SCENE		MASS CASUALTY		TYPE OF SERVICE REQUESTED	
0 Single 0 None Multiple		0 Yes Ei No		0 Scene Response Ei Mutual Aid	
TYPE OF DELAY (S)		PRIMARY ROLE OF THE UNIT			
0 Single 0 None Multiple		Transport Suoervisor		Non-transport Rescue	
0 None-NIA 0 Not known 0 Caller Uncooperative 0 High Call Volume 0 Language Barrier 0 Location (Inability to obtain) 0 No Unit Available 0 Safety Conditions 0 Technical Failure 0 Other		0 None-NIA 0 Crowd 0 Directions 0 Distance 0 Diversion 0 Hazmat 0 Safety Conditions 0 Staff Delay 0 Traffic D Ambulance Crash 0 Ambulance Failure 0 Weather 0 Other		0 None-NIA D Crowd 0 Directions D Distance D Diversion 0 Extrication > 20 Min 0 Hazmat 0 Language Barrier D Safety Conditionics 0 Staff Delay D Traffic D Ambulance Crash 0 Ambulance Failure D Weather D Other	
PATIENT LAST NAME		PATIENT FIRST NAME		MI	
PATIENT ADDRESS 0 SAME AS INCIDENT			PATIENT CITY		PATIENT STATE
PATIENT ZIP CODE					
AGE	DATE OF BIRTH	GENDER D Female 0 Male		RACE	ETHNICITY
CURRENT MEDICATIONS		ALLERGIES		PERTINENT HISTORY	
INJURY PRESENT CAUSE OF INJURY See Ref. Sheet		TYPE OF INJURY		ALCOHOL/DRUG USE INDICATORS	
0 Yes 0 No		0 Blunt 0 Penetrating 0 Burn 0 Not Known		0 None 0 Smell of alcohol on breath 0 Alcohol and/or drug paraohemalia at scene	
CHIEF COMPLAINT				CONDITION CODE See Ref. Sheet	
CHIEF COMPLAINT ANATOMIC LOCATION			CHIEF COMPLAINT ORGAN SYSTEM		
0 Abdomen 0 Chest 0 Head D Cardiac Arrest 0 Yes, Prior to Arrival 0 Yes, After Arrival 0 No			D Extremity Lower 0 General/Global 0 Extremity Upper 0 Genitalia 0 None-DGA 0 None-DNR 0 None-Sians of life		
D Lap Belt D Helmet Worn D Child Restraint 0 Eve Protection			0 CNS/Neuro 0 Global D Psvch 0 Skin D Presumed Cardiac 0 Trauma 0 Drownina		
0 Shoulder Belt D Protective Non-Clothing Gear Ei Personal Floatation Device			0 OOB/GYN 0 Renal 0 Skin D Respiratory D Electrocuton 0 Other		
0 Protective Clothing 0 Other D None			0 Endocrine/Metabolic 0 Gastrointestinal D Musculoskeletal		
D None Present 0 Not Deployed D Deolved Other			0 Deployed Front D Deployed Side ON/A		
BARRIERS TO STANDARD PATIENT CARE					
D Development Impaired		0 Physically Impaired		D Unattended/Unsupervised	
n Physical Restraint		n Unconscious		n Lanoua e	
D Hearing Impaired		n Soeech Imaired			
RESPONSE MODE					
D Lights/Sirens		D Unit Notified		: Unit Left Scene	
D No Lights/No Sirens		D Unit En Route		: Patient arrived at Destination	
D Initial Lights/Sirens Downgraded to no Lights/Sirens		D Arrive on Scene		: Incident Completed	
0 Initial No Liights/Sirens Uoaraded to Liights/Sirens		D Arrived at PT.		: Available for Next incident	
PRIOR AID See .911!Elt					
PRIOR AID OUTCOME 0 Improved D Unchanged 0 Worse 0 Unknown					
PERFORMED BY		MEDICATIONS/ PROCEDURES		PERFORMED BY	
				MEDICATIONS/PROCEDURES	

INCIDENT NUMBER

UNITID

INCIDENT DATE

TRAUMA TRIAGE CRITERIA

- 2nc1,3n1bum>10%BSA or face/feet/hand/genital/airway
- Amp prox to wrist/ankle
- Decreasing LOC
- GCS Motor <4
- GCS Total 13
- Head/neck/torso crush
- Extremity inj w/neurovascomp
- Extremity crush
- Torso ini w/oelvic fx
- Flail chest
- Torso inj w/abd tender/ distended/seatbelt sign
- LOC 5min
- Mech ofinj
- Did not meet any triage criteria
- Pen inj head/neck/torso
- Pen inj prox toknee/elboww/neurovascomp
- Spinal cord inj
- Special Considerations
- 2+ prox humerus/femurfxs
- Pulse >120 w/hemor shock
- Tension pneumothorax
- Resp <10 or >29
- Required intubation
- SysBP <90, or no radial pulse w/carotid pulse
- PEDSONLY**
- Poor perfusion
- Resp distress/failure

SYMPTOMS		PRIMARY=P	ASSOCIATED=A	PROVIDER IMPRESSION		PRIMARY=P	SECONDARY=S		
P	A		P	A	P	S	P	S	
<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Changes in Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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University of Toledo
 EMS Education (OOPS Accred. #322)
 Shift Evaluation Form
 Preceptor Evaluation of Student

Student Printed Name: _____ Date: _____

Area Type (i.e.: ER, OR, EMS): - - - - - Location: _____

Times: Start _____ End _____ Total _____ Preceptor Initials: _____

INSTRUCTIONS TO PRECEPTORS:

Please take time to review the shift with this student. Complete all of the areas listed below and review any comments and constructive critique with the student. The rating given in each area should reflect the students overall performance during the shift. Please provide documentation of any ratings of a 3 or 1.

3 = Exceeds Expectations Student demonstrated actions that were above the normal performance level of a student. Examples of tis might include: exceptional and positive interaction with staff, arrives well ahead of scheduled time, field-competent level in skills performance.

2= Meets Expectations The student demonstrated actions and behavior that fits within the expected performance and levels of interaction of a student.

1= Below Expectations The student demonstrated actions or characteristics that are not desired. Examples of this might be: arriving late, lack of interaction with staff, deficient knowledge or skill performance.

CRITIQUE ITEM	RATING	PRECEPTOR COMMENTS
Attendance Anives on time, or calls with valid reason for tardiness	3 2 1	
Appearance Is well groomed/appropriate clinical attire & name badge	3 2 1	
Preparedness Brings all necessary paperwork and equipment (i.e.: stethoscope, etc.)	3 2 1	
Interaction w/crew & staff Demonstrates appropriate interaction, willing to assist, communicates well	3 2 1	
Interaction with Patients Demonstrates appropriate interaction, assessment and communication	3 2 1	
Initiative Demonstrates willingness to get involved. Makes self available .	3 2 1	
Skill Performance Demonstrates competency in skill performance, confidence and knowledge of skills	3 2 1	

Preceptor Printed Name

Preceptor Signature

University of Toledo
EMS Education Program
Student Evaluation of Clinical Site

Student Name: _____ Date: _____

Start Time: _____ End Time: _____ Total Hours: _____

Clinical Site: _____

YES NO

1. Did the staff make you feel welcome and include you in daily activities and patient care?

If not, Explain _____

2. Did the site provide you with adequate contacts and other experiences to help you complete

your clinical rotation objectives? If not, Explain - - - - -

3. Did your preceptor make you feel welcome and include you in patient care activities

and non-clinical activities? If not, Explain _____

4. Did the preceptor assist learning by building on your knowledge and relating it to patient care?

If not, Explain _____

The information in this document and all documents submitted with it are an accurate record of my activities during this clinical assignment.

Student Printed Name

Student Signature
