



Clinical Program Goal

The paramedic program faculty strive to maintain a dynamic learning environment. Our team is guided by high standards by our Program Advisory Committee, Medical Directors, and Program Director (see contacts below). Our roles and responsibilities to the students during their clinical and field hours include the following:

- Providing clinical and field objectives and goals available for students and preceptors at the site.
- Offering clinical site support with the clinical preceptor paramedic instructor.
- Promoting clinical and field practice that is guided by preceptors with developed critical thinking skills.
- Supporting preceptors, field, and clinical instructors with feedback as well as acceptance of feedback while modeling a professional excellence in communications, skills, and ethics.
- Developing teaching strengths that compliment individual learning styles.

Philosophy

The primary goal of the UM Paramedic program is to prepare graduates to use their acquired knowledge, attitudes, and skills to contribute to community health in local, national, and global settings. We believe partnerships with community health care facilities foster student learning and engagement with the community while providing service and support to all, regardless of socio-economic status or culturally diverse beliefs. Instructional staff promote educational advancement through utilization of evidence-based practice, informatics, lifelong learning, and development of clinical reasoning. We are committed to helping our paramedic students become ethical, knowledgeable, and compassionate paramedic leaders.

Clinical and Field Goals and Objectives

During clinical rotations in the ICU, ED, OR, Pediatrics, Labor and Delivery or NICU the student should have the opportunity to practice under direct supervision and strive toward an understanding of critical care and management of complex patients with contrasting needs. The student should strive to gain proficiency in the following areas:

- **ICU and ED Patient objectives-** This should be the primary goal, with the student communicating with the patient, the assigned caregiver and ancillary staff to gain information regarding medical history, current diagnosis, treatment plan, and patient outcome goal. If the

patient is awake, or intubated and or altered, a hands-on patient assessment should be performed, and not be replaced by verbal information.

- Accompany physicians as they evaluate patients when deemed appropriate by preceptor, ICU intensivist, and ED physician.
 - Assist in cases of cardiac arrest, including airway management, endotracheal intubation, defibrillation, or CPR if needed.
 - Assist in patient management deemed appropriate by the preceptor, physician, and patient.
 - Patient assessment. This should be the primary goal, with the student communicating with the assigned caregiver and ancillary staff to gain information regarding medical history, current diagnosis, treatment plan, and patient outcome goal. Determine safety and necessity of hands-on assessment, and complete necessary evaluations while maintaining safety for yourself if patient is aggressive, hostile, or unpredictable.
 - Assist in the application, use of restraints, and discontinuation of restraints when deemed necessary and appropriate. Research legal matters regarding use of restraints, including difference between restraints for legal hold, behavioral emergencies, medical assistive restraint devices, and patient safety restraint devices.
 - Accompany ED, ICU, and security staff to assist with placement of temporary restraint devices.
- **OB Patient objectives-** The primary goal should include student communication with the patient, the assigned caregiver and supporting staff to gain information regarding the three stages of labor, potential complications of each, and recognition of patient needs. Assessment should also include pertinent medical history, treatment plan, and outcome goal.
 - Assist in patient management deemed appropriate by the preceptor, physician, and patient.
 - Assist in uncomplicated deliveries as deemed appropriate by physician and patient.
 - Observe or assist in complicated/abnormal deliveries, as directed by preceptor or physician.
 - Assist in the assessment and concurrent management of the neonate, including APGAR, suctioning, warming, stimulating, and any resuscitation needs if appropriate.
 - Accompany physician with evaluations of patients when appropriate, whether it be the Obstetrician, Neonatologist, or Pediatric Hospitalist.
- **Pediatric/NICU Patient objectives-** The primary goal should include communication between the student, the patient, the assigned caregiver or preceptor, and the parent or guardian of the pediatric or neonatal patient. The student should gain information regarding medical history, current injury or illness, diagnoses, treatment plan, and the patient outcome goal.
 - The student should include hands on assessment with detailed findings, including but not limited to: Pediatric Assessment Triangle, vital signs, lung sounds, capillary refill, skin turgor, developmental stages. These findings should be communicated with the preceptor.
 - Accompany Pediatric Hospitalists, Neonatologists, and other healthcare specialists as they evaluate patients when deemed appropriate by preceptor.

- **OR/ Recovery Room objectives**-During clinical rotations in the OR/Recovery room, the student should have the opportunity to practice under direct supervision and strive toward an understanding of airway management of a patient in OR setting. When in the OR, students' primary focus should be on airway and ventilatory management. Most importantly, emphasis should be placed on proper ventilation by non-invasive means, such as manual maneuvers, OPA's, NPA's, and BVM devices Endotracheal intubation should ultimately be performed if indicated, but not without prior demonstration of adequate performance in BLS management.
 - The student should strive to gain proficiency in the following areas:
 - Assess patient anatomy and screen for potential difficulties in airway management, specifically regarding endotracheal intubation.
 - Maintain the airway of unconscious patients using manual maneuvers, oropharyngeal and nasopharyngeal airways.
 - Perform artificial ventilations by use of bag-valve mask devices, doing so with adequate volumes, rates, and techniques.
 - Perform endotracheal intubations or insert I-Gel or LMA.
 - Monitor the effects of ventilation, including relationship to O₂ saturations, CO₂ levels in exhaled air, and most importantly, to the patients' systemic responses.
 - Operate oxygen delivery devices and become familiar with basic functions and setting of mechanical ventilators.
 - Monitor vital signs and overall clinical state of unconscious patients.
 - Perform peripheral IV insertions urgently if needed and monitor ongoing IV infusions.
 - Prepare and administer IM, IV, and SQ medications. See list of authorized medications approved by the State Board of Medical Examiners for Paramedic use.
<https://boards.bsd.dli.mt.gov/docs/med/ecp/mt-protocol.pdf>
- **All patients**- Perform peripheral IV insertions or peripheral blood draws when necessary.
- **All patients**- Prepare and administer IM, IV, and SQ medications. See list of authorized medications approved by the State Board of Medical Examiners for Paramedic use.
<https://boards.bsd.dli.mt.gov/docs/med/ecp/mt-protocol.pdf>
- **All patients**- Become familiar with care of devices such as tracheostomies, implanted vascular access ports, endotracheal tubes, NG tubes, dialysis access, and other critical care implemented tools used for patient care.

Program Policy for students to attend In-hospital team call and urgent interventions.

- Students may move with patients from one unit to another, within the hospital clinical setting, to experience continued patient care. Accepted lateral moves include, but are not limited to the following:
 - ED patient to the Cath Lab.
 - ED patient to OR for airway securement and or observation of surgical procedures.
- Students may respond to team calls or trauma calls when in the hospital clinical setting, to gain experience in critical team response situations. Students may temporarily leave their assigned clinical location to respond to such calls and return to the assigned clinical location after the patient has been stabilized, or when assistance for the urgent situation is no longer required. Examples of these situations include Stroke Team, Code Blue, Sepsis Team, Trauma Standby, Trauma Alert, Trauma Alert with Anesthesia, or other urgent calls such as Code Pink, or involuntary patient arrivals requiring restraints.

Minimum Clinical Hour Requirements:

Walk in Clinic	8 hours
ICU- Adult Cardiac (CMC or SPH)	24 hours
ICU- Pediatric (CMC)	24 hours
OR- (SPH or CMC)	18 hours
Obstetrics (CMC or SPH)	36 hours
Emergency Dept (SPH or CMC)	248 hours
Field (including 120 hours of Capstone)	360 hours

Conflict Resolution & UM Program Contacts

Students are encouraged to openly communicate with the Clinical and Field Coordinators and preceptors regarding problems that may occur in clinicals. Should problems arise that are not resolvable, the Charge Nurse and House Supervisor should be included in conflict resolution. If needed, the Charge Nurse or House Supervisor can contact the Clinical and Field Coordinator via phone, or email, depending on urgency. (Contacts below)

Students may leave the clinical or field shift for the following reason(s):

- Student was requested to perform an illegal or unethical procedure.
- Harassment or hazing by preceptor or coworkers.
- Student was directed to disregard or deviate from policy or protocol.
- Student was requested to falsify or alter written documents.

Preceptors may ask students to leave a shift for the following reason(s):

- Student's inability to adequately treat patients, knowledge deficit, unacceptable skill performance, deficit in protocol knowledge.
- Impairment of the student, including being under the influence of alcohol or other substances
- Unauthorized or non-approved uniform or offensive personal hygiene
- Argumentative or hostile attitude towards patients, preceptor, or co-workers
- Poor attitude that affects patient care
- Any violation of federal, state, or local law

Problems- Contact

Dave McEvoy-MS, NRP & CC Paramedic- Program Director/Advisor

Email at Missoula College: Dave.McEvoy@umontana.edu Phone at Missoula College: 406-243-7904 (message only)

Tony Pope- CC Paramedic, NRP, AAS- Lab Instructor/ Clinical Coordinator

Email at Missoula College: tony.pope@mso.umont.edu Office at Missoula College: MC 442, Cell phone for urgent need (personal cell)- 406-370-3061.

Expected Student Outcomes

1. The ability to comprehend, apply, and evaluate information relative to the role of an entry level Paramedic.
2. Technical proficiency in all the skills necessary to fulfill the role of an entry level Paramedic.
3. Personal and professional behavior consistent or exceeding what is necessary for an entry level paramedic.
4. An understanding of Emergency Medical Systems knowledge that will be necessary to function in a healthcare setting.
5. Display understanding in the following:
 - a. Affective Domain
 - i. Preparedness
 - ii. Professional Appearance
 - iii. Initiative
 - iv. Conduct
 - v. Careful Delivery of Service
 - vi. Understanding of Medical Legal
 - b. Psychomotor Domain
 - i. Student shows Proficiency in skills
 - c. Cognitive domain
 - i. Knowledge- Recalls terms, facts, principles and basic concepts in EMS
 - ii. Problem Solving- Uses knowledge to solve a previously unencountered situation.
 - iii. Evaluation- the student can judge the appropriateness of actions and can defend his/her actions.