

THE UNIVERSITY OF TOLEDO



THE UNIVERSITY OF
TOLEDO
1872

Paramedic CLINICAL ADDENDUM

EMS Education
(ODPS Accreditation # 322)
(CAAHEP/CoAEMSP #600786)

2022/2023

REPRESENTATION

Students attending clinical and field internship areas represent themselves, their respective EMS employment, The University of Toledo, and The University of Toledo's EMS Education department. 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 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 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 the 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 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.

SCHEDULING OF SHIFTS

Scheduling of clinical and field internship shifts will be done through the Platinum Planner Scheduler. Each area may be a little different in regards to the amount of advance scheduling that is necessary. Students from this class are also sharing certain areas with students from other EMS programs. Anything that is open on the Platinum Planner Scheduler may be selected by our students. Once a student schedules time, it CANNOT be removed, or the student fails to show unless due to a death in the family or serious illness. Serious illness issues will require a physicians note to resume normal activities, or the student may be suspended from the program.

Students cannot show up for shifts that have not been previously scheduled/approved.

When scheduling, a maximum of 12 hours is allowable for any hospital shift. The maximum length of field internship shifts will be anywhere from 14 – 16 hours, depending upon the guidelines of the service.

In cases where a student has met these time limits (for example, the student scheduled and completed an 8 hour ER shift), he/she may extend a clinical shift, as long as the following parameters are followed:

- 1) No other student is scheduled for the same time the student wishes to stay.
- 2) The EMS officer or hospital unit supervisor gives permission for you to stay. This must be documented with the supervisor's signature and submitted with all other clinical / field internship paperwork.
- 3) The total shift time completed may not exceed the maximum limits listed above.
- 4) The shift must stay within the specified timeframes allowed by that area or service (i.e.: EMS service only allows students to ride between 7a – 11p.).

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 disciplinary action. Depending upon the circumstances, examples of a response to any policy/ procedure violation, or any substantiated complaint, may be (but is not limited to): written reprimand, probation, or 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 as a result 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 arrive 15 minutes prior to scheduled time and display a willingness to be involved with an attitude of learning. Students are to respect the experience and education of each preceptor. Reports of students turning down opportunities for skill performance (within the scope of their training) is unacceptable.
- 2) Students must perform only skills 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 that the procedure is outside the scope of what the student has been approved to perform.
- 3) Students are to wear the designated UT clinical shirt, along with long dark pants (navy blue or black), that are not denim or spandex (or similar) material. Shorts are not permitted. In areas such as the operating room where scrubs are expected to be worn, then students shall follow those guidelines.
 - 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, wristwatch with a 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 Education program, as indicated in the Program Handbook. The use of tobacco in 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 UT student name badge above the waist and in view for patients and preceptors to see. Students doing rotations at any Promedica or St. Luke's locations shall also be required to 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. If an on-site scheduling issue or other concern arise, the Clinical Coordinator is to be contacted during regular business hours. For after hours concerns, the Program Director is to be contacted.

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 the UT EMS Program Clinical Coordinator 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 UT EMS Program Clinical Coordinator must be informed.
- 2) Unless there are circumstances prohibiting communication, the clinical or field internship area and the UT EMS Program Clinical Coordinator 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

Most of the clinical documentation will be completed via Platinum Planner. However, certain 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. ALL DOCUMENTATION IN PLATINUM PLANNER MUST OCCUR PRIOR TO LEAVING THE SHIFT.

In addition: PRECEPTOR EVALUATIONS ARE EXPECTED PRIOR TO LEAVING THE SHIFT and may not be accepted "retroactively".

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.

There are specific skill and patient contact requirements for successful completion of the program. Every patient contact should be entered into the Platinum Planner program, as this is our only method of documenting patient encounters and ensuring students meet the criteria for age-specific and problem-specific patient contacts.

This includes any EMS runs that result in a patient assessment and no transport (for example: AMA, treat and release, transfer care to a different unit for transport). All EMS runs placed in Platinum Planner are audited and compared to the Life Squad journals at each station. If there are patient care runs in the journal and no documentation in Platinum Planner, it will be assumed the student did not participate in the entire shift; those hours WILL BE DEDUCTED from the total clinical time.

A student should contact the UT EMS Program Clinical Coordinator or other UT faculty if he/she has difficulty with the data entry.

➤ **Skill Performance Form**

This form is for documenting skills that you perform that may not be open in Platinum Planner and is to be considered your backup. For each skill performed, the student shall complete all spaces and have the skill verified by obtaining the preceptor's initials. For any skill that is completed and must be verified, the initials must be of that person who observed you perform the skill. When listing the number of attempts for certain skills, each try is considered an attempt. If it takes the student 3 attempts to obtain a successful IV, then the number of attempts is "3".

➤ **Shift Evaluation Form (Preceptor evaluation of Student)**

The student must complete the top portion of 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. This form MUST be attached to your Platinum Planner documentation PRIOR to submission for credit.

➤ **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. The form is imbedded into Platinum Planner, and it is expected that the student will complete this form prior to submission for credit.

➤ **Obstetrics / Labor & Delivery Form**

If the student has not yet encountered a live vaginal delivery and two newborn assessments in another clinical area, (or has not been given an exemption), then this form must be taken to the OB rotation. The student must complete all of the documentation on both pages, and then present to the preceptor for his/her signature.

Documents are to be submitted to the student's Platinum Planner account 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 uploaded into Platinum Planner, complete with all the required documents and all necessary signatures. Here are the required documents for every shift:

- 1) Shift Evaluation/Preceptor signature **REQUIRED**
- 2) Student Evaluation of Clinical Site (imbedded in Platinum Planner)
- 3) Any documentation related to attendance (see the Attendance Policy)

The following are also submitted, if applicable:

- 4) Skills Performance Form (only if listed skills were attempted / performed)
- 5) Obstetrics Form (only if there was an observed infant delivery)

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

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.

DISCREPANCIES IN REPORTS / CLINICAL DOCUMENTS

Periodically, students and their respective advisors will discuss progress. Any discrepancy between the advisor information and what the student believes to be accurate shall be reviewed at the earliest time that the student and advisor can meet.

If a discrepancy still exists after the student and advisor meet, then the student may request a meeting with Program Administration (i.e.: Medical Director or Program Director). In order to review the situation and set up a timely meeting, such a meeting request must be made within five business days following the meeting between the student and his/her advisor.

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 may perform skills only if authorized by a preceptor. 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 above 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 or online physician or Program Director contact via telemedicine equipment.
- 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.

CLINICAL COMPONENT

The following describes the Clinical component of the program. It may be necessary to complete additional hours in order to satisfy all skill and/or documentation requirements. The Clinical component requires a minimum of **181 hours** of time in various hospital and/or clinic settings, as shown in the chart below.

This will:

- provide the student with an opportunity to be exposed to a large quantity of patient conditions and situations from which to observe, participate with staff, and learn.
- provide the student with opportunities to develop skills competency in a controlled environment.

Students who take advantage of being involved with the large variety and volume of conditions that can be seen, and opportunities for development of skills, will have a very positive learning experience.

Area	Hours
Emergency Department	120 hrs.
CCU / ICU	4 hrs.
Cath Lab	4 hrs.
Pediatrics / Peds ER	16 hrs.
Anesthesia	8 hrs.
Respiratory	8 hrs.
Obstetrics	4 hrs.
Dispatch	4 hrs.
Neonatal ICU	4 hrs.
Community Service Activity	4 hrs.
Telemedicine	10 hrs.
EMS Field Ride Time	228 hrs.
Capstone (after all program hours, skills, requirements met)	48 hrs.
TOTAL TIME	462

NOTE

*In addition to the above clinical hours, students must also meet all Skill Requirements
*4 hours or less of an approved community service activity may be substituted for 4 hours of
ER or field time. Students also need to evaluate at least (10) patients in the telemedicine
component.*

TELEMEDICINE COMPONENT

The following section describes the telemedicine component of required clinical exposure. The minimum requirement is ten patient visits/evaluations that are scheduled in advance and will require the use of telemedicine communications equipment. For each patient encounter, a clinical form is required to be completed along with a program evaluation form. Comments and feedback are encouraged regarding the patient encounters and the telemedicine initiative overall on the evaluation form. Students are only authorized for advanced skills that have been approved in the lab settings. Students will be cleared after the telemedicine didactic module and simulations at the end of the first semester. Students can schedule or be scheduled beginning the second semester.

Required Documentation for Telemedicine: All telemedicine encounters are required to be documented as run reports on the clinical patient forms and submitted to the program for review.

Equipment required for visits: Cellular phone, stethoscope, gloves, masks and proper student attire along with name badge identifying as a UT Paramedic student. Additionally, the student is required to provide their own transportation.

Scheduling: The EMS Program Director will retain a schedule in advance of patients requiring to follow-up. The schedule will be made available for signup online or through Platinum Planner.

Safety: Students are scheduled for follow up visits to specific patient addresses. Common sense and previous scene safety knowledge and skill should prevail regarding any locations that appear to be unsafe prior to entering the environment. This includes hostile situations, hostile loose animals, or other scene safety issues. The student should remove themselves as politely as possible and follow up with the EMS Program Director with an immediate phone call to the cell phone number provided.

FIELD INTERNSHIP COMPONENT

The following describes the Field Internship component of the program. It may be necessary to complete additional hours in order to satisfy all skill and/or documentation requirements. Much of the Field Internship component is placed in the latter half of the program to enable students to apply their learned knowledge and skills, under supervision, in the type of environments and situations they will encounter after completion of this program. It is in this component that students will be evaluated for “Field-competency” or “Field-readiness” as a paramedic.

The Field Internship component requires a minimum of **228 hours** of ride time on an approved Advanced Life Support (ALS) EMS squad. Students must adhere to the following rules:

- A student may complete ride time while paid and on duty provided the student is an extra person above the normal staffing levels of that department and is classified as a “Student Rider”.
 - While classified as a “Student”, the person is to remain where patient care opportunities exist.
 - If at any time the student is required to become a part of normal staffing, the Field Internship and “Student” status is terminated, and the student may not perform any skill above current scope of practice.

Each student shall satisfactorily complete the following minimum requirements:

- A PCR (Patient Care Report) must be completed on all patients seen, regardless of transport documented ALS run reports. “Satisfactory” documentation is at the discretion of the program staff, based upon completeness and whether or not ALS criteria has been met.
- An ALS report is one in which any of the following skills are utilized in the management of the patient:
 - An advanced medical assessment with thorough documentation
 - Venous Access (IV / IO)
 - Medication administration (not oxygen)
 - Advanced airway techniques (i.e.: CPAP / King airway / Intubation / LMA’s)
 - 12-Lead ECG
 - Electrical Therapy such as Pacing/ Defibrillation / Synchronized Cardioversion

Once the Field Internship has successfully been completed, the student will partake in a 48-hour Capstone requirement. During this time, the student will function as the team leader on the Advanced Life Support (ALS) EMS squad and will be evaluated as to their proficiency as a lead paramedic.

UT Paramedic Program Capstone Internship Guidelines

- The purpose of the Team-Lead Evaluation is to verify that the student has demonstrated that he/she performed satisfactorily as a “Field-Competent” paramedic on a specific call. This includes taking charge of the situation and team, making proper decisions involving patient care based on patient history, vital signs, results of diagnostic testing performed, and delegating/directing appropriate actions according to local protocols.
- Students must complete 20 documented “Field Competent” Team Lead Evaluations on ALS calls. If 20 team leads are not documented during this 48-hour period, the student will continue to schedule shifts until 20 successful team leads are successfully completed.
- Progress during the capstone will be evaluated in conjunction with the field preceptors. Preceptors will evaluate the students’ psychomotor skills performed; field decision making; delegation of tasks to team members; appropriate interaction and communication with patients, team members, hospital staff members, and the public; as well as proper documentation of the run.
- Instructors will evaluate the progress of each student in the Capstone internship after every shift. If the student was deficient in any area, the student will be counseled and/or remediated before the student is allowed to complete any additional internship hours. Returning to Capstone shifts will be decided by the evaluating instructor and the Program Director.

SKILLS AND DOCUMENTATION REQUIREMENTS

The following minimum skills, patient encounters, and documentation requirements must be met in order to complete this course. These may be obtained in any combination of the Clinical and/or Field Internship areas. Some skills listed below also allow for completion to be completed in lab or simulation. If not specified as such, the skills must be performed on live patients.

Skill / Procedures	Quantity
Successful Adult IV’s	50
Intraosseous Infusions Tibial, sternal or other. Minimum of 10 may be completed on any combination of live patients or manikin/simulator	15
Advanced Airways Supraglottic Airway Minimum of 15 on any combination of live patients or manikin/simulator	15
Airway / Oxygen /Ventilatory Management CPAP: Minimum of 5 Assisted ventilation: Minimum of 15 Oxygen Administration: Minimum of 20 Suctioning: Minimum of 4 Endotracheal Suctioning: Minimum of 2* Foreign body removal (McGill) Minimum of 2* Cricothyrotomy (surgical) Min of 2*	50
Successful Intubations Endotracheal: Minimum of 10 on live patients (if, after reasonable attempts at live intubations, with medical director approval, intubations on fresh cadaver specimens may be substituted for live patients) Minimum of 10 on combination of manikin/simulator with 100% 1 st time success on last 20 attempts	50

Nasotracheal:	Minimum of 20 “complicated” intubations on combination of manikin/simulator with 100% 1 st time success on last 5 attempts Minimum of 10 on combination of live patients or manikin/simulator with 100% 1 st time success on last 5 attempts	
Medication Administration		60
Nebulized Administrations:	Minimum of 10	
IM Injections:	Minimum of 5 (at least 3 of which must be performed on a live patient and remaining can be performed on a manikin/simulator)	
SQ Injections:	Minimum of 5 on any combination of live patients or manikin/simulator	
Intravenous – Bolus:	Minimum of 25	
Intravenous – Infusion:	Minimum of 10	
Intranasal:	Minimum of 5 on any combination of live patients or manikin/simulator	
Electrical Therapy		50
Defibrillation:	Minimum of 30 on any combination of live patients or manikin/simulator	
Synchronized Cardioversion:	Minimum of 20 on any combination of live patients or manikin/simulator	
Transcutaneous Pacing:	Minimum of 20 on any combination of live patients or manikin/simulator	
Observed Vaginal Delivery		1
Complicated Newborn Delivery*		1
Distressed Neonate*		2
Correct EKG Interpretations		50
3or 4 lead EKG:	Minimum of 40 Documented	
12-Lead EKG:	Minimum of 10 Documented	
Documentation		Quantity
Patient Assessment Documentation:		120
Cardiac /Chest Complaints	20 minimum assessments	The following scores must be documented and may be included in assessments of any of the appropriate patient categories listed in the right-hand column: APGAR 4 minimum Adult GCS 20 minimum Pediatric GCS 5 minimum
Cardiac Dysrhythmia	6 minimum assessments	
Respiratory / Shortness of Breath	15 minimum assessments	
Abdominal Pain/Discomfort	15 minimum assessments	
Altered Mental Status	15 minimum assessments	
Trauma	20 minimum assessments	
Behavioral/Psych	6 minimum assessments	
Obstetric / GYN	2 minimum assessments	
Additional from any category	10 minimum assessments	
Patient Contact Age Categories:		
Newborn/Neonate:	Minimum 2	
Infant:	Minimum 3 (30 days to 12 months)	
Toddler:	Minimum 3 (12 – 36 months)	
Preschool:	Minimum 3 (3 – 5 years)	
School-age:	Minimum 2 (6 – 12 years)	
Adolescent:	Minimum 2 (13 – 18 years)	
Adult:	Minimum 50 (19 – 64 years)	
Geriatric:	Minimum 30 (65 and older)	

Verified Basic EMT/CPR skills before releasing for Capstone via skills lab review/evaluation
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* *Can be accomplished with high-fidelity simulation scenarios*

Inability to meet any minimum skill / procedure listed in this chart may be presented to Program Director and Medical Director for consideration of a waiver. There is no guarantee of a waiver, and circumstances of each request will be considered on their own respective merits.

EXCEPTION TO VAGINAL DELIVERY

The program will accept some circumstances in which vaginal delivery has been observed or performed outside of the clinical environment. The following stipulations must apply:

- The observed delivery must be of a patient who is the student's spouse, significant other, or another person who has given permission for the observation
- The observed delivery could also have taken place while the student was a part of an EMS team on a call or in a patient care setting as a healthcare provider of another profession.

If a student has observed a live vaginal delivery of a spouse, significant other, or other person who has given permission for the observation

- The delivery must have been witnessed within the past 3 years
- The student must provide written verification from BOTH the attending physician and from the patient, indicating your observation of the delivery. The documentation must also include the date of the delivery.

If a student held EMS certification or was in another health-related setting(i.e.: nursing, etc.), and had opportunity to observe or participate in a delivery:

- If the observation occurred in an EMS setting, then the student will need to submit the following two documents:
 - 1) A legible copy of the EMS run report that verifies the student was in attendance
 - 2) A written statement from the Chief or Director of Operations verifying the validity of the run report.
- If the observation was in a hospital setting, then the student will need to submit a copy of the portion of the patient care chart that:
 - 1) verifies it was a vaginal delivery, and
 - 2) lists the student as a member of the team or as a participant/observer

OTHER WAIVERS

A waiver is to be considered an exception to the rule in circumstances when the student has made reasonable attempts to complete the requirement and has been unable to do so. If this is the case, the student must submit a request in writing, which will be reviewed by the advisor, the Medical Director, and the Program Director before a decision is made to grant an exception. "Reasonable attempts" generally includes demonstration & evidence that the student completed hours that are well above the minimum expectations in order to attempt to fulfill the requirement.

TIMELINES FOR COMPLETING CLINICAL AND FIELD INTERNSHIP REQUIREMENTS

Below is a schedule of minimum hours that are required in each semester for clinical and field internship rotations, along with the deadline for all skill and hourly requirements for the program. **ALL CLINICAL REQUIREMENTS AND COURSE REQUIREMENTS MUST BE COMPLETE BY MID-JUNE TO ALLOW SUFFICIENT TIME TO COMPLETE THE CAPSTONE REQUIREMENTS.**

	Emergency Dept.	Anesthesia / OR	Respiratory	CCU / ICU	Cath Lab	Obstetrics / L & D	Pediatrics / Peds ER	Dispatch	Field Internship	Telemedicine
Semester I	24							4	120	10 Patient Evaluations
Semester II	96	8	8	4	4	4	16			
Semester III										

Hospital Clinical Information

Emergency Department	<p>UTMC (University of Toledo Medical Center)</p> <ul style="list-style-type: none"> - 3000 Arlington Ave, Toledo OH - 1st Floor – enter thru ER patient entrance (NW corner) - To cancel or if late: Call 419-383-3888 -Manager Todd Stec <p>Promedica Toledo Hospital</p> <ul style="list-style-type: none"> - N. Cove Blvd, Toledo, OH - Northwest corner of Hospital - Park in Towers (2nd level or higher) - Go in main ER entrance – Must sign in at Charge Desk - To cancel or if late: Call 419-291-5526 -Manager Kristie Gallagher <p>Promedica Defiance Regional Hospital ED</p> <ul style="list-style-type: none"> -1200 Ralston Ave -Defiance, OH 43512 -419-783-4437 -Manager Andrea Bumb
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	<p>McLaren St Luke's Hospital</p> <ul style="list-style-type: none"> - 5901 Monclova Rd, Maumee OH - Park in ER lot (avoid using spots closest to building as those are reserved for patient family members and other ER visitors). Go into main entrance of ER and ask for triage desk. Once at triage Desk ask to be directed to ER Charge Nurse -To cancel, or if late: 419-893-5920 -Manager Nadine Kinshaw
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Surgery (OR)	<p>UTMC (University of Toledo Medical Center)</p> <ul style="list-style-type: none"> - 3000 Arlington Ave, Toledo OH - 2nd Floor by patient elevators - To cancel or if late: Call 419-383-3514 -Manager Valarie Koss or Patti Finch <p>Promedica Toledo Hospital</p> <ul style="list-style-type: none"> -N Cove Blvd -Manager Heather Carlson <p>Promedica WOSH</p> <ul style="list-style-type: none"> -Wildwood Orthopedic Spine Hospital -2901 N Reynolds Rd -Toledo, Oh 43615 -419-578-7680 - Manager Nicole Freiheit <p>Defiance (Promedica) Regional Hospital</p> <ul style="list-style-type: none"> - 1200 Ralston Ave, Defiance OH 43512 - Go into the main entrance and go left to the Surgery Center. Go thru doors to Nurses station and report to staff. -Manager Mary Sunday or Jeanne Bond <p>McLaren St Luke's Hospital</p> <ul style="list-style-type: none"> -5901 Monclova Rd, Maumee OH -Manager Lynn Schmidt
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CCU / RCMS	<p>UTMC (University of Toledo Medical Center)</p> <ul style="list-style-type: none"> - 3000 Arlington Ave, Toledo OH - Go into Main hospital lobby and use visitor elevator to the 3rd Floor. Go left off of the elevator to the Unit. -Manager Todd Korzec <p>Promedica Toledo Hospital</p> <ul style="list-style-type: none"> -N Cove Blvd Toledo OH -Manager Maureen Hildebrand
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	<p>McLaren St. Luke's Hospital -5901 Monclova Rd. Maumee OH -Manager Cardiac Services Tammi Szaronos</p>
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Cath Lab	<p>UTMC (University of Toledo Medical Center) - 3000 Arlington Ave, Toledo OH - Go into main hospital lobby – look for Welcome Center and ask for Cath Lab. Once at the Imaging area, an employee will direct you to the Cath Lab -Manager Michelle Kinnee</p> <p>Promedica Toledo Hospital - N. Cove Blvd, Toledo, OH - Park in North garage – go to main lobby of hospital and ask for directions to Cath Lab -Manager Stacy Karnes</p>
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Respiratory	<p>UTMC (University of Toledo Medical Center) - 3000 Arlington Ave, Toledo OH - Basement – Room 0161A Take visitor elevators to basement – go right thru double doors. Take first left and follow hall to Room 0161A - To cancel, or if late: Call 419-383-5075</p> <p>Promedica Toledo Hospital -N Cove Blvd Toledo OH -Manager Nicole Wagner/ John Kristenak -Fourth floor legacy building at 0630 am</p> <p>McLaren St. Luke's Hospital -5901 Monclova Rd Maumee OH -Manager Melissa Kukiela</p>
OB / L & D	<p>Promedica Toledo Hospital -N Cove Blvd Toledo, OH -L&D 3rd floor Legacy Building - Manager Susan Arvanitis -Use elevator D to 3rd floor and take a right -Report to main L&D unit ask for charge nurse</p>

<p>Pediatrics</p>	<p>UTMC (University of Toledo Medical Center) -Kobaker Center -Manager Lindsay Watson -419-383-5159</p> <p>University of Toledo Day Care -1932 Birchwood Ave Toledo -419-530-6710 -Manager Caryn Salts</p> <p>Promedica Toledo Hospital - N. Cove Blvd, Toledo, OH - Northwest corner of Hospital - Park in Towers (2nd level or higher) - Go in main ER entrance – Must sign in at Charge Desk - Indicate attendance for Peds - To cancel, or if late: Call 419-291-5526</p>
<p>Dispatch</p>	<p>Lucas County EMS - 2144 Monroe St, Toledo, Ohio 43604 - Go to the second floor and buzz to be let in. - To cancel or if late: Call 419-720-0280 -Manager Ralph Shearn</p> <p>Wood County Dispatch -1960 E Gypsy Lane Rd -Bowling Green, Ohio 43402 -419-354-9361 -Manager Doug Holtz</p>
<p>Life Squads 1-5,11 (Toledo Fire)</p>	<p>LOCATIONS: LS 1: 5 N Ontario St LS 2: 1155 Oak St LS 3: 5521 Lewis Ave. LS 4: 1301 Dorr St. LS 5: 2933 W. Central Ave. LS 11: 701 Bush St.</p>
<p>Fire Departments Clinical Affiliates</p>	<p>Allen-Clay Township Fire -3155 N Genoa-Clay Center Rd -Genoa, OH 43430 -District Captain Matt Toflinski -419-855-4733</p>

	<p>Defiance Fire and Rescue -702 W Third St -Defiance, Oh 43512 -419-782-2771 -Brandon Case</p> <p>Maumee Fire and Rescue -220 Illinois Ave -Maumee, OH 43537 -Deputy Chief James Dusseau -419-897-7052</p> <p>Perrysburg Township Fire and Rescue -26609 Lime City Rd -Perrysburg, OH 43551 -Chief Tom Brice -419-887-6926</p> <p>Springfield TWP FD -7145 Garden Rd -Maumee, OH 43537 -Matt Phillips -567-661-2140</p> <p>Sylvania Township Fire and Rescue/LS6-Medic 64 -8210 Sylvania Ave -Sylvania, OH 43560 -Captain Jeff Bennett -419-882-7676</p> <p>Sylvania Township HERO Program -Community Paramedicine -Lt. Shawn Wittkop 419-882-7676 ext 1748 -Jodi Livecchi 419-344-1695</p>
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