

TEEX Emergency Medical Services (EMS) Academy Training Program

Emergency Medical Services (EMS) Student Clinical and Field Internship Practicum Course Syllabus

Prerequisite

Prior to beginning the clinical/field internship practicum, the student must be declared eligible by the course lead instructor and have demonstrated entry level competency for the skills during the didactic portion of the course. The student will not be allowed to begin the clinical practicum until the clinical coordinator has verified their eligibility.

Immunizations/Paperwork

The following immunizations/waivers are required and/or recommended. Clinical and/or internship rotations will not be scheduled until proof of the required immunizations is on file with the course coordinator and/or clinical coordinator.

	EMT-B	EMT-I	EMT-P
Records			
Healthcare Provider CPR	X	X	X
Current EMT-B (or EMT-I)		X	X
High School Diploma or GED	X	X	X
Valid Driver's License	X	X	X
Current Health Insurance	X	X	X
Criminal History (< 6 mo. old)	X	X	X

Immunizations			
Hepatitis B (3-shot series)	X	X	X
MMR (2-shot series)	X	X	X
TB (< 6 mo. old)	X	X	X
Tetanus (< 10 yr. old)	X	X	X
Varicella	X	X	X
Influenza	X	X	X
Meningitis	O	O	X
Other			
Safety Storm	X	X	X
Drug Test	X	X	X

All Levels

1. Overall average of 80
2. No individual modular exam below 70—must have completed retests on exams
3. All skills tested and passed
4. All quizzes taken and passed

Emergency Medical Technician (EMT) Intermediate

1. All of the above
2. Current Emergency Medical Technician (EMT) Basic certification (Texas or National Registry [NREMT])
3. All advanced airway skills (adult and pediatric) tested and passed
4. All IV, Pediatric IO, and patient assessment skills tested and passed will allow students to take final exam or begin clinicals

Emergency Medical Technician (EMT) Paramedic

1. All of the above
2. All cardiac skills, medication administration and patient assessment skills tested and passed will allow students to take final exam or begin clinicals

Clinical/Internship Policies

If a student fails to notify a clinical site of the inability to attend a scheduled clinical/internship rotation, the student will forfeit the privilege of attending that clinical site for any future rotations. Students are also required to notify the clinical site of any late arrivals.

Students must document the minimum number of patient transports regardless of hours completed. Students will not be allowed to count patient transports when they are on duty and an assigned member of an EMS crew. Patient contact or hours can count for internship requirements only when the student is a third person and working in a student capacity.

The following types of responses may be counted as a transport:

- Patient is transferred to a facility for definitive care (e.g., dialysis, operation, emergency room)
- Patient is transferred to a facility with a higher level of definitive care (e.g., from a level 2 trauma center to a level 1 trauma center)
- Basic—any transport in which the student obtains the patient's vitals while transporting the patient for definitive care
- Advanced—any transport where the student completes at least one advanced skill while transporting the patient to definitive care
- Responses in which the patient is transported by air
- Responses in which you are a member of a Texas Department of Social and Health Services (TxDSHS) recognized first response agency and the patient is transported from the scene
- Responses where multiple units respond and the student has performed skills on patients that are transported in a unit other than the one where they are assigned

Student Requirements/Expectations

In addition, the following guidelines must be followed. Failure to comply with the following will be grounds for dismissal from the clinical/internship department:

- Students must be in the approved TEEX uniform
- Maroon uniform shirt with ESTI logo (included in tuition)
- Solid white shirt in the same style as the uniform shirt (to be worn in case maroon shirt is soiled during rotation) (Optional)
- Dark pants
- Dark, rubber-soled shoes that can be polished
- Name badge
- Watch with second hand

Students must also bring the following to each rotation:

- Blood pressure cuff
- Stethoscope
- Clinical/Internship documentation paperwork (given in class and also available at www.teex.com/ems)
- Pen
- Class textbook/Workbook (optional)—this is the only additional material students can take into the clinical/internship sites
- No perfume/cologne
- No open-toed shoes
- No jewelry with exceptions of wedding bands and wrist watches
- No cell phones
- Students may not use the clinical/internship facility phone unless on break and will not use staff phones

- Students will supply their own meals and/or have money to purchase meals
- Students will be allowed breaks at staff discretion
- Students will not be allowed to leave the hospital/internship site for meals
- Students will contact the clinical coordinator if they are unable to meet their scheduled times
- Students will contact the clinical/internship site directly if they will be late for a shift or if they will not be able to attend a scheduled shift
- Students will not leave their clinical/internship sites prior to the end of assigned time without the clinical site approval
- You are authorized to complete only those skills listed on the “Clinical Site Objectives” or “Internship Site Objectives” documents
- Basic students may not, under any circumstances, complete any advanced skills
- No switching of clinical time will be allowed
- In the event of an exposure, the student will notify the preceptor immediately and follow the clinical site’s exposure control guidelines
- The student will notify the clinical coordinator, course coordinator, and clinical site immediately in the event of any exposure
- Any problems encountered with patients or clinical staff should be reported to the course coordinator **immediately**

Clinical/Internship Etiquette

You are a guest of the facility/agency where you are assigned. Students are expected to do the following:

- Upon arrival, check in with charge nurse or station officer
- Introduce yourself with name, skill level and time of your rotation

- Complete an orientation of the clinical department/EMS unit where you are assigned
- Complete any and all tasks you have been asked to do
- **Do not** sleep at station until after 2000
- **Do not** sleep at clinical (hospital) sites
- Assist with clean-up after meals as well as station duties
- Eat and drink only in assigned locations; eating and drinking in patient care areas of clinical/internship sites is prohibited
- Get paperwork signed off prior to preceptor going to bed or going off shift
- Thank the preceptor for their time and request a general oral evaluation of performance during that shift

Clinical Scheduling

All clinical/internship rotations will be scheduled through the TEEX EMS scheduling website. Students will need to contact the main office once he/she has the necessary requirements for eligibility (overall average, immunization records, required certifications, required paperwork, etc.). Students that are eligible for clinical/internship rotations will be given access to the EMS scheduling website and be trained in its use.

In order to ensure that internships and clinical sites are prepared to receive students, a minimum of two weeks must exist between the time of scheduling and the requested scheduled rotation. Some clinical sites require a scheduling lead time of more than two weeks. All clinical/internship requests must be made through the TEEX EMS scheduling website.

Students working at a clinical site without having been scheduled by the TEEX EMS clinical coordinator will be immediately removed from the site and suspended from the program pending a review/investigation.

Students may be asked by clinical or internship staff to remain at that site for additional time beyond what is scheduled. This is permissible as long as it does not interfere with other students scheduled for that site.

Failure to report to a clinical or internship site without prior notification to the site and clinical coordinator will result in the student being banned from that clinical/internship site. Students will be charged a \$25.00 fee for any clinical in which the student was a no show.

Students will be allowed to cancel two shifts with the program director's approval. More than two shift cancellations will be treated as a no show imposing a \$25.00 fee.

Clinical/Internship Paperwork Documentation

On all hospital shifts, the required documentation is the Clinical/Internship Documentation Form (Shift Overview) and Preceptor Evaluation Form. All documentation must be turned in to get credit for the shift.

On all EMS internship shifts, the required documentation is the Clinical/Internship Documentation Form (Shift Overview), Patient Care Reports for EMS (PCR) and Preceptor Evaluation Form. All documentation must be turned in to get credit for the shift. All patients seen (whether transported or not) must have the documentation.

To get credit for the skills, you are required to document the following for every patient you perform a skill on all clinical documentation forms as a minimum:

All Students:

Age, gender, chief complaint, past medical history, treatment that you rendered to include vital signs and SAMPLE, disposition of patient (transported, refused, admitted, released, etc.)

For births, you must document age of mother, fetus gestation period, baby's gender, vaginal or cesarean delivery, weight, newborn APGAR at 1 minute and 5 minutes. You must also document that you witnessed the birth.

Advanced Students:

For IV skills, you must document catheter size, injection site, and number of attempts (whether successful or unsuccessful).

For blood draws to count, it must be from site other than IV, and you must document catheter size, injection site, and number of attempts (whether successful or unsuccessful).

For intubations, you must document ET or LMA tube size, Laryngoscope blade size and type, method of tube placement confirmation, and number of attempts (whether successful or unsuccessful).

For medication administration to count, it cannot be a medication that an EMT-Basic can administer, and cannot be an IV fluid (LR, NS, D5W). You must document the name of the medication or medications (if mixed), amount of medication, how administered, and injection site where the medication was administered. This is to be done for every administration, even if the same medication is re-administered.

At a minimum, the information provided on any report must include patient age, chief complaint, actions taken by the student, and disposition of the patient. There will be no credit given for a patient contact or procedure done on any patient where all the above information is not provided on the appropriate forms.

All clinical/internship paperwork must be submitted to the TEEX EMS office within seven (7) calendar days of the rotation date. No credit for a clinical/internship rotation will be given if the paperwork is submitted late. Paperwork may be submitted in person or may be mailed. If mailed, it must be postmarked within seven (7) calendar days of the rotation date. Our mailing/shipping addresses are:

via US Postal Service

Emergency Services Training Institute
Attention: EMS Program
PO Box 40006
College Station, TX 77845-4006

via Express Service (UPS, FedEx, etc)

Emergency Services Training Institute
Attention: EMS Program
1595 Nuclear Science Rd, Bldg 101
College Station, TX 77843

A detailed explanation of each form and the requirements for each specific form can be found on the following pages.

Note: Rotation documentation will not be accepted unless the following rules are met:

1. All documentation must be on TEEX/ESTI EMS program-approved paperwork. We will not accept documentation that is completed on the provided example pages.
2. Each rotation **must** have a Clinical/Internship Documentation Form.

3. All blocks on the Clinical/Internship Documentation Form **must** be completed.
4. Each PCR (EMS only) **must** be attached to a Clinical/Internship Documentation Form document. One PCR document **must** be completed for every call—even patient refusals and/or no transports.
5. Each shift documentation packet **must** be accompanied by a “Preceptor Evaluation” form.
6. All competency sheets will be submitted in their entirety at the end of the clinical and before the Capstone. All Capstone paperwork will be submitted in their entirety at the completion of the Capstone.

Additional copies of the documentation forms can be found at www.teex.com/ems. Click on the “Clinical Documentation” link under the Student Information heading.

Clinical/Field Internship Practicum Course Description

This clinical/field internship practicum will provide the educational clinical experience required to prepare the student to achieve certification as an EMT-Basic or Paramedic. The clinical/field internship practicum allows the EMS student to apply learned theory and clinical skills while under the direct observation and guidance of a preceptor. The majority of the course hours will be completed at a hospital, field internship, or approved alternative clinical site. Objectives of this course will adhere to the US Department of Transportation National Education Standards for Paramedic. A terminal assessment is conducted by the program director and medical director at the conclusion of this internship.

Practicum Objectives/Student Learning Outcomes

Clinical/Field Internship Practicum Rotation

During the clinical/field internship practicum educational experience, the EMS student will be precepted by a paramedic, Registered Nurse (RN), Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician’s Assistant (PA), Respiratory Therapist (RT), or other approved healthcare provider preceptor. This preceptor will be provided with TEEX EMS Academy Preceptor Instructions Packet.

The preceptor will be deemed competent by the clinical site and in consultation with the clinical coordinator.

Rotation requirements for the paramedic student is a minimum of 600 hours subdivided into the following departments:

1. Emergency department (160 hours)
2. Labor and delivery (16 hours)
3. Respiratory therapy (8 hours)
4. Operating room (16 hours)
5. Cardiac cath lab/heart station/telemetry (24 hours)
6. Intensive Care Unit (ICU) (16 hours)
7. EMS (360 hours)
8. **Capstone** (the last 120 hours of the EMS hours are to be completed after all other clinical/field internship requirements have been met)

Rotation requirements for the EMT-Basic student is a minimum of 112 hours subdivided into the following departments:

1. Emergency department (40 hours)
2. Labor and delivery (16 hours)
3. Respiratory therapy (8 hours)
4. EMS (48 hours)

In addition to the minimum hours outlined above, the student must meet the following patient contact requirements and the objectives listed below. Patient contacts and skills performed may be obtained in either the clinical practicum or in the field internship.

1. EMS transports:
 - EMT Basic (5 total)
 - EMT Paramedic (40 total)
 - Advanced Transports (Paramedic 20)
2. OB patients (Paramedic 10, EMT-Basic 5)

3. Vaginal birth (Paramedic and EMT-Basic 1)
4. Medical patients (Paramedic 40, EMT-Basic 10)
 - Assess and plan prescription (R_x) of syncope (Paramedic 4)
 - Assess and plan R_x of abdominal (Paramedic 4)
 - Assess and plan R_x of altered mental status (Paramedic 5)
5. Trauma patients (Paramedic 40, EMT-Basic 10)
6. Psychiatric patients (Paramedic 5, EMT-Basic 5)
7. Respiratory patients (Paramedic 20, EMT-Basic 5):
 - Assess and plan R_x of respiratory (Paramedic 20)
 - Ventilate a patient (Paramedic 5)
8. Cardiac patients (Paramedic 20, EMT-Basic 5):
 - Assess and plan R_x of chest pain (Paramedic 20)
9. Adult patients (Paramedic 40, EMT-Basic 10)
10. Geriatric patients (Paramedic 20, EMT-Basic 5)
11. Pediatric patients (Paramedic 24, EMT-Basic 10)
 - Assessment of newborn; Age: Birth to 1 month (Paramedic 4)
 - Assessment of infant; Age: 1 month to 1 year (Paramedic 4)
 - Assessment of toddler; Age: 13 months to 3 years (Paramedic 4)
 - Assessment of preschool; Age: 37 months to 5 years (Paramedic 4)
 - Assessment of school agers; Age: 61 months to 11 years (Paramedic 4)
 - Assessment of adolescents; Age: 133 months to 17 years (Paramedic 4)

12. IV catheterizations (Paramedic 60)
13. Endotracheal intubation (Paramedic: Live 5, Simulated 5)
14. Medication administration (Paramedic 15)
15. Electrocardiogram (EKG) interpretation (Paramedic 20) (no more than 10 can be Normal Sinus Rhythm)
16. Capstone field internship team lead (Paramedic 10, minimum 5 ALS)

Any hours short in one hospital department can only be made up in another hospital department. Hours may be shifted from one department to another to facilitate completion of the patient contact/skills preformed requirements at the discretion of the course coordinator or the clinical coordinator. Patient contacts/skills preformed minimums may be obtained in either the clinical practicum or the field internship. Minimum patient contacts/skills preformed may **only** be altered/changed by the program director.

Upon the successful completion of the field experience and all other training objectives, the student shall/will be able to:

1. Perform adequate patient assessments, communicate findings with allied health staff and correctly document findings on the Clinical/Internship Documentation Form.
Note: Copies of all Clinical/Internship Documentation Forms are to be submitted to the clinical coordinator for review. A Clinical/Internship Documentation Form shall be completed on every shift the student is on. This record shall be utilized to evaluate the types of patients the student has had experience with. Diversity of patient experience is a requirement for this rotation.
2. Demonstrate the ability to utilize and troubleshoot all equipment, including communications and adjunct equipment.
3. Demonstrate the ability to promote or demonstrate positive interpersonal skills with squads, hospital employees, patients and their families.
4. Function both independently and as a member of the team.
5. Demonstrate the ability to assume responsibility in the field. This includes the ability to set priorities, organize patient care and maintain control of the emergency scene.

6. Demonstrate clinical competency in the skills set forth in the objectives below.

Skills Objectives:

1. Infection control and safety
 - Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations.
 - Demonstrate the proper procedures to take for personal protection from disease.
 - Demonstrate the use of protective equipment appropriate to the environment and scene.
 - Demonstrate the ability to comply with body substance isolation guidelines.
 - Demonstrate the donning and doffing of appropriate Personal Protective Equipment (PPE).
 - Demonstrate how to safely place a patient in, and remove a patient from, an ambulance.
2. Venous Access and Medication Administration (Paramedic Students Only)
 - Demonstrate cannulation of peripheral veins.
 - Demonstrate clean technique during medication administration.
 - Demonstrate administration of medicine(s) via the following routes:
 - Oral/Sublingual
 - Inhalation
 - Gastric tube
 - Rectal
 - Parenteral
 - Intravenous Pyelogram (IVP)

- Subcutaneous
 - Intramuscular
 - IV piggy back drip
- Demonstrate preparation and techniques for obtaining a blood sample.
 - Demonstrate proper disposal of contaminated items and sharps.
3. Airway Management and Ventilation
- Perform body substance isolation procedures during basic airway management, advanced airway management, and ventilation.
 - Perform pulse oximetry.
 - Perform end-tidal CO₂ detection.
 - Perform manual airway maneuvers.
 - Perform manual airway maneuvers for pediatric patients.
 - Perform the Sellick maneuver.
 - Perform complete airway obstruction maneuvers.
 - Demonstrate suctioning the upper airway.
 - Perform tracheobronchial suctioning in the intubated patient. (Paramedic Students)
 - Demonstrate insertion of a nasogastric tube. (Paramedic Students)
 - Demonstrate insertion of an orogastric tube. (Paramedic Students)
 - Perform gastric decompression. (Paramedic Students)
 - Demonstrate insertion of an oropharyngeal airway.
 - Demonstrate insertion of a nasopharyngeal airway.

- Demonstrate ventilating a patient.
 - Perform oxygen delivery with an oxygen cylinder and various delivery devices.
 - Perform endotracheal intubation. (Paramedic Students)
 - Perform assessment to confirm correct placement of the endotracheal tube. (Paramedic Students)
 - Adequately secure an endotracheal tube. (Paramedic Students)
 - Perform extubation. (Paramedic Students)
 - Perform insertion of a Combitube or Laryngeal Mask Airway (LMA). (Paramedic Students)
 - Perform assessment to confirm correct placement of the Combitube or LMA. (Paramedic Students)
4. Patient Assessment
- Demonstrate the skills involved in performing each phase of the patient assessment skill.
 - Demonstrate a caring attitude when performing physical examination skills.
 - Demonstrate proficiency in the assessment of vital signs.
5. Communications
- Demonstrate the ability to use the local dispatch communications system.
 - Demonstrate the ability to use a radio.
 - Demonstrate the ability to therapeutically communicate with patients, bystanders, preceptors, fire personnel, law enforcement personnel, and other healthcare personnel.
6. Trauma
- Demonstrate the assessment and management of patients with signs and symptoms of hemorrhagic shock.

- Demonstrate the assessment and management of patients with signs and symptoms of external hemorrhage.
- Demonstrate the assessment and management of patients with signs and symptoms of internal hemorrhage.
- Demonstrate the assessment and management of a patient with signs and symptoms of soft tissue injuries.
- Demonstrate the assessment and management of the burn patient.
- Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury.
- Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury.
- Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of a spinal injury.
- Demonstrate documentation of suspected spinal cord injury to include:
 - General area of spinal cord involved
 - Sensation
 - Dermatomes
 - Motor function
 - Area(s) of weakness
 - Before and after immobilization techniques
- Demonstrate preferred methods for stabilization of a helmet in a potentially spine-injured patient.
- Demonstrate helmet removal techniques.

- Demonstrate the following techniques of management for thoracic injuries:
 - Needle decompression (Paramedic Students)
 - Fracture stabilization
 - Elective intubation (Paramedic Students)
 - EKG monitoring (Paramedic Students)
 - Oxygenation and ventilation
- Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma.
- Demonstrate the proper use of a Pneumatic Anti-Shock Garment (PASG) in a patient with suspected abdominal trauma.
- Demonstrate the proper use of PASG in a patient with suspected pelvic fracture.
- Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury.
- Demonstrate the proper use of fixation, soft, and traction splints for a patient with a suspected fracture.

7. Pulmonary

- Demonstrate proper use of airway and ventilation devices.
- Conduct a history and patient assessment for patients with pulmonary diseases and conditions.

8. Cardiology

- Demonstrate how to set and adjust the EKG monitor settings to varying patient situations. (Paramedic Students)
- Demonstrate a working knowledge of various EKG lead system—3 lead and 12 lead. (Paramedic Students)
- Demonstrate how to record an EKG. (Paramedic Students)

- Perform, document, and communicate a cardiovascular assessment.
- Set up and apply a transcutaneous pacing system. (Paramedic Student)
- Assess and manage a patient with signs and symptoms of heart failure.
- Demonstrate satisfactory performance of the following skills in the patient care environment:
 - Cardiopulmonary Resuscitation (CPR)
 - Defibrillation (Paramedic Students)
 - Synchronized cardioversion (Paramedic Students)
 - Transcutaneous pacing (Paramedic Students)

9. Neurology

- Perform an appropriate assessment of a patient with coma or altered mental status.
- Perform a complete neurological examination as part of the comprehensive physical examination of a patient with coma or altered mental status.
- Appropriately manage a patient with coma or altered mental status, including the administration of oxygen, oral glucose (EMT-Basic Students), 50% dextrose and narcotic reversal agents (Paramedic Students).
- Perform an appropriate assessment of a patient with syncope.
- Appropriately manage a patient with syncope.
- Perform an appropriate assessment of a patient with seizures.
- Appropriately manage a patient with seizures.

- Perform an appropriate assessment of a patient with stroke and intracranial hemorrhage or Transient Ischemic Attack (TIA).
- Appropriately manage a patient with stroke, intracranial hemorrhage, or TIA.

10. Hematology

- Perform an assessment of the patient with a hematologic disorder.
- Appropriately manage a patient with a hematologic disorder.

11. Infectious Disease

- Perform an assessment of a patient with infectious/communicable disease.
- Effectively and safely manage a patient with infectious/communicable disease.

12. Behavioral/Psychiatric

- Demonstrate safe techniques for managing and restraining a violent patient.
- Demonstrate appropriate assessment techniques for the patient with a behavioral/psychiatric emergency.

13. Obstetrics/Gynecology

- Demonstrate proper assessment of a patient with a gynecological complaint.
- Demonstrate proper care of a patient with:
 - Excessive vaginal bleeding
 - Abdominal pain
 - Sexual assault
- Demonstrate proper assessment of an obstetric patient.

- Demonstrate how to provide care for a patient with:
 - Excessive vaginal bleeding
 - Abdominal pain
 - Hypertensive crisis
- Demonstrate how to prepare the obstetric patient for delivery.
- Demonstrate how to assess the patient in labor to include:
 - Fetal heart tones
 - Fetal position
 - Crowning
 - Maternal assessment
- Demonstrate how to assist in the normal cephalic delivery of the fetus.
- Demonstrate how to deliver the placenta.
- Demonstrate how to deliver post-delivery care to the mother and neonate.
- Demonstrate procedures for assisting with abnormal deliveries.
- Demonstrate proper care of the mother with delivery complications.

14. Neonatology

- Demonstrate preparation of a newborn resuscitation area.
- Demonstrate appropriate assessment techniques for examining a newborn.
- Demonstrate appropriate assisted ventilation of the newborn.
- Demonstrate appropriate endotracheal intubation of the newborn. (Paramedic Students)

- Demonstrate appropriate insertion of an orogastric tube. (Paramedic Students)
- Demonstrate needle chest decompression for a newborn or neonate. (Paramedic Students)
- Demonstrate appropriate CPR techniques for the newborn.
- Demonstrate vascular access cannulation techniques for a newborn. (Paramedic Students)
- Demonstrate initial steps in resuscitation of a newborn.
- Demonstrate oxygen delivery techniques for a newborn.

15. Pediatrics

- Demonstrate the appropriate approach for assessing and treating infants and children.
- Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children.
- Demonstrate appropriate techniques for assessing pediatric vital signs.
- Demonstrate the use of a length based resuscitation tape when treating an infant or child.
- Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest.
- Demonstrate the appropriate use of airway adjuncts, both basic and advanced, for infants and children.
- Demonstrate the proper placement of a gastric tube in infants or children. (Paramedic Students)
- Demonstrate appropriate techniques for gaining vascular access in infants and children. (Paramedic Students)
- Demonstrate the appropriate techniques for administration of medications by various routes. (Paramedic Students)
- Demonstrate the appropriate method for insertion of an intraosseous line. (Paramedic Students)

- Demonstrate proper assessment and management of infants or children with partially or completely occluded airways.
- Demonstrate appropriate assessment and management of pediatric trauma victims to include:
 - Head injury
 - Chest injury
 - Abdominal injury
 - Extremity injury
 - Burns
- Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations.
- Demonstrate proper infant and child CPR.
- Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion. (Paramedic Students)

16. Geriatrics

- Demonstrate the ability to assess a geriatric patient.
- Demonstrate the ability to adjust assessment and treatment of the geriatric patient.

17. Abuse and Assault

- Demonstrate the ability to assess a spouse, elder, or pediatric abused patient.
- Demonstrate the ability to assess a sexually-assaulted patient.

18. Chronically Ill Patients

- Demonstrate proper care of a tracheostomy patient.
- Demonstrate proper technique for drawing blood from a central venous line. (Paramedic Students)

- Demonstrate the method of accessing vascular access devices found in the home healthcare setting. (Paramedic Students)
- Demonstrate proper care of a peg tube.
- Demonstrate proper care of the patient with a urinary catheter.
- Demonstrate wound care in the bed bound or chronically ill patient.

19. Rescue Awareness and Operations

- Demonstrate stabilization techniques for a vehicle involved in a Motor Vehicle Collision (MVC).
- Demonstrate access techniques for a patient involved in a MVC.
- Demonstrate techniques for accessing and moving patients in various situations such as high angle, water, enclosed spaces, etc.

20. EMS Field Objectives

- Perform assessments, treatments, and interventions at EMT-Paramedic level of patients with the following complaints:
 - Cerebrovascular Accident (CVA)/altered mental state/seizure
 - Cardiac
 - Trauma
 - Geriatric
 - Pediatric
 - Neurological
 - Pulmonary
 - Endocrine
 - Allergy/Anaphylaxis

- Gastrointestinal
- Obstetrical/Gynecological
- Renal
- Toxicological/Overdose
- Hematological/Cancer
- Communicable Disease
- Behavioral/Psychiatric

Affective Domain for Clinical/Internship

Any student that receives a “non-competent” rating in the areas of attitude, enthusiasm, general appearance, or professional behavior will be counseled and placed on clinical probation. If a student receives a second “non-competent” rating during clinical rotations, student may be removed from the program. Any student removed from the program will not be eligible for course completion.

TEEX EMS Academy Entry-Level Competencies

The following entry-level competencies define the expectations of the TEEEX EMS Academy for graduates of its EMT-paramedic course. The competencies describe the abilities and characteristics of an individual who has successfully completed the course and are based on nationally-accepted entry level competencies for practice as an EMT-Paramedic and on the expectations of the communities of interest served by the TEEEX EMS Academy.

Professionalism

1. Demonstrates professional conduct and ethical practice in clinical setting:
 - Accepts patients as they present themselves, without passing judgement.
 - Uses discretion regarding statements or behavior in presence of patient, family, significant others, and other members of public.

- Refrains from speaking to or about patients, families, colleagues, associates in deprecating, mocking, disrespectful or malicious manner.
 - Demonstrates awareness of personal and professional abilities and limitations.
 - Maintains confidentiality of patient information.
 - Follows uniform and grooming policies.
 - Follows clinical and administrative policies and procedures.
 - Understands and respects administrative chain of command and role of medical control.
 - Attempts to resolve ethical issues by acting in the best interest of the patient.
2. Assume responsibility for personal and professional growth and development:
- Seeks opportunities to gain new knowledge and apply it appropriately in clinical practice.
 - Demonstrates positive attitude toward learning.
 - Assists in evaluation of own performances.
 - Knows requirements for continuing education and recertification.
 - Demonstrates awareness of career pathways in emergency medical services.
 - Understands and participates in quality assurance/improvement process.
3. Recognizes constraints established by law and local medical control and delivers effective, appropriate patient care within those constraints.
4. Demonstrates awareness of value and relevance of research in pre-hospital and inter-facility patient care.

Interpersonal Skills and Interaction

1. Demonstrates interpersonal skills necessary to effective performance in pre-hospital and inter-facility settings:
 - Communicates with others openly and effectively.
 - Coordinates efforts with those of other agencies and individuals who may be involved in care and transportation of patient.
 - Builds working relationships with patients, peers, and others participating in care and transportation of patient.
 - Involves others significant to patient.
 - Instills confidence in patient, family, and bystanders.
 - Demonstrates awareness of impact on others.
 - Responds appropriately to patient and significant others sense of crisis.
 - Accepts direction when appropriate.
 - Demonstrates ability to function as team member and team leader.

Patient Care

1. Quickly and accurately performs a primary survey; recognizes patients with immediately life-threatening disorders of airway, breathing, or circulation; and initiates immediate life-saving interventions, including rapid extrication and transport, if appropriate.
2. Obtains information rapidly and accurately from observation of the environment; by interviewing others; and by performing a secondary survey including a pertinent history and physical examination, including vital signs, based on the patient's chief complaint.

3. Possesses sufficient knowledge of anatomy, physiology, pathology, pathophysiology, and pharmacology to gather appropriate data, evaluate patients for emergency intervention, assign priorities for care, and in cooperation with medical control, develop a working diagnosis and implements initial and continuing prehospital and interfacility management for:

— Single and multiple systems trauma involving the:

- head;
- spine and spinal cord;
- maxillofacial complex;
- eyes;
- teeth and gums;
- anterior neck;
- thorax;
- abdomen;
- genitourinary system;
- pelvis and extremities, including peripheral neural and vascular trauma; and
- soft tissues, including burns and electrical injuries.

— Medical emergencies involving:

- the respiratory system, including acute airway obstruction, pneumothorax, chronic obstructive pulmonary disease, reactive airway disease, and respiratory distress;
- the cardiovascular system, including myocardial ischemia, congestive heart failure, cardiac dysrhythmias, and cardiac arrest;
- the endocrine system, including diabetes mellitus;
- the nervous system, including altered level of consciousness, seizures, and cerebrovascular accident;

- the gastrointestinal system;
 - the genitourinary system;
 - the eyes, ears, nose, and throat;
 - allergic reactions;
 - exposure to toxic agents, including venoms and hazardous materials;
 - exposure to extremes of heat and cold;
 - dysbarism;
 - near-drowning;
 - disorders of hemopoiesis and hemostasis, including hemophilia and sickle cell disease;
 - infectious agents;
 - drug related problems, including alcohol abuse, drug overdose, and drug addiction;
 - fluid, electrolyte, and acid-base abnormalities; and
 - disorders of the immune system.
- Obstetric and gynecologic emergencies, including complications of the second and third trimesters of pregnancy, bleeding, eclampsia, and precipitous delivery.
- Behavioral and psychiatric emergencies, including suicidal, assaultive, destructive, resistant, anxious, bizarre, confused, amnesic, and paranoid patients and sexual assault and abuse.

4. Possesses sufficient knowledge of anatomy, physiology, pathology, pathophysiology, and pharmacology to gather appropriate data, evaluate for emergency intervention, assign priorities for care, and, in cooperation with medical control, develop a working diagnosis and implement initial and continuing pre-hospital and inter-facility management of members of the following special patient populations:
 - Neonates and pediatric patients, including patients suffering from croup, epiglottitis, dehydration, child abuse, and meconium aspiration.
 - Geriatric patients
 - Obstetric/Gynecologic patients
 - Oncology patients
 - Dialysis patients
 - Challenged patients, including those with hearing, visual, and speech impairments; Down's syndrome; developmental delays, cerebral palsy, multiple sclerosis, spinal bifida; arthritis; muscular dystrophy; and polio.
 - Patients from other cultural or religious traditions.
5. Effectively organizes delivery of prehospital patient care by:
 - Appropriately integrating performance of patient care and non-patient care operational task, including:
 - radio use;
 - scene control/incident command, including triage of multiple casualties;
 - rescue and extrication; and
 - aeromedical operations.
 - Directing and coordinating transportation of patient by selecting best available method(s) and destination in conjunctions with medical control.

6. Possesses ability to exercise professional judgment based on analytical thinking to provide appropriate patient care when care has been authorized in advance by standing orders, in cases where medical direction is interrupted by communication failure, or in case of immediately life threatening conditions.

Record Keeping/Communications

1. Documents patient information, observations, and occurrences in an accurate, complete, concise, and legible manner.
2. Communicates pertinent patient information understandably, completely, concisely, and accurately via the radio to medical control and upon arrival at hospital.

Occupational Health and Safety

1. Displays safety consciousness with patients, self, other responders, and equipment.
2. Recognizes and takes appropriate action in potentially hazardous circumstances.
3. Complies with infection control principles, including appropriate use of universal precautions and aseptic technique.
4. Uses proper body mechanics while handling patients and equipment.
5. Demonstrates understanding of psychological hazards of providing pre-hospital care and of techniques for stress recognition and reduction.

Vehicles, Equipment, and Facilities

1. Demonstrates the ability to inspect and perform routine maintenance of an emergency vehicle.
2. Demonstrates the ability to locate equipment and supplies by storage area on a mobile intensive care unit.
3. Demonstrates the ability to inspect, prepare, operate, and maintain all patient care equipment in mobile unit inventory.
4. Demonstrates the ability to perform station duties, including cleaning of station and surrounding areas.

Physical Condition

1. Demonstrates the ability to lift, carry, and balance patients and patient care equipment.
2. Demonstrates the physical and mental endurance necessary to function effectively throughout an entire work shift.
3. Demonstrates the manual dexterity necessary to perform all required tasks.
4. Demonstrates the ability to bend, stoop, and crawl on uneven surfaces.
5. Demonstrates the ability to withstand varied environmental conditions such as loud noises, flashing lights, heat, cold, and moisture.
6. Demonstrates the ability to work effectively in low light, confined spaces, and other dangerous or stressful environment.

Technical Skills

1. Recognizes the need for and appropriately performs the following patient management/assessment skills:
 - Patient assessment:
 - Initial assessment (primary survey)
 - Focused or detailed history and physical examination (secondary survey):
 - History
 - Physical Examination
 - Vital signs
 - Use of basic airway and ventilation adjuncts:
 - Oxygen therapy
 - Nasopharyngeal airway
 - Oropharyngeal airway

- Pocket mask
 - Bag-value mask
 - Demand value
- Use of advanced airway management techniques:
- Endotracheal intubation:
 - Oral
 - Nasal
 - Digital
 - Esophageal intubation (dual luman airway)
 - Surgical airway access
 - Needle cricothyrotomy
 - Surgical Cricothyrotomy
2. Use of non-invasive respiratory parameter monitoring:
- Pulse oximetry
 - End-tidal carbon dioxide monitoring
3. Suctioning:
- Oropharyngeal
 - Endotracheal
4. Gastric tube placement:
- Oral
 - Nasal

5. CPR:
 - Single rescuer CPR (adult, child, infant)
 - Two rescuer CPR (adult, child)
 - Airway obstruction management (adult, child, infant)
6. Venipuncture/Blood sample collection
7. Blood glucose determination
8. Vascular access:
 - Intravenous
 - Intraosseous
9. Dosage calculation, preparation, and administration of medications:
 - Intravenous:
 - Bolus
 - Continuous infusion
 - Subcutaneous
 - Intramuscular
 - Sublingual
 - Endotracheal
 - Inhaled:
 - Nebulizer
 - Metered-dose inhaler
 - Topical
 - Oral
 - Epinephrine Auto-Injector

10. Pleural decompression
11. Obtaining and interpreting Lead II electrocardiogram
12. Electrical arrhythmia therapy:
 - Defibrillation
 - Cardioversion
 - Transcutaneous pacing
 - Semiautomatic defibrillation
13. Use of PASG
14. Control of bleeding and bandaging of soft tissue injuries
15. Spinal Immobilization:
 - Long spine board
 - “Short” immobilization devices
 - Cervical immobilization devices
16. Splinting of orthopedic injuries:
 - Rigid splints
 - Soft splints
 - Traction splints
17. Vagal stimulation techniques
18. Obstetrical delivery, including fundal massage:
 - Apgar scoring/routine neonatal care
 - Neonatal resuscitation techniques

19. Possesses familiarity with following monitoring/diagnostic/treatment modalities to provide a basis for developing skills required for specialized practice:
- Urinary catheterization
 - Mechanical ventilator systems
 - IV infusion pumps/controllers
 - Arterial blood gas analysis
 - Central venous lines
 - Drug administration via rectal and transdermal routes
 - Acquisition and basic interpretation of 12-lead electrocardiogram, including infarct localization

