



## Clinical Coordination Best Practices

*The following best practices are intended as a template for your program to revise and adjust based on program structure, schedule sequencing for clinical rotations, and other unique circumstances.*

Paramedic programs are designed to be a continuous course of study, and facilitating a smooth transition through the clinical and field internship phases is crucial. The following best practice guidelines are intended to provide a structure for the process. Programs vary in structure, cohort size, and various logistics. Modifications to this process may be appropriate and should be reviewed and discussed with the program administration.

1. The Clinical/Field Internship Coordinator should be introduced to the students during orientation or the first day of class, explain roles, share contact information, and answer questions.
2. Where time and schedule permit, the clinical coordinator should be involved in the program during the classroom and lab phases.
  - a. Specifically, when the clinical coordinator is a full-time assignment, the schedule should include time to participate during this phase.
  - b. Participation may be in the classroom (presentation), skills lab, or facilitating scenarios.
  - c. The goal is to become familiar with the students and develop relationships.
  - d. Participation may be limited in programs where the clinical coordinator position is part-time, but it is still important to become familiar with the students before the clinical phase.
3. Pre-requisites must be completed either on admission or within one month of the first day of class.
  - a. Exceptions:
    - i. Flu vaccine is seasonal and is required when the vaccination period begins as identified by the CDC recommended date in the fall (usually October).
    - ii. When TB testing is required, it is typically time sensitive, and the date to require testing must be flagged as placement is being arranged.
  - b. Background checks are required on admission. The background check includes the drug test. Some facilities may require a second background check and drug screen based on timing from the initial teas and the beginning of the clinical phase.
4. The clinical coordinator will contact the key individual at each of the scheduled clinical sites and review student scheduling and expectations and answer questions.
5. The clinical coordinator verifies that a current contract with the facility is on file.

6. The program verifies the following:
  - a. EMT certification and the CPR card are current and will remain current throughout the clinical and field internship phases.
  - b. TB tests have been completed as required.
  - c. COVID vaccination is complete if required.
  - d. Seasonal flu vaccination has been completed as required.
  - e. Any additional requirements from the specific clinical sites have been completed.
  - f. Programs may also require successful completion of any of the following prior to placement: ACLS, PALS, AMLS, ITLS, or PHTLS.
7. Clinical and field internship orientation is scheduled before the first clinical rotations. Orientation includes:
  - a. Review of the Clinical Manual
  - b. Review of the Field Internship Manual (Programs may elect to hold until a later Field Internship orientation session)
  - c. Review of the terminal competency requirements and milestones
  - d. Review of the attendance policy. Each program must define the number of allowable rescheduled shifts and the circumstances and publish them in the Clinical Manual and syllabus. However, all missed shifts must be rescheduled.
  - e. Review general information to include:
    - i. The maximum amount of time to complete the clinical rotations as established by the program
    - ii. Refresher on correct usage of the clinical data tracking system
    - iii. Dress code
    - iv. Conduct
    - v. List of approved medications for administration
    - vi. Schedule changes
8. Students are instructed that:
  - a. Students are expected to schedule at least **xx** hours per week in the clinical setting.
  - b. All patient contact information/skills must be entered in the clinical data tracking system within 72 hours of completion of the shift. The shift is 'locked' after this time.
  - c. Students who have experienced a special circumstance, such as an illness, must notify the clinical coordinator immediately regarding missed shifts, missed deadlines, etc.
  - d. Students are expected to contact the clinical coordinator at least weekly through email, phone, or text to remain in communication regarding progress, issues, and questions.
9. Clinical data tracking system audits by the clinical coordinator monitor:
  - a. That students are entering schedules before shifts.
  - b. That students are attending scheduled shifts.
  - c. Student documentation, completion of evaluations, preceptor signoffs
  - d. Appropriate indication of absent shifts and the reasons
  - e. Competency tracking progress.
  - f. Patient care report narratives

10. The clinical coordinator will meet with the student at least twice during the clinical phase and complete a Student Academic Progress form.
  - a. Mid-point of the clinical phase
  - b. At clinical closeout
  - c. The meeting can be in person or virtual, and the clinical coordinator and the student must sign and date the form.
  - d. Progress towards achieving all terminal competencies is reviewed.
11. The clinical coordinator documents/logs all communications with students regarding scheduling, progress, placements, and requests.
12. The clinical coordinator should arrange at least one student visit to each facility where students are placed. This can be a delegated/shared responsibility among the faculty and includes:
  - a. Review of documentation
  - b. Review of competency acquisition/progression
  - c. Review of interesting cases and questions
  - d. Observation of an assessment
13. If the student is non-compliant with any of the previous requirements:
  - a. The first instance of late paperwork/electronic submission without adequate justification results in a meeting with the clinical coordinator.
  - b. A Student Counseling Form will be completed, reviewed with the student, and signed and dated by the clinical coordinator and student.
  - c. The action is taken in consultation with the program director.
  - d. When a Student Counseling Form is initiated, the student is placed on probation until they are in compliance and the clinical phase ends.
  - e. Further failure to meet the required expectations will result in dismissal.
14. At the clinical close-out:
  - a. Review documentation for completeness.
  - b. Review the progress of terminal competencies/graduation requirements documented in the clinical data tracking system.
  - c. Complete documentation on the Graduation Checklist.
15. Following completion of the clinical phase for the cohort, the clinical coordinator will communicate with the key contact at each of the scheduled clinical sites to assess for issues and recommendations.
16. When the clinical and field internship coordination components are assigned to different faculty members, the clinical coordinator will brief the field internship coordinator on each student regarding progress, issues, and other pertinent information at the time of clinical close-out.
17. Throughout the clinical phase, the clinical coordinator will communicate student progress and issues to the program director on a regular basis.