APPROVAL

Michael Colman, Director of the EMS Department of Training and Education, has approved these policies and criteria for Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic Students.

__________________________________________________ Date: __________________________

Ingrid Bloom, MD, Grady EMS Academy Medical Director, has approved these policies, medical procedure, and criteria for Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic Students.

__________________________________________________ Date: __________________________
Clinical IS a time to:

- Refine assessment skills.
- Further develop technical skills.
- Enlist constructive feedback on performance.
- Develop professional relationships with colleagues.
- Actively seek learning experiences.
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STATE OF GEORGIA - PARAMEDIC SCOPE OF PRACTICE

Under O.C.G.A. § 31-11-54, persons training to be a paramedic may perform all skills allowed for paramedics, as long as they are under the supervision of a physician, nurse, or paramedic preceptor. Form R-P11A, SCOPE OF PRACTICE FOR EMS PERSONNEL, provides insight on the scope of practice for all EMS personnel in Georgia. This form may be obtained by visiting the Georgia Department of Public Health’s website (http://dph.georgia.gov/sites/dph.georgia.gov/files/Scope_of_Practice_7-2014_0.pdf). The skills approved for the paramedic (paramedic student) scope of practice include:

AIRWAY AND BREATHING
- Supplemental oxygen therapy
- Oxygen delivery devices [cannula, non-rebreather, etc.]
- Humidified oxygen administration

BASIC AIRWAY MANAGEMENT
- Manual maneuvers to open and control airway
- Manual maneuvers to remove airway obstructions
- Insertion of airway adjunct intended for oropharynx
- Insertion of airway adjunct intended for nasopharynx

VENTILATION MANAGEMENT
- Mouth to barrier devices
- Bag-Valve-Mask
- Manually triggered ventilators
- Automatic transport ventilators
- Chronic-use home ventilators

SUCTIONING
- Upper airway suctioning
- Tracheobronchial suctioning

ADVANCED AIRWAY MANAGEMENT
- CPAP/BiPAP administration and management
- BIAD insertion & removal (Blind Insertion Airway Devices)
- Endotracheal intubation (Orotracheal & Nasotracheal intubation; Extubation/PEEP/EtCO₂)
- Airway obstruction removal by direct laryngoscopy
- Cricothyrotomy (includes retrograde intubation; percutaneous only - surgical blade may be used to incise skin surgical blades shall not be used to incise the cricothyroid membrane)
- Gastric decompression
- Pleural decompression via needle thoracostomy
- Chest tube monitoring

BASIC ASSESSMENT
- Performs simple patient assessments
- Performs comprehensive patient assessments
- Obtains vital signs manually
ADVANCED ASSESSMENT
- Obtains vital signs with electronic devices
- Blood chemistry analysis

FUNDAMENTAL PHARMACOLOGICAL SKILLS
- Use of unit dose commercially pre-filled containers or auto-injectors in hazmat situation
- Assist patients in taking their own prescribed medications as approved by medical direction
- Administration of over-the-counter medications with medical direction [oral glucose, aspirin]

ADVANCED PHARMACOLOGICAL SKILLS: VASCULAR ACCESS
- Obtaining peripheral venous blood specimens
- Peripheral IV insertion, maintenance, and removal (all peripheral access except umbilical)
- Intraosseous device insertion, maintenance and removal (Adults and Pediatrics)
- Access indwelling catheters & implanted central intravenous ports for fluid and medication administration
- Central line monitoring

ADMINISTRATION OF MEDICATIONS/FLUIDS
- Crystalloid IV solutions (includes hypertonic, isotonic, and hypotonic solutions approved by Medical Director)
- Administration of (IV/IO) hypertonic dextrose solutions for hypoglycemia
- Administration of glucagon (IM, SC, IV, IO, IN as approved by Medical Direction) for hypoglycemia
- Administration of SL nitroglycerine to chest pain secondary to ischemia
- Parenteral administration of epinephrine for anaphylaxis
- Inhaled (nebulized) medications to patients with difficulty breathing and/or wheezing
- Administration of a narcotic antagonist to a patient suspected of narcotic overdose
- Administration of nitrous oxide (50% nitrous oxide, 50% oxygen mix) for pain relief
- Vaccination administration
- Paralytic administration (may admin for purposes of rapid sequence intubation; may maintain paralysis of patient already intubated EMS agency must meet and receive approval from SOEMS to perform RSI)
- Administration of other physician approved medications (via any enteral or parenteral route)
- Maintain an infusion of blood or blood products

FUNDAMENTAL CARDIAC SKILLS
- Manual external CPR
- Use of an automated external defibrillator

ADVANCED CARDIAC SKILLS
- Use of mechanical CPR assist devices
- Monitoring and interpretation (includes obtaining & interpretation of 12-leads ECGs)
- Manual cardiac defibrillation
- Emergency cardioversion, including vagal maneuvers
- Transcutaneous cardiac pacing

EMERGENCY CHILDBIRTH MANAGEMENT
- Assist in the normal delivery of a newborn
- Assist in the complicated delivery of newborn (includes external fundal massage for post-partum bleeding

GRADY EMERGENCY MEDICAL SERVICES ACADEMY
PARAMEDIC CLINICAL EDUCATION MANUAL
BEHAVIORAL EMERGENCY SKILLS
- Manual and mechanical patient restraints for behavioral emergencies (includes chemical restraints of combative patients)

TRAUMA CARE SKILLS
Managing injuries, including, but not limited to:
- Manual cervical stabilization and cervical collar use
- Manual stabilization of orthopedic trauma
- Spinal motion restriction [includes commercial devices such as ked®]
- Splinting [includes traction splints]

Managing other traumatic injuries, including, but not limited to:
- Fundamental bleeding control [includes direct pressure & bandaging]
- Progressive bleeding control [includes tourniquets & hemostatic agents]
- Fundamental eye irrigation
- Complex eye irrigation with Morgan lens
- Fundamental management of soft-tissue injuries
- Complex management of soft-tissue injuries

MOVEMENT/EXTRICATION OF PATIENTS, INCLUDING, BUT NOT LIMITED TO:
- Emergency moves for endangered patients
- Rapid extrication of patients
VISION:
The Program Vision is to become the leading EMS Education and Training center.

PURPOSE OF CLINICAL EDUCATION:
The purpose of clinical education is to provide students with opportunities to reinforce knowledge, skills, and abilities acquired in the classroom and laboratory settings. When provided with opportunities to practice with actual patients, students transition from a basic understanding to an advanced level of comprehensive application and analysis. During this cognitive and psychomotor transition from simplistic tasks to those that are more complex, the student will develop a valuable and functional index of care modalities to be used when treating patients as a provider. Upon completion of the clinical education requirements, student proficiency will increase in the following performance areas:

- Clinical Behavior/Judgment
- Assessment
- Therapeutic Communication and Cultural Competency
- Psychomotor Skills
- Professionalism
- Decision-Making and Prioritization
- Record Keeping
- Patient Complaints
- Scene Leadership
- Scene Safety

PROGRAM GOALS AND LEARNING OUTCOMES
It is the goal of the Grady Paramedic Program to develop students enrolled in curriculum into competent, entry-level, National Registered EMS Care Providers.

- **Objective 1**: Students will develop competency in cognitive, psychomotor, and affective domains.
  
  **Learning Outcomes**
  
  1.1 – Students will demonstrate clinical competence
  
  1.2 – Students will demonstrate a “safety first” attitude.
  
  1.3 – Students will demonstrate an ability to assess health and health needs of patients and make the appropriate decision for the patient’s condition.
  
  1.4 – Students will develop and maintain rapport with healthcare professionals.
  
  1.5 – Students will demonstrate an ability to develop an analysis-based field diagnosis that reflects a comprehensive understanding of anatomy, physiology, pathophysiology, and epidemiology.

- **Objective 2**: Students will communicate effectively.
  
  **Learning Outcomes**
  
  2.1 – Students will demonstrate knowledge of patient communication skills.
  
  2.2 – Students will demonstrate effective oral communication.
  
  2.3 – Students will demonstrate effective written communication skills by creating a record that effectively documents findings and interventions so that patient care reports may potentially be used for the purposes of research and quality assurance, control, and improvement.

- **Objective 3**: Students will use critical thinking and problem-solving skills.
  
  **Learning Outcomes**
  
  3.1 – Students will identify ethical dilemmas.
  
  3.2 – Students will demonstrate critical thinking and decision-making skills.
  
  3.3 – Students will adapt procedures for trauma, medical, non-routine, and age-specific patients.
  
  3.4 – Students will recognize emergency patient conditions, evaluate effectiveness of interventions.
- **Objective 4:** Students will demonstrate professional development and growth consistent with the program’s mission and expected outcomes.

  **Learning Outcomes**
  4.1 – Students will demonstrate a professional work ethic in the clinical arena by complying with patient privacy and confidentiality.
  4.2 – Students will demonstrate independence and dependability in the clinical arena.
  4.3 – Students will demonstrate confidence in the clinical arena.
  4.4 – Students will demonstrate the ability to function as team players in the clinical arena.

- **Objective 5:** The program will measure ongoing effectiveness.

  **Learning Outcomes**
  5.1 – Graduates will pass the NREMTP certification exam on the first attempt.
  5.2 – Graduates will complete the program within 6 months of course completion.
  5.3 – Graduates will be satisfied with their education.
  5.4 – Employers will be satisfied with the graduate’s education

**CLINICAL CURRICULUM DESIGN**

Students will be prepared to demonstrate knowledge, skills, abilities, and basic competencies in the didactic and laboratory setting. If the student is unable to demonstrate competency in the didactic/laboratory environment, the student WILL NOT BE ALLOWED TO SCHEDULE/APPEAR FOR CLINICAL SHIFTS. Clinical shifts/rotations and objectives follow the progression established by the didactic course modular sequence.

Each rotation of the Paramedic clinical curriculum has been designed to complement each of the didactic modules. Each didactic module introduces a skill or skills that will be validated by an instructor in a controlled laboratory setting. Once a skill or skills have been validated in this manner, the student will be free to practice the skill in the clinical setting under the supervision of a clinical preceptor. The clinical preceptor is may be a registered nurse, a physician, or a paramedic level provider. Clinical preceptors host students in clinic, hospital, and EMS field settings.

As an EMS provider, the paramedic engages a wide distribution of patient types. While each pre-hospital clinical patient contact may afford the student growth, the distribution of patient types may not provide the student with a formative experience. For this reason, the students are additionally placed in the hospital clinical environment. The hospital setting enables a progressive approach and pace for accomplishing specific clinical learning objectives while treating specific complaints in the emergency room, cardiac care units, the operating room/anesthesia, labor and delivery, pediatric units, and intensive care units.

Upon completion of eight (8) hospital clinical rotations, the students will begin the EMS Field Experience. The EMS Field Experience consists of two EMS rotations (the Field Internship and the Capstone Leadership) and a total of 260 hours. During the entire rotation, students must be paired with a Paramedic Preceptor.

The EMS Field Internship is divided into two sections. The first section of the EMS Field Internship is an “Orientation to EMS” and no longer than 65 hours or the first 5 five shifts. During the EMS Field Internship, the student is expected to work as a contributing third member of an EMS team. This is a time for students to become familiar with equipment, pre-hospital environment, and paramedic protocols. The Paramedic Preceptor will provide the student with instruction during these shifts and encourage the student to assimilate to the level of the attending paramedic as soon as possible. Once the student and Preceptor are ready for performance evaluation, the student will begin the second portion of the EMS Field Internship rotation.

The second section of the EMS Field Internship rotation is called the EMS Leadership Capstone Experience. Students are required to enter this section beginning the 6th third ride with a Paramedic Preceptor. If the student or Preceptor feels that the student is unready, contact the Clinical Education Manager to discuss a plan to ready the student for the EMS Leadership Capstone Experience. This rotation consists of 15 shifts (195 hours) and the student will no longer be evaluated for how well s/he responds to instruction but rather how s/he performs. Students will perform as the attending paramedic throughout the entire call—from patient contact to transfer of care. Student performance will be observed and evaluated under direct supervision by the Paramedic Preceptor.

The clinical and field experiences have been designed to provide the student with opportunities to grow into a competent Paramedic. The experience is an opportunity to develop and demonstrate critical thinking skills, psychomotor proficiency, and affective accountability. Upon completion of the curriculum, the student will assume roles and responsibilities of an entry level Paramedic provider.
ROLES AND RESPONSIBILITIES OF THE CLINICAL EDUCATION MANAGER

The Clinical Training/Development Manager is the instructor for clinical education and is responsible for guiding and evaluating the student performance during their clinical experience. During any clinical rotation, the Clinical Training and Development Manager (or designee) will make routine visits to the clinical sites to observe and evaluate clinical performance. The Clinical Training and Development Manager will also schedule student clinical and field experiences and be available for preceptor questions regarding student performance.

ROLE AND RESPONSIBILITIES OF THE PRECEPTOR

The student must be in direct supervision of a Preceptor when in the clinical education setting. Clinical Preceptors are educators that are responsible for teaching, observing, and evaluating clinical performance on the basis of objectives outlined for a given clinical rotation. Because the clinical setting can be an intimidating experience for many students, it is important for the clinical preceptor to assist the student in transitioning from the classroom to the clinical setting. In the hospital setting, a preceptor may be a physician, registered nurse, physician assistant, nurse anesthetist, or a respiratory therapist.

EMS field Internship preceptors must be a paramedic with greater than 2 years of full-time experience and have completed Preceptor Training. Each of these clinicians should have sufficient knowledge, experience, and teaching abilities to guide students in accomplishing all clinical objectives. The preceptor should also serve as a mentor and role model for professionalism.

PRECEPTOR EXPECTATIONS:

As a clinical expert, the preceptor will provide both instruction and guidance to students in the clinical setting. The preceptor should provide the student with constructive feedback so that performance may improve as the student progresses through the clinical experience. It is recommended (and requested) that the preceptor set aside time to complete the student daily performance evaluation.

To help the student gain the utmost of his/her experience at the clinical site, the preceptor should empower the student to be successful by:

- Reading/reviewing student scope of practice.
- Reading/reviewing student clinical competencies to be demonstrated.
- Orienting the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervising/assisting the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrating, assisting, and evaluating the student’s performance of approved skills.
- Suggesting corrective actions or alternative approaches to technique when appropriate.
- Answering questions concerning assessment, clinical judgment, and care management decisions.
- Offering clinical expertise gained through previous patient contact experience.
- Correlating clinical experience with didactic knowledge.
- Completing clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.

PERFORMANCE EVALUATIONS

Evaluations are essential for determining student competency. The clinical shift evaluation must document times, students name, date, and the preceptors feedback. The evaluations assist the Program in determining if the student can appropriately apply knowledge, skills, and abilities acquired in the didactic and laboratory settings in real-time patient care situations. Accurate and timely documentation of students’ clinical experience is essential for course completion.
Evaluation without signatures will not be accepted. Any falsification of evaluations constitutes an act of academic dishonesty and is grounds for dismissal from the Program (see Student Handbook).

**ROLES AND RESPONSIBILITIES OF THE STUDENT**

**SCOPE OF PRACTICE IN THE LEARNING ENVIRONMENT**

Paramedic students may perform any skill or ability identified in the scope of practice of a Paramedic while in the clinical setting under the director supervision of a registered nurse, physician, or Paramedic preceptor. When the paramedic student is not participating in course-related activities, s/he is permitted to perform only skills within their current licensure scope of practice. Students who practice the paramedic scope of practice while not under the direct supervision of a Preceptor are in violation of their existing license. This violation may be subject to dismissal from the Program and may be reported to the Georgia State Office of Emergency Medical Services and Trauma.

**PREPARATION FOR CLINICAL EXPERIENCE**

Prior to arriving to any clinical site, the student is responsible for completed the following preparatory tasks:

- **Read the objectives for that clinical site.**
- **Review skills sheets for the clinical shift.** Pay special attention to skills that contribute to the summative clinical competencies.
- **Review medications that may be administered at the clinical site.** Expect the clinical preceptor to evaluate your knowledge of any medications that may be administered during the clinical shift. If you are unable to demonstrate knowledge, the clinical preceptor will not allow you to demonstrate skills.
- **Promptly report to the clinical site at designated date/time and in appropriate attire as outline in the Clinical Education Manual and the Student Handbook.**
- **Review policies and procedures specific to the clinical site and area.**
- **Be cognizant of opportunities to fulfill course requirements as they pertain to skills, patient age, complaint, and impression.**
- **Be prepared to review and discuss treatments/procedures you observe/perform.**
- **Ask the preceptors questions away from the patient about treatments/procedures you may observe/perform but be cognizant of the preceptor’s time.** In most cases, it is acceptable to ask questions, but do not question a Physician’s clinical decisions or orders.

**CLINICAL UNIFORM STANDARDS**

Refer to the Student Handbook for policies pertaining to uniform.

Uniform Standard Exceptions

In some clinical sites (Labor & Delivery, Operating Room) the student may be required to wear surgical scrubs. No surgical scrubs may leave a clinical site. You must arrive in uniform and change back into your uniform prior to departing from the clinical site.

**CLINICAL SCHEDULING AND ATTENDANCE**

All clinical scheduling is done through FISDAP. The Clinical Education Manager may release shifts or request availability. You may not self-dispatch to a clinical or field shift. Self-dispatching to a clinical affiliate is subject to disciplinary action and possible clinical course failure. When preparing availability or signing up for shifts, students must remember that both minimum skill AND minimum clinical hours must be achieved to graduate from the Program.

- **Clinical attendance is a requirement for the Program.** When a student must be absent, the Clinical Manager will request that the student immediately schedule a make-up date. Make up shifts are subject to clinical site availability.
- **FISDAP is a Student-Clinical Manager interface used to schedule clinical shifts.** Students must provide a valid email address so notifications about shifts can be forwarded to the student. It is the responsibility of the student to remember that a shift is scheduled.
• Students scheduled for a clinical shift must arrive 30 minutes prior to the scheduled time. Students are allowed a 30 minute meal break in addition to one 15 minute break for every four hours (for shifts greater than 8 hours). Breaks must be coordinated with the Clinical Preceptor.

• If the student decides to leave a clinical site, permission must be granted to do so. Students are NOT permitted to leave the clinical site without first contacting the Clinical Manager or secondly other Program staff. The student must explain why departure is necessary; the student must be cleared before leaving the clinical site. Students will not be allowed to claim remaining hours of the shift after departing the clinical site.

• Students will not be scheduled for clinical shifts before the rotation start date. No clinical shift will be scheduled during course didactic time. A respite of 8 hours must be observed between work and course shifts. Working a clinical shift is no excuse for tardiness or absence from course didactic or another scheduled clinical shift. Pre-planning and caution should be exercised when scheduling clinical shifts.

• All availability must be submitted when clinical availability is requested. If shifts are released for sign-up, clinical shifts must be acquired at least 1 week prior to the desired date.

• All absences must be reported to the Clinical Managers either by phone call or email (email is preferred). Absences due to emergency must be reported at least 2 hours before scheduled arrival time. If you are ill the night before your scheduled clinical, it is recommended that you cancel the shift and reschedule it rather than wait until 2 hours before scheduled to arrive.

• If an absence is deemed excused, the shift must be made up during the clinical rotation. No make-up clinical shifts will be rescheduled the same week of an absence. Failure to meet the minimum hour requirement will result in a failure for that clinical course. See Student Handbook for details.

• Tardiness is not tolerated. If the student is unable to arrive 30 minutes prior to the assigned time, the student must notify both the Clinical Manager and the Clinical Site Manager 45 minutes prior to the assigned time.

• See the Student Handbook for details about Clinical Absenteeism.
CLINICAL COMPETENCIES

All competencies listed below must be performed in order to achieve clinical goals and objectives:

- Demonstrate appropriate appearance and behavior expected from a medical professional.
- Demonstrate ability to work cooperatively with others.
- Comply with patient privacy rights and respect confidentiality.
- Follow rules and regulations of hospital and clinical affiliates.
- Review all cases including the patient’s chart, diagnosis, and treatment.
- Administer intramuscular, subcutaneous, and IV medications appropriately.
- Recognize cardiac arrhythmias on a monitor.
- Identify rales, rhonchi, and wheezes.
- Participate in management of patients requiring pharmacological and electrical intervention.
- Demonstrate aseptic technique and appropriate infection control practices.
- Note the indications, contraindications, and complications of IV therapy.
- Perform endotracheal suctioning using aseptic technique.
- Calculate and document APGAR score.
- Assist in the resuscitation and/or management of the newborn.
- Observe/assist with post-partum care of mother.
- Effectively interact with both children and parents when providing pediatric patient care.
- Assist with triaging patients.
- Assist with CPR as requested.
- Observe patient presenting with signs and relate them to patient condition.
- Observe for dysrhythmias and then record EKG interpretations.
- Observe emotional response to injury/illness.
- Observe response to treatment rendered.
- Assist in treatment of cardiac arrest, cardiopulmonary resuscitation, and airway management.
- Perform monitored defibrillation.
- Immobilize extremities in cases of fractures or dislocation.
- Monitor vital signs and patient status during transport.
- Perform spinal immobilization using a long spine board.
- Relay patient information to the physician in the correct sequence.
- Observe the assessment of the anatomical basis of endotracheal intubation and cardiopulmonary resuscitation.
- Observe the assessment of injuries resulting from trauma.
- Assist in interview, management, and treatment of patients with psychiatric pathologies.
CLINICAL COURSE OBJECTIVES:

EMERGENCY DEPARTMENT CLINICAL EXPERIENCE I

EMSP 225
GRADY HEALTH SYSTEM – EMERGENCY CARE CENTER (NOT IN THE TRAUMA CENTER)
ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]

The purpose of the clinical experience in the Emergency Department is to provide the student with opportunities to observe and participate in the care management of urgent and emergent patients. This clinical experience is in emergency room and NOT IN THE TRAUMA CENTER. During this rotation, students should have the opportunity to practice and demonstrate the following competencies under direct supervision:

CLINICAL OBJECTIVES

✓ Performance of a complete patient assessment (medical history and physical examination)
✓ Anticipate treatment plan and verbalize rationale for treatments
✓ Identify and verbalize pathophysiology that may contribute clinical findings
✓ Assist in process of patient triage
✓ Perform skills under stressful situations.
✓ Establish rapport with patients, families, and team members.
✓ Demonstrate professionalism at all times.
✓ Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

• Read/review student clinical competencies to be demonstrated.
• Read/review student scope of practice.
• Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
• Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
• Demonstrate, assist, and evaluate the student’s performance of approved skills.
• Suggest corrective actions or alternative approaches to technique when appropriate.
• Answer questions concerning assessment, clinical judgment, and care management decisions.
• Offer clinical expertise gained through previous patient contact experience.
• Correlate clinical experience with didactic knowledge.
• Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
• Avoid using students as agents for performing duties designated to paid staff.
The purpose of the clinical experience in the Emergency Department is to provide the student with opportunities to observe and participate in the care management of urgent and emergent patients. This clinical experience is in emergency room and NOT IN THE TRAUMA CENTER. During this rotation, students should have the opportunity to practice and demonstrate the following competencies under direct supervision:

CLINICAL OBJECTIVES

- Performance of a complete patient assessment (medical history and physical examination)
- Anticipate treatment plan and verbalize rationale for treatments
- Identify and verbalize pathophysiology that may contribute clinical findings
- Assist in process of patient triage
- Perform peripheral IV access and administer intravenous fluids
- Phlebotomize patients for laboratory specimen analyses
- Perform wound care.
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Demonstrate professionalism at all times.
- Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
The purpose of the clinical experience in the Emergency Department is to provide the student with opportunities to observe and participate in the care management of urgent and emergent patients. This clinical experience is in emergency room and NOT IN THE TRAUMA CENTER. During this rotation, students should have the opportunity to observe and demonstrate the following competencies under direct supervision:

**CLINICAL OBJECTIVES**

- Performance of a complete patient assessment (medical history and physical examination)
- Anticipate treatment plan and verbalize rationale for treatments
- Identify and verbalize pathophysiology that may contribute clinical findings
- Assist in process of patient triage
- Perform peripheral IV access and administer intravenous fluids
- Prepare, administer, and record medications by route designated as “within scope of practice”.
- Phlebotomize patients for laboratory specimen analyses.
- Perform airway assessment and management.
- Perform endotracheal intubations.
- Record and interpret electrocardiograms.
- Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
- Assist with cardiac arrest management.
- Perform wound care.
- Perform and assist with orthopedic assessment and stabilization.
- Perform and assist with the assessment and management of neurological emergencies.
- Perform and assist with the assessment and management of cardiac emergencies.
- Perform and assist with the assessment and management of medical emergencies.
- Perform and assist with the assessment and management of shock.
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Demonstrate professionalism at all times.
- Perform other duties as assigned within paramedic scope of practice

**PRECEPTOR EXPECTATIONS**

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
OPERATING ROOM CLINICAL EXPERIENCE
EMSP 255
SOUTHERN REGIONAL MEDICAL CENTER – OPERATING ROOM
ARRIVE 30 MINUTES BEFORE SCHEDULED TIME – FIRST FLOOR, LOOK FOR SIGNS DIRECTING TO THE OPERATING ROOM. ENTER THE MAIN OPERATING ROOM AND ASK FOR THE CHARGE NURSE.

The purpose of the Operating Room Clinical Experience is to provide students with opportunities to observe and perform respiratory assessment, airway control, and assisted ventilation. Students should receive instruction from Anesthesiologists and Anesthetists. The student should also be provided with opportunities to observe and perform techniques taught in class. These techniques and experiences will empower the student to become more proficient in performing pre-hospital intubations. During this rotation, students should have the opportunity to practice and demonstrate the following competencies under direct supervision.

CLINICAL OBJECTIVES
✓ Perform pre-intubation assessment including breath sounds and observe for signs of adequate perfusion.
✓ Categorize airways according to grade and Mallampati classification.
✓ Perform peripheral IV access.
✓ Prepare for and perform endotracheal intubation or blind insertion airway device insertion under direct supervision.
✓ Perform ventilations using a bag-valve-mask.
✓ Perform on-going monitoring, including intrinsic respiratory rate, tidal volume, breath sounds, respiratory compliance, pulse oximetry, and end-tidal CO₂.
✓ Evaluate and monitor patients recovering from administration of anesthetics and/or have been extubated.
✓ Record and interpret electrocardiograms (if permitted).
✓ Perform skills under stressful situations.
✓ Establish rapport with patients, families, and team members.
✓ Demonstrate professionalism at all times.
✓ Perform other duties as assigned within paramedic scope of practice.

PRECEPTOR EXPECTATIONS
- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.

RESPIRATORY CARE CLINICAL EXPERIENCE
GRADY EMERGENCY MEDICAL SERVICES ACADEMY
PARAMEDIC CLINICAL EDUCATION MANUAL
The purpose of the Respiratory Care Experience is to provide students with opportunities to observe and perform respiratory assessment, airway control, and assisted ventilations. Students should receive instruction from Respiratory Therapists. The student should also be provided with opportunities to observe and perform techniques taught in class and to manage patients with respiratory pathologies by providing needed with this special patient population and the equipment used to treat them. During this rotation, students should have the opportunity to perform and demonstrate the following competencies under direct supervision.

**CLINICAL OBJECTIVES**

- Perform respiratory assessment including breath sounds and observe for signs of adequate perfusion.
- Perform ventilations using a bag-valve-mask.
- Perform on-going monitoring, including intrinsic respiratory rate, tidal volume, breath sounds, respiratory compliance, pulse oximetry, and end-tidal CO₂.
- Evaluate and monitor patients recovering from administration of anesthetics and/or have been extubated.
- Performance of a complete patient assessment (medical history and physical examination).
- Anticipate treatment plan and verbalize rationale for treatments.
- Identify and verbalize pathophysiology that may contribute clinical findings.
- Prepare, administer, and record medications by route designated as “within scope of practice”.
- Perform airway assessment and management.
- Assist and perform medication administration by nebulizer.
- Assist and perform tracheostomy care.
- Assist and perform upper and lower airway suctioning.
- Assist and perform ventilator management.
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Demonstrate professionalism at all times.
- Perform other duties as assigned within paramedic scope of practice.

**PRECEPTOR EXPECTATIONS**

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
The purpose of the Cardiac Catheterization Laboratory Experience is to provide students with opportunities to observe several cardiac catheterizations. Students should receive instruction from Cardiologists, Cardiac Care Nurses, and/or Cardiac Catheterization Laboratory Technicians. While observing catheterizations, students should gain an understanding and appreciation of the services that a cardiac catheterization laboratory care team provides to for patients suffering from acute cardiomyopathies. The student should gain an understanding of how care and interventions initiated in the pre-hospital setting contribute to a positive outcome for patients requiring emergency cardiac catheterization. During this rotation, students should have the opportunity to observe, and demonstrate the following competencies under direct supervision.

**CLINICAL OBJECTIVES**

- Review pertinent medical history of patient undergoing cardiac catheterization
- Review and interpret electrocardiogram of patient before s/he undergoes interventions.
- Review and interpret electrocardiogram of patient post intervention (determine if change can be appreciated).
- Anticipate treatment plan and verbalize rationale for treatments
- Identify and verbalize pathophysiology that may contribute clinical findings.
- Observe and appreciate opportunity to visualize coronary vasculature
- Observe and appreciate revascularization of coronary vasculature post-intervention.
- Review and discuss the coronary arteries
- Appreciate revascularization after a coronary occlusion is removed
- Discuss coronary vasculature and associated cardiac regions being re-perfused post-catheterization.
- Relate abnormal electrocardiography findings necessitating interventional cardiac catheterization.
- Establish rapport with patients and team members.
- Demonstrate professionalism at all times.
- Perform other duties as assigned within paramedic scope of practice

**PRECEPTOR EXPECTATIONS**

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
INTENSIVE CARDIAC CARE CLINICAL EXPERIENCE
EMSP 255

SOUTHERN REGIONAL MEDICAL CENTER – CARDIAC INTENSIVE CARE UNIT (CRITICAL CARE UNIT)
ARRIVE 30 MINUTES BEFORE SCHEDULED TIME – ENTER FROM EMPLOYEE PARKING NEAR FIRE STATION, ELEVATORS TO 2ND FLOOR, RIGHT UPON EXITING ELEVATOR LOOK FOR SIGNS THAT SHOW “CRITICAL CARE UNIT”.

The purpose of the Cardiac Intensive Care Experience is to provide students with opportunities to observe and participate in the care management of cardiac patients. Students should receive instruction from Cardiologists, Cardiac/Intensive Care Nurses. The student should gain an understanding and appreciation of the services that a cardiac intensive care teams provide to for patients suffering from cardiomyopathies. During this rotation, students should have the opportunity to observe and demonstrate the following competencies under direct supervision:

CLINICAL OBJECTIVES

✓ Performance of a complete patient assessment (medical history and physical examination)
✓ Anticipate treatment plan and verbalize rationale for treatments
✓ Identify and verbalize pathophysiology that may contribute clinical findings
✓ Perform peripheral IV access and administer intravenous fluids
✓ Prepare, administer, and record medications by route designated as “within scope of practice”.
✓ Phlebotomize patients for laboratory specimen analyses.
✓ Record and interpret electrocardiograms.
✓ Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
✓ Assist with cardiac arrest management.
✓ Perform wound care.
✓ Perform and assist with the assessment and management of cardiac emergencies.
✓ Perform and assist with the assessment and management of medical emergencies.
✓ Perform and assist with the assessment and management of shock.
✓ Perform skills under stressful situations.
✓ Establish rapport with patients, families, and team members.
✓ Demonstrate professionalism at all times.
✓ Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

• Read/review student clinical competencies to be demonstrated.
• Read/review student scope of practice.
• Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
• Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
• Demonstrate, assist, and evaluate the student’s performance of approved skills.
• Suggest corrective actions or alternative approaches to technique when appropriate.
• Answer questions concerning assessment, clinical judgment, and care management decisions.
• Offer clinical expertise gained through previous patient contact experience.
• Correlate clinical experience with didactic knowledge.
• Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
• Avoid using students as agents for performing duties designated to paid staff.
INTENSIVE CARE UNIT CLINICAL EXPERIENCE
EMSP 265
GRADY HEALTH SYSTEM - ARRIVE 15 MINUTES BEFORE SCHEDULED TIME
BURN CENTER [3rd FLOOR | HALL B | WEST TOWER]
NEUROLOGICAL ICU [8th FLOOR | HALL B | SOUTH TOWER]
SURGICAL INTENSIVE CARE UNIT [7th FLOOR | HALL L | SOUTH TOWER]
ICU RAPID RESPONSE TEAM [3rd FLOOR | HALL E | CENTRAL | ROOM E711]

The purpose of the clinical experience in the Intensive Care Units is to provide the student with opportunities to observe and participate in the care management of patients with intensive care needs. Intensive Care Units on this rotation include the Burn Center, Surgical ICU, Neurological ICU and the respective step-down units. During this rotation, students should have the opportunity to observe and demonstrate the following competencies under direct supervision.

CLINICAL OBJECTIVES

✓ Performance of a complete patient assessment (medical history and physical examination)
✓ Anticipate treatment plan and verbalize rationale for treatments
✓ Identify and verbalize pathophysiology that may contribute clinical findings
✓ Assist in process of patient triage
✓ Perform peripheral IV access and administer intravenous fluids
✓ Assist/Perform central line monitoring/maintenance
✓ Assign Glasgow Coma Scores; discuss rationale with Preceptor
✓ Estimate total body surface area burned using the Rule of 9’s (BURN CENTER)
✓ Estimate fluid to be administered in the pre-hospital setting using the Parkland formula (BURN CENTER)
✓ Prepare, administer, and record medications by route designated as “within scope of practice”.
✓ Phlebotomize patients for laboratory specimen analyses.
✓ Perform airway assessment and management.
✓ Record and interpret electrocardiograms.
✓ Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
✓ Assist with cardiac arrest management.
✓ Perform wound care.
✓ Perform and assist with orthopedic assessment and stabilization.
✓ Perform and assist with the assessment and management of critical care patients.
✓ Perform skills under stressful situations.
✓ Establish rapport with patients, families, and team members.
✓ Demonstrate professionalism at all times.
✓ Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
LABOR AND DELIVERY – OBSTETRIC AND NEONATAL CLINICAL EXPERIENCE
EMSP 275
GRADY HEALTH SYSTEM – OB/GYN CENTER
[OB/GYN CENTER – 4TH FLOOR | HALL J & K | SOUTH TOWER]

The labor and delivery experience provides students with an opportunity to observe and participate in the assessment and care of patients in labor, through the process of child delivery, and in the post-partum period. This experience is also an opportunity to observe and participate in the care of neonatal patients in the neonatal intensive care unit. Students should become more acutely aware of signs on impending delivery and assist with or facilitate the birth of a newborn. During this rotation, students should have the opportunity to practice and demonstrate the following competencies under direct supervision:

CLINICAL OBJECTIVES

✓ Assessment of the patient in the 3 stages of labor.
✓ Demonstrate appropriate abilities to time contractions, monitor fetal heart tones, maternal vital signs, and neurological status.
✓ Identify signs of imminent delivery.
✓ Describe pathological and/or physiological causes of abnormal delivery.
✓ Observe and assist in a minimum of two vaginal deliveries.
✓ Observe caesarian sections at the discretion of the preceptor.
✓ Demonstrate ability to calculate APGAR score and provide rationale for all neonatal patient contacts.
✓ Demonstrate ability to calculate pediatric GCS and provide rationale for all neonatal patient contacts.
✓ Perform airway, temperature, and cord maintenance of newborn.
✓ Demonstrate skills in post-partum maternal care.
✓ Performance of a complete obstetric patient medical history and physical examination
✓ Anticipate treatment plan and verbalize rationale for treatments
✓ Identify and verbalize pathophysiology that may contribute clinical findings
✓ Assist in process of obstetric patient triage
✓ Perform peripheral IV access and administer intravenous fluids
✓ Prepare, administer, and record medications by route designated as “within scope of practice”.
✓ Assist with cardiac arrest management.
✓ Perform wound care.
✓ Perform skills under stressful situations.
✓ Establish rapport with patients, families, and team members.
✓ Demonstrate professionalism at all times.
✓ Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

• Read/review student clinical competencies to be demonstrated.
• Read/review student scope of practice.
• Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
• Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
• Demonstrate, assist, and evaluate the student’s performance of approved skills.
• Suggest corrective actions or alternative approaches to technique when appropriate.
• Answer questions concerning assessment, clinical judgment, and care management decisions.
• Offer clinical expertise gained through previous patient contact experience.
• Correlate clinical experience with didactic knowledge.
• Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
• Avoid using students as agents for performing duties designated to paid staff.
EMERGENCY PEDIATRIC CARE CLINICAL EXPERIENCE
EMSP 285
GWINNETT MEDICAL CENTER – PEDIATRIC EMERGENCY ROOM
ARRIVE 30 MINUTES PRIOR TO SHIFT – [FROM MAIN ER ENTRANCE, TAKE A RIGHT. CONTINUE DOWN PAST TRIAGING AREA AND TAKE LEFT. USE ID BADGE TO ACCESS THE PEDIATRIC ER]

The purpose of this clinical experience is to provide students with an opportunity to observe and participate in the assessment and care management of pediatric patients. This clinical experience should be focused on developing abilities to effectively communicate with pediatric patients and parents/guardians. During this rotation, students should have the opportunity to practice and demonstrate the following competencies unnder direct supervision:

CLINICAL OBJECTIVES
✓ Perform pediatric patient assessment
✓ Obtain and analyze vital signs.
✓ Estimate body weight and mass of pediatric patients.
✓ Perform IV/IO access.
✓ Calculate therapeutic fluid volume needed to support or resuscitate a pediatric patients suffering from volume depletion or shock.
✓ Anticipate treatment plan and verbalize rationale for treatments
✓ Identify and verbalize pathophysiology that may contribute clinical findings
✓ Assist in process of pediatric patient triage
✓ Prepare, administer, and record medications by route designated as “within scope of practice”.
✓ Phlebotomize patients for laboratory specimen analyses.
✓ Perform airway assessment and management.
✓ Perform endotracheal intubations.
✓ Record and interpret electrocardiograms.
✓ Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
✓ Assist with cardiac arrest management.
✓ Perform and assist with orthopedic assessment and stabilization.
✓ Perform and assist with the assessment and management of neurological emergencies.
✓ Perform and assist with the assessment and management of cardiac emergencies.
✓ Perform and assist with the assessment and management of medical emergencies.
✓ Perform and assist with the assessment and management of shock.
✓ Perform skills under stressful situations.
✓ Establish rapport with patients, families, and team members.
✓ Demonstrate professionalism at all times.
✓ Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS
- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
EMERGENCY TRAUMA CARE CLINICAL EXPERIENCE
EMSP 295
GRADY HEALTH SYSTEM – MARCUS TRAUMA CENTER
ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]

The purpose of the clinical experience in the Trauma Center is to provide the student with opportunities to observe and participate in the care management of urgent and emergent patients presenting specifically with traumatic injuries. During this rotation, students should have the opportunity to observe and demonstrate the following competencies under direct supervision:

CLINICAL OBJECTIVES

✓ Performance of a complete patient assessment (medical history and physical examination)
✓ Anticipate treatment plan and verbalize rationale for treatments
✓ Identify and verbalize mechanism of injury and how it contributes pathophysiology of clinical findings
✓ Assist in process of trauma patient triage
✓ Perform peripheral IV access and administer intravenous fluids
✓ Prepare, administer, and record medications by route designated as “within scope of practice”.
✓ Phlebotomize patients for laboratory specimen analyses.
✓ Perform airway assessment and management.
✓ Perform endotracheal intubations.
✓ Record and interpret electrocardiograms.
✓ Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
✓ Assist with cardiac arrest management.
✓ Perform wound care.
✓ Perform and assist with orthopedic assessment and stabilization.
✓ Perform and assist with the assessment and management of emergencies secondary to trauma.
✓ Perform skills under stressful situations.
✓ Establish rapport with patients, families, and team members.
✓ Demonstrate professionalism at all times.
✓ Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
The purpose of this Psychiatric Care Clinical Experience is to provide students with opportunities to observe and participate in the assessment and management of care for patients with behavior disorders. While psychomotor skills are not the focus of this experience, some skills may prove necessary. **The focus of this experience is to observe, develop, and practice the abilities to perform therapeutic communication and intervene in times of crisis.** During this rotation, students should have the opportunity to practice and demonstrate the following competencies **under direct supervision:**

### CLINICAL OBJECTIVES

- Performance of a complete patient assessment (medical history and physical examination)
- Anticipate treatment plan and verbalize rationale for treatments
- Identify and verbalize possible pathophysiology of clinical findings
- Perform peripheral IV access and administer intravenous fluids
- Prepare, administer, and record medications by route designated as “within scope of practice”.
- Identify overt behaviors associated with psychiatric disorders.
- Demonstrate application of therapeutic communication techniques used for managing psychiatric care
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Demonstrate professionalism at all times.
- Perform other duties as assigned within paramedic scope of practice

### PRECEPTOR EXPECTATIONS

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff.
This is an example of the Preceptor Evaluation of the Paramedic Student’s performance.

**INSTRUCTIONS FOR CLINICAL PRECEPTORS:**

Please use this form to provide the Academy with a **SUMMATIVE MEASURE** of the student’s performance for the entire shift.

**CRITICAL DECISION MAKING**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Initial Assessment</td>
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<tr>
<td>Patient Examination</td>
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<td>Historical Healthcare Record Development</td>
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<td>Patient Care</td>
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<td>Knowledge Base</td>
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<td>Critical Thinking</td>
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<td>Synthesis of Treatment Plan</td>
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<td><strong>TOTAL</strong></td>
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**COMMUNICATION & PROFESSIONALISM**

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<tr>
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<td>Established Rapport with Care Team Members</td>
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<td>Sought Learning Experiences</td>
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<td><strong>TOTAL</strong></td>
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**CLINICAL OBJECTIVES FOR EACH SHIFT**

Objectives change for each rotation. Please take the correct evaluation to the preceptor. An incorrect or incomplete evaluation may result in having to repeat the clinical shift.

**PRECEPTOR FEEDBACK HERE:**

Additional feedback may be sent to **CMOLE@GMH.EDU** if necessary.

**PRECEPTOR’S NAME**  **PRECEPTOR’S SIGNATURE**  **STUDENT SIGNATURE**

**START TIME**  **SHIFT START TIME HERE**  **END TIME**  **SHIFT END TIME HERE**

If you have any concerns regarding the performance of this student, please notify Clary Mole [EMS Clinical Education Manager] @ 404.616.3517 or 404.308.4628 (mobile) or cmole@gmh.edu.

If unavailable or the situation is emergent (sudden illness or injury), contact the on-duty department supervisor.

Updated 10/2014
The patient contact log must be completed for each clinical shift that is attended.

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<th>DATE</th>
<th>CLINICAL SITE</th>
<th>SHIFT START TIME</th>
<th>DEPARTMENT</th>
<th>SHIFT END TIME</th>
<th>COURSE NAME</th>
<th>CLINICAL OBJECTIVES</th>
<th>RATING</th>
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<td>M/F PATIENT</td>
<td>OBJECTIVE</td>
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<td>6</td>
<td>M/F PATIENT</td>
<td>OBJECTIVE</td>
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<td>7</td>
<td>M/F PATIENT</td>
<td>OBJECTIVE</td>
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<td>8</td>
<td>M/F PATIENT</td>
<td>OBJECTIVE</td>
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<td>9</td>
<td>M/F PATIENT</td>
<td>OBJECTIVE</td>
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<tr>
<td>10</td>
<td>M/F PATIENT</td>
<td>OBJECTIVE</td>
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<tr>
<td>11</td>
<td>M/F PATIENT</td>
<td>OBJECTIVE</td>
<td></td>
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</tr>
</tbody>
</table>

The section above is your (the student's) responsibility. You must keep an accurate account of all patients that you assess. You will do this as indicated by the examples above.

The section above will contain the objectives for each shift. It is the responsibility of the preceptor to rate your performance with reference to each clinical objective. The preceptor will also acknowledge the number of times you’ve demonstrated each objective.

---

STUDENT NAME
STUDENT SIGNATURE
PRECEPTOR NAME
PRECEPTOR SIGNATURE
## AFFECTIVE STANDARDS

During the clinical rotations, the Clinical Manager will evaluate each student on the basis of the following parameters:

<table>
<thead>
<tr>
<th>1. INTEGRITY</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. EMPATHY</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. SELF - MOTIVATION</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. APPEARANCE/PERSONAL HYGIENE</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean, and well maintained good personal hygiene and grooming.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. SELF - CONFIDENCE</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. COMMUNICATIONS</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. TIME MANAGEMENT</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. TEAMWORK AND DIPLOMACY</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>9. RESPECT</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>10. PATIENT ADVOCACY</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>11. CAREFUL DELIVERY OF SERVICE</th>
<th>DISPLAYED BEHAVIOR</th>
<th>DID NOT DISPLAY BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.</td>
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</tbody>
</table>

Professionalism will be evaluated during the Clinical Rotations. The student will be evaluated on the basis of performance as indicated by the clinical preceptor as well as the student’s compliance with scheduling, documentation, and time management standards established by the Program. There are 11 items on this professionalism evaluation. Each “DISPLAYED BEHAVIOR” will score the student 1 point. “DID NOT DISPLAY BEHAVIOR” scores the student 0 points. At the end of the clinical shift, each student will rated on their professionalism and this score will factor into an average that will be comprehensive AFFECTIVE MEASURE for the entire rotation.
COGNITIVE STANDARDS

CLINICAL THINKING QUESTIONS

Each during the course of the clinical rotation, you will be sent critical thinking questions via email when you have had a particularly rigorous clinical experience. You are expected to answer the questions and return your responses within 3 days of receiving the questions. Your answers will help the Clinical Education Manager determine if you are developing the critical thinking on the basis of your answers. Participation is mandatory. In addition to questions pertaining to the clinical experience, the Clinical Education Manager may surprise you with a “CLINICAL THINKING QUESTION” via email. You will not be able to predict when you will receive this question; however, when you do a reply is mandatory.

When the student returns the answers to these questions, s/he will be evaluated on the following criteria:

4 = PROFICIENT
3 = ACCEPTABLE
2 = NEEDS IMPROVEMENT
1 = UNACCEPTABLE PERFORMANCE

The total cognitive score will be determined from the total “PROFICIENT” points available during that rotation.

PATIENT CARE REPORT NARRATIVES

The student will be required to document EVERY patient contact in the clinical setting. For each shift, a singular patient care report will be evaluated for required documentation.

Subjective:
SAMPLE History
OPQRST of Complaint

Objective:
Scientific Measurements

Assessment:
Thorough Head to Toe Assessment
Pertinent Negatives
Clinical Findings

Plan/Treatment:
Interventions
Reassessment for Post-Intervention Intervention Findings
Follow-up Vital Signs
Transport Destination/Transport Rate (Emergency versus Non-urgent)
Disposition at Receiving Facility

For each shift, the chosen narrative will be evaluated for the criteria listed above. The student will scored according to on the following criteria:

4 = PROFICIENT
3 = ACCEPTABLE
2 = NEEDS IMPROVEMENT
1 = UNACCEPTABLE PERFORMANCE

The total cognitive score will be determined from the total “PROFICIENT” points available during that rotation.
PSYCHOMOTOR STANDARDS

### SUMMATIVe CLINICAL GOALS

#### ASSESSMENT BY AGE

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEONATE (0-1 month)</td>
<td>5</td>
</tr>
<tr>
<td>INFANT (1 month – 1 year)</td>
<td>5</td>
</tr>
<tr>
<td>TODDLER (1 – 3 years)</td>
<td>5</td>
</tr>
<tr>
<td>PRESCHOOL (4 – 5 years)</td>
<td>5</td>
</tr>
<tr>
<td>SCHOOL AGE (6 – 12 years)</td>
<td>5</td>
</tr>
<tr>
<td>ADOLESCENT (13 – 17 years)</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL PEDIATRIC</td>
<td>30</td>
</tr>
<tr>
<td>ADULT (18 – 64 years)</td>
<td>50</td>
</tr>
<tr>
<td>GERIATRIC (65+ years)</td>
<td>20</td>
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</tbody>
</table>

#### TOTAL ASSESSMENTS BY COMPLAINT

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Total Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREATHING PROBLEM</td>
<td>20</td>
</tr>
<tr>
<td>PEDIATRIC RESPIRATORY</td>
<td>5</td>
</tr>
<tr>
<td>CHANGE IN CONSCIOUSNESS</td>
<td>5</td>
</tr>
<tr>
<td>CHEST PAIN</td>
<td>20</td>
</tr>
<tr>
<td>ABDOMINAL PAIN</td>
<td>20</td>
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<tr>
<td>ALTERED MENTAL STATUS</td>
<td>20</td>
</tr>
<tr>
<td>WEAKNESS</td>
<td>5</td>
</tr>
<tr>
<td>HEADACHE/BLURRED VISION</td>
<td>5</td>
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<tr>
<td>SYNCOPE</td>
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#### TOTAL ASSESSMENTS BY IMPRESSION

<table>
<thead>
<tr>
<th>Impression</th>
<th>Total Skills</th>
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</thead>
<tbody>
<tr>
<td>OBSTETRIC</td>
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<tr>
<td>TRAUMA</td>
<td>20</td>
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<tr>
<td>PSYCHIATRIC</td>
<td>10</td>
</tr>
<tr>
<td>CARDIAC</td>
<td>20</td>
</tr>
<tr>
<td>CARDIAC ARREST</td>
<td>5</td>
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<tr>
<td>CVA</td>
<td>5</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>20</td>
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<tr>
<td>NEURO</td>
<td>20</td>
</tr>
<tr>
<td>RESPIRATORY</td>
<td>20</td>
</tr>
</tbody>
</table>

#### TOTAL SKILLS/INTERVENTIONS

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Total Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL MEDICATIONS</td>
<td>150</td>
</tr>
<tr>
<td>SUBCUTANEOUS</td>
<td>5</td>
</tr>
<tr>
<td>INTRAMUSCULAR</td>
<td>5</td>
</tr>
<tr>
<td>INTRANASAL</td>
<td>5</td>
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<tr>
<td>IV BOLUS</td>
<td>5</td>
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<tr>
<td>IV DRIP</td>
<td>5</td>
</tr>
<tr>
<td>NEBULIZER</td>
<td>5</td>
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<tr>
<td>ORAL</td>
<td>5</td>
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<tr>
<td>SUBLINGUAL</td>
<td>5</td>
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<tr>
<td>TRANSDERMAL</td>
<td>5</td>
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<td>INTRAOSSEOUS</td>
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<td>VENOUS ACCESS</td>
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<tr>
<td>VENTILATIONS</td>
<td>10</td>
</tr>
<tr>
<td>ENDOTRACHEAL INTUBATION</td>
<td>10</td>
</tr>
<tr>
<td>AIRWAY MANAGEMENT</td>
<td>10</td>
</tr>
</tbody>
</table>

#### EMSP 225 = 4 SHIFTS x 12 TOTAL HOURS 48

#### EMSP 235 = 4 SHIFTS x 12 TOTAL HOURS 48

#### EMSP 245 = 4 SHIFTS x 12 TOTAL HOURS 48

#### EMSP 255 = 8 SHIFTS x 12 TOTAL HOURS 96

#### EMSP 265 = 4 SHIFTS x 12 TOTAL HOURS 48

#### EMSP 275 = 4 SHIFTS x 12 TOTAL HOURS 48

#### EMSP 285 = 6 SHIFTS x 8 TOTAL HOURS 48

#### EMSP 295 = 4 SHIFTS x 12 TOTAL HOURS 48

The student will be evaluated on the basis of how each of these goals is accomplished at the end of the clinical curriculum. There are 671 points available for skills alone. A final clinical psychomotor grade will be derived using the following formulaic equation:

\[
\text{Cumulative Clinical Psychomotor Score} = \frac{\text{# skills performed by the student}}{\text{# total skill points}}
\]
The purpose of the EMS Advanced Life Support Transport Experience is to give the student an opportunity to observe and participate in the assessment and care management of urgent and emergency patients that activate the Emergency Medical Services. During this experience, the student will receive instruction from a Paramedic Preceptor. The student will perform the active duties of a team member in an ALS Ambulance crew. This part of the internship is a transitional period enabling the student to move from receiving direction to receiving guidance. Although the Paramedic Preceptor remains ultimately responsible for all patient care, the Paramedic Preceptor should encourage the student to perform as attending paramedic as soon as possible. **The EMS Field Internship should not exceed 65 hours (5 thirteen hour shifts).**

**CLINICAL OBJECTIVES**

- Demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for all patients.
- Serve as team leader for 15 pre-hospital emergency responses.
- Identify and locate all equipment on an ambulance.
- Perform radio/telephone transmission of patient care reports for at least 15 pre-hospital patients.
- Perform at least 15 verbal reports to ED staff upon arrival to hospital.
- Complete patient care documentation for ALL patient contacts in FISDAP ONLY.
- Collect and interpret 50 electrocardiograms.
- Perform skills under stressful situations.
- Perform other duties as assigned within paramedic scope of practice.

**PRECEPTOR EXPECTATIONS**

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervise/assist the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).
- Demonstrate, assist, and evaluate the student’s performance of approved skills.
- Suggest corrective actions or alternative approaches to technique when appropriate.
- Answer questions concerning assessment, clinical judgment, and care management decisions.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff (INCLUDING PATIENT CARE REPORTS TO BE DOCUMENTED USING HEALTHEMS SOFTWARE).
INSTRUCTIONS FOR PRECEPTORS:
PLEASE USE THIS FORM TO PROVIDE THE ACADEMY WITH A **SUMMATIVE MEASURE** OF THE STUDENT'S PERFORMANCE FOR THE ENTIRE SHIFT.

THE STUDENT WILL MUST BE EVALUATED ACCORDING TO THE FOLLOWING SCALE:
- 4 = PROFICIENT
- 3 = ACCEPTABLE
- 2 = NEEDS IMPROVEMENT
- 1 = UNACCEPTABLE PERFORMANCE

<table>
<thead>
<tr>
<th>CRITICAL DECISION MAKING</th>
<th>RATING</th>
<th>COMMUNICATION</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCENE MANAGEMENT</td>
<td></td>
<td>PATIENTS AND FAMILY</td>
<td></td>
</tr>
<tr>
<td>INITIAL ASSESSMENT</td>
<td></td>
<td>OTHER PROVIDERS</td>
<td></td>
</tr>
<tr>
<td>PATIENT EXAMINATION</td>
<td></td>
<td>RADIO</td>
<td></td>
</tr>
<tr>
<td>HISTORICAL HEALTHCARE RECORD DEVELOPMENT</td>
<td></td>
<td>DOCUMENTATION</td>
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<tr>
<td>PATIENT CARE</td>
<td></td>
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<tr>
<td>KNOWLEDGE BASE &amp; CRITICAL THINKING</td>
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<tr>
<td>TOTAL</td>
<td>TOTAL</td>
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<table>
<thead>
<tr>
<th>SKILLS PERFORMANCE</th>
<th>RATING</th>
<th>PROFESSIONALISM</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGE OF BASIC PATIENT CARE EQUIPMENT</td>
<td>APPEARANCE, ATTENDANCE, PREPARATION</td>
<td></td>
<td></td>
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<tr>
<td>EFFECTIVELY MANAGES AIRWAY (BASIC &amp; ADVANCED)</td>
<td>DEPENDABILITY, ORGANIZATION</td>
<td></td>
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</tr>
<tr>
<td>EFFECTIVELY GAINS VENOUS ACCESS</td>
<td>ATTITUDE, TEAMWORK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFFECTIVELY ADMINISTERS MEDICATIONS</td>
<td>PATIENT ADVOCACY/CAREFUL DELIVERY OF SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCURATELY OBTAINS OBJECTIVE MEASUREMENTS</td>
<td>SELF-CONFIDENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFFECTIVELY INTERPRETS ELECTROCARDIOGRAMS</td>
<td></td>
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<tr>
<td>EFFECTIVELY MANAGES INTERVENTIONS FOR TRAUMA</td>
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<tr>
<td>EFFECTIVELY MANAGES INTERVENTIONS FOR MEDICAL</td>
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<tr>
<td>TOTAL</td>
<td>TOTAL</td>
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</tbody>
</table>

PLEASE USE THE SPACE BELOW TO EXPLAIN ANY RATINGS OF LESS THAN 3.

PLEASE LIST ONE ATTRIBUTE THAT YOU WOULD IDENTIFY AS THE STUDENT’S GREATEST STRENGTH DURING THIS CLINICAL ROTATION

<table>
<thead>
<tr>
<th>PRECEPTOR’S NAME</th>
<th>PRECEPTOR’S SIGNATURE</th>
<th>STUDENT SIGNATURE</th>
</tr>
</thead>
</table>

START TIME | END TIME

IF YOU HAVE ANY CONCERNS REGARDING THE PERFORMANCE OF THIS STUDENT, PLEASE NOTIFY CLARY MOLE [EMS CLINICAL EDUCATION MANAGER] @ 404.616.3517 or 404.308.4628 (mobile) or cmole@gmh.edu. IF UNAVAILABLE OR THE SITUATION IS EMERGENT (SUDDEN ILLNESS OR INJURY), CONTACT THE ON-DUTY DEPARTMENT SUPERVISOR.

UPDATED 10/2014
## GRADY HEALTH SYSTEM – PARAMEDIC TRAINING PROGRAM – DAILY SHIFT LOG

<table>
<thead>
<tr>
<th>#</th>
<th>AGE</th>
<th>GENDER</th>
<th>CHIEF COMPLAINT</th>
<th>ALS CALL?</th>
<th>TRANSPORT DESTINATION</th>
<th>DID STUDENT LEAD?</th>
<th>WAS STUDENT LEADERSHIP “SUCCESSFUL”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>14</td>
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**STUDENT NAME**

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<th>STUDENT SIGNATURE</th>
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**PRECEPTOR NAME**

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<th>PRECEPTOR SIGNATURE</th>
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**ADDITIONAL PRECEPTOR COMMENTS:**
EMERGENCY MEDICAL SERVICES
THE CAPSTONE – ALS EMS TEAM LEADERSHIP EXPERIENCE
EMSP 305

The capstone to the Paramedic Clinical Curriculum is the ALS EMS Team Leadership Experience. During this 195 hour experience, the student should be able to integrate all cognitive, psychomotor, and affective domains to function as an entry level paramedic. The student should no longer be provided with instruction. The student should be strictly evaluated on his/her ability to perform as the leader of an ALS EMS Team. Although the Paramedic Preceptor remains ultimately responsible for all patient care, the student should be performing as the attending paramedic for all patient contacts.

CLINICAL OBJECTIVES

- Serve as the team leader for all pre-hospital responses with the last 50 of calls marked as a “successful lead”.
- Act as team leader throughout shift.
- Perform all radio/telephone patient care report transmissions
- Complete patient care report documentation for ALL patient contacts
- Perform comprehensive patient assessments and formulate treatment plans for ALL patients without guidance from the Preceptor
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Demonstrate professionalism and confidence at all times.
- Professionally delegate tasks to team members and professionally follow-up on each task delegated.
- Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

- Read/review student clinical competencies to be demonstrated.
- Evaluate the student’s clinical decisions provide feedback with regard to all patient contacts.
- Evaluate the student’s performance of approved skills.
- Intervene when appropriate to ensure continued safety of patient and crew.
- Offer clinical expertise gained through previous patient contact experience.
- Correlate clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations; designate each patient contact as “successful lead” when appropriate.
- Avoid using students as agents for performing duties designated to paid staff (INCLUDING PATIENT CARE REPORTS TO BE DOCUMENTED USING HEALTHEMS SOFTWARE).
### GRADY HEALTH SYSTEM – PARAMEDIC TRAINING PROGRAM

**INSTRUCTIONS FOR PRECEPTORS:**
Please complete the following evaluation at the end of the student’s shift. Please indicate the number of times the student demonstrated this competency, your rating, and comments required to support your rating.

*The student does not need to review this evaluation.*

**TERMINAL COMPETENCY EVALUATION**
In each category the student’s performance will be rated on the following scale:

1. **Hazard**  – any behavior(s) that may jeopardize the life, health, and/or safety of a patient or EMS crew member. These behaviors include but are not limited to infection control issues, equipment misuse, scene or personal safety issues, and patient handling/treatment issues.

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th># TIMES</th>
<th>RATING</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEST PAIN</td>
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<tr>
<td>RESPIRATORY DISTRESS</td>
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<tr>
<td>ALTERED MENTAL STATUS</td>
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<tr>
<td>SYNCOPE/WEAKNESS</td>
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<tr>
<td>ABDOMINAL PROBLEMS</td>
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<tr>
<td>PEDIATRIC</td>
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<tr>
<td>TRAUMATIC INJURY</td>
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<tr>
<td>PSYCHIATRIC</td>
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<tr>
<td>SERVED AS TEAM LEADER</td>
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<tr>
<td>FOSTERED TEAM RAPPORT</td>
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<tr>
<td>LOCATED EQUIPMENT ON UNIT</td>
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<tr>
<td>CALLED IN HOSPITAL REPORTS</td>
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<tr>
<td>ATTITUDE</td>
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<td>INITIATIVE</td>
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<tr>
<td>PERSONAL APPEARANCE</td>
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<td>PROFESSIONALISM</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>SUM</strong></td>
<td>/48 =</td>
<td><strong>SCORE</strong></td>
</tr>
</tbody>
</table>

**PRECEPTOR’S NAME PRINTED**

**PRECEPTOR’S SIGNATURE**

**START TIME**

**END TIME**

*IF YOU HAVE ANY CONCERNS REGARDING THE PERFORMANCE OF THIS STUDENT, PLEASE NOTIFY CLARY MOLE [EMS CLINICAL EDUCATION MANAGER] @ 404.616.3517 or 404.308.4628 (mobile) or cmole@gmh.edu. IF UNAVAILABLE OR THE SITUATION IS EMERGENT (SUDDEN ILLNESS OR INJURY), CONTACT THE ON-DUTY DEPARTMENT SUPERVISOR.*

**UPDATED 10/2014-CDM**
<table>
<thead>
<tr>
<th>DATE</th>
<th>SHIFT START TIME</th>
<th>SHIFT END TIME</th>
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<thead>
<tr>
<th>CLINICAL CAPSTONE</th>
<th>GRADY EMS</th>
<th>EMSP 305: CAPSTONE LEADERSHIP EXPERIENCE</th>
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<tbody>
<tr>
<td>#</td>
<td>AGE</td>
<td>GENDER</td>
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STUDENT NAME | STUDENT SIGNATURE
PRECEPTOR NAME | PRECEPTOR SIGNATURE

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GRADY HEALTH SYSTEM – PARAMEDIC TRAINING PROGRAM – DAILY SHIFT LOG
<table>
<thead>
<tr>
<th>PARAMEDIC COMPETENCY LOG</th>
<th>EMS PRECEPTOR INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual maneuvers to open and control airway (including FBAO removal)</td>
<td></td>
</tr>
<tr>
<td>Insertion of airway adjunct (NPA/OPA)</td>
<td></td>
</tr>
<tr>
<td>Bag-Valve-Mask Ventilation</td>
<td></td>
</tr>
<tr>
<td>Upper airway suctioning</td>
<td></td>
</tr>
<tr>
<td>Tracheobronchial suctioning</td>
<td></td>
</tr>
<tr>
<td>CPAP/BiPAP administration and management</td>
<td></td>
</tr>
<tr>
<td>Blind Insertion Airway Devices (KING) insertion &amp; removal</td>
<td></td>
</tr>
<tr>
<td>Endotracheal intubation</td>
<td></td>
</tr>
<tr>
<td>Airway obstruction removal by direct laryngoscopy</td>
<td></td>
</tr>
<tr>
<td>Pleural decompression via needle thoracostomy</td>
<td></td>
</tr>
<tr>
<td>Peripheral IV insertion, maintenance, and removal</td>
<td></td>
</tr>
<tr>
<td>Intraosseous device insertion, maintenance and removal</td>
<td></td>
</tr>
<tr>
<td>Access indwelling catheters/central IV ports for fluid/medication admin.</td>
<td></td>
</tr>
<tr>
<td>Central line monitoring</td>
<td></td>
</tr>
<tr>
<td>Accurately calculates medication or fluid doses to be administered</td>
<td></td>
</tr>
<tr>
<td>Administered medication or fluid dose by specifically approved route</td>
<td></td>
</tr>
<tr>
<td>Manual external CPR</td>
<td></td>
</tr>
<tr>
<td>Monitoring and interpretation 12-leads ECG</td>
<td></td>
</tr>
<tr>
<td>Manual cardiac defibrillation</td>
<td></td>
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<tr>
<td>Emergency cardioversion, including vagal maneuvers</td>
<td></td>
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<tr>
<td>Transcutaneous cardiac pacing</td>
<td></td>
</tr>
<tr>
<td>Assist in the normal delivery of a newborn</td>
<td></td>
</tr>
<tr>
<td>Manual and mechanical patient restraints for behavioral emergencies</td>
<td></td>
</tr>
<tr>
<td>Manual stabilization of orthopedic trauma</td>
<td></td>
</tr>
<tr>
<td>Spinal motion restriction (supine/seatd)</td>
<td></td>
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<tr>
<td>Splinting (includes traction splints)</td>
<td></td>
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<tr>
<td>Hemorrhage Control</td>
<td></td>
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<tr>
<td>Fundamental eye irrigation</td>
<td></td>
</tr>
<tr>
<td>Management of soft-tissue injuries</td>
<td></td>
</tr>
<tr>
<td>Rapid extrication of patients</td>
<td></td>
</tr>
<tr>
<td>OTHER:</td>
<td></td>
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<tr>
<td>OTHER:</td>
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</table>

PRECEPTOR COMMENTS:

PRECEPTOR SIGNATURE

STUDENT SIGNATURE

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UPDATED 10/2014
SCENE MANAGEMENT
The student conducted a thorough scene size-up with the objective of ensuring the safety of EMS team, patients, as well as uninvolved citizens. The student used PPE/BSI standard precautions, made note of the mechanism of injury/nature of illness, and determined if any additional resources were needed. The student queues to formulate ingress/egress strategies.

INITIAL ASSESSMENT
The student performs a rapid but effective primary assessment with the objective of discovering immediate life threats. Should the student discover a life threat, the student must immediately intervene.

PATIENT EXAMINATION
The student obtains accurate and relevant information. The student conducts a physical examination using a logical, systematic technique that is appropriate for mechanism of injury or nature of illness. The student is able to immediately determine if the patient is stable or unstable.

HISTORICAL HEALTHCARE RECORD DEVELOPMENT
The student is able to rapidly and effectively obtain and organize information from patient, family, or standers by. The patient’s historical healthcare record includes the chief complaint, the history pertinent to the chief complaint, pertinent surgical history, medications, allergies, last oral intake, last menstrual period (if applicable), and events leading to the chief complaint and/or call for EMS request.

PATIENT CARE
The student is able to formulate/implement or delegate interventions that are appropriate for a treatment plan.

KNOWLEDGE BASE & CRITICAL DECISION MAKING
The student is able to monitor the efficacy of interventions and treatment plan and develop an alternative if interventions/treatment plan is rendered ineffective. When the student is encountered with a situation not previously experienced, the student is able to rely on his/her knowledge base to make sound clinical/procedural decisions. The student is able to manage a patient that presents with multiple complaints by determining the root cause(s). The student is able to discuss clinical findings, suggest treatments, and defend rationale behind treatments suggested. The student is able to recollect and apply concepts when synthesizing treatment plans in complex patient(s) situations.

SKILLS PERFORMANCE
The student demonstrates that s/he has knowledge of basic patient care equipment. The student is able to manage an airway using basic and advanced techniques. The student is able to gain vascular access and administer medications even when administration requires the student to perform drug calculations. The student is able to accurately obtain objective measurements such as blood pressure, heart rate, respiratory rate, pulse oximetry, pupillary diameter, blood glucose concentration, and end-tidal carbon dioxide. The student is able to interpret electrocardiograms. The student is able to manage effectively management traumatic injuries by applying the stabilizing equipment.

PATIENTS AND FAMILY
The student presents to patients and family with respect and active listening. The student is able to establish a rapport while obtaining relevant information using therapeutic communication.

OTHER PROVIDERS
The student communicates pertinent information to team members and hospital personnel.

RADIO
The student provides complete, clear, and concise patient report using knowledge of radio procedure and operations.

DOCUMENTATION
The student keeps complete and accurate record of patient care, patient care interventions, and electrocardiogram interpretations.

APPEARANCE, ATTENDANCE, PREPARATION
The student is well-groomed and in appropriate uniform with student badge prominently displayed. The student arrives promptly for scheduled shift and remains throughout the duration of the shift. The student has prepared for shift by reviewing the paramedic scope of practice and ready to accomplish any goals identified in previous shifts.

DEPENDABILITY, ORGANIZATION
The student carries out assigned tasks with minimal prompting from Preceptor. The student prioritizes tasks for time allotments and uses organized, systematic approach to patient evaluation and care.

ATTITUDE, TEAMWORK
The student presents with behaviors that suggest s/he is mature, eager to learn, and an adaptable member of a healthcare team. The student is able to establish a good rapport with all team members and patients. The student demonstrates empathy and integrity.

PATIENT ADVOCACY/CAREFUL DELIVERY OF SERVICES
The student is able to create a patient-centered environment of care while protecting patient confidentiality.

SELF-CONFIDENCE
The student is able to demonstrate an ability to trust personal clinical and procedural judgments while remaining acutely aware of personal strengths and limitations.
During the field internship and capstone leadership rotations, student performance will be measured by Preceptors and the Clinical Education Manager. The Preceptor will decide the degree that the student has successfully accomplished each of the skills, objectives, and behaviors during the shift. The Clinical Education Manager will also complete a final evaluation of the shift on the basis of Preceptor’s feedback, student documentation proficiency, and professionalism.

In addition to accomplishing the objectives of the field internship and capstone leadership hours, the student will also have to collect and interpret 50 electrocardiograms. The ECGs must be attached to the Grady EMS Academy ECG form using a glue stick; no other device/method may be used to attach the ECG to the form. The preceptor must review the student’s ECG interpretation and add comments/corrections to the interpretations as needed. Both the signature of the student and the preceptor MUST be on the form for it to be submitted and counted toward the goal of 50. The 12-lead ECGs will be submitted in a portfolio at the end of the internship for a grade.

The following page replicated 50 times and used to create a “12-lead Electrocardiogram Portfolio”. Please note that Preceptor validation of each ECG is required.
**DIRECTIONS:**

Collect 12-lead ECGs only—cover the ambulance with 12-lead ECG using a glue stick. Your interpretation and signature as well as your preceptor's comments and signature each must be on this form for it to count towards your total ECG tally. All ECGs must be submitted with your preceptor evaluation at the end of the shift.
DOCUMENTATION

FISDAP

Students enrolled in curricula of the Grady Paramedic Program will be required to purchase FISDAP. FISDAP is a database used to schedule clinical shifts as well as catalogue all skills and patient contacts. Students will be asked to provide an email address so that a code and a hyperlink may be sent from the Clinical Education Manager. Upon receipt of code and hyperlink, students must follow the prompts to purchase and establish an account with FISDAP.

Once the FISDAP account is purchased, the student will use the account to schedule shifts and enter patient care reports. All skills and patient documentation must be entered into FISDAP for each clinical shift. You are required to enter this data within 72 hours of your clinical shift. If you do not complete the documentation within 72 hours of your shift, FISDAP will lock you out. If locked out, clinical documentation not completed within 72 hours will no longer be eligible to be entered into the database. If no data is entered in FISDAP, no skills or patient contacts will be documented and the student will be subject to having the shift deleted or marked as absent. Deleted shifts must be rescheduled and re-attended. Failure to document clinical experience is UNACCEPTABLE.

Please follow the prompts below in order to be successful with managing information to be entered into the FISDAP tracking and scheduling database:

When students have purchased the account, it is necessary for the student to update any account information not entered during the initial purchase. To do so, select Account, then select Account Information. Update all information in each prompt and then select Save. You may then log-out until needed for clinical data entry at a later time.

When returning to the FISDAP site: https://members.fisdap.net/login, you will be greeted with the following webpage:
Member Log In

Enter your credentials, and click Log in.

Once logged in, the default page is the Dashboard. Students should look for the above information on the Dashboard because this provides you with a percentage of the goals you’ve accomplished for the curriculum in which you are enrolled.
When editing filters, click the Off slide bar to view available shifts. Once this is complete, open shifts will be visible.

The green bar corresponds to the shift available at clinical site. Click on either to select the shift.

If this is a desired shift, click Sign up.

FISDAP Robot—he’s always there to help. Just click.
Once selected, the shift will need to be confirmed. Once confirmed, the shift is no longer available. It will then become visible under My Shifts.
Begin documentation here; this is where one enters skills and assessments from the clinical shift.

Evaluate the clinical site and Preceptor. The more feedback the more likely the site is to improve.
All data that must be entered in order to close the shift

Must be documented as “student completed the skill” to receive credit.

Subjective information is knowledge imparted by the patient, Fire Department, other EMS Agency, etc. This includes symptoms and/or behaviors witnessed by any of the above.

Objective information is knowledge acquired using scientific method or instrument. This information is both reliable and valid because information can be replicated by another assessor given the patient status and instruments used to measure do not change.

Assessment information is the knowledge acquired from a systematic method of reviewing (and reporting) each of the patients major body regions. This information is not 100% objective because assessor’s subjectivity is infused into the information reported. This is why it is separated from the objective section.

Plan information is the critical thinking area. This is the section that informs the reader about actions taken by the care provider to resolve any problems discovered from information provided or ascertained above. This is also the section where post-treatment documentation (response to treatments, post-treatment vitals, post-treatment assessment).
Add another patient or review data for accuracy. If satisfied with the data entered, select **Lock Shift**.

Once selected, the following with pop-up:

Once confirmed, the shift is locked and submitted for Clinical Education Manager’s review.
DOCUMENTATION EXAMPLE

Scenario: A 38 year old female has fallen in a grocery store. The EMS unit has been requested for evaluation and transport.

Subjective:
Unit #### responded to the above location for a 38 year old female complaining injuries from a fall. Upon arrival (09:37), the patient was found seated in the floor of the grocery store from which the call for EMS response was generated. The patient complained of right knee pain and a headache. According to the patient, it was approximately 10 minutes prior EMS arrival that she fell. She further advised that she fell as she was walking in from of the dairy case; she then stated that she thought she slipped in what appeared to be milk and subsequently fell. The patient stated she struck her knee on the dairy case as she was descending; the patient also advised that her headache began after she had had a cappuccino approximately 1 hour ago. She stated that she did not eat breakfast this morning. When asked to relate the pain she was experiencing to a number on a 1-10 scale, she stated that it was a 9 (at the time of initial EMS contact). The patient advised that her knee pain was sharp exacerbated by movement. She advised that while stationary it remained in the area of her patella but radiated down the anterior aspect of the leg with motility. She then advised that her headache was a dull pain and at a 6/10 on the same pain scale.

When asked about her medical history, the patient advised that she had only a history of anxiety, panic disorder, and hypertension secondary to anxiety/pain. The patient advised that she is prescribed 25 mg of Atenolol (PO) that must be taken at the onset of panic/anxiety. The patient stated that she hasn’t had to take any of her medication recently but felt as if she may need her medication now.

Objective:
Upon initial contact, the patient presented with the following findings:
- Heart rate: 122
- Blood Pressure: 150/102
- Respiratory Rate: 28
- Oximetry: 99%
- Blood Glucose Concentration: 146 mg/dL
- Pupils: Round/equal @ 5 mm

Assessment:
- Level of Consciousness: Alert and oriented x 3/3; no deficits noted to speech/cognition. Patient was able to recount all events leading to the call for EMS response (confirmed by standers by). GCS = 15
- HEENNT (Head, Ears, Eyes, Nose, Neck, & Throat): Normocephalic without complaint/dysfunction associated with Ears, Eyes, Nose, Neck, or Throat; patient advised that there was no appreciable deficit to her normal abilities to see, perceive sound, or smell. Pupillary response to light intact @ 1-2 mm with light accommodation; pupils persistently round/equal. The patient’s trachea presented mid-line without deviation; no jugular vein distention was noted. The patient denied pain/discomfort.
- Chest: Bilateral breath sounds clear to auscultation in all fields. S1 and S2 appreciated upon auscultation of heart tones. No complaints pain; no dysfunction noted upon visual observation: symmetrical chest excursions noted.
- Upper Extremities: No deficits or dysfunction noted; pulse appreciated distally; patient denied diminished perception of touch and demonstrated distal motility at fingers and wrists as well as proximal joints.
- Abdomen: No complaints associated with any of the four abdominal quadrants. Borborygmi appreciated upon auscultation of bowel sounds.
- Pelvis: Stable upon application of mild pressure to the pelvic ring, symphysis pubis, and femoral heads; ability to perambulate not assessed do to complaint of pain to right knee.
- Lower Extremities: No deficits or dysfunction noted; pulse appreciated distally; patient denied diminished perception of touch and demonstrated distal motility at toes and ankles as well as left proximal joints. Patient complained of right knee pain; mild to moderate edema noted; contusion appeared to be forming on the inferior aspect of the patella.
- Back: Patient denied pain to posterior aspect; no tenderness/deficits/irregularities appreciated upon palpation of the spinal column from cervical to sacrum.
- Genitalia/Buttocks: No complaints; assessment withheld.
- Overall: Patient appeared to be well-developed and well-nourished; no cognitive or developmental deficits appreciated upon assessment and interview.
Plan/Treatment/Transport:

After assessment, the patient was offered transport to the healthcare facility of her choice but within protocol standards. The patient advised that she wished to be transported to Grady Health System. When patient consented to treatment and transport, the patient was provided with a splint to the right knee due to complaints and presentation. Perfusion confirmed before and after application of the joint immobilization device. The patient was transported non-urgently to Grady Health System with the following interventions provided en route:

Vitals reassessment (post-intervention):
05 minutes from departure: Heart rate: 112; blood pressure: 148/88; respiratory rate: 22; oximetry: 99%
10 minutes from departure: Heart rate: 110; blood pressure: 150/86; respiratory rate: 20; oximetry: 99%

Injury reassessment:
Patient advised that her pain had decreased to a 6/10 with application of splint and transport in a position of comfort. Perfusion/motility/perception of touch assessed and found to continue to be intact.

Medical control established with receiving facility without question or order.

Upon arrival, patient placed in bed for triaging per request of receiving nurse. Signatures for patient receipt/disposition acquired from nursing staff. Report/care transport to A. Most-Fab, RN.
HOSPITAL AFFILIATE CLINICAL SITES

Grady Memorial Hospital
80 Jesse Hill Jr. Dr. SE
Atlanta, GA 30303
(404) 616-1000

Drive 1.5 miles, 4 min

1. Head west on GA-154 W/Memorial Dr SE toward Estoria St SE
   0.3 mi

2. Turn right onto Hill St SE
   0.2 mi

3. Turn left onto Decatur St SE
   0.3 mi

4. Turn right onto Jesse Hill Jr Dr SE
   0.7 mi

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google Terms Privacy Report a problem
Southern Regional Medical Center
11 Upper Riverdale Rd
Riverdale, GA 30274

Drive 15.4 miles, 20 min

745 Memorial Dr SE
Atlanta, GA 30316

- Get on I-75 S from GA-154 W/Memorial Dr SE and Decatur St SE
  2.2 mi / 7 min

- Follow I-75 S to Upper Riverdale Rd in Clayton County. Take exit 235 from I-75 S
  12.6 mi / 12 min

- Merge onto I-75 S
  12.1 mi

- Take exit 235 toward US-19/US-41/Griffin/Jonesboro
  0.5 mi

11 Upper Riverdale Rd
Riverdale, GA 30274

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