



Rotation Summary Form

Student Name: _____ Location: _____
Date: _____ Start Time: _____ End Time: _____ Total Hours: _____
Date Submitted: _____ Received By: _____ Date Returned: _____ Date Resubmitted: _____

Learning Objectives

Purpose

The purpose of this rotation is to give students an opportunity to practice airway management procedures, especially bag valve mask ventilation and endotracheal intubation.

Objectives (These experiences must be completed)

At a minimum, students in first semester paramedic clinical rotations will be expected to accomplish the following objectives during each OR rotation:

1. Appropriately manage the patient's airway before, during and after anesthesia to include:
 - a. Proper positioning of the head and shoulders
 - b. Formation of an effective seal with a bag valve mask
 - c. Effective ventilation with a manual ventilation device and mask
 - d. Effective intubation of all ages and conditions of patients.
 - e. Appropriate assessment of tube placement
 - f. Effective ventilation with a manual ventilation device and ET tube.

Goals (The student should complete as many of these experiences as possible)

It is the goal of first semester paramedic clinical rotations in the operating room is to expose students to as many patient assessment and management situations as possible. These may include, but are not limited to:

1. Administration of medications to facilitate endotracheal intubation.
2. Monitoring patients, including blood pressure, pulse, respirations, level of consciousness, arterial oxygen saturation, and end-tidal carbon dioxide detection
3. Operating oxygen administration equipment and giving oxygen
4. Assisting in operation of mechanical ventilation equipment
5. Preparing and giving medications as directed by preceptor
6. Observing effects of medications given.

Note:

While students will be exposed to surgical procedures during this rotation and have the opportunity to learn about those procedures, the primary purpose of this rotation is airway management. Students should concentrate their time on mastering these tasks.

Competency Checks

During this course, the student must complete hospital competency checks in the following skills:
IV Therapy; Bag Valve Mask Ventilation; Endotracheal intubation

Patient Contacts

During first and second semester clinical rotations, the student must document contact with the following types of patients.
Chest pain 5; Breathing difficulty (Adult) 4; Breathing difficulty (Pediatric) 4; Vehicular trauma 4; Non-vehicular Trauma 4;
Non-trauma AMS/neurological deficit 4; Acute abdomen/GI bleed 2
Children (ages 0-12) 4; Adolescents (ages 13-17) 4; Adults (ages 18-60) 4; Older adults (>60 years) 4

PRECEPTOR'S EVALUATION OF STUDENT			
AFFECTIVE OBJECTIVES			
Does the student display the following personal behaviors required of an entry-level paramedic?			
INTEGRITY: Consistent honesty; being able to be trusted with the property of others; being able to be trusted with confidential information; complete and accurate documentation of patient care and learning activities	YES	NO	NBE
EMPATHY: Compassion for others; responding appropriately to patient and family member emotions; demonstrating respect for others; demonstrating a calm, compassionate, helpful demeanor; being supportive and reassuring	YES	NO	NBE
SELF-MOTIVATION: Taking initiative to complete assignments or to improve; taking on or following through on tasks without constant supervision; showing enthusiasm; constantly striving for excellence; accepting feedback positively; taking advantage of learning opportunities	YES	NO	NBE
APPEARANCE/PERSONAL HYGIENE: Complying with clinical dress code; practicing good personal hygiene and grooming	YES	NO	NBE
SELF-CONFIDENCE: Demonstrating ability to trust personal judgment; demonstrating awareness of strengths and limitations; exercising good judgment	YES	NO	NBE
COMMUNICATIONS: Speaking clearly; writing clearly; listening actively; adjusting communications strategies to various situations	YES	NO	NBE
TIME MANAGEMENT: Being consistently punctual; Completing work on time	YES	NO	NBE
TEAMWORK AND DIPLOMACY: Placing team success above self; not undermining team; helping, supporting other team members; showing respect; remaining flexible and open to change; communicating with others to resolve problems	YES	NO	NBE
RESPECT: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession	YES	NO	NBE
PATIENT ADVOCACY: Not allowing personal bias to interfere with care; placing patient need above self interest; protecting and respecting patient confidentiality and dignity	YES	NO	NBE
CAREFUL SERVICE DELIVERY: Developing and maintaining mastery of knowledge and skills; demonstrating safe, careful, complete attention to duties; following orders and instructions	YES	NO	NBE
PRECEPTOR COMMENTS (All "NOs" require comment including suggestions for improvement)			
STUDENT COMMENTS (All "NOs" require comment including student's planned actions for improvement)			

NBE = No basis for evaluation

PRECEPTOR'S EVALUATION OF STUDENT

COGNITIVE AND PSYCHOMOTOR OBJECTIVES

Does the student display the following knowledge and skills required of an entry-level paramedic?

OCCUPATIONAL HEALTH AND SAFETY: Displaying safety consciousness with patients, self, other personnel, equipment; compliance with infection control principles, including appropriate use of standard precautions and aseptic technique; using proper body mechanics when handling patients and equipment; demonstrating understanding of psychological hazards of emergency/critical care environments and of techniques for stress reduction and management	YES	NO	NBE
VASCULAR ACCESS: Ability to safely and effectively access the venous circulation of patients from all age groups.	YES	NO	NBE
MEDICATION ADMINISTRATION: Ability to safely and effectively give medications by the intravenous push, intravenous continuous infusion, intramuscular, subcutaneous, and nebulized routes.	YES	NO	NBE
BAG VALVE MASK VENTILATION: Safely and effectively ventilating unintubated patients from all age groups	YES	NO	NBE
ENDOTRACHEAL INTUBATION: Ability to safely and effectively perform endotracheal intubation.	YES	NO	NBE
PATIENT ASSESSMENT AND MANAGEMENT: Performing an assessment, developing a differential diagnosis, formulating, and implementing a treatment plan demonstrating the knowledge base and professional judgment required of an EMT-Intermediate	YES	NO	NBE
WRITTEN RECORDKEEPING: Documenting patient information, observations, and occurrences accurately, completely, concisely, and legibly	YES	NO	NBE
VERBAL COMMUNICATIONS: Communicating pertinent information understandably, completely, concisely, and accurately	YES	NO	NBE

PRECEPTOR COMMENTS: (All "NOs" require comment including suggestions for improvement)

STUDENT COMMENTS: (All "NOs" require comment including student's planned actions for improvement)

Preceptor's Signature: _____ Date: _____

Preceptor's Printed Name: _____

Please call us at 254-298-8562 if you wish to discuss this student's performance directly with a faculty member.

Performance Record

Interventions		Conditions		Gender/Age	
Vital Signs	CPR	Chest Pain		Male	
Assessments	Oxygen	Breathing Difficulty (Adult)		Female	
Breath Sounds	Spinal Board/KED	Breathing Difficulty (Pediatric)		< 1 year	
Oral Airway	BVM	Vehicular Trauma		1-2	
Nasal Airway	Bandage & Splint	Non-Vehicular Trauma		3-4	
Oral Suction	Traction Splint	Non-trauma AMS/neuro deficit		5-9	
Nebulizer	PASG	Acute Abdomen		10-19	
Oral Meds	SAED	Hypoglycemia		20-29	
Epi Autoinjector	IV Therapy	Hyperglycemia		30-39	
Blood glucose	IV Push Drugs	Toxicologic/Poisoning		40-49	
Oral Intubation	IV Piggyback	Behavioral		50-59	
Nasal Intubation	IM Drugs	Vaginal Delivery		60-69	
NG Tube	SC Drugs	Cardiac Arrest		70-79	
Surgical Airway	Chest Decompress			80-89	
				90-99	
				> 100	

Student Evaluation of Clinical Site

Did the staff make you feel welcome and include you in daily activities and patient care?	YES	NO
Did this site provide you with adequate patient contacts and other experiences to help you complete to objective for the rotation?	YES	NO

Student Evaluation of Preceptor

Did your preceptor make you feel welcome and include you in patient care activities and non-clinical activities?	YES	NO
Did the preceptor assist your learning by building on your knowledge and relating it to patient care?	YES	NO

COMMENTS: (All "NOs" require comment including suggestions for improvement)

The information in this document and all documents submitted with it is an accurate record of my activities during this clinical assignment:

Student Signature

Date