



TEMPLE COLLEGE

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 assess pediatric patients under the supervision of pediatric residents.

Objectives (These experiences must be completed)

Students will be precepted by either a staff pediatrician or a pediatric resident. They will be expected to:

1. Accompany the preceptor on all patient contacts and reports
2. Observe and assist assessment and management of each patient
3. Discuss each patient's condition with the preceptor and document the following:
 - a. Pathophysiology
 - b. Common signs and symptoms
 - c. Common treatment plans
 - d. Prognosis
4. Document each patient contact using SOAP method to include:
 - a. Age and sex
 - b. Presenting problem or chief complaint
 - c. Past Medical History
 - d. Assessment findings
 - e. Treatment plan
5. Complete documentation on each patient to include the name, class, mechanism of action, dose, and administration route of each medication being administered.

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

It is the goal of the paramedic fourth semester clinical rotations in the pediatric clinic is to expose students to as many experiences as possible involving assessment of common injuries and illnesses in children.

Competency Checks

During this course, the student must complete the following hospital competency checks:

Medical Director Evaluation/Competency Check

Patient Contacts

During third and fourth semester clinical rotations, the student must document contact with the following types of patients.

Chest pain 10; Non-traumatic AMS/neuro deficit 5; Vehicular Trauma 6; Acute Abdomen 2; Cardiac Arrest 1; Hypoglycemia 1; Hyperglycemia 1; Adult breathing difficulty 8; Pediatric breathing difficulty 4; Non-vehicular trauma 6; Vaginal delivery 1; Toxicologic/Poisoning 4; Behavioral 2

Newborns 3; Infants (0 to 1 years) 3; Toddlers (1 to 3 years) 3; Preschoolers (4 to 5 years) 3; School age (6 to 12 years) 3; Adolescents (13 to 17 years) 3; Adults (18 to 60 years) 10; Older adults (> 60 years) 8

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
ECG ACQUISITION AND INTERPRETATION: Demonstrating ability to safely and effectively acquire and interpret both a monitoring lead and 12-lead ECG.	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
12 Lead ECG	Defib/Cardiovert		90-99
Monitoring Lead	External Pacing		> 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