

Section B: Clinical Policies Basic EMS Education

Revised May 2006

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Welcome to the Temple College EMS Professions Clinical Program!

We hope you will find your clinical experiences exciting and beneficial. The following pages provide information about what your clinical rotations will include and how to get the most out of them.

Preparation is the key to a successful clinical rotation. The more you know about the area and the types of patients you will be interacting with, the more you will learn from the experience. A well prepared student with a working knowledge of the vocabulary, skills, and patient issues involved with a clinical site will have a more productive interaction with the hospital staff, the patients, and the families of the patients they will be working with.

Some clinical areas such as the Emergency Department are precepted by the staff of the EMS Professions Department. Other areas are precepted by the on-duty staff of that area. Some clinical areas are more "self-directed" than others. This is especially true of areas that have a high volume of private patients such as Labor and Delivery. Preparing for clinical, being friendly and helpful, and not being shy about introducing yourself and asking what you can do to help will go a long way in "breaking the ice" in these busy areas.

The opportunity to learn in these healthcare settings is a privilege afforded to us by our clinical affiliates. We are fortunate to have a number of excellent sites for our clinical rotations. Many paramedic students in Texas and around the country would love to have the opportunity to rotate through large teaching institutions like Scott & White and the VA Hospital. We encourage you to take advantage of this tremendous opportunity to learn.

Clinical rotations can also be fun!! Enjoy the time you are given to learn about the practice of medicine.

Helpful Phone Numbers

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Clinical Rotation Requirements

Clinical rotations are required in each semester. Rotations include departments within Scott & White Hospital, the Veterans Administration Hospital, King's Daughters Clinic, and Southland Villa Nursing Center. All rotations are 'competency' based. This means that, while there are a minimum number of hours and procedures required, additional hours may be required to achieve competency. This is done on an individual basis. More information is given in the course syllabus. All clinical rotations must be completed before a semester grade will be assigned. Rotations are also required before applying for certification testing.

Field Internship Sites

Belton Fire Department
203 S. Penelope
Belton, Texas
254-933-5828

Williamson County Medic 21
1311 Highland Drive
Cedar Park, Texas 78613
512-260-1029

Harker Heights Fire Department
401 Indian Trail
Harker Heights, Texas
254-699-2688

Williamson County Medic 22
Anderson Mill Station.
10502 Mellow Meadows
Austin, Texas 78750
512-918-9878

Scott & White EMS
2401 S. 31st Street
Temple, Texas
254-724-5711

Williamson County Medic 23
209 W. Willis St.
Leander, TX 78641
512-259-1735

Williamson County Medic 11
203 Commerce
Round Rock, Texas 78664
512-255-0855

Williamson County Medic 31
4200 Airport Rd.
Georgetown, TX 78626
512-931-2949

Williamson County Medic 12
3300 Gattis School Road
Round Rock, Texas 78664
512-246-1887

Williamson County Medic 32
2000 Scenio Drive.
Georgetown, TX 78626
512-943-3000

Williamson County Medic 13
350 Deepwood
Round Rock, TX 78681
512-671-6665

Williamson County Medic 33
#5 Texas Drive
Georgetown, Texas 78628
512-931-0200

Williamson County Medic 14
1991 Rawhide Drive
Round Rock, TX 78681
512-244-9207

Williamson County Medic 41
2604 Northlawn Drive
Taylor, Texas 76574
512-365-8526

Williamson County Medic 42
1425 North Main Street
Taylor, Texas 76574
512-365-7554

Clinical Guidelines and Policies

1. All clinical and field rotations for the EMT-Basic course, along with all required skills testing and competency check off forms must be completed before a student is allowed to take the EMT-Basic certification exam.
2. All clinical and field rotations for the Intermediate course (Paramedic first and second semesters), along with all required skills testing and competency check off forms must be completed before a student is allowed to take the EMT-Intermediate certification exam.
3. All clinical and field rotations for the Paramedic courses, along with all required skills testing and competency check off forms must be completed prior to taking the next course in the paramedic program. All rotations must be completed prior to being allowed to take the EMT-P certification exam.
4. Students shall wear the appropriate uniform to each clinical rotation. The uniform must be clean and neat and meet the criteria expressed in the dress code. The clinical uniform will be worn to all rotations with the exception of OR and L&D where students will be issued scrubs.
5. Students should come to each clinical rotation ready to participate. This means they should have the appropriate equipment and relevant clinical documentation forms. They should also be rested and ready to learn.
6. All original clinical documentation is due in the EMS Professions office within 7 calendar days of the rotation. **Paperwork turned in after the deadline will NOT count towards meeting the required hours and will need to be rescheduled. Failure to turn paperwork in on time constitutes a clinical absence.**
7. Clinical paperwork will be reviewed and returned if it is incomplete or if corrections are needed. The EMSP Department office must receive all corrected paperwork within 7 days of its return. **Failure to turn in corrected paperwork will also count as a clinical absence.**
8. Students must read and abide by the Temple College Substance Abuse Prevention Policy. This policy is published annually in the Temple College *Student Handbook*.
9. EMSP student nametags must be worn to all clinical areas and while in a hospital rotation without exception.
10. Lab coats must be worn over scrubs when leaving a clinical site (i.e., during lunch breaks, transfer of patients, etc.).
11. Appropriate attire will be worn to and from the hospital. **Jeans and T-shirts are NOT appropriate attire.** If you are attending a rotation in which you are expected to wear scrubs, wear appropriate street attire to the rotation where you will be issued scrubs. You must change back into street attire prior to leaving. The scrubs you will be issued are property of the hospital and must be returned. **Taking scrubs from the hospital may be considered theft and may be grounds for immediate dismissal from the program.**
12. There is no smoking allowed in Scott and White Hospital. Smoking is permitted in designated smoking "huts" around the outside of the hospital.

13. Parking during the day at Scott & White Hospital is strictly regulated. The Clinical Coordinator will provide information regarding student parking. Illegally parked cars are ticketed.
14. Tardiness to clinicals is **NOT** tolerated. Hospitals work on a tight schedule and each department expects you to be in the right place at the right time. Tardiness is reported to the EMS Professions Clinical Coordinator. **If you arrive late, you may be sent home. If you are sent home, you will need to reschedule the rotation. This will count as a clinical absence.**
15. If you are unable to attend a scheduled clinical rotation, you must notify the Clinical Coordinator **not less than one hour** before the time when you are required to report to the clinical site. You must first attempt to notify the Clinical Coordinator at her office telephone number or by pager. If you are unable to contact the Clinical Coordinator, you must call the EMS Professions Department and leave a voice mail message. (These messages are automatically marked with a date and time by the system.) **Failure to attend a scheduled clinical rotation without canceling (a “no show”) may result in dismissal from the program.**
16. The Clinical Coordinator’s pager is for use in emergencies **ONLY**. An emergency is defined as a situation when a need arises to contact the Clinical Coordinator that **reasonably could NOT have been anticipated during regular office hours.** You are expected to make cancellations during regular office hours if at all possible. **Abuse of faculty or staff pagers by students may result in disciplinary action.**
17. If you must reschedule a clinical rotation, you should contact the Clinical Coordinator between 8:30 a.m and 4:30 pm on Monday or Tuesday or from 8:30 am until 12:00 noon on Wednesday. The remainder of the work week is reserved for the Clinical Coordinator to perform other administrative responsibilities related to her job.
18. You will be allowed to work out lunch and/or dinner schedules for each day with the preceptor on duty or with the staff of the area in which you are working. **Students must remain at the clinical rotation facility during meal breaks.**
19. After every clinical experience, you must complete the necessary paperwork and have the preceptor sign it. Please make copies of all your clinical forms before turning them in to the program.
20. If you experience any problems or conflicts at any clinical site in the hospital contact the in-hospital preceptor immediately. Contact the EMS Professions Clinical Coordinator as soon as possible. If she is unavailable, you may contact your course instructor.
21. **Please remember that what you see, hear and do during your clinical rotations is strictly confidential! Discussion of confidential information is grounds for immediate dismissal from the program. Federal law provides for substantial fines and the possibility of imprisonment in the federal penitentiary in cases where confidentiality of health care information is breached.**
22. If a nurse, therapist or tech is particularly helpful, please let them know personally that you appreciate his/her time and efforts. If you feel someone needs special recognition, please forward their name and the details of the incident to the Clinical Coordinator so a note of appreciation can be forwarded to them.

Dress Code Policy

Students should remember that they are representing not just themselves and the Temple College EMS Professions Department, but the entire EMS profession. An integral part of how others perceive us is through our appearance. Therefore, while at clinical or field rotations, students must adhere to the following dress code.

1. Pants will be dark blue or black. Jeans are not permitted. 'Pro-tuff EMS' style uniform pants that have a side pocket on each side are optional for EMT-Basic students, but are required at the Paramedic level. If "Pro-tuff pants are worn, the pant leg shall be hemmed and may not have drawstring style closures. The pants shall be kept neat and clean.
2. The uniform shirt shall be white and of a pleated uniform style and shall be kept clean, neat and ironed. A clean pure white short sleeve undershirt will also be worn.
3. The uniform shirt shall have a Temple College EMS Professions Department patch affixed 1" down on the right sleeve. State certification patches should be worn 1" down on the left sleeve.
4. Shoes or boots must be low-heeled, closed toe, black and in a neat and clean condition.
5. Students should wear a watch with a second hand (or digital), bring a stethoscope, pen light, small note pad, pen and clinical documentation to all clinical rotations.
6. Nametags shall be worn at all times. The nametag shall be student ID issued by Temple College. The nametag shall be worn at all times in a manner that permits the student to be identified by full name, status, and affiliation.
7. Navy blue or black jackets, windbreakers, or coats may be worn in inclement weather, as long as they have been approved by EMS Professions Department Clinical Coordinator.
8. Hands, including fingernails, must be clean and neat. Garish nail polish is not acceptable. Men are allowed to wear clear nail polish only. Nails cannot extend more than ¼" beyond the fingertips.
9. Hair must be clean, neatly combed, and of a natural color. Long hair must be pulled back and, if necessary, tucked into the shirt. Long hair should not be an irritant or a potential safety hazard to the student, other health care personnel, or patients. Facial hair such as beards and sideburns must be neat, clean, and well trimmed.
10. Excessive perfume that overwhelms patients or preceptors should not be worn.
11. No excessive jewelry should be worn. Facial jewelry may not be worn. While earrings are not considered facial jewelry, only one small stud may be worn on each ear lobe. Earrings that hang are not allowed. Students should understand that jewelry can be a significant safety and infection control hazard in the clinical setting and should plan accordingly.

Please note that any violations in the above dress code may result in the student being sent home. This would constitute a clinical absence that would need to be rescheduled according to the clinical absence policy. Violations of the Clinical Dress Code may result in disciplinary action up to and including dismissal from the program.

Clinical Absence Policy

Clinical attendance is critical to the success of the EMS student. Not only is this a tremendous opportunity for students to learn, it is also a direct reflection of the student's professionalism and attitude. Absences and tardiness reflect poorly on the student as well as the EMS Professions Department and, most importantly, the EMS profession.

Clinical absences will affect your clinical grade as described in the course syllabus. Additionally, it is important that you complete all of your clinical paperwork in a timely manner. All clinical paperwork will be due to the Clinical Coordinator by the end of the 7th calendar day after the clinical is completed. Specific clinical attendance policy information is provided to the student in the course syllabus at the beginning of each semester.

Documentation Summary

The following is a summary of the documentation requirements for each rotation. The documents in this *Student Handbook* are for reference only. You will be given separate copies of each of these documents for your use. Should you need additional copies of any of these documents, you may make them yourself or contact our office. You may also download them from our web site.

Document	Purpose
Course Requirement Summary	Quick overview of what is needed to graduate.
Rotation Summary Form	A 'binder' for your clinical paperwork. This summarizes your activities for the rotation and includes the Student Evaluation, Preceptor Evaluation and a Statement of Learning Objectives.
Student Evaluation	Part of the Rotation Summary Form. Evaluates your attitude and performance during the clinical rotation. COMPLETED AND SIGNED BY THE PRECEPTOR
Global Clinical Documentation	Documentation of individual patient contacts. Used in most clinical rotations. Completed by student. NEEDS PRECEPTOR SIGNATURE.
Preceptor Evaluation	Part of the Rotation Summary form. Evaluates your preceptor. Completed by student.
Patient Care Report (PCR)	Documentation of each patient contact during field rotation, including patient refusals or no transports. Completed by student. NEEDS PRECEPTOR SIGNATURE.
PCR Call Critique	Evaluations of student performance on each EMS call. Completed by preceptor and student. NEEDS PRECEPTOR SIGNATURE.

Documents by Rotation

Emergency Department

Rotation Summary Form

Global Clinical Documentation (at least 3 per rotation)

Mobile Intensive Care Unit

Rotation Summary Form

One Patient Care Report per patient contact

One Call Critique per patient contact

Course Requirements

These hours and requirements are subject to change. Students will be notified at the beginning of the semester if any changes occur. These hours are minimums only. Students who have not met the objectives within the minimum time requirements may be required to complete additional rotations in order to do so.

EMST 1160 EMT-Basic Clinical

Rotations			
Emergency Department	32 hours minimum	Field	48 Hours minimum
Patient Contacts--Complaints			
Chest Pain	1	Breathing Difficulty	1
Trauma (Vehicular or non vehicular)	2	ALS Runs	3
Patient Contacts--Age Groups			
Pediatric (Age 0-12)	1	Older Adults (Age >60)	2
Adults (Age 13-60)	3		
Hospital Competency Check Off			
Vital Signs	4 sets before check off	Patient Assessment	4 successes before check off
Field Competency Check Off			
Vital Signs	4 sets before check off		

Competency Check Off

Patient Assessment

Student Name: _____ Semester: _____

This form is provided to help assure that students have achieved competency in essential skills. Students must first demonstrate they are capable of performing the skill under the supervision of an instructor in the laboratory. They must then perform the skill, under supervision, a certain number of times on live patients in the clinical setting. They may then request that a preceptor evaluate them for competency using this form.

Competency is the ability to perform this skill, in its entirety and in a clinically appropriate environment, unsupervised. The preceptor must feel comfortable with the student performing this skill alone in a clinical environment.

Preparation

Students must demonstrate the ability to successfully perform a patient assessment in the laboratory setting. They must then accurately assess 4 patients in the clinical setting before requesting a competency check off.

Laboratory Demonstration	Instructor Signature/Date
This student is authorized to perform patient assessment in the clinical setting.	

Date	Location	Pt Age/Gender	Chief Complaint	Preceptor Signature

Check Off Procedure

As the preceptor, you should silently observe the student interact with the patient and perform a patient assessment. You should repeat any procedures necessary to confirm the student's findings (e.g., breath sounds).

Competence Standard

The student should approach the patient, introduce him/herself, elicit a chief complaint, acquire a history of the present illness (OPQRST), a complete history (SAMPLE) and perform a physical exam as appropriate for that patient. This exam should include assessment of breath sounds.

Statement of Competency

I have observed this student perform this skill to the standard expressed above. I feel that he/she has demonstrated that he/she is competent to perform this skill unassisted in the clinical environment on live patients.

Date	Location	Pt Age/Gender	Chief Complaint

Preceptor Signature

Date

Preceptor's Printed Name

Competency Check Off

Vital Signs

Student Name: _____ Semester: _____

This form is provided to help assure that students have achieved competency in essential skills. Students must first demonstrate they are capable of performing the skill under the supervision of an instructor in the laboratory. They must then perform the skill, under supervision, a certain number of times on live patients in the clinical setting. They may then request that a preceptor evaluate them for competency using this form.

Competency is the ability to perform this skill, in its entirety and in a clinically appropriate environment, unsupervised. The preceptor must feel comfortable with the student performing this skill alone in a clinical environment.

Preparation

Students must demonstrate the ability to successfully perform a patient assessment in the laboratory setting. They must then accurately obtain 4 complete sets of vital signs in the clinical setting before requesting a competency check off. . A complete set of vitals includes an auscultated blood pressure, pulse and respirations.

Laboratory Demonstration	Instructor Signature/Date
This student is authorized to take vital signs in the clinical setting.	

Date	Location	BP	P	R	Pt Age/Gender	Preceptor Signature

Check Off Procedure

As a preceptor, you should allow the student to approach the patient, communicate their intentions, and obtain a complete set of vital signs without assistance or intervention. Once the student has completed this, you should confirm their readings.

Competence Standard

The student's values should be within the following limits of your readings:

SBP: ≤ 10 mmHG DBP: ≤ 10 mmHG Pulse: ≤ 8 bpm Respirations: ≤ 4 bpm

Statement of Competency

I have observed this student perform this skill to the standard expressed above. I feel that they have demonstrated that they are competent to perform this skill unassisted in the clinical environment on live patients.

Date	Location	BP	P	R	Pt Age/Gender

Preceptor Signature

Date

Preceptor's Printed Name

Global Clinical Documentation Form

Diagnosis: _____

Age: _____

Gender: _____

Pathophysiology

Vital Signs

Time					
B/P					
HR					
RR					
ECG					

Medication	Class	Dose/Route	Action

SOAP

Field Internship Documentation

Students will complete the Patient Care Report and Call Critique for each call during their field rotations. This includes patient refusals or no transports.

Global Cognitive and Psychomotor Clinical Objectives

The faculty and medical director of the EMS Professions Department believe that practice safely and effectively as an entry-level EMT-Basic, students must demonstrate competence in the following areas:

1. 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 recognition and management.
2. PSYCHOMOTOR SKILLS
 - a. Airway management--Demonstrating ability to manage an airway in trauma and non-trauma patients through manual positioning and use of adjuncts such as the oropharyngeal and nasopharyngeal airway.
 - b. Suctioning--Demonstrating ability to use a mechanical suction device to clear a patient's airway of blood, vomitus, secretions, or other materials.
 - c. Oxygen therapy--Demonstrating ability to recognize clinical situations that require administration of supplemental oxygen and to provide this therapy safely and effectively.
 - d. Bag-mask ventilation--Demonstrating ability to safely and effectively ventilate unintubated patients from all age groups
 - e. Cardiopulmonary resuscitation--Demonstrating ability to recognize foreign body airway obstruction, respiratory arrest, and cardiopulmonary arrest in all age groups and to safely and effectively manage these conditions in accordance with current American Heart Association guidelines.
 - f. Vital signs--Demonstrating ability to obtain, record, and evaluate vital signs in all age groups.
3. PATIENT ASSESSMENT AND MANAGEMENT--Demonstrating ability to perform an assessment (including initial assessment, history, and physical exam), develop a differential diagnosis, formulate, and implement a treatment plan demonstrating a knowledge base and professional judgment required to care for patients from the following categories:
 - a. Ages--Pediatric patients; adults; geriatric patients.
 - b. Pathologies--Obstetric patients; trauma patients; psychiatric patients
 - c. Complaints--Chest pain; dyspnea/respiratory distress; syncope; altered mental status; abdominal complaints (abdominal pain, GI bleeding, nausea/vomiting)
4. RECORD KEEPING/COMMUNICATIONS
 - a. Written--Documenting patient information, observations, and occurrences accurately, completely, concisely, and legibly.
 - b. Verbal--Communicates pertinent patient information understandably, completely, concisely, and accurately.
5. CALL MANAGEMENT--Demonstrating ability to serve as team leader and safely and effectively direct the prehospital response to a variety of calls in the absence of an EMS professional certified or licensed at a higher level.

Global Affective Objectives

The faculty and medical director of the EMS Professions Department feel strongly that a student's attitude and appearance reflect upon not just that student, but the faculty, medical director, other students, and the entire EMS profession. We also feel that these attributes can be defined and evaluated. Therefore, students will be evaluated on the following objectives for affective competence at each of their clinical rotations.

Objectives

Students will demonstrate competence in each of the following categories of professional behavior:

1. INTEGRITY--Examples of professional behavior include, but are not limited to: 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.
2. EMPATHY--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.
3. SELF-MOTIVATION--Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to correct and/or improve 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.
4. APPEARANCE AND PERSONAL HYGIENE--Examples of professional behavior include, but are not limited to: Complying with clinical dress code requirements, including wearing a uniform that is neat, clean, and well-maintained; practicing good personal hygiene and grooming.
5. SELF-CONFIDENCE--Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating awareness of strengths and limitations; exercising good judgment.
6. COMMUNICATIONS--Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communications strategies to various situations.
7. TIME MANAGEMENT--Examples of professional behavior include, but are not limited to: Being consistently punctual; Completing tasks and assignments on time.
8. TEAMWORK AND DIPLOMACY--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.
9. RESPECT--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.
10. PATIENT ADVOCACY--Examples of professional behavior include, but are not limited to: Not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.
11. CAREFUL DELIVERY OF SERVICE--Examples of professional behavior include, but are not limited to: Developing and maintaining mastery of professional knowledge and skills; performing complete equipment checks; demonstrating careful and safe vehicle operations; Following policies, procedures, and protocols; following orders and instructions.

Objectives and Goals

EMSP 1160 EMT Basic Clinical

Statement of Learning Objectives

EMSP 1160: EMT-Basic Clinical

Students enrolled in the EMSTP 1160 also be concurrently enrolled in EMSP 1501 (EMT-Basic).

They will be studying the following major topics this semester:

- EMS Systems, Roles & Responsibilities
- Patient assessment
- Airway management
- Basic assessment & management of patients with traumatic conditions.
- Basic assessment & management of patients with cardiovascular emergencies.
- Basic assessment & management of patients with medical emergencies.
- Basic assessment & management of patients with behavioral emergencies.
- Basic assessment & management of obstetric, gynecologic, pediatric and geriatric patients.
- Packaging and extrication of entrapped patients.

They will be tested on the following skills during this semester:

- Patient assessment
- Vital signs
- Oxygen administration
- Airway management
- Oral and nasal airways
- Oral suctioning
- Manual ventilation with the bag-valve-mask and pocket mask
- Bandaging & Splinting
- Traction splinting
- Pneumatic Antishock Garment
- Semi-automatic External Defibrillator
- Cardiopulmonary Resuscitation
- Medication administration
 - ◆ Epinephrine autoinjectors
 - ◆ Nebulized bronchodilators
 - ◆ Nitroglycerin
 - ◆ Aspirin

Emergency Department Objectives & Goals

EMSP 1160 – EMT- Basic Clinical

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, **Goals** are defined as competencies that the program faculty and medical director feel would benefit the student if presented with the opportunity to experience them. **Objectives**, on the other hand, are competencies that the student will be expected to obtain.

Purpose

The purpose of this rotation is to prepare students to assess and manage patients at the level of an EMT-Basic as well as to continue their accumulation of patient care experience and knowledge of EMS and its role in the health care system.

Objectives

Students in the EMT-Basic clinical are expected to accomplish, at a minimum, the following objectives during each Emergency Department rotation:

1. Perform at least 3 patient assessments, including recent and past medical history and a physical examination.
2. Document at least 3 patient assessments to include the pathophysiology of the diagnosis, mechanism of action of any medications given, and a SOAP style report.
3. Obtain and record a complete set of vital signs on at least 3 patients.

Goals

The goal of this rotation is to expose EMT-Basic students to as many patient assessment and management experiences as possible. These may include, but are not limited to:

1. Medication administration via small volume nebulizer or inhaler.
2. Oral medication administration (nitroglycerin, aspirin, activated charcoal).
3. Control of external hemorrhage and bandaging.
4. Splinting.
5. Traction splinting.
6. Operating oxygen equipment and giving oxygen.
7. Assisting in cases of cardiac arrest as directed, including performing CPR and airway management.
8. Application and inflation of PASG.
9. Assistance with wound care.
10. Preparation of IV bags and administration sets for other providers.
11. Observation and assistance with advanced or invasive procedures.
12. Observing on-line medical control procedures and reporting by EMS personnel on arrival at the hospital.
13. Assisting with patient triage.
14. Assisting in preparation of helicopter landing zone.
15. Assisting in and reviewing management of common problems seen in emergency care settings, including: chest pain, breathing difficulty, vehicular trauma, non-vehicular trauma, abdominal pain, behavioral emergencies, poisoning and overdose, non-traumatic altered mental status or neurologic deficit, diabetic complications and emergencies.

Field Internship Objectives & Goals

EMSP 1160 – EMT- Basic Clinical

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, **Goals** are defined as competencies that the program faculty and medical director feel would benefit the student if presented with the opportunity to experience them. **Objectives**, on the other hand, are competencies that the student will be expected to obtain.

Purpose

The purpose of this rotation is to expose EMT-Basic students to the field environment and offer the opportunity to put knowledge and skills learned in the classroom into practice.

Objectives

Students in the EMT-Basic clinical are expected to accomplish, at a minimum, the following objectives during each field rotation:

1. Documentation of patient assessment and management of each patient contacted, to include a minimum of the following:
 - b) Complete SOAP style report
 - c) All vital signs taken, including advanced diagnostics
 - d) All interventions and the patient's response
 - e) Any medications administered
2. Relevant operations times as indicated on paperwork.
3. Documentation of self-assessment as indicated on paperwork.
4. Assist the crew in daily station duties, including locating and inspecting all equipment on the ambulance.
5. Assist with patient extrication.
6. Assist with patient packaging.

Goals

The goal of the EMT-Basic field rotation is to expose students to as many patient assessment/ management experiences as possible. These may include, but are not limited to:

1. Medication administration via small volume nebulizer or inhaler.
2. Oral medication administration (nitroglycerin, aspirin, activated charcoal).
3. Assisting with basic airway management, including use of oral and nasal airways.
4. Operating oxygen equipment and giving oxygen.
5. Assisting in cardiac arrest as directed, including performing CPR and airway management.
6. Control of external hemorrhage and bandaging.
7. Splinting.
8. Traction splinting.
9. Application and inflation of PASG.
10. Utilization of the semiautomatic external defibrillator.
11. Assistance with wound care.
12. Preparation of IV bags and administration sets for other providers.
13. Observation and assistance with advanced or invasive procedures.
14. Assisting with patient triage.
15. Assisting in preparation of helicopter landing zone.
16. Operating radio equipment and giving radio reports to receiving hospitals.
17. Observing reporting by EMS personnel on arrival at the hospital
18. Assisting in and reviewing management of common problems seen in emergency care settings, including: chest pain, breathing difficulty, vehicular trauma, non-vehicular trauma, abdominal pain, behavioral emergencies, poisoning and overdose, non-traumatic altered mental status or neurologic deficit, diabetic complications and emergencies.