Paramedic Program

Clinical Handbook
2014-2015

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Introduction

This document is provided to assist clinical sites and preceptors with the understanding of the goals and scope of the paramedic student in the clinical setting. Please contact the program director with any questions, comments or concerns. On behalf of the Pennsylvania College of Health Science and Lancaster EMS we thank you for your ongoing dedication to the education of these pre hospital practitioners.

Contact Information

The Paramedic Program Clinical Coordinator is the primary contact for any clinical issues involving students of the Paramedic Program. The Clinical Coordinator can be reached as listed below or through the Lancaster EMS Duty Supervisor and/or the Lancaster EMS Communications Center.

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Clinical Dress

The clinical dress code is very specific. Preceptors may dismiss a student from a clinical rotation for inappropriate dress. Lancaster EMS reserves the right to determine the appropriateness of any given article of clothing or dress combination. The use of common sense and good judgment will generally assure that the student's dress is acceptable.

***Pants**:* Both males and females will wear navy blue pants in good condition. Jeans and corduroy materials are not appropriate. Shorts are not appropriate. Pants are not to have excessive wear, tears, or holes.

***Shoes**:* Both males and females will wear black, work-type shoes or boots. Steel toes are recommended, but not required (NB: Some clinical sites do require steel toe shoes. Students must meet the minimum requirements of the clinical site.) These shoes will be kept clean and free of major deformities, scuffs, cuts, and holes.

***Shirt**:* The Lancaster EMS uniform shirt will be issued to each student. These are to be worn while in clinical rotations. These must be kept clean and reasonably unwrinkled. Students should use good taste and good judgment regarding attire worn beneath the shirt. White 'T' shirts are recommended. 'Turtlenecks' are recommended for cooler weather. It is not appropriate to wear shirts with lettering or artwork beneath the Lancaster EMS shirt. It is inappropriate to wear sweaters or other garments over the Lancaster EMS-issued top when in the clinical setting.

Jackets: Students may wear a plain dark blue all-season jacket with reflective trim during clinical rotations which require the student to be outside during inclement weather.

***Other**:* Make-up, perfumes/aftershave, and jewelry should be kept to a minimum in the clinical arena. These may pose a danger to patients or to the student. The student should always wear a watch with a second hand. Glasses should be of the safety type, and the student should consider a device that keeps them from falling off. Students wearing contact lenses should consider having eyeglasses available. All students will purchase and use OSHA approved safety glasses with side shields, or side shields for their prescription glasses.

Additionally the student shall possess:

- Stethoscope
- Pen Light or Small flashlight
- Bandage Scissors/Trauma Shears
- Black ink pen and small notebook

Uniform Items not allowed:

- Jump Suits
- Non-uniform Ball Caps
- Caps of any kind during indoor clinical rotations
- Open-toed shoes or sandals
- Sneakers
- Jeans

- Shorts

Appearance

It is the goal of the PA College of Health Sciences/Lancaster EMS Paramedic Program to prepare students for their role as a professional. In addition to professionalism, good grooming directly affects the practitioners' relationship with the patient, staff, and peer group. Many aspects of grooming and personal hygiene also affect such concrete issues as infection control and safety. With this in mind, students must strive for excellence in grooming, personal hygiene, and dress. The following general guidelines must be followed:

Personal hygiene can dramatically affect the student's relationship with patients and other professionals, as well as pose a serious infection hazard. Students should bathe, wash their hair, and brush their teeth regularly. Attention should be given to perspiration odor and halitosis. Special attention must be given to hand washing and cleaning beneath the fingernails.

Hair will be kept neat and in keeping with common sense guidelines for good clinical practice. Extremely long hair can be a hazard in the out-of-hospital environment and an infection risk in the patient care area. Beards may pose a hazard due to the inability to make a seal when wearing respiratory protective gear. Unkempt hair can dramatically affect the student's relationship with patients and other professionals.

Dress should be within the guidelines stated below. Areas of the student's dress not specifically addressed below must fall within the guidelines of professionalism and good taste. Due regard must also be given to weather conditions and personal safety.

Insignia

Students are **NOT** to display any insignia which might misrepresent them as certified paramedics. Specifically, no display of the word 'paramedic' should appear on their person, vehicle, or belongings***. Patients should always be fully informed that you are a student functioning under the direction of an approved preceptor.*** Misrepresentation is considered a serious offense, which may result in disciplinary action or termination from the program.

Other insignia (such as BLS unit patches) should not be displayed while functioning as a student of the PA College of Health Sciences/Lancaster EMS Paramedic Program.

Attendance Guidelines

Students should be at their scheduled clinical site, dressed in appropriate attire, no later than **10 minutes prior to the beginning of their clinical shift**. If a student cannot make a scheduled clinical shift, they are to contact the clinical site directly, then notify the Clinical Coordinator and Scheduling Coordinator via email. In the event of an emergency where contacting the clinical site directly is impossible, it is imperative that the Clinical Coordinator be notified as soon as reasonably possible. In the event that the Clinical Coordinator cannot be reached, the student should contact either the Program Director, the Lancaster EMS duty supervisor directly, or the Lancaster EMS Communications Center.

ID Badges

ID Badges are the property of the Pennsylvania College of Health Sciences. The Photo ID badge is to be worn at all times when in the classroom or lab setting, or when functioning as a Lancaster EMS Academy student at other institutions. It is to be clearly displayed on the left upper chest. It is not to be worn when not functioning as a student (e.g.: while shopping). You must notify the PA College of Health Sciences **immediately** if you have lost your I.D. The ID Badge must be returned to the Pennsylvania College of Health Sciences prior to graduation.

Confidentiality

During clinical and field rotations, students will come in contact with patient information which shall be deemed as confidential and only recorded or shared as required to effect proper patient care, record keeping, quality assurance and student performance. Other than as required for patient care or clinical case review, patient data and case information will not be discussed or recorded. When performing written assessments or documentation of clinical skills, the only information required will be either the patient record number or unique patient identification number provided by the institution where the student is doing their clinical rotation.

Military Time

All forms and correspondence and documentation are to use standard military (24 hour) time. (e.g. 6:00 AM = 0600, 11:00 PM = 2300)

Clinical paperwork

Students are to complete a "Clinical Evaluation Form" for each scheduled shift. Students are to complete the entire form except for the areas labeled "Preceptor Signature" and "Evaluation of Student Performance". These areas are to be completed by the preceptor. Students should not wait until the shift is over to have the preceptor complete evaluations. All clinical paperwork must be submitted within **one week** of the scheduled clinical shift; otherwise, the clinical paperwork **will not** be accepted unless prior arrangements are made directly with the Paramedic Program Clinical Coordinator.

Preceptors

Preceptors are certified or licensed personnel who are experts within their clinical area of expertise. Preceptors should objectively evaluate the student in all aspects of the clinical experience and document their observations and evaluation on the forms provided by the student. These evaluations should be reviewed with the student as time allows prior to the end of the clinical rotation for that day. Preceptors are expected to guide, mentor, teach and observe the paramedic students during their clinical rotations.

Untoward Incidents

Paramedic students may be removed from the clinical setting at any time for untoward incidents. Reasons for dismissal from the clinical site may include but are not limited to:

- Unexcused tardiness
- Non compliance with dress/appearance code
- Any unsafe act.
- Any inappropriate behavior
- Breech of host site standard operating procedures and/or guidelines
- Performance beyond paramedic scope of practice

Should a preceptor find it necessary to have a paramedic student removed from a clinical site the Clinical Coordinator must be notified immediately in order to facilitate this process. The Preceptor will document in writing the circumstances surrounding the untoward event and provide it to the Clinical Coordinator.

Blood or body fluid exposures experienced by the student should be treated initially according to the host institute's protocols. The Clinical Coordinator must be contacted immediately to ensure that the student completes the appropriate documentation and follows Lancaster EMS exposure protocol.

Skill Requirements

Based on the National Standard Curriculum, the following **minimum** skills must be completed on actual patients in the clinical setting and recorded in order to graduate the Paramedic Program. The following is provided as a guide to the clinical preceptor and clinical site:

Psychomotor Skills

The student must demonstrate the ability to safely administer medications.

The student must demonstrate the ability to safely perform endotracheal intubation.

The student must demonstrate the ability to safely gain venous access in all age group patients.

The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.

Ages

The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.

The student must demonstrate the ability to perform a compressive assessment on adult patients.

The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients.

Pathologies

The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients.

The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.

The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.

Complaints

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.

Team Leader Skills

The student must demonstrate the ability to serve as a team leader in variety of pre hospital emergency situations.

Field Clinical Rotations

Primary Topics:

Clinical rotations that stress basic clinical skills such as vital signs, breath sounds, basic physical examinations, documentation, IV initiation, medication administration, and airway management. Students will rotate into emergency medicine, respiratory therapy, cardiac catheterization lab, behavioral medicine, electrophysiology lab, neonatal intensive care unit, labor & delivery, intensive care unit, and the trauma/neuro unit.

Time Requirements for Clinical Rotations:

Department	Required Hours
Prehospital Field Clinical	450
Emergency Department	175
Respiratory Therapy	16
Cardiac Catheterization Lab	8
Electrophysiology Lab	8
Behavioral Health Department	8
Labor & Delivery Unit	8
Newborn Nursery	8
Neonatal Intensive Care Unit	8
IICU/Intensive Care	8
Trauma/Neuro	8
Operating Room	8
Home Health	8

Skill Goals for Field Clinical Rotation:

Assessment Type	Required	Skills	Required	Skills	Required
Pediatric	30	CVA/TIA	2	Med Administration	60
Adult	50			NG tube insertion	2
Geriatric	30	Childbirth	1	IV/IO	50
Trauma	40	Diabetic	10	Lab Draws	20
OB/GYN	10	Seizures	5	O2 NRB/NC	20
Psych/Behavioral	10	Chest Decompression	If possible	BVM w/o ET	5
Cardiac Symptoms/ Arrest	30	Defibrillation	5	Intubation	5
SOB (Adult)	20	Cardioversion	2	BLS Airway Adjunct	5
SOB (Peds)	8	Pacing	1	Suctioning	5
Syncope	20	Rhythm Interpretation	50	ETCO2	5
Abdominal complaints	20	12-Lead	25	CPAP	3
Altered Mental Status	10	Blood Glucose	25	BLS Immobilization Devices	10

Note: Skills performed in excess of the minimum requirements, or skills and assessments not counted until later clinical sections may be applied to those sections.

Student Expectations

Students are expected to arrive on time for their clinical rotations. Tardiness will be noted and reported to the Clinical Coordinator. If a student is unable to make a clinical rotation due to illness, injury, etc, he/she MUST contact the clinical site directly, then email the Clinical Coordinator and Scheduling Coordinator. Students are expected to maintain a professional appearance and attitude throughout their clinical rotations.

Preceptor Expectations

Preceptors are expected to guide, mentor, teach, and observe the paramedic students during their clinical rotations. Preceptors should assist the paramedic student with gaining the knowledge and skills needed during their clinical rotation by assisting and observing them during their performance of those skills. Preceptors must be qualified by their employer to perform the skill sets that they will be observing/assisting the students in performing.

Preceptors are expected to provide feedback to the students and performance evaluation of the students to the Paramedic Program using the forms provided by the student. Preceptors should share their evaluations with the students whether they are good or bad.

Students with concerns about their preceptors or their scheduled clinical sites should contact the Clinical Coordinator directly.

In addition to the objectives listed below, students should refer to the objectives for each clinical area (ED, Pediatrics, etc.) Final Clinical Examinations will be based upon objectives from BOTH sources.

Psychomotor Objectives

At the completion of this unit, the paramedic student will be able to:
- Perform, document and communicate a cardiovascular assessment.
- Given the model of a patient with signs and symptoms of heart failure, position the patient to afford comfort and relief.
- Demonstrate how to evaluate major peripheral arterial pulses.
- Comply with paramedic standards of medication administration.
- Comply with universal precautions and body substance isolation (BSI).
- Defend a pharmacologic management plan for medication administration.
- Serve as a model for medical asepsis.
- Serve as a model for advocacy while performing medication administration.
- Serve as a model for disposing contaminated items and sharps.
- Use universal precautions and body substance isolation (BSI) procedures during medication administration.
- Demonstrate clean technique during medication administration.
- Demonstrate administration of oral medications.
- Demonstrate administration of medications by the inhalation route.
- Demonstrate preparation and administration of parenteral medications.
- Perfect disposal of sharps.
- Demonstrate how to set and adjust the ECG monitor settings to varying patient situations.
- Demonstrate a working knowledge of various ECG lead systems.
- Demonstrate how to record an ECG.
- Demonstrate satisfactory performance of psychomotor skills of basic and advanced life support techniques according to the current American Heart Association Standards and Guidelines, including:
    a. Cardiopulmonary resuscitation
    b. Defibrillation
    c. Synchronized cardioversion
    d. Transcutaneous pacing
- Describe a systematic approach to the analysis and interpretation of cardiac arrhythmias.
- Describe the arrhythmias originating in the sinus node, the AV junction, the atria, and the ventricles.

• Describe the arrhythmias originating or sustained in the AV junction.
• Recognize the pitfalls in the differentiation of wide QRS complex tachycardias.
• Recognize and value the assessment and treatment of patients with respiratory diseases.
• Indicate appreciation for the critical nature of accurate field impressions of patients with respiratory diseases and conditions.
• Demonstrate proper use of airway and ventilation devices.
• Conduct a history and patient assessment for patients with pulmonary diseases and conditions.
• Comply with standard precautions to defend against infectious and communicable diseases.
• Perform body substance isolation (BSI) procedures during basic airway management, advanced airway management, and ventilation.
• Perform pulse oximetry.
• Perform manual airway maneuvers, including:
    a. Opening the mouth
    b. Head-tilt/ chin-lift maneuver
    c. Jaw-thrust without head-tilt maneuver
    d. Modified jaw-thrust maneuver

•Perform manual airway maneuvers for pediatric patients, including:
    a. Opening the mouth
    b. Head-tilt/ chin-lift maneuver
    c. Jaw-thrust without head-tilt
    d. Modified jaw-thrust maneuver

•Perform the Sellick maneuver (cricoid pressure).
• Demonstrate suctioning the upper airway by selecting a suction device, catheter and technique.
• Perform tracheobronchial suctioning in the intubated patient by selecting a suction device, catheter and technique.
• Demonstrate insertion of an oropharyngeal airway.
• Demonstrate insertion of a nasopharyngeal airway.
• Perform ventilation with a bag-valve-mask with an in-line small-volume nebulizer.
• Perform oxygen delivery from a cylinder and regulator with an oxygen delivery device.
• Perform oxygen delivery with an oxygen humidifier.
• Deliver supplemental oxygen to a breathing patient using the following devices: nasal cannula, simple face mask, partial rebreather mask, non-rebreather mask, and venturi mask
• Perform assessment to confirm correct placement of the endotracheal tube.
• Intubate the trachea by the following methods:
    a. Orotracheal intubation
    b. Nasotracheal intubation
    c. Multi-lumen airways
    d. Digital intubation
    e. Transillumination
    f. Open cricothyrotomy

•Adequately secure an endotracheal tube.

Affective Objectives

At the completion of this unit, the paramedic student will be able to:

- Value the sense of urgency for initial assessment and intervention in the patient with cardiac compromise.
- Value and defend the sense of urgency necessary to protect the window of opportunity for reperfusion in the patient with suspected acute cardiovascular disease.
- Defend patient situations where ECG rhythm analysis is indicated.
- Based on the pathophysiology and clinical evaluation of the patient with acute myocardial infarction, characterize the clinical problems according to their life-threatening potential.
- From the priority of clinical problems identified, state the management responsibilities for the patient with a hypertensive emergency.
- Value and defend the urgency in rapid determination of and rapid intervention of patients in cardiac arrest.
- Based on the pathophysiology and clinical evaluation of the patient with vascular disorders, characterize the clinical problems according to their life-threatening potential.

Lancaster EMS Clinical Field Rotations:

Purpose: To identify the role of the Paramedic Student during the following situations while performing clinical rotations at Lancaster EMS:

1. Student Clinical Time on MICU
2. Student Clinical Time on Medic 100 (On-Duty Supervisor) or Medic 102 (Clinical Coordinator Field Identifier)
3. Working as EMT in the Lancaster EMS system
4. The Preceptor's role in the clinical process

All PA College of Health Sciences/Lancaster EMS Paramedic students will adhere to the following related to their pre-hospital clinical rotations with **Lancaster EMS**. All Lancaster EMS Preceptors will adhere to the following while they are precepting students from the Pennsylvania College of Health Sciences/Lancaster EMS Paramedic Program. The following policy addresses the minimum acceptable standards.

Student Clinical Time on MICU:

1. Students will arrive on time for their scheduled shift.
2. Students will be in the proper EMS Paramedic Program uniform.
3. Students will be properly prepared for their clinical rotation. They should have with them a pen, tablet, watch, stethoscope and all required clinical documentation (student evaluation form, skill log, PCRs, etc.).
4. Providing that the preceptor is comfortable with the student and his/her abilities, Paramedic students will be allowed to perform skills that they have been cleared to perform by their instructor. This will be verified on the skills competency log issued by the instructor. Students must be prepared to show this log to their preceptor upon request. Without this form for verification, preceptors have the

authority to dismiss students from the clinical environment. It is up to the student to instill confidence in the preceptor. It is the responsibility of the preceptor to provide the student with every possible opportunity to learn while in the clinical setting.

5. Depending on the nature and severity of a specific incident, preceptors may desire to have the student observe. Students are expected to respect the decision of the preceptor without question.
6. Students must complete an ALS assessment for each ALS patient contact during the clinical shift. Assessment of BLS patients, while not mandatory during Phases 2, 3 and 4, is highly encouraged to help develop assessment skills.
7. Students must complete a PCR for each ALS patient contact during the shift. PCRs for BLS patient contacts are optional, but highly encouraged to help develop documentation skills.
8. Student PCRs must be evaluated and signed by the preceptor. PCRs must be turned in to the instructor within one week of the clinical shift.
9. Student evaluations must be completed by the preceptor and returned to the student at the completion of the shift. Students are responsible for turning in evaluations to their instructor.

Student Clinical Time on Medic 100 and Medic 102

1. Students are permitted to schedule up to 24 hours of "observation" time with the Lancaster EMS Field Supervisor (Medic 100) or the Clinical Coordinator (Medic 102).
2. While "observing" with the Field Supervisor or Clinical Coordinator, students will be allowed to perform skills that they have been cleared to perform by their instructor during the following situations:
    a. The supervisor/clinical coordinator arrive at the scene ahead of the incoming ambulance and initiates patient care.
    b. The supervisor/clinical coordinator arrive at the scene behind the ambulance and the crew of the ambulance requires additional assistance with patient care.
    c. The ambulance crew <u>requests</u> the paramedic student to accompany them to the hospital and the paramedic on crew is an approved preceptor for the Lancaster EMS Academy.
3. **At no time will a student riding with Medic 100 or Medic 102 interfere with a paramedic student assigned to an ambulance that they are assisting. The student on the ambulance has first priority.**
4. A skills form must be completed and turned in to the instructor at the next class.
5. For any situations where the student accompanied an ambulance crew to the hospital, a student PCR will be completed and signed by the Field Supervisor or Clinical Coordinator.
6. Student evaluations must be completed by the Field Supervisor or Clinical Coordinator and returned to the student at the completion of the shift. Students are responsible for turning in evaluations to their instructor.

The Preceptor Role in the Clinical Process

1. The preceptor has a unique role in the educational process of the paramedic student. A preceptor can influence a student's career, positively or negatively, depending on the actions of the preceptor.
2. Preceptors must be good clinicians as well as good mentors. Students look to a preceptor as the "expert" and will be expecting guidance from them.
3. Criticism should be constructive and positive.
4. Preceptors should evaluate each call separately and point out the positives and negatives. Critiques should be a learning experience.
5. Preceptors will complete a student evaluation at the end of the clinical shift. This evaluation, whether good or bad, should be shared with the student. The evaluation is given to the student to turn in to their instructor at the next class.
6. Preceptors will review and sign all student PCRs. Students will turn in PCRs to their instructor at the next class.
7. **Students are not permitted to complete Lancaster EMS Patient Care Reports. These reports are the responsibility of the Preceptor to complete.**

Medication Administration

During the course of their training, Paramedic students are required, under state law, to administer medications to live patients in the clinical setting. At a minimum, 25 patient medications must be administered in the clinical setting to verify competency for graduation. Furthermore, administrations are broken down by type such as IV/IO, PO, IM, SQ, SL, ET, IN, rectal, aerosol and transdermal. The policy of the Pennsylvania College of Health Sciences/Lancaster EMS is to have the students administer the following medications at a minimum:

IV /IO	10	ET/IN/Rectal	Only if Opportunity arises
PO	10	IV Infusion	10
IM/SubQ	10	Transdermal	2
Sublingual	10	Aerosol	10

IM and SQ injections are extremely rare in the prehospital environment. For this reason, Pennsylvania Department of Health, under RC 2005-009, allows for Paramedic students to administer medications, outside of the approved ALS medication list, in hospital clinical settings under the direct supervision of a physician or registered nurse. Therefore, Paramedic students are to be administering IM and SQ injections, under direct supervision, during their hospital clinical rotations.

Students Should:

1. Know the proper technique for administration
2. Follow proper procedure for administration
3. Know the six rights of medication administration and follow them every time
4. Follow advice of preceptor

5. Not violate any principals of medication administration
6. Properly dispose of any SHARPS and associated trash

Prehospital Clinical Phases

During the paramedic students' clinical rotation on the ambulance, the student will follow the Clinical Phases as outlined below. The three Clinical Phases outline the objectives, expectations, and skill levels for the paramedic student. The student's preceptors will use the Phases to help focus and guide the student through their clinical rotation. The preceptors will evaluate the student's competency at each Phase and will make recommendations to retain or advance the student to the next Phase.

Phase 1 Basic Competencies

Purpose:

The purpose of the first Phase is to ensure the competency of the student as an Emergency Medical Technician. This includes showing proficiency in history taking, physical assessment, and proper treatments for BLS patients. The student should be able to run a BLS call by themselves without any prompting from other providers. The student is not permitted to perform ALS skills while in Phase 1, though the student will be able to assess both BLS and ALS patients. While emergency 911 calls are needed by the students, the students should be always riding in the back of the ambulance with either the EMT or EMT-P regardless of whether the call is a 911 call, or non-emergency transport. There are many lessons to be learning during a transport. The students can assess transport patients, and show competencies that they can be signed off on. The students can also learn more about what happens to some patients after they are seen in the ED. Students should take an active part in assessing non-emergency transport patients.

Psychomotor Objectives:

1. Perform competent physical assessments and show the ability to collect a detailed history.
2. Be able to differentiate between ALS and BLS patients
3. Develop written treatment plans for their patients
4. Complete PCR's appropriate for the calls
5. Function as a Team Leader for BLS calls

   ***** Being a team leader is defined as directing the assessment, transport, and treatment plan of the pt. This does not mean that the student has done all of the skills, but rather that they were directing others in how to treat and transport the patient. This means that most if not all the decisions on a call was performed by the student, and not anyone else on the crew.

Affective Objectives

Students should always have a professional appearance, which includes uniform and hygiene, and act in a manner consistent with the utmost professionalism. There will be no arguing with patients, preceptors, and others you are working with. Students will always demonstrate integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, patient advocacy, time management, careful delivery of service, and appropriate appearance.

1. Each student will be required to report on time, wearing the appropriate uniform, with the appropriate name badge, and be prepared to work.
2. Each student will demonstrate initiative, and have interest in all learning activities.
3. Assist with station duties, which includes rig checks, and housekeeping duties
4. Takes responsibility to use "downtime" appropriately, which does not include sleeping
5. Be familiar with equipment on the ambulances, so that when using it on a call, you are not looking incompetent.
6. Review your expectations by and of your preceptor at the beginning of every shift

Skill Sheets

The following table is a list of skills that each student must show competency in prior to moving onto Phase 2. Competency is defined as the student's ability to perform the skill without prompting or assistance from another member of the crew. It is understood that not all of these skills can be done in the field. If they are not completed in the field, the student must perform the skill at least five times in a scenario/lab setting without prompting in order to be signed off.

BLS Skills Competency Form – Phase 1

Student Name: _____ Date Submitted: _____

Skills Completed	Date	Preceptor Signature
Blood pressure		
Pulse (radial, carotid, brachial, pedal, femoral)		
Respirations including lung sounds		
Pulse oximetry (including proper interpretation)		
PE for BLS Medical patient		
PE for BLS Trauma patient		
Give report to nurse at facility		
Collects information and generates PCR		
Nasal airway insertion		
Oral airway insertion		
Nasal cannula placement		
NRB placement		
BVM one-and-two person techniques		
Basic bleeding control		
Basic CPR		
Spinal immobilization		
Other random BLS skills		
Other random BLS skills		

_____ ***has completed the skills competency requirements of Phase 1.***

_____ _____
STUDENT SIGNATURE DATE

_____ _____
CLINCAL COORDINATOR SIGNATURE DATE

_____ _____
PROGRAM DIRECTOR SIGNATURE DATE

Phase 2 – Introductory Phase

Purpose

The purpose of Phase 2 is to start implementing ALS assessment and skills into patient care. The students are expected to function as part of a team in treating all severities of patients. Students should work to improve competencies at assessments, and will be able to perform specified ALS skills. Students will begin to act as team leader on both BLS and ALS calls. Requirements of Phase II must be successfully completed prior to moving on to Phase 3.

Psychomotor Objectives

1. Perform venipuncture as able
2. Perform Intubation as able
3. Administer Medications as able
4. Perform appropriate BLS and ALS Physical Assessments

Affective Objectives

1. Function as Team Leader for BLS calls and begin to understand the role of a Team Leader for ALS calls.
2. Collect appropriate histories based on the chief complaint of different national registry categories of patients which includes: pediatric, adult, geriatric, obstetric, traumatic, and psychiatric.
3. Students should be able to develop a written and verbal treatment plan for patients with complaints such as chest pain, difficulty breathing, abdominal pain, obstetric emergencies, syncope, and altered mental status. (The use of protocols will greatly assist the students in a positive outcome of this objective.)

Field Shift Goals

During field shifts the students should be completing the following tasks when appropriate.

1. Students should act as a member of the crew, participating in all aspect of the station readiness of the unit, including rig and equipment checks, cleaning etc.
2. Students should function as a crew member for both BLS and ALS 911 calls and transports, performing skills as allowed by your preceptor.
3. Students should ask and perform patient physical exams, histories, and treatment plans on patients with different medical conditions and complaints.

At the end of Phase 2, the students should be able to:

1. Function independently on all BLS emergency calls, conducting assessments and directing crew members with treatment without prompting from a preceptor.
2. Show basic knowledge in assessing ALS patients, and beginning to create proper treatment plans for these patients.
3. Show basic knowledge of medications to be administered to patients during pre-hospital care.
4. Be familiar with protocols, and know how to implement them when dealing with patients.

Phase 3 – Advanced Phase

Clinical Objectives:

The purpose of Phase 3 is to begin putting everything you as a student have learned together. BLS skills are still important in this Phase, as patients need the BLS treatments first, and then the ALS treatments. This Phase is the time to take control of the calls, and run them from start to finish. This is also a time to complete any skills not previously completed. All objectives from the first two Phases are still expected in this clinical, with additional objectives explained below.

Psychomotor Objectives:

1. As the preceptors allow, the students will be permitted to perform any BLS or ALS skills that are appropriate for the patients they are treating.
2. Students should use this opportunity to fine tune their ALS skills.

Affective Objectives:

1. Students will show knowledge and ability of advanced assessment practices.
2. Students should learn open ended and closed ended questions to appropriate ascertain all information needed to treat patients.
3. Students will learn how to build rapport with their patients, and treat the entire person, not just their illness.
4. Students will form trust between themselves and their preceptors and crews.

Field Shift Goals:

1. Students will be able to run most ALS and BLS calls independently (with assistance as needed from their preceptors)
2. Student will be forming good rapport with their patients and fellow crew members.
3. Students will be able to lead a team on an ALS call and delegate to crew members in order to get all treatments accomplished in a reasonable amount of time.

At the end of Phase 3, the students must be ready to run all ALS calls as a Team Leader without assistance from the preceptor.

Phase 4 – Team Leader Phase

Clinical Objectives:

The purpose of Phase 4 – Team Leader Phase is to take control of all ALS calls, and run them from start to finish. This is also a time to complete any skills not previously completed. All objectives from the first three Phases are still expected in this clinical, with additional objectives explained below.

Psychomotor Objectives:

1. As the preceptors allow, the students will be permitted to perform any BLS or ALS skills that are appropriate for the patients they are treating.
2. Students should use this opportunity to fine tune their ALS skills.

Affective Objectives:

1. Students will demonstrate competency in advanced assessment practices.
2. Students will demonstrate competent communication skills
3. Students will form trust between themselves and their preceptors and crews.

Field Shift Goals:

4. Students will be able to run all ALS calls independently and as a Team Leader (no assistance will be required from the preceptor)
5. Student will demonstrate rapport with their patients and fellow crew members.
6. Students will be able to lead a team on an ALS call and delegate to crew members in order to get all treatments accomplished in a reasonable amount of time.

At the end of Phase 4, the students must be able to run all ALS and BLS calls with no assistance needed from their preceptors, and will demonstrate affective, psychomotor, and cognitive competencies as an entry-level paramedic.

Emergency Medicine Clinical Rotations

The following objectives are proposed for the Emergency Department. Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor. These objectives should be performed in an incremental manner after the appropriate didactic and psychomotor modules have been completed in the classroom.

During the experience in the Emergency Department, the student will have the opportunity to observe and/or practice on actual patients under direct supervision, and demonstrate proficiency to the satisfaction of the EMD preceptor, each of the following:

- Perform patient assessment including developing relevant medical history and doing a physical examination. The examination should include, at a minimum, taking and recording vital signs and auscultation of chest sounds.
- Assist and review the treatment of trauma cases and medical emergencies. At a minimum, the student should review cases of:
    - suspected myocardial infarction
    - multiple trauma
    - obstructive pulmonary disease
    - overdose/poisoning
    - suspected extremity fracture
    - massive hemorrhage, any source
- Assess the adequacy of respiratory efforts and mechanics of awake and sedated /anesthetized patients.
- Maintain the airway in an unconscious patient using manipulations and positions of the head, oropharyngeal airways, suctioning, etc.
- Perform 'Bag-Valve-Mask' and/or "Bag-Valve-Tube" ventilation for a period of not less than 5 minutes.
- Observes or performs orotracheal intubation on an adult patient using a laryngoscope with a curved or straight blade, and orotracheal tube with / without a stylet.
- Observes or performs nasotracheal intubation on an adult patient, with and without benefit of Magill forceps and visual assistance.
- Perform aseptic tracheal suctioning.
- Perform peripheral IV insertion on an adult or pediatric patient using an over-the needle catheter device or winged infusion needle.
- Observe central IV insertion, in the subclavian or internal jugular region.
- Observe femoral IV insertion
- Administer pharmacologic agents and observes their effects.
- Monitor vital signs of an unconscious patient including blood pressure, pulse, respirations, and mental status.
- Operate oxygen equipment and administer oxygen using various masks and cannula, e.g., Venturi mask, nasal cannula.
- Apply monitoring electrodes. Monitor and EKG interpretation.
- Urinary bladder catheterization
- Gastric tube insertion

Critical Care Clinical Rotations

The following objectives are proposed for the Critical Care clinical rotation. This rotation also includes step-down as patient census warrants. Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

While the primary purpose of the clinical rotation is to acquaint the paramedic student with cardiac dysrhythmias and the treatment of patients with various cardiac and respiratory disorders, any of their regular patient management skills should be re-enforced, whenever possible.

During the experience in the Critical Care setting, the student will have the opportunity to observe and/or practice on actual patients under direct supervision, and demonstrate proficiency to the satisfaction of the CCU preceptor, each of the following:

- Perform patient assessment including developing relevant medical history and doing a physical examination. The assessment should include, at a minimum, taking and recording vital signs and auscultation of heart tones and lung sounds.
- Assist and review the treatment of cardiac cases and medical emergencies. At a minimum, the student should review cases of:
    - suspected myocardial infarction
    - congestive heart failure / pulmonary edema
    - obstructive pulmonary disease
    - coronary artery occlusion
    - cardiac complications of any medical condition
    - valvular disease
- Apply monitoring electrodes for 3 lead and 12 lead setups.
- Monitor and interpret EKGs. The student's goal is to become proficient at 3 lead and 12 lead EKG interpretations, especially as it relates to injury, ischemia and infarction.
- Auscultate heart tones. Demonstrate the ability to differentiate between S1, S2, S3, and S4, and state the clinical significance of each.
- Auscultate lung sounds. Demonstrate the ability to differentiate between normal breath sounds and adventitious sounds, and state the clinical significance of each.
- Assess the adequacy of respiratory efforts and mechanics of awake and sedated /anesthetized patients.
- Perform aseptic tracheal suctioning, as patient situations warrant.
- Perform peripheral IV insertion on an adult or pediatric patient using an over-the needle catheter device or winged infusion needle.
- Observe central IV insertion, in the subclavian or internal jugular region.
- Observe placement and operation of a transvenous pacemaker
- Discuss the significance of lab values for the cardiac patient.
- Observe the effects of pharmacological agents administered. Demonstrate knowledge of the primary cardiovascular medications.
- Monitor vital signs of an unconscious patient including blood pressure, pulse, respirations, and mental status.
- Operate oxygen equipment and administer oxygen using various masks and cannula, e.g., Venturi mask, nasal cannula.
- Assist in cases requiring hemorrhage control, external cardiac compressions, or airway management.
- Observe patients on ventilatory support.
- Discuss and observe, if possible, patients receiving intra aortic balloon pump therapy.

- Assist in cases of cardiac arrest as directed by the preceptor including the performance of cardiopulmonary resuscitation, management of the airway, and endotracheal intubation. Defibrillation, cardioversion, and external cardiac pacing are within the scope of paramedic practice.
- Demonstrate proficiency with the ACLS algorithms and treatment recommendations.
- Urinary bladder catheterization
- Gastric tube insertion

Cardiac Catheterization/ElectrophysiologyLab

The following objectives are proposed for the Cardiac Catheterization Lab. Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor. These objectives should b performed in an incremental manner after the appropriate didactic and psychomotor modules have been completed in the classroom.

During the experience in the Cath Lab, the student will have the opportunity to observe and/or practice on actual patients under direct supervision, and demonstrate proficiency to the satisfaction of the cath lab preceptor, each of the following:

- Perform patient assessment including developing relevant medical history and, if possible, doing a physical examination. The examination should include, at a minimum, recording vital signs.
- Observe the application of monitoring electrodes for 3 lead and 12 lead setups.
- Observe the monitoring and interpretation of EKGs. The student's goal is to become proficient at 3 lead and 12 lead EKG interpretations, especially as it relates to injury, ischemia and infarction.
- Observed patient preparation particular to the cardiac catheterization lab
- Observe sheath insertion
- Observe and discuss cardiac anatomy/
- Discuss pathology identified during the catheterization procedure
- Observe post catheterization care
- Assess the adequacy of respiratory efforts and mechanics of awake and sedated /anesthetized patients.
- Observe central IV insertion, in the subclavian, femoral or internal jugular region.
- Observe the effects of pharmacological agents administered.
- Monitor vital signs of an unconscious patient including blood pressure, pulse, respirations, and mental status.
- If permitted, operate oxygen equipment and administer oxygen using various masks and cannula, e.g., Venturi mask, nasal cannula.
- Observe urinary bladder catheterization
- Observe gastric tube insertion

- Discuss electrical therapy that may be observed in the catheterization suite
- Discuss stent introduction and use that may be observed in the catheterization suite
- Discuss angioplasty procedures that may be observed in the catheterization suite
- Discuss EKG tracings that may be observed in the catheterization suite
- Discuss hemodynamic monitoring equipment and procedures that may be observed in the catheterization suite.

Respiratory Therapy

The following objectives are proposed for the Respiratory rotation. Because of patient availability it is possible that all skills listed below may not be performed or observed by the student, but as many skills as possible should be observed and practiced by the student under the direct supervision of the preceptor.

During the experience with Respiratory, the student will have the opportunity to observe and practice on actual patients under direct supervision and demonstrate proficiency to the satisfaction of the respiratory preceptor, each of the following:

- Assess the adequacy of respiratory efforts and mechanics of awake and sedated patients.
- Maintain the airway in an unconscious patient using manipulations and positions of the head, oropharyngeal airways, suctioning, etc.
- Perform ‘Bag-Valve-Mask’ and "Bag-Valve-Tube" ventilation for a period of not less than 5 minutes or more than 15 minutes.
- If possible, observe orotracheal intubation on an adult patient using a laryngoscope with a curved or straight blade, and orotracheal tube with / without a stylet.
- If possible, observe nasotracheal intubation on an adult patient, with and without benefit of Magill forceps and visual assistance.
- If possible, observe light wand /trans-illumination orotracheal intubation.
- If possible, observe digital orotracheal intubation if available.
- Perform aseptic tracheal suctioning.
- Observe cricothyroid or tracheotomy tube placement.
- Perform peripheral IV insertion on an adult or pediatric patient using an over-the needle catheter device or winged infusion needle.
- Observe central IV insertion, in the femoral, subclavian, or internal jugular region.
- Observe the effects of pharmacological agents administered.
- Monitor vital signs of an unconscious patient including blood pressure, pulse, respirations, and mental status.
- Operate oxygen equipment and administer oxygen using various masks and cannula, e.g., Venturi mask, nasal cannula.
- Assist in the operation of the mechanical respirators.

Pediatric and NICU Rotation

Note: In the absence of a pediatric unit rotation, the following can be obtained on pediatric patients during clinical rotations in the ED, Fast Care, and pre-hospital sites.

The following objectives are proposed for the Pediatrics Unit. This rotation may also include the pediatric clinic as patient census warrants. Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

While the primary purpose of the pediatric rotation is to acquaint the paramedic student with pediatric patients and the special considerations of their care, any of the students' regular patient management skills should be re-enforced, whenever possible.

During the experience in the pediatrics unit, the student will have the opportunity to observe and/or practice on actual patients under direct supervision, and demonstrate proficiency to the satisfaction of the preceptor, each of the following:

- Perform patient assessment including developing relevant medical history and doing a physical examination. The assessment should include, at a minimum, taking and recording vital signs and auscultation of heart tones and lung sounds.
- Assist and review the treatment of trauma cases and medical emergencies.
- Auscultate lung sounds. Discuss differences between pediatric and adult lung sounds.
- Assess the adequacy of respiratory efforts and mechanics of awake and sedated /anesthetized children.
- Perform peripheral IV insertion on a pediatric patient using an over-the needle catheter device or winged infusion needle.
- Perform or observe peripheral IO insertion on a pediatric patient.
- Discuss the significance of lab values for the pediatric patient.
- Demonstrate knowledge & proficiency at preparing medication dosages based upon weight.
- Observe the effects of pharmacological agents administered. Demonstrate knowledge of the primary pediatric medications.
- Monitor vital signs of a pediatric patient including blood pressure, pulse, respirations, and mental status.
- Operate aerosol nebulizer and administer appropriate respiratory therapy.
- Operate oxygen equipment and administer oxygen using various masks and cannula, e.g., Venturi mask, nasal cannula.
- Gastric tube insertion

- Observe and Discuss growth and development principles as they relate to children of various ages and under varying degrees of stress.

Labor & Delivery, Triage

The following objectives are proposed for the Labor & Delivery Unit. This rotation also includes the follow up clinic as patient census warrants. Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

While the primary purpose of the L&D rotation is to acquaint the paramedic student with obstetric patients and the special considerations of their care, any of the students' regular patient management skills should be re-enforced, whenever possible.

During the experience in the L&D unit, the student will have the opportunity to observe (and hopefully practice), during actual child birth, some or all of the following:

- Perform patient assessment including developing relevant medical history and doing a physical examination. The assessment should include, at a minimum, taking and recording vital signs and auscultation of heart tones and lung sounds. Abdominal & vaginal exams (where appropriate) should be observed under supervision.
- Assist and review the treatment of normal delivery cases and medical emergencies. At a minimum, the student should review cases of:
    - trauma in pregnancy
    - ectopic pregnancy
    - ante & post partum hemorrhage
    - pre-eclampsia & eclampsia
    - normal delivery presentations
    - abnormal delivery presentations
    - third trimester emergencies, including abruptio placenta, placenta previa, & uterine rupture
    - miscarriage
    - fetal distress
    - sexual assault
- Observe fetal monitoring.
- Perform abdominal examinations and determine approximate gestational age by fundal height.
- Auscultate maternal & fetal heart tones. Demonstrate the ability to differentiate between S1, S2, S3, and S4, and state the clinical significance of each.
- Perform peripheral IV insertion on a pediatric patient using an over-the needle catheter device or winged infusion needle.

- Discuss the significance of lab values for the obstetrics patient.
- Demonstrate knowledge & proficiency at preparing medication dosages based upon weight.
- Observe the effects of pharmacological agents administered. Demonstrate knowledge of the primary obstetrics medications.
- Monitor vital signs of an obstetrics patient and newborn, including blood pressure, pulse, respirations, and mental status.
- Observe and/or Assist in the delivery of a normo-cephallic presentation.
- Demonstrate ability to evaluate and care for newborn.
- Perform APGAR score and provide appropriate post-partum care for mother and neonate.
- Observe cesarean section delivery.
- Assist as appropriate in emergent delivery of abnormal presentations.
- Operate oxygen equipment and administer oxygen using various masks and cannula, e.g., Venturi mask, nasal cannula.
- Observe and/or assist in cases of resuscitation of a distressed neonate, as directed by the preceptor including the performance of cardiopulmonary resuscitation, management of the airway, and endotracheal intubation. Defibrillation, cardioversion, and external cardiac pacing are within the scope of paramedic practice.
- Urinary bladder catheterization
- Gastric tube insertion

Mental Health Unit Rotation

The following objectives are proposed for the Mental Health or Crisis Unit. Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor. These objectives should b performed in an incremental manner after the appropriate didactic and psychomotor modules have been completed in the classroom.

During the experience in the Mental Health Unit, the student will have the opportunity to observe and/or practice on actual patients under direct supervision, and demonstrate proficiency to the satisfaction of the preceptor, each of the following:

- Perform patient assessment including developing relevant medical history and doing a physical examination.
- Assist and review the treatment of Mental Health Emergencies. At a minimum, the student should review cases of:
    - Depression
    - Psychosis
    - Paranoia
    - Mania
    - Suicidal Ideation

- Observe the effects of pharmacological agents administered.
- Monitor vital signs, including blood pressure, pulse, respirations, and mental status.
- Perform a mental status examination on appropriate patients
- Observe Mental Health professionals performing evaluation and interventions
- Discuss or Observe restraint procedures used with violent patients
- Discuss the commitment process in Pennsylvania (201 and 302)
- Discuss personal safety and violence de-escalation technique.

Community Health

The following objectives are proposed for the Community Health Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor. These objectives should be performed in an incremental manner after the appropriate didactic and psychomotor modules have been completed in the classroom.

While the primary purpose of the clinical rotation is to acquaint the paramedic student with the treatment and assessments of patients presenting in a nonemergency setting, any of their regular patient management skills should be reinforced whenever possible.

During the experience, the student will have the opportunity to observe and/or practice on actual patients under direct supervision, and demonstrate proficiency to the satisfaction of the clinical preceptor, each of the following:

- Perform patient assessment including developing relevant medical history and performing a physical examination. The examination should include, at a minimum, taking and recording vital signs and auscultation of chest sounds.
- Assist and review the treatment of routine physical examinations, routine appointments, and unscheduled medical emergencies. At a minimum, the student should review cases of:
    - cardiac complaints of any medical origin
    - minor traumas/injuries
    - obstructive pulmonary disease
    - asthma
    - common colds
    - flu-like symptoms
    - gastrointestinal complaints
- Perform peripheral IV insertion on an adult or pediatric patient using an over-the needle catheter device or winged infusion needle.
- Observe the effects of pharmacological agents administered.

- Monitor vital signs of a conscious patient including blood pressure, pulse, respirations, and mental status.
- Operate oxygen equipment and administer oxygen using various masks and cannula, e.g., Venturi mask, nasal cannula.
- Administer medications within the scope of paramedic practice.
- Apply monitoring electrodes. Monitor and EKG interpretation is within the scope of paramedic practice.
- Urinary bladder catheterization
- Gastric tube insertion
- Assist in cases requiring hemorrhage control, external cardiac compressions, or airway management.
- Assist in cases of cardiac arrest as directed by the preceptor including the performance of cardiopulmonary resuscitation, management of the airway, and endotracheal intubation. Defibrillation, cardioversion, and external cardiac pacing are within the scope of paramedic practice.
- Demonstrate proficiency with the ACLS algorithms and treatment recommendations.
- Discuss the significance of lab values for the adult and pediatric patient.
- Demonstrate knowledge & proficiency at preparing medication dosages based upon weight.
- Observe the effects of pharmacological agents administered. Demonstrate knowledge of the primary adult and pediatric medications.
- Monitor vital signs of a pediatric patient including blood pressure, pulse, respirations, and mental status.
- Operate aerosol nebulizer and administer appropriate respiratory therapy.
- Observe and discuss growth and development principles as they relate to children of various ages and under varying degrees of stress.
- Apply monitoring electrodes for 3 lead and 12 lead setups.
- Monitor and interpret EKGs. The student's goal is to become proficient at 3 lead and 12 lead EKG interpretations, especially as it relates to injury, ischemia and infarction.
- Auscultate heart tones. Demonstrate the ability to differentiate between S1, S2, S3, and S4, and state the clinical significance of each.
- Auscultate lung sounds. Demonstrate the ability to differentiate between normal breath sounds and adventitious sounds, and state the clinical significance of each.
- Assess the adequacy of respiratory efforts and mechanics of awake and sedated /anesthetized patients.
- Perform aseptic tracheal suctioning, as patient situations warrant.

Operating Room Clinical Rotation

The following objectives are proposed for the operating room. Because of patient availability, it is possible that all skills listed below may not be performed by the students, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor. These objectives should be performed in an incremental manner after the appropriate didactic and psychomotor modules have been completed in the classroom.

The primary purpose of this clinical rotation is give students an opportunity to practice airway management procedures, especially bag-valve-mask ventilations and endotracheal intubations. 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.

It is the goal of the operating room clinical rotation to expose students to as many patient assessment/management experiences as possible. Many of their regular patient management skills should be reinforced whenever possible.

Clinical Objectives:

1. Proper positioning of the head and shoulders.
2. Formation of an effective seal with a bag-valve-mask.
3. Effective ventilation with a manual ventilation device and mask.
4. Effective endotracheal intubation of all ages and conditions of patients.
5. Appropriate assessment of tube placement.
6. Effective ventilations with a manual ventilation device and ET tube.
7. Administration of medications to facilitate endotracheal intubation.
8. Monitoring patients, including blood pressure, pulse, respirations, level of consciousness, arterial oxygen saturation, and end-tidal carbon dioxide detection.
9. Operating oxygen administration equipment and giving oxygen.
10. Assisting in the operation of mechanical ventilatory support.
11. Preparing and giving medications as directed by assigned preceptor.
12. Observing effects of medications given.
13. Effective use of a laryngeal mask airway device (as available)
14. Effective use of airway adjuncts (as available)