



GRADY
HEALTH
SYSTEM

EMS ACADEMY
PARAMEDIC CLINICAL EDUCATION MANUAL

APPROVAL

Steven Moyers, VP and Dean of the EMS Department of Education and Staff Development, has approved these policies and criteria for Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic Students.

_____ Date: _____

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

_____ Date: _____

GRADY HEALTH SYSTEM
PARAMEDIC PROGRAM
GRADY EMERGENCY MEDICAL SERVICES
DEPARTMENT OF EDUCATION & STAFF DEVELOPMENT

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Clinical time **IS** a time to:
Refine assessment skills.
Further develop technical skills.
Enlist constructive feedback on performance.
Develop professional relationships with colleagues.
Actively seek learning experiences.

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STATE OF GEORGIA - PARAMEDIC SCOPE OF PRACTICE

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

AIRWAY AND BREATHING

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

BASIC AIRWAY MANAGEMENT

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

VENTILATION MANAGEMENT

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

SUCTIONING

- Upper airway suctioning
- Tracheobronchial suctioning

ADVANCED AIRWAY MANAGEMENT

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

BASIC ASSESSMENT

- Performs simple patient assessments
- Performs comprehensive patient assessments
- Obtains vital signs manually

ADVANCED ASSESSMENT

- Obtains vital signs with electronic devices
- Blood chemistry analysis

FUNDAMENTAL PHARMACOLOGICAL SKILLS

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

ADVANCED PHARMACOLOGICAL SKILLS: VASCULAR ACCESS

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

ADMINISTRATION OF MEDICATIONS/FLUIDS

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

FUNDAMENTAL CARDIAC SKILLS

- Manual external CPR
- Use of an automated external defibrillator

ADVANCED CARDIAC SKILLS

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

EMERGENCY CHILDBIRTH MANAGEMENT

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

BEHAVIORAL EMERGENCY SKILLS

- Manual and mechanical patient restraints for behavioral emergencies (includes chemical restraints of combative patients)

TRAUMA CARE SKILLS

Managing injuries, including, but not limited to:

- Manual cervical stabilization and cervical collar use
- Manual stabilization of orthopedic trauma
- Spinal motion restriction [includes commercial devices such as ked®]
- Splinting [includes traction splints]

Managing other traumatic injuries, including, but not limited to:

- Fundamental bleeding control [includes direct pressure & bandaging]
- Progressive bleeding control [includes tourniquets & hemostatic agents]
- Fundamental eye irrigation
- Complex eye irrigation with Morgan lens
- Fundamental management of soft-tissue injuries
- Complex management of soft-tissue injuries

MOVEMENT/EXTRICATION OF PATIENTS, INCLUDING, BUT NOT LIMITED TO:

- Emergency moves for endangered patients
- Rapid extrication of patients

VISION:

The Program Vision is to become the leading EMS Education and Training center.

PURPOSE OF CLINICAL EDUCATION:

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

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

PROGRAM GOALS AND LEARNING OUTCOMES

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

- **Objective 1: Students will develop competency in cognitive, psychomotor, and affective domains.**

Learning Outcomes

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

- **Objective 2: Students will communicate effectively.**

Learning Outcomes

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

- **Objective 3: Students will use critical thinking and problem-solving skills.**

Learning Outcomes

- 3.1 – Students will identify ethical dilemmas.
- 3.2 – Students will demonstrate critical thinking and decision-making skills.
- 3.3 – Students will adapt procedures for trauma, medical, non-routine, and age-specific patients.
- 3.4 – Students will recognize emergency patient conditions, evaluate effectiveness of interventions

- **Objective 4: Students will demonstrate professional development and growth consistent with the program’s mission and expected outcomes.**

Learning Outcomes

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

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

Learning Outcomes

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

CLINICAL CURRICULUM DESIGN

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

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

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

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

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

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

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

ROLES AND RESPONSIBILITIES OF PARAMEDIC PROGRAM INSTRUCTORS

The Paramedic Instructor is responsible for guiding and evaluating the student performance during their clinical experience. During any clinical rotation, an Instructor (or Program Director) will make routine visits to the clinical sites to observe and evaluate clinical performance. An Instructor (or Program Director) will also schedule student clinical and field experiences and be available for preceptor questions regarding student performance.

ROLE AND RESPONSIBILITIES OF THE PRECEPTOR

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

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

PRECEPTOR EXPECTATIONS:

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

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

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

PERFORMANCE EVALUATIONS

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

ROLES AND RESPONSIBILITIES OF THE STUDENT

SCOPE OF PRACTICE IN THE LEARNING ENVIRONMENT

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

PREPARATION FOR CLINICAL EXPERIENCE

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

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

CLINICAL UNIFORM STANDARDS

Refer to the Student Handbook for policies pertaining to uniform.

Uniform Standard Exceptions

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

CLINICAL SCHEDULING AND ATTENDANCE

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

- Clinical attendance is a requirement for the Program. When a student must be absent, the Instructor will request that the student immediately schedule a make-up date. Make up shifts are subject to clinical site availability.
- FSDAP is a Student-Instructor interface used to schedule clinical shifts. Students must provide a valid email address so notifications about shifts can be forwarded to the student. It is the responsibility of the student to remember that a shift is scheduled.
- Students scheduled for a clinical shift must arrive 30 minutes prior to the scheduled time. Students are allowed a 30 minute meal break in addition to one 15 minute break for every four hours (for shifts greater than 8 hours). Breaks must be coordinated with the Clinical Preceptor.
- If the student decides to leave a clinical site, permission must be granted to do so. Students are NOT permitted to leave the clinical site without first contacting the Instructor or secondly other Program staff. The student must

explain why departure is necessary; the student must be cleared before leaving the clinical site. Students will not be allowed to claim remaining hours of the shift after departing the clinical site.

- Students will not be scheduled for clinical shifts before the rotation start date. No clinical shift will be scheduled during course didactic time. A respite of 8 hours must be observed between work and course shifts. Working a clinical shift is no excuse for tardiness or absence from course didactic or another scheduled clinical shift. Pre-planning and caution should be exercised when scheduling clinical shifts.
- All availability must be submitted when clinical availability is requested. If shifts are released for sign-up, clinical shifts must be acquired at least 1 week prior to the desired date.
- All absences must be reported to the Instructor either by phone call or email (email is preferred). Absences due to emergency must be reported at least 2 hours before scheduled arrival time. If you are ill the night before your scheduled clinical, it is recommended that you cancel the shift and reschedule it rather than wait until 2 hours before scheduled to arrive.
- If an absence is deemed excused, the shift must be made up during the clinical rotation. No make-up clinical shifts will be rescheduled the same week of an absence. Failure to meet the minimum hour requirement will result in a failure for that clinical course. See Student Handbook for details.
- Tardiness is not tolerated. If the student is unable to arrive 30 minutes prior to the assigned time, the student must notify both the Instructor and the Clinical Site Manager 45 minutes prior to the assigned time.
- See the Student Handbook for details about Clinical Absenteeism.

CLINICAL COMPETENCIES

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

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

CLINICAL COURSE OBJECTIVES:

EMERGENCY DEPARTMENT CLINICAL EXPERIENCE I

EMSP 325

GRADY HEALTH SYSTEM – EMERGENCY CARE CENTER (NOT IN THE TRAUMA CENTER)

ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – *REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]*

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

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS

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

EMERGENCY DEPARTMENT CLINICAL EXPERIENCE II

EMSP 335

GRADY HEALTH SYSTEM – EMERGENCY CARE CENTER (NOT IN THE TRAUMA CENTER)

ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – *REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]*

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

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS

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

EMERGENCY DEPARTMENT CLINICAL EXPERIENCE III

EMSP 345

GRADY HEALTH SYSTEM – EMERGENCY CARE CENTER (NOT IN THE TRAUMA CENTER)

ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – *REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]*

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

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS

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

OPERATING ROOM CLINICAL EXPERIENCE

EMSP 355

SOUTHERN REGIONAL MEDICAL CENTER – OPERATING ROOM

ARRIVE 30 MINUTES BEFORE SCHEDULED TIME – *FIRST FLOOR, LOOK FOR SIGNS DIRECTING TO THE OPERATING ROOM. ENTER THE MAIN OPERATING ROOM AND ASK FOR THE CHARGE NURSE.*

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

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS

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

INTENSIVE CARE UNIT CLINICAL EXPERIENCE

EMSP 365

GRADY HEALTH SYSTEM - ARRIVE 15 MINUTES BEFORE SCHEDULED TIME

BURN CENTER [3RD FLOOR | HALL B | WEST TOWER]

NEUROLOGICAL ICU [8TH FLOOR | HALL B | SOUTH TOWER]

SURGICAL INTENSIVE CARE UNIT [7TH FLOOR | HALL L | SOUTH TOWER]

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

CLINICAL OBJECTIVES

- ✓ Performance of a complete patient assessment (medical history and physical examination)
- ✓ Anticipate treatment plan and verbalize rationale for treatments
- ✓ Identify and verbalize pathophysiology that may contribute clinical findings
- ✓ Assist in process of patient triage
- ✓ Perform respiratory assessment including breath sounds and observe for signs of adequate perfusion.
- ✓ Perform ventilations using a bag-valve-mask.
- ✓ Perform on-going monitoring, including intrinsic respiratory rate, tidal volume, breath sounds, respiratory compliance, pulse oximetry, and end-tidal CO₂.
- ✓ Evaluate and monitor patients recovering from administration of anesthetics and/or have been extubated
- ✓ Performance of a complete patient assessment (medical history and physical examination)
- ✓ Perform airway assessment and management.
- ✓ Assist and perform medication administration by nebulizer.
- ✓ Assist and perform tracheostomy care.
- ✓ Assist and perform upper and lower airway suctioning
- ✓ Assist and perform ventilator management.
- ✓ Perform peripheral IV access and administer intravenous fluids
- ✓ Assist/Perform central line monitoring/maintenance
- ✓ Assign Glasgow Coma Scores; discuss rationale with Preceptor
- ✓ Estimate total body surface area burned using the Rule of 9's (BURN CENTER)
- ✓ Estimate fluid to be administered in the pre-hospital setting using the Parkland formula (BURN CENTER)
- ✓ Prepare, administer, and record medications by route designated as "within scope of practice".
- ✓ Phlebotomize patients for laboratory specimen analyses.
- ✓ Perform airway assessment and management.
- ✓ Record and interpret electrocardiograms.
- ✓ Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
- ✓ Assist with cardiac arrest management.
- ✓ Perform wound care.
- ✓ Perform and assist with orthopedic assessment and stabilization.
- ✓ Perform and assist with the assessment and management of critical care patients.
- ✓ Perform skills under stressful situations.
- ✓ Establish rapport with patients, families, and team members.
- ✓ Demonstrate professionalism at all times.
- ✓ Perform other duties as assigned within paramedic scope of practice

PRECEPTOR EXPECTATIONS

- Read/review student clinical competencies to be demonstrated.
- Read/review student scope of practice.
- Orient the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.

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

LABOR AND DELIVERY – OBSTETRIC AND NEONATAL CLINICAL EXPERIENCE

EMSP 375

GRADY HEALTH SYSTEM – OB/GYN CENTER

[OB/GYN CENTER – 4TH FLOOR | HALL J & K | SOUTH TOWER]

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

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS

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

EMERGENCY PEDIATRIC CARE CLINICAL EXPERIENCE

EMSP 385

GWINNETT MEDICAL CENTER – PEDIATRIC EMERGENCY ROOM

ARRIVE 30 MINUTES PRIOR TO SHIFT – *[FROM MAIN ER ENTRANCE, TAKE A RIGHT. CONTINUE DOWN PAST TRIAGING AREA AND TAKE LEFT. USE ID BADGE TO ACCESS THE PEDIATRIC ER]*

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

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS

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

EMERGENCY TRAUMA CARE CLINICAL EXPERIENCE

EMSP 395

GRADY HEALTH SYSTEM – MARCUS TRAUMA CENTER

ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – *REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]*

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

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS

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

PSYCHIATRIC CARE CLINICAL EXPERIENCE

EMSP 395

GRADY HEALTH SYSTEM – EMERGENCY CARE CENTER

ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – *REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]*

The purpose of this Psychiatric Care Clinical Experience is to provide students with opportunities to observe and participate in the assessment and management of care for patients with behavior disorders. While psychomotor skills are not the focus of this experience, some skills may prove necessary. **The focus of this experience is to observe, develop, and practice the abilities to perform therapeutic communication and intervene in times of crisis.** During this rotation, students should have the opportunity to practice and demonstrate the following competencies **under direct supervision:**

CLINICAL OBJECTIVES

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

PRECEPTOR EXPECTATIONS


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

This is an example of the Preceptor Evaluation of the Paramedic Student’s performance.



Grady Health System - Emergency Medical Services Education Academy
Paramedic Psychomotor Competency Portfolio Clinical Evaluation Worksheet

Name		Date			Clinical Site										
page ____ of ____		Time In:		Time Out:		Preceptor:				Unit					
Directions: Each contact must be rated by the student FIRST , and rated by the Preceptor SECOND . Mark student ratings in the row marked "S" and Preceptors in "P". Comment on discrepancies on back. Preceptors should complete shaded sections.					Ratings: NA = Not applicable - not needed or expected; 0 = Unsuccessful, required excessive or critical prompting - includes "Not Attempted" when student was expected to try; 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent, no prompting										
Patient Age & Gender	Complaint(s)	Paramedical Diagnosis (1° & 2°)	Treatments (Summary)	Circle Patient Contact Type	Rater	Objectives							PRECEPTOR INITIALS	COMMENDATIONS OR IMPROVEMENT PLANS	
						PMH	PE	Tx Plan	Skills	Coms	Affect	Team Leader			
1				ALS	S										
				BLS	P										
2				ALS	S										
				BLS	P										
3				ALS	S										
				BLS	P										
4				ALS	S										
				BLS	P										
5				ALS	S										
				BLS	P										
6				ALS	S										
				BLS	P										
7				ALS	S										
				BLS	P										
8				ALS	S										
				BLS	P										
9				ALS	S										
				BLS	P										
10				ALS	S										
				BLS	P										
11				ALS	S										
				BLS	P										
12				ALS	S										
				BLS	P										

	Grady Health System - Emergency Medical Services Education Academy Paramedic Psychomotor Competency Portfolio Clinical Evaluation Worksheet	page 2 4/4/2017 - cdm,jr.
Comment on any unsatisfactory ratings or discrepancies:		
Overall plan for improvement for future shifts:		
Student reported () on time, () well groomed, () in uniform and prepared to begin the shift. Behavior was professional: () Accepted feedback () Self-motivated () Efficient () Flexible () Careful () Confident Student asked relevant questions & participated in learning answers, used downtime to its highest potential. () Yes () No Student helps clean up & restock, unprompted () Yes () No		
Student Signature	Preceptor Signature	
Clinical Objectives: PMH: Student completed an interview and gathered appropriate history; listened actively; made eye contact; clarified complaints; respectfully addressed patient(s); demonstrated compassion and/or firm bedside manner depending on needs of situation. PE: Student completed an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical exam. Tx Plan: Student formulated a paramedical diagnosis and verbalized an appropriate treatment plan. Skill Performance: Student performed technical skills accurately and safely. COMS: Student communicated effectively with team & provided an adequate verbal report to other healthcare providers Affect: Student demonstrated that they were: Self-motivated: Took Initiative to complete assignments and improve/correct problems; strived for excellence; used feedback to modify behaviors/performance. Efficient: Kept assessments & treatment times to a minimum; released other personnel when not needed; organized team to work faster/better. Flexible: Made adjustments to communication style; directed team members; and changed impressions based on findings Careful: Paid attention to detail of skills, documentation, patient comfort, set-up/clean-up; and completed tasks thoroughly. Confident: Made decisions, trusted and exercised good personal judgment and was aware of limitations and strengths. Open to feedback: Listened to preceptor and accepted constructive feedback without being defensive (interrupting, giving excuses)		
Team Leadership Objectives: The student has successfully led the team if s/he has <i>conducted a comprehensive assessment</i> (not necessarily performed the entire interview or physical exam but rather has been in charge of the assessment), <i>formulated and implemented a treatment plan</i> for the patient. This means that <i>most</i> (if not all) of the <i>decisions</i> have been made by the student, especially formulating paramedical diagnoses, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by preceptor. No action (initiated or performed) brought harm or endangered the physical or psychological safety of the patient, bystanders, or other responders/crew. Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts will indicate willingness to try and are better than no attempt at all.		
Ratings: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student is expected to only observe, or the patient did not need intervention. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. Note: Ideally, students will progress their role from observation to participation in simple skills to more complex assessments and formulating treatment plans. Students will progress at different rates as case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process. Improvement plans MUST follow any unsuccessful or inconsistent ratings.		

CLINICAL AND FIELD INTERNSHIP GRADING SYSTEM

AFFECTIVE STANDARDS

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

1. INTEGRITY	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
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	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities		
4. APPEARANCE/PERSONAL HYGIENE	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean, and well maintained good personal hygiene and grooming.		
5. SELF - CONFIDENCE	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.		
6. COMMUNICATIONS	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations		
7. TIME MANAGEMENT	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.		
8. TEAMWORK AND DIPLOMACY	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
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	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
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	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	DISPLAYED BEHAVIOR	DID NOT DISPLAY BEHAVIOR
Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.		

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

COGNITIVE STANDARDS

CLINICAL THINKING QUESTIONS

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

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

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

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

PATIENT CARE REPORT NARRATIVES

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

Subjective:

SAMPLE History
OPQRST of Complaint

Objective:

Scientific Measurements

Assessment:

Thorough Head to Toe Assessment
Pertinent Negatives
Clinical Findings

Plan/Treatment:

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

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

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

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

PSYCHOMOTOR STANDARDS			Minimum			
			National	SOEMS	Program	
Hours	Clinical	Emergency Department	*	*	144	
		Anesthesia (Southern Regional)	*	*	72	
		Medical Intensive Care Unit	*	*	12	
		Surgical Intensive Care Unit	*	*	12	
		Burn Intensive Care Unit	*	*	24	
		Labor and Delivery	*	*	24	
		Neonatal Intensive Care Unit	*	*	24	
		Pediatric Emergency Department (Gwinnett)	*	*	48	
		Emergency Psychiatric Services	*	*	12	
		Marcus Trauma Center	*	*	12	
		Total Clinical Hours Completed	*	300	384	
Hours	EMS	ALS Field Internship	*	> 0	26	
		ALS Leadership (Capstone)	*	48	156	
		Total EMS Field Hours Completed	*	*	169	
		Successful ALS EMS Team Leader Attempts	*	*	25	
		Successful Total EMS Team Leader Attempts	50	*	50	
		EMS 12-Lead Interpretations	*	*	50	
Skills	Airway	Airway Management Attempts	50	*	50	
		Airway Management Success Rate	100%	*	100%	
		Ventilations	20	5	20	
		Endotracheal Intubations	5	5	10	
	Pharmacological Skills	Administration Routes	Successful Venous Access	25	25	70
			Total Medications Administered	15	25	150
			Intramuscular	*	1	5
			Intranasal	*	*	5
			Intraosseous	*	*	2
			Intravenous Bolus (or IV Push)	*	1	5
			Intravenous Drip	*	*	5
			Nebulizer	*	*	5
			Oral	*	*	5
			Subcutaneous	*	1	5
Sublingual	*	*	5			
Transdermal	*	*	5			
Other	*	*	*			
Assessment by Age Group	Newborn (0-1 month)		2	*	5	
	Infant (1 month up to 1 year)		2	*	5	
	Toddler (1 -3 years)		2	*	5	
	Preschool (4-5 years)		2	*	5	
	School-age child (6-12 years)		2	*	5	
	Adolescent (13-17 years)		2	*	5	
	Pediatric (Total)		30	5	30	
	Adults (18-64 years)		50	5	50	
	Geriatric (65+ years)		30	5	30	
	Total Assessments by Age		122	*	140	

PSYCHOMOTOR STANDARDS CONTINUED		Minimum		
		National	SOEMS	Program
Assessments by Complaint	Abdominal Pain	20	5	20
	Altered Mental Status (Stroke, Seizure, etc.)	20	10	20
	Headache/Blurred Vision	*	*	5
	Chest Pain	30	5	30
	Pediatric Respiratory	8	*	10
	Change in Consciousness (Syncope)	10	10	10
	Weakness	*	*	5
	Dizziness	*	*	5
	Breathing Problem	20	5	20
	Total Assessments by Complaint	108	*	125
Assessment by Pathology	Abdominal	*	*	20
	CVA	*	*	5
	Trauma	40	20	40
	Respiratory	*	*	20
	Medical	*	*	20
	Psychiatric	20	5	20
	Neurological	*	*	20
	Cardiac	*	*	20
	Obstetric	10	5	20
	Cardiac Arrest	*	*	5
	Total Assessments by Pathology	70	*	190



EMERGENCY MEDICAL SERVICES

THE FIELD INTERNSHIP – ALS TRANSPORT EXPERIENCE

EMSP 399A

The purpose of the EMS Advanced Life Support Transport Experience is to give the student an opportunity to observe and participate in the assessment and care management of urgent and emergency patients that activate the Emergency Medical Services. During this experience, the student will receive instruction from a Paramedic Preceptor. The student will perform the active duties of a team member in an ALS Ambulance crew. This part of the internship is a transitional period enabling the student to move from receiving direction to receiving guidance. Although the Paramedic Preceptor remains ultimately responsible for all patient care, the Paramedic Preceptor should encourage the student to perform as attending paramedic as soon as possible. The Preceptor and the student should decide when the Field Internship is complete. **The EMS Field Internship should not exceed 65 hours (5-thirteen hour shifts).**

CLINICAL OBJECTIVES

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


PRECEPTOR EXPECTATIONS

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



Grady Health System - Emergency Medical Services Education Academy
Paramedic Psychomotor Competency Portfolio Field Internship Evaluation Worksheet

Name		Date				Clinical Site							Grady Emergency Medical Services		
page ____ of ____		Time In: _____ Time Out: _____		Preceptor: _____					Unit# _____						
Directions: Each contact must be rated by the student FIRST , and rated by the Preceptor SECOND . Mark student ratings in the row marked "S" and Preceptors in "P". Comment on discrepancies on back. Preceptors should complete shaded sections.					Ratings: NA = Not applicable - not needed or expected; 0 = Unsuccessful, required excessive or critical prompting - includes "Not Attempted" when student was expected to try; 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent, no prompting										
Patient Age & Gender	Complaint(s)	Paramedical Diagnosis (1° & 2°)	Treatments (Summary)	Circle Patient Contact Type	Rater	Objectives							PRECEPTOR INITIALS	COMMENDATIONS OR IMPROVEMENT PLANS	
						PMH	PE	Tx Plan	Skills	Coms	Affect	Team Leader			
1				ALS	S										
				BLS	P										
2				ALS	S										
				BLS	P										
3				ALS	S										
				BLS	P										
4				ALS	S										
				BLS	P										
5				ALS	S										
				BLS	P										
6				ALS	S										
				BLS	P										
7				ALS	S										
				BLS	P										
8				ALS	S										
				BLS	P										
9				ALS	S										
				BLS	P										
10				ALS	S										
				BLS	P										
11				ALS	S										
				BLS	P										
12				ALS	S										
				BLS	P										

	Grady Health System - Emergency Medical Services Education Academy Paramedic Psychomotor Competency Portfolio Field Internship Evaluation Worksheet	page 2 4/4/2017 - cdm,jr.
Comment on any unsatisfactory ratings or discrepancies:		
Overall plan for improvement for future shifts:		
Student reported () on time, () well groomed, () in uniform and prepared to begin the shift. Behavior was professional: () Accepted feedback () Self-motivated () Efficient () Flexible () Careful () Confident Student asked relevant questions & participated in learning answers, used downtime to its highest potential. () Yes () No Student helps clean up & restock, unprompted () Yes () No		
Student Signature	Preceptor Signature	
Clinical Objectives: PMH: Student completed an interview and gathered appropriate history; listened actively; made eye contact; clarified complaints; respectfully addressed patient(s); demonstrated compassion and/or firm bedside manner depending on needs of situation. PE: Student completed an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical exam. Tx Plan: Student formulated a paramedical diagnosis and verbalized an appropriate treatment plan. Skill Performance: Student performed technical skills accurately and safely. COMS: Student communicated effectively with team & provided an adequate verbal report to other healthcare providers Affect: Student demonstrated that they were: Self-motivated: Took initiative to complete assignments and improve/correct problems; strived for excellence; used feedback to modify behaviors/performance. Efficient: Kept assessments & treatment times to a minimum; released other personnel when not needed; organized team to work faster/better. Flexible: Made adjustments to communication style; directed team members; and changed impressions based on findings Careful: Paid attention to detail of skills, documentation, patient comfort, set-up/clean-up; and completed tasks thoroughly. Confident: Made decisions, trusted and exercised good personal judgment and was aware of limitations and strengths. Open to feedback: Listened to preceptor and accepted constructive feedback without being defensive (interrupting, giving excuses)		
Team Leadership Objectives: The student has successfully led the team if s/he has <i>conducted a comprehensive assessment</i> (not necessarily performed the entire interview or physical exam but rather has been in charge of the assessment), <i>formulated and implemented a treatment plan</i> for the patient. This means that <i>most</i> (if not all) of the <i>decisions</i> have been made by the student, especially formulating paramedical diagnoses, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by preceptor. No action (initiated or performed) brought harm or endangered the physical or psychological safety of the patient, bystanders, or other responders/crew. Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts will indicate willingness to try and are better than no attempt at all.		
Ratings: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student is expected to only observe, or the patient did not need intervention. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. Note: Ideally, students will progress their role from observation to participation in simple skills to more complex assessments and formulating treatment plans. Students will progress at different rates as case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process. Improvement plans MUST follow any unsuccessful or inconsistent ratings.		

EMERGENCY MEDICAL SERVICES

THE CAPSTONE – ALS (ADVANCED LIFE SUPPORT) EMS TEAM LEADERSHIP CAPSTONE EXPERIENCE

EMSP 399B

The capstone to the Paramedic Clinical Curriculum is the ALS EMS Team Leadership Experience. During this experience, the student should be able to integrate all cognitive, psychomotor, and affective domains to function as an entry level paramedic. The student should no longer be provided with instruction. Although the Paramedic Preceptor remains ultimately responsible for all patient care, the student should be performing as the attending paramedic for all patient contacts. All paramedic students must attend a minimum of 156 hours (12 shifts) of the Leadership Capstone on an ALS Ambulance to count. Competencies should be completed during this time; however, the capstone leadership experience may be extended to complete competencies.

Student should be strictly evaluated on his/her ability to perform as the leader of an ALS EMS Team. Students must successfully lead 25 ALS calls. In order to classify a patient as ALS in Fisdap, patients must have IV access and ECG monitoring (12-lead acquisition is highly encouraged as this is a clinical competency). See below for additional competencies and Preceptor Expectations.

CLINICAL OBJECTIVES

- ✓ Serve as the team leader for all pre-hospital responses with the last 25 of calls marked as a “successful lead”.
- ✓ Act as team leader throughout shift.
- ✓ Perform all radio/telephone patient care report transmissions
- ✓ Complete patient care report documentation for ALL patient contacts
- ✓ Perform comprehensive patient assessments and formulate treatment plans for ALL patients without guidance from the Preceptor
- ✓ Perform skills under stressful situations.
- ✓ Establish rapport with patients, families, and team members.
- ✓ Demonstrate professionalism and confidence at all times.
- ✓ Professionally delegate tasks to team members and professionally follow-up on each task delegated.
- ✓ Perform other duties as assigned within paramedic scope of practice


PRECEPTOR EXPECTATIONS

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



Grady Health System - Emergency Medical Services Education Academy
Paramedic Psychomotor Competency Portfolio Capstone Leadership Evaluation Worksheet

Name		Date		Clinical Site Grady Emergency Medical Services											
page ____ of ____		Time In: _____ Time Out: _____		Preceptor: _____						Unit# _____					
Directions: Each contact must be rated by the student FIRST , and rated by the Preceptor SECOND . Mark student ratings in the row marked "S" and Preceptors in "P". Comment on discrepancies on back. Preceptors should complete shaded sections.					Ratings: NA = Not applicable - not needed or expected; 0 = Unsuccessful, required excessive or critical prompting - includes "Not Attempted" when student was expected to try; 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent, no prompting										
Patient Age & Gender	Complaint(s)	Paramedical Diagnosis (1° & 2°)	Treatments (Summary)	Circle Patient Contact Type	Rater	Objectives							PRECEPTOR INITIALS	COMMENDATIONS OR IMPROVEMENT PLANS	
						PMH	PE	Tx Plan	Skills	Coms	Affect	Team Leader			
1				ALS	S										
				BLS	P										
2				ALS	S										
				BLS	P										
3				ALS	S										
				BLS	P										
4				ALS	S										
				BLS	P										
5				ALS	S										
				BLS	P										
6				ALS	S										
				BLS	P										
7				ALS	S										
				BLS	P										
8				ALS	S										
				BLS	P										
9				ALS	S										
				BLS	P										
10				ALS	S										
				BLS	P										
11				ALS	S										
				BLS	P										
12				ALS	S										
				BLS	P										

	Grady Health System - Emergency Medical Services Education Academy Paramedic Psychomotor Competency Portfolio Capstone Leadership Evaluation Worksheet	page 2 4/4/2017 - cdm,jr.
Comment on any unsatisfactory ratings or discrepancies: <hr/> <hr/> <hr/>		
Overall plan for improvement for future shifts: <hr/> <hr/>		
Student reported () on time, () well groomed, () in uniform and prepared to begin the shift. Behavior was professional: () Accepted feedback () Self-motivated () Efficient () Flexible () Careful () Confident Student asked relevant questions & participated in learning answers, used downtime to its highest potential. () Yes () No Student helps clean up & restock, unprompted () Yes () No		
Student Signature	Preceptor Signature	
Clinical Objectives: <p>PMH: Student completed an interview and gathered appropriate history; listened actively; made eye contact; clarified complaints; respectfully addressed patient(s); demonstrated compassion and/or firm bedside manner depending on needs of situation.</p> <p>PE: Student completed an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical exam.</p> <p>Tx Plan: Student formulated a paramedical diagnosis and verbalized an appropriate treatment plan.</p> <p>Skill Performance: Student performed technical skills accurately and safely.</p> <p>COMS: Student communicated effectively with team & provided an adequate verbal report to other healthcare providers</p> <p>Affect: Student demonstrated that they were:</p> <ul style="list-style-type: none"> Self-motivated: Took Initiative to complete assignments and improve/correct problems; strived for excellence; used feedback to modify behaviors/performance. Efficient: Kept assessments & treatment times to a minimum; released other personnel when not needed; organized team to work faster/better. Flexible: Made adjustments to communication style; directed team members; and changed impressions based on findings Careful: Paid attention to detail of skills, documentation, patient comfort, set-up/clean-up; and completed tasks thoroughly. Confident: Made decisions, trusted and exercised good personal judgment and was aware of limitations and strengths. Open to feedback: Listened to preceptor and accepted constructive feedback without being defensive (interrupting, giving excuses) 		
Team Leadership Objectives: <p>The student has successfully led the team if s/he has <i>conducted a comprehensive assessment</i> (not necessarily performed the entire interview or physical exam but rather has been in charge of the assessment), <i>formulated and implemented a treatment plan</i> for the patient. This means that <i>most</i> (if not all) of the <i>decisions</i> have been made by the student, especially formulating paramedical diagnoses, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by preceptor. No action (initiated or performed) brought harm or endangered the physical or psychological safety of the patient, bystanders, or other responders/crew. Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts will indicate willingness to try and are better than no attempt at all.</p>		
Ratings: NA = Not applicable - not needed or expected; This is a neutral rating. (Example: Student is expected to only observe, or the patient did not need intervention. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when student was expected to try; This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. Note: Ideally, students will progress their role from observation to participation in simple skills to more complex assessments and formulating treatment plans. Students will progress at different rates as case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process. Improvement plans MUST follow any unsuccessful or inconsistent ratings.		

DOCUMENTATION

FISDAP

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

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

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

FISDAP
Online Tools for EMS Education

Hi, Clinical! (GHS1593) | Grady EMS Academy |

MyFisdap Shifts Learning Center Reports **Account** Community Help

Account

My Account

Account Information Update your information including password, email address, and emergency contact.	Upgrade Purchase additional products or attempts.
Program Evaluations Evaluate program resources including preceptors, sites, and personnel.	Research Consent Form Help Fisdap with EMS research. Donate your data--it's all anonymous!

651-690-9241 | info@fisdap.net | 2136 Ford Parkway #168, Saint Paul, MN 55116

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

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

Member Log In

Username:

Password:

I'm secure. Don't ask for my password when I make changes.

[Forgot your login?](#)

[Log in](#)

Not a member yet?

[Create an Account](#)

Questions?

[Contact Us](#)

Enter your credentials, and click **Log in**.

Goals: Graduation Requirements

Grady Paramedic Student Clinical Goals

expand all	Performed	Observed
▶ Ages	0%	0
▶ Airway Management	0%	0
▶ Complaints	0%	0
▶ Impressions	0%	0
▶ Skills	0%	0
▶ Team Lead	0%	0

This report includes all skills and assessments performed on Human (live) and Manikin patients in the lab, clinical and field settings.

[View the full Graduation Report](#)

Note: FISDAP differentiates among skills observed vs. performed. Credit is awarded only if performed. Don't be timid about performing skills.

One may view a full Graduation Report, if desired

Once logged in, the default page is the Dashboard. Students should look for the above information on the Dashboard because this provides you with a percentage of the goals you've accomplished for the curriculum in which you are enrolled.

MyFisdap | **Shifts** | Learning Center | Reports | Account | Community | Help

Scheduler

Subscribe | PDF/Email | Calendar | Compliance | Shift requests

My shifts | Available shifts: [Icons]

Filters: showing my shifts

Today | Aug 31, 2014 - Sep 6, 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6

Click **Shifts** to access this screen

Be aware of filters; one views scheduled shifts or shifts that may be scheduled.

Scheduler + Lab Shift

Subscribe PDF/Email **Calendar** Compliance Shift requests

My shifts Available shifts:

When editing filters, click the **Off** slide bar to view available shifts. Once this is complete, open shifts will be visible.

Filters: Edit

Locations

Sites
All 5 sites...

Bases/Departments
All 37 bases...

Preceptors
All 255 preceptors...

Off Available Shifts

show shifts available for sign up.

Reset Filters **Go**

< > Today Aug 31, 2014 - Sep 6, 2014 Month Week Day List

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6

Sunday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Monday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Tuesday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Wednesday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Thursday
1900 (12hrs) Grady Health System : ER

FISDAP Robot— he's always there to help. Just click.

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

Tuesday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Wednesday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Thursday
1900 (12hrs) Grady Health System : ER

Sign up

If this is a desired shift, click **Sign**

Sep 4 2014, 1900 (12hrs)
Grady Health System : ER

Filled Slots
No one is scheduled for this shift yet.

Drop Cover Swap (permission)

Open Slots

Paramedics in Grady Paramedic	Sign up by Sep 3, 2014.
1401 P	

Sign up

Friday
No shifts.

Tuesday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Wednesday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Thursday
Shift signup
🔔 0 📅 1

Sep 4 2014, 1900 (12hrs)
Grady Health System : ER

Filled Slots
No one is scheduled for this shift yet.

✖ Drop ✖ Cover ✔ Swap (permission)

Open Slots

Shift signup
🔔 0 📅 1

You have chosen to sign up for this shift:

Sep 4, 2014, 1900 (12.00hrs)
Grady Health System : ER

Friday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.

Cancel
Confirm

Once selected, the shift will need to be confirmed. Once confirmed, the shift is no longer available. It will then become visible under **My Shifts**.

MyFisdap
Shifts
Learning Center
Reports
Account
Community
Help

Skills & Patient Care

+ Lab Shift
Filters: All dates;
PDF

	Patients	Preceptor Signoff	Attendance	
Sep 4, 2014, 1900 (12 hrs)	0	N/A	On time	🗨️ ✕
Grady Health System , ER				

Hours

Scheduled: 12.00
Absent: 0.00
Attended: 0.00
Audited: 0.00

Patient Care

Runs: 0
Assessments: 0
Scenarios: 0

Attendance

Tardies: 0
Absences: 0
Absent w/ permission: 0
Total shifts: 1

Quick Links

- [View Portfolio](#)
- [Pick shifts](#)
- [Goals](#)
- [Video tutorial](#)

My Shift

Grady Health System , ER
Sep 1, 2014, 1900 - 0700 (On Time)
Shift ID: 7057756
[View Detailed Shift Report](#)

Lock Shift

Edit [Map it](#)

Edit shift

Site: Base/Department:

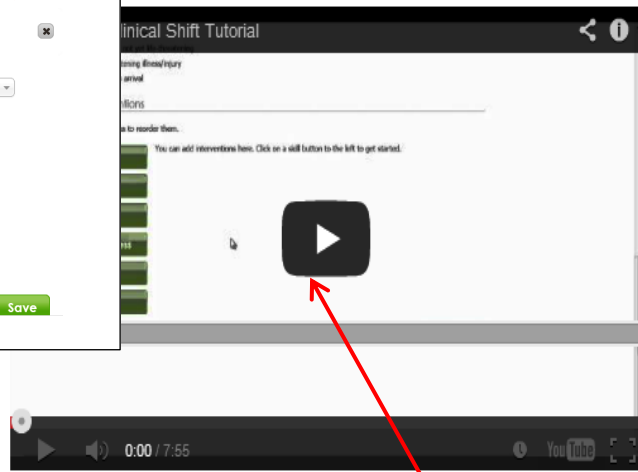
Date:

Start Time:

Comments about attendance:

I was on time
 I was tardy
 I was absent
 I was absent with permission

Duration:



Watch Tutorial

Patient Contacts

Document your patient contacts including signs and symptoms, impressions and skills.

Assessment

Begin documentation here; this is where one enters skills and assessments from the clinical shift.

Shift Evaluation

Which of these forms would you like to use?

FISDAP - Professional Behavior Evaluation

Evaluate the clinical site and Preceptor. The more feedback the more likely the site is to improve.

1 Patient Care 2 Narrative Last saved 3 seconds ago Save

Team
Preceptor: Celeste Adan preceptor Add a new

Patient Assessment
 I performed the patient interview
 I performed the patient exam
 The patient required airway intervention
 but I did not manage the patient's airway
 I successfully managed the patient's airway

*Age: 28 years 0 months
 *Gender: Female Male
 Ethnicity: Other

Complaints:
 bleeding Breathing problem
 change in responsiveness chest pain
 choking Death
 Device/equipment problem Diarrhea
 Dizziness Drainage/discharge
 Fever Headache, Blurred Vision
 Malaise Mass/lesion
 Mental/psych Nausea/vomiting
 Pain Palpitations
 Rash/itching Swelling
 Weakness Wound

*Primary Impression: Abdominal pain/problems
 Secondary Impression: Other Medical

Patient Criticality:
 Green - not critical, ambulatory
 Yellow - illness/injuries not yet life-threatening
 Red - critical, life-threatening illness/injury
 Black - patient dead on arrival

Vitals and Interventions
 Click and drag interventions to reorder them

Vitals BP 120/80, 102, Resp 18, SpO2 99%
 Airway Successful (Performed)
 Cardiac Doppler (Zofran) (Performed)
 Venous Access 1x Push
 Meds
 Other

Next (narrative) >>

All data that must be entered in order to close the shift

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

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

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

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

Plan information is the critical thinking area. This is the section that informs the reader about actions taken by the care provider to resolve any problems discovered from information provided or ascertained above. This is also the section where post-treatment documentation (response to treatments, post-treatment vitals, post-treatment assessment).

1 Patient Care 2 Narrative Autosave Save

SUBJECTIVE (S.A.M.P.L.E.)
Do not enter patient identifying information that could violate HIPAA

OBJECTIVE (SCIENTIFIC MEASUREMENTS)
Do not enter patient identifying information that could violate HIPAA

ASSESSMENT (INTERPRETATION OF OBSERVATIONS)
Do not enter patient identifying information that could violate HIPAA

PLAN (INTERVENTIONS, RE-EVAL, DISPOSITION)
Do not enter patient identifying information that could violate HIPAA

Clinical Manager's Shift

Grady Health System , ER
 Sep 1, 2014, 1900 - 0700 (On Time)
 Shift ID: 7057756
 View Detailed Shift Report

Lock Shift
Not Audited

<< Back to "My Shift" overview

Detailed Shift Report

Sign off on this shift
 Skip to...

Run 1 - No patient information
 Evals from this Shift

Run 1 - No patient information edit

Assessment and Leadership

Patient interview: Patient exam: Team lead:

Team

Size: -- people
 Preceptor: Celeste Adan

Dispatch

Response mode to scene: N/A

Patient

Age/Gender/Ethnicity: year old
 Complaints: --
 Primary Impression: --
 Secondary Impression: --
 Arrest witnessed by: --
 Return of Pulse: --
 Mechanism of Injury: --

Cause of Injury: --
 Intent of Injury: --
 Criticality: --

Treatment

Narrative
 No narrative entered.

edit run

back to top

Evals
 It doesn't look like any evals have been entered

Add another patient or review data for accuracy. If satisfied with the data entered, select **Lock Shift**.

Once selected, the following with pop-up:

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

MyFisdap | Shifts | Learning Center | Reports | Account | Community | Help

Skills & Patient Care

Lab Shift

Filters: All dates;

	Patients	Preceptor Signoff	Attendance	Quick Links
Yesterday Sep 1, 2014, 1900 (12 hrs) Grady Health System , ER	1		On time	View Portfolio Pick shifts Goals Video tutorial

Hours
 Scheduled: 12.00
 Absent: 0.00
 Attended: 12.00
 Audited: 0.00
 See Clinical Manager's

Patient Care
 Runs: 0
 Assessments: 1
 Scenarios: 0
 See Clinical Manager's

Attendance
 Tardies: 0
 Absences: 0
 Absent w/ permission: 0
 Total shifts: 1
 See Clinical Manager's

Report

DOCUMENTATION EXAMPLE

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

Subjective:

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

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

General Impression:

Fall with Injuries

Objective:

Upon initial contact, the patient presented with the following findings:

Heart rate: 122

Blood Pressure: 150/102

Respiratory Rate: 28

Oximetry: 99%

Blood Glucose Concentration: 146 mg/dL

Pupils: Round/equal @ 5 mm

Assessment:

LOC: Alert and oriented x 3/3; no deficits noted to speech/cognition. Patient was able to recount all events leading to the call for EMS response (confirmed by standers by). GCS = 15

HEENT (Head, Ears, Eyes, Nose, Neck, & Throat): Normocephalic without complaint/dysfunction associated with Ears, Eyes, Nose, Neck, or Throat; patient advised that there was no appreciable deficit to her normal abilities to see, perceive sound, or smell. Pupillary response to light intact @ 1-2 mm with light accommodation; pupils persistently round/equal. The patient's trachea presented mid-line without deviation; no jugular vein distention was noted. The patient denied pain/discomfort.

CHEST: Bilateral breath sounds clear to auscultation in all fields. S1 and S2 appreciated upon auscultation of heart tones. No complaints pain; no dysfunction noted upon visual observation: symmetrical chest excursions noted.

ABDOMEN: No complaints associated with any of the four abdominal quadrants. Borborygmi appreciated upon auscultation of bowel sounds.

PELVIS: Stable upon application of mild pressure to the pelvic ring, symphysis pubis, and femoral heads; ability to perambulate not assessed do to complaint of pain to right knee.

UPPER EXTREMITIES: No deficits or dysfunction noted; pulse appreciated distally; patient denied diminished perception of touch and demonstrated distal motility at fingers and wrists as well as proximal joints.

LOWER EXTREMITIES: No deficits or dysfunction noted; pulse appreciated distally; patient denied diminished perception of touch and demonstrated distal motility at toes and ankles as well as left proximal joints. Patient complained of right knee pain; mild to moderate edema noted; contusion appeared to be forming on the inferior aspect of the patella. Motility at the right knee appeared to be diminished; left knee motility appears to be within normal limits.

BACK: Patient denied pain to posterior aspect; no tenderness/deficits/irregularities appreciated upon palpation of the spinal column from cervical to sacrum.

GENITALIA/BUTTOCKS: No complaints; assessment withheld.



OVERALL: Patient appeared to be well-developed and well-nourished; no cognitive or developmental deficits appreciated upon assessment and interview. Patient appears to be

Field Diagnosis/Impression:

Localized trauma to the Right Knee

Plan/Treatment/Transport:

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

Vitals reassessment (post-intervention):

05 minutes from departure: Heart rate: 112; blood pressure: 148/88; respiratory rate: 22; oximetry: 99%

10 minutes from departure: Heart rate: 110; blood pressure: 150/86; respiratory rate: 20; oximetry: 99%

Injury reassessment:

Patient advised that her pain had decreased to a 6/10 with application of splint and transport in a position of comfort.

Perfusion/motility/perception of touch assessed and found to continue to be intact.

Medical control established with receiving facility without question or order.

Disposition:

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

HOSPITAL AFFILIATE CLINICAL SITES

Grady Memorial Hospital

80 Jesse Hill Jr. Dr. SE

Atlanta, GA 30303

(404) 616-1000

Drive 1.5 miles, 4 min

○ 745 Memorial Dr SE

Atlanta, GA 30316

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

0.9 mi

↘ 2. Turn right onto Hill St SE

0.2 mi

↙ 3. Turn left onto Decatur St SE

0.3 mi

↘ 4. Turn right onto Jesse Hill Jr Dr SE

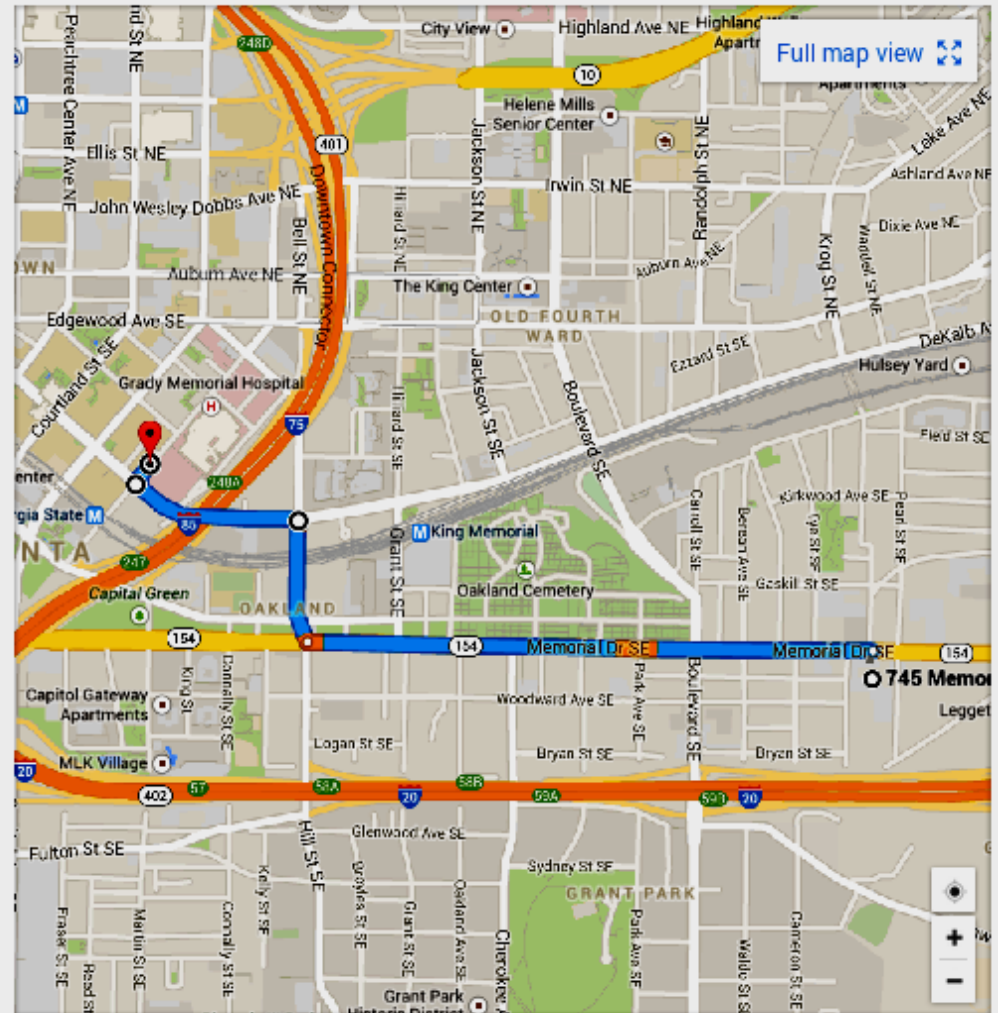
207 ft

◎ 94-152 Jesse Hill Jr Dr SE

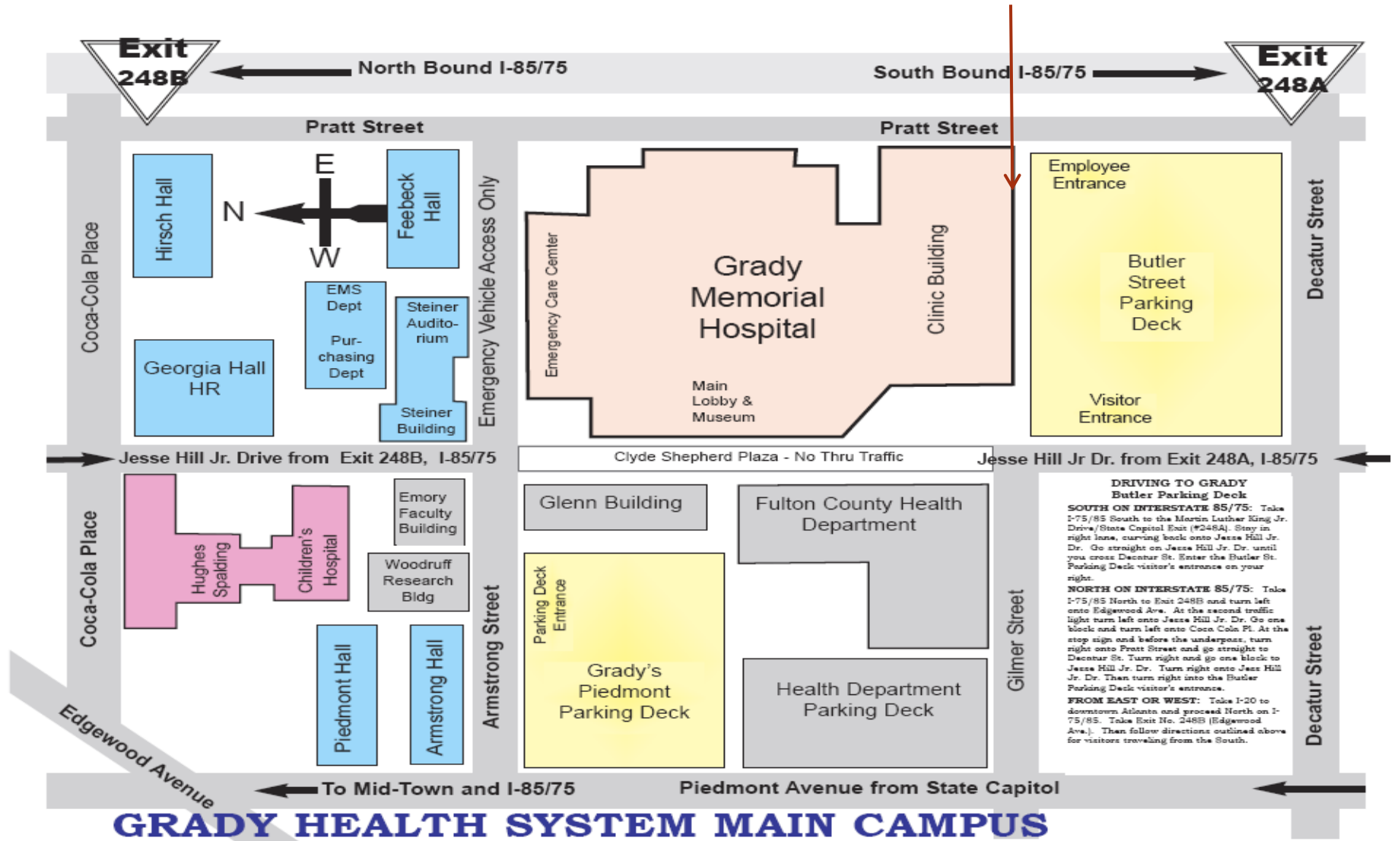
Atlanta, GA 30303

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PARK HERE (\$5-10 PER SHIFT)



Southern Regional Medical Center

11 Upper Riverdale Rd
Riverdale, GA 30274

Drive 15.4 miles, 20 min

O 745 Memorial Dr SE

Atlanta, GA 30316

- ↘ Get on I-75 S from GA-154 W/Memorial Dr SE and Decatur St SE

2.2 mi / 7 min
- ↘ Follow I-75 S to Upper Riverdale Rd in Clayton County. Take exit 235 from I-75 S

12.6 mi / 12 min
- 🚶 9. Merge onto I-75 S

12.1 mi
- 🚦 10. Take exit 235 toward US-19/US-41/Griffin/Jonesboro

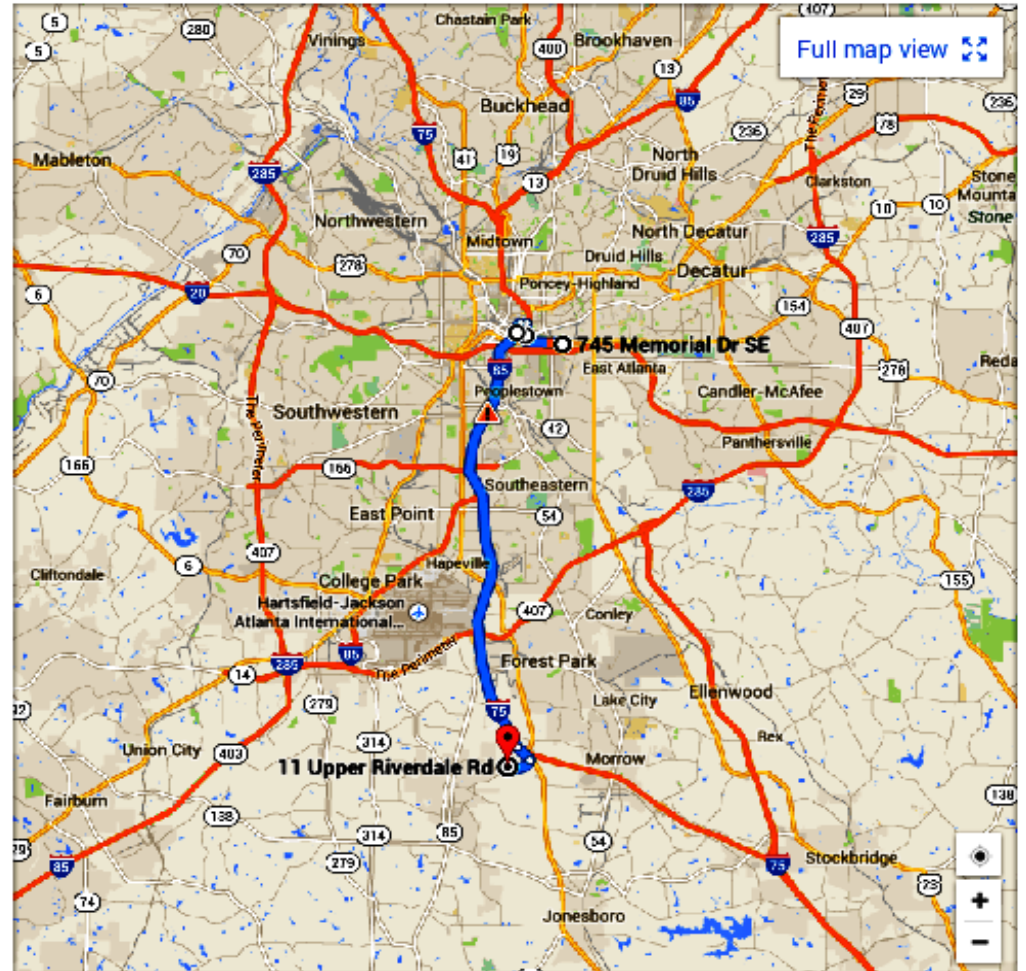
0.5 mi

© 11 Upper Riverdale Rd

Riverdale, GA 30274

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Gwinnett Medical Center–Lawrenceville

1000 Medical Center Boulevard

Lawrenceville, GA 30046

Phone: 678-312-1000

Drive 31.1 miles, 35 min

O 745 Memorial Dr SE

Atlanta, GA 30316

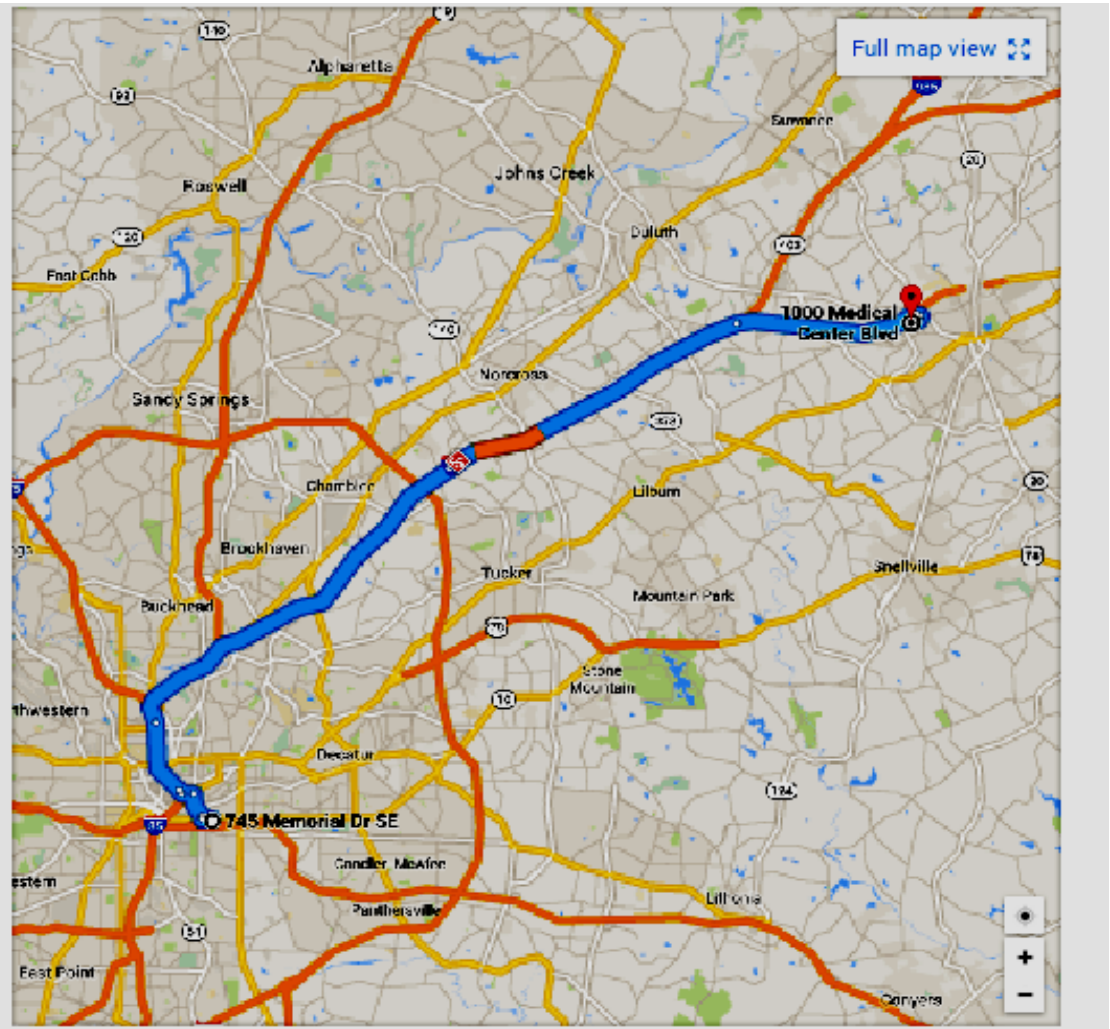
- Get on I-75 N/I-85 N from Boulevard SE and Irwin St NE
1.6 mi / 5 min
- Continue on I-85 N to Lawrenceville. Take the GA-120 exit from GA-316 E
28.9 mi / 29 min
- Drive to Medical Center Blvd
0.7 mi / 2 min
- 10. Slight right onto GA-120 E/Duluth Hwy
0.1 mi
- 11. Take the 1st right onto Medical Center Blvd
0.2 mi
- 12. Slight right to stay on Medical Center Blvd
0.4 mi
- 13. Take the 2nd left to stay on Medical Center Blvd
203 ft
Destination will be on the left

© 1000 Medical Center Blvd

Lawrenceville, GA 30046

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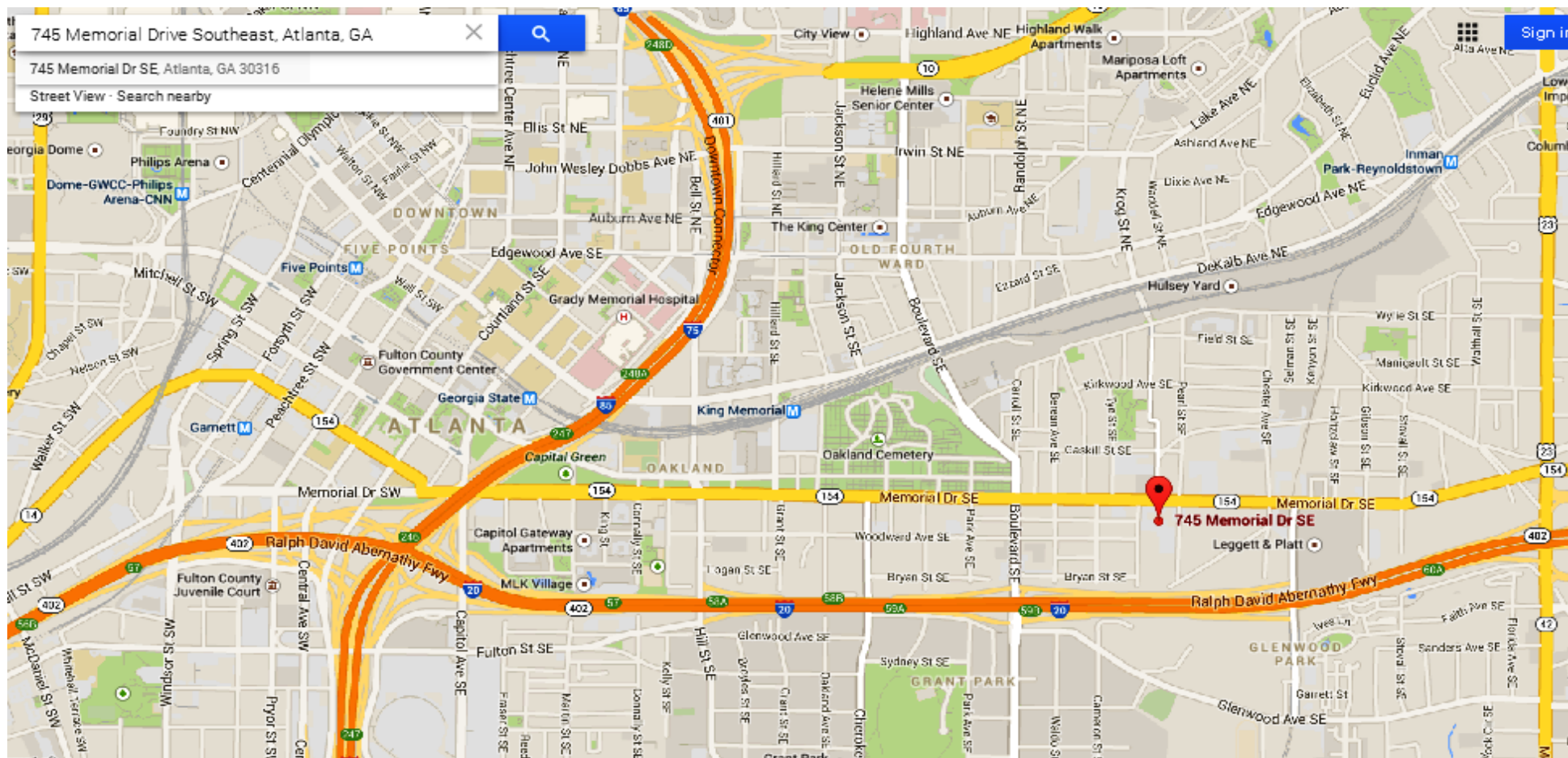




EMERGENCY MEDICAL SERVICES FIELD INTERNSHIP AFFILIATE SITE

GRADY EMERGENCY MEDICAL SERVICES – HEADQUARTERS

745 Memorial Drive SE
Atlanta, Georgia 30316



GRADY EMERGENCY MEDICAL SERVICES ACADEMY
PARAMEDIC CLINICAL EDUCATION MANUAL