CLINICAL ORIENTATION DOCUMENTS
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Paramedic Student Clinical Rotations:

CARDIO-PULMONARY / ICU DEPARTMENT OBJECTIVES

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Perform oral and sterile endotracheal suctioning. (2-1.89)
2. Using bag-valve-mask device to ventilate patients. (2-1.43d)
3. Apply and/or monitor oxygen therapy devices such as mask and cannula. (2-1.100)
4. Identify uses and side effects of the various respiratory treatment drugs. (5-1.7, 5-1.8)
5. Identify uses and side effects of the various respiratory treatment drugs. (5-1.7, 5-1.8)
6. Identify lung sounds including: wheezing, rales, rhonchi. (3-2.28, 5-1.10)
7. Identify sounds and symptoms of respiratory distress. (2-1.26, 5.15)
8. Observe ABG procurement and use of blood gas machine (intern will not perform arterial punctures) Interpret ABG’s and relate to specific signs and symptoms and treatment. (2.1.9, 2-1.10, 2-1.12, 2.1.13)
9. Assist in respiratory treatments and use of mechanical ventilators. (1.8.38, 2-1.95f, 5-1.7)
10. Use a pulse oximetry device. (2-1.81)
11. Define, identify and describe a tracheostomy, stoma, and tracheostomy tube. (2-1.52.
12. Maintains a professional demeanor throughout this clinical rotation. (1-1.39, 1-1.46)
13. Paramedic Student will be under direct supervision during clinical rotations.
Paramedic Intern Clinical Rotations:

ALS UNIT OBJECTIVES

During this rotation, as experience, exposure, and knowledge level permits, the paramedic intern:

1. Determines safety for self and adequacy of work environment and intakes appropriate action \((1^*1.38, 3-3.64)\)
2. Initiates appropriate crowd control maneuvers. \((3-3.64)\)
3. Establishes and maintains rapport while providing emotional support to patients, family, and bystanders. \((1-9.3)\)
4. Performs primary assessment and intervenes as indicated. \((3-3)\)
5. Obtains relevant and accurate patient history in a systematic manner. \((3.1.1, 3-1.2, 3-1.5, 3-1.6)\)
6. Performs an appropriate physical exam. \((3-3.81)\)
7. Recognizes patients that need further attention and transports at appropriate point in run. \((3-3.28, 3-3.29)\)
8. Recognizes the need to make hospital contact. \((1-1.24, 1-4.28, 3-5.23)\)
9. Obtains vital signs quickly and accurately. \((2-1.19, 3-2.32, 3-2.81)\)
10. Recognizes arrhythmias. \((5-2.35)\)
11. Interprets assessment information clearly and takes appropriate action. \((3-4, 7-1.1)\)
12. Accurately reports all pertinent information in a systematic manner. \((1-4.28, 3-5.29, 7-1.13)\)
13. Speaks clearly and concisely and is easily understood. \((3-5.5, 7-1.13)\)
14. Repeats all orders and reports patient response to therapy. \((1-4.28, 3-6.18)\)
15. Keeps accurate, complete and legible written records. \((1-4.28, 1-4.29, 7-1.13)\)
16. Anticipates orders, and the needs of other team members. \((1-1.16)\)
17. Establishes appropriate working relationships with all team members. \((1-1.16)\)
18. Assumes leadership role and directs team members appropriately. \((1-1.16, 7-1.8, 7-1.18, 7-1.19)\)
19. Communicates information appropriately to all team members. \((1-1.6, 7-1.13)\)
20. Performs well under stress, uses good judgment. \((1-1.46, 1-2.26, 3-4.9)\)
21. Is able to accept constructive criticism and guidance. \((1-1.1L, 3-4.7)\)
22. Maintains adequate airway control. (2-1.1, 2-1.29, 2-1.42, 2-1.43d, 2-1.58)
23. Properly uses the antishock trousers. (4-2.40)
24. Applies splints and bandages appropriately. (4-3.35a & b, 4-9.44)
25. Provides proper care to burn patient. (4-4.80-.84)
26. Performs CPR correctly and effectively. (5-2.125, 5-2.205a)
27. Safely and effectively performs defibrillation/cardioversion. (5-2.205b, 5-2.205c)
29. Demonstrates knowledge and ability in emergency Childbirth. (5-14.13)
30. Efficiently performs ET, Nasal Tracheal and EOA procedures. (2-1.58, 2-1.69, 2-1.104a-c)
31. Initiates or directs extrication of patient. (8-3.34)
32. Aseptic and proficient insertion of IV and monitoring IV therapy. (1-8.8, 1-8.34)
33. Performs needle thoracostomy. (4-7.50A)
34. Proficiently administers oxygen therapy. (2-1.43d, 2-1.51)
35. Spinal immobilizes patient correctly. (4-6.15, 4-6.31)
36. Demonstrates ability to suction patient. (2-1.88, 2-1.89)
37. Maintains assigned ambulance inventory. (8-1.2)
38. Demonstrates the ability to correctly operate all electronic equipment. (3-5.29, 2-1.31, 2-1.46, 5-1.15, 5-2.199, 5-4.12)
39. Critiques runs with preceptor. (1-1.1L, 3-4.7)
40. Maintains a professional demeanor throughout this clinical rotation. (1-1.16, 1-1.17, 1-1.39)
Paramedic Student Clinical Rotations:

EMERGENCY DEPARTMENT OBJECTIVES

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Triage (8-2.17, 8-2.20, 8-2.21)
2. Vital and diagnostic signs-recognition and significance. (3-2.6, 3-2.28, 3-281)
3. Physical assessment, patient history, documentation in compliance with hospital policy for all age groups. (3.3, 3-1.1, 3-6.1)
8. NG tube and urinary catheter insertion (2-1.40, 6-6.29).
9. Airway management including insertion of airways, suctioning, oxygen therapy, intubation (under direct physician supervision). (2-1.100, 2-1.104a, 2-1.37, 2-1.88)
10. Use of cardiac monitors and interpretation of rhythms. (5-2.35, 5-2.200)
12. Emotional support of patient and families. (1-1.44)
13. Use of IV pumps. (1-8.21)
14. Recognition of safety hazards to patients; implementation of safety procedures including side rail use and needle safety. (12.45, 1-2.46)
15. Interpretation of ABG’s. (2-1.9, 2-1.10)
16. Wound care and bandaging. (4-3.31)
17. Maintains a professional demeanor throughout this rotation. (1-1.39, 1-1.46)
18. Paramedic Student will be under direct supervision during clinical rotations
Paramedic Student Clinical Rotation:

**PEDIATRIC DEPARTMENT OBJECTIVES**

During clinical rotations in this area, the paramedic student should have the opportunity to experience and develop proficiency in the following skills:

1. Perform pediatric patient assessment including, at a minimum, a review of the patient’s chart, taking vital signs, and auscultation of lung and bowel sounds. (6-2.8, 6-2.94).

2. Prepare and administer IM and IV medications, if allowed by the department. (6-2.107).

3. Monitor IV infusions; assist with IV insertions (some pediatric departments will allow intern IV insertion in selected cases, check with instructor or charge nurse) (6-2.50, 6-2.106).

4. Estimate pediatric ages, and weights in kilograms and verify with documented measurements. (6.2.95).

5. Perform history-taking using information from patient and parents. (3-1.1).

6. Relate history and assessment to pathological conditions, treatments, and medications. (6-2.1).

7. Perform isolation procedures. (1.2.30, 5-11.59).

8. Provide emotional support to patients and families. (6-2.90).

9. Assist with nursing care and treatments (including feeding and changing diapers).

10. (6-2.91, 6-2.9).

11. Maintains a professional demeanor throughout this clinical rotation. (1-139, 1.1-46).

Observe the following procedures as they occur

1. Spinal tap
2. Oxygen therapy using tents, etc.
3. Intraosseous infusions
4. Other procedures performed on pediatric patients

Please bring any problem to the attention of the clinical instructor.

Paramedic Students will be under direct supervision during clinical rotations
TEN RIGHTS OF MEDICATION ADMINISTRATION

1. Right Patient
2. Right Drug
3. Right Dose
4. Right Time
5. Right Route
6. Right Education
7. Right to Refuse
8. Right Assessment
9. Right Evaluation
10. Right Documentation
OPERATING ROOM ORIENTATION

Goals & Objectives

- Discuss the principles of aseptic technique
- Demonstrate surgical scrub, gowning, and gloving
- Identify hazards in the surgical setting
- Identify the role of the scrub person, circulating nurse, and medical student
- Discuss ways the JMS can participate in the care of the patient and thereby become an active, useful member of the surgical team

Lockers

- Lockers are available for your use while you are in the operating room.
- You must bring your own lock.

DRESS CODE - SURGICAL ATTIRE

1. All persons who enter the semirestricted and restricted areas of the surgical suite should be in hospital laundered surgical attire intended for use only within the surgical suite.
2. All possible head and facial hair, including sideburns and neckline, should be covered when in the surgical suite.
3. All persons entering an operating room or centerwell area should wear a mask.
4. All personnel entering the suite should have all jewelry confined or removed. Watches and plain wedding bands are acceptable. Earrings must be covered by the scrub cap.
5. Nail polish and artificial nails should not be worn within the suite.
6. Protective barriers (gloves, masks, protective eyewear, and face shields) are provided by the hospital and should be utilized to reduce the risk of exposure to potentially infective agents.
7. Shoes should be dedicated to the OR and shoe covers are not required. If shoe covers are necessary, the wearer should remove them before leaving the operating room to avoid tracking blood and debris through the department.

SURGICAL HAND SCRUB

1. A five (5) minute anatomical timed scrub will be used for all surgical hand scrubs.
2. Fingernails must be free of polish/enamel and of medium length. No jewelry is permitted on the hands and arms while performing as a member of the surgical team.
3. "Remember to put your mask on prior to starting you scrub."
4. Wash hands and arms with solution to 2 inches above the elbow.
6. Start scrubbing fingers of left hand, one at a time, treating each finger as four-sided; palm, knuckles, and back of hand. Repeat with right hand.
7. Scrub right wrist and continue up arm to 2 inches above elbow. Repeat with left arm. Discard brush. Rinse both hands and arms under running water keeping hands above level of elbow so that water runs off the elbows and not the hands.
Gloving Procedure - Open

1. Avoid contact of sterile gloves with ungloved hands during closed-glove procedure.

2. For closed-glove method, never let the fingers extend beyond the stockinette cuff during the procedure. Contact with ungloved fingers constitutes contamination of the glove.

3. For open-glove method, touch only the cuff of the glove with ungloved hand, and then only glove to glove for other hand.

4. If contamination occurs during either procedure, both gown and gloves must be discarded and new gown and gloves must be added.

5. When removing gloves after a procedure is finished, the gloves are removed after the gown is removed inside out, using glove-to-glove, then skin-to-skin technique.
Gloving Procedure - Closed
Points to Remember about Aseptic Technique

Adherence to the Principles of Aseptic Technique Reflects One's Surgical Conscience.

1. The patient is the center of the sterile field.

2. Only sterile items are used within the sterile field.
   A. Examples of items used.
   B. How do we know they are sterile? (Wrapping, label, storage)

3. Sterile persons are gowned and gloved.
   A. Keep hands at waist level and in sight at all times.
   B. Keep hands away from the face.
   C. Never fold hands under arms.
   D. Gowns are considered sterile in front from chest to level of sterile field, and the sleeves from above the elbow to cuffs. Gloves are sterile.
   E. Sit only if sitting for entire procedure.

4. Tables are sterile only at table level.
   A. Anything over the edge is considered unsterile, such as a suture or the table drape.
   B. Use non-perforating device to secure tubing and cords to prevent them from sliding to the floor.

5. Sterile persons touch only sterile items or areas; unsterile persons touch only unsterile items or areas.
   A. Sterile team members maintain contact with sterile field by wearing gloves and gowns.
   B. Supplies are brought to sterile team members by the circulator, who opens wrappers on sterile packages. The circulator ensures a sterile transfer to the sterile field. Only sterile items touch sterile surfaces.

6. Unsterile persons avoid reaching over sterile field; sterile persons avoid leaning over unsterile area.
   A. Scrub person sets basins to be filled at edge of table to fill them.
   B. Circulator pours with lip only over basin edge.
   C. Scrub person drapes an unsterile table toward self first to avoid leaning over an unsterile area. Cuff drapes over gloved hands.
   D. Scrub person stands back from the unsterile table when draping it to avoid leaning over an unsterile area.

7. Edges of anything that encloses sterile contents are considered unsterile.
   A. When opening sterile packages, open away from you first. Secure flaps so they do not dangle.
   B. The wrapper is considered sterile to within one inch of the wrapper.
   C. In peel-open packages, the edges where glued, are not considered sterile.

8. Sterile field is created as close as possible to time of use.
   A. Covering sterile tables is not recommended.

9. Sterile areas are continuously kept in view.
   A. Sterility cannot be ensured without direct observation. An unguarded sterile field should be considered contaminated.
10. Sterile persons keep well within sterile area.
   A. Sterile persons pass each other back to back or front to front.
   B. Sterile person faces a sterile area to pass it.
   C. Sterile persons stay within the sterile field. They do not walk around or go outside the room.
   D. Movement is kept to a minimum to avoid contamination of sterile items or persons.

11. Unsterile persons avoid sterile areas.
   A. Unsterile persons maintain a distance of at least 1 foot from the sterile field.
   B. Unsterile persons face and observe a sterile area when passing it to be sure they do not touch it.
   C. Unsterile persons never walk between two sterile fields.
   D. Circulator restricts to a minimum all activity near the sterile field.

12. Destruction of integrity of microbial barriers results in contamination.
   A. Strike through is the soaking through of barrier from sterile to non-sterile or vice versa.
   B. Sterility is event related.

13. Microorganisms must be kept to irreducible minimum.
   A. Perfect asepsis is an idea. All microorganisms cannot be eliminated. Skin cannot be sterilized. Air is contaminated by droplets.

HAZARDS IN THE SURGICAL SUITE

Electrical
   • Cautery Units, Defibrillators, OR Beds, numerous pieces of equipment
   • All equipment must be checked for electrical safety before use!!

Anesthetic Waste

Radiation
   • Leaded aprons and shields available for use during procedures.

Laser Safety
   • Protective eyewear for patient and operating team.
   • Doors remain closed with sign - "Danger, Laser in Use."
   • Sterile water available in the room and on sterile field.
   • Smoke evacuation system is to be employed when applicable.
   • Surgery high filtration masks should be worn during procedures that produce a plume.

General Safety
   • Apply good body mechanics at all times when transferring patients.
   • Operating room beds and gurneys will be locked before patient transfer.
   • Operating safety belts will be used for all patients.
   • Never disconnect or connect electrical equipment with wet or moist hands.
   • Discard all needles, razors, scalpel blades and broken glass into special identified containers.
UNIVERSAL PRECAUTIONS SUMMARY

Although the risk of contracting HIV in the healthcare setting is extremely low, there are other bloodborne pathogens which pose a much more significant risk. Precautions should be followed to reduce the risk of exposure to bloodborne pathogens. Each healthcare worker should assess their possible risks and take precautions to reduce these risks. Universal Precautions are designed to protect healthcare workers from occupational exposure and should be followed when potential for exposure might occur.

Universal blood and/or body fluid precautions should be consistently used for ALL patients. Fundamental to the concept of Universal Precautions is treating all blood and/or body fluids as if they were infected with bloodborne pathogens and taking appropriate protective measures, including the following:

1) Gloves should be worn for touching blood and/or body fluids, mucous membranes, non-intact skin, or items/surfaces soiled with blood and/or body fluids. Gloves should be changed after contact with each patient and hands washed after glove removal. Though gloves reduce the incidence of contamination, they cannot prevent penetrating injuries from needles and other sharp instruments.

2) Gowns or aprons should be worn during procedures that are likely to generate splashes of blood and/or body fluids onto clothing or exposed skin.

3) Masks and protective eyewear should be worn during procedures that are likely to generate droplets of blood and/or body fluids into the mucous membranes of the mouth, nose, or eyes.

4) Needles and sharps should be placed directly into a puncture-resistant leakproof container which should be as close as possible to the point of use. Needles should not be recapped, bent, broken, or manipulated by hand.

5) Hands and skin surfaces should be washed after contact with blood and/or body fluids, after removing gloves, and between patient contact.

6) Gloves should be worn to cleanup blood spills. Blood spills should be wiped up and then an EPA registered tuberculocidal disinfectant applied to the area. The disinfectant should have a one minute contact time and the area rinsed with tap water. If glass is involved, wear double gloves or heavy gloves. Pick up the glass with broom and dust pan, tongs, or a mechanical device.

7) Healthcare workers with exudative lesions or weeping dermatitis should not perform direct patient care until the condition resolves.

8) Disposable resuscitation devices should be used in an emergency.

9) Occupational Exposures: Definition
   - Puncture wounds
   - Needlesticks/Cuts
   - Splashes into the eyes, mouth, or nose
   - Contamination of an open wound

10) Occupational Exposures:
    - Wash the area immediately with soap and water
    - If splashed in the eyes mouth or nose have them properly flooded or irrigated with water
    - Notify supervisor as soon as possible
OPERATING ROOM / ANESTHESIA DEPARTMENT RESPONSIBILITIES

- All PBSC students will have a clear medical and criminal background check.

- All PBSC students shall have successfully completed the endotracheal intubation skill sheet prior to performing this procedure on a live patient, evidenced by having this skill sheet with them.

- All PBSC students shall have received an OR and clinical orientation prior to the rotation.

- All PBSC students will arrive at the prescribed time in a clean uniform including a student ID Tag.

- A PBSC clinical instructor shall be on site at all times during the student’s OR rotation.

- All PBSC students shall present an attendance sheet with a comments section at their arrival to the OR.

- No PBSC paramedic student shall be allowed to scrub in at any time.

- All PBSC students shall introduce themselves at check in and sign the log book.

- All PBSC students should receive an OR orientation by hospital staff.

- All PBSC students should meet the anesthesiologist for individual room, equipment, and pt. orientations.

- Malanpati scales should be discussed prior to intubations with the anesthesiologist.

- Students should be allowed to observe proper BVM and endotracheal intubation by the anesthesiologist prior to performing the procedure.

- If at any time the staff feels uncomfortable with a student’s performance, appearance, or attitude, the staff should ask the student to leave, and send the student back to the Clinical Coordinators office. 868-3418.

- If the schedule shows no scheduled intubations for that day, the student should be allowed to perform BVM if possible and be invited to observe the various surgical cases as permitted by the staff and surgeon.
CLINICAL GOALS BY SEMESTER

FIRST SEMESTER
Goals: By the end of First Semester, the student will

- fit in and feel at home in hospital and fire rescue
- understand role in each setting
- demonstrate a professional attitude and good work ethic, with good comments from patients, hospital personnel, and fire rescue preceptors.
- demonstrate an effective technique and style of interviewing patients.
- be adept at hands-on skills: vital signs, I.V. starts, blood draw, auscultation, BVM, CPR, preparation of medications, administration of medications under supervision, splint and dressing application.
- be able to multi-task: interview patient while initiating care.
- write a "run report" that is pertinent to the patient with good spelling and use of medical terminology.
- show sound decision-making skills when devising a treatment plan.
- demonstrate how to apply electrodes for 12-Lead EKG or monitoring, and be able to interpret a basic rhythm strip for rate and rhythm.

SECOND SEMESTER
Goals: By the end of Second Semester, the student will

- be able to perform an initial assessment on a patient and devise an effective treatment plan, showing an increased level of knowledge of pathophysiology from first semester.
- direct a routine call in the field, with occasional assistance from preceptor.
- direct a patient resuscitation in a mock (megacode) situation and participate as a functioning team member in actual resuscitations.
- administer appropriate meds correctly and safely, with understanding of the effects, side effects, correct dose and route, contraindications.
- correctly interpret rhythm strips and 12-Lead EKGs.
- be able to assess and care for more complex patients and handle novel situations calmly.
- be able to assess patients of all ages and cultures.
- produce a written "run report" that shows an increased understanding of pathophysiology and enhanced decision-making skills.

THIRD SEMESTER
Goals: By the end of the Third Semester, the student will

- have mastered all goals of first and second semesters
- show an increased understanding of pathophysiology and apply that to the patients' assessment and treatment plan.
- demonstrate increased speed and efficiency in performing patient assessment.
- perform as Team Leader in the field, directing most calls with very little assistance from Preceptor.
- demonstrate proficiency in ACLS, PALS, BTLS skills, as well as increased fluency in EKG interpretation.
- In general, be prepared for Field Internship.
PARAMEDIC STUDENT OBJECTIVES
(perc Dr. Scheppke, Medical Director)
for Emergency Room Rotations

- Supervised BVM and Intubation
- Clinical differences amongst pneumonia, COPD, CHF
- Frequent pitfalls, seen by ER Docs, made in the field
  - Writing patient "tripped and fell" for unwitnessed falls in the demented elderly with systemic disease
  - Assuming a minor problem for a specific complaint rather than assuming the worst
    - Syncope in younger patients with arrhythmias and pulmonary emboli
    - Giving Lasix to pneumonia patients
- Report writing and how it affects Emergency Department treatment
- Importance of appropriate facility destination for all patients
  - Appropriate choice of destination facility for minor injured OB patients
  - Appropriate choice of destination for stroke and MI patients
- Clinical detection of stroke (especially non classic presentations)
- Clinical detection of non-classic MI patients
- Auscultation of lungs

Name of Physician:__________________________________________________________

Name of Facility & Department:_____________________________________________

Date & Time (starting/ending) of Visit:_______________________________________
**HEALEY REHAB. CENTER**

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<thead>
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<th>Patient Age/Sex</th>
<th>Chief Complaint</th>
<th>Skills Performed (Interview, VS, Phlebotomy, etc.)</th>
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# Pediatric Partners Documentation Form

**Student ____________________ Instructor ____________ Date ________________**

**INSTRUCTOR SIGNATURE:**

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<th>Patient Age/Sex</th>
<th>Chief Complaint</th>
<th>Primary Language</th>
<th>Interview, Assessment</th>
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</table>
Palm Beach State College

MEDICAL DIRECTOR ROTATION FORM

Student Name: ________________________________

Date of Rotation: ________________________________

Student Progress

Competent Needs Improvement

☐ ☐ Exercises caution in the performance of duties and policies.

☐ ☐ Performs a proper initial assessment and focused physical exam.

☐ ☐ Is able to interpret patient data. EKG, vital signs, etc.

☐ ☐ Recognizes level of urgency of patients’ complaints and responds appropriately.

☐ ☐ Student can provide a sound rationale for decisions and actions.

☐ ☐ Student recommended for an additional rotation with Medical director.

Medical Director’s Comments:

Medical Director Signature: ______________________________________

This form is to be turned in to the Clinical Coordinator’s office at students next scheduled class day.
# SURGERY – BVM, ENDOTRACHEAL INTUBATION EXPERIENCE

<table>
<thead>
<tr>
<th>Patient Age/Sex</th>
<th>Procedure</th>
<th>Successful?</th>
<th>MD or RN Signature</th>
</tr>
</thead>
</table>
| 1.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 2.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 3.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 4.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 5.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 6.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 7.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 8.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 9.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
| 10.______________| ( ) Watched intubation  
( ) Inserted ETT w/ video device  
( ) ETT with laryngoscope  
( ) BVM only – non intubated | | |
FREQUENTLY MISUSED MEDICAL TERMS
(Or – How to Improve Your Credibility)

1. **AAOX3**  The first “A” means “Awake”.
   The second “A” means “Alert”.
   The “O” means “Oriented”
   Don’t use these letters if the patient is not alert and oriented.

   X1 means “oriented to self or person” – patient knows own name, significant others.
   X2 means “oriented to person and place” – knows where he/she is.
   X3 means “oriented to person, place, and time” – knows the date/day.

   If the patient is not alert and oriented, use another way to describe the mental status: AVPU or more descriptive terms.

**DO NOT USE “AAOx3” TO DESCRIBE A PRE-VERBAL CHILD!**

2. **Responds to Pain**  State **HOW** the patient responds. There is a **great** difference between:
   - Moans
   - Localizes pain
   - Generalized movement
   - Posturing

3. **“Upon arrival”**  This is very over-used. It implies that you will be doing an update on the patient’s condition some time after arrival by comparison (“On our arrival, the patient was alert, but became unresponsive almost immediately”). Otherwise, this falls into the rule that you should write as few “filler words” as possible. Read physician’s history and physicals, they never say, “Upon arrival in the ER, I found this patient . . .”. Another common filler word is, “**Patient**” . . . to begin each sentence, “**Patient** c/o tenderness in RUQ abd, patient denies diarrhea, patient denies vomiting, etc.”  Space is limited, save room for words that give good information.  “Upon exam” is another.  Use the word “upon” about as often as you use it in normal conversation. (Never?)

4. **“Tenderness”** - means that you elicit pain when you touch, or palpate. So, “**Pain on palpation**” means exactly the same thing as “tenderness”.  No need to say, “Upon palpation, patient complains of tenderness”.

5. **The lungs are divided into lobes**, which we can **see** in surgery, on autopsy, or xray.  We cannot **hear** LOBES.  When auscultating, use terms like: “bibasilar”, “left or right base”, “scattered” (wheezes or rales), “inspiratory” or “expiratory” wheezes, “rales ¾ way up”, etc.

6. **Don’t use EKG terms** like, “NSR” unless patient is on monitor.  Say “regular”, “irregular”, “tachycardia”, etc.  Only name a rhythm if you see it on the monitor.

7. **Don’t evaluate ST segments on a monitor**, unless you specifically put it into “diagnostic” mode.  The filters in a monitor can alter ST segments, causing them to elevate falsely or not elevate when they are elevated on a 12-lead EKG.  **The 12-lead EKG is the only accurate way to evaluate ST segments!**

8. **We are not trained to evaluate patients for abdominal masses**.  Patients can have all kinds of abd. masses and we will be unaware of them.  If you suspect an abdominal aortic aneurysm, it is okay to say, “No **obvious** abd. mass”, or, “palpable pulsating mass to left of midline in LLQ of abd”.  Don’t write, “No masses in abdomen”.

9. **Keep learning** about pathophysiology.  What you absorb in class is not enough.  Your assessments will be more pertinent to each patient if you understand the disease.  Your use of terminology will improve, also.  Learn to spell medical terms.  Your credibility will suffer if you can’t spell.
Palm Beach State College EMS Academy

FIRE RESCUE ON DUTY RIDE TIME AUTHORIZATION

Paramedic Student __________________________ has applied for permission to perform required fire-rescue clinical ride time while on duty at his/her employer’s department. The undersigned student and representative of fire rescue administration have each received a copy of these guidelines and agree to abide by all criteria.

Palm Beach State College and ______________________________ Fire Department agree specifically to the following terms regarding on duty ride time as specified by FAC 64J-1.020:

Qualifications and procedures for paramedic training programs, in addition to those contained in FS 401.2701, are as follows:

- Demonstrate that each paramedic student functions under the direct supervision of an EMS preceptor.
- Demonstrate that each paramedic student shall not be in the patient compartment alone during patient transport.
- Demonstrate that each paramedic student shall not be used to meet staffing requirements and not subject to call.
- If an incident results in the student being called upon for active duty as an employee, the clinical hour clock will stop and not restart again until the next scheduled clinical day.
- Demonstrate that each paramedic student shall not drive a rescue vehicle at ANY time during their designated clinical hours.
- Clinical hours will be set by Palm Beach State College.
- Students must wear their Palm Beach State College ID card at all times during clinical.

I, the undersigned administrative representative of ______________________________ Fire Department, have read and agree to the above conditions, and authorize the named employee to perform on duty clinical ride time while a student with Palm Beach State College Paramedic Program.

____________________________  ______________________________  _____________
Administrator’s Printed Name   Signature                          Title                        Date

I, the undersigned Student have read and agree to the above conditions. Failure to comply will disqualify me from doing further on duty clinical ride time.

____________________________
Student’s Printed Name

____________________________  _____________
Signature                          Date

Summer 2010
Palm Beach State College – Paramedic Program

Clinical Evaluation - Cover for Long Form

☐ EMS 2664 – Clinical 1
☐ EMS 2658 – Clinical 3
☐ EMS 2665 – Clinical 2
☐ EMS 2659 – Internship

CLASS: _______________

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>Instructor Name</th>
<th>Instructor Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Competent</th>
<th>Not Competent</th>
</tr>
</thead>
</table>

**Cognitive Domain (Knowledge Base)**
Minimum Score: 24

**Psychomotor Domain (Clinical Proficiency)**
Minimum Score: 16

**Affective Domain (Behavioral Skills)**
Minimum Score: 36

**Documentation (Typhon)**
Minimum Score: 12

Comments:

In any given semester, a Competent score is required in the Psychomotor domain in order to receive a course satisfactory grade (S). In EMS2664, EMS2665 and EMS2658, other than the above mentioned requirement, the student may receive only one Not Competent and still receive a course grade of satisfactory (S). In EMS2659, a Final Evaluation of Competent must be received in ALL categories to earn a satisfactory grade (S).

**CURRENT GRADE:**
☐ Satisfactory  ☐ Unsatisfactory*

*Requires immediate Clinical Coordinator notification

**Student Signature:** ________________________________
Palm Beach State College – Paramedic Program  
CLINICAL EVALUATION - LONG FORM

CLASS: _____________
- □ EMS 2664 – CLINICAL 1
- □ EMS 2665 – CLINICAL 2
- □ EMS 2658 – CLINICAL 3
- □ EMS 2659 – Internship

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>Instructor Name</th>
<th>Instructor Signature</th>
</tr>
</thead>
</table>

Indicate how the student is progressing toward competency by rating the student on a scale of 1-5. A “1” rating indicates that immediate remedial work is indicated. A “5” indicates superior performance. 

**Comments are required in all categories.**

### Cognitive Domain (Knowledge Base)

<table>
<thead>
<tr>
<th>Task</th>
<th>Rating 1</th>
<th>Rating 2</th>
<th>Rating 3</th>
<th>Rating 4</th>
<th>Rating 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the EMS knowledge necessary to function in a healthcare setting.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Has the general medical knowledge necessary to function in his/her given semester.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is able to collect data from charts and patients.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is able to interpret patient data.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is able to recommend appropriate diagnostic and therapeutic procedures.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Uses sound judgment while functioning in a healthcare setting.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Minimum 24  
Score _____ / 30

Comments:

### Psychomotor Domain (Clinical Proficiency)

<table>
<thead>
<tr>
<th>Task</th>
<th>Rating 1</th>
<th>Rating 2</th>
<th>Rating 3</th>
<th>Rating 4</th>
<th>Rating 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively performs clinical skills for given semester.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Possesses the skills to perform patient assessment.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is able to perform approved therapeutic procedures and modalities.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is able to perform and interpret diagnostic procedures.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Minimum 16  
Score _____ / 20

Comments:
### Affective Domain (Behavioral Skills)

| 1. INTEGRITY | 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/or learning activities. | 5 4 3 2 1 |
| 2. EMPATHY | Examples of professional behavior include, but are not limited to: Showing compassion for others; demonstrating respect for others; being supportive and reassuring to others. | 5 4 3 2 1 |
| 3. SELF – MOTIVATION | 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; accepting constructive feedback in a positive manner; taking advantage of learning opportunities. | 5 4 3 2 1 |
| 4. APPEARANCE AND PERSONAL HYGIENE | 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 4 3 2 1 |
| 5. SELF – CONFIDENCE | 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. | 5 4 3 2 1 |
| 6. COMMUNICATIONS | Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations. | 5 4 3 2 1 |
| 7. TIME MANAGEMENT | Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time. | 5 4 3 2 1 |
| 8. TEAMWORK AND DIPLOMACY | Examples of professional behavior include, but are not limited to: Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems. | 5 4 3 2 1 |
| 9. RESPECT | Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession. | 5 4 3 2 1 |

Minimum 36

SCORE _____ / 45
### Documentation (Typhon Entries and Narratives)

<table>
<thead>
<tr>
<th>Description</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<tbody>
<tr>
<td>Typhon reports match paper reports.</td>
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<tr>
<td>Typhon reports are entered within 72 hours of clinical.</td>
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<tr>
<td>Typhon narratives completed and well written.</td>
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</table>

Minimum 12

<table>
<thead>
<tr>
<th>Score</th>
<th>15</th>
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</thead>
</table>

Comments:

**Student Signature:**

__________________________________________________________________________________________
Indicate how the student is progressing toward competency by rating the student on a scale of 1-5. A “1” or “2” rating indicates that immediate remedial work is indicated. A “5” indicates superior performance.

<table>
<thead>
<tr>
<th>Cognitive Domain (Knowledge Base)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2*</th>
<th>1*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor Domain (Clinical Proficiency)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2*</td>
<td>1*</td>
</tr>
<tr>
<td>Affective Domain (Behavioral Skills)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2*</td>
<td>1*</td>
</tr>
<tr>
<td>Documentation (Typhon)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2*</td>
<td>1*</td>
</tr>
</tbody>
</table>

Comments:

*Grades of 1 or 2 require comments, an Assistance Lab referral form, and Clinical Coordinator notification.

Student Signature: ________________________________