HELPING OUR PEOPLE EXCEL

ACTS

AEMSTEC & TECHNICAL SERVICES INC. in collaboration with the Department of Community Health & Psychiatry, University of the West Indies, Mona Campus

PREHOSPITAL EMERGENCY MEDICAL SERVICES TRAINING PROGRAM

First Publication - 2007

PRECEPTOR CLINICAL/FIELD GUIDE AND STUDENT HAND BOOK

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INTRODUCTION

The purpose of the *Clinical/Field Handbook* is to ease the transition from didactic to Clinical/Field practice and to guide you through the Clinical/Field portion of your training. It is important that each student carefully read and understand the *Clinical/Field Handbook* in totality, as you will be held accountable for all its contents.

Treat all patients with respect, always demonstrating compassion and sensitivity throughout each patient encounter. The Clinical/Field phase of training provides the Prehospital emergency medical services (EMS) student the opportunity to practice and refine assessment and technical skills. Clinical/Field rotations provide an opportunity to witness concepts taught in the classroom and to perform many of the skills practiced in the laboratory. Clinical/Fields are a time to…

- refine assessment skills
- further develop technical skills
- enlist constructive criticism on performance
- develop professional relationships with other health care professionals
- actively seek learning experiences

ATTITUDE

- First week/First student - the first student the first week of Clinical/Fields will set the tone for all other students. Set the good example.

- Clinical/Field time is to be used to familiarize you with equipment, procedures and patients. It is suggested you read charts, then assess the patient and finally compare your findings with those from other health care professionals. Pay particular attention to any prehospital treatments/diagnosis of patients and compare with the emergency department or specialist treatment and/or diagnosis. **You must become proficient at conducting patient assessments on patients of all age groups – this is a priority in Clinical/Field over simply doing a skill.**

- It is not your purpose at the Clinical/Field site to perform all of the "grunt" duties; however, you should assist the other health care professionals as necessary. A little cooperation goes a long way in developing trust and a positive attitude.

- Be assertive, but not aggressive. Remember, you are being invited to their location. No Clinical/Field site is obligated to have you there participating in Clinical/Field functions.

- Be cautious with humor - it may be misinterpreted since staff or family do not know you.

- **Patient confidentiality is of utmost concern and has legal implications. Be extremely cautious where (elevators, cafeteria, etc.) and with whom you discuss patient information. At no time should names of patients <u>ever</u> be divulged; this includes case studies that are to be turned in as assignments.**

- **Students need to be self-directed. This is your education; you must take the lead role in learning.**

- If you have problems:

    1. Talk with the preceptor, liaison and/or Clinical/Field coordinator.
    2. Talk with your instructor or the program director.

• The conduct of the student reflects upon the individual, educational center, training agency, school and the EMS profession. Students are required to conduct themselves in a professional, mature manner at all times. Students are expected to adhere to the policies of the educational center, training agency, school and institution they are attending. Failure to comply with policies will result in disciplinary action and possible dismissal from the program.

For an effective Clinical/Field experience consider the following:

- **on day one sit down with your preceptor to review your objectives**. Provide preceptors with a brief background of your educational and Clinical/Field experiences. Identify your strengths, weaknesses, and areas that you would like to focus on during your Clinical/Field rotation. Skills or problems identified as needing improvement should be addressed with your Clinical/Field preceptor immediately
- **Ask questions,** Clinical/Field instructors need to be stimulated - that's why they teach. They also need to know that you are interested in learning. Asking questions meets this need, and is a primary way the Preceptor measure your initiative and involvement in your education
- **Organized mini-courses for yourself.** Each week document a few drugs and learn about them. Focus on learning about specific diseases. (You can use your learning objectives and test topics to guide you). Select several patients whose problems you want to understand, in depth, and learn all you can about the disease process, treatment, etc. This type of learning will be more meaningful, and will be more productive in integrating information than trying to memorize information from a book.
- **Read.** Use 3"x5" index cards for reference and review. Read about patient you are seeing. You may have twenty different patients, and obviously cannot read about twenty problems, so you will need to pick and choose, refocusing on problems you are likely to encounter in primary care. Study the typical/common problems especially. Remember, it is your responsibility to fill in the gaps between what you see at the site, and your objectives on which you will be tested. It is not possible for sites to provide you with experiences on every objective.
- **Support each other.** Be "on call" for each other to share exciting cases and/or support each other with difficult cases.
- **Don't forget your physical exam skills.** You will be exposed to many variations on the theme of physical examinations, including shortcuts, omissions and legitimately different approaches. Remember the way you were instructed and before you omit, THINK! Reason through what information each part of the physical examination gives you before leaving out parts of exam solely to speed-up. There are acceptable ways to speed up and streamline techniques. When in doubt, speak with your preceptor.

Academic progress, integrity and professional behavior are essential for your success in the Program. Should you have questions or need assistance at any time during your Clinical/Field assignments, please contact the Clinical/Field Coordinator at the number provided to you during the Clinical/Field orientation.

CLINICAL/FIELD ASSIGNMENT

DEFINITION OF CLINICAL/FIELD ASSIGNMENT

A Clinical/Field assignment is defined as all mandatory educational requirements which have been established for the learning experience of the EMT student while training at a Clinical/Field site. Attending grand rounds, conference rounds, journal review and participation in patient care assignments are mandatory. The program does encourage students to take advantage of other educational opportunities within the facility, but only after you have completed the required activities.

THE RESPONSIBILITIES OF THE STUDENT

During the Clinical/Field portion each student is expected to:

1. Meet the behavioral objectives of each Clinical/Field site, including but not limited to full-attendance, punctuality, full participation in on-call and other work schedule assignments as outlined by the Clinical/Field site supervisors.
2. Adhere to the policies and procedures outlined in this manual and in the policies and procedures outlined by each Clinical/Field site.
3. Conduct yourself in a professional manner, working cooperatively with other health care team members.
4. Must comply with all standards and regulations respecting the rights and privacy of all patients.
5. Maintain daily patient data information records of all patient cases seen during each Clinical/Field assignment.
6. Complete an *Evaluation of the Preceptor* form at the end of each Clinical/Field assignment.
7. Keep the PHEMS programinformed of current mailing address, telephone contacts and/or pager number at all times.
8. Be self-directed; anticipate and look for ways to contribute to the efficient function of the team and to patient care.
9. Notify the Clinical/Field Coordinator immediately if patient related incidents occur. Document the incidents, name of the persons involved, and any other information that does not conflict with current rules and regulations that apply to patient confidentiality.

GOALS and OBJECTIVES

Goals

- To provide the student with an opportunity to perform assessment and treatment skills learned in the didactic portion of the program.
- To expose the student to the most current concepts in emergency care.
- To allow the student to develop a working relationship with other members of the health care team.

OBJECTIVES

At the completion of the Clinical/Field experience, the student shall be able to:

- Perform a comprehensive assessment on any age patient (newborns, infants, toddlers, preschoolers, school age, adolescents, adults and geriatric);
- Report the assessment information in a brief, organized and accurate manner;
- Correctly and concisely document the assessment information on an EMS report form.
- Describe the pathophysiology, signs & symptoms and appropriate prehospital care for patient encountered in the Clinical/Field setting.
- Demonstrate correct knowledge of basic and advanced airway management procedures.
- Demonstrate and describe correct resuscitation procedures.
- Take and properly record accurate vital signs.
- Identify normal and abnormal lung sounds.
- Perform venipuncture. (Advanced level)
- Safely administer medications. While understanding all indications, contraindications, adverse reactions, and routes (advanced level)
- Effectively ventilate a patient.
- Safely perform endotracheal intubation. (Advanced level)
- Initiate, maintain, and discontinue intravenous therapy. (Advanced level)
- Prepare and administer medications by intravenous, intramuscular, endotracheal and subcutaneous routes. (Advanced level)
- Accurately interpret ECG rhythms and determine appropriate treatment. (Advanced level)
- Identify and demonstrate the correct procedures for treating fractures and hemorrhage.
- Develop and maintain rapport with health care professionals.
- Demonstrate sensitivity to and provide support for the physical and emotional needs of both the patient and the family.

ATTENDANCE POLICY

Full attendance is mandatory for each Clinical/Field assignment. Students must adhere to all Clinical/Field site activities. Participation in night, weekend, or holiday call is mandatory. All absences, tardy arrivals, or early departures must be reported to the EMT Program office and the Clinical/Field site supervisors immediately. A tardy arrival or early departure constitutes an absence. Students must notify the program, the liaison, and the clinical coordinator of their absence or tardy arrival prior to the beginning of the scheduled assignment. **NOTE:** Failure to notify the Clinical/Field sites, liaison, clinical coordinator and the program regarding your absences, tardy arrival, or early departures will result in suspension from the program and/or failure for the Clinical/Field assignment.

Anticipated absences, tardy arrivals, or early departures should be discussed in advanced with the Clinical/Field site supervisors and the EMT Program Clinical/Field Coordinator. A request for time off must be submitted in writing to the Program.

More than one absence, tardy arrival, or early departure per Clinical/Field assignment will ensure a failure for the assignment. If a student misses a day of Clinical/Field assignment, time lost during the assignment must be made up by the student. The Clinical/Field coordinator (and only the Clinical/Field coordinator) will arrange for all make-up assignments. Make-up assignments arranged by students or preceptors will not be honored by the Program.

CLINICAL/FIELD REQUIREMENTS:

EMT-Basic

Clinical/Field Totals	Minimum Hours	Minimum Performance
Community Service	12 hours.....	Value Assessment
Emergency Dept.	16 hours.....	Patient Assessments • 5 Pedi (0-17) • 10 Adults (18- 64) • 10 Geriatrics (65 and above)
Emergency Room Triage	4 hours x 3……..	12 hours total
Field Externship	24 hours……	Field Externship

Completion Requirements and Grading (Advanced Level)

Students must receive an overall rating of "3" on each evaluated area on the grading sheet by the conclusion of the Clinical/Fields within each Clinical/Field category. A rating of less than "1" in two or more Clinical/Field categories will result in failure of that Clinical/Field area. A rating of less than "1" in one area will require repeating that Clinical/Field area with remediation.

Clinical/Field Scheduling

All scheduling for EMT students during the first phase will be done by the Clinical Coordinator. During the second and third phases, the students must sign up for their clinical/field shifts with the educational center or training agency EMT department secretary. Students are encouraged to schedule Clinical/Fields as soon as possible. Clinical/Field sites fill up and all scheduling is done on a first come, first served basis. There **will not** be any changes after you have been scheduled.

How to schedule a Clinical/Field rotation:

1. Check your personal schedule for days that you are free to perform a Clinical/Field rotation. Remember that you may not schedule a Clinical/Field rotation during times that you are scheduled for class.
2. If you are available, **PRINT** your name on the working schedule in the time slot you desire.
3. Confirm all Clinical/Field schedules with the scheduling coordinator.

PROFESSIONAL CONDUCT AND ETHICS

EMT students are expected to behave with professionalism in all phases of their EMS training. Students are expected to uphold the ***EMT Code of Ethics***. A lack of professional ethics will result in individual advisement and counseling, referral to the Student Progress Committee and/or referral to the Educational Center Coordinator/Director and Student Services. Failure to practice professionally will result in failure and/or dismissal from the EMS Program.

DRESS CODE

As health care professionals, EMT students are expected to maintain the highest possible standards of appearance and grooming. Students are to be neatly and appropriately dressed and groomed throughout all phases of their training. The following guidelines have been established to assist you.

Students participating in Clinical/Field rotations will **STRICTLY** adhere to the following dress standards:

1. Dark blue pants that have no pleats (front), must have prescribed pockets. The pants must be purchased through an approved vendor.
2. Blue or white shirt that must be purchased through an approved vendor. No unauthorized patches or insignia shall be affixed to the shirts.
3. EMT department approved name badge.
4. Dark colored socks. Instructor guidance can be solicited.
5. Black boots (over the ankle) that are in good repair and are able to be polished.
6. A black belt that conforms to the professional look of the uniform. Instructor guidance can be solicited.
7. For safety reasons, students who have long hairstyles must pull all hair back into a ponytail.
8. Facial hair must be neatly trimmed and beard may limit a student's field Clinical/Field.
9. Patches and epaulets (blue for EMTB and Red for EMTI) must remain in good repair. Faded or tattered patches/epaulets will require the student to replace the patch without delay.
10. T-shirts (blue/white) supplied by the vendor must be worn at all times.
11. All uniforms must be kept in good repair and clean at **ALL** times. Due to the amount and type of Clinical/Fields a student is participating in, more than one uniform may be required to comply with this rule.
12. Students will need to supply their own stethoscopes, shears, penlights, and pens during the Clinical/Field.
13. Students may not wear any jewelry (exception wedding ring/wristwatch) during the Clinical/Field and may not use perfumes or cosmetics of any type. This is a patient safety issue; consult your instructor for further details.

EXTERNSHIP PREREQUISITIES

PRIOR TO THE BEGINNING OF THE CLINICAL/FIELD OR PREHOSPITAL EXTERNSHIPS THE EMT STUDENT MUST:

- Possess a current Basic Life Support (BLS) or CPR card at the *professional healthcare provider level* from either American Heart Association and/or Inter-American Heart Foundation or American Academy of Orthopedic Surgeons, Emergency Care & Safety Institute.

- Pass the Mid-term examination with a score of seventy percent (70% EMT students) or higher; or have met with the principle instructor for approval to continue.

- Have passed all appropriate skills stations.

- Have purchased or possess the appropriate PHEMS EMS uniform attire.

Clinical/Field and Prehospital Externships:
Clinical/Field and prehospital externships are required by foreign and local future state law and certification for EMT certification. If a student does not want to obtain an EMT certification, he/she may "opt" not to participate in externships. Students will be asked to sign a statement which acknowledges their understanding that without the externships completed by the end of the course, the student will not be eligible to certify without re-taking the entire course.

If a student wishes to "opt" out of the externships, he/she is still required to complete the final testing process to receive a passing grade in the course.

CLINICAL/FIELD EXTERNSHIP

Students must demonstrate safe and competent assessment and treatment skills during their externship. Students will be evaluated on their ability to problem solve and make sound treatment decisions within their knowledge base.

Students are responsible for accurately completing their Clinical/Field verification forms and documenting their hospital experience. Completed Clinical/Field verification forms are required for successful completion of the program.

Students demonstrating actions or behavior determined to be unsatisfactory, unprofessional or unsafe by hospital personnel or PHEMS staff will be immediately removed from the Clinical/Field setting and dropped from the program.

Clinical/Field externship will be offered on specific dates during the period of the course. Class sign-up will occur on the day of the mid-term. It is the students' obligation to be at the hospital at the scheduled date and time. If, due to an extreme emergency, you cannot fulfill your obligation, it is the students' responsibility to make alternative arrangements with the Clinical/Field Coordinator. Students are not to make Clinical/Field arrangements on their own. All Clinical/Fields and changes must be made and approved by the Clinical/Field or Educational Center coordinators.

Students who fail to successfully complete the Clinical/Field externship **will not** be eligible for certification.

Note: The Clinical/Field personnel are an extension of the Educational Center or Training Agency when it

comes to instruction and guidance for the student. If the hospital personnel find a student's dress, attitude, actions or behavior not appropriate they have the right to dismiss you from their facility. If you are dismissed from a Clinical/Field externship you may be dropped from the program immediately. If a student receives an unfavorable evaluation from the Clinical/Field externship the Program Coordinator has the option of dropping you from the program.

Note: Students must bring their textbook and workbook with them during Clinical/Field time for reference and study-time during slow periods.

Note: All information in the Clinical/Field setting is confidential and is not to be copied or reproduced.

Note: Students are not to be wandering the hospital or in the Clinical/Field setting after their specified time or if not on the schedule. Students must stay in the assigned clinical/field areas unless given different directions by the Charge Nurse or EMS Preceptor. Students found violating this rule will be dropped from the program.

PREHOSPITAL EXTERNSHIP

Each student must complete the required amount of time in prehospital externships with an approved emergency prehospital care provider. Prehospital provider personnel will monitor students during this time period. The students' Principle Instructor or Program Coordinator may also be present to observe the EMT student.

Students must demonstrate safe and competent assessment and treatment skills during their externship. Students will be evaluated on their ability to problem solve and make sound treatment decisions within their knowledge base.

Students are responsible for accurately completing their prehospital verification forms and documenting their prehospital experience. Completed prehospital verification forms are required for successful completion of the program.
Students demonstrating actions determined to be unsatisfactory, unprofessional or unsafe by prehospital personnel or PHEMS staff will be immediately removed from the prehospital setting and dropped from the program.

Prehospital externship will be offered on specific dates during the course period. Class sign-up will occur on the day of the mid-term for EMT-Basic, EMT students will be assigned by the Lead Instructor and Clinical Coordinator at later dates. It is the students' obligation to be at the prehospital location at the scheduled date and time. If, due to an **extreme emergency**, you cannot fulfill your obligation, it is the students' responsibility to make alternative arrangements with the Clinical/Field Coordinator.

Students who fail to successfully complete the prehospital externship **will not** be eligible for certification.

Note: The prehospital personnel are an extension of the Educational Center or Training Agency when it comes to instruction and guidance for the student. If the prehospital personnel find a student's dress, attitude, actions or behavior not appropriate they have the right to dismiss you from their facility. If you are dismissed from a Clinical/Field externship you will be dropped from the program immediately. If a student receives an unfavorable evaluation from the Clinical/Field externship the Program Coordinator/Director has the option of dropping you from the program.

Note: Students must bring their textbook with them during Clinical/Field time for reference and study-time during slow periods.

Note: All information in the prehospital setting is confidential and is not to be copied or reproduced.

Note: Students are not to be in the prehospital setting unless scheduled. Students found violating this rule will be dropped from the program.

EXTERNSHIP DRESS CODE / DO'S AND DON'TS

Dress Code:

As an EMT student in the PHEMS program, it is your responsibility to dress and act professionally in both the Clinical/Field and prehospital setting. To achieve this goal, the following dress code will be enforced without exception:

1. Uniforms must be purchased through an approved vendor
2. Pants must be worn at the waist-level and look professional when representing PHEMS. A belt is required with the pants. Shirts must be tucked in pants at all times.
3. Black boots must be polished and in good condition.
4. Nametag **must** be worn during both Clinical/Field and prehospital assignments.
5. Dark blue sweatshirts are available for purchase from the approved vendor during cold weather with the PHEMS nametag worn in plain view.
6. Long hair (male and female) must be tied back during both Clinical/Field and prehospital assignments.
7. Jewelry is limited to a wedding ring and wristwatch. No other jewelry is allowed due to safety concerns. If a necklace is worn, it **must** be worn inside the uniform shirt.
8. Hats are not permitted when representing PHEMS in the field or Clinical/Field setting.

DO's:

The following is a list of activities that you can and should experience during your externship assignments. You cannot do anything outside your EMT scope of practice during your externship (regardless of any other training that you have previously had).

1. Take or assist in taking vital signs.
2. Assist in basic CPR.
3. Assist in assessments of both medical and trauma patients.
4. Assist in administering oxygen to a patient.
5. Observation of all phases of patient assessment and treatment.
6. As time permits, ask Clinical/Field and prehospital personnel to demonstrate equipment.

DON'T:

The following is a partial list of what an EMT cannot do as part of the externship assignment.

1. You cannot assist in transferring a patient from a gurney or bed to another bed unless there are a minimum of three (3) other people.
2. You cannot transport specimens of any kind to the laboratory.
3. You cannot assist or perform any patient care action or procedure that is outside an EMT's scope of practice.
4. You cannot under any circumstances handle contaminated needles, including disposal of needles.

Remember, the experience that you have during your Clinical/Field and prehospital externships will depend largely on your willingness to participate.

DOCUMENTATION CLINICAL / FIELD

In order to show that the student has completed the required Clinical/Field rotation, the student must keep a Clinical/Field Notebook. The student **MUST** carry this notebook at all times. Upon completion of the required skill or completion of Clinical/Field hours, the student must have a Clinical/Field preceptor (sign off" on the skills performed and/or the hours completed. During and upon completion of the class the Clinical/Field Notebook will be reviewed for completeness and will be kept on file.

Clinical/Field sheets **MUST** be turned in to the lead instructor along with the preceptor evaluations and the summary sheet for the Clinical/Field area at the next scheduled class meeting. Failure to turn in your evaluation sheets can lead to having to repeat the Clinical/Field.

AFFECTIVE DOMAIN

The affective domain is defined as learning that involves the attitudes, values, and feelings of the learner.

Affective Domain Objectives:

At the conclusion of this course the EMT student shall:

1. Develop a respect for death, injury and illness, and the dying process.
2. Demonstrate punctuality by being on time and ready for lab to start.
3. Demonstrate the ability to treat instructors and fellow students with respect.
4. Demonstrate the ability to work with others by working as a team in given patient scenarios and situations.
5. Demonstrate a positive work ethic by staying on-task during in-class assignments and projects.
6. Demonstrate critical thinking skills by applying information learned in class and determining the proper action necessary to give competent and compassionate patient care.
7. Demonstrate acceptable ethical and moral standards by working independently on exams, assignments, and projects, unless otherwise directed by the instructor.
8. Demonstrate confidence, assertiveness, and a respect for the instructor and others by participating, at every opportunity, in classroom discussions and projects.
9. Show respect and care for all instructional materials and equipment used in the training curriculum.

STUDENT SITE EVALUATION BY FACULTY

Each student will receive several site visits by the PHEMS program faculty during their Clinical/Field/field time. Site visits allow the Program to evaluate the student directly in her/his Clinical/Field setting. They also offer an opportunity for communication and feedback between students and faculty that encourages the improvement of Clinical/Field skills and competencies. Clinical/Field/field site visits also provide an additional opportunity for the PHEMS program to communicate with Clinical/Field site personnel. It is understood that student's Clinical/Field skills will increase and improve as the student's progress through their Clinical/Field rotation phases. Therefore, the expectations of the site evaluators will likewise change over time to reflect the increased Clinical/Field skills of students.

FITNESS FOR DUTY POLICY

Any student who accepts a Clinical/Field/field assignment is expected to report to his/her assignment in a fit and safe condition. Therefore, if a student is taking prescription medication(s) and /or who has a drug, alcohol, psychiatric or medical condition(s) that could impair his/her ability to perform in a safe manner the student must report the medical status to the Program Director. The Program will follow the necessary referral procedures.

GRIEVANCE PROCESS

The Program does not anticipate the need to take corrective action or discipline against an EMT student. However, in the event corrective action or discipline is deemed appropriate, it is the intent of the program to provide the student with the opportunity to seek information regarding grievance procedures. Please refer to the grievance policy in the Educational Center or Training Agency Student Handbook.

GENERAL COURSE REQUIREMENTS AND ACADEMIC PROGRESS

Students are required to complete all classroom and Clinical/Field requirements satisfactorily. Each student is expected to meet the following PHEMS program requirements throughout the Clinical/Field year:

1. Remain in good academic standing throughout the year.

2. Maintain all required registration

3. Maintain all immunizations and screening tests for Student Health Clearance.

4. Maintain compliance with all program policies and procedures.

CASE PRESENTATIONS

Students are expected to demonstrate the ability to present a patient encounter in both an oral and written format. Each student will be required to present one oral case presentations to the class during the presentation week. Dates for these activities will be assigned by the Primary Instructor.

1. Goal of Case Presentations

- To teach students how to gather and present Clinical/Field date in a logical and coherent standard format.
- To teach the student to evaluate patient data to derive precise and complete identification of the patient's problem.
- To allow students to participate in group discussion of Clinical/Field cases encountered in their Clinical/Field rotations.
- To provide the student with a comfortable setting in which to gain experience in doing formal oral case presentations.
- To provide a dynamic setting for the discussion and development of Clinical/Field reasoning skills, with feedback from peers and ETS faculty.

2. Case Presentation Format and Requirement

- The case must be selected by the student from Clinical/Field rotation experiences.
- The case must provide a learning experience for your colleagues.
- The case should be representative of those Clinical/Field or field problems commonly encountered.
- Each case must be accompanied by at least two recent journal articles relevant to the case you are presenting. The article should be incorporated into your presentation as it clarifies or expands on your case. Since the presentation will be given to a selected group of your peers, you must provide additional copies of all written materials (and articles)

for peers and the instructor(s). Please note: it is the student's responsibility to photocopy all case handouts and materials, as the duplication may not be done with our program.

- A draft of your presentation must be submitted to the Primary Instructor for approval two weeks prior to the scheduled presentation date.
- The written case presentations should be typed and a complete copy submitted to the instructor. To control photocopy costs, you may provide a simplified outline for your classmates.
- For presentation purposes, you are to give the detailed version, not a summary.
- Audio/visual aides are encouraged to enhance the presentation. It is not necessary that you spend a lot of money; rather, you can photocopy and distribute visual aids, use transparencies, or display an X-ray. If you require specific aids, e.g. view box, slide projector, overhead projector, you must notify the Primary Instructor at least one week prior to your presentation.
- Pertinent data included in case presentations should include the following:
    - Patient identifying information, including age, gender, race, but not name.
    - History of present illness, including reliability of historian.
    - Past medical history.
    - Review of systems (all pertinent negative or positive responses).
    - Family history (maternal/paternal acute/chronic illnesses).
    - Social history (e.g., occupation, drug/alcohol usage, cigarette usage, sexual preference, if relevant).
    - Current medication (name, strengths, dosages).
    - Physical exam by systems, including vital signs.
    - Labs or procedures as appropriate.
    - Assessment/problem list and working differential diagnosis (which should include a minimum of three diagnoses).
    - Overview of relevant literature (including selected article).
- Length of Presentations: The entire case presentation should be completed in 5 minutes with an additional 5 minutes allowed for question and answers.
- Evaluation of Case Presentations:
    - Each case will be evaluated by the instructor and determine a grade of either acceptable or unacceptable.
    - Any presentations evaluated as unacceptable will require a repeat case presentation. In this situation, a student will be required to present a totally new patient problem.
    - Written feedback will be provided by the instructor to the student.

PRECEPTOR EVALUATIONS

The Clinical/Field preceptor is required to submit an evaluation at the end of each Clinical/Field assignment. Evaluations will cover several areas of student competencies including professional behavior and conduct, history-taking and physical examination skills, diagnostic and patient management skills. Note: All evaluation categories must be passed with satisfactory competence in order for the student to successfully pass the clerkship. Failure to receive a passing evaluation will require the student to repeat the failed Clinical/Field assignment and/or delay in progression to the next rotation. Students who fail a Clinical/Field assignment are referred to the Student Progress Committee.

PHEMS PROGRAM HEALTH CARE AVAILABILITY, POLICIES, AND PROCEDURES

HEALTH CARE INSURANCE/MEDICAL LIABILITY

While actively enrolled in the EMS Program, all EMT students MUST show proof of, and maintain all required health care coverage. During clerkship assignments, all students are provided medical liability insurance by the Educational Center or Training Agency EMT Department. Certificates of insurance are available to Clinical/Field site supervisors by the Clinical/Field Coordinator upon request.

POLICY ON INJURY REPORTING/ NEEDLE STICK/ BODY FLUID EXPOSURE

1. If an injury occurs while on the Educational center or Training Agency PHEMS grounds, the injured EMT student must report it to the Program Coordinator at the Educational Center. The injured EMT student can either be evaluated by the Health and Wellness Center or the EMT student can go see their own personal health care provider.

2. If an injury occurs while at a Clinical/Field site, the injured EMT student will report the accident to the Clinical/Field Coordinator. The Clinical/Field Coordinator will make the necessary arrangements for the injured EMT student to be treated by the appropriate medical personnel.

3. A needle stick or body fluid exposure is defined as a wound or exposure caused by an object contaminated with blood, blood products or body fluids from a patient; or a cut, wound or mucous membrane (i.e., eyes, mouth) that is directly contaminated with blood or blood products or body fluids from a patient. The clinical coordinator in consultation with the field liaison and field personnel will determine whether or not a true "exposure" has occurred.

4. If an injury is a needle stick or body fluid exposure in nature, the exposed EMT student must also report the incident to the Clinical/Field Coordinator who will make arrangements for treatment and lab work to be done by the medical institution and notify the Center for Emergency Medical Services Education (CEMSE), Prehospital Emergency Medical Services Program Grande Riviere, Gros Islet, P.O. Box CP5951, Castries, Saint Lucia, West Indies, (758) 719-0975)

5. The Clinical/Field Coordinator will follow up with the Employee Health Nurse to ensure the incident was reported and the appropriate action and documentation has taken place. DO NOT ASK the employee health nurse for results of the source (patient). The employee health nurse will forward the results to the Center for Emergency Medical Services Education (CEMSE), Prehospital Emergency Medical Services Program, and in turn will be given to the student at the time of a follow up appointment.

6. All injuries sustained while a student is on assignment must be reported to the Clinical/Field Coordinator within one (1) hour. The PHEMS program will not take responsibility for injuries not so reported.

    - Inform your immediate supervisor of the injury so that local policy regarding incident reports can be followed.

    - Submit a completed PHEMS Accident Form reporting the injury to the Clinical/Field Coordinator at (758) 287-8400 as soon as possible. The report should include the date and time of injury, to whom the injury was reported, date and location of any evaluation and treatment.

- If an injury is serious enough that the injured may need medical attention please contact the EMT program Coordinator located at:

AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.
Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

Grande Riviere, Gros Islet
P.O. Box CP5951
Castries, Saint Lucia, West Indies
(758) 287-8400)

If the injury is a life-threatening emergency and the injured is in need of immediate medical attention please instruct them to go to the nearest hospital emergency room. **Always contact the clinical coordinator when an emergency situation occurs.**

- Bring information as to the date, time, location (ER, ICU, etc.), how the injury occurred, patient's name, diagnosis, and history of: IV drug or alcohol abuse, hepatitis, blood transfusions, syphilis, AIDS, or other risk factors for being HIV positive. Review the patient's chart and note if there are lab data available for HIV, and HbsAg,

REPORTING ADVERSE OCCURRENCES

1. An adverse occurrence is an unplanned or unexpected event causing injury or the potential for injury to a patient or visitor.
2. The staff member who first learns of an adverse occurrence should follow hospital procedures.
3. Reporting adverse occurrences is important for several reasons:
    a. Monitoring "incidents" helps identify potentially recurring problems that might affect quality patient care.
    b. Prompt reports help us make arrangements for further patient care or treatment, if necessary.
    c. Prompt reporting allows Educational Center Management and staff to promptly assess situations from a liability standpoint.
4. Reporting Protocols

    All patient-related incidences, including patient neglect, patient malpractice issues, unfavorable encounters with the patient or patient family members, medications errors, injury or death to the patient, must be reported to the Program immediately. You **must** adhere to the following protocol:

    a. Notify your clinical liaison of the incident immediately.
    b. Notify the Clinical/Field Coordinator
    c. If the Clinical/Field Coordinator is not available, please contact the Program Director immediately (758) 719-0975.

AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.
Center For EMS Education (CEMSE)

Prehospital Emergency Medical Services Program

Health Hazard Exposure Form – Emergency Medical Services Program

Student Information

Name _____ SSN _____

Address _____ Home Phone _____

Class _____ Course Number _____ Work Phone _____

Exposure Information

Date _____ Call/Patient # _____

Location _____

Were you exposed to blood, body fluids, or other potentially infectious materials? ☐ No ☐ Yes

Source Individual (Patient, Client, Prisoner, Unknown, etc.) _____

Name _____ Address _____

Disposition of Source Individual (Hospitalized, Incarcerated, Ambulance etc.) _____

Was screening of source individual requested? ☐ No ☐ Yes To whom did you make request? _____

Methods of Exposure

☐ Inhalation ☐ Ingestion ☐ Absorption ☐ Injection ☐ Unknown

Communicable Disease

☐ HIV/AIDS ☐ Chickenpox ☐ Hepatitis B ☐ Herpes ☐ Measles
☐ Meningitis ☐ Mumps ☐ Syphilis/Gonorrhea ☐ Tuberculosis ☐ Other

Hazardous Materials

Identify _____

_____

Level of Treatment

☐ None ☐ At Scene ☐ Panel Physician ☐ Hospital ☐ Public Health ☐ Other

Personal Protective Equipment

☐ None ☐ Gloves ☐ Mask ☐ Eye Protection ☐ Gown/Apron ☐ Other

Description of Incident

_____

_____

_____

Was anyone else exposed? ☐ No ☐ Yes If yes, Please complete:

Name _____ Dept _____ Position _____

Name _____ Dept _____ Position _____

-For Medical Use Only-

Test Results of Source Individual			
☐ Source Unknown	☐ Denied Consent		
HIV	☐ Neg.	☐ Pos	Date
HBV	☐ Neg.	☐ Pos	Date
Meningitis	☐ Neg.	☐ Pos	Date
TB	☐ Neg.	☐ Pos	Date

Counseling	
Student Informed of Results	Date
Person Performing Counseling	
Init.	
Employee Offered Treatment	Date
Person Performing counseling	
Init	
Student Informed of Ramifications	Date
Person Performing Counseling	
Init	
Physician's Name	
Signature	

Student Treatment				
☐ HIV Screening	Dates Baseline		☐ Neg.	☐ Pos.
	2nd		☐ Neg.	☐ Pos.
	3rd		☐ Neg.	☐ Pos.
	4th		☐ Neg.	☐ Pos.
☐ Hepatitis B Vaccine	Dates 1st		HbsAb	Date
	2nd		Result	
	3rd			
	Series Completed		Booster	
☐ Immune Globulin (HBIG)	Date			
☐ Meningitis	Medication			
	Date			
☐ Tuberculosis				
☐ PPD	Date		☐ Neg.	☐ Pos.
	Date		☐ Neg.	☐ Pos.
☐ X-Ray	Date		☐ Neg.	☐ Pos.
☐ INH	Date			
☐ Other				

Please give a detailed description of the event in which you were exposed.

LEAVE OF ABSENCE POLICY

Clinical/Field and Field requests for leaves of absences are handled as follows:

1. Students requesting or requiring extended time away from the Program may be required to request a Leave of Absence. This would necessitate that the students officially withdraw from his/her current Clinical/Field assignment or miss at least a full Clinical/Field phase) since it is not possible for students to start or end assignments "off schedule."
2. If a student misses one assignment, upon his/her return he/she will be expected to continue with the rotation schedule as assigned by the Program. Missed rotations will be completed at the end of the original Clinical/Field schedule.
3. Rescheduling of a missed Clinical/Field rotation will be done only on the basis of available placement. The rescheduling is done at the discretion of the Clinical/Field Coordinator in consultation with the Student Progress Committee (SPC). Note: One or more missed Clinical/Field rotations due to a Leave of Absence will cause a delay in the student completing the Clinical/Field year and the student will not be able to graduate on schedule.
4. Students who miss any rotation time will be referred to the SPC. Student requiring up to 6 weeks of Leave of Absence may be required to complete remediation activities before being allowed to resume their Clinical/Field activities. Students whose leave of absence exceeds six weeks from Clinical/Field rotation may be dismissed for failure to progress.

PROGRAM COMPLETION

PHEMS program completion is dependent on the student having successfully completed all academic and Clinical/Field requirements. Remember, it is your responsibility to determine if you have outstanding academic or Clinical/Field requirements prior to graduation. Students must maintain current registration (including payment of PHEMT student Fees) at all times.

Students: Please read and memorize the following section – you will receive a written and/or verbal test on this section – knowing and demonstrating these professional behaviors through the semester will ensure your success in the PHEMS EMS program

Professional Behavior

1. **General Behavior**
   A student who demonstrates inappropriate ethical or professional behavior will be promptly advised and will be subject to disciplinary action. Penalties range from probation to expulsion from the program. Each student must consistently demonstrate and achieve competency in these areas in order to pass the course.

   A. 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 learning activities; personal accountability including acknowledgment of personal errors, omissions, and limitations.

B. Empathy

Examples of professional behavior include, but are not limited to: showing compassion for others; responding appropriately to the emotional responses of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need.

C. 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 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.

D. Appearance and Personal Hygiene

Examples of professional behavior include, but are not limited to: clothing and uniform are appropriate, neat, clean and well-maintained; good personal hygiene and grooming.

E. 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.

F. Communications

Examples of professional behavior include, but are not limited to: speaking clearly; writing legibly listening actively; adjusting communication strategies to various situations.

G. 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 all team members; showing respect for all members of the team; remaining open and flexible to change.

H. Respect

Examples of professional behavior include, but are not limited to: being polite to others; not using derogatory terms; behaving in a manner that brings credit to the profession; following instructor instructions on all matters; listening in class, being punctual to all classes. This includes fellow students, hospital personnel, station personnel, and patients without regard to race, color, national origin, religion, or sex.

I. Patient Advocacy

Examples of professional behavior include, but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patient above self-interest; protecting and respecting patient confidentiality and dignity.

Conclusion

The purpose of the Clinical/Field experience is to provide the student with the opportunity to develop their intellectual knowledge, hands-on skills, and interpersonal and intrapersonal abilities. To develop these skills it is vital that the student attend each of the Clinical/Field rotations scheduled. The Clinical/Field setting gives the student the chance to instill an attitude of professionalism and an opportunity for growth in this chosen field.
Please remember that the various hospital and EMS services are providing the best possible Clinical/Field site. These organizations have chosen to donate their time, energy, skills, and staff members in order to create a unique and challenging Clinical/Field experience.

EMS: Ambulance

Clinical/Field Objectives and Activities

EMS: AMBULANCE
Clinical/Field Objectives and Activities

Learning Objectives:

Through Clinical/Field experience in the ER, the EMT student will develop a more comprehensive understanding of the pathophysiology of disease and trauma, rationale for treatments rendered and how specific treatment alters disease or injury. Technical skills necessary to render advanced pre-hospital patient care will also be enhanced.

Learning Activities:

1. Perform complete patient assessments including eliciting relevant medical histories.
2. Assist in the management of routine, emergency medical, and trauma patients.
3. Perform selected treatments and procedures under supervision:

    - Vital signs
    - Neurological assessments
    - sterile dressings, ace wraps, splinting
    - Initiation and termination of IV therapy (Advanced)
    - venous blood drawing (Advanced)
    - hemorrhage control
    - ECG lead placement, monitoring, interpretation (Advanced)
    - Medication preparation and administration, dosage calculation (Advanced)
    - Defibrillation (Advanced)
    - CPR
    - Airway management
      -suctioning (oral, nasal, endotracheal)
      -ET and Nasotracheal intubation (Advanced)
      -0xygen (O_2) therapy
      -adjuncts to airway
    - NG tube insertion (Advanced)
    - Accurately document pertinent data -
      treatment, medications (Advanced), assessments
    - Patient triage

4. Assist with management of cardiac arrest patients.
5. Communicate effectively with patient's family and health care team.
6. Recognize the psychosocial impact of an emergency on the patient and family and relate to pre-hospital intervention.
7. Correlate ER patient management with field interventions and patient management.

AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.
Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

Student: _____ Clinical/Field Site: _____ Patient **Age**

Date: _____	Observed	Attempted	# Successful	0-1	2-12	13-18	19-45	46-65	66+
EMT-BASIC OBJECTIVES									
Body Substance Isolation									
Initial Assessment									
Focused History/Physical: Trauma									
Focused History/Physical: Medical									
Vital Signs									
Oral Suctioning									
Pocket Mask / BVM (circle one)									
Oxygen Administration									
CPR/AED									
SVN/MDI of bronchodilator									
Oral RX (glucose, charcoal, NTG, ASA)									
Bleeding Control/Dressing /Bandaging									
Musculoskeletal Traction/Splinting									
Traction Splinting									
Spinal Immobilization									
Communication of Patient Data									
Documentation of Patient Data									
Patient Restraint									
Lifting & Moving Patients									
PASG Application/Management									
Pulse Oximetry									
List Other:									
EMT-INTERMEDIATE OBJECTIVES									
Blood Draw Samples									
Peripheral IV Catherization									
Blood Sugar Analysis									
End-Tidal CO_2									
Endotracheal/Nasotracheal Intubation									
Tracheal Suctioning									
List Other:									

Student: _____ **Date: _____**

Purpose: To provide for the provisional EMT – B a means of cognitive, psychomotor, and affective development in the teaching/training period.

RATING CRITERIA: A student should progress from a rating of 1 or 2, to a minimum of 3 in each category on the final evaluation.

3=EXCELLENT 2=SATISFACTORY 1=UNSATISFACTORY

COGNITIVE /EVALUATION AND CONTROL OF SCENE		COMPETENCY / OUTCOME
1. Determine safety for self and adequacy of work environment. (light, space, etc)		Maintains a safe, secure evidenced by: -absence of unnecessary bystanders -correct use of equipment, body mechanics, and OSHA standards No complaints from bystanders, staff regarding student behavior.
2. Initiates appropriate crowd control.		
3. Establishes and maintains rapport with patient, bystanders, family, Or other professionals.		
PSYCHOMOTOR		**COMPETENCY / OUTCOME**
4. Performs a complete initial assessment and intervenes immediately.		Student can correct all actual and potential patient illnesses/injuries, and verbally differentiate between critical and non-critical patients.
5. Obtains relevant and accurate patient history, medications and Allergies in a systemic manner.		
6. Performs an appropriate physical examination.		Patients have been triaged to the appropriate specialty facility using the correct means of transportation. (i.e. ambulance, helicopter)
7. Recognizes patients that need further medical attention, determines appropriate mode of transport (ambulance, helicopter and rescue)		
8. Obtains accurate vital signs in a timely manner when indicated.		
9. Interprets assessment information correctly and takes appropriate action.		
COGNITIVE / COMMUNICATION SKILLS		**COMPETENCY / OUTCOME**
10. Accurately reports all pertinent information in a systemic manner, speaking clearly & precisely.		The receiving facility does not require additional essential information from the field provider.
11. Speaks clearly and concisely and is easily understood.		The preceptor observes run sheets that are filled out concisely and completely following correct format.
12. Repeats all orders & reports patient response to therapy, keeping accurate written records.		
AFFECTIVE		**COMPETENCY / OUTCOME**
13. Anticipates orders, anticipates the needs of other team members.		Students can identify own strength and weakness; set goals and take initiative for self-improvement.
14. Establishes appropriate working relationship with all team members appropriately.		
15. Assumes leadership role and directs team member s appropriately.		Student appropriately and consistently classifies patients.
16. Performs well under stress, uses good judgment.		Preceptors verify that under stress, the student ask questions for clarification, gather analyzes conflict situations, and controls anger and fear.
17. Is able to accept constructive criticism and guidance.		
PSYCHOMOTOR Performs according to recommended procedures		**COMPETENCY / OUTCOME**
LIST ALL SKILLS SUCCESSFULLY COMPLETED OR ATTEMPTED DURING THIS SHIFT.		
1.		
2.		
3.		

PRECEPTORS MUST PROVIDE A WRITTEN SUMMARY OF THE STUDENT'S OVERALL

PERFORMANCE, IDENTIFYING STRENGTHS AND LIMITATIONS TO WORK ON.

SUMMARY:

_____

_____

_____

_____

_____

_____ _____

STUDENT'S NAME (PRINT) PRECEPTOR'S NAME (PRINT)

_____ _____

STUDENT SIGNATURE PRECEPTOR SIGNATURE

_____ _____ _____

LOCATION # OF HOURS (AT SITE) DATE

AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.
Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

STUDENT EVALUATION OF CLINICAL/FIELD INSTRUCTOR

COURSE & INSTITUTION: _____

CLINICAL/FIELD INSTRUCTOR_____ (PLEASE PRINT)

ANSWER SCALE: 1-Unacceptable 2-Needs Improvement 3-Acceptable 4-Good 5-Excellent

1.	The instructor conducts an effective orientation to the department and procedures.	1	2	3	4	5
2.	The instructor was punctual, dependable and adhered to the designated time schedule for Clinical/Field	1	2	3	4	5
2.	The instructor routinely observed your Clinical/Field performance one-on-one.	1	2	3	4	5
4.	The instructor encourages student questions and comments.	1	2	3	4	5
5.	The instructor maintained a high quality of instruction/ supervision for this rotation.	1	2	3	4	5

Student Comments and Concerns should be addressed on the back of this form

Emergency Room:
Clinical/Field Objectives and Activities

Emergency Room
Clinical/Field Objectives and Activities

Learning Objectives:

Through Clinical/Field experience in the ER, the EMT student will develop a more comprehensive understanding of the pathophysiology of disease and trauma, rationale for treatments rendered and how specific treatment alters disease or injury. Technical skills necessary to render advanced pre-hospital patient care will also be enhanced.

Learning Activities:

1. Describe the approaches and principles of triage for a patient in the emergency room.

2. Describe the evaluation and management of a trauma victim by listing the following:
   - A. Different mechanisms of traumatic injury
   - B. Potential causes of death
   - C. Evaluation and management of a patient during the "primary" and "secondary" surveys

3. Describe the principles, strategies, and procedures of Basic Cardiac Life Support.

4. Describe the recognition, principles, and strategies of management of the Shock Patient.

5. Describe the principles and techniques of acute would/injury care and management (e.g., complications, treatment, suturing, bandaging, casting, and splinting.

6. For each of the following Emergency conditions:
   Describe the relevant pathophysiology, epidemiology and various etiologies.
   Recognize and describe the various clinical presentations, including relevant physical examination findings, differential diagnosis, complications, and sequelae.

   A. Pulmonary:
      1. Asthma/Status Asthmaticus
      2. Flail chest
      3. Pneumothorax/Hemothorax
      4. ARDS
      5. Pulmonary edema
      6. Pulmonary embolism
      7. Upper airway obstruction
      8. Pleural Effusion
      9. COPD

   B. Cardiology:
      1. Acute hypertensive emergencies
      2. Acute valvular injury/rupture
      3. Angina
      4. Aortic dissection
      5. Dysrhythmia
      6. Cardiac tamponade
      7. Congestive heart failure
      8. Myocardial infarction

9. Acute pleuritic chest pain
10. Abdominal aneurysm

C. Neurology:
1. Acute onset headache
2. Status epilepticus
3. Delirium, dementia, coma
4. Head trauma
5. Spinal cord injuries
6. TIA and stroke
7. Seizure disorders

D. Ophthalmology:
1. Acute glaucoma
2. Acute visual change or loss
3. Chemical burn
4. Corneal abrasion/ulcer
5. Iritic
6. Oculogyric crisis
7. Orbital blunt trauma/fracture
8. Retinal detachment
9. Foreign body

E. ENT:
1. Maxilofacial trauma
2. Epistaxis
3. Dental injuries
4. Barotrauma/Perforation
5. Otitis medias/intimas
6. Foreign bodies

F. Endocrinology:
1. DKA
2. Hyperosmolar states
3. Hypoglycemic episodes
4. Thyroid storm
5. Myxedema coma
6. Addisonian crisis
7. Electrolyte imbalance

G. Psychiatric:
1. S.C.A.N.
2. Domestic violence
3. Sexual assault
4. Altered mental status
5. Attempted suicide
6. Acute psychotic episode
7. Violent/combative patient
8. Panic attacks
9. Drug seeking behavior

H. OB/GYN
1. Complete uterine prolapse
2. Dysfunctional uterine bleeding
3. Ectopic pregnancy
4. Placenta abruptiae
5. PID
6. Sexual assault/Emergency Contraception
7. Ovarian cyst/torsion
8. Toxic Shock
9. Threat/incomplete abortion
10. Vaginal bleeding
11. Placenta Previa
12. Sexual Assault

I. Genitourinary:
1. Nephrolithiasis
2. Testicular torsion
3. Penile fracture
4. Acute urinary retention
5. Hematuria
6. Pyelonephritis
7. Cystitis

J. Gastroenterology:
1. Acute abdomen
2. Bowel infarct
3. Diarrhea with dehydration
4. Hematemesis
5. Rectal bleeding
6. GI bleed
7. Hepatitis
8. Intestinal obstruction
9. Pancreatitis
10. Acute cholangitis
11. Splenic rupture
12. Appendicitis
13. Diverticulitis
14. Crohn's Disease
15. IBS

K. Hematology:
1. Acute anemias
2. Aplastic anemia
3. Sickle-cell crisis
4. G-6-PD deficiency
5. DIC/ coagulopathies

L. Orthopedics:
1. Dislocations/fractures
2. Animal and Human bites
3. Hand injuries

4. Hemarthrosis
5. Neck/Back pain
6. Osteomyelitis
7. Compartment Syndrome
8. Septic joint

M. Environmental:
1. Chemical/Thermal burns
2. Decompression illness (diving)
3. Drowning/Near drowning
4. Electrocution
5. Hypothermia/Frost bite
6. Hypothermia exhaustion/stroke
7. Ionizing radiation
8. Smoke inhalation
9. Misc. trauma (GSW, MVA)
10. Multi-system/major trauma

N. Envenomations:
1. Insect bites
2. Spider bites
3. Snake bites
4. Marine exposures

O. Drug overdoses and toxic exposures:
1. Acetaminophen
2. Acids & alkalies
3. Benzodiazepines
4. Amphetamines
5. Barbiturates
6. Petroleum distillates
7. Carbon monoxide
8. Salicylates inhibitor pesticides
9. Cocaine
10. Ethanol
11. Lead
12. Opiates
13. PCP
14. Chlorinated insecticides/cholinesterase

Perform complete patient assessments including eliciting relevant medical histories.
Assist in the management of routine, emergency medical and trauma patients.
Perform selected treatments and procedures under supervision:

- Vital signs
- Neurological assessments
- sterile dressings, ace wraps, splinting
- Initiation and termination of IV therapy (Advanced)
- venous blood drawing (Advanced)
- hemorrhage control

- ECG lead placement, monitoring, interpretation (Advanced)
- Medication preparation and administration, dosage calculation (Advanced)
- Defibrillation (Advanced)
- CPR
- Airway management
  -suctioning (oral, nasal, endotracheal)
  - ET and Nasotracheal intubation (Advanced)
  -02 therapy
  -adjuncts to airway
- NG tube insertion (Advanced)
- Accurately document pertinent data -
  treatment, medications (Advanced), assessments
- Patient triage

Assist with management of cardiac arrest patients.
Communicate effectively with patient's family and health care team.
Recognize the psychosocial impact of an emergency on the patient and family and relate to pre-hospital intervention.
Correlate ER patient management with field interventions and patient management.

LEARNING OBJECTIVES SPECIFIC TO GERIATRICS:

1. Describe the following physiological change patterns particular to the elderly and compare and contrast these patterns with their middle-aged and early adult counterparts:
   A. Balance
   B. Bone density and composition
   C. Circulatory and vascular changes
   D. Control of balance/baroreceptors
   E. Heart rate and cardiac functioning
   F. Host defense mechanisms/antibodies
   G. Liver functioning
   H. Lung capacity
   I. Memory and learning
   J. Muscle performance
   K. Sensorium changes
   L. Skin/subcut. Tissue changes
   M. Sleep requirements
   N. Urination/elimination
   O. Food and water requirements
2. Identify and describe the components of the functional approach in the assessment of the elderly.
3. Describe common obstacles in communicating with the elderly and strategies for overcoming these barriers.
4. Identify the risk factors for elder abuse and strategies for preventing the abuse involving families and counseling methods.
5. List predictors for skilled nursing facility (SNF) admission and identify goals of nursing facility care.

6. Recognize and describe the unique presentation of sepsis and occult infections in the geriatric patient population

7 For each of the following Geriatric conditions:
- Describe the relevant pathophysiology, epidemiology, and various etiologies.
- Recognize and describe the various clinical presentations, including relevant physical examination findings, differential diagnosis, complications and sequelae.
- Select and order appropriate diagnostic tests and be able to interpret results, including differentiation of normal and abnormal values or findings.
- Identify and describe appropriate patient management including, immediate work-ups, first and second-line pharmacotherapeutics, patient education, nutritional recommendations, and appropriate referrals, taking into account relevant behavioral, social and cultural factors.

LEARNING OBJECTIVES SPECIFIC TO GERIATRIC PHARMACOLOGY

1. Describe the following physiologic process which influences pharmacokinetic variables in the aged:
   A. Drug absorption
   B. Drug distribution
   C. Drug excretion
   D. Drug metabolism

3. Identify common causes for the adverse drug reactions and interactions in the elderly and list recommendations for safe prescribing and the prevention of polypharmacy.

AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.
Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

STUDENT:	DATE:				
PROCEDURE (TASK): EMERGENCY ROOM					
The EMT - EMT will be able to demonstrate cognitive, psychomotor and affective abilities under the direction and supervision of a nurse or physician in the emergency room.	**Excellent**	**Satisfactory**	**Unsatisfactory**	**Not Observed**	**Not Applicable**
STEPS IN PROCEDURE OR TASK:					
COGNITIVE					
1. Displays an acceptable overall knowledge-base during this Clinical/Field session					
2. Able to reach an accurate assessment and identify an acceptable treatment plan					
3. Demonstrates an understanding of patient issues: legal, psychological and physical					
AFFECTIVE					
1. Wears complete PHEMS uniform attire and is neat in appearance					
2. Demonstrates effective communication skills with patients and staff					
3. Interacts with all allied health personnel appropriately and professionally					
4. Demonstrates a calm, professional demeanor during the Clinical/Field session					
5. Values guidance by any allied health personnel and demonstrates a willingness to learn					
PSYCHOMOTOR					
1. Demonstrates competence in application of skills for an entry-level candidate					

COMMENTS:

Preceptor _____ Date _____ Facility _____

Prehospital Emergency Medical Services Program

Student: _____ Clinical/Field Site: _____**Patient Age**

Date: _____	Observed	Attempted	# Successful	0-1	2-12	13-18	19-45	46-65	66+
EMT-BASIC OBJECTIVES									
Body Substance Isolation									
Initial Assessment									
Focused History/Physical: Trauma									
Focused History/Physical: Medical									
Vital Signs									
Oral Suctioning									
Pocket Mask / BVM (circle one)									
Oxygen Administration									
CPR/AED									
SVN/MDI of bronchodilator									
Oral RX (glucose, charcoal, NTG, ASA)									
Bleeding Control/Dressing /Bandaging									
Musculoskeletal Traction/Splinting									
Traction Splinting									
Spinal Immobilization									
Communication of Patient Data									
Documentation of Patient Data									
Patient Restraint									
Lifting & Moving Patients									
PASG Application/Management									
Pulse Oximetry									
List Other:									
EMT-INTERMEDIATE OBJECTIVES									
Blood Draw Samples									
Peripheral IV Catherization									
Blood Sugar Analysis									
End-Tidal CO_2									
Endotracheal/Nasotracheal Intubation									
Tracheal Suctioning									
List Other:									

Prehospital Emergency Medical Services Program

STUDENT EVALUATION OF CLINICAL/FIELD INSTRUCTOR

COURSE & INSTITUTION: _____

CLINICAL/FIELD INSTRUCTOR_____ (PLEASE PRINT)

ANSWER SCALE: 1-Unacceptable 2-Needs Improvement 3-Acceptable 4-Good 5-Excellent

1.	The instructor conducts an effective orientation to the department and procedures.	1	2	3	4	5
2.	The instructor was punctual, dependable and adhered to the designated time schedule for Clinical/Field	1	2	3	4	5
3.	The instructor routinely observed your Clinical/Field performance one-on-one.	1	2	3	4	5
4.	The instructor encourages student questions and comments.	1	2	3	4	5
5.	The instructor maintained a high quality of instruction/ supervision for this rotation.	1	2	3	4	5

Student Comments and Concerns should be addressed on the back of this form

Behavioral Emergencies:
Clinical/Field Objectives and Activities

Behavioral Emergencies
Clinical/Field Objectives and Activities

Learning Objectives:

The EMT student will be able to demonstrate appropriate interaction with staff and patients when dealing with behavioral emergencies. The student will concentrate on improving their communication skills in participate and affective skills in general.

Learning Activities:

1. Describe the biopsychosocial model of medical care.

2. Compare and contrast the principles of psychoanalytic versus behavior/social learning models of psychotherapy.

3. Describe the components of the Mental Status Exam and the assessment of each component. Distinguish between the goals and functions of the MSE and the Psychiatric History in a Family Practice setting.

4. Describe how psychological factors affect physiological/medical conditions, with particular attention to the role of stress (including its meanings, measurements, physiological consequences, prevention).

5. Differentiate between the licensed classes of psychological professionals in California.

6. Describe assessment of suicide and homicide/violence risk.

6. Describe the multiaxial diagnostic axes for DSM-IV

8. Identify the criteria for involuntary hospitalization, conservatorship, and guardianship.

9. Describe the normal and abnormal psychosocial growth and development across the life cycle, and variants.

10. Understand reciprocal effects of acute and chronic illnesses on patients and their families.

11. Understand the factors that influence adherence to a treatment plan.

12. Develop an awareness of one's own attitude and values, which influence effectiveness and satisfaction as a EMT.

13. Identify the stressors on EMTs and approaches to effective coping.

14. Understand the ethical issues in medical practice, including informed consent, patient autonomy, and confidentiality.

15. Know the indications for special procedures in psychiatric disorder diagnosis, including psychological testing, laboratory testing and brain imaging testing.

16. Have a basic working knowledge of the commonly encountered mental health disorders:

    A. Substance-related disorders
    B. Schizophrenia/psychotic disorders
    C. Mood disorders
    D. Anxiety disorder
    E. Somatoform disorders
    F. Factitious disorders
    G. Dissociative disorders
    H. Problems related to abuse or neglect
    I. Sexual and gender identity disorders
    J. Eating disorders
    K. Sleep disorders
    L. Impulse control disorders
    M. Adjustment disorders
    N. Personality disorders

17. Describe the basic psychological management/therapeutic skills used for:

    A. Management of emotional aspects of nonpsychiatric disorders.
    B. Skills in enhancing compliance with medical treatment regimens.
    C. Family support therapy
    D. Behavioral modification

Prehospital Emergency Medical Services Program

STUDENT:	DATE:				
PROCEDURE (TASK): BEHAVORIAL MEDICINE					
The EMT - EMT will be able to demonstrate appropriate interaction with staff and patients in dealing with behavioral emergencies. This Clinical/Field setting is designed for the student to work on communication skills and improve their affective domain of learning.	**Excellent**	**Satisfactory**	**Unsatisfactory**	**Not Observed**	**Not Applicable**
STEPS IN PROCEDURE OR TASK:					
LEGAL ISSUES/COGNITIVE					
1. Maintains patient confidentiality.					
2. Understands and honors all patient rights issues.					
3. Understands the policies and procedures of the unit.					
IMPLEMENTATION AND ASSESSMENT/PSYCHOMOTOR					
1. Pre-assesses patient (if possible) to establish baseline values.					
AFFECTIVE					
1. Interacts with patients on a one-to-one basis.					
2. Demonstrates a calm, professional demeanor during the Clinical/Field session.					
3. Demonstrates a willingness to learn.					
4. Shows an interest in participating in group session.					
5. Demonstrates a caring attitude toward staff and patients at all times.					
6. Interacts with staff appropriately and professionally.					

COMMENTS:

SIGNATURES:

_____ _____ _____

Signature Date Facility

Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

Student: _____ Clinical/Field Site: _____**Patient Age**

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Date: _____	Observed	Attempted	# Successful	0-1	2-12	13-18	19-45	46-65	66+
EMT-BASIC OBJECTIVES									
Body Substance Isolation									
Initial Assessment									
Focused History/Physical: Trauma									
Focused History/Physical: Medical									
Vital Signs									
Oral Suctioning									
Pocket Mask / BVM (circle one)									
Oxygen Administration									
CPR/AED									
SVN/MDI of bronchodilator									
Oral RX (glucose, charcoal, NTG, ASA)									
Bleeding Control/Dressing /Bandaging									
Musculoskeletal Traction/Splinting									
Traction Splinting									
Spinal Immobilization									
Communication of Patient Data									
Documentation of Patient Data									
Patient Restraint									
Lifting & Moving Patients									
PASG Application/Management									
Pulse Oximetry									
List Other:									
EMT-INTERMEDIATE OBJECTIVES									
Blood Draw Samples									
Peripheral IV Catherization									
Blood Sugar Analysis									
End-Tidal CO_2									
Endotracheal/Nasotracheal Intubation									
Tracheal Suctioning									
List Other:									

Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

STUDENT EVALUATION OF CLINICAL/FIELD INSTRUCTOR

COURSE & INSTITUTION: _____

CLINICAL/FIELD INSTRUCTOR_____ (PLEASE PRINT)

ANSWER SCALE: 1-Unacceptable 2-Needs Improvement 3-Acceptable 4-Good 5-Excellent

1.	The instructor conducts an effective orientation to the department and procedures.	1	2	3	4	5
2.	The instructor was punctual, dependable and adhered to the designated time schedule for Clinical/Field	1	2	3	4	5
3.	The instructor routinely observed your Clinical/Field performance one-on-one.	1	2	3	4	5
4.	The instructor encourages student questions and comments.	1	2	3	4	5
5.	The instructor maintained a high quality of instruction/ supervision for this rotation.	1	2	3	4	5

Student Comments and Concerns should be addressed on the back of this form

Community Service: Clinical/Field Objectives and Activities

Community Service
Clinical/Field Objectives and Activities

Learning Objectives:

The EMT will be able to demonstrate affective qualities in interacting with the public as the student builds his/her interpersonal skills. The student will concentrate on improving their communication skills in participate and affective skills in general.

Learning Activities:

Integrity - 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; personal accountability including acknowledgment of personal errors, omissions, and limitations.

Empathy - showing compassion for others; responding appropriately to the emotional responses of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need.

Self Motivation - taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through 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.

Appearance and Personal Hygiene - clothing and uniform are appropriate, neat, clean and well-maintained; good personal hygiene and grooming.

Self Confidence - demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations.

Communications - speaking clearly; writing legibly listening actively; adjusting communication strategies to various situations.

Teamwork and Diplomacy - placing the success of the team above self-interest; not undermining the team; helping and supporting all team members; showing respect for all members of the team; remaining open and flexible to change.

Respect - being polite to others; not using derogatory terms; behaving in a manner that brings credit to the profession; following instructor instructions on all matters; listening in class, being punctual to all classes. This includes fellow students, hospital personnel, station personnel, and patients without regard to race, color, national origin, religion, or sex.

Patient Advocacy - not allowing personal bias or feelings to interfere with patient care; placing the needs of patient above self-interest; protecting and respecting patient confidentiality and dignity.

AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.
Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

STUDENT:	DATE:				
PROCEDURE (TASK): COMMUNITY SERVICE					
The EMT-EMT will be able to demonstrate affective qualities in interacting with the public as the student builds his/her interpersonal skills.	**Excellent**	**Satisfactory**	**Unsatisfactory**	**Not Observed**	**Not Applicable**
STEPS IN PROCEDURE OR TASK:					
AFFECTIVE-INTERPERSONAL SKILLS					
1. Demonstrates competence and caring toward all persons at this site					
2. Interacts with everyone on a one-to one basis or participates in a group setting					
3. Displays genuine concern and understanding when dealing with others					
4. Displays an understanding of social and personal issues from another point of view					
AFFECTIVE-GENERAL					
1. Wears appropriate attire and is neat in appearance					
2. Demonstrates effective communication skills with all persons at this site					
3. Interacts with the staff appropriately and professionally					
4. Demonstrates a calm, professional demeanor with the people					
5. Accepts guidance by the staff					
6. Demonstrates an interest in what is occurring at the site					
Comments:					

Signatures:

Preceptor _____ Date _____ Facility _____

Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

STUDENT EVALUATION OF CLINICAL/FIELD INSTRUCTOR

COURSE & INSTITUTION: _____

CLINICAL/FIELD INSTRUCTOR_____ (PLEASE PRINT)

ANSWER SCALE: 1-Unacceptable 2-Needs Improvement 3-Acceptable 4-Good 5-Excellent

1.	The instructor conducts an effective orientation to the department and procedures.	1	2	3	4	5
2.	The instructor was punctual, dependable and adhered to the designated time schedule for Clinical/Field	1	2	3	4	5
3.	The instructor routinely observed your Clinical/Field performance one-on-one.	1	2	3	4	5
4.	The instructor encourages student questions and comments.	1	2	3	4	5
5.	The instructor maintained a high quality of instruction/ supervision for this rotation.	1	2	3	4	5

Student Comments and Concerns should be addressed on the back of this form

Medical Direction:

Clinical/Field Objectives and Activities

Medical Direction
Clinical/Field Objectives and Activities

Learning Objectives:

Through Clinical/Field experience in the ER, the EMT student will develop a more comprehensive understanding of the pathophysiology of disease and trauma, rationale for treatments rendered and how specific treatment alters disease or injury. Technical skills necessary to render advanced pre-hospital patient care will also be enhanced.

Learning Activities:

Perform complete patient assessments including eliciting relevant medical histories.
Assist in the management of medical, surgical and trauma patients.
Perform selected treatments and procedures under supervision:

- Vital signs
- Neurological assessments
- sterile dressings, ace wraps, splinting
- Initiation and termination of IV therapy (Advanced)
- venous blood drawing (Advanced)
- hemorrhage control
- ECG lead placement, monitoring, interpretation (Advanced)
- Medication preparation and administration, dosage calculation (Advanced)
- Defibrillation (Advanced)
- CPR
- Airway management
  -suctioning (oral, nasal, endotracheal)
  -assist with ET intubation (Advanced)
  -Oxygen (O_2) therapy
  -adjuncts to airway
- NG tube insertion (Advanced)
- Accurately document pertinent data -
  treatment, medications (Advanced), assessments
- Patient triage

Assist with management of cardiac arrest patients.
Communicate effectively with patient's family and health care team.
Recognize the psychosocial impact of an emergency on the patient and family and relate to pre-hospital intervention.
Correlate ER patient management with field interventions and patient management.

Center for Emergency Medical Services Education (CEMSE)

Prehospital Emergency Medical Services Program

Student: _____ Clinical/Field Site: _____**Patient Age**

COMMENTS:

STUDENT:	DATE:				
PROCEDURE (TASK): MEDICAL DIRECTION					
The EMT-EMT will be able to demonstrate cognitive, psychomotor and affective abilities under the direction and supervision of a Medical Doctor who specializes in one of the following clinical areas: _____ **INTERNAL MEDICINE / PEDIATRICS / UROLOGY / CARDIOLOGY / SURGERY** circle only one	**Excellent**	**Satisfactory**	**Unsatisfactory**	**Not Observed**	**Not Applicable**
STEPS IN PROCEDURE OR TASK:					
COGNITIVE					
1. Displays an acceptable overall knowledge-base during this clinical session					
2. Able to reach an accurate assessment and identify an acceptable treatment plan					
3. Demonstrates an understanding of patient issues: legal, psychological and physical					
4. Displays knowledge of clinical syndromes: pathophysiology, recognition & management					
AFFECTIVE					
1. Wears appropriate attire and is neat in appearance					
2. Demonstrates effective communication skills with patients and staff					
3. Interacts with the physician and staff appropriately and professionally					
4. Demonstrates a calm, professional demeanor during the clinical session					
5. Accepts guidance by the physician or staff and demonstrates a willingness to learn					
Describes procedures done by student (IV, blood draws, EKG, Intubation, etc…)					

_____ _____ _____

Physician's Signature Date Facility

Stu[illegible] _____ Clinical/Field Site: _____**Patient Age**

AEMSTEC CONSULTANT & TECHNICAL SERVICES INC.

[illegible]enter for Emergency Medical Services Education (CEMSE)

Date: _____

	Observed	Attempted	# Successful	0-1	2-12	13-18	19-45	46-65	66+
EMT-BASIC OBJECTIVES									
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COURSE & INSTITUTION: _____

CLINICAL/FIELD INSTRUCTOR_____ (PLEASE PRINT)

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5.	The instructor maintained a high quality of instruction/ supervision for this rotation.	1	2	3	4	5

Student Comments and Concerns should be addressed on the back of this form

EMT Oath

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of god and man. I will follow that regime which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go in to them of only the sick and injured, never revealing what I see or hear in lives of men unless required by law. I will also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all man kind. While I continue to keep this oath un-violated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath may the reverse by my lot. SO HELP ME GOD....

Code Of Ethics

Professional status as an Emergency Medical Technician and Emergency Medical Technician-EMT is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals and the profession of Emergency Medical Technician. As an Emergency Medical Technician, I solemnly pledge my self to the following code of professional ethics: A fundamental responsibility of the Emergency Medical Technician is to preserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care. The Emergency Medical Technician provides care based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status. The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public "well being". The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information. The Emergency Medical Technician, as a citizen, understands and upholds the law and performs duties of citizenship; as a professional, the Emergency Medical Technician has the never ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people. The Emergency Medical Technician shall maintain professional competence and demonstrate concern for competence of other members of the Emergency Medical Services health care team. An emergency Medical Technician assumes responsibility is defying and upholding standards of professional practice and education. The Emergency Medical Technician assumes responsibility for individual professional actions and judgments, both in dependent and independent emergency functions, and knows and upholds the laws, which affect the practice of the Emergency Medical Technician. An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System. The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional services, does so in conformity with the dignity of the profession. The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service that requires professional competence of an Emergency Medical Technician. The Emergency medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the physicians, and other members of the Emergency Medical Services health care team. The Emergency Medical Technician refuses to participate in unethical procedures, and assumes responsibility to expose incompetence or unethical conduct of others to the appropriate authority and in a proper and professional manner.

AEMSTEC

Advance Emergency Medical Services Technology

CONSULTANT & TECHNICAL SERVICES INC.

Center for Emergency Medical Services Education (CEMSE)

Training Center

University of the West Indies & Distance Education Center

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Castries, Saint Lucia
West Indies

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American Health & Safety Institute (AHSI),
Certified First Aid, CPR, AED Care Providers class of March 2007, from Jalousie Plantation