**RC Health Services**

**Emergency Medical Services Training**

**Clinical Guidelines**

**2012-2013**



**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DSHS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Revision 06/25/12)***

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**Welcome to Emergency Medical Services Training!**

The clinical and internship portion of your course comprises the most exciting and challenging portion of your educational path in the Emergency Medical Services Training (EMST) program at RC Health Services. This book will help clarify issues that may arise during the course of clinical and internship rotations. At first appearance this handbook may read as regimental, and at times somewhat “negative”, but in reality it is only a tool to inform and guide you as to what is and will be expected of you. As allied health professionals, you will soon learn that every medically related work environment has rules and policies. As an educational entity, RC Health Services EMST will do its best to prepare you for the workforce and will give you proper exposure to all areas pertaining to the work environment. If you use common sense, you will find that compliance with these policies is quite simple. Our goal is to train and develop the individual student into a functioning member of the emergency medical workforce. We constantly strive to improve our program for the benefit of the students. The standards here are high, but so are the achievements of our students. These guidelines help to not only keep our standard high but also to allow our students access to some of the most prestigious medical training facilities in the world. These guidelines are not all encompassing but were created in an effort to guide you in making the right decisions. Carry this with you and refer to it often. Also, please feel free to discuss with your instructor ways that we may improve our service to you as a student.

Michael B. Lindamood, LP

Program Coordinator

RC Health Services

Emergency Medical Services Training

Robert Chambers, RN

Program Director/Clinical Coordinator

RC Health Services

Emergency Medical Services Training

**Clinical Orientation**

All students are required to attend Clinical Orientation. On this day, general clinical policy and procedures are discussed in depth. The student should be prepared to purchase uniforms, ID cards, and other required equipment from vendors that day. A Clinical Orientation quiz will be given and require a grade of 70% or better to begin scheduling rotations. **Students not attending Clinical Orientation will have one (1) week following to complete the Orientation Make-up class. Failure to attend Clinical Orientation on the day specified will be treated as a clinical absence and result in an immediate ten (10) point deduction from the student’s clinical course grade. (See Clinical Coordinator for scheduling of Make-up)**

**NOTICE:**

**STUDENTS FAILING TO ATTEND CLINICAL ORIENTATION OR COMPLETE THE MAKE-UP CLINICAL ORIENTATION WILL NOT BE ALLOWED TO SCHEDULE ROTATION HOURS IN EITHER HOSPITAL OR AMBULANCE AFFILIATES UNTIL THE FOLLOWING SESSION, AND WILL THEREFORE BE DROPPED FROM THE CLINICAL PORTION OF THE PROGRAM WITH NO REFUND.**

**Pre-Requisites**

**CPR Certification**

All students must have a current Cardiopulmonary Resuscitation (CPR) certification to attend in clinical rotations. The certification card must show professional level CPR training of the type specified below. Certification must continue through the enrolled semester per the expiration date on the card. **Students must have this document on file before performing patient care.** A copy of the CPR card MUST be submitted with the student’s clinical folder due at the Clinical Orientation. The student will not be allowed to schedule clinical rotations until this has been accomplished. **Healthcare Provider level CPR will not be taught in the EMT-Basic course, therefore EMT-Basic students must receive this training prior to Clinical Orientation.**

**Valid CPR Courses:**

American Heart Association - “Instructor” or “Healthcare Provider” card

**Minimum Skills Required**

Students must complete the following minimum skills proficiency testing prior to attending any clinical or ambulance rotations:

**EMT-Basic:**

Must have successfully completed Vital Signs and Ventilatory Management Skills Testing. **Students must have these documents on file before attending to patients in the field.**



**INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR A CLINICAL EDUCATION PROGRAM**

**RC Health Services**

**Emergency Medical Services Training**

The hospitals and ambulance services associated with our clinical educational program require background checks on incoming students to ensure the safety of the patients treated by students in the program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital or ambulance service prior to starting your clinical rotations. A background check typically takes **3to 5 normal business days** to complete.

The background checks are conducted by **PreCheck, Inc**., a firm specializing in backgrounds checks for healthcare workers. Your order must be placed online through **StudentCheck.**

**Go to** [**www.mystudentcheck.com**](http://www.mystudentcheck.com) **and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as**

 **RC Health Services.**

Complete all required fields as prompted and hit **Continue** to submit your background check request. For your records, you will be provided with a receipt and confirmation page of the background check performed by **PreCheck, Inc**.

**PreCheck** will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be released to any businesses. If you need further assistance, please contact **PreCheck** at **StudentCheck@PreCheck.com****.**



**FREQUENTLY ASKED QUESTIONS:**

* Does **PreCheck** need every street address where I have lived over the past 7 years? **No. Just the City and State**.
* I selected the wrong school, program, or need to correct some other information entered. What do I do? **Please email** **StudentCheck@PreCheck.com** **with the details.**
* *How long does the report take to complete?* **Most reports are completed in 3 to 5 normal business weekdays.**

* *Do I get a copy of the background report?* ***Yes. Log into*** [***www.mystudentcheck.com***](http://www.mystudentcheck.com) ***and click on “Check Status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged $14.95 for a copy of your report, and will need to contact PreCheck directly to request this copy.***
* *I have been advised that I am being denied entry into the program, hospital facility, or ambulance service because of information on my report and that I should contact* ***PreCheck.*** *Where should I call?* **Call PreCheck’s Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.**
* *I have a criminal record. What should I do?* **Disclose the details on your application and on any other paperwork related to your certification.**

**Immunizations**

All students must submit **COPIES** of all required immunization records prior to the date of Clinical Orientation. Copies are to be made by the student. Originals should be kept by the student. **Students failing to submit immunizations by the Clinical Orientation date will not be allowed to schedule rotations that semester, and will be un-enrolled out of the Clinical Portion of the EMST program with no refund.** All submitted records will become part of the required student file and will not be returned to the student. Students who have attended RC Health Services EMST Department in the recent past (approximately 2 years) **may** only need to update their existing file. All students are reminded that TB tests are only valid for one year. It is the student’s responsibility to make sure all immunization records are up to date. The Clinical Coordinator will not inform the student of any missing shots. All immunization requirements herein are required under the Texas Administrative Code: Title 25, Part 1, Chapter 97, Subchapter B, Rule 97.64

**Required Immunizations (ALL):**

1. **Tuberculin Skin Test (PPD)** – must be valid (less than one year old) through the end of the enrolled semester. Must be renewed annually. If positive or student cannot receive skin tests, the student must submit a chest X-ray interpretation of being tuberculosis free and a signed note from the physician stating that the student is eligible for rotation and free of tuberculosis disease at this time. Note: PPD skin tests are not accurate if administered within 30 days following *the* MMR shot. Check with your physician to assure no delay in clinical attendance.

2. **Diphtheria and Tetanus (Adult TD)** - must be valid (less than ten years old) through the end of the enrolled semester.

3. **Measles, Mumps, and Rubella (MMR)** - Student must have two (2) doses of measles vaccine on or after their 1st birthday and at least 30 days apart, and in addition, one (1) dose of mumps/rubella vaccine on or after the student’s first birthday;

a. or, record of physician diagnosed mumps/rubella;

b. or, serologic test positive for mumps/rubella antibodies (Titer test).

c. Student may submit proof of date of birth prior to 1/1/57 in lieu of the second

dose.

4. **Varicella –** Must have received two (2) doses of varicella vaccine unless the first dose was received prior to age thirteen (13) or demonstrate serologic immunity (Titer test).

5. **Hepatitis B -** Must have completed the vaccination series ***or*** demonstrate serological immunity (Titer test) prior to making patient contacts.

**General Clinical Rules**

These policies are appropriate for both hospital and ambulance and at all levels. Violation of these policies may result in grade-point deductions, clinical warning, being dismissed from a rotation and/or suspension from the Program in addition to a letter of concern being placed in the student’s folder. In situations deemed critical or severe, the situation will be referred to the Program Director for review and action.

Students must keep the Clinical Coordinator informed of current phone numbers in the event the coordinator needs to contact you away from the campus or rotation sites. Students should resolve questions about clinical affiliate locations and other issues during regular class or office hours.

Report to rotations by reporting to the charge nurse, unit manager, preceptor, or ambulance supervisor at your assigned site.

Students should make themselves generally helpful during the shift. This may include participation in routine duties such as housekeeping and cleaning. At times the student may be asked to perform routine tasks of patient care such as going to the pharmacy and/or going to the lab to drop off specimens. The student should assist the staff in any legitimate duty. The student’s primary responsibility is to learn about patient care in the EMS environment. Assigned tasks should not replace the student’s objectives for the rotation but this does not free the student from the responsibilities of completing delegated tasks.

Students should maximize the clinical experience by frequently performing patient assessments. These skills are important to the student and are developed through practice. The student may wish to compare their findings with those found on the patient chart or performed by the physician, paramedic, nurse or other clinicians.

**Students are not to take the place of qualified staff during any clinical rotation**. During the rotation patient care performed will be done under the close supervision of the clinical specialist, faculty, clinical site staff, Program Medical Director or precepting medic. Students are required by state law **not to be an integral part of the EMS crew** during their rotations. At no time will the student be solely responsible for patient care. Methods of treatment and protocols may differ from site to site and/or may differ in a manner other than was presented in class.

**General Clinical Rules (cont.)**

Tactful inquiry in a non-judgmental fashion and away from the patient, family members and staff may resolve questions a student may have in regard to the care given. Students will perform patient care only to the level of training which they are attempting to obtain. Under no circumstances will the student be permitted to supersede the scope of practice of the level for which they are training. Students will carry out patient care under the supervision of the clinical preceptor.

Questions regarding performance of a skill should be directed to the clinical preceptor. Students will be required to follow the directions of the hospital staff, the faculty preceptor and/or the precepting medic. The preceptor has the authority to determine what actions may or may not be carried out and the Clinical Coordinator reserves the right to make the final decision regarding any clinical or internship action.

**ALL MEDICATION ADMINISTRATIONS WILL BE DONE IN THE IMMEDIATE PRESENCE OF THE CLINICAL PRECEPTOR OR EMST DEPARTMENT MEDICAL DIRECTOR. (See Authorized Medications in the Appendix)**

The clinical preceptor or precepting medic or supervisor has the authority to send a student home for any witnessed violation of the program or affiliate policy. The Clinical Coordinator will file a clinical incident report and will investigate the circumstances surrounding the incident. The Clinical Coordinator will then issue a written instrument to the student, the Program Director and the student’s instructor.

**Professionalism**

Strong emphasis is placed on professionalism as well as academic success throughout enrollment in the program. Students are expected to demonstrate and uphold principles of ethical behavior, integrity, patient confidentiality and honesty. Professional behaviors and attitudes; including effective communication and interpersonal skills, ethical decision making, respect for the diversity and values of others, and a fundamental respect for human dignity, are viewed as essential for competent and effective practice within the health care professions. These characteristics are called **AFFECTIVE COMPETENCIES** and will be considered by the faculty in the determination of course grades and a student’s eligibility for graduation. Any student whose behavior in class or in required internships is found to be deficient in one or more areas may be subject to disciplinary action on the recommendation of faculty or the medical director.

**General Clinical Rules (cont.)**

**Clinical Coordinator**

The Clinical Coordinator is a faculty member, appointed by the EMST Program Director who assumes responsibility for clinical operations as they relate to RC Health Services EMST courses. The Clinical Coordinator is responsible for maintaining student immunization records,

system evaluations and the scheduling of students and faculty for clinical and internship rotations. Postings of these schedules will be made once a month for both precepted and non-precepted rotations. The Clinical Coordinator will act as a liaison between the affiliate hospital and EMS services and the student. All injuries and reportable exposures must be reported to and will be handled by the Clinical Coordinator. Should a disagreeable situation arise during a rotation at an affiliate site, the student should submit a written report to and arrange a conference with the Clinical Coordinator at the earliest convenience. Evaluation reports of the preceptor and/or the affiliate site should be consistent with said written report. The Clinical Coordinator may be at clinical sites or attending other off campus business during office hours. Should you need to need to meet with the Clinical Coordinator to discuss an issue or answer a question you should take the following steps:

1. Call and arrange to meet the Clinical Coordinator during scheduled hours (see office door for weekly schedule)

2. Leave a voice mail message for the Clinical Coordinator at (281)416-5939.

3. E-mail the Clinical Coordinator at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If urgent (911), call the Clinical Coordinator at 281-416-5939, as outlined below.

Call the Clinical Coordinator at any hour if any of the following occur:

1. You are sent home from a rotation

2. You are exposed to a reportable disease by needle stick of other means

3. No preceptor shows up for your rotation 15 minutes after the rotation was to begin **AND** there are other students awaiting the preceptor’s arrival. (Please, only one student page per incident)

4. If you are involved in an accident or otherwise injured during the rotation.

**General Clinical Rules (cont.)**

If you do not receive a phone response from the Clinical Coordinator within 15 minutes, you should call the EMST Program Coordinator at 281-732-9285. All procedures as stated above should be followed here as well.

**Do not call the Clinical Coordinator or any other faculty member or Program Director to cancel shifts, call in sick, etc.** Please leave a message at 281-416-5939 for these reasons.

**Financial Responsibility**

Financial requirements are solely the responsibility of the student unless specifically noted.

A few anticipated expenses that the student may incur are listed below. Other expenses may

arise:

 Clinical forms and paper

 Photo ID (to be returned)

 Uniform shirt, belt, pants, socks, and shoes

 Books, booklets, and guidelines

 Stethoscope

 Watch - capable of indicating seconds

 Parking fees

 Meals and snacks

 EMS scissors

 Black ink pen

 Notepad

 Penlight

 Protective eyewear

 Affiliate fees

 Health Insurance

 Immunizations

 Medical Expenses (some immediate emergency care may be covered by the affiliate)

Students attending any clinical or internship rotations are strongly advised to acquire personal health and accident insurance. Some EMS affiliates will require proof of personal health insurance before allowing individual students to attend rotations at their service. The cost of health insurance is the responsibility of the student. Additional clinical rotations beyond the scheduled program timeline, for the purpose of completing clinical requirements, may require additional tuition and/or insurance fees. These are the responsibility of the student.

**Texas EMS Laws**

The regulation of EMS practice is subject to the Texas Department of State Health Services and laws 25 TAC Emergency Medical Care and the Health Safety Code Chapter 773 as signed into law.

The health and safety code, among other things, defines the scope and limits of the practice of EMS professionals within the State of Texas. A Copy of the Health and Safety Code concerning EMS professionals is available by contacting the Texas Department of State Health Services or via web site at: **http://www.dshs.state.tx.us/emstraumasystems/default.shtm**

Your careful review of the rules is essential to begin a safe and lawful professional career. You will be asked many questions about EMS, and the “ins” and “outs” of patient care, delegation, clinical limitation, and other areas, most of which are covered directly or by reference in the rules. Your thorough knowledge of these rules will enhance your ability to respond in an intelligent manner to each question.

Recognize that the rules represent the product of an evolving mechanism. Since the first rules were developed in 1983, changes have been made to more accurately reflect the roles that EMS professionals assume in practice.

**EMS Rules and Procedures will be addressed in the Texas Department of State Health Services Orientation during the first 2 weeks of the course. Further information may also be obtained by going to the Texas Department of State Health Services web site at: http://www.dshs.state.tx.us/emstraumasystems/ruldraft.shtm**

**Physical Fitness for Clinical and Ambulance Rotations**

RC Health Services EMST Department requires that each student receive a complete physical examination by a licensed physician prior to enrolling in any healthcare curriculum where patient care and contact is made. Students may wish to consult with their personal physician prior to attending clinical rotations. Students who are pregnant, have heart disease, respiratory disease, arthritis, and potentially communicable diseases or any other condition that may not allow them to fully participate in rotations should contact the Clinical Coordinator early in the program and before attending rotations. Additional documentation such as a letter or physical condition statement from the student’s physician may be required to attend rotations. Specific waiver and release may be required at the discretion of the Clinical Coordinator or Program administration. Due to the time required to initiate special arrangements, students with special conditions should anticipate early clinical advisement and/or scheduling.

**Physical Fitness for Clinical and Ambulance Rotations (cont.)**

Students must be in a physical condition adequate to carry out activities as described in the standardized job description for EMS personnel from the state of Texas. A standardized job description has been published by the Texas Department of State Health Services for the benefit of students, practitioners and interested parties. A copy of this job description will be given to each student during the TDSHS Orientation at the beginning of the semester and is available on-line at:

**http://www.dshs.state.tx.us/emstraumasystems/default.shtm**

**Appearance and Dress Code**

The student will report to all clinical sites fully dressed in the appropriate uniform worn in a proper manner. Uniform shirt and pants must be clean and pressed (unwrinkled) when reporting to assignment. Uniform shirts must be tucked in and buttoned to the first button below the collar. Ripped, torn, soiled, patched, badly worn, faded, or un-pressed/wrinkled uniforms will not be worn to a rotation. A plain white T-shirt may be worn under the uniform shirt. If a T-shirt is worn, the T-shirt sleeve may not be longer than the sleeve of the uniform shirt. Uniforms should not be worn while away from a clinical rotation unless in transit to and from the rotation. Uniforms should not be worn in an establishment that derives more than ½ its profit by sale of liquor by the drink or other places where the reputation of the program, other students, and faculty are compromised. Uniform display does not imply employment of the student by the RC Health Services or any affiliating agency.

Financial obligation of uniforms and required equipment are solely the responsibility of the student.

The student must purchase and wear the RC Health Services EMST designated shirt to all clinical rotations. No other patches or emblems including state or national certification are to be worn. Only shirts from an approved vendor or those bearing exact style, color, and manufacturer will be permitted as part of the uniform. Due to infection control procedure, the student may wish to purchase two shirts in the event that the shirt becomes contaminated and must be disposed of. Additional uniforms may be purchased from the uniform vendor.

**Appearance and Dress Code (cont.)**

Pants must be **black in color** and be of either Dickey’s style pants or commercial EMS pants. The Clinical Coordinator must approve any pant not purchased through vendor and has the discretion to deny any item presented if not meeting to current uniform standard. No jeans or denim pants will be allowed. Belts must be worn with pants. The belt must be plain, black, and free of emblem or designs with a plain buckle or Velcro closure. All outerwear (jackets/coats) must be approved by the Clinical Coordinator prior to clinical rotation.

Black shoes that are low-heeled, closed toe and leather or vinyl will be worn with uniform. Shoes will be devoid of all decorative stitching, embossing, belts, or buckles. Steel toes and shanks are strongly recommended for foot protection. Shoes should be clean and polished when reporting for clinical rotations. Black socks must be worn if socks are visible in normal wear. **Pants must be worn outside of boots.**

Jackets may be worn in inclement weather. They must be free of patches and emblems and be appropriate in the EMS setting. EMST faculty and/or clinical site preceptor may determine clarification of appropriate attire.

The student may wish to bring rain gear should weather become inclement on their shift.

Clothes that become soiled with body fluids or otherwise hazardous exposures should be removed and properly cleaned as soon as possible. Students may wish to bring alternate uniform/clothes to wear should theirs become soiled. It is at the discretion of the affiliate to allow the student to wash their uniform at the site and/or to continue the shift while the student’s uniform is being washed. Since the uniform shirt is a pullover type uniform, the student is advised (OSHA standard) to cut the shirt to remove it rather than to expose the face to potential pathogenic hazards.

**Appearance and Dress Code (cont.)**

Students are **required** to have the following items when reporting for rotations:

**1. RC Health Services Clinical ID\***

**2. Watch with either a second hand or digital second chronograph.**

**3. Stethoscope**

**4. EMS-type scissors**

**5. Pen Light**

**6. Eye Protection**

**7. Small note pad**

**8. Pen with black ink**

**9. Internship Documentation**

**a. Patient Documentation Reports**

**b. Student Evaluation w/ envelope**

**c. Clinical Tracking Form**

**10. Clinical Guidelines Handbook**

**Shifts completed without a current RC Health Services ID will be repeated at the student’s expense and penalty.**

Students are expected to follow accepted standards of personal hygiene for medical professionals. The hands must be clean. Fingernails must be clean and well trimmed. Only clear or neutral colored nail polish is to be worn. Hands should be washed with anti-microbial soap before patient contact, between patient contacts, after patient contact, before eating, before and after using restroom facilities, after removing gloves, and at the completion of the shift.

**Appearance and Dress Code (cont.)**

Jewelry is to be limited to a watch, one pair of stud earrings, and one ring per hand. Any necklace worn **must** be hidden under uniform shirt. Rings must not pierce through gloves and/or become entangled in equipment. Males may be requested to remove earrings at certain clinical affiliation sites. Eyebrow, nose, tongue, and other facial jewelry are not acceptable and will not be worn. **Men are not allowed to wear any facial piercing including ear rings.**

Heavy make-up is inappropriate in the clinical environment. Perfumes and colognes may be offensive to persons who are ill and injured and should not be worn during rotations.

Hair must be clean, combed neatly and pulled back away from the face. Affiliating agencies may have dress codes in place concerning hair length and style. Some agencies may have policies concerning and not allowing facial hair (beards).

The student may be subject to additional rules of dress as specified by the affiliated agencies. All students are expected to abide by all rules set for employees of the affiliating agencies. Failure to comply with the agency’s rule will result in the same disciplinary process as violation of a Program policy.

Students are advised that many services have policies regarding visible tattoos and body piercings. Students with tattoos visible on the upper extremities or other locations visible while wearing he clinical uniform, and body piercings other than the lobe of the ear, are advised to conference with the Clinical Coordinator and the affiliate representative prior to attending the clinical/internship rotation. Affiliate sites reserve the right to enforce appearance and behavior codes in their binding legal agreements with the program.

Any infraction of the dress code rules that result in dismissal from the site will be counted as an unexcused absence and result in a ten point (10) deduction in final clinical grade, possible dismissal from the clinical site and/or hours accumulated for that shift may not be counted. Any RC Health Services faculty member or clinical affiliate representative may enforce dress code at any time a student is found on rotation.

**Clinical Identification Cards**

A photo ID card will be a required purchase for all students attending clinical rotations. This is in compliance with hospital security policies. **Due to the current Homeland Security climate, this card must be surrendered to the EMST Department upon completion of the clinical portion of the class or upon request of from the Clinical Coordinator or EMST Program Director.** If the ID is stolen or misplaced, report the theft or loss to the Clinical Coordinator or EMST Program Director **immediately**.

Students not wearing the photo ID will be sent home from clinical and internship rotations. This will constitute an unexcused absence and result in a ten (10) point reduction in the clinical grade. **Shifts completed without a current RC Health Services ID will be repeated at the student’s expense and penalty** (See Attendance). The ID must be conspicuously worn by itself and above waist level, photo side out.

**QUALITY ASSURANCE/EVALUATION**

**Evaluation Process**

The RC Health Services EMST Department has developed a three tiered evaluation system for the measurement of student performance, clinical site review and preceptor performance. This system mirrors nationally established processes for quality assurance of clinical experiences. The three (3) forms or instruments for evaluation are as follows:

Student evaluation form should be filled out by the preceptor. This form evaluates the student’s affective skills such as appearance, promptness, willingness to become involved in patient care and others. At the end of the rotation, the student should present the preceptor with a #10 regular size envelope (4.5” x 9.5”) into which the preceptor will place the completed evaluation report and seal the envelope then write his/her name across the glued edge of the envelope flap. The **SEALED envelope** is to be returned to the Clinical Coordinator and the Preceptor evaluation and clinical site evaluation forms should be turned in to the Clinical Coordinator also.

**Students: Please note that there must be a student evaluation form for each rotation attended for your AFFECTIVE CLINICAL EVALUATION for graduation from the program.** Students are responsible for filling out their name and shift location on the form. Forms submitted that are filled out improperly or incompletely will result in a ten (10) point deduction in the final clinical grade.

Preceptor evaluation forms allow the student to evaluate the Clinical Preceptor. Students should provide an honest assessment of their experience with the clinical preceptor. This evaluation assists the EMST Department in quality improvement of its clinical and internship preceptors.

Clinical Site evaluation forms allow the student to evaluate the Clinical Site or Department. Students should provide an honest assessment of their experience regarding the actual clinical or ambulance affiliate site or unit. This evaluation greatly assists the EMST Department in quality improvement of its associations with clinical and internship affiliate sites.

These evaluation forms should be returned to the Clinical Coordinator following your rotation. (See examples of the evaluation forms in the appendix.) Please note that evaluation forms **MAY** be modified to an on-line system within this academic year and therefore students are advised to maintain communication with the Clinical Coordinator and clinical instructors during the scheduled rotation period.

**Infection Control**

EMS workers compose one of the most statistically significant groups among the medical community for possible exposure to communicable diseases and especially blood borne pathogens. As a student you will find that adhering to these policies will reduce your risk of disease contraction. Infection control is one area that should never be neglected among EMS professionals under any circumstances.

All students must complete training in Universal Precautions and achieve a minimal passing score of **80%** on the Universal Precautions Written Exam. No student may schedule for clinical rotations or participate in any patient care without a verification of this exam in the student’s file.

All students must take the appropriate CDC recommended universal precautions for the work that they are to perform/observe. Precautions should be used on every patient contact, not just those that appear ill or are known to be infectious.

Students should keep open sores, cuts or lesions on their body covered with an adhesive bandage until wound is completely healed. Students should not have direct patient contact if the student has exudative lesions, weeping dermatitis, or other infectious dermatological disorders.

The most effective means of reducing your risk to pathogens is by routine hand washing. Thorough hand washing should be accomplished before and after every patient contact and between glove changing. Use of gloves is not a substitute for hand washing. If on an ambulance rotation, the student should cleanse his/her hands with anti-microbial scrub until proper hand cleansing facilities are made available to the student.

Gloves should be worn on any potential exposure to body fluids. During circumstances of the threat of significant exposure exists, goggles, masks, and/or gowns should be worn. Gloves should be changed and disposed of in a biohazard waste container after contact with each patient. Students with latex allergies should contact the Clinical Coordinator for recommendation. RC Health Services EMST cannot guarantee that all clinical affiliate sites and services will have non-powdered or hypoallergenic gloves available.

Masks should be worn in any patient contact where the patient presents with a persistent cough. Patient contact with those patients suspected or diagnosed with TB should be carried out with an appropriate HEPA type mask to be used by the student. If HEPA mask is not supplied by the affiliate, the student should request one.

**Infection Control (cont.)**

Needles and syringes should not be recapped after use, and should be placed in the designated sharps disposal container immediately. Needles and syringes should not be set down on any surface, punctured into a cushion, thrown on the floor, or passed to another student but rather disposed of immediately. Do not reuse contaminated or disposable equipment. Use proper equipment and procedure for disposal of vaccutainer holders/needles and tubex style syringes.

Students should check with clinical site personnel before discarding linens, dressings, containers, or equipment soiled with body fluids. Students should not assist in cleaning and or disposing of equipment that they are not familiar with until properly shown in a correct manner by a clinical staff member. Many needle sticks are caused by suture needles and other sharp instruments being improperly disposed or handled. Students will maintain universal precautions while cleaning and preparing equipment. Blood spills should be promptly cleaned using CDC guidelines. Students will follow the instructions of preceptors when dealing with body fluids and cleaning and disinfecting equipment.

Students will use barrier devices such as bag-valve-masks, demand valves, or pocket masks while providing ventilatory assistance. Under no circumstances should the student perform mouth-to-mouth or mouth-to-tube ventilations.

Certain patients may present with diseases requiring isolation procedures to be taken by the student prior to patient contact. In this instance the student will follow all recommended procedures given to him/her by the clinical site.

In the event that a pull over type shirt should become soiled with potentially infectious material, the shirt should not be pulled over the face but instead cut away from the person and disposed of in a biohazard receptacle.

**Reportable Infectious Exposures**

**A reportable exposure is defined as the following:**

*“Within the course of a clinical or ambulance rotation, a student or faculty member has a parenteral (needle stick/cut) or mucous membrane exposure to another person’s body fluids, including blood, or has an exposure involving significant amounts of blood or body fluid or prolonged contact with blood or body fluid (especially in non-intact skin conditions).”*

**EXPOSURE PROTOCOL:**

In case of documentable exposure the student should take the following steps in order:

1. Take action to lessen the severity of the exposure and decrease risks of further exposure and/or the exposure of others. (i.e. - disposing sharps or getting proper disposal equipment.)

2. Clean the exposed part of your body in a manner consistent with universal precautions

training.

3. Notify the clinical preceptor after or during the cleaning process. (Do not delay washing to find the appropriate authority to notify.)

4. Notify the Clinical Site Supervisor and proceed with the affiliate’s Employee Exposure

Procedures.

5. Call the Clinical Coordinator at 281-416-5939.

6. Follow-up with the affiliate’s infection control contact person to obtain the patient’s status of HIV (serological or historical), HBV (HBSAB), RPR, and VDRL.

7. Follow proper site and Program exposure procedures by getting names and phone numbers of any witnesses.

8. Do not leave the clinical site until you have spoken with a supervisory representative from the affiliate and the Clinical Coordinator.

9. Turn in a Clinical Incident Report form with Clinical Exposure Form to the Clinical Coordinator within 24 hours, or if a weekend shift, Monday morning.

10. Follow-up with your personal physician as soon as possible.

11. If the patient is positive for any communicable disease(s), baseline laboratory work-up and prophylactic immunizations are strongly recommended.

**IMPORTANT: DO NOT WAIT TO REPORT AN EXPOSURE INCIDENT!**

**Reportable Infectious Exposures (cont.)**

Patients to whom you are exposed are frequently discharged or otherwise unreachable soon after the exposure. Delay of reporting the incident may limit the extent of investigation and testing of the individual to whom you were exposed. The Program will take NO disciplinary action against the student in cases of exposure unless your gross negligence has put others at risk.

**Conduct and Behavior**

Students are expected to be a part of the medical ***profession***. This requires ***professionalism*** on the part of the student. The student is advised to observe and note the standards of other medical professional groups. Any non-professional behavior will not be tolerated and will be dealt with accordingly and may include suspension from clinical portion of the EMST program for a period decreed by the EMST Program Director.

Students may not attend clinical rotations with any indication of illegal drug or alcohol use. This includes demeanor, actions, coordination skills, and/or odors on the person and/or breath. Violations of this type may result in program suspension, dismissal, and/or expulsion.

A person is only considered a student of this program and may only act as such during class meeting times and during properly scheduled internship rotations. Any person representing themselves as an RC Health Services EMST student and attempting to perform skills outside of the above stated situations will not be acknowledged or protected in any way by this program, RC Health Services EMST or its insurance carriers.

With the affiliate’s permission, training films, procedure training, grand rounds, and in-service training should be attended if they do not interfere with your primary training objectives.

Students should not seek free medical advice while attending a rotation. Students should anticipate meal and drink expenses while at a facility. Do not ask for loans or extensions of expenses incurred.

No foul or off-color language should be used while attending a rotation. Verbal tone, demonstrated negative attitude and other disruptive behavior at a clinical site will result in a student being sent home, and may result in further penalties. Inappropriate anatomical terminology (offensive) will not be tolerated. .

Clinical rotations are not a dating service or social environment. Social meetings, discussions and events should be scheduled when all parties involved are off-duty and not on program time.

**Conduct and Behavior (cont.)**

Phone calls should be made on an emergency basis only. Students should not give out the affiliate’s phone number as a place where calls for the student may be received. Conversations longer than 5 minutes should be postponed until the student has completed the rotation and left the facility.

Students may not carry on cellular telephone conversations at any time or in any location where patient care is being rendered or while in the patient care environment. Students will not invite or entertain friends or family members or other guests while attending rotations.

Unless specifically assigned (i.e., overnight rotations at EMS), no sleeping is allowed on rotations. Students found sleeping on rotation will be dismissed from that rotation and a clinical incident report will be placed in their file and a ten (10) point deduction will be made from the clinical grade. Hours for the shift will not count as part of the course completion. Hours must be made up with additional cost to the student.

Eating and drinking is allowed only in designated areas. No eating or drinking is ever allowed in a patient care area. Students are allowed 30 minutes for lunch and two 10-minute breaks during the course of their shift. Break times are not to be abused and are not to be taken to evade participation in a specific task. Notify the clinical preceptor when you wish to take a break.

Smoking is restricted to designated smoking areas only. Notify your preceptor when you take breaks to smoke or to relax. Students will not ask the EMS crews to attend to personal requests such as going by your residence, going to eat, or shopping while on rotation. These issues should be attended to prior to reporting for duty.

Students will not recline on couches or chairs in areas accessible to the general public. Feet will not be permitted on upholstered chairs or tables. As a matter of protocol, students are to rise to their feet when a chief or administrator enters the room in which they are sitting during relaxation time. **Any form of gambling is prohibited while attending rotations.**

Weapons of any sort will not be allowed. Knives or cutting instruments larger than may be carried in a front pocket are not allowed. Firearms are prohibited on clinical rotations. Exception to this rule is granted only in the case of a certified peace officer in the State of Texas. Peace officers should notify the preceptor on shift as to this exception and should be ready and willing to provide adequate TCLOSE identification if requested. In these cases, firearms **WILL** be maintained in a hidden and non-threatening position on the student’s person. **NO OPENLY BELTED, HOLSTERED OR OTHERWISE CARRIED FIREARMS WILL NOT BE ALLOWED IN THE CLINICAL SETTING**.

**Conduct and Behavior (cont.)**

***The demonstration or presentation of a weapon by anyone, including certified peace officers, during a clinical rotation will require a written report from the student as to reason and rationale. Said report WILL be submitted directly to the Clinical Coordinator and EMST Program Director.***

Students are not to attempt to gain access to any security controlled area of an affiliate in which they not specifically assigned. Students should not enter private offices of faculty/staff unless a member of the staff and/or faculty accompanies them and only with permission from the individual. ***IF IT IS LOCKED, STAY OUT!!!***

**Students must abide by all rules, regulations, and policies of the affiliating facilities or services. Some EMS services have special information for you regarding their departments. (See Service Specific Information in the appendix.)**

During the clinical and ambulance internship, the student may be suspended from continued rotations based on, but not limited to:

* Endangering the life of another person during any act or omission,
* Incorrectly or falsely representing oneself,
* At the request of a facility/affiliate,
* At the request of the Texas Department of State Health Services,
* Any violation of the Texas Department of State Health Services regulations,
* Violations of patient confidentiality (see HIPAA rules),
* At the discretion of the Program Medical Director, Clinical Coordinator or EMST Program Director.

**Scheduling**

All rotations must be scheduled through the Clinical Coordinator. All clinical pre-requisite records must be on file prior to clinical scheduling (see Immunizations and CPR). The mechanism for scheduling rotations may vary from session to session. The Clinical Coordinator will specify this process at the Clinical Orientation. After the posting date passes (this date may vary from month to month) any changes will result in a ten (10) point deduction per change. Any changes submitted in writing to the Clinical Coordinator prior to the posting date will not be penalized. If your name cannot be read on the rotation request document, which should be written as it appears on your fee slip, or if the skill level is incorrect or missing, you will not be scheduled for that requested rotations. Do not report for rotations for which you are not scheduled, unless given express consent from the Clinical Coordinator or Program Director. Rotations attended for which the student is not scheduled will not be counted and will result in a ten (10) point deduction to your clinical grade. **Should a student not schedule an adequate amount of hours needed for completion of the course before the deadline for scheduling passes, the student may need to apply for an extension with the Clinical Coordinator and Program Director, there will be additional fees incurred to pay for additional hours and insurance fees.**

All rotations will be posted after the deadlines of the month and before rotations commence. **Students should check the rotation postings outside Clinical Coordinator office for assignment and shift. If the information is not correct as you understood your schedule to be, contact the Clinical Coordinator immediately. Students must also check the clinical schedule board for clinical assignments.** All advanced level emergency center and obstetrical rotations require an RC Health Services EMST clinical preceptor. Minimums of two (2) students are required for a shift to be posted. Students may be reassigned to another site in the same time slot to accommodate needs of scheduling. Students are prohibited from moving from one site to another once rotations are posted. If this should occur, the student will be recorded as absent and will be required to make up the missed shift as an absence, and will receive a ten (10) point grade deduction in the clinical grade.

Do not over-book rotations; try to keep rotations as close to the minimum hours as possible. Other students may need the shift that you over-booked to complete their clinical objectives. **A ten (10) point deduction will be made from the clinical course grade if you schedule beyond minimum hours, unless within reason the hours of a shift cause the total to go beyond the minimum. There will be additional fees incurred to pay for additional hours and insurance fees.**

**Scheduling (cont.)**

Due to administrative process, cooperative education agreements, human error and departmental scheduling conflicts, a scheduled shift may be canceled. The student will be notified by the Clinical Coordinator or Program Director at the earliest possible time.

You will need to meet with the Clinical Coordinator to schedule an alternate shift. No penalty will be assessed for rescheduling if the program cancels a shift.

**Rescheduling:**

Students will be allowed to reschedule their clinical rotations depending upon the availability of shifts in a given session. The student may not attend rotations at any location that does not have a valid affiliation contract with RC Health Services EMST program. Advanced level students must hold current EMT-Basic certification prior to scheduling for any clinical rotations. **Students must maintain a classroom average of 70% or above to attend clinical rotations.**

**Scheduling Medical Director Summative Rotations for Paramedic Graduation**

Students enrolled in the Paramedic III Practicum/Field Experience course will be required to attend at least one eight (8) hour rotation with the Physician Medical Director at Sugar Land Methodist ED. This rotation is designed as the summative (final) competency rotation for EMT-Paramedic completion. This rotation will be done in addition to normal contact hours in the external learning environment as a capstone experience. This rotation must be scheduled through the Clinical Coordinator. At the Medical Director’s discretion, the student may be required to fulfill additional requirements in order to demonstrate clinical competency.

All rotations must be complete by the deadline specified at the beginning of the session. **Students must apply for an extension to correct deficiencies.** Students may not begin more advanced level rotations until all deficiencies from prior session/course are completed.

**Scheduling (cont.)**

Students may be afforded the privilege of signing up with a service with which they are affiliated, on an individual basis only, provided the student is representing RC Health Services EMST and not the affiliate during the rotation. The Clinical Coordinator must schedule the rotation and will assign all rotations. During the hospital clinical and ambulance internship, the student may be assigned or re-assigned to a specific clinical site based on, but not limited to:

* The student meeting the objectives as outlined in the course,
* The call volume of the service,
* The patient census of a facility,
* The availability of preceptors,
* The reliability of the preceptors,
* The quality of care delivered by an affiliate,
* The operational status of a facility/affiliate,
* The request of the Texas Department of State Health Services,
* The request of a facility/affiliate, or
* The discretion of the course Medical Director, Clinical Coordinator or EMST Program Director.

***LONG HOURS AND HARD WORK ARE NOT PROBLEMS…***

***THEY ARE THE JOB!***

**Attendance and Reporting Procedures**

Since the student will be evaluated heavily on attendance and responsibility matters, it will be important for the student to plan an effective strategy for reporting to the clinical on time and at the specified place. Do not report for rotations for which you are not scheduled. Rotations not scheduled will not be counted and will result in a clinical incident report being placed in your folder and may result in a ten (10) point deduction from the clinical grade.

**Hospital:**

**EMT-B, I, P Level (Precepted):**

Students are to meet their preceptor at the specified location 15 minutes prior to the beginning of the shift. The clinical preceptor will gather the students together one (1) hour prior to the end of the rotation to allow students to complete paperwork and obtain signatures. The students must remain at the clinical facility until such time as the clinical preceptor releases them. Students should not ask the preceptor if the shift can be concluded early. If the student must leave early, the student must follow the procedure as outlined in this guide. The student will notify the preceptor upon leaving the assigned area except when leaving the area with regard to normal duties associated with patient care.

|  |
| --- |
| **Reporting Sites** |
| Emergency Department | ED @ EMS Loading Dock |

**Non-Precepted:**

Students will report to the assigned area 15 minutes prior to the beginning of the shift and introduce themselves to the hospital staff/faculty and will be under the supervision of that staff/faculty member or designee. Report to facility as follows:

|  |  |  |
| --- | --- | --- |
| **Department** | **Report To** | **Location** |
| Emergency Department | Charge Nurse |  |

**Attendance and Reporting Procedures (cont.)**

Students will rotate and perform tasks as assigned by the contact person at the facility. Students will notify the contact person or designee upon arrival, upon taking a break for meals or other reasons, and upon leaving the shift. Should the Clinical Coordinator visit the affiliate and find that the student is not in the assigned area and the contact or designee not know the student’s location, the rotation will be counted as an unexcused absence. The student will obtain the signature of the contact person or designee on all patient reports and student evaluations upon conclusion of the shift. The student will only document time spent in the department, if the time sheet reflects inaccurate information, the student may be placed on clinical suspension for falsification of a state certification document, and the student will have to re-apply for the next session. If at any time the student is placed on clinical suspension, there will be no refund for program costs.

**Clinical Absence**

If a situation arises in which a student cannot attend a rotation, **the student will leave a voice-mail message as soon as possible at the Clinical Coordinator’s office at 281-416-5939.** Upon the student’s next scheduled theory class date, the student should submit written documentation regarding the absence at the Clinical Coordinator’s office.

Unexcused clinical absences will not be accepted. There will be a ten (10) point deduction from the clinical grade for each clinical absence with the following exceptions:

1. Worker’s Compensation Claim (present documentation to the Clinical Coordinator)

2. Active Duty in Armed Forces

3. Service on a Jury (Bailiff Receipt Required)

4. Family Medical Leave Act (FMLA\*) (Documentation Required)

The appropriate legal documentation concerning each of these situations will be required. Letters and notes written by the student will not be accepted as sufficient documentation. **Situations where a student is sent home for disciplinary reasons will be dealt with as an unexcused absence.** In all cases of unexcused clinical absences, students will be given a maximum of two (2) absences throughout the entire session. Upon the third absence, the student will be barred from all further rotations in that session and will be required to repeat the entire clinical session and hours in the next offering.. The student will be responsible for withdrawing from the clinical session at that time.

**Clinical Absence (cont.)**

\* The Family and Medical Leave Act of 1993 defines non-penalized leave to eligible students for:

1. Childbirth;

2. Adoption or foster care;

3. Recovery from serious injury;

4. Caring for a seriously ill spouse, son, daughter or parent.

NOTE: EMST program is not REQUIRED under FMLA to offer this option, but does so in the best interests of the student experiencing prolonged non-availability for rotations. This exception does not continue past session final grade posting and is not in any way related to program enrollment; it is only for the purpose of allowing excused absence from a clinical rotation.

**Clinical Non-Completers**

 **Students who do not accomplish all hour or task requirements for the completion of their clinical or internship class must take the following actions per category in order to finish**:

1. The student who completed at least 75% of the contact hours for hospital AND ambulance in the current session with a classroom grade of 70% or better will be able to continue to the next consecutive session. Additional fees will be incurred for hours and cost of insurance.

a. Must complete all remaining clinical requirements during the next consecutive session. If these are NOT completed, the student may be required to repeat the didactic as well as the clinical classes in order to be eligible for certification, and,

b. Must meet with the **Clinical Coordinator** to discuss requirements, objectives and procedures, as well as maintain weekly contact. This will be the responsibility of the student.

2. The student who has finished all of the required clinical hours but has not met the minimum task requirements:

a. Must complete all remaining clinical task requirements during the next consecutive session. If these are NOT completed, the student may be required to repeat the didactic as well as the clinical classes in order to be eligible for certification, and,

**Clinical Non-Completers (cont.)**

b. Must meet with the **Clinical Coordinator** to discuss requirements, objectives and procedures, as well as maintain weekly contact. This will be the responsibility of the student.

c. Must contact the **Clinical Coordinator** to make an appointment as soon as possible to discuss requirements, objectives and to schedule time. This will be the responsibility of the student.

**Chart Review and Confidentiality Issues**

Students are encouraged to read and review patient charts and documentation while in the clinical site. Please honor the patient’s right to confidentiality by replacing the chart from where you obtained it. Do not wander away from an open chart and do not take the charts away from the designated review area. A medical dictionary may be of use to reference medical terms and abbreviations used in medical documentation.

As a student, you must maintain the patient’s and professional’s confidentiality at all times. At no time should you discuss the patient’s condition with anyone other than the patient’s immediate care giver or your clinical preceptor. Never discuss patient presentation or outcome outside of a clinical conference area or in hearing range of unidentified people. Remember, restaurants, cafeterias and break rooms are often used by family members of the patient. Case discussion should only be done in secure areas away from the public or patient family members. Use considerable discretion when discussing any patient presentation in a hospital. Questions regarding a patient or incident should be immediately referred to your clinical preceptor or the patient’s immediate caregiver. Never make comment to family, friends, media, or the police. Failure to adhere to this policy will result in a letter of concern and may result in your civil liability to the affected parties or dismissal from the program.

At no time will students be allowed to carry any patient records or documents outside the immediate patient care area without the expressed or written permission of the clinical preceptor or nurse manager.

As part of the clinical program, the student will be required to complete a HIPAA compliance training session and successfully pass a HIPAA requirements written examination with a grade of 80% or better. (See the Clinical Coordinator for details.)

**Class Participation**

It is the expectation of the faculty of the EMST program that students participate in all class and clinical sessions. The Texas Department of State Health Services requires minimum contact hours in select areas of pre-hospital emergency care training. Absences from the clinical setting will be handled in the manner as set forth in the section of this guide entitled “Clinical Absences”.

Students discontinuing classroom attendance will be immediately dropped from clinical eligibility.

**Counseling for Infractions of Clinical Rules**

The RC Health Services EMST program utilizes counseling forms for documenting deficiencies and concerns relevant to EMST student performance. The system consists of counseling forms and procedures as outlined below:

I. The first counseling will serve to make the student and faculty aware that a problem exists in the student’s behavior, basic scientific knowledge, clinical skills, and/ or similar areas important to the performance of an EMST student. Inclusive in this first counseling will be recommendations to the student on ways to improve the deficiency. A recommended course of action will be implemented by the student’s instructor, Clinical Coordinator, and/or Program Director; this action may include (a) automatic remediation, (b) rescheduling, (c) dismissal, (d) **10 point grade deduction from final clinical grade**, and/or (e) other appropriate action.

II. The second counseling form for issues received by the department on a student could initiate a faculty meeting or a disciplinary action recommendation. The intent of the meeting is to decide on appropriate action(s) to resolve the concern. Counseling forms may be written by faculty, staff, clinical affiliate staff/ faculty, and/or other students. The counseling form will be signed by all individuals involved.

III. In the case of major clinical violations and/or behavioral issues a letter of disciplinary action may be written by the Clinical Coordinator and/or the Program Director. Letters of disciplinary action will be addressed in the same manner as a second counseling and may result in actions as severe as removal from the program. All disciplinary process will be conducted under the general policies of the RC Health Services EMST as outlined the student handbook. It should be noted that given the seriousness of a situation, a vote of

**Counseling for Infractions of Clinical Rules (cont.)**

“NO CONFIDENCE” from the faculty and/or Medical Director upon review of the facts in any instance could result in the student’s removal from the EMST Program with **no refund**.

**Any major clinical policy violation may result in a ten (10) point grade deduction or other actions defined under the second letter of concern, regardless of the student receiving appropriate warning or written counseling.**

**Minimum Requirements for CCC Issuance**

These requirements are set by the EMST Program Director and must be achieved for issuance of a Course Completion Certificate (CCC). If minimum requirements are not met, the deficient portion must be completed within one (1) month of the incomplete session’s work. Students wishing to carry hours and performance activities into the completing session, MUST have finished at least ¾ (75%) of the required hours AND hold a passing average in the coursework to date at the end of the first session. **NO MORE THAN 1 MONTH MAY BE SKIPPED BETWEEN THE INITIAL ATTEMPT AT THE CLINICAL COURSE AND THE COMPLETING CLINICAL COURSE. NO MORE THAN ONE MAKE-UP MONTH WILL BE ACCEPTED.** There will be additional fees incurred for extra hours and insurance coverage.

**EMT-BASIC LEVEL CLINICAL**

**HOSPITAL –**

* A minimum of 16 hours in an affiliated hospital

(A minimum of 8 hours per shift).

○ Emergency Department

* A minimum average documentation of two (2) patient contacts per 8 hour shift

**AMBULANCE –**

* A minimum of 32 hours on an affiliated ambulance
* A minimum of 4 BLS transports

 (Note: Rotations in which the required hours were completed but no transports were made, MUST be documented on a patient report forms as “NO PATIENTS/NO TRANSPORTS”.)

* A minimum average documentation of two (2) patient contacts per shift

**Minimum Requirements for CCC Issuance (cont.)**

**Oral Boards**

All students must go through the oral board. This oral board is a test that is done with the Medical Director, Program Director and/or Program Coordinator, and Instructor. This board will ask random questions on any subject or material that the student is responsible for learning. The Medical Director will use the oral board and the student’s grades to determine if the student meets the minimum requirements for a Course Completion Certificate.

**Rotation Specific Information**

**(See Appendix - Patient Documentation Forms for examples)**

**EMT – Basic Level**

**Hospital Emergency Department Clinical**

**Introduction:**

For the delivery of care in the pre-hospital setting, it is important that the Basic EMT student begin by applying the basic knowledge of the trauma or disease process and to begin to understand their role within the emergency care system.

**Goals:**

1. To expand the student’s knowledge about a variety of medical emergencies and trauma situations.

2. To familiarize the student with contemporary treatment strategies for individuals that may present with medical or traumatic emergencies and for the student to observe other healthcare worker’s roles as it relates to these individuals.

3. To expose the student to the definitive care environment and to allow the student to develop professional attributes by working with other health care professionals.

4. To familiarize the student with equipment operation and application as it relates to the hospital environment.

5. To allow the student to practice all EMT basic skills under the supervision of qualified hospital personnel.

6. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

**Rotation Specific Information (cont.)**

**Objectives:** (as given the opportunity)

1. The student should be able to describe the roles and responsibilities of the pre-hospital EMS care provider as they may relate to the care of patients in the hospital emergency center.

2. The student should be able to demonstrate the knowledge of assessing a patient’s condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.

3. The student should be able to demonstrate the ability to obtain history of illness/ injury and the patient’s previous medical history though verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills.

4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.

5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.

6. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.

7. The student should be able to understand the various roles of agencies working with EMS crews and how they contribute overall to the healthcare of the patient.

8. The student should be able to identify contemporary treatment strategies for the patient effecting positive changes in the ill/injured patient.

9. The student should be able to use and problem solve equipment made available at the EMT-Basic level in routine care situations.

10. The student should be able to identify and use the various medications commonly used at the EMT- Basic level and the rationale and procedure for administration.

11. The student should be able to communicate with and follow the direction of those members responsible for the supervision of the student.

12. The student should be able to assist the hospital staff in general duties that are experienced in the routine course of patient care in the hospital environment.

13. The student will document a minimum of sixteen (16) hours in the emergency department and a minimum of two assessment documentations per eight-hour shift.

**Rotation Specific Information (cont.)**

**Evaluation:**

1. By clinical faculty noting appropriate strengths and weaknesses.

2. By Program faculty noting summative evaluation of entire clinical experience.

**Note:** The student will only perform skills covered in the Basic EMT curriculum and standards of accepted pre-hospital practice. Under no circumstances will the Basic EMT student be permitted to perform an invasive or advanced skill regardless of additional training of the student beyond the scope of this course.

**EMT-Basic Ambulance Internship Goals:**

1. To expand the student’s knowledge about a variety of medical emergencies and trauma situations.

2. To familiarize the student with contemporary treatment strategies for individuals that may present with a medical or traumatic emergencies.

3. To expose the student to interaction with all levels of EMS certified individuals and to the interdisciplinary approach to dealing with hospital staff upon arrival at the hospital.

4. To familiarize the student with equipment operation and application as it relates to the EMS environment.

5. To allow the student to practice all EMT basic skills under the supervision of EMS certified personnel.

6. To gain knowledge from evaluations and constructive feedback given to the student in the supervised setting.

**Objectives:** (as given the opportunity)

1. The student should be able to describe the roles and responsibilities of the pre-hospital EMS care provider.

2. The student should be able to demonstrate the knowledge of assessing a patient’s condition by subjective and objective evaluation and by using methods to include auscultation, inspection, palpation, and percussion.

3. The student should be able to demonstrate the ability to obtain history of illness/ injury and the patient’s previous medical history though verbal communication and other assessment skills, and then be able to summarize and present the finding in a precise and professional manner using both written and oral communication skills.

4. The student should be able to understand principles of anatomy and physiology and apply them to patient care.

**Rotation Specific Information (cont.)**

5. The student should be able to identify hazards that may pose a risk to the student and others; and take corrective measures to reduce the risks posed by the hazards.

6. The student should be able to identify the resources needed for an emergency situation and arrive at a reasonable approach to the given situation.

7. The student should be able to understand the various roles of agencies working with EMS crews and how they contribute overall to the healthcare of the patient.

8. The student should be able to identify contemporary treatment strategies for the patient effecting positive changes in the ill/injured patient.

9. The student should be able to use and problem solve equipment made available at the EMT-Basic level in routine care situations.

10. The student should be able to identify and use the various medications commonly used at the EMT- Basic level and the rationale and procedure for administration.

11. The student should be able to communicate with and follow the direction of those members responsible for the supervision of the student.

12. The student should be able to assist the EMS crewmembers in general duties that are experienced in the routine course of patient care in the pre-hospital environment.

13. The student must have at minimum thirty-two (32) hours actually spent at an affiliate EMS facility and at least four (4) assessment documentations indicating transport to an emergency room from a non-definitive care location. Transfer to a trauma center by air ambulance will also be sufficient.

**Evaluation:**

1. By Clinical faculty noting appropriate strengths and weaknesses.

2. By Program faculty noting summative evaluation of entire clinical experience.

**Note:**

The student will only perform skills covered in the EMT – Basic curriculum and standards of accepted pre-hospital practice. Under no circumstances will the EMT – Basic student be permitted to perform an invasive or advanced skill regardless of additional training of the student beyond the scope of this course

**Appendix**

* **Medication Administration Authorization Policy**
* **Controlled Substance Listing**
* **Clinical Evaluation Forms (examples)**
* **Clinical Documentation Report Information**
* **Ambulance Documentation Report Information**
* **Directions for Using Blackboard**
* **Clinical Documentation Exercise – EMT-Basic**
* **Clinical Documentation Exercise – EMT-Intermediate**
* **Acknowledgement**

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**Medication Administration Authorization and Controlled Substance Policies:**

Administering medications is a **serious action** and must be taken **seriously**. The following are the policies and guidelines governing the administration of medications by any RC Health Services EMST students while in clinical rotations and are direct orders of the Program Medical Director, Dr. Scott Rivenes

All Students/All Levels:

* The student ***will*** be familiar with the **Rights of Medication Administration**

o **Right Patient**

o **Right Medication**

o **Right Dose**

o **Right Route**

o **Right Time**

o **Right Documentation**

* The student ***will*** confirm the order with the preceptor/nursing staff.
* The student ***will*** confirm the correct patient.
* The student ***will*** check for allergies/contraindications prior to administering any medication.
* The student ***will not*** deviate from his/her level of EMS training, regardless of any other training, certification or licensure they may possess.

**EMT Basic Students**: Limited to:

* Administration of oxygen, as directed by the preceptor/nursing staff
* Administration of Albuterol (by small volume nebulizer or metered dose inhaler MDI), Nitroglycerine sub-lingual (spray or tablet), Aspirin, Activated Charcoal, or Epinephrine (Epi-pen only) ***only under the direct and constant supervision of the preceptor/nursing staff.***
* Administration of Oral Glucose (conscious hypoglycemia)

**Controlled Substances Listing**

**NO**RC Health Services EMST student at **any level will**administer any of these medications, by any route, in any form, at any time, on any patient while on a student rotation. This list is not a complete listing of controlled substances. If you are not sure of a medication’s status,

**look it up!**

**Medication Name** (applies to generic and trade name)

Acetaminophen w/codeine in any form

Butorphanol

Chloral hydrate

Diazepam

Fentanyl

Hydrocodone w/APAP

Hydromorphone

Ibuprofen w/codeine

 Ketamine

Lorazepam

Meperidine

Midazolam

Morphine

Phenobarbital

Propoxyphene w/codeine

**This list is not all inclusive. Other controlled substances may exist. Students will not administer any controlled substance, listed or not.**

Lars Thestrup

Medical Director

RC Health Services EMST

**Clinical Evaluation Form Examples**

|  |
| --- |
| RC Health Services **Emergency Medical Services Training****Student Evaluation*****Please do not show this side to student - Confidential*** |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Instructions to the Evaluator:**In order to ensure the highest level of educational experience, the RC Health Services EMST Department requests your assistance in the evaluation of our students. To assure confidentiality, this form should be returned to the students in a sealed envelope that they provide. The points scored and comments are used by their instructor to evaluate performance and are part of their overall clinical grade.Thanks,*RC Health Services EMST Department* |
| **Mark form using this criteria**1- Poor 2 – Below Average 3 – Average 4 – Above Average 5 - Excellent |
|  1 2 3 4 5 |  |
| □ □ □ □ □ | The student’s professionalism, integrity and overall demeanor is: |
| □ □ □ □ □ | The student’s appearance/initial presentation is: |
| □ □ □ □ □ | The student’s overall knowledge of training is: |
| □ □ □ □ □ | The student’s level of clinical motivation to maximize the learning experience is: |
| □ □ □ □ □ | The student’s attitude towards opinions, skills and actions of professional colleagues and instructors is: |
| □ □ □ □ □ | The student’s level of participation in patient care while demonstrating advocacy and empathy is: |
| □ □ □ □ □ | The student’s communication with staff and/or patients (includes verbal, non-verbal and written) is: |
| □ □ □ □ □ | The student’s performance of psychomotor skills for his/her level of training is: |
| □ □ □ □ □ | The student’s ability to demonstrate self confidence is: |
| □ □ □ □ □ | The student’s ability to demonstrate support for other team members is: |
| **Total Points****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | If total score is less than 20 or greater than 40, please justify below\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evaluator’s Printed Name Evaluator’s Signature |

**EMST Department Student Evaluation**

**Formative Evaluation**

***To be discussed with the student***

|  |
| --- |
| □ Arrived at scheduled time□ Arrived prepared□ Arrived dressed appropriately□ Introduced themselves to staff□ Has name tag and needed equipment□ Performed Basic EMT skills properly□ Performed Basic EMT-I/P skills properly□ Provides rationale for treatment of patient□ Shows self confidence in level of training |
| Areas where improvement is needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Printed Name Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evaluator’s Printed Name Evaluator’s Signature |

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| --- |
| **RC Health Services****Emergency Medical Services Training****Student Evaluation of Preceptor** |
| Clinical/Field Instructor or Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinical or Field Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mark the form using these criteria**1 = Poor2 = Below Average3 = Average4 = Above Average5 = Excellent | **Instructions to the student:**In order to assure the highest level of educational experience, the RC Health Services EMST Department requests your assistance in the evaluation of your clinical/field preceptor or instructor. This is only an evaluation of this person, not the classroom instructor or clinical coordinator. Return the completed form to the clinical coordinator. |
| 1 2 3 4 5 |  |
| □ □ □ □□  | Explains what is expected of students regarding assignments and clinical/field expectations. |
| □ □ □ □□ | Clinical/field expectations of the student are realistic for the student’s level of EMS education. |
| □ □ □ □□ | Has knowledge of the clinical/field subject matter and demonstrates proficiency of the EMS profession. |
| □ □ □ □□ | Provides timely and helpful feedback during and after performance of a clinical/field skill. |
| □ □ □ □□ | Attempts to aid student prior to taking control of a procedure or treatment. |
| □ □ □ □□ | Provides an atmosphere that is conducive to learning. |
| □ □ □ □□ | Assists the student to understand new situations and to understand how to prepare for the situation. |
| □ □ □ □□ | Demonstrates confidence, experience and ability to answer student questions. |
| □ □ □ □□ | Maintains scheduled clinical/field shift hours. |
| □ □ □ □□ | Remains accessible to the student during rotation. |
| □ □ □ □□ | Defines and maintains clearly defined clinical/field goals and objectives. |
| □ □ □ □□ | Assists student with integration of theory to clinical/field applications. |
| □ □ □ □□ | Uses effective communication skills with students. |
| □ □ □ □□ | Evaluates students on predetermined criteria, not based on personal issues or personalities. |
| □ □ □ □□ | Rank this instructor’s general teaching ability. |
| **Place additional comments here:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| RC Health Services**Emergency Medical Services Training****Student Evaluation of Clinical / Field Site** |
| Name of Clinical/Field Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mark the form using these criteria.**1 = Strongly Disagree2 = Disagree3 = Neither agree or disagree4 = Agree5 = Strongly Agree | **Instructions to the student:**In order to assure the highest level of educational experience, the Aemstar Health and Safety EMST Department requests your assistance in the evaluation of the site, not the preceptor, classroom instructor or clinical coordinator. Return the completed form to the Clinical Coordinator. |
| 1 2 3 4 5 |  |
| □ □ □ □□ | Site location was relevant to my EMS course/level of study. |
| □ □ □ □□ | The patient population at the site was sufficient to meet my educational needs and objectives. |
| □ □ □ □□ | The site offered sufficient teaching/learning opportunities. |
| □ □ □ □□ | The site offered sufficient experiences to correlate with the classroom theory. |
| □ □ □ □□ | The site offered opportunity to utilize skills learned in the classroom. |
| □ □ □ □□ | A formal orientation to the site was given (on the first rotation only). |
| □ □ □ □□ | Reference and learning materials were available at the site. |
| □ □ □ □□ | The site staff was accommodating. |
| □ □ □ □□ | The staff at the site was familiar with EMS training. |
| □ □ □ □□ | The staff at the site was receptive to the student. |
| □ □ □ □□ | The staff at the site interacted with the student. |
| □ □ □ □□ | The staff at the site was skilled in their profession. |
| □ □ □ □□ | Overall the experience was pleasant. |
| □ □ □ □□ | I would recommend this site for continued use by the EMST program. |

**MEDICAL ABBREVIATIONS**

ā Before C/O, c/o Complaining of

A&OX3 Alert & Oriented to person, place and time CO2 Carbon dioxide

AAA Abdominal aortic aneurysm COPD Chronic obstructive pulmonary disease

ABC Airway, Breathing, Circulation CPR Cardiopulmonary resuscitation

ABD Abdomen (abdominal) CSF Cerebrospinal fluid

ACLS Advanced Cardiac Life Support CSM Carotid sinus massage

AFIB, a-fib Atrial fibrillation CVA Cerebrovascular accident (stroke)

ALS Advanced Life Support A D/C Discontinue

MA Against medical advice Dig Digitalis

AMI Acute Myocardial Infarction DKA Diabetic ketoacidosis

Amps ampules DOA Dead on arrival

AMS Altered mental status DOE Dyspnea on exertion

 AMT Amount DOS Dead on scene

ANS Autonomic nervous system DM Diabetes mellitus

Approx. Approximately DNR Do not resuscitate

ARP Absolute refractory period D/W, D5W, 5% D/W- 5% Dextrose in water

ASA Acetylsalicylic acid (aspirin) D50W, 50% D/W 50% Dextrose in water

ASHD Atherosclerotic heart disease DT Delirium tremens

AT Atrial tachycardia Dx Diagnosis

AV Atrial ventricular EA, EOA Esophageal obturator airway

BBS Bilateral breath sounds ED Emergency department

bicarb Sodium bicarbonate EDP Emotionally disturbed person

BID Twice a day EGTA Esophageal gastric tube airway

BILAT Bilateral EKG Electrocardiogram

BLS Basic Life Support Epi Epinephrine

BP Blood pressure ER Emergency room

BS Blood sugar ET Endotracheal

BSC&= Breath sounds clear and equal ETOH Alcohol

BVM Bag valve mask FB Foreign body

C-Section Cesarean section fib Fibrillation

C-Spine Cervical spine fl Fluid

ca+ Calcium caCl2 Calcium chloride FX Fracture

CA Cancer GI Gastrointestinal

CAD Coronary artery disease gtt(s) drop, drops

CC Chief complaint GSW Gunshot wound

**MEDICAL ABBREVIATIONS (cont.)**

cc cubic centimeter GYN Gynecology

CCU Coronary care unit HTN Hypertension

CHB Complete heart block HX History

CHF Congestive heart failure HEENT Head, eyes, ears, nose, and throat

Cl- Chloride IC Intracardiac

cm centimeter ICU Intensive Care Unit

CNS Central nervous system IM Intramuscular

CO Carbon monoxide Irr, Irreg Irregular

IV Intravenous OD Overdose

K+ Potassium OPP Organophosphate poisoning

Kg Kilogram OR Operating Room

KO Keep open P Pulse

KVO Keep vein open PAC Premature Atrial Contraction

L Liter PAT Paroxysmal Atrial Tachycardia

LBB Left Bundle Branch PALP Palpation (to feel)

LOC Level of Consciousness PE Pulmonary Edema

LUQ Left Upper Quadrant P/E Physical Exam

LLQ Left Lower Quadrant PEARL Pupils Equal & Reactive to Light

L&D Labor and Delivery Pedi Pediatric

LAT Lateral PJC Premature Junctional Contraction

LSC=BILAT Lung sounds clear and equal on both sides PMHX Past medical history

MAE Moves All Extremities PNC Premature Nodal Contraction

MAST Military Anti-Shock Trousers PND Paroxysmal Nocturnal Dyspnea

MCI Multi-Casualty Incident Po Orally by mouth

MD Medical Doctor pr Per rectum

ME Medical Examiner PRI P-R Interval of EKG

Meq Milliequivalent prn As needed

mg Milligram PT Patient

MI Myocardial Infarction PVC Premature Ventricular Contraction

MICU Mobile Intensive Care Unit q every

min Minute QID Four times a day

ml Milliliter R Respirations

MED Medicine (Medication RBB Right Bundle Branch

Mm Millimeter RBC Red Blood Cell

MVA Motor Vehicle Accident Reg Regular

MS Morphine Sulfate RHD Rheumatic Heart Disease

**MEDICAL ABBREVIATIONS (cont.)**

Na+ Sodium RL Ringers Lactate

NaCl Sodium Chloride RLQ Right Lower Quadrant

NaHCO3 Sodium Bicarbonate R/O Rule Out

NC Nasal Cannula RN Registered Nurse

NG, N/G Nasogastric RUQ Right Upper Quadrant

NKA No known allergies Rx Treatment

NKDA No known drug allergies RXN Reaction

NKM No known medications SA Sinoatrial

NPO Nothing by mouth SC, SQ Subcutaneous

NRB, NRM Non-Rebreather Mask Sec Second

NS Normal saline SICU Surgical Intensive Care Unit

NSR Normal sinus rhythm SIDS Sudden Infant Death Syndrome

NTG, Nitro Nitroglycerine SL Sublingual (under the tongue)

N/V Nausea and Vomiting SOB Shortness of Breath

N/V/D Nausea and Vomiting and Diarrhea STAT Immediately

O2 Oxygen Str Strong

OB Obstetrics s/s Signs and symptoms

SVT Supraventricular Tachycardia ∴ Therefore

= Equal - negative

> Greater than Ψ Psychiatric

< Less than △ Change

↑ Increased + Positive

↓ Decreased ∼ Approximately

Sx Symptoms

SZ Seizure

T Temperature

TIA Transient Ischemic Attack

TID Three times a day

TKO To Keep Open

TX Treatment

u. unit

VF Ventricular Fibrillation

VS, V/S Vital Signs

WAP Wandering Atrial Pacemaker

WBC White Blood Cell

w/s Watt/Second setting

X Times

YO, Y/O Years old (age)

**CHART Documentation Format Example**

**C (Complaint)**

* The Pt. is a 50 y.o. male complaining of substernal chest pain and nausea. The complaint is described as a heavy pressure mid-sternum with radiation to the left shoulder.

**H (History)**

* The chief complaint began approximately 2 hours prior to the patient calling EMS (estimated onset time @ 09:30)
* Pt. has a Hx. of HTN, diabetes and elevated cholesterol
* The Pt. states he considers himself in good health, but acknowledges that his physician has recently informed him that if he does not stop smoking and lose weight that it will have an adverse impact on his health
* The Pt. reports recent episodes of shortness of breath. He denies any other health issues with any body system. He indicates that his blood glucose levels are “normal” (his words). He indicates that he averages 100-120 mg/dl.
* Medications: Metformin (Glucophage), Lisinopril and Zocor. Pt. states he is compliant with his medications
* Allergies: NKDA
* Last Oral Intake: Approximately 8:15 today (light breakfast, consistent with normal amount and carbohydrate/caloric intake.
* No precipitating events, no palliation or provocation

**A (Assessment)**

* Airway is intact, respirations are 20, regular and full, pulse is initially 90, strong and regular, B/P 160/98 and the skin is cool, moist and pale.
* The impression of the Pt. is that he is in an emergent condition and ER assessment and intervention is indicated.
* Physical exam:

o Head: Symmetrical and unremarkable

o Face: Pupils are PERRLA and 7 mm each.

o Neck: No JVD. Trachea is midline

o Chest: Breath sounds are clear and equal bilaterally in all anterior and posterior fields. Heart tones are clear and regular with distinct S1 and S2 sounds and they are consistent with the pulse (allowing for MPI to radial artery delay). ECG: sinus rhythm, no ectopy. 12-lead: ST elevation in the inferior leads (II, III and aVF), ST depression in high lateral leads (Lead I and aVL). A second 12-lead for V4R reveals ST elevation in V4R. The Pt. rates the chest pain as a “9” on the pain scale of 1-10. The description is a heavy pressure that is mid-sternum.

o Abdomen: Soft not tender, no masses or pulses appreciated on examination.

o Pelvis: Stable. Pt. denies any changes or abnormalities with their bowel habits or stool, or with their urination or urine.

**A (Assessment - continued)**

o Back/Spine: Pt. denies any pain or discomfort between the scapulas. No abnormalities found on assessment, and no pre-sacral edema noted on assessment.

o Extremities: Pt. complains of pain to the left shoulder that is described as the heavy pressure radiating from the chest and that began when the chest pain began. He assigned a pain level of “9” on the pain scale of 1-10. Reflexes/Pulse/Motor/Sensation (RPMS) are present and equal in all extremities. No edema noted to the lower extremities.

* Diagnostic tests:

o 12-lead ECG: Possible acute inferior wall MI, right wall involvement and lateral wall ischemia.

o Blood glucose assessment: 154 mg/dl

o SaO2 95% on room air and 99% on NRB @ 15 LPM O2

o ETCO2 @ 37 mm/hg

* Field diagnosis:

o Acute Coronary Syndrome (ACS)

o Abnormal 12-lead consistent with inferior/right wall MI and lateral wall ischemia

o Mild elevation of blood glucose

**Rx. (Treatment)**

* O2 @ 15 LPM was administered via non-rebreather mask (during assessment)
* Pt. was advised of the assessment findings and advised of the need to seek medical care at the ER. Pt. initially wanted to delay transport to the ER citing the need to obtain permission through their insurance company and the need to make an appointment for their PCP physician.
* The Pt. was counseled that such delays would only worsen his condition possibly to the point of cardiac arrest, that time was intervention were essential components of their care and that in a potentially life threatening situation, the insurance company was not an issue.
* The Pt. agreed to transport to the ER. His initial request was for Green Giant ER. It was explained to him that Green Giant ER did not have a cardiac catheterization lab available 24 hours daily and that another hospital would be in his best interest. The Pt. requested Memorial-Hermann hospital ER, which was acceptable as a receiving facility.
* ASA, 162 mg was administered orally.
* The Pt. was assisted to the stretcher, straps secured and rails raised and locked. The stretcher was then rolled out to Unit 651 and loaded without incident.
* An IV of 0.9% NaCl was initiated in the left forearm using an 18 gage catheter on the first attempt. Due to the presence of an inferior/right wall STEMI, a fluid bolus of 500 ml was administered while enroute to the ER.
* During transport, 0.4 mg NTG spray was administered SL
* Following the IV bolus, 0.4 mg NTG SL spray was administered one time.
* A Pt. report was called to the ER Ambulance Triage and the call receiver was advised of a possible STEMI ACS Pt.
* The Pt. did not report any pain improvement with the initial NTG. A second 0.4 mg SL spray was administered.

**Rx. (Treatment-continued)**

* On arrival @ the ER, the stretcher was removed from the ambulance, rolled into the ER and to the CPC Bed 2 and the Pt. transferred to the bed without incident.
* The Pt. was reported and released to the ER CC staff. A copy of the PCR was left with the ER CPC nurse.

**T (Transport)**

* Memorial Hermann Hospital (Recommended based on level of care and facilities not available at the pts. initial hospital request (Green Giant ER)
* Pt. was transported by ground
* Pt. reported slight improvement in chest pain (from an initial “9” down to a “7”) following the O2, fluid bolus and the second NTG
* The Pt. remained stable during transport
* The Pt. was reported to the ER via cell phone and to the ER CPC staff on arrival
* Pt. was released to the ER CPC staff in an improved

**EMT-BASIC**

***Clinical Documentation Exercise***

**INSTRUCTIONS FOR COMPLETION**

This assignment will be completed on the multi-copy (triplicate) clinical documentation forms available from your Clinical Coordinator

The words “**DOCUMENTATION EXERCISE**” will be printed in **CAPITAL LETTERS at the extreme TOP margin of the forms** submitted to your clinical coordinator for this assignment. Once completed, submit the white and yellow copies to your coordinator and retain the pink copy for your records.

Make certain that you follow all of the documentation and report writing guidelines for this assignment with particular attention to **LEAVING NO BLANKS** on any section of the forms where information is possible. Complete the information to the best of your ability and don’t forget to sign both pages of the hospital and ambulance reports. Also, remember to appropriately indicate any information that was NOT defined by actual physical assessment i.e., N/P, UTO, N/A, or UNKNOWN, etc. Use your filed guides, notes, clinical guidelines information, documentation handouts, or anything else available to you to assist you in completing a comprehensive, well organized report.

The student, for this assignment, including, but not limited to patient assessment, treatment and disposition of the patient, will supply any details as needed, which are not included in the information provided below. You are going to follow one patient for the purposes of these reports from the onset of the call to the final disposition of the patient at the hospital. The patient information will be reported for the ambulance report and the hospital report to depict either a stable, progressively worsening, or progressively improving as indicated from the information provided.

* Page 1, information from both the ambulance & hospital documentation will be supplied for you or you must add to coincide with the requirements as indicated above.
* Page 2, information is your opportunity to demonstrate the learning outcome you have obtained thus far in this course and you will need to document the information, IN NARRATIVE FORM. The **SOAP or CHART format** is indicated on page 2 for ambulance. The narratives from the hospital form (page2) are indicated by section on the report form.

**Some helpful hints:**

* Pay attention to detail & Correct spelling is important (instructor’s name is a good start)
* Weights are in KG
* Times are in military time
* Social Hx’s should be indicated by Denies or in Amounts-never list NONE except for OTHER
* Respirations and pulse information MUST be Rate, Regularity, and Quality
* Glucose values are in Mg/dl
* Pain information is required or “NO PAIN”, UTO, or DENIES needs to be listed in the blanks
* Don’t leave “BOWELS SOUNDS” section blank-there are four spaces worth 2 pts. Each.
* DEMOGRAPHIC INFORMATION SHOULD NEVER INDICATE A SPECIFIC AGE (PER HIPPA REGS.)
* You must list at least one differential diagnosis, two is better, three is BEST if indicated.
* SIGN YOUR NAME ON ALL FORMS – DON’T FORGET OR IT WILL BE A 100% DEDUCTION

MUST BE PRESENTED TO THE CLINICAL INSTRUCTOR BY DATE/TIME PRESCRIBED BY THE INDIVIDUAL INSTRUCTOR.

If you have any questions or need additional information, please contact:

Clinical Coordinator

***Clinical Documentation Exercise***

**REPORT AND DOCUMENTATION INFORMATION**

**“The HOSPITAL Rotation”**

**HOSPITAL INFORMATION:**

**Student Data:**

Date: Use today’s date

Hospital: Anytown Regional Medical Center

Shift: 2300-0700

Preceptor Name & Level: Jane Doe, RN

**Report Information:**

It is 2300 hours and you just got off an ambulance rotation one hour ago. You are doing a hospital clinical tonight because you have a tight schedule and need to complete your hospital hours before the end of the semester. You arrive on time at 2300, report to the RN on duty and begin your shift.

The RN remembers you had brought in a patient earlier that evening and she asks you if you want to follow-up on his condition and treatment. You tell her yes and she assigns you to assist with the patient.

In Treatment Room One, you observe a 58-year-old male patient whose chief complaint was abdominal pain several hours ago at approximately 1830 hours. You are going to do the complete follow-up assessment (you have on your BSI) and you approach the patient and reintroduce yourself. The patient remembers you and he is still CA+Ox3. You explain that you would like to do a follow-up on him with his permission (which he grants) and you begin your history-taking interview and assessment. First, you re-establish the chief complaint, which he states is abdominal pain that began about six hours ago. The patient states he weights approx. 212 lbs. Vital signs at 2315 hours reveal R=12, regular, non-labored; P=102, strong, and regular; B/P 138/82; S=pink, warm and dry with a GCS of 15. As previously stated, the patient’s chief complaint is abdominal pain with some nausea but not vomiting, which began approximately 6 hours ago. The patient has experienced this type of pain before especially after eating spicy foods.

Other information obtained reveals the patient has a past medical history of HTN, and non-insulin dependent diabetes. The patient takes ZOCOR medication for high cholesterol and tries to regulate his diet (sometimes) consistent with his doctor’s instructions to control the diabetes. The patient denies allergies to medication, iodine, or shellfish. The patient’s family medical history is HTN, high cholesterol, and diabetes. Social HX reveals ETOH=denies, DRUGS=denies, TOBACCO=1/2 pack per day, OTHER=none. The patient’s current health status is generally good to fair depending on diet and medication compliance. You decide to obtain a SAMPLE HX in the meantime, to reveal S=progressive onset of right-sided abdominal pain; A=(denies and NKDA); M=high cholesterol meds, name ZOCOR; P=HTN and diabetes, denies prior surgeries; L=6.5 hours ago; E=Watching TV and his stomach started to burn and hurt. The patient’s pupils are PEARL at 3mm. Breath sounds are clear and equal bilaterally; there is equal rise and fall of the chest and no trauma noted. The abdomen is soft, tender, and non-

distended with the pain palliated (gone) due to pain medication in the hospital (MORPHINE); the quality is dull and non-radiating, and the timing is only mildly intermittent. His temperature is 97.6 degrees F, SaO2=98% on room air and CO2 is 28. Bowel sounds are inactive in all four quadrants to auscultation with your stethoscope. You have time to check the treatment performed and notice that a full blood draw was performed as well as an IV established in the left arm. A 1000cc bag of normal saline fluid was administered. The lab results indicated a BGL of 122mg/dl and normal values for all other lab tests. A 12 LEAD EKG was being performed while you were doing the assessment.

You elect at 2355 hours (wise choice) to do a second set of vitals and they reveal a GCS of 15; R=12, regular, non-labored; P=104, strong, and regular; B/P 136/80; S=pink, warm and dry. After you complete your assessment you ask the RN to help you identify a differential diagnosis. She tells you that his medical condition is called cholecystitis (gall bladder disease) and appendicitis, diverticulitis, and possible gastritis is being ruled out. Your full assessment of this patient revealed no other injury or illness (or trauma) and the patient remained in the Emergency Center to receive further evaluation and treatment.

**Follow the instructions on the cover sheet and document this patient. Complete all the information required on Page 2. Fill in any missing information as needed.**

***Clinical Documentation Exercise***

**REPORT AND DOCUMENTATION INFORMATION**

**“The AMBULANCE Call”**

**AMBULANCE INFORMATION:**

**Student Data**:

Date: use today’s date

EMS Service: “Anytown EMS”

Shift: 1200-2200

Preceptor Name and Level: John Doe, LP

**Report Information:**

It is 1800 hours when you are dispatched to respond emergency traffic to a residence for a 58-year-old male patient who is complaining of abdominal pain. There are no en-route delays and you arrive at the residence at 1808 hours. Upon your arrival, the scene is safe, you need no special equipment, there is one (1) patient, it is NOT an MCI call, and the police are not on scene. You have on your BSI and approach the patient who is CA+Ox3 and begin your history-taking interview and ask for permission to assess. The patient grants you permission to assess.

The patient has a GCS of 15, and your partner begins taking vital signs at 1809 hours which reveal R=22, regular, non-labored; P=118, strong, and regular; B/P 150/98; S=pink, warm and dry. The patient’s chief complaint is abdominal pain with nausea but no vomiting, which began approximately two hour ago. The patient has experienced this type of pain before especially after eating spicy foods. Other information obtained from the patient reveals a past medical history of HTN, and non-insulin dependent diabetes. The patient takes blood pressure medications and is careful to regulate his diet (sometimes) consistent with his doctor’s instructions to try to control the diabetes. The patient denies allergies to medication, iodine, or shellfish. On a scale of one to 10 the pain is a 9. He also states that pushing on the right side of his abdomen makes the pain worse and it shoots around to his back on the right side.

You make the decision to transport and the patient (under informed consent) agrees to go to the hospital with you. Your partner grabs the jump bag and a short while later returns with the stretcher. You obtained a SAMPLE HX in the meantime, to reveal: S=progressive onset of right-sided abdominal pain; A=(NKDA and denies any other); M=blood pressure meds, name unknown; P=HTN and diabetes; denies prior surgeries; L=3 hours ago; E=”I was just watching TV and my stomach started to burn and hurt.” You assist the patient to the stretcher, have him lie on the gurney in the semi-fowler’s position, place the strapsX3 around him and make sure the side rails on both sides are up and locked. The patient is then loaded into the ambulance without incident.

Your truck is BASIC so you ask your partner to place the patient on oxygen via nasal cannula at 3 LPM. Your partner asks if you need anything else and you decline assistance and ask your partner to transport you to “Anytown Regional Hospital” via emergency traffic. En-route at 1821 hours you perform the rest of your assessment and provide treatment in the following manner. The patient is still CA+Ox3 with GCS of 15. You obtain a second set of vital signs at 1821 hours to reveal R=18, regular, non-labored; P=112, strong, and regular; B/P 146/94; S=pink, warm and dry. The patient’s pupils are PEARL at 3mm. Breath sounds are clear and equal bilaterally; there is equal rise and fall of the chest and no trauma noted. The abdomen is soft, tender, and non-distended with the pain provocating upon palpation, with a diffuse quality, radiating to the retroperitoneal right abdomen (back) and the timing is constant and irritating. The hospital is a short distance away but you have time to check the pulse oximetry and it reads 99% on a nasal cannula at 3 LPM flow and his glucose check is 126mg/dl. There wasn’t time to get a temperature or listen to bowel sounds and you don’t have any CO2 (capnography) equipment available on the ambulance. No EKG was performed due to the skill level on the ambulance and your head-to-toe survey revealed no other trauma, injury, or illness.

Once at the hospital (your arrival time is 1826 hours), you hook up the oxygen tubing to the portable tank and you and your partner take the patient out of the ambulance without incident. You enter the EC door at “Anytown Regional Medical Center”. While you give your report to the RN on duty, your partner takes a third set of vitals using the DYNAMAP machine. Vitals are now R=14, regular, non-labored; P=110, strong, and regular; B/P 144/94; S=pink, warm and dry. His GCS is still 15.

**Follow the instructions on the cover sheet and document this patient. Don’t forget to use CHART format on page 2. Fill in any missing information as needed.**

***Acknowledgment***

**Your Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Training Level (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Your Instructor (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I acknowledge that a thorough understanding and use of the clinical guidelines is necessary for success in the clinical portion of the EMST program. I acknowledge having read and/or had presented to me the information contained in the 2010-11 RC Health Services Emergency Medical Services Training Clinical Guidelines Handbook and that I understand the contents of the document.

I hereby agree to adhere to and follow the 2012- 13 RC Health Services Emergency Medical Services Training Clinical Guidelines Handbook as written and acknowledge that failure to do so may result in grade reduction, clinical probation, or suspension from the clinical program.

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Signature: Date:

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