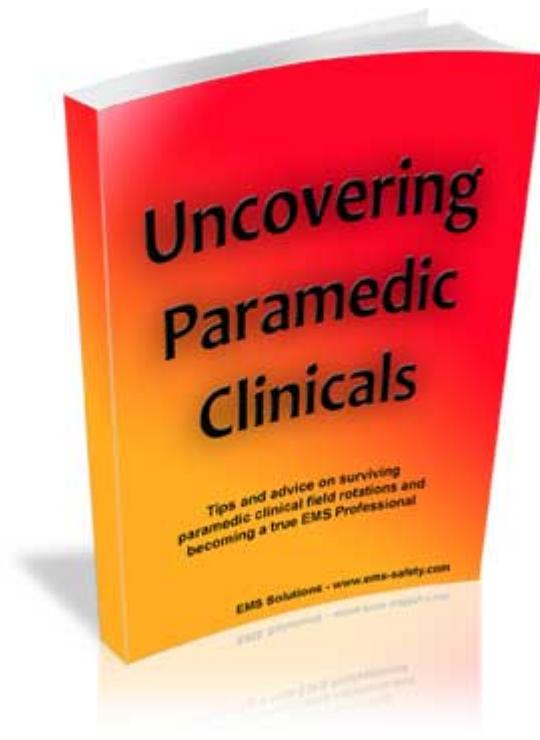




EMS Solutions

Presents

Uncovering Paramedic Clinicals



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For many paramedic students beginning their clinical time on the ambulance can be very stressful. Often they are put with paramedic preceptors that they have worked with in the field or have a familiarity with. This can bring even more stress of wanting to do well and not appear incompetent.

The clinical training also starts to build that reputation for the student as having a clue of what to do and how they react on certain calls. This reputation can many times hinder or help a student gain employment after paramedic school. Lets face it, EMS is small community and word spreads good or bad.

So how can you make the most of your paramedic clinicals and begin your career on the right foot?

This report is based on the input of several paramedic preceptors, the knowledge of experienced field providers and also student feedback.

Any well organized paramedic program will provide their students with a student guide or manual. It is important as a student to follow the guidelines within these documents and to know what is expected during your clinical rotations and your time in paramedic school.

Most of what you need to know and expect will also be inside these guidelines. However students tend to just glance over the contents and not take them seriously and treat them as just another printed manual for the shelf at home. Yet vital information like what to bring on rotations, how to properly complete expected forms and what you can and cannot do during your rotations at different levels of your training. Preceptors will generally have a working knowledge of what is expected, but starting your clinical time with a preceptor and not knowing the basics is one step in the wrong direction.

Believe it or not most of what you need to know at the start of your clinicals is very basic and may seem common sense. However, read this report and find out just what preceptors really expect. Discover how you can have a positive time during your clinical time.

To begin, I thought the following article would be a good start.

Jeffery J. Spencer, BS, EMT-P

***Note: I got the general framework of this position piece originally from the Kaplan Medical School Newsletter. It was designed to send a message to the future physicians of the world. When I read it, I saw many similarities to the transition many of our students make in becoming paramedics. Basically I transposed "paramedic student" in the place of "medical student" and "paramedic" in place of "physician." It is my desire that this piece "hits home" with you as much as it did with me. JJS

Tips and Trends: How Paramedic Students are Different from Paramedics

The NYS DOH BEMS and National Registry Exams are intended to certify that students have achieved the competence to be paramedics. This means that they are not testing how good a student you are, but whether or not you can leave being a student behind and step up to being the paramedic you have trained to be.

Doing well on the "end of course" exams requires leaving the perspective of the student behind and moving, mentally into the role of practicing paramedic. Memorizing medical content and protocol, as many students do, is not enough! You must be able to use, apply, and problem-solve with that content, the way great paramedics do.

Paramedics and paramedic students have different tasks. Students try to learn and demonstrate their knowledge to their authorities. Paramedics, on the other hand, are assumed to be in charge and are answerable predominantly to their medical director and to a jury of their professional peers. The primary task of the student is to answer presented questions. By contrast, the primary task of the paramedic is to know the essential questions to ask and then know how to find the best possible resolution. Paramedics and paramedic students also see the world differently. Here are just a few of the ways to think about these differences:

Paramedic Student	Paramedic
Tries to memorize EVERYTHING	Organizes knowledge so it can be used
Knows WHAT is in the book	Knows WHY something matters
Asks "What?" and "When?"	Asks "HOW?" and "WHY?"
Treats ALL content knowledge as equally important	Stratifies content as: 1 Primary: essential to know 2 Secondary: good to know 3 Tertiary: generally not needed
Wants to have the answer	Understand what makes an interesting question
Happy when able to say what is right	Happy when knows the right thing to do
Sits in isolation with content to be learned	Understands sharing of knowledge with colleagues is essential
Waits to be told what to do	In charge of what happens
Can quote the book	Can phrase things in their own words; can explain content to others

Often overwhelmed by the task of learning	Glad for chance to learn
Fixated on the next test	Fixated on getting results
Knows WHAT to do	Knows HOW to do it
Learns what is presented	Finds knowledge that is required
Is passive, reactive, and awaits direction	Is active, proactive, and in charge

Which column seems to be the best description of you and your approach?

You are ready to take the "end of course" exams when you can realistically leave being a student behind and step up to acting like a paramedic. Thinking like a paramedic is an essential first step to becoming one. Students that learn to truly think like a paramedic will soon discover that they are one.

I think that article really can give you a basic outline of the attitude you should have and to think about as you approach different situations during your clinical time.

So as you go through your training and come across situations, ask yourself which category you fit in and try to honestly place yourself in the column that would reflect you during that event. Then ask why you did or didn't act more on the paramedic side and take the steps to change and improve upon your actions. That is what being a student is all about. Learning from your experiences and improving upon them.

Thriving During Clinicals

Even if you have been an EMT for years, remember everyone begins clinicals at different levels of experience. Focus on where you are going, what you will learn - not on how much (or little) you know now.

If you have trouble remembering protocols, medication formulas or even your patient's name :) write them down on index cards and keep them in your pocket. The more you use them the more you study them.

Study your preceptors and instructors. The more you know them the more likely you are to understand them and what they are expecting from you.

If you don't know how to do a skill look it up, check the protocols, ask for help. Instructors would rather be "bothered" walking you through the skill than fixing the mess or hearing the complaints if you do something wrong.

Be helpful to the paramedic you are assigned to for clinical. Take all the vitals, never contradict publicly. The paramedic will be glad of the help and be more likely to help you.

Don't make your precepting paramedic hold your hand. Even if you're scared and have never done something before, jump in and do anything suggested.

Buy a good personal planner and note all deadlines and tests in it. Plan a realistic schedule and follow it. Just take one day at a time, confident that every day tasks bring you closer to your goal

Being a paramedic student is harder than being a paramedic in many ways. Just relax, don't sweat the small stuff.

Replace your fear, anxiety, and worry with joy. Have fun with what you know. Have fun learning neat new stuff. You can't stop bad things from happening but you can learn from it. You can enjoy your new role.

Don't give up. Failure is not an option!

Graduation is not a goal. It is simply the natural consequence of your actions!

Set the tone of the clinical day right. Press uniform, lay out clothes and shoes, get essential items together (always in the same place) and pack your bag the night before. You'll feel "with it" and together the next day. It's a great confidence builder.

Preparation.

Here is some feedback on being "prepared" for your rotation in the first place.

Preparation is the key to a successful clinical rotation. The more you know about the area and the types of patients you will be interacting with, the more you will learn from the experience. A well prepared student with a working knowledge of the vocabulary, skills, and patient issues involved with a clinical site will have a more productive interaction with the hospital staff, the patients, and the families of the patients they will be working with.

Students should come to each clinical rotation ready to participate. This means they should have the appropriate equipment and relevant clinical documentation forms. They should also be rested and ready to learn.

Shoes or boots must be low-heeled, closed toe, black and in a neat and clean condition. Students should wear a watch with a second hand (or digital), bring a stethoscope, pen light, small note pad, pen and clinical documentation to all clinical rotations.

Excessive perfume that overwhelms patients or preceptors should not be worn.

SELF-MOTIVATION--Examples of professional behavior include, but are not limited to:

Taking initiative to complete assignments;

Taking initiative to correct and/or improve behavior;

Taking on and following through on tasks without constant supervision;

Showing enthusiasm for learning and improvement;

Consistently striving for excellence in all aspects of patient care and professional activities; Accepting constructive feedback in a positive manner;

Taking advantage of learning opportunities.

Peter Canning offered these tips on clinical time. Be sure to visit his blog for even more great EMS advice and fantastic real world stories. <http://medicscribe.blogspot.com/>

You are probably excited and apprehensive about starting your preceptorship. I know I was many years ago when it was my turn. I wondered whether I would make it - whether I was cut out for this job, whether I had spent so much time and effort studying only to fail, to have to hang my head and admit I wasn't cut out for the job.

Do not worry. I know you. You are smart and enthusiastic. I like that. You will pass. Precepting with me will not be a rigid test where you are constantly at risk of having a trap door open beneath you, sending you spiraling out of the profession you have studied so hard to join. If you fall down, I will pick you up. If you forget something during a call, we'll talk about it later. If you miss an IV or a tube, no big deal, you'll get more chances. My only expectations are that you care about being a good paramedic, and that you'll do your best, which if you do, will be good enough.

Here's what I want to see:

I want you to always introduce yourself to your patient by name.

If there are first responders on the scene, I want you to look them in the eye and hear their report, and then thank them. This goes for nurses and bystanders as well.

I don't want you to cop an attitude with anyone.

I want you to see that the patient is comfortable as can be, and reassured that you are there to help them.

I want you to explain to them what you are doing and why.

I want you to ask questions after the call, anything you didn't understand or were curious about.

Here's what I'll do for you:

I will never badmouth you. If anyone asks how you are doing, I will say great.

I will be honest with you and if I don't know the answer, I will look it up or seek someone who knows.

If I am tired or in a bad mood, if I ever take it out on you, I will apologize to you.

I will do my best to make it a fun, learning experience for you.

Precepting should be a buffer period between class and the real world, a chance for you to learn and grow and gain some measure of comfort before having to deal with the job on your own.

I am looking forward to precepting you. Precepting is a privilege not only for you, but for me, the preceptor. When I have a preceptee I can look again at this job I love with fresh eyes. I may learn things that I have forgotten as well as lessons I may have missed along the way.

Let's have a good time and do some good.

<http://medicscribe.blogspot.com/>

Peter Canning

Jamie Davis the PodMedic from MedicCast.com gave these Top Ten Tips for a new field provider.

Ten Tips for a New Field Provider:

- 1. Protocols** -- Know your protocols. Field training is a great time for learning but it isn't a time for learning protocols. By knowing your protocols before you get into the field, you give yourself the opportunity to use your field training to learn HOW to apply your protocols to the various situations found in the field.
- 2. Make a List** -- Make a list of your strengths and weaknesses both in knowledge and clinical skills. Understand that weaknesses are merely areas with room for greater improvement. They are not failures. These are the areas we are often afraid to examine but which can be the sources of our greatest successes once we master them. By knowing what you need to work on, you can focus on specific learning situations with your patients, preceptor, and training officers.
- 3. Communications** -- Take some time to familiarize yourself with the expected terminology in your region for correct radio communications. You'll learn how to use the radio while working with your preceptor but get a handle on whether you are to say "Ambulance 891 responding" or "Ambulance 891 enroute" or even "891 okay on the call." This will pay off the first time you have to speak on the air.
- 4. Facilities** -- Know what facilities you have to work with in your region and the approximate transport time to each from your dispatch area. Be aware of any specialty centers, which local hospitals can handle trauma, burns, pediatric or maternity patients. Also, you may consult with a different facility than the one to which you transport. Be aware of which hospitals can give you online medical direction and which ones can't. Some providers transport to nearby, out-of-jurisdiction hospitals but have to consult with a different, in-state hospital.
- 5. Use a Mirror** -- Professionalism starts with your appearance. You want to make a good impression on your preceptor, your patients, and on bystanders. Take a moment and make sure you look like the professional EMS provider you have spent so much time training to become. If you need it, take the time to get a hair cut. Don't forget to brush your teeth and carry some breath mints in your pocket for those long shifts when you don't get a chance to brush. There are no second chances for first impressions!
- 6. Ask Questions** -- A preceptee's job is to learn. That's it, pure and simple. Ask questions before a call, during a call, and after a call. A good preceptor will make sure there is time for you to ask questions and debrief after calls but they may assume you don't need this after every routine call. If you have questions, ask them. Every EMS provider has seen things that others have not and the only way to share that information is to ask each other questions about how patients presented on a certain call or how a transport worked out.
- 7. "I Don't Know"** -- Three simple words that make you human, and nothing else. They are not a sign of failure, but of a willingness to learn. Saying to your preceptor or instructor "I don't know" means you are putting patient care and your education first, and your ego second. If you stumble along through a call without asking for help when you need it, you will come off looking like you are a poor, ill-prepared EMS provider. Preceptors and training officers will think that you were doing the wrong things on purpose or were skipping important steps in patient care out of laziness. That's a good way to fail clinicals or lose a job. Put your education and patient care first. Learn to properly ask for help and don't be afraid to answer "I don't know" when you encounter untried territory. It's the sign of a superior provider.
- 8. Review** -- Along with making a list of strengths and weaknesses, asking questions, and saying "I don't know" comes reviewing at home after a difficult or problematic call. Pull out your class

notes and textbooks to review recommended practices. Talk with your preceptor after the call and then again the next day after you have reviewed in order to get your questions answered. Ongoing education is part of every medical field. From EMTs to physicians, all of us have to constantly go back to the classroom or read journals to refresh our knowledge and gain new education. It's part of the job and part of being a professional.

9. **Newer is Not Better** -- New EMS providers often enter the field setting with a great deal of enthusiasm and knowledge. They can't wait to put that knowledge to use. Sometimes, they will see their preceptor or another provider offer an alternative solution to a given situation that is the old way to do things. Be respectful of those who have gone before you. Just because it's the old way doesn't mean it's wrong. Take the time to learn several methods for getting a job done. You will soon learn that every call, every patient, and every situation is different. Knowing two ways to do something like splint a broken bone may save your butt someday.

10. **Have Fun!** -- Getting into the field for the first time is the beginning of the rest of your EMS career. Enjoy your first moments on the street. Make sure you remember how you felt on that first call, after that first successful IV, medication push, or radio consult. Try to keep some of that enthusiasm in your back pocket for those times later in your career when you've had a bad day. It will remind you of why you are doing this job and you'll be thankful for it!

More tips are available for EMS Professionals at <http://mediccast.com>

Click here to listen to The MedicCast Radio Show on Precepting.

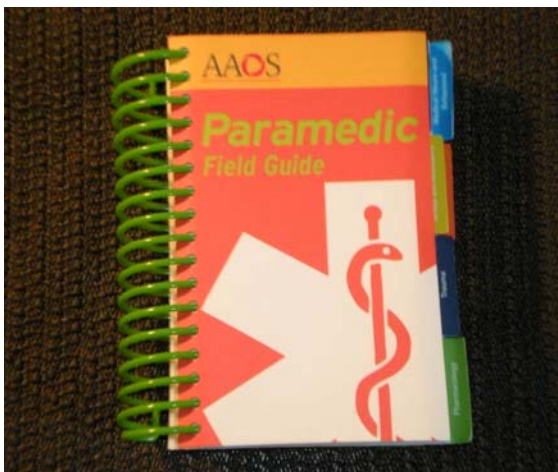
We Recommend The Following Field Guide for all EMS Providers New and Old.

Paramedic Field Guide National Standards (AAOS)

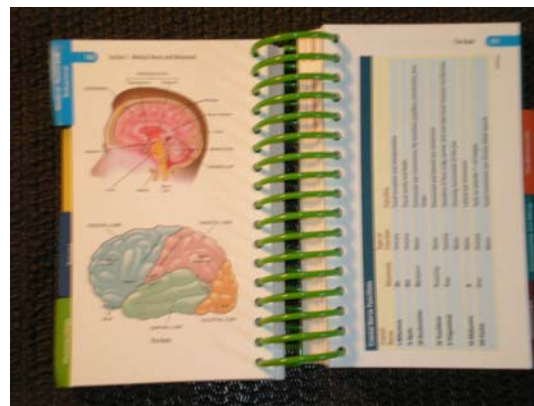
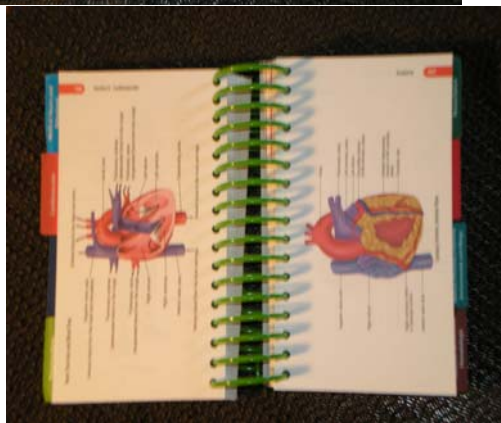
American Academy of Orthopaedic Surgeons (AAOS), Bob Elling, MPA, REMT-P, Marilyn Jackson, PhD, RN, Lee Jackson, PhD, RN

The critical information paramedics need—in the palm of their hands!

This convenient field guide contains all the information that paramedics need at their fingertips in the field—assessment checklists, anatomic illustrations, vital sign ranges, airway management, medication indications and administration, arrhythmias, and other basic information in the form of tables and charts for quick reference. The full-color, spiral-bound guide is divided into sections that follow the U.S. DOT EMT-Paramedic National Standard Curriculum; sections are divided by color-coded tabs to allow rapid retrieval of information when paramedics need it most.



Paramedics will be able to confirm appropriate pediatric ET tube sizes, emergency measures in the event of an infectious exposure, signs and symptoms of acute illnesses, conditions that warrant supplemental oxygen administration, fracture classifications based on displacement, and much more. Visit <http://ems-safety.com/emsfieldguides.htm> for more information and to claim your copy.



Full Color Charts and Graphs

Finally I have included a list of tips from your fellow paramedic preceptors, instructors and students. These are some very valuable inside tips that you should take into consideration throughout your clinical time.

Take good notes and pay attention to what people say around you.

Different students grasp different concepts different ways. Find how you best 'get' something and stick with it.

Help your classmates and stick together. This is not a competition. My gold patch doesn't say that I made a 59 or a 95 in Cardiology.

Know when to keep your mouth shut. Paramedic school teaches you the basics of how to be a Paramedic. The real world teaches you how to put the basics to use. Just because you made a 99% on your last test or, better yet, the registry doesn't mean that you have superior knowledge to the guy who has been working the street since you were squirting green.

Along the same lines, don't belittle EMTs. I can name a thousand EMTs I would rather have on calls than a Paramedic. Hell, those thousand EMTs most likely know more about being a Paramedic than I do!

DO NOT FORGET THE BASICS. Without "Annie, Annie, are you okay?", all the drugs, defibrillation, surgical airways, intubation and all that nifty crap means nothing! Direct pressure before IV, or your patient will just be bleeding NS or LR.

Find a paramedic in your agency that you admire/can learn from. Perhaps this person can break down some concepts that you are having problems with. This person can also, on runs, bring a 'real world' perspective to what you are learning.

Kobersteen

1) never be afraid to do a skill at a skill lab first, step right up.

2) if you have more experience than you other classmates, share it but don't don't dot (dought) on it. And use it to help you and others.

3) BIGGIE !!!!! when it comes to doing some things there is the "street" way and the book wayLEARN THE BOOK WAY for tests quizzes etc.....

4) Don't lag on clinical time.....try to sign up early and get it done so it is not hanging over your head later .

Werujl

Clinicals are the ideal time to earn the nurses and doctors respect. Play well with others in class and you will reap the benefits in the long run if you happen to work in the hospitals area when you are out of school. Be a team player, earn your dues. Don't let them "walk" all over you and some will try. Ask lots of questions but don't spout off what you know.

Doing your ride time, do whatever is asked of you by your preceptor. A good preceptor will mildly push you and dump on you to see how you will react. DO NOT have the attitude that "I am here for ALS stuff" you will wash out and have no ones respect. You may notice I use the word respect a lot. In this business respect is everything. If you have others respect (co-workers, supervisors, hospital staff, Doctors), you know what you are doing. Point Blank! I have the same attitude about students as some others, if you don't want to do a task I request, you will get nothing out of your rides with me as you didn't earn my respect.

And finally, do not sluff your BLS skills while learning ALS skills, practice practice practice your BLS assessment skills. I tell every student that all I wanna see is a good BLS patient assessment when they ride with me and they look at me like I am nuts. I tell them, do the assessment and tell me what "pops" in your head while you are doing the BLS assessment. !BAM! you are a paramedic, that is all this job is about. Example, you do a good assessment and realize the patient is in CHF. BAM!, all the ALS treatments pop in your head and you get to use those new skills. So lets say you sluff off the assessment skills and never was comfortable doing a SAMPLE,PQRST,AVPU assessment and now you are on your field clinicals, what do you do now? What is going thru your head? EVERYTHING you have crammed there all at the same time? Plus since you did a poor assessment, you don't really have any idea what is wrong with the patient, your hands are shaking, you are nervous cause everyone is watching you, your voice is quivering cause you are so nervous yadda yadda yadda. So my motto is that when you are in paramedic school? Be the best EMT-Basic you can be. All the ALS stuff will just fall right into place, trust me

Here are my tips for the paramedic field clinicals.

Get to know your preceptor(s) if you ride with them for multiple shifts. First impressions are really important. You will want to be a team player as much as you can. Your goal is for them to view you as a partner rather than a student (although you will always be "the student"). To get to this point make sure you know what you are doing, and always work for improvement.

I do not agree with the whole "ask so many questions" thing. If you just keep going and going and going they are going to think you are an idiot. I would ask questions when you have them, but I would not ask so many that they think you really are incompetent. They probably already think that just because you are a student.

I suggest you talk to other classmates and previous people you may know who have had to work with the preceptors you will ride with. Also if you are not familiar with the station location then I would suggest that you locate it in advance, and possibly drive to it. Get things ready early so you are not waiting until the last minute when things can be frustrating.

I suggest when you first get on shift make sure to introduce yourself to the crew you will be riding with, and try to have a positive attitude. Talk to them early about how things will work on the ambulance so that you are not figuring it out on a call. They will probably ask how comfortable you are with patients etc. Be ready to make mistakes but be strong enough to work through them and improve.

You may also write down some of your weaknesses so that you know what to work on. You can bring these up with your preceptors and they can advise you and hopefully you will have calls where you can work on them.

Bring equipment (watch, stethoscope, clinical packet, extra set of clothes, or whatever is required of you). Depending on your area you may also want to bring some food.

Become familiar with equipment in the ambulance so when it comes time to use it you will be capable of doing so. Same goes along with protocols because sometimes what is taught in class is a bit different than what "the cookbook" says, so make sure to be somewhat familiar with them so you are better able to be part of the team.

I also suggest that you run as lead on as many calls as you can. The more you do the more confident you will become.

Matt Brooks

First impressions are very important. Make sure your uniform is clean and tidy, you have all the necessary equipment and paperwork you will need for the shift as a student. Come in with a positive and open attitude and make sure it is clear to them through your words and actions that you are there to learn. I know personally as a preceptor I like it when a student has the attitude that they are there to learn as much from me as they can.

I have had students with the "know it all" attitude and if it doesn't change in a hurry than I usually tell them that if they know it all there is nothing more I can teach them, and say goodbye.

Reviewing the calls with your preceptors is also a great way to learn and build your preceptors confidence in you. Be prepared to explain not only what you did, but exactly why you did it. "because it is the protocol" is not a acceptable answer...we are talking A&P and pathophysiology here.

Everyone makes mistakes...What makes a great paramedic is that when you do make a mistake, you own it, learn from it and apply what you have learned to future patients. You follow that philosophy and you won't go wrong.

nsmedic393

When students arrive for clinical/vehicular rotations, I ask them what they know. Then as the shift progresses, they find out that they didn't "know" it as well as they thought they did.

If you are going to want to administer a medication, particularly those that you will use pre-hospital, you better know them inside and out.

Many a time, I've had students ask to administer NTG, for instance. I will ask them what it is for, what it is going to do, what they have to watch for, what dose they are going to give, etc. If they can't answer, they are directed to the PDR, or other drug reference to find out.

If you don't know something, say so early. I expect a student to have a base of knowledge before they are cleared to begin their rotations. When they say they know something, then can't give the information to someone else, my confidence in them is shaken.

Chris Smith, NREMT-P, AAS

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