

## ***PARAMEDIC CLINICAL OBJECTIVES***

- 7.0 Infection control and safety
  - 7.1 Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations.
  - 7.2 Demonstrate the proper procedures to take for personal protection from disease.
  - 7.3 Demonstrate the use of protective equipment appropriate to the environment and scene.
  - 7.4 Demonstrate the ability to comply with body substance isolation guidelines.
  - 7.5 Demonstrate the donning and doffing of appropriate PPE.
  - 7.6 Demonstrate how to safely place a patient in, and remove a patient from, an ambulance.
- 8.0 Venous Access and Medication Administration
  - 8.1 Demonstrate cannulation of peripheral or external jugular veins.
  - 8.2 Demonstrate intraosseous needle placement and infusion.
  - 8.3 Demonstrate clean technique during medication administration.
  - 8.4 Demonstrate administration of meds via the following routes:
    - 8.4.1 Oral/Sublingual
    - 8.4.2 Inhalation
    - 8.4.3 Gastric tube
    - 8.4.4 Rectal
    - 8.4.5 Parenteral
    - 8.4.6 IVP
    - 8.4.7 Subcutaneous
    - 8.4.8 Intramuscular
    - 8.4.9 IV piggy back drip
    - 8.4.10 Nasal
  - 8.5 Demonstrate preparation and techniques for obtaining a blood sample.
  - 8.6 Demonstrate proper disposal of contaminated items and sharps.
- 9.0 Airway Management and Ventilation
  - 9.1 Perform body substance isolation procedures during basic airway management, advanced airway management, and ventilation.
  - 9.2 Perform pulse oximetry.
  - 9.3 Perform end-tidal CO<sub>2</sub> detection.
  - 9.4 Perform manual airway maneuvers
  - 9.5 Perform manual airway maneuvers for pediatric patients.
  - 9.6 Perform complete airway obstruction maneuvers.
  - 9.7 Demonstrate suctioning the upper airway.
  - 9.8 Perform tracheobronchial suctioning in the intubated patient.
  - 9.9 Demonstrate insertion of a nasogastric tube.
  - 9.10 Demonstrate insertion of an orogastric tube.
  - 9.11 Perform gastric decompression.
  - 9.12 Demonstrate insertion of an oropharyngeal airway.
  - 9.13 Demonstrate insertion of a nasopharyngeal airway.
  - 9.14 Demonstrate ventilating a patient.
  - 9.15 Perform oxygen delivery with an oxygen cylinder and various delivery devices.

- 9.16 Perform endotracheal intubation.
- 9.17 Perform assessment to confirm correct placement of the endotracheal tube.
- 9.18 Adequately secure an endotracheal tube.
- 9.19 Perform extubation.
- 9.20 Perform insertion of a Combitube or LMA.
- 9.21 Perform assessment to confirm correct placement of the Combitube or LMA.
- 10.0 Patient Assessment
  - 10.1 Demonstrate the skills involved in performing each phase of the patient assessment skill.
  - 10.2 Demonstrate a caring attitude when performing physical examination skills.
  - 10.3 Demonstrate proficiency in the assessment of vital signs.
    - 10.4 Perform assessments on each of the following contact patient types:
      - 4.4.1 OB
      - 4.4.2 Newborn
      - 4.4.3 Chest Pain
      - 4.4.4 Acute Coronary Syndrome
      - 4.4.5 Cardiac Dysrhythmias
      - 4.4.6 Respiratory Distress/Failure
      - 4.4.7 Psychiatric/Behavioral
      - 4.4.8 Altered Mental Status
      - 4.4.9 Stroke/TIA
      - 4.4.10 Abdominal Pain
      - 4.4.11 Hypoglycemia/DKA/HHA
      - 4.4.12 Sepsis
      - 4.4.13 Shock
      - 4.4.14 Toxicological Events/Overdose
- 11.0 Communications
  - 11.1 Demonstrate the ability to use the local dispatch communications system.
  - 11.2 Demonstrate the ability to use a radio.
  - 11.3 Demonstrate the ability to therapeutically communicate with patients, bystanders, preceptors, fire personnel, law enforcement personnel, and other healthcare personnel.
- 12.0 Foley catheterization
  - 12.1 Demonstrate the proper technique and procedure for insertion of a Foley catheter.
- 13.0 Ophthalmoscope/Otoscope
  - 13.1 Demonstrate proper utilization of the ophthalmoscope in patient assessment situations.
  - 13.2 Demonstrate proper utilization of the otoscope in patient assessment situations.
- 14.0 Trauma
  - 14.1 Demonstrate the assessment and management of patients with signs and symptoms of hemorrhagic shock.
  - 14.2 Demonstrate the assessment and management of patients with signs and symptoms of external hemorrhage.
  - 14.3 Demonstrate the assessment and management of patients with signs and symptoms

- of internal hemorrhage.
- 14.4 Demonstrate the assessment and management of a patient with signs and symptoms of soft tissue injuries.
- 14.5 Demonstrate the assessment and management of the burn patient.
- 14.6 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury.
- 14.7 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury.
- 14.8 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of a spinal injury.
- 14.9 Demonstrate documentation of suspected spinal cord injury to include:
  - 14.9.1 General area of spinal cord involved
  - 14.9.2 Sensation
  - 14.9.3 Dermatomes
  - 14.9.4 Motor function
  - 14.9.5 Area(s) of weakness
  - 14.9.6 Before and after immobilization techniques
- 14.10 Demonstrate preferred methods for stabilization of a helmet in a potentially spine injured patient.
- 14.11 Demonstrate helmet removal techniques.
- 14.12 Demonstrate the following techniques of management for thoracic injuries:
  - 14.12.1 Needle decompression
  - 14.12.2 Elective intubation
  - 14.12.3 ECG monitoring
  - 14.12.4 Oxygenation
  - 14.12.5 Ventilatory assistance
- 14.13 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma.
- 14.14 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury.
- 15.0 Pulmonary
  - 15.1 Demonstrate proper use of airway and ventilation devices.
  - 15.2 Conduct a history and patient assessment for patients with pulmonary diseases and conditions.
  - 15.3 Demonstrate management and treatment of a patient with a pulmonary emergency.
  - 15.4 Demonstrate management and treatment of a patient with shock related to pulmonary disorders.
- 16.0 Cardiology
  - 16.1 Demonstrate how to set and adjust the ECG monitor settings to varying patient situations.
  - 16.2 Demonstrate a working knowledge of various ECG lead system – 3 lead, 12 lead, 15 lead etc. and demonstrate interpretation of leads to identify the area and potential impact of a myocardial infarction.
  - 16.3 Demonstrate how to record an ECG.
  - 16.4 Perform, document and communicate a cardiovascular assessment.
  - 16.5 Set up and apply a transcutaneous pacing system.
  - 16.6 Assess and manage a patient with signs and symptoms of heart failure.
  - 16.7 Demonstrate satisfactory performance of the following skills in the patient care

- environment:
  - 16.7.1 CPR
  - 16.7.2 Defibrillation
  - 16.7.3 Synchronized cardioversion
  - 16.7.4 Transcutaneous pacing
- 16.8 Demonstrate management and treatment of a patient with a cardiac emergency.
- 16.9 Demonstrate management and treatment of a patient with cardiogenic shock.
- 17.0 Neurology
  - 17.1 Perform an appropriate assessment of a patient with coma or altered mental status.
  - 17.2 Perform a neurological examination as part of the comprehensive physical examination of a patient with coma or altered mental status.
  - 17.3 Appropriately manage a patient with coma or altered mental status as indicated, including the administration of oxygen, oral glucose, 50% dextrose and narcotic reversal agents.
  - 17.4 Perform an appropriate assessment of a patient with syncope.
  - 17.5 Appropriately manage a patient with syncope.
  - 17.6 Perform an appropriate assessment of a patient with seizures.
  - 17.7 Appropriately manage a patient with seizures.
  - 17.8 Perform an appropriate assessment of a patient with a possible stroke.  
Appropriately manage a patient with a possible stroke.
  - 17.9 Demonstrate management and treatment of a patient with other types of neurological or spinal emergencies.
  - 17.10 Demonstrate management and treatment of a patient with shock related to neurological or spinal disorders.
- 18.0 Hematology
  - 18.1 Perform an assessment of the patient with a hematologic disorder.
  - 18.2 Appropriately manage a patient with a hematologic disorder.
  - 18.3 Demonstrate management and treatment of a patient with shock related to hematological disorders.
- 19.0 Infectious Disease
  - 19.1 Perform an assessment of a patient with infectious/communicable disease.
  - 19.2 Effectively and safely manage a patient with infectious/communicable disease.
  - 19.3 Demonstrate management and treatment of a patient with an infectious disease emergency.
  - 19.4 Demonstrate management and treatment of a patient with septic shock.
- 20.0 Behavioral/Psychiatric
  - 20.1 Demonstrate safe techniques for managing and restraining a violent patient.
  - 20.2 Demonstrate appropriate assessment techniques for the patient with a behavioral/psychiatric emergency.
- 21.0 Obstetrics/Gynecology
  - 21.1 Demonstrate proper assessment of a patient with a gynecological complaint.
  - 21.2 Demonstrate proper care of a patient with:
    - 21.2.1 Vaginal bleeding

- 21.2.2 Abdominal pain
- 21.2.3 Sexual assault
- 21.3 Demonstrate proper assessment of an obstetric patient.
- 21.4 Demonstrate how to provide care for a patient with:
  - 21.4.1 Excessive vaginal bleeding
  - 21.4.2 Abdominal pain
  - 21.4.3 Pregnancy induced hypertension
- 21.5 Demonstrate how to prepare the obstetric patient for delivery.
- 21.6 Demonstrate how to assess the patient in labor to include:
  - 21.6.1 Fetal heart tones
  - 21.6.2 Fetal position
  - 21.6.3 Crowning
  - 21.6.4 Maternal assessment
- 21.7 Demonstrate how to assist in the normal cephalic delivery of the fetus.
- 21.8 Demonstrate proper actions to be taken as the placenta delivers and management of the placenta.
- 21.9 Demonstrate how to deliver post-delivery care to the mother and neonate.
- 21.10 Demonstrate procedures for assisting with abnormal deliveries.
- 21.11 Demonstrate proper care of the mother with delivery complications.
- 22.0 Neonatology
  - 22.1 Demonstrate preparation for management of the newborn.
  - 22.2 Demonstrate appropriate assessment techniques for examining a newborn.
  - 22.3 Demonstrate appropriate assisted ventilation of the newborn.
  - 22.4 Demonstrate appropriate endotracheal intubation of the newborn.
  - 22.5 Demonstrate appropriate insertion of an orogastric tube.
  - 22.6 Demonstrate needle chest decompression for a newborn or neonate.
  - 22.7 Demonstrate appropriate CPR techniques for the newborn.
  - 22.8 Demonstrate vascular access cannulation techniques for a newborn.
  - 22.9 Demonstrate initial steps in resuscitation of a newborn.
  - 22.10 Demonstrate oxygen delivery techniques for a newborn.
- 23.0 Pediatrics
  - 23.1 Demonstrate the appropriate approach for assessing and treating infants and children.
  - 23.2 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children.
  - 23.3 Demonstrate appropriate techniques for assessing pediatric vital signs.
  - 23.4 Demonstrate the use of a length-based resuscitation tape when treating an infant or child.
  - 23.5 Demonstrate the appropriate approach for treating for treating infants and children with respiratory distress, failure, shock and arrest.
  - 23.6 Demonstrate the appropriate use of airway adjuncts, both basic and advanced, for infants and children.
  - 23.7 Demonstrate the proper placement of a gastric tube in infants or children.
  - 23.8 Demonstrate appropriate techniques for gaining vascular access in infants and children.
  - 23.9 Demonstrate the appropriate techniques for administration of medications by various routes.
  - 23.10 Demonstrate the appropriate method for insertion of an intraosseous line.

- 23.11 Demonstrate proper assessment and management of infants or children with partially or completely occluded airways.
- 23.12 Demonstrate appropriate assessment and management of pediatric trauma victims to include:
  - 23.12.1 Head injury
  - 23.12.2 Chest injury
  - 23.12.3 Abdominal injury
  - 23.12.4 Extremity injury
  - 23.12.5 Burns
- 23.13 Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations.
- 23.14 Demonstrate proper infant and child CPR.
- 23.15 Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.

#### 24.0 Geriatrics

- 24.1 Demonstrate the ability to assess a geriatric patient.
- 24.2 Demonstrate the ability to adjust assessment and treatment of the geriatric patient.

#### 25.0 Abuse and Assault

- 25.1 Demonstrate the ability to assess a spouse, elder or pediatric abused patient.
- 25.2 Demonstrate the ability to assess a sexually assaulted patient.

#### 26.0 Chronically Ill Patients

- 26.1 Demonstrate proper care of a tracheostomy patient.
- 26.2 Demonstrate proper technique for drawing blood from a central venous line.
- 26.3 Demonstrate the method of accessing vascular access devices found in the home health care setting.
- 26.4 Demonstrate proper care of a peg tube.
- 26.5 Demonstrate proper care of the patient with a urinary catheter.
- 26.6 Demonstrate wound care in the bed bound or chronically ill patient.

#### 27.0 Rescue Awareness and Operations

- 27.1 Demonstrate stabilization techniques for a vehicle involved in an MVC.
- 27.2 Demonstrate access techniques for a patient involved in an MVC.
- 27.3 Demonstrate techniques for accessing and moving patients in various situations such as high angle, water, enclosed spaces, etc.

#### 28.0 EMS Field Objectives

- 28.1 Perform assessments, treatments, and interventions at Paramedic student level of patients with various complaints.

28.1.1 Must complete a minimum of twenty-five (25) EMS transport PRIOR to those EMS rotations associated with Final Field Internship. Ten (10) must be advanced transport MINIMUM in the EMS Rotations Phase before FFI.

## **AEMT/PARAMEDIC CLINICAL AND INTERNSHIP OBJECTIVES SUMMARY BY DEPARTMENT**

## **Surgery/OR Objectives**

During the experience in the Surgery room, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform endotracheal suctioning.
- Maintain airway in an unconscious patient using manipulations and position of head, oropharyngeal airways, etc.
- Monitor vital signs of the surgical patient.
- Operate oxygen equipment and assist in the operation of the mechanical respirators.
- Perform endotracheal and supraglottic intubation.
- Perform peripheral IV insertion.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.



## **Pediatric Contact Objectives**

During the rotation experiences, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform patient assessment including relevant medical history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist in the management of febrile and seizure patients, if available.
- Initiate and monitor intravenous infusions, if available.
- Observe physiological differences in the pediatric patient.
- Prepare and administer intramuscular and IV medications, if available.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## **Labor and Delivery Objectives**

During the experience in the labor and delivery unit, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Identify and label the three stages of labor, common complications, and abnormal deliveries.
- Assist in normal cephalic deliveries.
- Observe and assist, if possible, in abnormal deliveries.
- Assist in the management of the newborn, including cutting the cord and suctioning.
- Assist in the resuscitation of the newborn.
- Observe and assist, if possible, the control of postpartum hemorrhage by uterine massage and infusion of oxytocin.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## **Emerg ency Room Object ives**

During emergency room experience, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform patient assessment including relevant medical/trauma history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist and review the treatment of trauma cases and medical emergencies.
- Assist in triaging patients.
- Assist in hemorrhage control and splinting.
- Assist in the performance of CPR and basic airway management.
- Assist in the assessment and management of various medical/cardiac/trauma patients of all age groups.
- Assist in administration of various medications as allowed by ED staff and included in Paramedic curriculum.
- Perform peripheral IV insertions.
- Draw blood samples.
- Perform endotracheal and supraglottic intubations.\*
- Prepare and administer intramuscular, subcutaneous, and IV medications.

**(Appropriate meds for P1 and P2)**

### **Paramedic II Only**

- Record and interpret EKGs.
- Perform Defibrillation, Pacing and/or Cardioversion.
- Perform other Paramedic level skills included in Paramedic curriculum and for which the student has demonstrated entry level competence during PERCOM/PEMEC skills labs.

## **EMS and Final Field Internship Objectives**

During emergency room experience, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Assist in daily EMS unit “check-out”, crew and unit readiness activities. \*
- Respond with assigned EMS crew on 911 and transfer type calls.
- Observe EMS operations for the entire shift and participate in all activities as allowed.
- Observe and participate as allowed and available in MCI or other complicated emergency response operations. \*
- Perform patient assessment including relevant medical/trauma history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist and review the treatment of trauma cases and medical emergencies.
- Assist in triaging patients.
- Assist in and perform hemorrhage control and splinting.
- Assist in the performance of CPR and basic airway management.
- Perform and assist in the assessment and management of various medical/cardiac/trauma patients of all age groups.
- Assist in and perform administration of various medications as allowed by ED staff and included in Paramedic curriculum.
- Perform peripheral IV insertions.
- Draw blood samples.
- Perform endotracheal and supraglottic intubations.\*
- Prepare and administer intramuscular, subcutaneous, and IV medications.

### **(Appropriate meds for P1 and P2)**

#### **Paramedic II Only**

- Record and interpret EKGs.
- Perform Defibrillation, Pacing and/or Cardioversion.
- Perform other EMT, AEMT and Paramedic level skills included in curriculum and for which the student has demonstrated entry level competence during PERCOM/PEMEC skills labs.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

## Final Field Internship Objectives (Paramedic Only)

The Final Field Internship Phase for the Paramedic student is to be completed after all other clinical and EMS internship requirements are successfully met. This phase is specifically designed to determine “street readiness” for the Paramedic student as an entry level Paramedic practitioner. All Paramedic students must complete this phase successfully, as well as a final Graduate Interview with the course medical director’s team member to be eligible for graduation regardless of prior performance in rotations or academic settings during the program. To successfully complete this phase, the Paramedic student must complete a minimum of twenty-five (25) “Team Leads”,

**Per accreditation standards, for a “Team Lead” to count it must reflect the breadth of the Paramedic training profession. To achieve this, the Paramedic student’s preceptor must grade it as a “successful” Team Lead, and the student must accompany the transport team to a higher level of care and function as a Team Leader. This is usually transport to the hospital but could include transport to a landing zone to meet aeromedical IF advanced level patient care was administered by the ground EMS team with the student as Team Leader. It could also include a resuscitation worked on scene with termination IF an advanced or alternative airway and electrical and pharmacological interventions were administered with the student as Team Leader.**

*Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.) To be counted as a Team Lead the Paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field*

**Final determination of whether the call will count as a “Team Lead” rests with the Clinical Coordinator.**