Directions for Clinical Paperwork

Clinical Log: The log is the only record keeping document for clinical or field experiences; the check off sheets are not needed in the field. One log should be used per shift on your ambulance department or a shift at a hospital. For every assessment recorded, a clinical run report must be completed. In the clinical setting, the log and any run reports are due at the end of the shift and must be turned into the instructor. Use as many as necessary to document any skills you have done during your shift. See example:

- Jane Doe had a shift at the hospital on 3/12/2008.
- In the first box are the patient's initials, followed by age/gender, and chief complaint. Jane received credit for an IV after 2 attempts, a blood draw and a cardiac assessment.
- Jane's second patient was a diabetic. Jane received credit for an IV, a blood draw, administration of bolus dextrose and a diabetic assessment.
- Jane's third patient was a trauma. Jane received credit for an IV, a blood draw, an IM Tetanus and she demonstrated skill as a team leader from her instructor. The lead trauma assessment is initialed; and, because this was a pediatric patient, the "P" is circled.
- Jane's fourth patient was an abdominal pain. Jane did not do a clinical run report because abdominal pain is not an assessment competency; however, Jane did receive credit for an IV after 2 attempts and a blood draw.
- Jane's fifth patient was an allergic reaction. Jane received credit for an IV, a blood draw, administration of SubQ Epi, and a lead respiratory assessment.
- The log was signed by her and the preceptor. The log should be turned in along with the clinical run reports for any assessments to the clinical instructor at the end of the shift.

Clinical Run Report: The run report is completed for any and all assessment competencies. There are a total of 17 run reports required. **ALL** clinical run reports must be signed by the preceptor the student worked with when assessing the patient and completing the report. If the preceptor feels the student demonstrated skill as a team leader in the management of his patient, the **PRECEPTOR** should circle "yes" at the back of the report and sign. Remember, all run reports must have a preceptor signature even if they were not considered "team leader."

In the team leader category, one of the assessments must be on a pediatric patient. It does not matter what category this assessment falls into (cardiac, respiratory, diabetic, level of consciousness or trauma).

Student Evaluation: During each shift in the hospital or in the field, the student should be evaluated by the instructor or preceptor. If an instructor is present and time permits, any student receiving an unacceptable score on an evaluation must be remediated before returning to patients. Whatever remediation was done must be recorded on the form. If time does not permit, the lead instructor should be notified to address the problem. Every student should have one evaluation form per clinical shift and it must be turned into the classroom instructor with the other paperwork.

Evaluation of Clinical: The hospitals and preceptors would appreciate your comments on the clinical experience.

Policies for Clinical Experiences
Notify the instructor if you are unable to make a clinical date. If a student does not show up for a scheduled clinical shift and has no valid excuse, the student will not be allowed at that hospital in the future. Keep in mind eight hours of clinical time is mandatory to complete the class and clinical hours are at a premium.

Dress Code for Students
- Scrubs are required. The hospitals do not provide scrubs or lab jackets.
- Must be well-groomed and professional in appearance.
- No visible tattoos. Minimal jewelry.
- Hair longer than shoulder length must be pulled back.
- Strong scents should be avoided.
- Shoes must be closed, clean and comfortable. Tennis shoes are acceptable.

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- Absolutely no shirts, jackets or smocks with any pictures or words including fire or ambulance department names.
- Anyone who is not appropriately dressed will be sent home.

Items required at clinical
- Clinical log booklets
- Black pen
- Watch
- Stethoscope
- MATC name tag must be worn at all times
- Books, Student Packet or any study materials

General Rules
- Be professional in attitude, skills and appearance.
- Perform skills within your scope of practice. Any advanced skills or invasive skills must be done under the direct supervision of an instructor or preceptor.
- All skills, procedures, vital signs and assessment findings must be documented in the clinical log booklet with an instructor or preceptor.
- Only skills signed off on the verification form may be performed on patients.
- You are expected to show up on time and be prepared.
- Do not bring any valuables with you

The Clinical Experience

Any down time at the hospital must be utilized effectively. You should spend this time studying, practicing skills with the instructor and/or writing up their assessments. IV arms and other equipment will be made available for your use. No one is allowed to sit around in the area near room 9 and 10, if there is down time move to the EMS room.

Any student who has not previously been at **any hospital** for a clinical must be instructed on the equipment utilized at the hospital including IV's, blood draws, catheters, caps etc. NO STUDENT IS ALLOWED IN A ROOM WITHOUT THIS INSTRUCTION.

One student at a time is allowed in a patient's room with an instructor or preceptor. NO EXCEPTIONS. Permission from the patient's nurse or ERT must be obtained to approach patient. If no permission is granted, you do not go into the patient's room. If you choose to do so anyway, you will be sent home and not allowed back.

If a second student would like to assess the patient AFTER the first is finished permission must also be obtained.

The student should introduce themselves to the patient. It must be clear to the patient that you are an IV Tech student and consent MUST be obtained before you can assess or do any procedures.

Hospital policy states an individual may stick twice to obtain IV access. This is also true for students. If the student misses an IV twice, observe the Tech or Nurse when they start the IV.

The student must receive a clinical evaluation after their clinical rotation from their instructor or preceptor; this document should be forwarded to the lead instructor at the respective campus.

Preceptors or instructors may ask you to leave a patient room if you are unfamiliar with procedures, equipment or skills. Before returning to patient contact you must remediate with an instructor or preceptor.

Any student whose behavior is unacceptable, have arrived without a stethoscope, paperwork, proper dress code etc. will be sent home, NO EXCEPTIONS.

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Additional Shifts at CSMO

St. Mary's allows student to sign up for additional shifts in the ER. This is a privilege and assists many students to complete their competencies. You can not sign up for additional shifts at CSMO until you have been scheduled with an instructor for a four hour clinical. The instructor will decide if you can come back by yourself and will assist you with the calendar.

If you have a scheduled shift; arrive early, and speak with hospital staff to locate a preceptor who will work with you during your shift. All other rules apply. You must be comfortable and competent regarding equipment and procedures in the ER. If the hospital reports that a student entered a patient's room and have no idea of their procedures, you will be asked to leave and not welcomed back.

If you can not attend, you must call the instructor for the clinical as soon as you know you can not make it. Students who do not extend this courtesy will not be allowed additional time at the hospital.

Columbia St. Mary's-Ozaukee Campus
13111 North Port Washington Road
Mequon
Parking: south lot or any visitor lot
Enter through the main Emergency Room Doors

Emergency Room: 262-243-7300
Charge Nurse: 262-243-8256

MATC EMT Intermediate Technician Clinical/Field Log

Student Name: Jane Doe

Clinical Site: CSMO   **Date: 3/12/08**

Each patient contact at a clinical site should be documented on this form. The preceptor should initial the box of the skill or assessment completed for each patient. For every assessment a clinical run report must be completed and attached. A separate log should be used for every clinical date and site. All logs and clinical run reports at a clinical experience are due to the instructor before leaving the site. No Exceptions. The preceptor and student should sign their names at the bottom of this sheet. Use additional logs if necessary. Students are encouraged to make a copy of all work turned in to instructor.

Patient Initials, age, gender and Chief Complaint	SKILLS						ASSESSMENT CATAGORIES												LEAD ASSESSMENTS				
	IV Successful	IV Unsuccessful	Blood Draw	IV Bolus (Drug?) (Dose?)	Sub Q Injection (Drug?)	IM Injection (Drug?)	Pediatric	Pediatric	Cardiac	Cardiac	Respiratory	Respiratory	LOC	LOC	Diabetic	Diabetic	Trauma	Trauma	Cardiac (circle 'P' if Pediatric)	Respiratory (Circle 'P' if Pediatric)	Diabetic (Circe 'P' if Pediatric)	LOC (Circe 'P' if Pediatric)	Trauma (Circe 'P' if Pediatric)
J.W. 58 Y/O Male CHEST PAIN	(init)	1	(init)						(init)										P	P	P	P	P
C.S. 28 Y/O Female DIABETIC	(init)		(init)	Dextrose 25 g.											(init)				P	P	P	P	P (circled)
A.M. 16 Y/O Male TRAUMA	(init)		(init)			Tetanus 5Lf/0.5 ml													P	P	P	P	P
D.S. 45 Y/O Male Abd. Pain	(init)	1	(init)		Epi. 0.3mg														P	P	P	P	P
N.S. 24 Y/O Male RESP. DISTRESS	(init)		(init)																P	P (init)	P	P	P
																			P	P	P	P	P

Student Signature _(signature)_

Preceptor Printed Name and Signature
Patti Trotnow _(signature)_