

**Kanawha County Emergency Ambulance Authority
Marshall Community and Technical College
Critical Care Transport
Student Clinical Objectives**

Participant Name: _____

All participants reporting to clinical rotations should present to the clinical preceptor a clinical check sheet, a list of clinical area objectives, and be wearing their uniform with nametag. If any participant reports without all the above, the participant shall be dismissed from clinical rotation. The clinical check list will be the guideline that both that participant and preceptor must use during clinical rotation. Rotating areas will consist of MSICU at CAMC General, Coronary Care Unit at CAMC Memorial, PICU and Labor & Delivery at CAMC Women's and Children's Hospital. In these areas the participant needs to accomplish the broad range of objectives listed below:

1. Observe and obtain patients history and complete physical exam.
2. Review chart thoroughly including labs, radiology reports and physicians progress notes.
3. Review any radiology films available
4. Observe and participate with the maintenance of basic and advanced airway management.
 - a. Suctioning
 - i. Orally
 - ii. Nasally
 - iii. Endotracheally
 - iv. Tracheally
 - b. Oxygen administration by various devices
 - c. Incentive Spirometer
 - d. Chest PT
 - e. Administration of Breathing Treatments
5. Observe and assist with peripheral or central IV placement and maintenance, including Swan Ganz Catheters, and focusing on:
 - a. Sterile techniques
 - b. Cardiac output
 - c. Pulmonary artery wedge pressure
 - d. All swan pressure readings and wave forms
6. Observe and assist with administration of medications as well as calculating drug doses on their own and showing work on the skill sheet. Participants must calculate all IV infusions that the patient would be receiving.
7. Observation and assist with Pulse Ox, ETCO₂, pressure reading on ventilators, Accucheck, etc.
8. Read 12 Lead EKG's of patient and compares finding with preceptor and document finding on clinical skills sheets.
9. Observe IABP mechanics, inflation/deflation waveforms, timing ratio, and troubleshooting.
10. Observe ICP pressure monitoring devices, waveforms, maintenance and releasing of pressure.

Clinical Objectives:

1. Participants report to charge nurse to be assigned to clinical preceptor.
2. Participants introduce himself/herself to the clinical preceptor and give a list of objectives
3. Participants receive patient report of assigned patient from the clinical preceptor.
4. Participants receive patient charts from those giving a report from clinical preceptor
5. Participants develop a plan of action (care) and document what interventions would be necessary.
6. Participants collaborate with preceptor in reference to his/her plan of action. Preceptor should also document additional comments.
7. Participants document any additional comments
8. Participants and preceptor complete clinical evaluation sheet for patient contact
9. A minimum of one patient contact should be completed at each rotation
10. Participants must complete a summary sheet for each clinical rotation, and attach to the clinical rotation form.
 - a. Please include the following in the summary sheet:
 - i. Consider the patient you are currently caring for and imagine you have to transport them to another facility 2 hours away. What considerations and concerns would you have? Provide an explanation of how you would complete the transport. Start from beginning to end.
 - ii. Did you feel the clinical rotation time was valuable and if not provide an explanation.
 - iii. Document the patient's TMD (Thyromental distance) and their Mallampoti score (refer to module 4)
 - iv. List possible complications the patient could develop based on their diagnosis and hospital course and what you would do to correct.

ALL clinical rotations and CCT ride time MUST be completed by May 12th, 2010 and all forms must be completed and turned in to Kim Johnson no later than May 13th, 2010 at 0800. Failure to do so will make the candidate ineligible for testing and would result in failure of the course. It is strongly encouraged and recommended that each student begin clinical rotations and CCT ride time as quickly as possible to meet this requirement. Do not wait until the last minute.

**Kanawha County Emergency Ambulance Authority
Marshall Community and Technical College
Critical Care Transport Participant
Clinical Evaluation Form**

Participant Name: _____ Starting Time: _____ Ending Time: _____

Hospital Clinical Area: _____ Date: _____

Patient Chief Complaint: Admitting Diagnosis: _____

Patient Age: _____ Patient Sex: _____ Other Information: _____

Current History:

Past Medical:

Current Medications:

Allergies:

Physical Assessment (Present Complaint)

Plan of Action and Treatment (Care Plan)

Participant's comments

Preceptor's comments

Participant Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

KCEAA/MCTC Labor and Delivery Rotations
Kanawha County Emergency Ambulance Authority

Student's Name: _____

Date: _____

| Objective | Student Date/Initials | Standard of Practice Intervention/Skills | Validated by Date/Initials |
|---|--------------------------|--|-------------------------------|
| The CCT student will observe in the assessment of the mother and the fetus | | Complete Maternal Assessment | |
| | | • Physical status | |
| | | • Fetal status | |
| | | • Labor status | |
| | | • Chief complaint | |
| | | • Fetal movement | |
| | | • Fetal heart rate obtained by Doppler | |
| | | • Uterine Contractions Palpate abdomen for tenderness, contractions, intensity and resting time | |
| The student will observe in the management of a vaginal/cesarean delivery whenever possible | | • Membrane Status Description of fluid (color, odor, volume) | |
| | | • DTR (Deep Tendon Reflexes) in the patient receiving Tocolytic Therapy | |

Preceptor Signature: _____ Date: _____