

# **Clinical Objectives**

**EMS ACADEMY**

**Columbia State Community College**



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**EMT/AEMT Skills Competency**  
 [Basically, what they can do.]

Scope	EMT	Advanced EMT
<b>Airway</b>		
NPA/OPA	Yes	Yes
Supraglottic Airway	Yes	Yes
Tracheal Suctioning	Yes	Yes
<b>Packaging and Trauma</b>		
Splinting	Yes	Yes
Packaging	Yes	Yes
Bleeding Control	Yes	Yes
C-Spine Precautions	Yes	Yes
<b>Procedures</b>		
IM/SQ/IN	Yes	Yes
IO	No	Yes
IV	No	Yes
<b>Pharmacology</b>		
Epi - IM	Yes	Yes
Epi - IV/IO	No	Yes
Nitro	Yes	Yes
Albuterol	Yes	Yes
Oral Glucose	Yes	Yes
D10/D25/D50	No	Yes
Glucagon	No	Yes
ASA	Yes	Yes
Narcan	Yes	Yes
Analgesia	No	Yes
Antiemetics	No	Yes



## **PARAMEDIC Skills Competency** **[What Paramedics can DO!]**

Paramedics can perform a variety of skills and assessments in the clinical setting. To aid in determining what paramedics can do in a clinical setting, please refer to the chart levels on the previous [AEMT Skills Competency] and the following page [Paramedic Program Skills Chart]. Copies of this chart should be posted or readily available for clinical staff review. This chart represents an overview of skills within the scope of a Paramedic. Paramedic interns are required to show competency by progressing through these skill levels in a laboratory and classroom setting and evaluated by Academy Cadre.

# Columbia State EMS Academy Paramedic Program Skills Chart [First Semester]

- **All AEMT SKILLS**
- **Obstetrics**
  - Normal vaginal delivery
  - Breech delivery
  - Prolapsed cord
  - Shoulder dystocia
- **Airway**
  - Oral tracheal Intubation
  - Waveform Capnography
  - Suctioning ET
  - CPAP
  - Supraglottic Airway
  - Needle Cricothyrotomy
- **Cardiology**
  - Single Lead ECG recognition
    - Normal Sinus Rhythm
    - Sinus Bradycardia
    - Sinus Tachycardia
    - Atrial Tachycardia
    - AVNRT
    - Atrial Flutter
    - Atrial Fibrillation
    - Junctional rhythms
    - Idioventricular rhythms
    - Ventricular Tachycardia
    - Ventricular Fibrillation
    - Agonal
    - PAC's, PJC's, Ventricular Ectopy
    - AV Blocks [1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>]
    - Paced rhythm
    - Intraventricular Conduction Delays
    - Torsade's De Pointes

\*This chart represents an overview of skills within the scope of a paramedic. Paramedic interns are required to show competency by progressing through these skill levels in a laboratory and classroom setting. Inquiry should be made into the intern's competencies in other skills levels to determine their ability.

# Columbia State EMS Academy Paramedic Program Skills Chart

## [Second Semester]

- **Airway**
  - Nasotracheal Intubation
  - Surgical Cricothyrotomy
  - BiPAP, CPAP
- **Cardiology**
  - 12-Lead interpretation
  - STEMI Recognition
  - IVCD with Bundle Branch Blocks
  - ETCO2 monitoring
- **Medications**
  - Adenosine
  - Amiodarone
  - Atropine
  - Atrovent
  - Benadryl
  - D50W
  - Dopamine drip
  - Epinephrine
  - Epinephrine drip
  - Fentanyl
  - Furosemide
  - Glucagon
  - IV drip rate calculation
  - Labetalol
  - Lidocaine
  - Metoprolol
  - Morphine
  - Piggy back infusion
  - Procainamide
  - Solu-Medrol
- **ACLS**
  - Bradycardia algorithms
  - Tachycardia algorithms
  - V Fib/Pulseless V-Tach
  - V-Tach
  - Manual defibrillation and synchronized cardioversion
  - Mega codes
  - ROSC
  - Stroke algorithms
  - Hypothermia Protocol

\*This chart represents an overview of skills within the scope of a paramedic. Paramedic interns are required to show competency by progressing through these skill levels in a laboratory and classroom setting.

# **Columbia State EMS Academy Paramedic Program Skills Chart**

## **[Summer Semester]**

- Airway
  - Digital Intubations
  - Auto Transport Ventilations
- **IV**
  - External Jugular Cannulation
- **PALS**
  - Bradycardia algorithms
  - Tachycardia algorithms
  - V Fib / Pulseless V-Tach
  - Mega codes
  - ROSC
  - Stroke algorithms
  - Hypothermia Protocol
  - Pediatric weight-based drug administration
- **PHTLS**
  - Evisceration Management
  - Sucking chest wound management

\*This chart represents an overview of skills within the scope of a paramedic. Paramedic interns are required to show competency by progressing through these skill levels in a laboratory and classroom setting. Inquiry should be made into the intern's competencies in other skills levels to determine their ability.



# **Global Cognitive And Psychomotor Clinical Objectives**



## **Global Cognitive and Psychomotor Clinical Objectives EMT STUDENTS**

### **Occupational Health and Safety**

- Displaying safety consciousness with patients, self, other personnel, equipment; compliance with infection control principles, including appropriate use of standard precautions and aseptic technique; using proper body mechanics when handling patients and equipment; demonstrating understanding of psychological hazards of emergency/critical care environments of techniques for stress recognition and management.

### **Assessment**

- Perform a basic history and physical examination to identify acute complaints and monitor changes.
- Identify the actual and potential complaints of emergency patients.

### **Therapeutic communication and cultural competency**

- Communicate in a culturally sensitive manner.

### **Psychomotor Skills**

- Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.

### **Airway and Breathing**

- Nasopharyngeal airway
- Positive pressure ventilation
- Supplemental oxygen therapy
- Humidifiers
- Partial-rebreather mask
- Venturi mask

### **Assessment**

- Pulse oximetry
- Automatic B/P

### **Pharmacologic interventions**

- Assist patients in taking their own prescribed medications
- Administration of OTC medications with medical oversight
- Oral glucose for hypoglycemia
- Aspirin for chest pain



## **Medical/Cardiac care**

- Mechanical CPR

## **Trauma care**

- Spinal immobilization
  - Cervical collars
  - Seated
  - Longboard
  - Rapid extrication
- Splinting
  - Extremity
  - Traction
  - PASG
- Tourniquet

## **Professionalism**

- Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.

## **Decision Making**

- Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care.

## **Record Keeping**

- Report and document assessment data and interventions.

## **Patient Complaints**

- Perform a patient assessment and provide pre-hospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.

## **Scene Leadership**

- Entry-level EMTs serve as an EMS team member on an emergency call with more experienced personnel in the lead role. EMTs may serve as a BASIC team leader following additional training and/or experience.

## **Scene Safety**

- Ensure the safety of the rescuer and others during an emergency.



## **Global Cognitive and Psychomotor Clinical Objectives AEMT STUDENTS**

### **Assessment**

- Perform a basic history and physical examination to identify acute complaints and monitor changes.
- Identify the actual and potential complaints of emergency patients.

### **Therapeutic communication and cultural competency**

- Communicate in a culturally sensitive manner.

### **Psychomotor skills**

Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.

### **Airway and Breathing**

- Airways not intended for insertion into the trachea
- Esophageal-tracheal
- Multi-lumen airway

### **Assessment**

- Blood glucose monitor

### **Pharmacologic interventions**

- Establish and maintain peripheral intravenous access
- Establish and maintain intraosseous access in pediatric patient
- Administer (non-medicated) intravenous fluid therapy
- Sublingual nitroglycerin (chest pain)
- Subcutaneous or intramuscular epinephrine (anaphylaxis)
- Glucagon (hypoglycemia)
- Intravenous 50% dextrose (hypoglycemia)
- Inhaled beta agonists (wheezing)
- Intravenous narcotic antagonist (narcotic overdose)
- Nitrous oxide (pain)
- Analgesia

- Antiemetics
- IV Epinephrine (Cardiac Arrest)

### **Professionalism**

- Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time-management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.

### **Decision Making**

- Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care.

### **Record Keeping**

- Report and document assessment data and interventions.

### **Patient Complaints**

- Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.

### **Scene Leadership**

- Serve as an EMS team leader of an emergency call.

### **Scene Safety**

- Ensure the safety of the rescuer and others during an emergency.



## **Global Cognitive and Psychomotor Clinical Objectives PARAMEDIC**

### **Assessment**

- Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient.
- Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology.
- Relate assessment findings to underlying pathological and physiological changes in the patient's condition.
- Integrate and synthesize the multiple determinants of health and clinical care.
- Perform health screening and referrals.

### **Therapeutic communication and cultural competency**

- Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome

### **Psychomotor skills**

- Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.

### **Airway and Breathing**

- Oral and nasal endotracheal intubation
- FBAO – direct laryngoscopy
- Percutaneous cricothyrotomy
- Pleural decompression
- BiPAP, CPAP, PEEP
- Chest tube monitoring
- ETCO<sub>2</sub> monitoring
- NG/OG tube

### **Assessment**

- ECG interpretation
- 12-lead interpretation
- Blood chemistry analysis [basic]

## **Pharmacologic interventions**

- Intraosseous insertion
- Enteral and parenteral administration of approved prescription medications
- Medications by IV infusion
- Maintain infusion of blood or blood products
- Blood sampling
- Administer physician approved medications
- Manual defibrillation and synchronized cardioversion
- Transcutaneous pacing
- Carotid massage
- Trauma care
- Morgan lens

## **Decision Making**

- Performs basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient.
- Evaluates the effectiveness of interventions and modifies treatment plan accordingly.

## **Record Keeping**

- Report and document assessment findings and interventions. Collect and report data to be used for epidemiological and research purposes.

## **Patient Complaints**

- Perform a patient assessment, develop a treatment and disposition plan for patients with the following complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ascites, ataxia, back pain, behavioral emergency, bleeding, blood and body fluid exposure, cardiac arrest, cardiac rhythm disturbances, chest pain, congestion, constipation, cough/hiccough, cyanosis, dehydration, dental pain, diarrhea, dizziness/vertigo, dysmenorrhea, dysphasia, dyspnea, dysuria, ear pain, edema, eye pain, fatigue, feeding problems, fever, GI bleeding, headache, hearing disturbance, hematuria, hemoptysis, hypertension, hypotension, incontinence, jaundice, joint pain/swelling, malaise, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, pruritus, rash, rectal pain, red/pink eye, shock, sore throat, stridor/drooling, syncope, tinnitus, tremor, urinary retention, visual disturbances, weakness, and wheezing.

## **Scene Leadership**

- Function as the team leader of a routine, single patient advanced life support emergency call.
- 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. For the capstone field internship to meet the breadth of the paramedic profession, team leads must include transport to a medical facility and may occasionally include calls involving transfer of care to an equal level or higher level of medical authority, termination of care in the field, or patient refusal of care.

## **Scene Safety**

- Ensure the safety of the rescuer and others during an emergency.