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The Sport of Clinicals by Anne Puzder, Paramedic

My students moan and grumble about having to do clinicals. Its not so much the time it consumes, as the boredom of routine patient care. They can't seem to understand the wealth of knowledge that is at their fingertips. Nor can they see the connection between what we do and how it relates to the patient's long-term recoveries. With my clinical preceptors doing all the dirty work of motivating and over-seeing patient care skills, I now have the mobility to travel around spreading my good cheer to each student. Here is an example of a typical instructor-student interaction:

Dan is spending his first day in ICU. Afraid to touch anything for fear of setting off alarms, he stands around waiting for someone to tell him what to do. I come into the unit to visit and ask him what patients he has been assigned to. Being a slow day, he has been assigned to a single patient who has been admitted with several medical problems. The primary diagnosis was uncontrolled diabetes, but it has quickly deteriorated into multiple organ failure and leaning towards a ventilator in the man's near future. As expected, Dan is bored to death and unaware of the major lessons he can learn from this patient. My first questions deal with routine assessment findings such as vital signs and current meds. Vitals are unstable, as could be expected and Dan has no idea what all those meds are hanging from the med pump.

I tell him that I want to know exactly what the patient is on to include the indications, contraindications, dosages, etc. of each drug and what the patient's medication history has been since he arrived as a patient. Dan reluctantly says OK and goes to dig out the patient's chart. I return a couple hours later and ask for his report. He recites everything that has been done for the patient since his admission and promptly gives me all the information about current medications. I ask him to tell me why they changed this medication for that and he stumbles through the interrogation coming up with adequate speculations. I then ask him for the patient's lab reports. He looks at me like I have two heads. He can't give me anything definite, so I tell him I'll be back later for the information.

An hour or so later, looking all smug, Dan flips open his little notebook and gives me all the lab values as recorded on the patient's chart. As expected, several lab values are out of whack. Most significant are the elevated WBCs and decreased hematocrit levels. ABGs are also skewed. I ask him why the values may be off, and he again looks as though I have smacked him in the belly with a big fish. I point to the elevated basophils and ask if he knows what those are. He has already forgotten lessons on the immune system. I tell him I expect to have a good answer when I get back and he grumbles as I walk out of the unit.

Two hours later, Dan is ready for me. He has studied the patient's chart with a diligence that probably surprises even him. No matter what I ask him, he has anticipated my questions and researched enough to give me some great feedback. After I am done, he looks at me with triumph in his eyes thinking he has finally bested me. So I look at him and ask, "What is the patient's name?" The look on his face is priceless and I tell him that he has learned a valuable lesson on not only looking at the relevant signs in a case, but that these are real people just like him. So I send him into the patient's room and leave with them having a lively conversation together.

Even more fun than torturing students is seeing what sort of trouble they can manage to get themselves into. Two of my students were up on the OB floor doing clinicals one day. One was in Labor and Delivery, and the other was in the nursery. After momma had delivered, the student from L & D traveled down to

the nursery with the baby. Once they had finished with the baby, one of the nurses asked if they would take the baby down the hall to momma's room. Both of them decided to go. Unfortunately, they forgot which way to turn coming down the hallway and made a right instead of a left. As soon as they went through the door, alarms started going off, and people starting coming at them from out of the woodwork. Including armed guards. (They were in a military hospital) It seems that they were exiting the main part of the ward and the baby's ID bracelet had triggered a 'Stolen baby' alarm. Nearly dropped the baby they were so scared.

Another time, I had a student working in ICU and they asked if he would help them turn a very large patient in her bed so they could change the linen. Being the ever-helpful person that he was, he scampered in there to grab the big parts. Just as they were rolling her over, her foley catheter somehow managed to disconnect from the bag and my student was pelted in the face with a nice dose of urine. Unfortunately for him, the patient was in the hospital for sepsis and he had gotten an eye full. Down to the ED we went for good flushing. You can imagine the mileage we got out of that incident.

Last quarter, one of my students was working in the ED. Shortly after she arrived, the Doc in charge grabbed her and started taking her on rounds with him. Not having been in this particular ED before, she thought that was part of her rotation. Each patient they went to see, he would ask her about a diagnosis and then ask what she thought should be done. She answered the best she could and continued on the tours. They studied X-Rays together, lab reports and talked a bit over her head, but seemed to find the right answers that he was looking for. After the rotation was nearly over, he asked her to go in and cast a patient. When she told him that she couldn't do that he looked at her and said, "But you are Pre-med aren't you?" "No" she said, "I'm a paramedic student". He pointed to her nametag, and no one had caught that instead of saying "Paramedic Student", the tag said "Pre-Med Student". Much to my delight, the Doc said, "Well, you did pretty good for a Paramedic student today". Thereafter, every time one of my guys did a rotation in that ED, the Docs would take them under their wing all day.

My favorite students of all though, are the ones who have never been on an ambulance in their lives. The EMT students that are afraid to even move for fear of doing something terrible. I once took a student up to one of the big hospitals in Atlanta for his first EMS rotation. Already scared out of his wits, he stood a little behind me while I joked around with one of the supervisors. As we were standing there, a patient came stumbling out of one of the emergency wards and started vomiting in the hallway. My student grabs my arm, eyes as big as saucers and points in the patient's direction. About that time a security officer came around the corner and started hollering at the patient that if he was going to make a mess to take it outside. The door to the medical ward opened and inside you can see total bedlam. Patients are screaming and half a dozen prisoners were handcuffed to stretchers, clanging their bracelets against the metal guardrails of the beds. A patient or two was having a seizure, which seemed to contribute to the banging of beds. My student looked at me horrified and said, "What kind of place is this?" As the supervisor and I are having a good chuckle over his reaction, two medics come out of the EMS office putting on bullet proof vests as they holler, "Who's the victim riding shotgun today?" The poor guy ran out the door in a panic and never came back to class. I guess that those of us still in this game never paid attention during clinicals, eh?

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