

WEST LOS ANGELES COLLEGE
DEPARTMENT OF ALLIED HEALTH

DO NOT PUBLISH ONLINE

- I. AH 45: PATIENT ASSESSMENT AND AIRWAY MANAGEMENT
- II. PREPARED BY: PARAMEDIC FACULTY
- III. REVISED FOR: FALL 2015
- IV. PREREQUISITES: Open only to students admitted through the UCLA Center for Prehospital Care and currently certified as an Emergency Medical Technician (Allied Health 52) in the State of California.
- V. UNITS: 2 UNITS
- VI. OFFICE HOURS: WED. 8:00AM – 5:00PM
- VII. COURSE INSTRUCTOR: HEATHER DAVIS
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VIII. COURSE DESCRIPTION:
Overview of prehospital patient assessment for emergency health care personnel. This course provides foundational knowledge and skills to effectively assess and treat patients in the prehospital setting.

IX. TEXTS:
Nancy Caroline’s Emergency Care in the Streets, 7th edition by the American Academy of Orthopaedic Surgeons, 2012.

X. COURSE SLO ADDRESSED IN THIS COURSE:

<p style="text-align: center;"><u>Course SLO</u></p> <p>One sentence that describes a major piece of knowledge, skill, or ability that students can demonstrate by the end of the course <i>Finish the sentence, “At end of the course, the successful student will be able to... “</i></p>	<p style="text-align: center;"><u>Assessment Method</u></p> <p>Major assignment, project or test used to demonstrate or apply outcome <i>Remember to have a mix of qualitative and quantitative assessment methods.</i></p>	<p style="text-align: center;"><u>Criterion Level</u></p> <p>Reflects satisfactory performance on the SLO</p> <ul style="list-style-type: none"> • <i>At least X percent of students achieve this course SLO.</i> • <i>All students achieve at least the Y level on this SLO.</i> • <i>At least X percent of students achieve the Y level on this course SLO.</i>
<p>1. Analyze problems to manage pain and airways by differentiating fact from opinions, using evidence, and using sound reasoning to specify multiple solutions and their consequences.</p>	<p>Students will be evaluated by answering questions on a written exam that will be evaluated using a scantron scanner.</p>	<p>All students will correctly answer at least 80% of the exam questions.</p>

<p>2. Effectively communicate pain and airway management techniques thought in a clear, well-organized manner to persuade, inform, and convey ideas in academic, work, family and community settings.</p>	<p>Students will be assessed for communication using student presentations in case scenarios that will be assessed according to skills test grading guidelines/rubrics.</p>	<p>At least 75% of students will achieve 75% of the points available on the case scenario.</p>
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XI. COURSE OBJECTIVES:

History Taking

- Describe the techniques of history taking. (C-1)
- Discuss the importance of using open ended questions. (C-1)
- Describe the use of facilitation, reflection, clarification, empathetic responses, confrontation, and interpretation. (C-1)
- Differentiate between facilitation, reflection, clarification, sympathetic responses, confrontation, and interpretation. (C-3)
- Describe the structure and purpose of a health history. (C-1)
- Describe how to obtain a comprehensive health history. (C-1)
- List the components of a comprehensive history of an adult patient. (C-1)
- Demonstrate the importance of empathy when obtaining a health history. (A-1)
- Demonstrate the importance of confidentiality when obtaining a health history. (A-1)

Physical Exam

- Define the terms inspection, palpation, percussion, auscultation. (C-1)
- Describe the techniques of inspection, palpation, percussion, and auscultation. (C-1)
- Describe the evaluation of mental status. (C-1)
- Evaluate the importance of a general survey. (C-3)
- Describe the examination of skin, hair and nails. (C-1)
- Differentiate normal and abnormal findings of the assessment of the skin. (C-3)
- Distinguish the importance of abnormal findings of the assessment of the skin. (C-3)
- Describe the examination of the head and neck. (C-1)
- Differentiate normal and abnormal findings of the scalp examination. (C-3)
- Describe the normal and abnormal assessment findings of the skull. (C-1)
- Describe the assessment of visual acuity. (C-1)
- Explain the rationale for the use of an ophthalmoscope. (C-1)
- Describe the examination of the eyes. (C-1)
- Distinguish between normal and abnormal assessment findings of the eyes. (C-3)
- Explain the rationale for the use of an otoscope. (C-1)
- Describe the examination of the ears. (C-1)
- Differentiate normal and abnormal assessment findings of the ears. (C-3)
- Describe the examination of the nose. (C-1)
- Differentiate normal and abnormal assessment findings of the nose. (C-3)
- Describe the examination of the mouth and pharynx. (C-1)
- Differentiate normal and abnormal assessment findings of the mouth and pharynx. (C-1)
- Describe the examination of the neck. (C-1)
- Differentiate normal and abnormal assessment findings the neck. (C-3)
- Describe the survey of the thorax and respiration. (C-1)
- Describe the examination of the posterior chest. (C-1)
- Describe percussion of the chest. (C-1)
- Differentiate the percussion notes and their characteristics. (C-3)
- Differentiate the characteristics of breath sounds. (C-3)

Describe the examination of the anterior chest. (C-1)

Patient Assessment

Differentiate normal and abnormal assessment findings of the chest examination. (C-1)

Describe special examination techniques related to the assessment of the chest. (C-1)

Describe the examination of the arterial pulse including rate, rhythm, and amplitude.

Distinguish normal and abnormal findings of arterial pulse. (C-3)

Describe the assessment of jugular venous pressure and pulsations. (C-1)

Distinguish normal and abnormal examination findings of jugular venous pressure and pulsations. (C-3)

Describe the examination of the heart and blood vessels. (C-1)

Differentiate normal and abnormal assessment findings of the heart and blood vessels.

Describe the auscultation of the heart.

(C-1)

Differentiate the characteristics of normal and abnormal findings associated with the auscultation of the heart. (C-3)

Describe special examination techniques of the cardiovascular examination. (C-1)

Describe the examination of the abdomen. (C-1)

Differentiate normal and abnormal assessment findings of the abdomen.

(C-3)

Describe auscultation of the abdomen.

(C-1)

Distinguish normal and abnormal findings of the auscultation of the abdomen. (C-3)

Describe the examination of the female genitalia. (C-1)

Differentiate normal and abnormal assessment findings of the female genitalia. (C-3)

Describe the examination of the male genitalia. (C-1)

Differentiate normal and abnormal findings of the male genitalia. (C-3)

Describe the examination of the anus and rectum. (C-3)

Distinguish between normal and abnormal findings of the anus and rectum. (C-3)

Describe the examination of the peripheral vascular system. (C-1)

Differentiate normal and abnormal findings of the peripheral vascular system. (C-3)

Describe the examination of the musculoskeletal system. (C-1)

Differentiate normal and abnormal findings of the musculoskeletal system. (C-3)

Describe the examination of the nervous system. (C-1)

Differentiate normal and abnormal findings of the nervous system. (C-3)

Describe the assessment of the cranial nerves. (C-1)

Differentiate normal and abnormal findings of the cranial nerves. (C-3)

Describe the general guidelines of recording examination information. (C-1)

Discuss the considerations of examination of an infant or child. (C-1)

Demonstrate a caring attitude when performing physical examination skills. (A-3)

Discuss the importance of a professional appearance and demeanor when performing physical examination skills.

(A-1)

Appreciate the limitations of conducting a physical exam in the out-of-hospital environment. (A-2)

Demonstrate the examination of skin, hair and nails. (P-2)

Demonstrate the examination of the head and neck. (P-2)

Demonstrate the examination of the eyes. (P-2)

Demonstrate the examination of the ears. (P-2)

Demonstrate the assessment of visual acuity. (P-2)

Demonstrate the examination of the nose. (P-2)

Demonstrate the examination of the mouth and pharynx. (P-2)

Demonstrate the examination of the neck. (P-2)

Demonstrate the examination of the thorax and ventilation. (P-2)

Demonstrate the examination of the posterior chest. (P-2)

Clinical Decision Making

Demonstrate auscultation of the chest. (P-2)

Demonstrate percussion of the chest.

(P-2)

Demonstrate the examination of the anterior chest. (P-2)

Demonstrate special examination techniques related to the assessment of the chest.

Demonstrate the examination of the arterial pulse including location, rate, rhythm, and amplitude. (P-2)

Demonstrate the assessment of jugular venous pressure and pulsations. (P-2)

Demonstrate the examination of the heart and blood vessels. (P-2)

Demonstrate special examination techniques of the cardiovascular examination. (P-2)
Demonstrate the examination of the abdomen. (P-2)
Demonstrate auscultation of the abdomen. (P-2)
Demonstrate the external visual examination of the female genitalia. (P-2)
Demonstrate the examination of the male genitalia. (P-2)
Demonstrate the examination of the peripheral vascular system. (P-2)
Demonstrate the examination of the musculoskeletal system. (P-2)
Demonstrate the examination of the nervous system. (P-2)
Recognize hazards/ potential hazards.
(C-1)
Describe common hazards found at the scene of a trauma and a medical patient. (C-1)
Determine hazards found at the scene of a medical or trauma patient. (C-2)
Differentiate safe from unsafe scenes.
(C-3)
Describe methods to making an unsafe scene safe. (C-1)
Discuss common mechanisms of injury/ nature of illness. (C-1)
Predict patterns of injury based on mechanism of injury. (C-2)
Discuss the reason for identifying the total number of patients at the scene.
(C-1)
Organize the management of a scene following size-up. (C-3)
Explain the reasons for identifying the need for additional help or assistance.
(C-1)
Summarize the reasons for forming a general impression of the patient. (C-1)
Discuss methods of assessing mental status. (C-1)
Categorize levels of consciousness in the adult, infant and child. (C-3)
Differentiate between assessing the altered mental status in the adult, child and infant patient. (C-3)

Airway Assessment

Discuss methods of assessing the airway in the adult, child and infant patient. (C-1)
State reasons for management of the cervical spine once the patient has been determined to be a trauma patient.
(C-1)
Analyze a scene to determine if spinal precautions are required. (C-3)
Describe methods used for assessing if a patient is breathing. (C-1)
Differentiate between a patient with adequate and inadequate minute ventilation. (C-
Distinguish between methods of assessing breathing in the adult, child and infant patient. (C-3)
Compare the methods of providing airway care to the adult, child and infant patient.

Exit Skills

Differentiate between locating and assessing a pulse in an adult, child and infant patient. (C-3)
Discuss the need for assessing the patient for external bleeding. (C-1)
Describe normal and abnormal findings when assessing skin color. (C 1)
Describe normal and abnormal findings when assessing skin temperature. (C-1)
Describe normal and abnormal findings when assessing skin condition. (C-1)
Explain the reason for prioritizing a patient for care and transport. (C-1)
Identify patients who require expeditious transport. (C-3)
Describe the evaluation of patient's perfusion status based on findings in the initial assessment. (C-1)
Describe orthostatic vital signs and evaluate their usefulness in assessing a patient in shock. (C-1)
Apply the techniques of physical examination to the medical patient. (C-1)
Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment. (C-3)
Discuss the reasons for reconsidering the mechanism of injury. (C-1)
State the reasons for performing a rapid trauma assessment. (C 1)
Recite examples and explain why patients should receive a rapid trauma assessment.
Apply the techniques of physical examination to the trauma patient. (C-1)
Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. (C-1)
Differentiate cases when the rapid assessment may be altered in order to provide patient care. (C-3)
Discuss the reason for performing a focused history and physical exam. (C-1)
Describe when and why a detailed physical examination is necessary. (C-1)
Discuss the components of the detailed physical exam in relation to the techniques of examination. (C-1)
State the areas of the body that are evaluated during the detailed physical exam. (C-1)

Explain what additional care should be provided while performing the detailed physical exam. (C-1)

Distinguish between the detailed physical exam that is performed on a trauma patient and that of the medical patient.

Differentiate patients requiring a detailed physical exam from those who do not. (C-3)

Discuss the reasons for repeating the initial assessment as part of the on-going assessment.

Describe the components of the on-going assessment. (C-1)

Describe trending of assessment components. (C-1)

Discuss medical identification devices/ systems. (C-1)

Explain the rationale for crew members to evaluate scene safety prior to entering. (A-)

Serve as a model for others explaining how patient situations affect your evaluation of mechanism of injury or illness.

Explain the importance of forming a general impression of the patient. (A-1)

Explain the value of performing an initial assessment. (A-2)

Demonstrate a caring attitude when performing an initial assessment. (A-3)

Attend to the feelings that patients with medical conditions might be experiencing.

Value the need for maintaining a professional caring attitude when performing a focused history and physical examination. (A-3)

Explain the rationale for the feelings that these patients might be experiencing. (A-3)

Demonstrate a caring attitude when performing a detailed physical examination. (A-)

Explain the value of performing an on-going assessment. (A-2)

Recognize and respect the feelings that patients might experience during assessment.

Explain the value of trending assessment components to other health professionals who assume care of the patient. (A-2)

Observe various scenarios and identify potential hazards. (P-1)

Demonstrate the scene-size-up. (P-2)

Demonstrate the techniques for assessing mental status. (P-2)

Demonstrate the techniques for assessing the airway. (P-2)

Demonstrate the techniques for assessing if the patient is breathing. (P-2)

Demonstrate the techniques for assessing if the patient has a pulse. (P-2)

Demonstrate the techniques for assessing the patient for external bleeding. (P-2)

Demonstrate the techniques for assessing the patient's skin color, temperature, and condition. (P-2)

Demonstrate the ability to prioritize patients. (P-2)

Using the techniques of examination, demonstrate the assessment of a medical patient. (P-2)

Demonstrate the patient care skills that should be used to assist with a patient who is responsive with no known history.

Demonstrate the patient care skills that should be used to assist with a patient who is unresponsive or has an altered mental status. (P-2)

Perform a rapid medical assessment. (P-2)

Perform a focused history and physical exam of the medical patient. (P-2)

Using the techniques of physical examination, demonstrate the assessment of a trauma patient. (P-2)

Demonstrate the rapid trauma assessment used to assess a patient based on mechanism of injury. (P-2)

Perform a focused history and physical exam on a non-critically injured patient. (P-2)

Perform a focused history and physical exam on a patient with life-threatening injuries. (P-2)

Perform a detailed physical examination. (P-2)

Demonstrate the skills involved in performing the on-going assessment. (P-2)

Compare the factors influencing medical care in the out-of-hospital environment to other medical settings. (C-2)

Differentiate between critical life-threatening, potentially life-threatening, and non life-threatening patient presentations. (C-3)

Evaluate the benefits and shortfalls of protocols, standing orders and patient care algorithms. (C-3)

Define the components, stages and sequences of the critical thinking process for paramedics. (C-1)

Apply the fundamental elements of critical thinking for paramedics. (C-2)

Describe the effects of the "fight or flight" response and the positive and negative effects on a paramedic's decision making. (C-1)

Summarize the "six Rs" of putting it all together: Read the patient, Read the scene, React, Reevaluate, Revise the management plan, Review performance. (C-1)

Defend the position that clinical decision making is the cornerstone of effective paramedic practice.
Practice facilitating behaviors when thinking under pressure. (A-1)

Explain the primary objective of airway maintenance. (C-1)
Identify commonly neglected prehospital skills related to airway. (C-1)
Identify the anatomy of the upper and lower airway. (C-1)
Describe the functions of the upper and lower airway. (C-1)
Explain the differences between adult and pediatric airway anatomy. (C-1)
Define gag reflex. (C-1)
Explain the relationship between pulmonary circulation and respiration.
(C-3)
List the concentration of gases that comprise atmospheric air. (C-1)
Describe the measurement of oxygen in the blood. (C-1)
Describe the measurement of carbon dioxide in the blood. (C-1)
Describe peak expiratory flow. (C-1)
List factors that cause decreased oxygen concentrations in the blood. (C-1)
List the factors that increase and decrease carbon dioxide production in the body. (C-1)
Define atelectasis. (C-1)
Define FiO₂. (C-1)
Define and differentiate between hypoxia and hypoxemia. (C-1)
Describe the voluntary and involuntary regulation of respiration. (C-1)
Describe the modified forms of respiration. (C-1)
Define normal respiratory rates and tidal volumes for the adult, child, and infant.
(C-1)
List the factors that affect respiratory rate and depth. (C-1)
Explain the risk of infection to EMS providers associated with ventilation. (C-3)
Define pulsus paradoxus. (C-1)
Define and explain the implications of partial airway obstruction with good and poor air exchange. (C-1)
Define complete airway obstruction. (C-1)
Describe causes of upper airway obstruction. (C-1)
Describe causes of respiratory distress. (C-1)
Describe manual airway maneuvers. (C-1)
Describe the Sellick (cricoid pressure) maneuver. (C-1)
Describe complete airway obstruction maneuvers. (C-1)
Explain the purpose for suctioning the upper airway. (C-1)
Identify types of suction equipment. (C-1)
Describe the indications for suctioning the upper airway. (C-3)
Identify types of suction catheters, including hard or rigid catheters and soft catheters. (C-1)
Identify techniques of suctioning the upper airway. (C-1)
Identify special considerations of suctioning the upper airway. (C-1)
Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique of
tracheobronchial suctioning in the intubated patient. (C-3)
Describe the use of an oral and nasal airway. (C-1)
Identify special considerations of tracheobronchial suctioning in the intubated patient. (C-1)
Define gastric distention. (C-1)
Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique
for inserting a nasogastric tube and orogastric tube. (C-1)
Identify special considerations of gastric decompression. (C-1)
Describe the indications, contraindications, advantages, disadvantages, complications, and technique for inserting
an oropharyngeal and nasopharyngeal airway (C-1)
Describe the indications, contraindications, advantages, disadvantages, complications, and technique for ventilating
a patient by: (C-1)
Mouth-to-mouth
Mouth-to-nose
Mouth-to-mask
One person bag-valve-mask
Two person bag-valve-mask
Three person bag-valve-mask
Flow-restricted, oxygen-powered ventilation device
Explain the advantage of the two person method when ventilating with the bag-valve-mask.

Compare the ventilation techniques used for an adult patient to those used for pediatric patients. (C-3)

Describe indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient with an automatic transport ventilator (ATV). (C-1)

Explain safety considerations of oxygen storage and delivery. (C-1)

Identify types of oxygen cylinders and pressure regulators (including a high-pressure regulator and a therapy regulator). (C-1)

List the steps for delivering oxygen from a cylinder and regulator. (C-1)

Describe the use, advantages and disadvantages of an oxygen humidifier. (C-1)

Describe the indications, contraindications, advantages, disadvantages, complications, liter flow range, and concentration of delivered oxygen for supplemental oxygen delivery devices.

Define, identify and describe a tracheostomy, stoma, and tracheostomy tube. (C-1)

Define, identify, and describe a laryngectomy. (C-1)

Define how to ventilate with a patient with a stoma, including mouth-to-stoma and bag-valve-mask-to-stoma ventilation. (C-1)

Describe the special considerations in airway management and ventilation for patients with facial injuries. (C-1)

Describe the special considerations in airway management and ventilation for the pediatric patient. (C-1)

Differentiate endotracheal intubation from other methods of advanced airway management.

Describe the indications, contraindications, advantages, disadvantages and complications of endotracheal intubation. (C-1)

Describe laryngoscopy for the removal of a foreign body airway obstruction. (C-1)

Describe the indications, contraindications, advantages, disadvantages, complications, equipment, and technique for direct laryngoscopy. (C-1)

Describe visual landmarks for direct laryngoscopy. (C-1)

Describe use of cricoid pressure during intubation. (C-1)

Describe indications, contraindications, advantages, disadvantages, complications, equipment and technique for digital endotracheal intubation. (C-1)

Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for using a dual lumen airway. (C-3)

Describe the indications, contraindications, advantages, disadvantages, complications and equipment for rapid sequence intubation with neuromuscular blockade. (C-1)

Identify neuromuscular blocking drugs and other agents used in rapid sequence intubation.

Describe the indications, contraindications, advantages, disadvantages, complications and equipment for sedation during intubation. (C-1)

Identify sedative agents used in airway management. (C-1)

Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for nasotracheal intubation. (C-1)

Describe the indications, contraindications, advantages, disadvantages and complications for performing an open cricothyrotomy. (C-3)

Describe the equipment and technique for performing an open cricothyrotomy. (C-1)

Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for transthyrogeal catheter ventilation (needle cricothyrotomy).

Describe methods of assessment for confirming correct placement of an endotracheal tube.

Describe methods for securing an endotracheal tube. (C-1)

Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for extubation. (C-1)

Describe methods of endotracheal intubation in the pediatric patient. (C-1)

Defend the need to oxygenate and ventilate a patient. (A-1)

Defend the necessity of establishing and/ or maintaining patency of a patient's airway. (A-1)

Comply with standard precautions to defend against infectious and communicable diseases.

Perform body substance isolation (BSI) procedures during basic airway management, advanced airway management, and ventilation. (P-2)

Perform pulse oximetry. (P-2)

Perform end-tidal CO₂ detection. (P-2)

Perform peak expiratory flow testing. (P-2)

Perform manual airway maneuvers, including: (P-2)

Opening the mouth

Head-tilt/ chin-lift maneuver

Jaw-thrust without head-tilt maneuver

Modified jaw-thrust maneuver

Perform manual airway maneuvers for pediatric patients, including: (P-2)

Opening the mouth

Head-tilt/ chin-lift maneuver
 Jaw-thrust without head-tilt maneuver
 Modified jaw-thrust maneuver
 Perform the Sellick maneuver (cricoid pressure). (P-2)
 Perform complete airway obstruction maneuvers, including: (P-2)
 Heimlich maneuver
 Finger sweep
 Chest thrusts
 Removal with Magill forceps
 Demonstrate suctioning the upper airway by selecting a suction device, catheter and technique. (P-2)
 Perform tracheobronchial suctioning in the intubated patient by selecting a suction device, catheter and technique. (P-2)
 Demonstrate insertion of a nasogastric tube. (P-2)
 Demonstrate insertion of an orogastric tube. (P-2)
 Perform gastric decompression by selecting a suction device, catheter and technique. (P-2)
 Demonstrate insertion of an oropharyngeal airway. (P-2)
 Demonstrate insertion of a nasopharyngeal airway. (P-2)
 Demonstrate ventilating a patient by the following techniques:
 Mouth-to-mask ventilation
 One person bag-valve-mask
 Two person bag-valve-mask
 Three person bag-valve-mask
 Flow-restricted, oxygen-powered ventilation device
 Automatic transport ventilator
 Mouth-to-stoma
 Bag-valve-mask-to-stoma ventilation
 Ventilate a pediatric patient using the one and two person techniques. (P-2)
 Perform ventilation with a bag-valve-mask with an in-line small-volume nebulizer. (P-2)
 Perform oxygen delivery from a cylinder and regulator with an oxygen delivery device. (P-2)
 Perform oxygen delivery with an oxygen humidifier. (P-2)
 Deliver supplemental oxygen to a breathing patient using the following devices: nasal cannula, simple face mask, partial rebreather mask, non-rebreather mask, and venturi mask
 Perform stoma suctioning. (P-2)
 Perform retrieval of foreign bodies from the upper airway. (P-2)
 Perform assessment to confirm correct placement of the endotracheal tube. (P-2)
 Intubate the trachea by the following methods: (P-2)
 Orotracheal intubation
 Nasotracheal intubation
 Multi-lumen airways
 Digital intubation
 Transillumination
 Open cricothyrotomy
 Adequately secure an endotracheal tube. (P-1)
 Perform endotracheal intubation in the pediatric patient. (P-2)
 Perform transtracheal catheter ventilation (needle cricothyrotomy). (P-2)
 Perform extubation. (P-2)
 Perform replacement of a tracheostomy tube through a stoma. (P-2)

Upon completion of this course the student will have the following skills:

At the completion of this course, the student will be able to:

Integrate pathophysiological principles of pharmacology and the assessment findings to formulate a field impression and implement a pharmacologic management plan.

Integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.

Integrate the physiological, psychological, and sociological changes throughout human development with assessment and communication strategies for patients of all ages.

Establish and/ or maintain a patent airway, oxygenate, and ventilate a patient.

Use the appropriate techniques to obtain a medical history from a patient.

Explain the pathophysiological significance of physical exam findings.

Integrate the principles of history taking and techniques of physical exam to perform a patient assessment.

Apply a process of clinical decision making to use the assessment findings to help form a field impression. Follow an accepted format for dissemination of patient information in verbal form, either in person or over the radio. Effectively document the essential elements of patient assessment, care and transport.

X. METHODS OF INSTRUCTION:

- Lecture
- Discussion
- Video Presentations
- Review of Articles and Informative Web Based Resources

XI. METHODS OF EVALUATION:

30%	Quizzes
40%	Block Exams
20%	Homework Assignments
10%	Participation (including skills labs)
P/F	Nationally Accredited Exams (BCLS, ACLS, PALS, PHTLS)
P/F	Skills Exams

The grading policy is as follows:

- 93-100% A
- 85-92% B
- 80-84% C

A minimum score of 80% is required to remain in the program. A score of 79% or less will be recorded as an "F".

XII. ETHICS AND STANDARDS OF CONDUCT:

Due to the high standards of the Program and the paramedic profession, student conduct must reflect professionalism, integrity and responsibility at all times. The following section sets forth ethical standards, standards of conduct, and examples of misconduct subject to disciplinary action (including probation or termination from the Program).

Ethical Standards

Students are expected to meet the following ethical standards while in the Program:

- Paramedics are health care professionals regardless of whether or not they receive monetary compensation for their work. Thus, a paramedic is bound by the highest standards of professional conduct and ethics. The program will not tolerate a breach of these standards by its students. **Certain acts may be so serious that they subject the student to immediate dismissal without progressive discipline.**
- Students must conduct themselves in an ethical manner throughout the classroom, clinical, and field internship phases of the program. Failure to adhere to these standards may result in immediate termination from the program. Violation of these standards includes, but is not limited to, physical violence, stealing, lying, cheating, or breach of patient confidentiality.

Professional Behavior

The conduct of the paramedic student reflects upon the individual, his or her agency, the program, and the EMS profession. Therefore, the student must conduct him/herself in a professional and responsible manner at all times as described below. **Failure to demonstrate professional behavior may result in termination.**

Professional Behavior/Attributes include:

- **Leadership.** Self-confidence, established credibility, ability to remain in control, ability to communicate, willingness to make a decision, willingness to accept responsibility for the consequences of the team's action.
- **Integrity.** Consistent honesty; being able to be trusted with the property of others or with confidential information; complete and accurate documentation of patient care and learning activities.
- **Empathy.** Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.
- **Self-motivation.** Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities; participating in tutoring sessions; and completing prescribed remediation.
- **Appearance & Personal Hygiene.** Appropriate, neat, clean and well-maintained clothing and uniform; good personal hygiene and grooming.
- **Self-confidence.** Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.
- **Communication Skills.** Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations
- **Time Management Skills.** Consistent punctuality; completing tasks and assignments on time.
- **Diplomacy in Teamwork.** Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.
- **Respect.** Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.
- **Patient Advocacy.** Not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.
- **Careful Delivery of Service.** Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Misconduct

Students are subject to disciplinary action up to and including termination from the Program for misconduct, including but not limited to:

- **Academic Dishonesty.** All forms of academic misconduct, including but not limited to cheating, fabrication, plagiarism, multiple submissions, or facilitating academic dishonesty. For the purposes of this policy, the following definitions apply:

Cheating. Cheating includes, but is not limited to, the use of or appearance of use of unauthorized materials, information, or study aids in any academic exercise; or helping another student commit an act of academic fraud; or the failure to observe the expressed procedures or instructions of an academic exercise (e.g., examination instructions regarding alternate seating or conversation during an examination).

Fabrication. Fabrication includes, but is not limited to, falsification or invention of any information or citation in an academic exercise.

Plagiarism. Plagiarism includes, but is not limited to, the use of another's words or ideas as if they were one's own; including but not limited to representing, either with the intent to deceive or by the omission of the true source, part of or an entire work produced by someone other than the student, obtained by purchase or otherwise, as the student's original work; or representing the identifiable but altered ideas, data, or writing of another person as if those ideas, data, or writing were the student's original work.

Multiple Submissions. Multiple submissions includes, but is not limited to, the resubmission by a student of any work which has been previously submitted for credit in identical or similar form in one course to fulfill the requirements of a second course, without the informed permission/consent of the instructor of the second course; or the submission by a student of any work submitted for credit in identical or similar form in one course to fulfill the requirements of a concurrent course, without the permission/consent of the instructors of both courses.

Other Forms of Dishonesty. Other forms of dishonesty, including but not limited to fabricating information or knowingly furnishing false information or reporting a false emergency to the program or to program officials acting in the performance of their duties.

- **Forgery.** Forgery, alteration, or misuse of any program document, record, key, electronic device, or identification. This policy applies to any individual for whom the program maintains records, regardless of current student status. Signing an attendance roster for another student or signing a clinical evaluation for a nurse are examples of forgery.
- **Theft.** Theft of, conversion of, misappropriation of, or damage to or destruction of any property of the program or University or property of others while on program or University premises or at official program functions; or possession of any property of the program or others stolen while on program premises or at official program functions.
- **Computers.** Theft or other abuse of computing facilities or computer time, including but not limited to unauthorized entry into a file to use, read, or change the contents or for any other purpose; unauthorized transfer of a file; unauthorized use of another individual's identification or password; use of computing facilities to interfere with the work of another student, faculty member, or program official; use of computing facilities to interfere with a program computing system.
- **Unauthorized Conduct.** Unauthorized possession of, receipt of, duplication of, or use of the program's name, insignia, or seal. Unauthorized entry to, possession of, receipt of, or use of any program properties, equipment, resources, or services. Selling or distributing course lecture notes, handouts, readers, or other information provided by an instructor, or using them for any commercial purpose, without the express permission of the instructor.
- **Physical Abuse.** Physical abuse, including but not limited to rape, sexual assault, sex offenses, and other physical assault; threats of violence; or conduct that threatens the health or safety of any person.
- **Rape.** Rape refers to "rape" as defined by the California Penal Code (as it may be amended from time to time). Among other acts, the Penal Code prohibits the following acts:
 - Sexual intercourse against a person's will accomplished by force or threats of bodily injury.
 - Sexual intercourse against a person's will where the person has reasonable fear that she (or he) or another will be injured if she (or he) does not submit to the intercourse.
 - Sexual intercourse where the person is incapable of giving consent, or is prevented from resisting, due to alcohol or drugs, and this condition was known, or reasonably should have been known by the accused.
 - Sexual intercourse where the person is incapable of resisting because she (or he), at the time, is unconscious or asleep, and this is known to the accused.
- **Sexual Assault.** The act of sexual assault includes forced sodomy (anal intercourse); forced oral copulation (oral-genital contact); rape by foreign object (forced penetration by a foreign object, including a finger); and sexual battery (the unwanted touching of an intimate part of another person for the purpose of sexual arousal). These also include situations when the accused sexually assaults a complainant incapable of giving consent, including where the complainant is prevented from resisting due to alcohol or drugs and this condition was known, or reasonably should have been known by the accused. Note: For the purpose of this regulation, students should understand that:
 - Forced intercourse or other unwanted sexual contact is defined as rape or sexual assault whether the assailant is a stranger or an acquaintance of the complainant.
 - Intoxication of the assailant shall not diminish the assailant's responsibility for sexual assault.
- **Sexual Harassment.** Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other Program activity;
 - Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decisions affecting an individual; or
 - Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive Program environment.

In determining whether the alleged conduct constitutes sexual harassment, consideration shall be given to the record of the incident as a whole and to the totality of the circumstances, including the context in which the alleged incidents occurred.

- **Stalking.** Stalking is behavior in which an individual willfully, maliciously, and repeatedly engages in a knowing course of conduct directed at a specific person which reasonably and seriously alarms, torments, or terrorizes the person, and which serves no legitimate purpose.
- **"Fighting Words."** The use of "fighting words" by students to harass any person(s) on Program property, on other property to which these policies apply, or in connection with official Program functions or program-sponsored programs. "Fighting words" are those personally abusive epithets which, when directly addressed to any ordinary person are, in the context used and as a matter of common knowledge, inherently likely to provoke a violent reaction whether or not they actually do so. Such words include, but are not limited to, those terms widely recognized to be derogatory references to race, ethnicity, religion, sex, sexual orientation, disability, and other personal characteristics. "Fighting words" constitute "harassment" when the circumstances of their utterance create a hostile and intimidating environment which the student uttering them should reasonably know will interfere with the victim's ability to pursue effectively his or her education or otherwise to participate fully in Program programs and activities.
- **Hazing.** Hazing or any method of initiation or pre-initiation activity which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any student or other person.
- **Obstruction or Disruption.** Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other program activities.
- **Disorderly Conduct.** Disorderly or lewd conduct.
- **Disturbing the Peace.** Participation in a disturbance of the peace or unlawful assembly.
- **Failure to Comply.** Failure to identify oneself to, or comply with directions of, a program official or other public official acting in the performance of their duties while on program property or at official program functions, or resisting or obstructing such program or other public officials in the performance of or the attempt to perform their duties.
- **Controlled Substances.** Unlawful manufacture, distribution, dispensing, possession, use, or sale of, or the attempted manufacture, distribution, dispensing, or sale of controlled substances, identified in Federal and State laws or regulations.
- **Alcohol.** Manufacture, distribution, dispensing, possession, use, or sale of, or the attempted manufacture, distribution, dispensing, or sale of alcohol which is unlawful or otherwise prohibited by, or not in compliance with, Program policy or campus regulations.
- **Destructive Devices.** Possession, use, storage, or manufacture of explosives, firebombs, or other destructive devices.
- **Weapons.** Except as expressly permitted by law, possession, use, storage, or manufacture of a firearm or other weapon capable of causing bodily injury.
- **Program Properties.** Using Program properties for the purpose of organizing or carrying out unlawful activity.
- **Violations of Law.** Violation of Federal, State, or local laws.

Classroom Decorum

- Pagers must be turned to silent alert mode or turned off during class.

- Cellular phones and wireless devices must be turned off and stowed away during class and skills labs. Calls and text messages are not to be answered and students are not to leave the classroom during lecture or skills to receive or return calls.
- Student audio, but not video, recording devices are permitted during lectures. No recording devices (cell phones, PDA, personal recording devices, etc.) are allowed out or on your person during quiz reviews or testing, including skills testing. Any phone call to be made during an exam will be done from the front office phone.
- Emergency phone calls may be received by the front office during class and this must be told to anyone wishing to contact you.
- Students must be prepared for class each day. Students should have appropriate learning tools and implements such as: texts, pen, pencil, paper, notebooks, policy manuals, skills manuals, etc. On skills days, students should always wear a watch with second hand, have a stethoscope, and have their skills manuals with them.
- Regularly scheduled breaks will be given throughout the class period. These breaks should be used for returning pages or phone calls, using the restrooms, obtaining snacks or beverages, or smoking. Disrupting the class for any reason other than an emergency will not be tolerated. Special circumstances must be prearranged with the instructor.
- Smoking and use of tobacco products of any kind is not permitted in the building or near its entrances. Smoking is only permitted in assigned areas; proper disposal of cigarette butts is required.
- Reasonable food and **covered drinks** are allowed in the classroom so long as their consumption does not interfere with the instructor's lesson or other students' ability to concentrate. Food that is noisy or smelly may not be consumed in the classroom. Sunflower seeds will be banned if shells are found on the floor.
- Students are not permitted to use facility equipment, including phones, fax machines, staff or faculty computers, or copiers. Students must not enter any faculty office or area without faculty permission. Designated areas of the facility as defined by the faculty are off limits.
- The designated computer lab must only be used for academic work.
- While on breaks, students must respect other students, faculty, and staff with their activities. The facility is used for many other classes and activities. Please be respectful.
- Students must respect the physical property of the facility and its cleanliness. All student areas should be neat and clean prior to leaving the facility at the end of class. Students must wipe down their work surface and put their chair up at the end of class each day.
- Faculty or staff should be notified of any facility issues so that timely maintenance or repair can occur. Housecleaning responsibilities will be shared by the students and explained further during the first week of class.
- After all breaks, students must return to the classroom or skills group on time or be subject to the tardiness policy.
- Students must not sleep in class. Students may stand (not sit) in the back of the classroom if needed to remain attentive.
- Personal computers may not be allowed in the classroom except when specifically requested or allowed by the Instructor for an academic purpose on a given day.
- The Program is committed to reduce, reuse, and recycle. Recycle bins for glass, plastic and aluminum cans exist throughout the building and should be used by students and faculty. Students must not throw recyclables into regular trash bins.
- Students may not contact Clinical Instructors (skills instructors) with questions, comments or concerns without express permission from a full-time faculty member. It is a violation of the Standards of Conduct of the

Program to engage in a social or physical relationship with any faculty or staff member, skills or clinical instructor or preceptor.

XIII. ATTENDANCE:

Attendance during all phases of the program is extremely important because of the nature of the material to be presented and the required commitment of outside professionals (clinical faculty and field preceptors) in the program. Following are the attendance requirements for each portion of the program.

General Attendance Rules

Attendance at all classroom, clinical, and field sessions is required. Attendance is verified by signing the attendance roster before the start of each class session (0800 for am sessions and 1330 for pm sessions unless otherwise indicated by the instructor). Students who are not signed in by 0800 or 1330 respectively will be determined to be late or absent.

Any absence requires **prior** notification of the Program Director, either personally, by phone or by e-mail. **A student's failure to make appropriate notification will result in administrative probation after the first occurrence and termination after the second occurrence, cumulatively throughout the entire course** to include classroom, clinical and field internship. Absences will be excused only in the event of severe illness requiring hospitalization, family emergency, jury duty or comparable occurrence. **Documentation of the emergency will be required.** These strict attendance rules are necessary due to the limited duration of the program and the large number of hours that must be completed for accreditation by the State.

Tardiness is defined as arrival after the start of class (morning or afternoon session) or clinical or field shift. A student who is more than two hours late for the start of class will be marked absent. In the clinical and field internship phases, any tardiness or absence must be reported both to the clinical or field site and to the Paramedic School. Tardiness beyond 30 minutes will result in the shift needing to be rescheduled and repeated at a later date.

Departure prior to the end of class or shift is also prohibited. Students leaving early must notify the instructor/preceptor prior to leaving. Students leaving more than 2 hours before the end of class or shift will be charged with an absence. Early departure between 30 minutes and two hours will result in the shift needing to be rescheduled and necessitate repeating the entire shift. Students leaving up to 30 minutes before the end of the shift will be charged with early departure.

Any combination of three tardies or early departures will be equivalent to one absence. Students will be placed on probation after the equivalent of three absences and terminated upon the tardy, early departure or absence that would exceed five absences for any reason, including withholding of services for nonpayment of installments on the tuition payment plan. Students will be allowed two additional occurrences in each of the clinical and field phases of the program, although the shifts will be required to be rescheduled and completed.

Classroom Phase

During the classroom phase, attendance is critical. All lectures and skills sessions build on material from prior lectures and skills sessions. Without a strong foundation in this prior material, it is extremely difficult to attain and master the new material or skill.

It is the student's responsibility to obtain the information from any lecture or practical session missed. The Program may require the student to perform additional assignments to make up information missed.

If a quiz is missed due to tardiness, early departure, or absence for any reason including withholding of services for nonpayment of installments on the tuition payment plan, the quiz grade will be a zero. The zero grade will be recorded and figured into the grade average, but not count against the total number of failed quizzes allowed. Students who miss the quiz shall not participate in any quiz review.

In an emergency, a class may be cancelled by the Program Director. Confirmation of classes can be made by calling (310) 680-1100, or checking the website.

WEST LOS ANGELES COLLEGE
DEPARTMENT OF ALLIED HEALTH

XIV. COURSE DATES:

This course is offered through the UCLA Center for Prehospital Care and is conducted in an accelerated format designed to meet the needs of students and employers. Class normally meets Monday – Friday, from 8:00am – 5:00pm. Please see the class schedule for specific dates.

XV. COURSE OUTLINE (SUBJECT TO CHANGES):

SESSION	LECTURE TOPIC	LECTURER
1	Introduction to Airway Management	Paramedic Faculty
2	Airway Management	Paramedic Faculty
3	Airway Management Skills Review	Paramedic Faculty
4	Airway Management Skills Review	Paramedic Faculty
5	Airway Management Skills Review	Paramedic Faculty
6	Airway Management Skills Review	Paramedic Faculty
7	Patient Communication	Paramedic Faculty
8	Patient Assessment Overview	Paramedic Faculty
9	History Taking	Paramedic Faculty
10	Patient Assessment Techniques	Paramedic Faculty
11	Patient Assessment Techniques	Paramedic Faculty
12	Human Anatomy Laboratory	Paramedic Faculty
13	FINAL BLOCK EXAM	Paramedic Faculty