GRADY HEALTH SYSTEM

EMS ACADEMY
CLINICAL EDUCATION MANUAL
FOR THE ADVANCED EMERGENCY MEDICAL TECHNICIAN

4/29/2015

PURPOSE OF CLINICAL EDUCATION:

The purpose of clinical education is to provide students with opportunities to reinforce knowledge, skills, and abilities acquired in the classroom and laboratory settings. When provided with opportunities to practice with actual patients, students transition from a basic understanding to an advanced level of comprehensive application and analysis. During this cognitive and psychomotor transition from simplistic tasks to those that are more complex, the student will develop a valuable and functional index of care modalities to be used when treating patients as a provider. Upon completion of the clinical education requirements, student proficiency will increase in the following performance areas:

- Clinical Behavior/Judgment
- Assessment
- Therapeutic Communication and Cultural Competency
- Psychomotor Skills
- Professionalism
- Decision-Making and Prioritization
- Record Keeping
- Patient Complaints
- Scene Leadership
- Scene Safety

AEMT CLINICAL CURRICULUM DESIGN

Students will be prepared to demonstrate knowledge, skills, abilities, and basic competencies in the didactic and laboratory setting. If the student is unable to demonstrate competency in the didactic/laboratory environment, the student WILL NOT BE ALLOWED TO SCHEDULE/APPEAR FOR CLINICAL SHIFTS. Clinical shifts/rotations and objectives follow the progression established by the didactic course sequence.

Each rotation of the AEMT clinical curriculum has been designed to complement the didactic course. The didactic course introduces a skill or skills that will be validated by an instructor in a controlled laboratory setting. Once a skill or skills have been validated in this manner, the student will be free to observe and assist with the skill in the clinical or field setting under the supervision of a clinical preceptor. The clinical preceptor is may be a registered nurse, a physician, or a paramedic level provider that host students in a clinic or a hospital and in EMS field settings.

Ultimately, the clinical and field experiences have been designed to provide the student with opportunities to grow into a competent AEMT. The experience is an opportunity to develop and demonstrate critical thinking skills, psychomotor proficiency, and affective accountability. Upon completion of the curriculum, the student will assume roles and responsibilities of an advanced level AEMT provider.

AEMT CLINICAL COURSE OBJECTIVES:

ADVANCED EMERGENCY MEDICAL TECHNICIAN CLINICAL AND EMS FIELD EXPERIENCE

EMSP 225 – CLINICAL APPLICATIONS FOR THE AEMT [3 SHIFTS, 12 HOURS EACH = 36 HOURS]
GRADY HEALTH SYSTEM – EMERGENCY CARE CENTER
ARRIVE 15 MINUTES BEFORE SCHEDULED TIME – *REPORT TO FLOW COORDINATORS OFFICE TO CHECK IN [ROOM GE014]*

EMSP 299 – FIELD INTERNSHIP FOR THE AEMT [3 SHIFTS, 13 HOUR EACH = 39 HOURS]
GRADY HEALTH SYSTEM – EMERGENCY MEDICAL SERVICES
ARRIVE 30 MINUTES BEFORE SCHEDULED TIME – *REPORT TO EMS AMBULANCE BAY TO FIND PRECEPTOR OR EMS SUPERVISOR*

The purpose of the clinical experience in the Emergency Department is to provide the student with opportunities to observe and participate in the care management of urgent and emergent medical and trauma patients. This clinical experience is in emergency room. During this rotation, students should have the opportunity to practice and demonstrate the following competencies **under direct supervision:**

CLINICAL OBJECTIVES

- ✓ Performance of a complete patient assessment (medical history and physical examination)
- ✓ Anticipate treatment plan and verbalize rationale for treatments
- ✓ Identify and verbalize pathophysiology that may contribute clinical findings
- ✓ Assist in process of patient triage
- ✓ Assist in administration of oxygen via non-invasive device.
- ✓ Perform basic airway assessment and management (using simple airway adjuncts and bag-valve mask).
- ✓ Obtain electrocardiograms for Clinical Preceptor interpretation.
- ✓ Assist with cardiac arrest management.
- ✓ Assist with wound care.
- ✓ Assist with orthopedic assessment and stabilization.
- ✓ Assist with the assessment and management of emergencies secondary to traumatic injury.
- ✓ Assist with the assessment and management of medical emergencies.
- ✓ Assist with the assessment and management of cardiac emergencies.
- ✓ Assist with the assessment and management of neurological emergencies.
- ✓ Assist with the assessment and management of obstetric emergencies.
- ✓ Assist with the assessment and management of respiratory emergencies.
- ✓ Assist with the assessment and management of gastrointestinal or genitourinary emergencies.
- ✓ Assist with the assessment and management of psychiatric emergencies.
- ✓ Assist with the assessment and management of geriatric emergencies.
- ✓ Assist with the assessment and management of pediatric emergencies.
- ✓ Perform skills under stressful situations.
- ✓ Establish rapport with patients, families, and team members.
- ✓ Demonstrate professionalism at all times.
- ✓ Perform other duties as assigned within EMT scope of practice

FIELD EXPERIENCE

- ✓ Serve as team leader for at least 5 pre-hospital emergency responses.
- ✓ Identify and locate all equipment on an ambulance.
- ✓ Perform radio/telephone transmission of patient care reports.
- ✓ Perform verbal reports to ED staff upon arrival to hospital.
- ✓ Complete patient care documentation for ALL patient contacts in **FISDAP ONLY**.
- ✓ Collect and transmit electrocardiograms for suspected STEMI patients.
- ✓ Perform skills under stressful situations.
- ✓ Establish rapport with patients, families, and team members.
- ✓ Demonstrate professionalism at all times.
- ✓ Perform other duties as assigned within EMT scope of practice

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ROLES AND RESPONSIBILITIES OF THE CLINICAL MANAGER

The Clinical Training/Development Manager is the instructor for clinical education. It is the responsibility of the "Clinical Manager" to facilitate and evaluate the student performance and competency during their clinical experience.
Student performance will be evaluated on the basis of attaining the established objectives for the clinical and field experiences (see below). During any clinical or field shift, the Clinical Manager (or designee) may make routine visits to the clinical sites to observe and evaluate clinical performance. The Clinical Manager will also schedule student clinical and field experiences and be available for preceptor questions regarding student performance.

EMT STUDENT CLINICAL AND FIELD INTERNSHIP GRADING SYSTEM

There are three domains of learning that students in EMS curriculum are to be evaluated: Psychomotor (what you can do), Cognitive (what you know), and Affective (your attitude or "sense of Professionalism). The methods below reveal the method by which students enrolled in the Grady EMS Academy Advanced EMT Program will be evaluated.

PSYCHOMOTOR STANDARDS

SUMMATIVE AEMT ASSESSMENT AND SKILLS GOALS					
ASSESSMENT BY AGE					
NEONATE (0-1 month)	*	INFANT (1 month – 1 year)	*	TODDLER (1 – 3 years)	*
PRESCHOOL (4 – 5 years)	*	SCHOOL AGE (6 – 12 years)	*	ADOLESCENT (13 – 17 years)	*
TOTAL PEDIATRIC	2	ADULT (18 – 64 years)	10	GERIATRIC (65+ years)	4
TOTAL ASSESSMENTS BY COMPLAINT					
BREATHING PROBLEM	1	PEDIATRIC RESPIRATORY	1	CHANGE IN CONSCIOUSNESS	1
CHEST PAIN	1	ABDOMINAL PAIN	1	ALTERED MENTAL STATUS	1
WEAKNESS	1	HEADACHE/BLURRED VISION	1	SYNCOPE	1
TOTAL ASSESSMENTS BY IMPRESSION					
OBSTETRIC	1	TRAUMA	1	PSYCHIATRIC	1
CARDIAC	1	CARDIAC ARREST	1	CVA	1
MEDICAL	1	NEURO	1	RESPIRATORY	1
TOTAL SKILLS/INTERVENTIONS					
TOTAL MEDICATIONS	10	INTRANASAL	*	NEBULIZER	3
IV PUSH/BOLUS	2	IV DRIP	1	ORAL	2
SUBLINGUAL	2	INTRAMUSCULAR	*	TRANSDERMAL	*
VENTILATIONS	1	AIRWAY MANAGEMENT	1	EMS TEAM LEADS	8
HOSPITAL CLINICAL [ER]	3	SHIFTS x	12	TOTAL HOURS =	36
EMS FIELD	3	SHIFTS x	13	TOTAL HOURS =	39
				SUM TOTAL =	75

The student will be evaluated on the basis of how each of these goals is accomplished at the end of the clinical curriculum. There are 38 points available for skills alone. A final clinical psychomotor grade will be derived using the following formula:

$$\frac{\text{\# skills performed by the student}}{\text{\# total skill points}} = \text{Cumulative Clinical Psychomotor Score}$$

COGNITIVE STANDARDS

CLINICAL THINKING QUESTIONS

Each during the course of the clinical rotation, you may be sent critical thinking questions via email when you have had a particularly rigorous clinical experience. You are expected to answer the questions and return your responses within 3 days of receiving the questions. Your answers will help the Clinical Education Manager determine if you are developing the critical thinking on the basis of your answers. Participation is mandatory. In addition to questions pertaining to the clinical experience, the Clinical Education Manager may surprise you with a "CLINICAL THINKING QUESTION" via email. You will not be able to predict when you will receive this question; however, when you do a reply is mandatory.

When the student returns the answers to these questions, s/he will be evaluated on the following criteria:

4 = PROFICIENT
3 = ACCEPTABLE
2 = NEEDS IMPROVEMENT
1 = UNACCEPTABLE PERFORMANCE

The total cognitive score will be determined from the total "PROFICIENT" points available during that rotation.

PATIENT CARE REPORT NARRATIVES

The student will be required to document EVERY patient contact in the clinical setting. For each shift, a singular patient care report will be evaluated for required documentation.

Subjective:
SAMPLE History
OPQRST of Complaint
Objective:
Scientific Measurements
Assessment:
Thorough Head to Toe Assessment
Pertinent Negatives
Clinical Findings
Plan/Treatment:
Interventions
Reassessment for Post-Intervention Intervention Findings
Follow-up Vital Signs
Transport Destination/Transport Rate (Emergency versus Non-urgent)
Disposition at Receiving Facility

For each shift, the chosen narrative will be evaluated for the criteria listed above. The student will scored according to on the following criteria:

4 = PROFICIENT
3 = ACCEPTABLE
2 = NEEDS IMPROVEMENT
1 = UNACCEPTABLE PERFORMANCE

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AFFECTIVE STANDARDS

During the clinical rotations, the Clinical Manager will evaluate each student on the basis of the following parameters:

1. INTEGRITY	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.		
2. EMPATHY	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: 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.		
3. SELF - MOTIVATION	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: 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		
4. APPEARANCE/PERSONAL HYGIENE	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean, and well maintained good personal hygiene and grooming.		
5. SELF - CONFIDENCE	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.		
6. COMMUNICATIONS	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations		
7. TIME MANAGEMENT	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.		
8. TEAMWORK AND DIPLOMACY	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: 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.		
9. RESPECT	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.		
10. PATIENT ADVOCACY	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.		
11. CAREFUL DELIVERY OF SERVICE	**DISPLAYED BEHAVIOR**	**DID NOT DISPLAY BEHAVIOR**
Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.		

Professionalism will be evaluated during the Clinical Rotations. The student will be evaluated on the basis of performance as indicated by the clinical preceptor as well as the student's compliance with scheduling, documentation, and time management standards established by the Program. There are 11 items on this professionalism evaluation. Each "DISPLAYED BEHAVIOR" will score the student 1 point. "DID NOT DISPLAY BEHAVIOR" scores the student 0 points. At the end of the clinical shift, each student will rated on their professionalism and this score will factor into an average that will be comprehensive AFFECTIVE MEASURE for the entire rotation.

ROLE AND RESPONSIBILITIES OF THE PRECEPTOR

The student must be in direct supervision of a Preceptor when in the clinical education setting. Clinical Preceptors are educators that are responsible for teaching, observing, and evaluating clinical performance on the basis of objectives outlined for a given clinical rotation. Because the clinical setting can be an intimidating experience for many students, it is important for the clinical preceptor to assist the student in transitioning from the classroom to the clinical or field setting.
EMS field Internship preceptors must be at least an Advanced EMT with 2 or more years of full-time experience and have completed Preceptor Training. Each of these clinicians should have sufficient knowledge, experience, and teaching abilities to guide students in accomplishing all clinical objectives. The preceptor should also serve as a mentor and role model for professionalism.

PRECEPTOR EXPECTATIONS:

As a clinical expert, the preceptor will provide both instruction and guidance to students in the clinical setting. The preceptor should provide the student with constructive feedback so that performance may improve as the student progresses through the clinical experience. It is recommended (and requested) that the preceptor set aside time to complete the student daily performance evaluation. To help the student gain the utmost of his/her experience at the clinical site, the preceptor should empower the student to be successful by:

- Reading/reviewing student scope of practice.
- Reading/reviewing student clinical competencies to be demonstrated.
- Orienting the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.
- Supervising/assisting the student by providing clinical decision support and/or feedback with regard to all patient interactions (includes approaches to collecting patient medical history, physical examination findings, clinical signs interpretation, and treatment plans).
- Demonstrating, assisting, and evaluating the student's performance of approved skills.
- Suggesting corrective actions or alternative approaches to technique when appropriate.
- Answering questions concerning assessment, clinical judgment, and care management decisions.
- Offering clinical expertise gained through previous patient contact experience.
- Correlating clinical experience with didactic knowledge.
- Complete clinical performance evaluation and provide student with summative observations and suggestions for improvement in future clinical shifts/rotations.
- Avoid using students as agents for performing duties designated to paid staff ***(THIS INCLUDES PATIENT CARE REPORTS TO BE DOCUMENTED USING HEALTHEMS SOFTWARE).***

PERFORMANCE EVALUATIONS

Evaluations are essential for determining student competency. The clinical shift evaluation must document times, students name, date, and the preceptors feedback. The evaluations assist the Program in determining if the student can appropriately apply knowledge, skills, and abilities acquired in the didactic and laboratory settings in real-time patient care situations. Accurate and timely documentation of students' clinical experience is essential for course completion. Evaluation without signatures will not be accepted. Any falsification of evaluations constitutes an act of academic dishonesty and is grounds for dismissal from the Program (see Student Handbook).

PRECEPTOR EVALUATION CRITERIA

While in the company of a Preceptor, AEMT students should be evaluated on the basis of the following criteria.

SCENE MANAGEMENT
The student conducted a thorough scene size-up with the objective of ensuring the safety of EMS team, patients, as well as uninvolved citizens. The student used PPE/BSI standard precautions, made note of the mechanism of injury/nature of illness, and determined if any additional resources were needed. While in the Field EMS setting, the student observes queues that suggest ingress/egress strategies should be developed.

INITIAL ASSESSMENT
The student performs a rapid but effective primary assessment with the objective of discovering immediate life threats. Should the student discover a life threat, the student must immediately intervene to the terminus of Georgia AEMT scope of practice (see following page).

PATIENT EXAMINATION
The student obtains accurate and relevant information. The student conducts a physical examination using a logical, systematic technique that is appropriate for mechanism of injury or nature of illness. The student is able to immediately determine if the patient is stable or unstable.

HISTORICAL HEALTHCARE RECORD DEVELOPMENT
The student is able to rapidly and effectively obtain and organize information from patient, family, or standers by. The patient's historical healthcare record includes the chief complaint, the history pertinent to the chief complaint, pertinent surgical history, medications, allergies, last oral intake, last menstrual period (if applicable), and events leading to the chief complaint and/or call for EMS request.

PATIENT CARE
The student is able to formulate/implement or delegate interventions that are appropriate for a treatment plan.

KNOWLEDGE BASE & CRITICAL DECISION MAKING
The student is able to monitor the efficacy of interventions and treatment plan and develop an alternative if interventions/treatment plan is rendered ineffective. When the student is encountered with a situation not previously experienced, the student is able to rely on his/her knowledge base to make sound clinical/procedural decisions. The student is able to manage a patient that presents with multiple complaints by determining the root cause(s). The student is able to discuss clinical findings, suggest treatments, and defend rationale behind treatments suggested. The student is able to recollect and apply concepts when synthesizing treatment plans in complex patient(s) situations.

SKILLS PERFORMANCE
The student demonstrates that s/he has knowledge of basic patient care equipment. The student is able to manage an airway using basic techniques. The student is able to accurately obtain objective measurements such as blood pressure, heart rate, respiratory rate, pulse oximetry, pupillary diameter, and blood glucose concentration. The student is able to manage effectively assist with the management of both medical patients and patients presenting with traumatic injuries.

PATIENTS AND FAMILY
The student presents to patients and family with respect and active listening. The student is able to establish a rapport while obtaining relevant information using therapeutic communication.

OTHER PROVIDERS
The student communicates pertinent information to team members and hospital personnel.

RADIO
The student provides complete, clear, and concise patient report using knowledge of radio procedure and operations.

DOCUMENTATION
The student keeps complete and accurate record of patient care and interventions.

APPEARANCE, ATTENDANCE, PREPARATION
The student is well-groomed and in appropriate uniform with student badge prominently displayed. The student arrives promptly for scheduled shift and remains throughout the duration of the shift. The student has prepared for shift by reviewing the AEMT scope of practice and ready to accomplish any goals identified in previous shifts.

DEPENDABILITY, ORGANIZATION
The student carries out assigned tasks with minimal prompting from Preceptor. The student prioritizes tasks for time allotments and uses organized, systematic approach to patient evaluation and care.

ATTITUDE, TEAMWORK
The student presents with behaviors that suggest s/he is mature, eager to learn, and an adaptable member of a healthcare team. The student is able to establish a good rapport with all team members and patients. The student demonstrates empathy and integrity.

PATIENT ADVOCACY/CAREFUL DELIVERY OF SERVICES
The student is able to create a patient-centered environment of care while protecting patient confidentiality.

SELF-CONFIDENCE
The student is able to demonstrate an ability to trust personal clinical and procedural judgments while remaining acutely aware of personal strengths and limitations.

STATE OF GEORGIA – ADVANCED EMERGENCY MEDICAL TECHNICIAN SCOPE OF PRACTICE

Under O.C.G.A. § 31-11-54, persons training to be an Advanced Emergency Medical Technician may perform all skills allowed for AEMTs, as long as they are under the supervision of a physician, nurse, or paramedic preceptor.

The skills approved for a Georgia Advanced Emergency Medical Technician (AEMT student) scope of practice include:

AIRWAY AND BREATHING
- Supplemental oxygen therapy
- Oxygen delivery devices [cannula, non-rebreather, etc.]
- Humidified oxygen administration

BASIC AIRWAY MANAGEMENT
- Manual maneuvers to open and control airway
- Manual maneuvers to remove airway obstructions
- Insertion of airway adjunct intended for oropharanyx
- Insertion of airway adjunct intended for nasopharanyx

VENTILATION MANAGEMENT
- Mouth to barrier devices
- Bag-Valve-Mask
- Manually triggered ventilators
- Automatic transport ventilators (may adjust only rate and tidal volume)
- Chronic-use home ventilators

SUCTIONING
- Upper airway suctioning
- Tracheobronchial suctioning (limited to pre-established airways)

ADVANCED AIRWAY MANAGEMENT
- BIAD insertion & removal (Blind Insertion Airway Devices are not intended for the trachea)

BASIC ASSESSMENT
- Performs simple patient assessments
- Performs comprehensive patient assessments
- Obtains vital signs manually

ADVANCED ASSESSMENT
- Obtains vital signs with electronic devices

FUNDAMENTAL PHARMACOLOGICAL SKILLS
- Use of unit dose commercially pre-filled containers or auto-injectors in hazmat situation
- Assist patients in taking their own prescribed medications as approved by medical direction
- Administration of over-the-counter medications with medical direction [oral glucose, aspirin]

ADVANCED PHARMACOLOGICAL SKILLS: VASCULAR ACCESS
- Obtaining peripheral venous blood specimens
- Peripheral IV insertion, maintenance, and removal (all peripheral access except umbilical)
- Intraosseous device insertion, maintenance and removal (Adults and Pediatrics)

ADMINISTRATION OF MEDICATIONS/FLUIDS
- Crystalloid IV solutions
- Administration of (IV/IO) hypertonic dextrose solutions for hypoglycemia
- Administration of glucagon (IM, SC, IV, IO, IN as approved by Medical Direction) for hypoglycemia
- Administration of SL nitroglycerine to chest pain secondary to ischemia
- Parenteral administration of epinephrine for anaphylaxis (AEMT may prepare epinephrine for IM or SC routes)
- Inhaled (nebulized) medications to patients with difficulty breathing and/or wheezing
- Administration of a narcotic antagonist to a patient suspected of narcotic overdose
- Administration of nitrous oxide (50% nitrous oxide, 50% oxygen mix) for pain relief
- Vaccination administration

FUNDAMENTAL CARDIAC SKILLS
- Manual external CPR
- Use of an automated external defibrillator

ADVANCED CARDIAC SKILLS
- Use of mechanical CPR assist devices
- Monitoring and interpretation (includes obtaining & interpretation of 12-leads ECGs)

EMERGENCY CHILDBIRTH MANAGEMENT

- Assist in the normal delivery of a newborn
- Assist in the complicated delivery of newborn (includes external fundal massage for post-partum bleeding

BEHAVIORAL EMERGENCY SKILLS

- Manual and mechanical patient restraints for behavioral emergencies

TRAUMA CARE SKILLS

Managing injuries, including, but not limited to:

- Manual cervical stabilization and cervical collar use
- Manual stabilization of orthopedic trauma
- Spinal motion restriction [includes commercial devices such as KED®]
- Splinting [includes traction splints]

Managing other traumatic injuries, including, but not limited to:

- Fundamental bleeding control [includes direct pressure & bandaging]
- Progressive bleeding control [includes tourniquets & hemostatic agents]
- Fundamental eye irrigation
- Complex eye irrigation with Morgan lens
- Fundamental management of soft-tissue injuries
- Complex management of soft-tissue injuries

MOVEMENT/EXTRICATION OF PATIENTS, INCLUDING, BUT NOT LIMITED TO:

- Emergency moves for endangered patients
- Rapid extrication of patients

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Below is a sample Preceptor evaluation for Grady EMS Academy. Each clinical or field shift that the student completes should culminate in a performance evaluation. It is the responsibility of the Preceptor to complete the evaluation. The student may complete the shift patient contact log located on page 2 of the evaluation.

STUDENT'S NAME		DATE		AEMT

CLINICAL APPLICATIONS FOR THE AEMT

INSTRUCTIONS FOR CLINICAL PRECEPTORS:
PLEASE USE THIS FORM TO PROVIDE THE ACADEMY WITH A **SUMMATIVE MEASURE** OF THE STUDENT'S PERFORMANCE FOR THE ENTIRE SHIFT.

AEMT CLINICAL & FIELD INTERNSHIP EVALUATION

THE STUDENT MUST BE EVALUATED ACCORDING TO THE FOLLOWING SCALE:
4 = PROFICIENT
3 = ACCEPTABLE
2 = NEEDS IMPROVEMENT
1 = UNACCEPTABLE PERFORMANCE

CRITICAL DECISION MAKING	RATING
ASSISTS W/ INITIAL ASSESSMENT	
ASSISTS W/ PATIENT EXAMINATION	
ASSISTS W/ PATIENT CARE	
DEMONSTRATED APPROPRIATE KNOWLEDGE BASE	
DEMONSTRATED CRITICAL THINKING SKILLS	
SYNTHESIS OF TREATMENT PLAN	
TOTAL	

COMMUNICATION & PROFESSIONALISM	RATING
ESTABLISHED RAPPORT WITH PATIENTS &FAMILY	
ESTABLISHED RAPPORT WITH CARE TEAM	
APPEARANCE & ATTENDANCE	
PREPARATION & ORGANIZATION	
ATTITUDE, TEAMWORK & DEPENDABILITY	
PATIENT ADVOCACY	
SOUGHT LEARNING EXPERIENCES	
TOTAL	

SKILL PERFORMANCE	RATING
KNOWLEDGE OF BASIC PATIENT CARE EQUIPMENT	
APPROPRIATELY USES PPE/BSI TECHNIQUES	
EFFECTIVELY ASSISTS W/ BASIC AIRWAY MGMT	
EFFECTIVELY ASSISTS W/ TRAUMA EMERGENCIES	
EFFECTIVELY ASSISTS W/ MEDICAL EMERGENCIES	
EFFECTIVELY ASSISTS W/ TRIAGING PATIENTS	
TOTAL	
TOTAL AVAILABLE	76
FINAL SCORE	

CLINICAL OBJECTIVES

CLINICAL AND EMS FIELD OBJECTIVES WILL BE LISTED HERE FOR BOTH THE STUDENT AND THE PRECEPTOR TO REVIEW. THE OBJECTIVES ARE MEANT TO PROVIDE STUDENTS WITH DIRECTIVES. THE OBJECTIVES ARE ALSO MEANT TO PROVIDE PRECEPTOR WITH CRITERIA FOR EVALUATING A STUDENT'S EFFECTIVENESS IN THE CLINICAL EXPERIENCE.

PRECEPTOR'S NAME	PRECEPTOR'S SIGNATURE	STUDENT SIGNATURE

START TIME		END TIME	

IF YOU HAVE ANY CONCERNS REGARDING THE PERFORMANCE OF THIS STUDENT, PLEASE NOTIFY
CLARY MOLE [EMS CLINICAL EDUCATION MANAGER] @ 404.616.3517 (office) or 404.308.4628 (mobile) or cmole@gmh.edu.
IF UNAVAILABLE OR THE SITUATION IS EMERGENT (SUDDEN ILLNESS OR INJURY), CONTACT THE ON-DUTY DEPARTMENT SUPERVISOR.

UPDATED 10/2014

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GRADY HEALTH SYSTEM – EMS ACADEMY – DAILY SHIFT LOG								
DATE			SHIFT START TIME			SHIFT END TIME		
GRADY HEALTH SYSTEM			CLINICAL APPLICATIONS FOR THE EMERGENCY MEDICAL TECHNICIAN					
#	AGE	GENDER	CHIEF COMPLAINT		CLINICAL OBJECTIVES		RATING	# TIMES
1					OBJECTIVE 1			
2					OBJECTIVE 2			
3					OBJECTIVE 3			
4					OBJECTIVE 4			
5					OBJECTIVE 5			
6					OBJECTIVE 6			
7					OBJECTIVE 7			
8					OBJECTIVE 8			
9					OBJECTIVE 9			
10					OBJECTIVE 10			
11					OBJECTIVE 11			
12					OBJECTIVE 12			
13					OBJECTIVE 13			
14					OBJECTIVE 14			
STUDENT NAME					STUDENT SIGNATURE			
PRECEPTOR NAME					PRECEPTOR SIGNATURE			

This form is considered Page 2 of the Preceptor Evaluation. Patient contact entries should be added by the student. The student's Preceptor must evaluate student performance by assigning a number to the number of times the student accomplished each objective AND assign a rating for each objective according to the rubric located on page 1 of the evaluation. If the student did not have the opportunity to demonstrate the objective, write "N/A" in the column designated for "rating".

ROLES AND RESPONSIBILITIES OF THE STUDENT

SCOPE OF PRACTICE IN THE LEARNING ENVIRONMENT

Advanced Emergency Medical Technician students may perform any skill or ability identified in the scope of practice of an AEMT while in the clinical setting under the director supervision of a registered nurse, physician, or Paramedic preceptor. When the AEMT student is not participating in course-related activities, s/he is permitted to perform only skills within their current licensure scope of practice. Students who practice the AEMT scope of practice while not under the direct supervision of a Preceptor are in violation of their existing license. This violation may be subject to dismissal from the Program and may be reported to the Georgia State Office of Emergency Medical Services and Trauma.

PREPARATION FOR CLINICAL EXPERIENCE

Prior to arriving to any clinical site, the student is responsible for completed the following preparatory tasks:

- Read the objectives for that clinical site.
- Review skills sheets for the clinical shift. Pay attention to skills that contribute to the summative clinical competencies.
- Review medications that may be administered at the clinical site. Expect the clinical preceptor to evaluate your knowledge during the clinical shift. If you are unable to demonstrate a sufficient basis of didactic knowledge, the clinical preceptor will not allow you to demonstrate skills.
- Promptly report to the clinical site at designated date/time and in appropriate attire as outline in the Student Handbook.
- Review policies and procedures specific to the clinical site and area.
- Be cognizant of opportunities to fulfill course requirements as they pertain to skills, patient age, complaint, & impression.
- Be prepared to review and discuss treatments/procedures you observe/perform.
- Ask the preceptors questions away from the patient about treatments/procedures you may observe/perform but be cognizant of the preceptor's time. In most cases, it is acceptable to ask questions, but do not question a Physician's clinical decisions or orders.

CLINICAL UNIFORM STANDARDS

Refer to the Student Handbook for policies pertaining to uniform.

CLINICAL SCHEDULING AND ATTENDANCE

All clinical scheduling is done through FISDAP. The Clinical Education Manager may release shifts or request availability. You may not self-dispatch to a clinical or field shift. Self-dispatching to a clinical affiliate is subject to disciplinary action and possible clinical course failure. When preparing availability or signing up for shifts, students must remember that both minimum skill AND minimum clinical hours must be achieved to graduate from the Program.

- Clinical attendance is a requirement for the Program. When a student must be absent, the Clinical Manager will request that the student immediately schedule a make-up date. Make up shifts are subject to clinical site availability.
- FISDAP is a Student-Clinical Manager interface used to schedule clinical shifts. Students must provide a valid email address so notifications about shifts can be forwarded to the student. It is the responsibility of the student to remember that a shift is scheduled.
- Students scheduled for a clinical shift must arrive 30 minutes prior to the scheduled time. Students are allowed a 30 minute meal break in addition to one 15 minute break for every four hours (for shifts greater than 8 hours). Breaks must be coordinated with the Clinical Preceptor.
- If the student decides to leave a clinical site, permission must be granted to do so. Students are NOT permitted to leave the clinical site without first contacting the Clinical Manager or secondly other Program staff. The student must explain why departure is necessary; the student must be cleared **before** leaving the clinical site. Students will not be allowed to claim remaining hours of the shift after departing the clinical site.
- Students will not be scheduled for clinical shifts before the rotation start date. No clinical shift will be scheduled during course didactic time. A respite of 8 hours must be observed between work and course shifts. Working a clinical shift is no excuse for tardiness or absence from course didactic or another scheduled clinical shift. Pre-planning and caution should be exercised when scheduling clinical shifts.

- All availability must be submitted when clinical availability is requested. If shifts are released for sign-up, clinical shifts must be acquired at least 1 week prior to the desired date.
- All absences must be reported to the Clinical Managers either by phone call or email (email is preferred). Absences due to emergency must be reported at least 2 hours before scheduled arrival time. If you are ill the night before your scheduled clinical, it is recommended that you cancel the shift and reschedule it rather than wait until 2 hours before scheduled to arrive.
- If an absence is deemed excused, the shift must be made up during the clinical rotation. No make-up clinical shifts will be rescheduled the same week of an absence. Failure to meet the minimum hour requirement will result in a failure for that clinical course. See Student Handbook for details.
- Tardiness is not tolerated. If the student is unable to arrive 30 minutes prior to the assigned time, the student must notify both the Clinical Manager and the Clinical Site Manager 45 minutes prior to the assigned time.
- See the Student Handbook for details about Clinical Absenteeism.

TERMINAL EMT CLINICAL COMPETENCIES

All competencies listed below must be performed in order to achieve clinical goals and objectives:

- Demonstrate appropriate appearance and behavior expected from a medical professional.
- Demonstrate ability to work cooperatively with others.
- Comply with patient privacy rights and respect confidentiality.
- Follow rules and regulations of hospital and clinical affiliates
- Review all cases including the patient's chart, diagnosis, and treatment.
- Observe patient presenting with signs and relate them to patient condition.
- Assist with triaging patients
- Collect initial vital signs and monitor for status changes while in contact with patient.
- Auscultate lungs sounds and Identify rales, rhonchi, and wheezes.
- Auscultate for and appreciate heart tones.
- Demonstrate appropriate infection control practices.
- Observe and assist with oropharyngeal suctioning.
- Observe and assist with airway management using basic adjuncts and a bag-valve mask.
- Participate in treatment of cardiac arrest by assisting with cardiopulmonary resuscitation and airway management.
- Perform manual defibrillation using an Automated External Defibrillator (AED).
- Observe response to treatment rendered.
- Calculate and document APGAR score.
- Assist in the resuscitation and/or management of the newborn.
- Observe/assist with post-partum care of mother.
- Effectively interact with both children and parents when providing pediatric patient care.
- Observe emotional response to injury/illness.
- Immobilize extremities in cases of fractures or dislocation.
- Perform spinal immobilization using a long spine board.
- Relay patient information to the physician in the correct sequence.
- Observe the assessment of injuries resulting from trauma.
- Assist in interview, management, and treatment of patients with psychiatric pathologies.

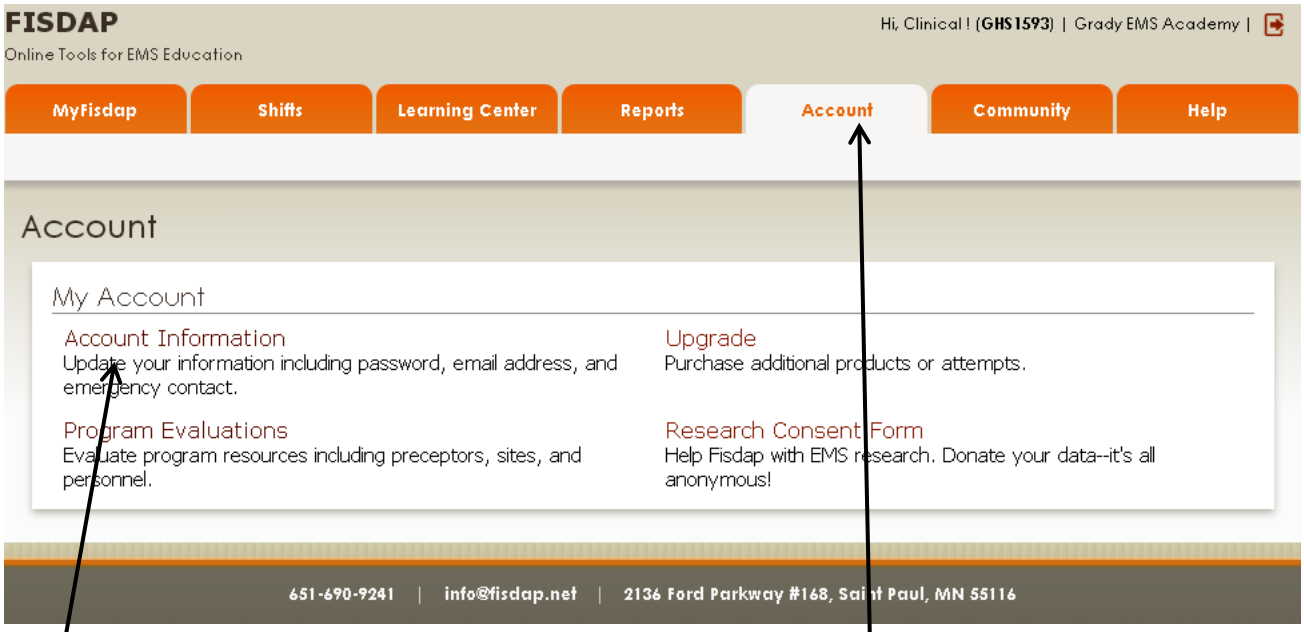
SCHEDULING & DOCUMENTATION

FISDAP

Students enrolled in curricula of the Grady EMS Academy will be required to purchase **FISDAP**. FISDAP is a database used to schedule clinical shifts as well as catalogue all skills and patient contacts. Students will be asked to provide an email address so that a code and a hyperlink may be sent from the Clinical Education Manager. Upon receipt of code and hyperlink, students must follow the prompts to purchase and establish an account with FISDAP.

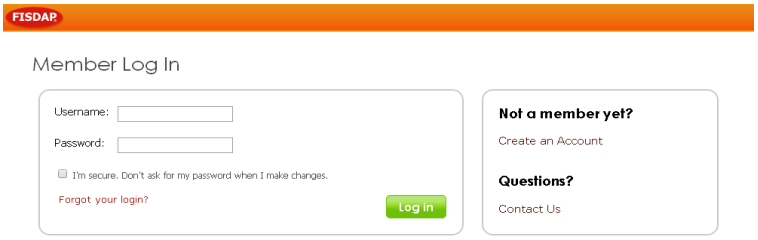
Once the FISDAP account is purchased, the student will use the account to schedule shifts and enter patient care reports. All skills and patient documentation must be entered into FISDAP for each clinical shift. You are required to enter this data within 72 hours of your clinical shift. If you do not complete the documentation within 72 hours of your shift, FISDAP will lock you out. If locked out, clinical documentation not completed within 72 hours will no longer be eligible to be entered into the database. If no data is entered in FISDAP, no skills or patient contacts will be documented and the student will be subject to having the shift deleted or marked as absent. Deleted shifts must be rescheduled and re-attended. Failure to document clinical experience is **UNACCEPTABLE**.

Please follow the prompts below in order to be successful with managing information to be entered into the FISDAP tracking and scheduling database:

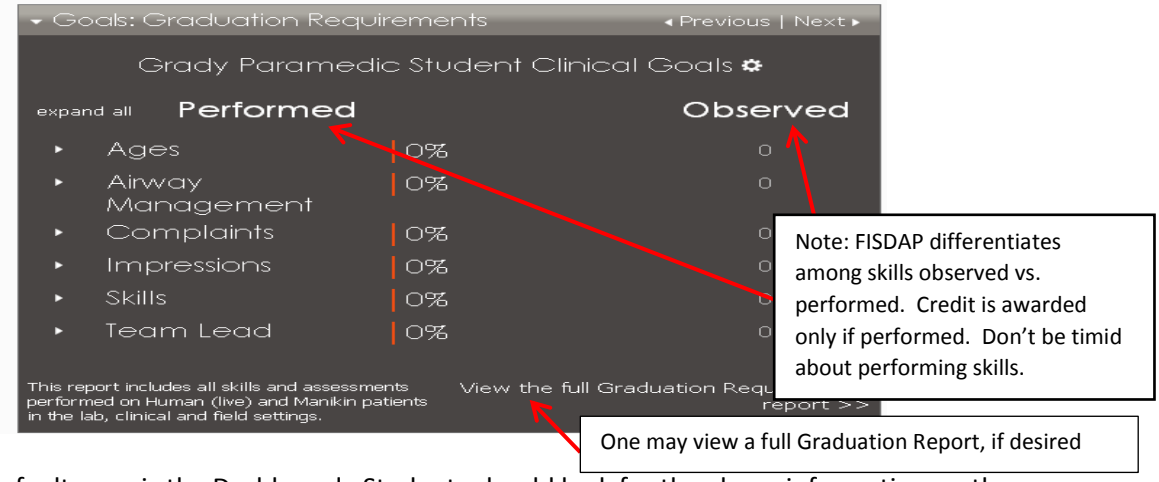


When students have purchased the account, it is necessary for the student to update any account information not entered during the initial purchase. To do so, select **Account**, then select **Account Information.** Update all information in each prompt and then select **Save.** You may then log-out until needed for clinical data entry at a later time.

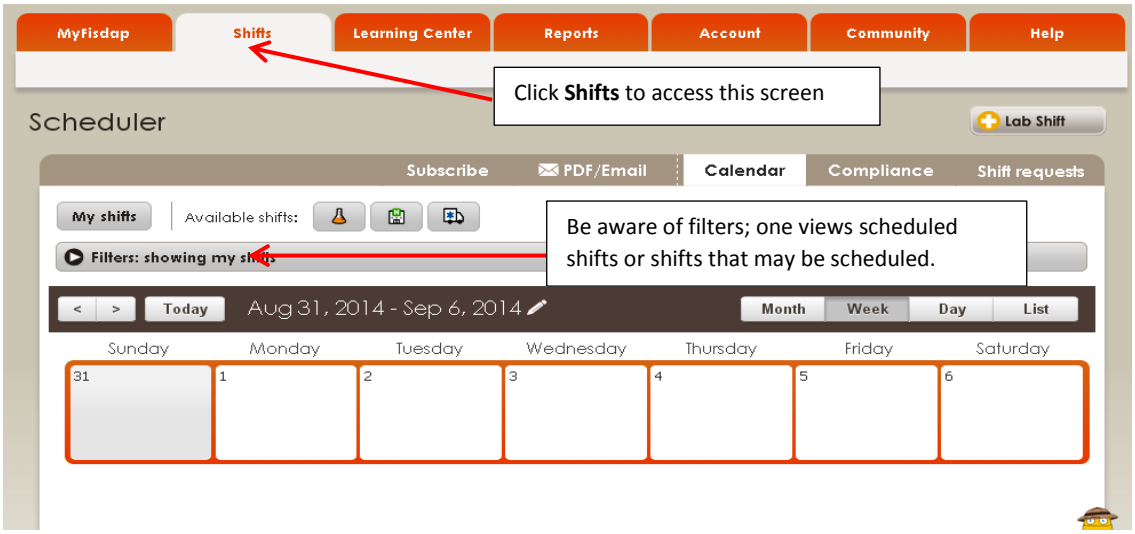
When returning to the FISDAP site: https://members.fisdap.net/login, you will be greeted with the following webpage:

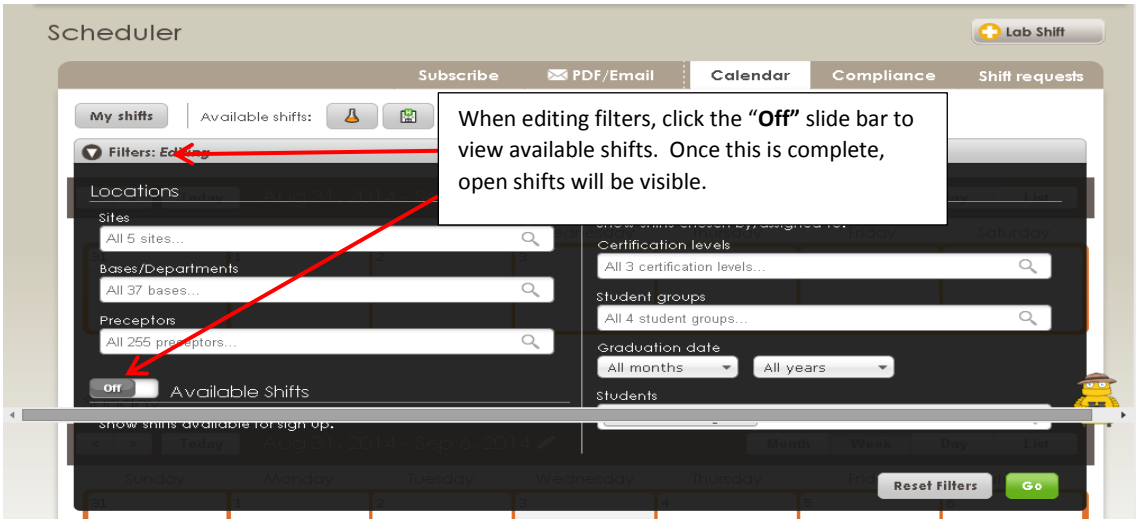


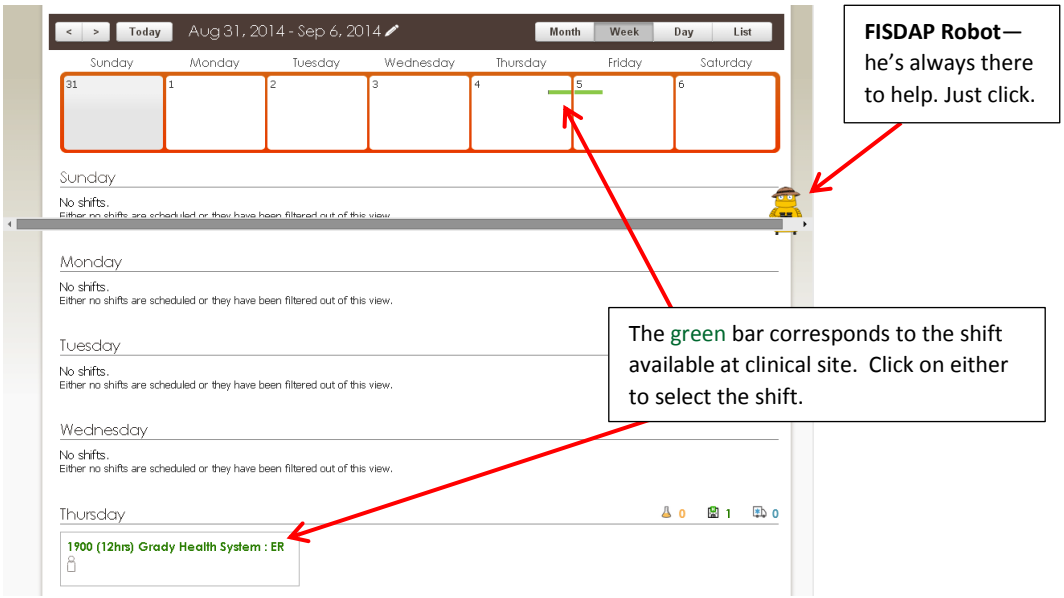
Enter your credentials, and click **Log in.**

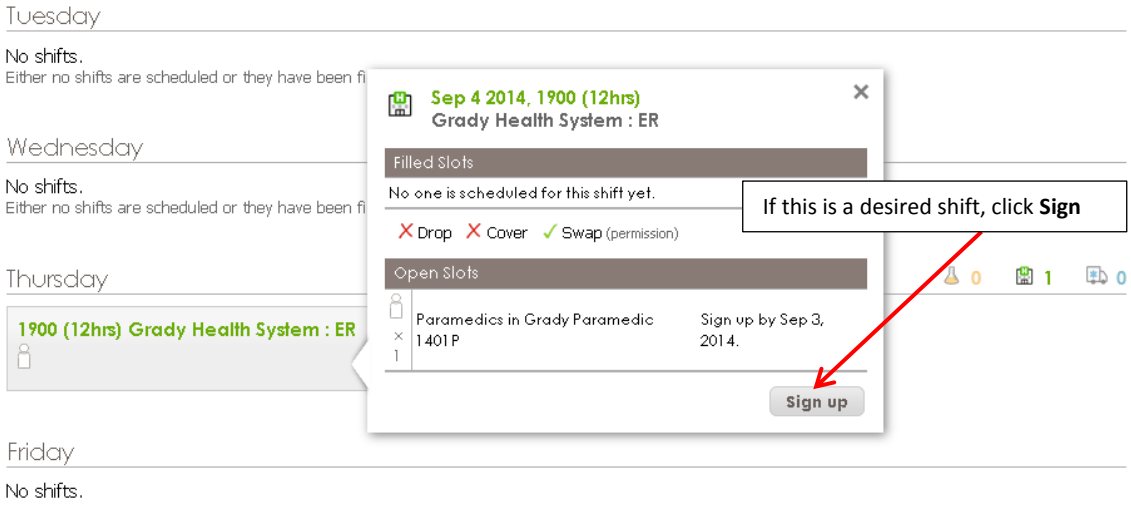


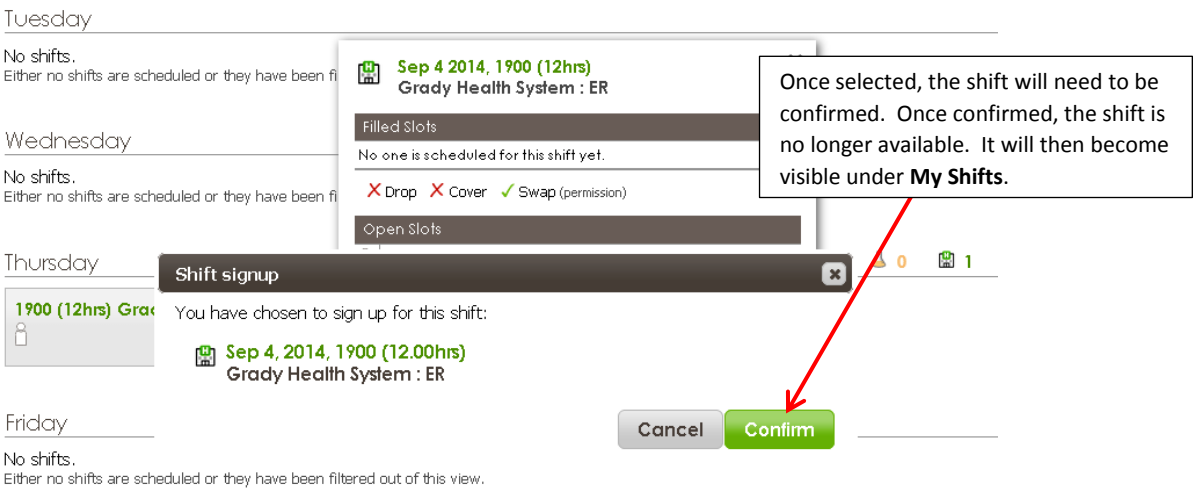
Once logged in, the default page is the Dashboard. Students should look for the above information on the Dashboard because this provides you with a percentage of the goals you've accomplished for the curriculum in which you are enrolled. [Note: The above will be adjusted to reflect EMT or AEMT goals for the respective course.]

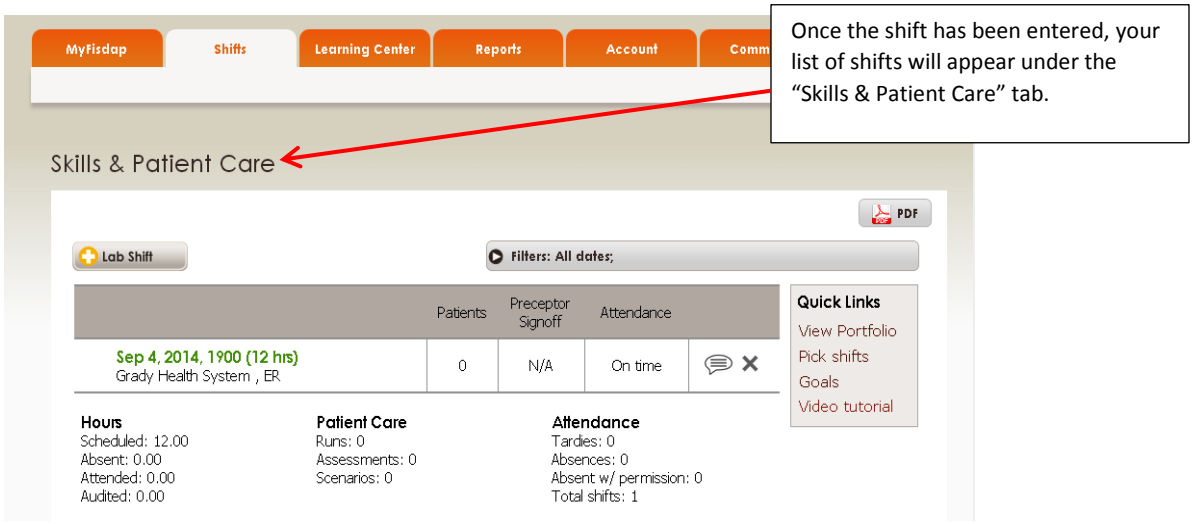


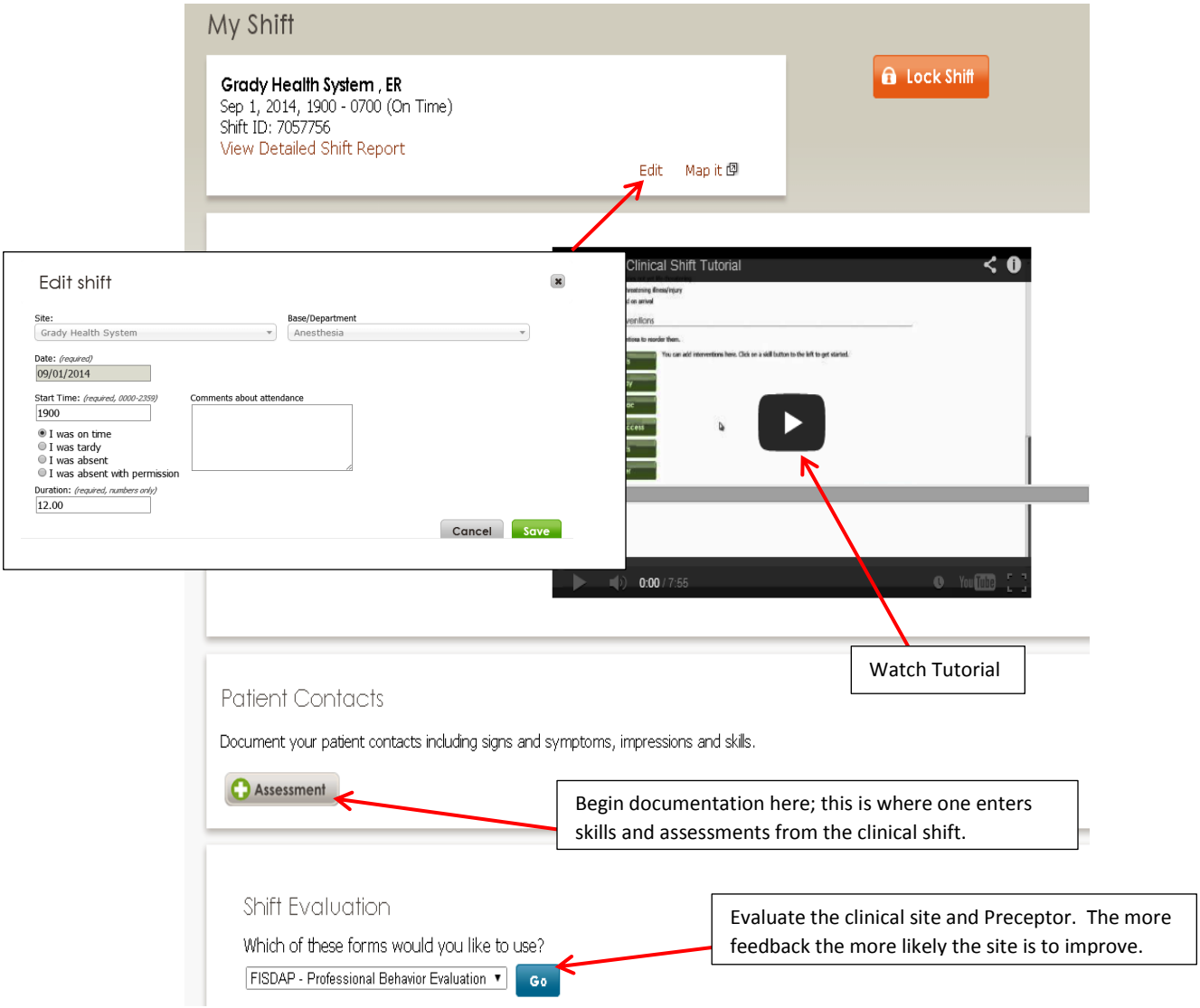

Scheduler
Lab Shift
Subscribe
PDF/Email
Calendar
Compliance
Shift requests
My shifts
Available shifts:
When editing filters, click the "Off" slide bar to view available shifts. Once this is complete, open shifts will be visible.
Filters: Editing
Locations
Sites
All 5 sites...
Bases/Departments
All 37 bases...
Preceptors
All 255 preceptors...
Certification levels
All 3 certification levels...
Student groups
All 4 student groups...
Graduation date
All months
All years
Students
Off
Available Shifts
Reset Filters
Go

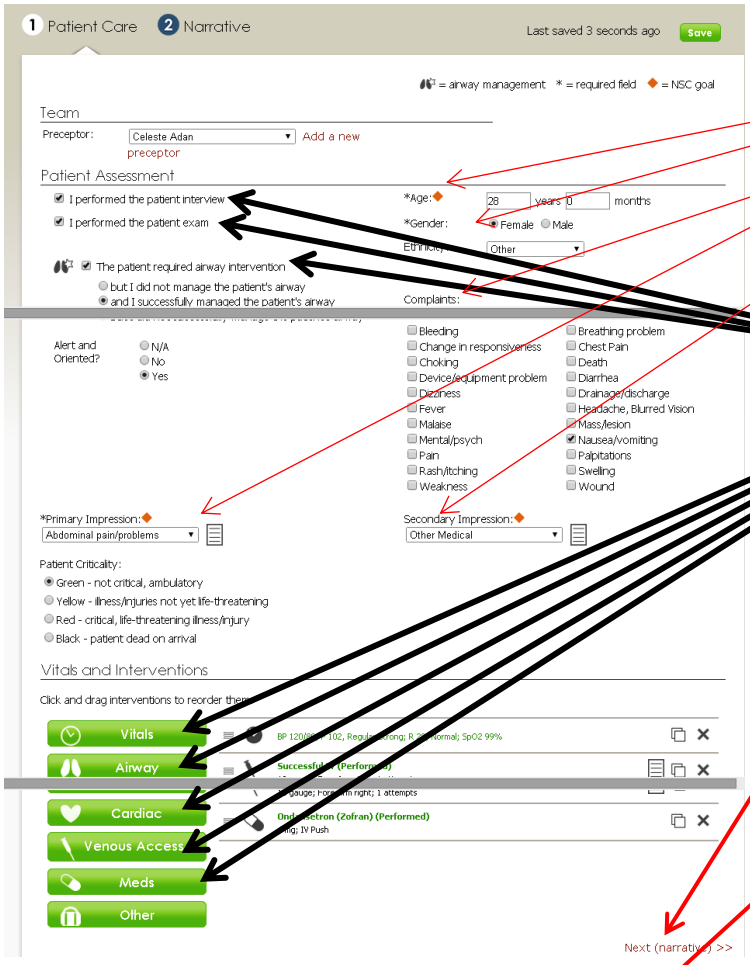

Today
Aug 31, 2014 - Sep 6, 2014
Month
Week
Day
List
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
FISDAP Robot— he's always there to help. Just click.
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.
The green bar corresponds to the shift available at clinical site. Click on either to select the shift.
1900 (12hrs) Grady Health System : ER


Tuesday
No shifts.
Either no shifts are scheduled or they have been fi
Wednesday
No shifts.
Either no shifts are scheduled or they have been fi
Thursday
1900 (12hrs) Grady Health System : ER
Sep 4 2014, 1900 (12hrs)
Grady Health System : ER
Filled Slots
No one is scheduled for this shift yet.
Drop
Cover
Swap (permission)
If this is a desired shift, click Sign
Open Slots
Paramedics in Grady Paramedic 1401 P
Sign up by Sep 3, 2014.
Sign up
Friday
No shifts.


Tuesday
No shifts.
Either no shifts are scheduled or they have been fi
Wednesday
No shifts.
Either no shifts are scheduled or they have been fi
Thursday
1900 (12hrs) Grac
Friday
No shifts.
Either no shifts are scheduled or they have been filtered out of this view.
Sep 4 2014, 1900 (12hrs)
Grady Health System : ER
Filled Slots
No one is scheduled for this shift yet.
Drop Cover Swap (permission)
Open Slots
Shift signup
You have chosen to sign up for this shift:
Sep 4, 2014, 1900 (12.00hrs)
Grady Health System : ER
Cancel
Confirm
Once selected, the shift will need to be confirmed. Once confirmed, the shift is no longer available. It will then become visible under **My Shifts**.


MyFisdap
Shifts
Learning Center
Reports
Account
Comm
Skills & Patient Care
PDF
Lab Shift
Filters: All dates;
Patients
Preceptor Signoff
Attendance
Sep 4, 2014, 1900 (12 hrs)
Grady Health System , ER
0
N/A
On time
Quick Links
View Portfolio
Pick shifts
Goals
Video tutorial
Hours
Scheduled: 12.00
Absent: 0.00
Attended: 0.00
Audited: 0.00
Patient Care
Runs: 0
Assessments: 0
Scenarios: 0
Attendance
Tardies: 0
Absences: 0
Absent w/ permission: 0
Total shifts: 1
Once the shift has been entered, your list of shifts will appear under the "Skills & Patient Care" tab.

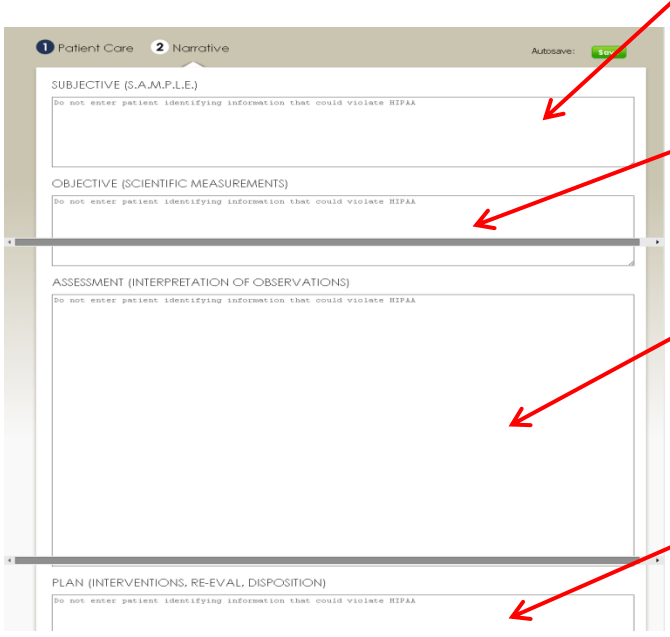

My Shift
Grady Health System , ER
Sep 1, 2014, 1900 - 0700 (On Time)
Shift ID: 7057756
View Detailed Shift Report
Edit
Map it
Lock Shift
Edit shift
Site:
Grady Health System
Base/Department
Anesthesia
Date: (required)
09/01/2014
Start Time: (required, 0000-2359)
1900
Comments about attendance
I was on time
I was tardy
I was absent
I was absent with permission
Duration: (required, numbers only)
12.00
Cancel
Save
Clinical Shift Tutorial
0:00 / 7:55
Watch Tutorial
Patient Contacts
Document your patient contacts including signs and symptoms, impressions and skills.
Assessment
Begin documentation here; this is where one enters skills and assessments from the clinical shift.
Shift Evaluation
Which of these forms would you like to use?
FISDAP - Professional Behavior Evaluation
Go
Evaluate the clinical site and Preceptor. The more feedback the more likely the site is to improve.



All data that must be entered in order to close the shift

Must be documented as "student completed the skill" to receive credit.

Click here to begin documenting the Patient Care Narrative (after entering the demographic information required in the image to the left).

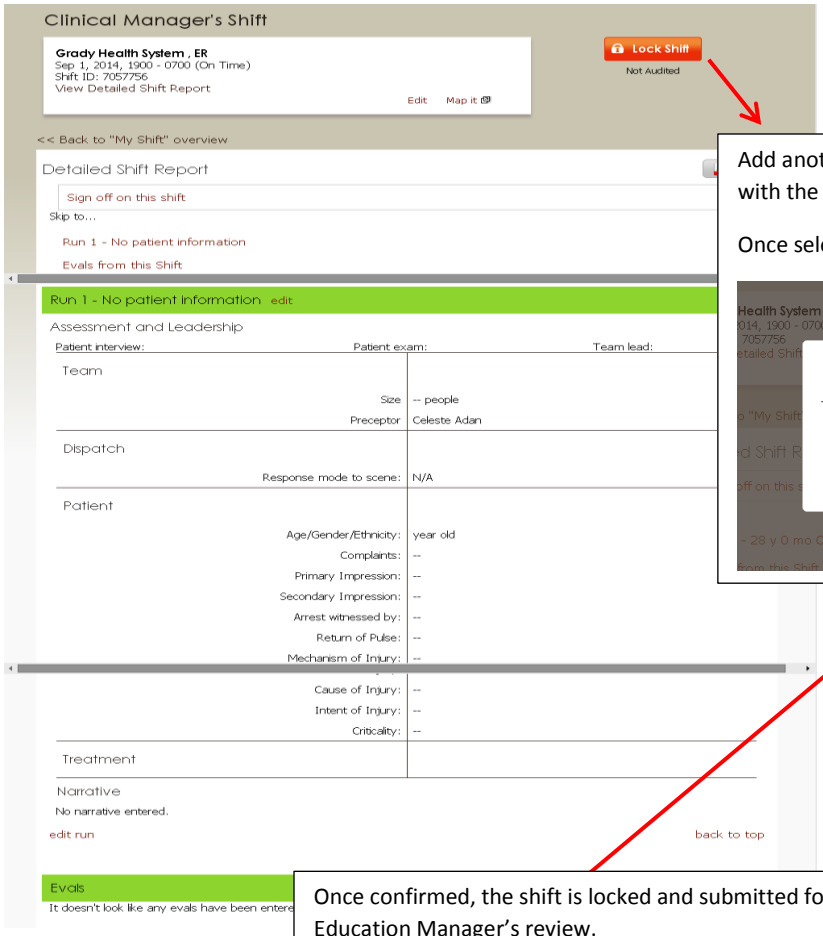


Subjective information is knowledge imparted by the patient, Fire Department, other EMS Agency, etc. This includes symptoms and/or behaviors witnessed by any of the above.

Objective information is knowledge acquired using scientific method or instrument. This information is both reliable and valid because information can be replicated by another assessor given the patient status and instruments used to measure do not change.

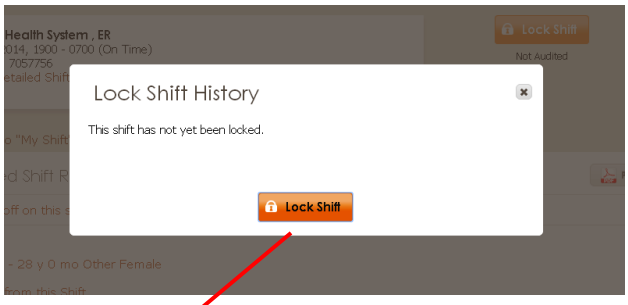
Assessment information is the knowledge acquired from a systematic method of reviewing (and reporting) each of the patients major body regions. This information is not 100% objective because assessor's subjectivity is infused into the information reported. This is why it is separated from the objective section.

Plan information is the critical thinking area. This is the section that informs the reader about actions taken by the care provider to resolve any problems discovered from information provided or ascertained above. This is also the section where post-treatment documentation (response to treatments, post-treatment vitals, post-treatment assessment).

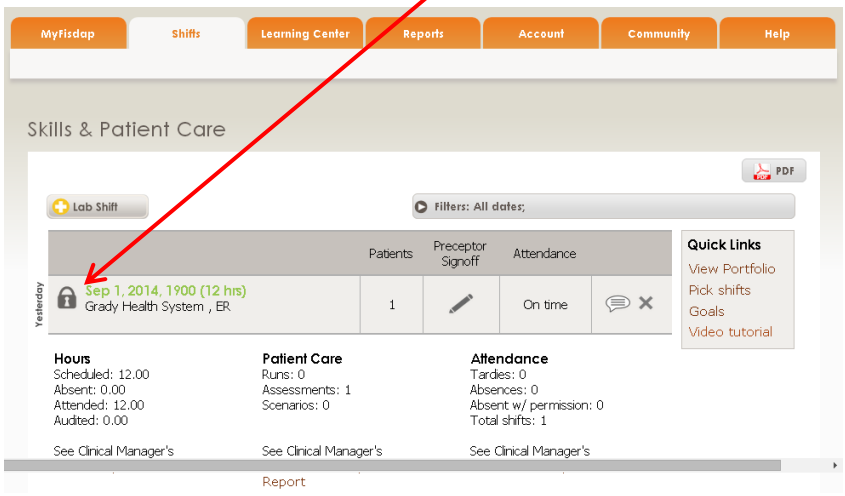


Add another patient or review data for accuracy. If satisfied with the data entered, select **Lock Shift.**

Once selected, the following with pop-up:



Once confirmed, the shift is locked and submitted for Clinical Education Manager's review.



For additional FISDAP questions, contact the Clinical Manager.

DOCUMENTATION EXAMPLE

Scenario: A 38 year old female has fallen in a grocery store. The EMS unit has been requested for evaluation and transport.

Subjective:

Unit #### responded to the above location for a 38 year old female complaining injuries from a fall. Upon arrival (09:37), the patient was found seated in the floor of the grocery store from which the call for EMS response was generated. The patient complained of right knee pain and a headache. According to the patient, it was approximately 10 minutes prior EMS arrival that she fell. She further advised that she fell as she was walking in from of the dairy case; she then stated that she thought she slipped in what appeared to be milk and subsequently fell. The patient stated she struck her knee on the dairy case as she was descending; the patient also advised that her headache began after she had had a cappuccino approximately 1 hour ago. She stated that she did not eat breakfast this morning. When asked to relate the pain she was experiencing to a number on a 1-10 scale, she stated that it was a 9 (at the time of initial EMS contact). The patient advised that her knee pain was sharp was exacerbated by movement. She advised that while stationary it remained in the area of her patella but radiated down the anterior aspect of the leg with motility. She then advised that her headache was a dull pain and at a 6/10 on the same pain scale.

When asked about her medical history, the patient advised that she had only a history of anxiety, panic disorder, and hypertension secondary to anxiety/pain. The patient advised that she is prescribed 25 mg of Atenolol (PO) that must be taken at the onset of panic/anxiety. The patient stated that she hasn't had to take any of her medication recently but felt as if she may need her medication now.

Objective:

Upon initial contact, the patient presented with the following findings:
Heart rate: 122
Blood Pressure: 150/102
Respiratory Rate: 28
Oximetry: 99%
Blood Glucose Concentration: 146 mg/dL
Pupils: Round/equal @ 5 mm

Assessment:

Level of Consciousness: Alert and oriented x 3/3; no deficits noted to speech/cognition. Patient was able to recount all events leading to the call for EMS response (confirmed by standers by). GCS = 15

HEENNT (Head, Ears, Eyes, Nose, Neck, & Throat): Normocephalic without complaint/dysfunction associated with Ears, Eyes, Nose, Neck, or Throat; patient advised that there was no appreciable deficit to her normal abilities to see, perceive sound, or smell. Pupillary response to light intact @ 1-2 mm with light accommodation; pupils persistently round/equal. The patient's trachea presented mid-line without deviation; no jugular vein distention was noted. The patient denied pain/discomfort.

Chest: Bilateral breath sounds clear to auscultation in all fields. S1 and S2 appreciated upon auscultation of heart tones. No complaints pain; no dysfunction noted upon visual observation: symmetrical chest excursions noted.

Upper Extremities: No deficits or dysfunction noted; pulse appreciated distally; patient denied diminished perception of touch and demonstrated distal motility at fingers and wrists as well as proximal joints.

Abdomen: No complaints associated with any of the four abdominal quadrants. Borborygmi appreciated upon auscultation of bowel sounds.

Pelvis: Stable upon application of mild pressure to the pelvic ring, symphysis pubis, and femoral heads; ability to perambulate not assessed do to complaint of pain to right knee.

Lower Extremities: No deficits or dysfunction noted; pulse appreciated distally; patient denied diminished perception of touch and demonstrated distal motility at toes and ankles as well as left proximal joints. Patient complained of right knee pain; mild to moderate edema noted; contusion appeared to be forming on the inferior aspect of the patella.

Back: Patient denied pain to posterior aspect; no tenderness/deficits/irregularities appreciated upon palpation of the spinal column from cervical to sacrum.

Genitalia/Buttocks: No complaints; assessment withheld.

Overall: Patient appeared to be well-develop and well-nourished; no cognitive/developmental deficits appreciated.

Plan/Treatment/Transport:

After assessment, the patient was offered transport to the healthcare facility of her choice but within protocol standards. The patient advised that she wished to be transported to Grady Health System. When patient consented to treatment and transport, the patient was provided with a splint to the right knee due to complaints and presentation. Perfusion confirmed before and after application of the joint immobilization device. The patient was transported non-urgently to Grady Health System with the following interventions provided en route:

Vitals reassessment (post-intervention):
05 minutes from departure: Heart rate: 112; blood pressure: 148/88; respiratory rate: 22; oximetry: 99%
10 minutes from departure: Heart rate: 110; blood pressure: 150/86; respiratory rate: 20; oximetry: 99%

Injury reassessment:
Patient advised that her pain had decreased to a 6/10 with application of splint and transport in a position of comfort.
Perfusion/motility/perception of touch assessed and found to continue to be intact.

Medical control established with receiving facility without question or order. Upon arrival, patient placed in bed for triaging per request of receiving nurse. Signatures for patient receipt/disposition acquired from nursing staff. Report/care transport to A. Most-Fab, RN.

HOSPITAL AFFILIATE CLINICAL SITES

Grady Memorial Hospital

80 Jesse Hill Jr. Dr. SE
Atlanta, GA 30303
(404) 616-1000

Drive 1.5 miles, 4 min

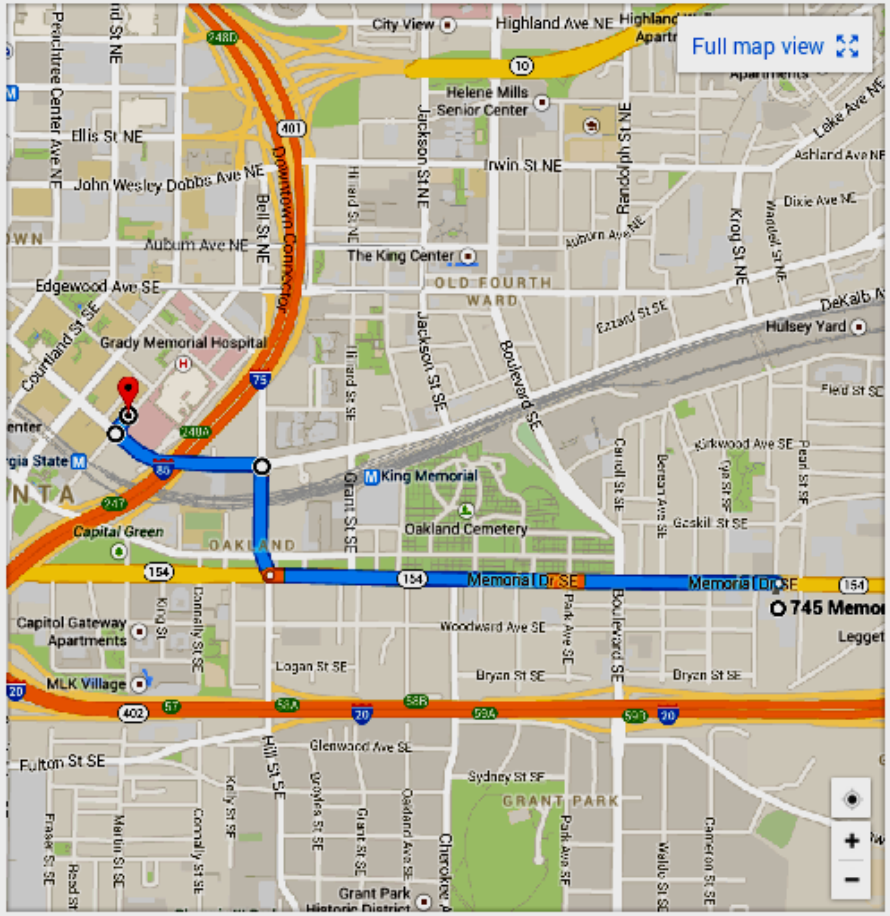
○ 745 Memorial Dr SE
Atlanta, GA 30316

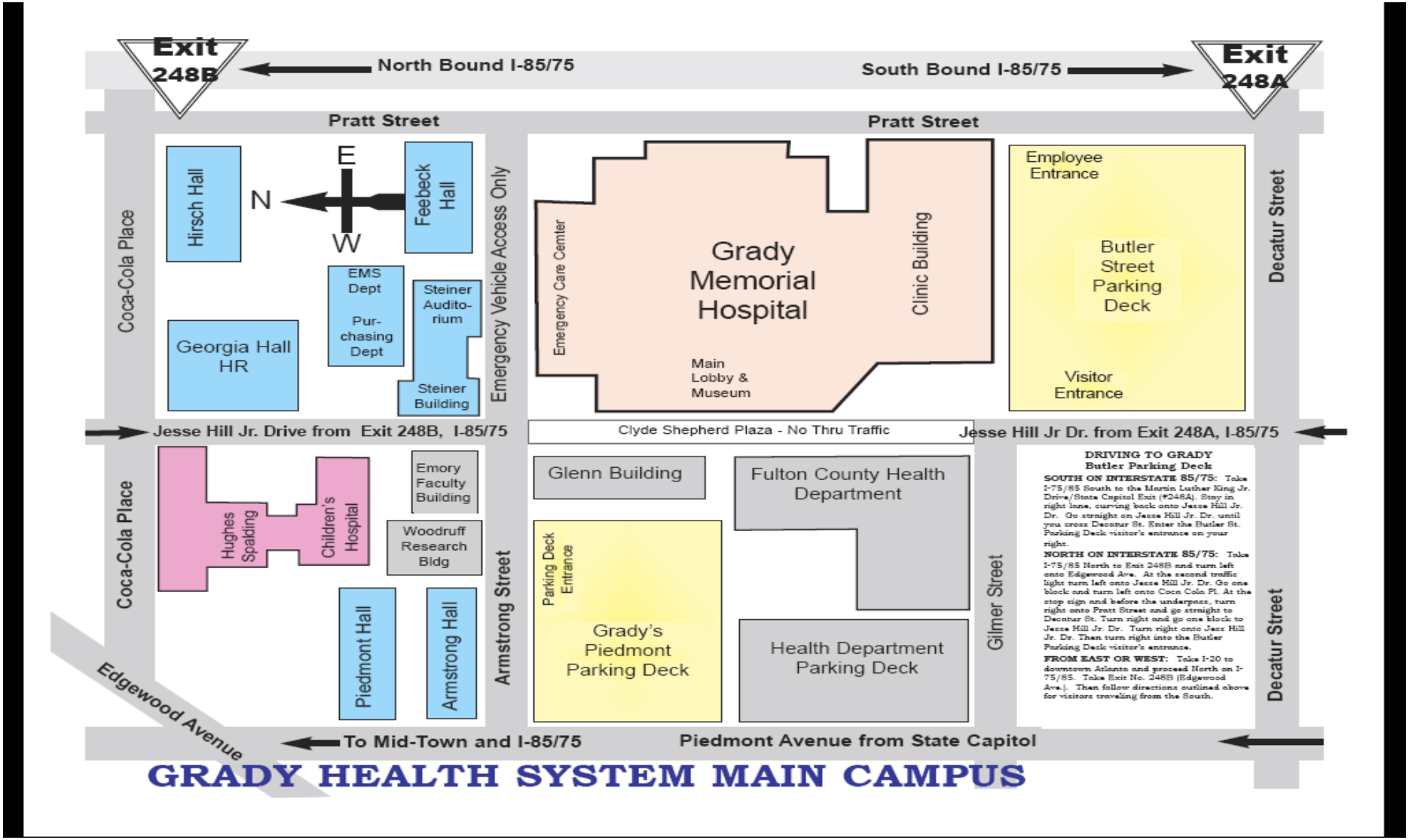
1. Head west on GA-154 W/Memorial Dr SE toward Estoria St SE — 0.9 mi
2. Turn right onto Hill St SE — 0.2 mi
3. Turn left onto Decatur St SE — 0.3 mi
4. Turn right onto Jesse Hill Jr Dr SE — 207 ft

◉ 94-152 Jesse Hill Jr Dr SE
Atlanta, GA 30303

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google Terms Privacy Report a problem



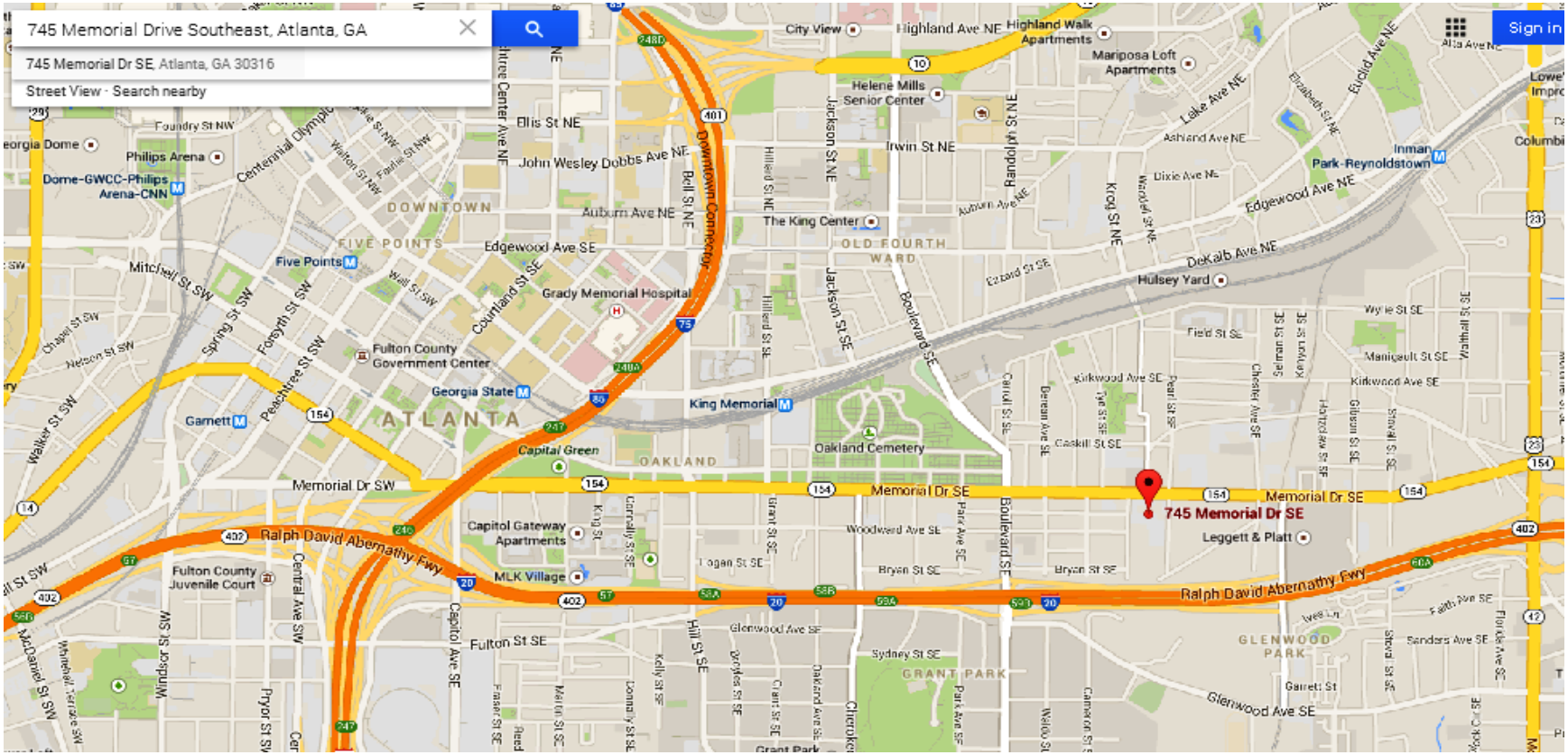

Exit 248B
North Bound I-85/75
South Bound I-85/75
Exit 248A
Pratt Street
Pratt Street
Coca-Cola Place
Hirsch Hall
N
E
W
Feebeck Hall
EMS Dept
Pur-chasing Dept
Steiner Audito-rium
Steiner Building
Georgia Hall HR
Emergency Vehicle Access Only
Emergency Care Center
Grady Memorial Hospital
Clinic Building
Main Lobby & Museum
Employee Entrance
Butler Street Parking Deck
Visitor Entrance
Decatur Street
Jesse Hill Jr. Drive from Exit 248B, I-85/75
Clyde Shepherd Plaza - No Thru Traffic
Jesse Hill Jr Dr. from Exit 248A, I-85/75
Coca-Cola Place
Hughes Spalding
Children's Hospital
Emory Faculty Building
Woodruff Research Bldg
Piedmont Hall
Armstrong Hall
Armstrong Street
Glenn Building
Fulton County Health Department
Parking Deck Entrance
Grady's Piedmont Parking Deck
Health Department Parking Deck
Gilmer Street
DRIVING TO GRADY
Butler Parking Deck
SOUTH ON INTERSTATE 85/75: Take I-75/85 South to the Martin Luther King Jr. Drive/State Capitol Exit (#248A). Stay in right lane, curving back onto Jesse Hill Jr. Dr. Go straight on Jesse Hill Jr. Dr. until you cross Decatur St. Enter the Butler St. Parking Deck visitor's entrance on your right.
NORTH ON INTERSTATE 85/75: Take I-75/85 North to Exit 248B and turn left onto Edgewood Ave. At the second traffic light turn left onto Jesse Hill Jr. Dr. Go one block and turn left onto Coca Cola Pl. At the stop sign and before the underpass, turn right onto Pratt Street and go straight to Decatur St. Turn right and go one block to Jesse Hill Jr. Dr. Turn right onto Jesse Hill Jr. Dr. Then turn right into the Butler Parking Deck visitor's entrance.
FROM EAST OR WEST: Take I-20 to downtown Atlanta and proceed North on I-75/85. Take Exit No. 248B (Edgewood Ave.). Then follow directions outlined above for visitors traveling from the South.
Edgewood Avenue
To Mid-Town and I-85/75
Piedmont Avenue from State Capitol
Decatur Street
GRADY HEALTH SYSTEM MAIN CAMPUS

Grady

EMERGENCY MEDICAL SERVICES FIELD INTERNSHIP AFFILIATE SITE

GRADY EMERGENCY MEDICAL SERVICES – HEADQUARTERS

745 Memorial Drive SE
Atlanta, Georgia 30316



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