Advanced Skills Permission Form

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Existing Student Affiliation (EMS Service): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student:** I am seeking permission to practice skills above my current level of certification. I hereby confirm that I will **only** practice those skills for which I have been trained and have **successfully tested out in class**. I further attest that I will only practice such skills under the DIRECT supervision of a staff-member with the certification I seek or higher.

These skills include (check-off appropriate):

INTERMEDIATE: □ IV access □ IO access □ Endotracheal Tube Placement

□ Med Administration

PARAMEDIC: □ ECG Interpretation □ Med Administration □ Electrical Therapy

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operations/Supervisor:** The service’s operations management is aware of and approves of this agreement. Hours done at this service during the normal course of the student’s employment or volunteer service will not count towards Student Clinical/Field Hours. However, should the student wish to count advanced skills, those will be accepted with the signature confirmation of the staff in-charge or supervisor. This agreement can be terminated at any time, in writing to the EDUCATION PROGRAM NAME Director (INSERT YOUR EMAIL ADDRESS).

Operations Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Director:** Based upon the conditions and limitations described above, I give consent for the named student to practice the indicated advanced skills under my license. This agreement can be terminated at any time, in writing to the EDUCATION PROGRAM NAME Director (INSERT YOUR EMAIL ADDRESS).

Medical Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_



Advanced Skills Reporting

*Instructions to Student*

**Purpose:** to allow advanced student to accumulate clinical credit for advanced skills performed at their place of employment or volunteer status. These skills will be done under the guidance of a qualified service member and will supplement those performed at academic clinical rotations.

**Restrictions:** no credit will be given for hours, patient transports or team leads. Student must have signed permission form on file.

**To get credit for a skill:**

1. Remember, even unsuccessful attempts count.
2. Have the shift supervisor write a note (preferably on the service letterhead) confirming the date, time, and run number (publicly available information) when the skill was performed. Signature and legible identification of supervisor’s name must be present.
3. Login to your Sterling Credentials account.
4. Create a shift for “Live Isolated Skill”—make it only as long as the approximate run (30 minutes) around the same time of the actual call.
5. Add the patient filling out all of the mandatory fields. In addition, be sure to include:
	1. Events prior
	2. “Vital signs”—2 full sets or at least assessments as obtained in primary assessment:
		1. General impression
		2. LOC
		3. Airway
		4. Breathing
		5. Circulation
6. Regarding the skill itself
	1. Indication: Assessment findings should illustrate why the intervention was necessary.
	2. Follow documentation guidelines for the given skill and any notable events which occurred during the skill
		1. Example: 12-lead must include a “3-lead” interpretation of rate/rhythm/ectopy AND description of findings or lack of findings on 12-lead
		2. Example: ETT should state conditions under which attempt was made (GCS, RSI? Laryngoscopic grade view—Cormack and Lehane scale, etc.), whether or not cords were visualized, multiple forms of placement confirmation.
	3. A minimum of 1 reassessment (directly related to the skill) should be included (i.e., assess—intervene—reassess).