THE UNIVERSITY OF TOLEDO
1872

CLINICAL ADDENDUM
EMS Education
(OOPS Accreditation# 322)
(CoAEMSP/ CAAHEP 600786)

BASIC EMERGENCY MEDICAL TECHNICIAN
This EMT-Field Experience course is to familiarize the student with patient care in the pre-hospital setting. Emergency medical calls begin here with you. The student will ride along with a prehospital provider and/or shadow in a clinical setting for a minimum of 10 hours and observe proper and professional prehospital emergency care being delivered, assist in providing optimal out of hospital care, act in a professional manner at all times, perform a complete assessment on each assigned patient and treat all patients with compassion and civility.

**REPRESENTATION**

Students attending clinical and field internship areas represent themselves, The University of Toledo, and The University of Toledo's EMS Education. Students are expected to adhere to attendance and behavior expectations as outlined in this addendum, the Program Handbook, University policies, and as discussed in class.

**CLINICAL AFFILIATION POLICIES**

Students obviously are not expected to know all of the policies of each hospital they may attend. Therefore, the hospitals have an obligation to provide direction to our students that are in compliance with their respective institutions. Students are expected to follow any and all directives provided by the employees of those institutions in all situations. In doing so, this removes a certain degree of responsibility from the student. Students who fail to follow directives place themselves at risk of violating a policy or procedure of that institution. Violation of affiliate policies may subject the student to disciplinary action, including dismissal, by the EMS Program.

**CONFIDENTIALITY/HIPPA**

Students are expected to hold specific patient and institutional information in the strictest confidence at all times. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes guidelines for maintaining confidentiality of patient information, as well as significant penalties for breach of this confidentiality or any unauthorized disclosure of confidential patient information.

Part of the law allows patients the right to control their personal health information. This means that the patient might share personal information with you as the healthcare provider, and expects that this will be shared only with other persons who have a "need-to-know" status in order to continue with patient care or insurance-related purposes. The healthcare provider cannot assume that the patient wants his or her information shared with family members!

How does HIPPA affect students?

- Students of all types are included in the HIPPA definition of the workforce, and therefore, must know and follow all policies and practices related to HIPPA.
- Faculty and students have full access to patient information for treatment purposes while in clinical and field internship environments, but need to use information for school/learning purposes without identifying that particular patient.
**PENALTIES:**
Consequences of not following policies related to HIPPA can include termination of student privileges. It can also create problems with the relationship between the University of Toledo and its clinical and field internship affiliates for future students. Penalties for intentionally breaking the law may include fines and possible imprisonment.

**UNIVERSAL PRECAUTIONS**
When in the clinical/field internship setting, in all cases involving patient care, body substance isolation measures shall be taken. The student is responsible for communicating and inquiring with clinical staff about the location and use of gloves, goggles, and any other necessary BSI equipment.

**SIGNIFICANT EXPOSURE/ INJURY/ ILLNESS**
Students should refer to the Program Handbook regarding illness or injury in class-related activities, as well as significant exposure. In a brief summary, both the well-being of the student as well as the health of any patients being cared for by the student are priorities. At the earliest realistic opportunity, the student shall make any necessary phone calls to ensure compliance with UT policies (as described in the Handbook). Students must be sure to complete any necessary documentation using forms required by UT as well as the clinical site. All expenses for medical care are the responsibility of the student.

**DISCIPLINARY ACTION**
Students are expected to abide by all clinical policies and other related policies within the Student Handbook at all times. If there is a violation of policy and/or procedure, each situation will be viewed on a case-by-case basis, considering student circumstances, historical patterns, the seriousness of the violation, and any additional factors. Additionally, if there is a complaint received from a clinical area, and thru investigation the complaint is supported, the student will face some type of disciplinary action. Depending upon the circumstances, examples of a response to any policy/procedure violation, or any substantiated complaint, might be (but is not limited to): written reprimand, probation, immediate dismissal.

**STUDENT TRAVEL**
To achieve an effective and efficient educational experience, a significant portion of clinical rotations must take place at sites that provide access to larger numbers of patients presenting with common problems encountered in the delivery of prehospital care. The University of Toledo and its contracted affiliations, assume no responsibility for expenses or incidents (i.e.: accidents, etc.) incurred as a result of travel or transportation that must be arranged by students to satisfy course requirements.
**ATTIRE/BEHAVIOR**

When attending a clinical area, the behavior, attire, appearance, and hygiene of each student must be conservative and appropriate. Students are expected to arrive at the Clinical/Field Internship shift with all necessary equipment and forms to be completed. The following is a listing of some expectations. It is not intended to be an all-inclusive list:

1) Students are expected to be active and participate in patient care and other necessary activities. Students are to be attentive at all times, displaying a willingness to be involved and an attitude of learning. Students are to respect the experience and education of each preceptor. Reports of students turning down opportunities for skill performance (within the scope of training) is unacceptable.

2) Students must perform only skills that they have been approved to perform thru class. If asked to perform a skill that is not approved, the student must communicate to the preceptor or physician it is outside the scope of what the student has been approved to perform.

3) Students are to wear the designated UT Clinical shirt, along with dark long pants (navy blue or black), that are not denim or spandex (or similar) material. Shorts are not permitted. In areas such as OR where scrubs are expected to be worn, then students shall follow those guidelines.
   > Shoes and laces must be black, clean, polished and in good condition.
   > Hats of any type are not to be worn with the exception of a winter hat and only during a field internship shift.
   > Colognes and perfumes are not to be worn, as some patients may have sensitivities.
   > All necklaces and any earrings that dangle (i.e.: if it could be grabbed or pulled!) are prohibited in the clinical/field internship areas.

4) Students should always take a stethoscope, scissors, wrist watch with display of seconds, and a pen to the shift.

5) Students shall be drug and alcohol-free while representing the University of Toledo's EMS Education program, as indicated in the Program Handbook. Tobacco use of any form (including smokeless) is prohibited by students while representing the Program, except when on a break in the appropriate location designated by the clinical or field internship area.

6) The student is to wear the designated UT student name badge above the waist and in view for patients and preceptors to see. Students doing rotations at Promedica or St. Luke's locations shall also wear that name badge as well.

*Students must keep in mind that they are guests of the area and are not automatically granted the liberties that full-time staff may assume. Other than a brief bathroom break, students are to notify their preceptor, the charge nurse, or the officer of the station (when riding with EMS) if they are taking a break or leaving the area.*
ATTENDANCE AND CANCELLATIONS
Once a student schedules shifts, he/she must understand that this is a commitment that reflects on the reputation of both the student and the program. Repeated and frequent cancellations or attendance issues will result in disciplinary action, and may also factor into the Affective Domain grading for that student, depending upon whether the reasons are considered valid or not, by the Program. Students should also refer to the Attendance policies in the Program Handbook.

I) The student is responsible for notifying the clinical/field internship area and his/her advisor as soon as he/she knows that he/she will be absent or late. If a student must leave early, the charge person of that clinical or field internship area and the student’s advisor must be informed.

2) Unless there are circumstances prohibiting communication, the clinical or field internship area and the student’s advisor must be notified at least 2 hours prior to the beginning of the scheduled shift.

3) In all circumstances, a written report documenting the circumstances relating to the attendance must be submitted no later than the next class day following the scheduled shift. Failure to submit this documentation, and according to this timeline, will result in disciplinary action and influence the Affective Domain grade of the student.

DOCUMENTATION/SUBMISSION OF PAPERWORK
Because certain paperwork requires initials and/or signatures of preceptors, paperwork must be taken to the clinical/Field Internship shift. Students arriving without paperwork will be expected to obtain the necessary documents before their clinical/field internship time can begin. Documents from prior shifts are NOT to be presented to any preceptor for a "retro" signature.

Students are not to present a blank or incomplete form for the preceptor to sign. The preceptor's initials or signature are intended to be a verification that the student completed specific tasks, or was present during a specific time. It is the responsibility of the student to ensure that he/she has completed all of the necessary documentation prior to presenting any form to the preceptor for a signature or initials. Forgery of preceptor signature initials/comments, or any other form of falsification of the documents is grounds for dismissal from the program.

All signatures must be from the actual preceptor that you worked with during your clinical shift. The officer of the station may not sign your evaluation sheets since these forms are to be evaluating your performance during the time period. The station officer will not be on every run with you and will most likely not be transporting with you to allow complete skill observation.
As a general rule, students should keep all forms in a folder of some type and take the folder to all clinical / field internship rotations. Not every form will be used in each rotation, but they should be available just in case. The following describes each form:

**Patient Assessment Form**
For each patient assessment performed, the student shall complete all spaces and have the assessment verified by obtaining the preceptor's initials. Students must obtain at least 9 adult assessments and one pediatric assessment (under 8 years of age) to successfully complete their clinical rotation.

**Shift Evaluation Form (Preceptor evaluation of Student)**
The student must complete the top portion of this form (except for the preceptor initials!). The preceptor must complete the evaluation of the student's performance for the shift. The preceptor should also take a few minutes to review his/her evaluation of the student performance. Lastly, be sure the preceptor has printed his/her name and signed the form at the bottom. The student should check the form and ensure that the preceptor evaluated every area on the form with a rating of 3, 2, or 1. It may not be uncommon to have a couple of different people who work with the student during a shift. If the student has multiple preceptors during the same shift, the person to do the shift evaluation should be the preceptor who can give the most accurate evaluation of the student's performance during the shift.

**Student Evaluation of Clinical Site**
The student does not necessarily have to take this form to the site, as it does not require any documentation by preceptors. This form, however, does need to be completed and submitted to the student's advisor along with the Skill Performance Form and the Shift Evaluation Form.

Clinical documents are to be submitted to the student's respective advisor no later than one week following completion of a clinical shift. After one week, barring extenuating circumstances brought to the advisor's attention, the clinical hours will be deleted and the shift will need to be repeated. Paperwork for each shift is to be compiled and bundled together by shift, complete with all of the required documents, and all necessary signatures. Here are the required documents for every shift:

1) Shift Evaluation
2) Student Evaluation of Clinical Site
3) Any documentation related to attendance (see the Attendance Policy)
4) Patient Assessment Form (must have at least one Pediatric Assessment)

The faculty reserves the right to reject incomplete or non-legible documentation, and documents submitted late (past the one-week deadline). All documentation must be satisfactory, which is left to the discretion of the faculty.
PERFORMING SKILLS IN ALL CLINICAL AND FIELD INTERNSHIP AREAS

Students shall adhere to the following rules when performing skills in the Clinical and Field Internship areas:

- Students may perform skills only if authorized by a preceptor. Students are "guests" in the various hospital and EMS environments, and as such are not permitted to take it upon themselves to do skills that have not been authorized by a preceptor.
- A student may perform a skill that is above the current scope of practice (as defined by the Ohio Scope of Practice document) provided the student has been trained in that skill as a part of this program and has been authorized by the instructional staff to perform such skills in the Clinical and Field Internship areas.
- Any skill performed in a Clinical and/or Field Internship environment must be done as a "Student" and must be done under the direct supervision of a preceptor.
- At no time shall a student perform or attempt to perform a skill that he/she has not been trained in thru this program and authorized to perform by the instructional staff.
- A student may not complete Clinical or Field Internship hours during regularly scheduled class hours. Students are required to attend all scheduled classes and labs.
- A student shall not be utilized as a substitute for regular staffing and shall not be regularly delegated to such tasks. It is expected that students will assist with cleaning and other tasks that are a part of patient care or readiness for new patients. However, they are not to be delegated these types of tasks while educational patient care opportunities exist. Students should not be used as transporters, taking them out of a learning environment.
- In the Field Internship setting a student must be specifically scheduled for a shift as a "student", which means they must exceed the normal staffing numbers of that EMS service. If, for some reason, staffing is reduced and the student is an employee who must become a part of normal staffing requirements, the clinical time is terminated at that point, documentation must reflect such activity, and the employee no longer is considered a "student". Skills performed at any time when the person is functioning as an employee rather than a "student" shall be restricted to that person's current level of certification. Skills outside the person's normal scope of practice may be performed ONLY under direct supervision of a preceptor, and ONLY while in the capacity of "student".
- While functioning as a "student" on an ambulance, no student is to be used as a driver or used in any other capacities that take the student away from direct patient care and educational purposes.
Hospital Clinical Information

Emergency Department

UTMC (University of Toledo Medical Center)
- 3000 Arlington Ave, Toledo OH
- 15th Floor - enter thru ER patient entrance (NW corner)
- To cancel or if late: Call 419-383-3888

Toledo Hospital
- N. Cove Blvd, Toledo, OH
- Northwest corner of Hospital
- Park in the Towers (2nd level or higher)
- Go in main ER entrance - Must sign in at Charge Desk
- To cancel or if late: Call: (419-291-5526)
  (If after hrs or weekends: (419-291-4622)

Mercy St. Vincent Medical Center
- 2213 Cherry Ave, Toledo OH
- Main Floor (need to park in the garage)
- To cancel or if late: Call 419-251-4354

St Luke's
- 5901 Monclova Rd, Maumee OH
- Park in ER lot (avoid using spots closest to building as those are reserved for patient family members and other ER visitors). Go in the main entrance of ER and ask for triage desk. Once at triage Desk ask to be directed to ER Charge Nurse
- To cancel if late: 419-893-5920

Mercy St. Charles Hospital
- 2600 Navarre Ave, Oregon OH
- Main Floor (go to ER desk off of the south parking lot)
- To cancel or if late: Call 419-696-7300
**CLINICAL SITES (continued)**

<table>
<thead>
<tr>
<th>CLINICAL SITE</th>
<th>ADDRESS</th>
<th>INSTRUCTIONS</th>
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</thead>
</table>
| Surgery (OR)                           | UTMC (University of Toledo Medical Center)   | - 3000 Arlington Ave, Toledo OH  
- 2nd Floor by patient elevators  
- To cancel or if late: Call (419-383-3514) |
| Mercy St. Charles Hospital             | - 2600 Navarre Ave, Oregon OH                | - Main Floor (thru main lobby) go left and past elevators  
- To cancel or if late: Call (419-696-2235) |
| Defiance (Promedica) Regional Hospital | - 1200 Ralston Ave, Defiance OH 43512        | - Call Deb Bostelman 2-3 days in advance of your scheduled time to check on the status of cases on your scheduled day.  
- Go into the main entrance and go left to the Surgery Center. Go thru doors to the Nurses station and report to staff.  
- To cancel or if late: Call Deb Bostelman (419-783-4484) |
| CCU/ RCMS                              | UTMC (University of Toledo Medical Center)   | - 3000 Arlington Ave, Toledo OH  
- Go in to Main hospital lobby and use visitor elevator to the 3rd Floor. Go left off of the elevator to the Unit and ask for Chris Brzezinski. |
<table>
<thead>
<tr>
<th>Location</th>
<th>Details</th>
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</table>
| Cath Lab          | UTMC (University of Toledo Medical Center)  
- 3000 Arlington Ave, Toledo OH  
- Go in to main hospital lobby - look for Welcome Center and ask for Cath Lab. Once at the Imaging area, an employee will direct you to the Cath Lab  
Toledo Hospital  
- N. Cove Blvd, Toledo, OH  
- Park in North garage - go in to main lobby of hospital and ask for directions to Cath Lab |
| Respiratory       | UTMC (University of Toledo Medical Center)  
- 3000 Arlington Ave, Toledo OH  
- Basement - Room 161A  
  Take visitor elevators to basement - go right thru double doors. Take first left and follow hall to Room 161A  
- To cancel or if late: Call 419-383-5075  
Mercy St. Vincent Medical Center  
- 2213 Cherry St  
- In basement. Report to main lobby and ask directions  
- To cancel or if late: Call 419-251-5505 |
| OB/ L & D         | Mercy St Charles Hospital  
- 2600 Navarre Ave - North Building  
- Go thru the lobby and enter into the North Building to entrance by the elevator  
- Ring black doorbell to be allowed access into unit  
- To cancel or if late: Call 419-696-7462  
Mercy St Vincent Medical Center  
- 2213 Cherry St  
- Located on 7t Floor  
- To cancel or if late: Call Main Hospital number to be transferred to L & D (419) 251-3232 |
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<tr>
<th>Location</th>
<th>Details</th>
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<tbody>
<tr>
<td>Pediatrics</td>
<td>Mercy St. Vincent Medical Center</td>
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<td></td>
<td>- 2213 Cherry Ave, Toledo OH</td>
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<td></td>
<td>- Report to the ER but indicate attendance for Peds</td>
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<tr>
<td></td>
<td>- Main Floor (need to park in garage)</td>
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<tr>
<td></td>
<td>- To cancel or if late: Call 419-251-4354</td>
</tr>
<tr>
<td>Toledo Hospital</td>
<td>N. Cove Blvd, Toledo, OH</td>
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<td></td>
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<tr>
<td></td>
<td>- To cancel or if late: Call 419-291-5526</td>
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<td>(If after hrs or weekends: 291-4622)</td>
</tr>
<tr>
<td>Dispatch</td>
<td>Lucas County EMS</td>
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<tr>
<td></td>
<td>- 2144 Monroe St, Toledo, Ohio 43604</td>
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<td></td>
<td>- Go to the second floor and buzz to be let in.</td>
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<tr>
<td></td>
<td>- To cancel or if late: Call 419-241-8975</td>
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<tr>
<td>INCIDENT NUMBER</td>
<td>UNITID</td>
</tr>
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</tbody>
</table>

**TRAUMA TRIAGE CRITERIA**
- 02c1.3s/2cm x 10%:SAs
- Face/eyes/hand/genital/airway
- 0 Amp prox to wrist/ankle
- 0 Decreasing LOC
- 0 Did not meet any triage criteria
- 0 GCS Motor <4
- 0 GCS Total <13
- 0 Head/neck/torso crush
- 0 Extremitiy inj w/neurovascular comp
- 0 Extremity crush
- 0 Torso inj w/oelvic fx
- 0 Pen inj head/neck/torso
- 0 Pulmonary inunction w/hemor shok
- 0 Tension pneumothorax
- 0 Resp <10 or >29
- 0 Resp distress/failure
- 0 SysBP <90, no radial pulse
- 0 Other EMS
- 0 Hosp ED/Dent
- 0 Transf-nercing hosp
- 0 Transfer-nursing home
- 0 Transfer-other

**SYMPTOMS**

<table>
<thead>
<tr>
<th>PRIMARY=P</th>
<th>ASSOCIATED=A</th>
</tr>
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<tbody>
<tr>
<td>Fever</td>
<td>None</td>
</tr>
<tr>
<td>Mala</td>
<td>None</td>
</tr>
<tr>
<td>Access</td>
<td>None</td>
</tr>
<tr>
<td>Respons</td>
<td>None</td>
</tr>
<tr>
<td>Other EMS</td>
<td>None</td>
</tr>
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**MEDICATIONS**

<table>
<thead>
<tr>
<th>TIME</th>
<th>MEDICATION</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>REACTIONS See Ref. Sheet</th>
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</table>

**PROCEDURES**

<table>
<thead>
<tr>
<th>TIME</th>
<th>PROCEDURE</th>
<th>#ATTEMPTS</th>
<th>SUCCESSFUL</th>
<th>COMPLICATIONS See Ref. Sheet</th>
</tr>
</thead>
</table>

**VITAL SIGNS**

<table>
<thead>
<tr>
<th>TIME</th>
<th>PULSE</th>
<th>SYS BP</th>
<th>DIABP</th>
<th>RESP</th>
<th>02SAT</th>
<th>GCSEYE</th>
<th>GCSVERBAL</th>
<th>GCSMOTOR</th>
</tr>
</thead>
</table>

**ADV DIRECTIVE**

<table>
<thead>
<tr>
<th>TYPE OF DESTINATION</th>
<th>REASON FOR CHOOSING DESTINATION</th>
<th>ED DISPOSITION</th>
<th>HOSPITAL DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hosp ED OR/L&amp;D</td>
<td>Closest</td>
<td>D Admit-floor</td>
<td>D Death</td>
</tr>
<tr>
<td>Other EMS (a ia)</td>
<td>Diversion</td>
<td>D Admit-ICU</td>
<td>D Discharge</td>
</tr>
<tr>
<td>Other EMS (ground)</td>
<td>Family Choice</td>
<td>D Discharge</td>
<td>D Transfer-therap</td>
</tr>
<tr>
<td>Other</td>
<td>Ph. Choice</td>
<td>D Transfer-therap</td>
<td>D Transfer-other hosp</td>
</tr>
</tbody>
</table>

**NARRATIVE**

**CREW MEMBER**

**CREW MEMBER**

**CREW MEMBER**
Student Printed Name: ___________________________ Date: ________________
Area Type (i.e.: ER, OR, EMS): ___________________________ Location: ____________
Times: Start ___________ End ___________ Total ___________ Preceptor Initials: ____________

INSTRUCTIONS TO PRECEPTORS:

Please take time to review the shift with this student. Complete all of the areas listed below and review any comments and constructive critique with the student. The rating given in each area should reflect the student’s overall performance during the shift. Please provide documentation of any ratings of a 3 or 1.

3 = **Exceeds Expectations**  Student demonstrated actions that were above the normal performance level of a student. Examples of this might include: exceptional and positive interaction with staff, arrives well ahead of scheduled time, field-competent level in skills performance.

2 = **Meets Expectations**  The student demonstrated actions and behavior that fits within the expected performance and levels of interaction of a student.

1 = **Below Expectations**  The student demonstrated actions or characteristics that are not desired. Examples of this might be: arriving late, lack of interaction with staff, deficient knowledge or skill performance.

<table>
<thead>
<tr>
<th>CRITIQUE ITEM</th>
<th>RATING</th>
<th>PRECEPTOR COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Anives on time, or calls with valid reason for tardiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Is well groomed/appropriate clinical attire &amp; name badge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparedness</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Brings all necessary paperwork and equipment (i.e.: stethoscope, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction w/crew &amp; staff</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate interaction, willing to assist, communicates well</td>
<td></td>
<td></td>
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<tr>
<td>Interaction with Patients</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate interaction, assessment and communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Demonstrates willingness to get involved. Makes self available.</td>
<td></td>
<td></td>
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<tr>
<td>Skill Performance</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Demonstrates competency in skill performance, confidence and knowledge of skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student Evaluation of Clinical Site

Student Name: ___________________________ Date: ______________________
Start Time: _______ End Time: _______ Total Hours: ______________
Clinical Site: _________________________________________________________

YES       NO

1. Did the staff make you feel welcome and include you in daily activities and patient care?
   If not, Explain ________________________________

2. Did the site provide you with adequate contacts and other experiences to help you complete
   your clinical rotation objectives? If not, Explain ________________

3. Did your preceptor make you feel welcome and include you in patient care activities
   and non-clinical activities? If not, Explain __________________________

4. Did the preceptor assist learning by building on your knowledge and relating it to patient care?
   If not, Explain ________________________________________

The information in this document and all documents submitted with it are an accurate record
of my activities during this clinical assignment.

_________________________________________  ________________________________________
Student Printed Name                      Student Signature