

**NCH Paramedic Program
Clinical Instruction Plan
BEHAVIORAL HEALTH**

I. PURPOSE

The purpose of the Behavioral Health rotation is to enable paramedic students to develop skills and knowledge necessary to competently manage patients presenting with a variety of behavioral health conditions.

II. PRIOR EXPERIENCE

Prior to entry into the Paramedic course, all students must be licensed as an EMT, Advanced EMT or EMT-I. Prior to starting the behavioral health clinical unit rotations, students will have completed the following elements of the EMS Education Standards: basic and advanced airway and ventilatory management, oxygen delivery, pharmacology, vascular access, medication administration, patient assessment; acute and chronic respiratory emergencies; cardiology including ECG interpretation; and behavioral emergencies.

III. SCOPE OF PRACTICE AND NEED FOR SUPERVISION

- A. "A paramedic student enrolled in an IDPH-approved Paramedic program, while fulfilling the clinical training and field internship requirements mandated for licensure may perform prescribed procedures under the **direct supervision** of a physician licensed to practice medicine in all of its branches or a qualified registered professional nurse" (EMS Rules).
- B. As part of their System agreement, hospitals providing clinical opportunities for the NCH Paramedic Program shall identify the unit preceptors to which students are assigned. Students may not provide any advanced life support/invasive skill on a patient without a preceptor immediately observing and coaching their technique to ensure patient safety.
- C. Students may not perform any skills that are outside of their scope of practice as defined by the National EMS Education Standards, Illinois EMS Act or Rules, and NWC EMS System SOPs, policies, and procedures.\

IV. BEHAVIORAL OBJECTIVES: STUDENTS

The goal of the Behavioral Health Unit rotation is for paramedic students to gain competence and strengthen behavioral health patient assessment and management skills. This can best be accomplished by working with a physician, mid-level practitioner, or RN preceptor in achieving the following within a student's scope of practice:

- A. Observe the approaches taken by behavioral health professionals when engaging with and providing care for patients with behavioral health conditions or emergencies to provide a safe and therapeutic environment.
- B. Observe and participate as directed in the interviewing of patients with behavioral health conditions.
 - 1. Identify internal and external factors that affect a patient/bystander interview.
 - 2. Identify strategies for developing rapport with the patient.
 - 3. Provide examples of open-ended and closed, or direct questions.
 - 4. Discuss common errors made when interviewing patients.
 - 5. Identify the nonverbal skills used in patient interviewing.
 - 6. Summarize methods used to assess mental status based on interview techniques.
 - 7. Discuss strategies for interviewing a patient who is not motivated to talk.
 - 8. Differentiate strategies used when interviewing a patient who is hostile compared to one who is cooperative.
 - 9. Summarize the developmental considerations of various age groups that influence patient interviewing.
 - 10. Define the unique techniques for patients with special needs.
 - 11. Discuss interviewing considerations used by paramedics in cross-cultural communications.
 - 12. Explain the importance of external factors of communication.
 - 13. Promote proper responses to patient communication.
 - 14. Exhibit professional non-verbal behaviors.
 - 15. Exhibit professional behaviors in communicating with patients in special situations.

- 16. Exhibit professional behaviors in communication with patients from different cultures.
- 17. Advocate for maintaining patient dignity and autonomy where possible when experiencing behavior emergencies.
- C. Understand how to deescalate acute anxiety or agitation; determine the need for chemical or physical restraints; and monitor the patient's condition after interventions are applied.
- D. Enhance understanding of the physical and emotional manifestations of acute and chronic behavioral health disorders to recognize them in the prehospital setting and take appropriate action.
- E. Engage with the preceptor to learn the process of determining ways to set boundaries, encourage healthy or therapeutic choices, and support patients through a behavioral emergency.

V. BEHAVIORAL OBJECTIVES: PRECEPTORS

During the Behavioral Health Unit rotation, the unit preceptor will

- A. take the student on a brief tour identifying the location of patient therapy areas, supplies and/or equipment, staff lounge, utility rooms, waiting rooms, etc. that will facilitate their adaptation to the unit.
- B. show the student where they can store personal belongings during the shift.
- C. give a brief unit orientation describing the routine patient flow patterns and the responsibilities usually assumed by nurses, physicians, and ancillary personnel.
- D. review clinical objectives with the student and mutually determine the level of participation expected of them during the clinical assignment.
- E. assist the student in gaining clinical expertise by encouraging patient contact whenever possible and directly observing while the student performs assessments and or patient interviews.
- F. serve as a source of reference in answering specific questions posed by the student regarding unit policy, patient evaluation or treatment rendered.
- G. resolve any potential conflict situations in favor of the patient's welfare and restrict the student's activities until any incidents can be investigated by the Paramedic Course Clinical Coordinator.

VI. EVALUATIONS

- A. Unit preceptors shall complete and sign the Student Clinical Activity Record.
 - 1. This form is important for documenting skill progression and competence and professional behaviors verifying achievement of course objectives.
 - 2. Preceptor entries:
 - a. Date
 - b. Student's arrival and departure times
 - c. Verify and rate student's level of proficiency on activities performed and recorded by the student or note if an intervention was observed only.
 - d. Observe and rate the student's professional affective behaviors
 - e. Sign form to verify all entries as factual.
 - 3. **Rating scale.** Unsuccessful ratings are typical and expected in the initial stages of the clinical learning process. Please be objective and honest in your evaluations

OBS	Observed activity only
2	Successful/competent. No prompting necessary.
1	Not yet competent. Marginal or inconsistent. Needs assistance and or direction. Includes partial attempts.
0	Unsuccessful. Required critical or excessive prompting. Inconsistent performance. Includes "not attempted" when student was expected to try.

4. Affective behaviors to be observed/rated:
 - a. Integrity: honesty; honors confidential nature of patient information; can be trusted with others' property; accurately documents learning activities
 - b. Empathy: sensitive to and respectful of patient's/family's feelings; responds to patient's emotions w/ helpful demeanor; supportive and reassuring to others
 - c. Self-motivation: takes initiative to complete assignments; follows through to complete tasks; adjusts performance based on constructive feedback; strives for excellence; takes advantage of and shows enthusiasm for learning opportunities
 - d. Appearance: clothing/uniform clean and well-maintained; good personal hygiene and grooming; presents a positive image of EMS
 - e. Self-confidence: projects trust in personal judgment to patients; aware of strengths and limitations
 - f. Time management: punctual; completes assigned tasks on time
 - g. Respect: Polite in behavior and speech; demonstrates consideration, dignity, and esteem for coworkers and customers; conducts self in a way that brings credit to the profession
 - h. Careful delivery of service: Makes critical decisions based on ethical, legal and moral standards; follows orders and adheres to policies, procedures, protocols
- B. Students shall complete the Unit/Preceptor evaluation form to critique the unit/preceptor and return it with the Clinical Unit Activity Report form to the Paramedic Course Clinical Coordinator within timelines set by policy.

VII. PROFESSIONAL BEHAVIOR AND DRESS

- A. Students shall wear their clean duty uniform or the navy blue polo shirt and dress or uniform pants required by the Program. A watch with a second hand/second counter must be worn to every clinical shift.
- B. Students shall wear their NCH Paramedic Student photo ID badge at all times while on the unit. Last names should be covered while on the clinical unit.
- C. No visible body piercing jewelry besides the ears is permitted, with no more than 3 piercings per ear. Tattoos/body art must be covered as much as possible while in the clinical units.
- D. Hair must be clean, neatly groomed and worn in a style that complies with the host hospital's dress code for their employees. It should not rest on the collar or be a source of pathogen transmission. Students with hair that is long enough to fall onto a patient or potentially contaminate a skin surface shall be pulled it back with barrettes or into a ponytail/braid.
- E. Students shall not wear scented grooming products or perfumes that could potentially elicit an allergic reaction in a patient.
- F. Students appearing in inappropriate attire or grooming shall be dismissed from the area and must reschedule the rotation based on unit availability.
- G. If a student is unable to attend a clinical rotation as scheduled, they must call the Paramedic Course Clinical Coordinator at least 30 minutes before the anticipated absence at (847)618-4494. In addition, the student must notify the designated contact person for that unit of their absence as well.
- H. No student may leave a clinical unit before completing the assigned shift unless permission is granted by the Paramedic Course Clinical Coordinator or the Administrative Director.

I. General rules of conduct

1. During clinical rotations, students will observe all rules, regulations and policies imposed by the host hospital on its employees. All instances of inappropriate conduct or potential conflict must be immediately resolved in favor of the patients' welfare and reported to the Paramedic Course Clinical Coordinator as soon as possible at 847-618-4494 or jdyer@nch.org.
2. A student may be required to do additional clinical hours if the preceptor believes that the student did not meet the objectives or there was an insufficient patient care contacts to meet unit objectives.
3. Students should attempt to schedule their breaks so they coincide with their preceptors' breaks. The student must report off to their preceptor when leaving the unit at any time during the clinical rotation.
4. Students must refrain from using tobacco products while on hospital premises.

VIII. ATTENDANCE POLICIES:

The policies concerning clinical time are very specific and will be consistently enforced throughout the various program locations. It is important that students handle clinical responsibility in a professional way. The ability to function in a professional and dependable manner will be as important as knowledge in overall success as a paramedic.

APPROVED:

Behavioral Health Supervisor name (Print)

Behavioral Health Supervisor signature

Hospital

Date

Paramedic Course Clinical Coordinator

Date

CJM: Prepared: September, 1981
Revised: 11/99; 10/01; 2/02; 10/02; 10/03; 9/08; 11/09
10/10 (CF); 11/11 (CF); 11/12; 9/13 (JD);
10/14(JD); 11/16 (JD.CM)