

**NCH Paramedic Program  
Clinical Instruction Plan  
EMERGENCY DEPARTMENT**

**I. PURPOSE**

- A. The purpose of the Emergency Department (ED) clinical rotation is to enable paramedic students to observe and participate in the assessment and interventions for acutely ill or injured patients within their scope of practice.
- B. The student can maximize the learning potential of this experience by
  - 1. seeking out learning experiences, observing the assessments and/or care of as many acutely ill and injured patients as possible;
  - 2. asking pertinent questions of the ED team.

**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 clinical unit rotations, students will have completed the preparatory elements of the EMS Education Standards including basic and advanced airway and ventilatory management, oxygen delivery, pharmacology, vascular access, medication administration, and introduction to general patient assessment.

**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**

Goals of the ED rotation:

- A. Observe and participate in dynamic patient care interactions as members of the health care team
- B. Develop communication skills by
  - 1. engaging the patient and family members using the various strategies of communication.
  - 2. evaluating on-line medical control calls to the ED from field units for clarity and thoroughness of data transmission.
  - 3. observing the interaction of patients, significant others, and the ED staff
- C. Participate in gathering the patient history and performing the physical exam
- D. Develop diagnostic skills by
  - 1. observing the process followed by the preceptor in arriving at his/her impression or medical diagnosis.
  - 2. synthesizing a prehospital impression / differential diagnosis based on information gathered from the history and physical exam.
- E. Discuss the patient's treatment plan with the preceptor. By observing total patient care, the student will achieve greater knowledge of disease processes and definitive interventions that

will improve the quality of care provided in the field.

- F. Observe the effects and side effects of drugs/medications taken by, or administered, to the patient. Assist in calculating any medication doses.
- G. Perform competencied psychomotor skills, under direct supervision of a qualified preceptor, as listed on the Schedule of Approved Skills for Clinicals 2016-2017.
- H. Enhance knowledge of anatomy, physiology, and pathophysiology by asking the preceptor to explain the significance of various diagnostic tests and abnormal results. Accompany patients to special procedures, e.g., CT scans, angiography, ultrasound, cath lab, surgery, etc. whenever possible.
- I. **Observe and perform BLS skills as directed**
  - 1. Obtaining vital signs
  - 2. CPR and non-invasive obstructed airway maneuvers
  - 3. BLS airway management and suctioning
  - 4. Application of oxygen via NC, NRM, BVM, C-PAP
  - 5. Hemorrhage control using direct pressure, hemostatic gauze, and tourniquets
  - 6. Eye and/or skin irrigation
  - 7. Burn/wound management
  - 8. Application of hot/cold packs
  - 9. Application of dressings and bandages
  - 10. Application of musculoskeletal splinting devices
  - 11. Helmet removal; spine motion restriction
  - 12. Proper restraint techniques
  - 13. Psychological support of patients/significant others
  - 14. Assist in patient care with lifting, as needed
- J. Observe and perform ALS skills as directed under **DIRECT supervision** after they have been competencied in class. Please refer to Schedule of Approved Skills for Clinicals 2016-2017.

V. **BEHAVIORAL OBJECTIVES: PRECEPTORS**

During the ED clinical rotation, the unit preceptor will

- A. Provide the student with a brief unit orientation/tour.
- B. Review clinical objectives with the student, mutually determine level of participation, your anticipated break and meal times; how and where you can be found to validate their paperwork before leaving shift.
- C. Assist the student in gaining clinical expertise by encouraging patient contact whenever possible and **directly observing** and coaching while the student performs approved skills.
- D. Provide immediate feedback on any patient history, assessment or intervention performed by the student.
- E. Serve as a source of reference in answering the student's questions.
- F. 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

NA	Not applicable; not needed; 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. No scrubs are worn in the ED to avoid role confusion with staff. 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.
- 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 clinicals 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. Each student shall bring their own stethoscope, penlight, and pen to the clinical shift.
- H. 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.
- I. 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.
- J. **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:

- A. 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.

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APPROVED:

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Emergency Department Supervisor name (Print)

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Emergency Department Supervisor signature

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Hospital

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Date

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Paramedic Course Clinical Coordinator

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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); 8/16 (JD); 8/17 (JD)