

## 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. PROGRAM RESPONSIBILITIES: DISEASE PREVENTION BEHAVIORS

- A. Prior to beginning clinical rotations, students will be instructed on and will demonstrate competency in appropriate donning, doffing and disposal of all PPE.
- B. Program will provide students with PPE to be worn during clinical shifts, with the exception of disposable gloves.
- C. Students will be fit tested for and provided an N95 respirator prior to each clinical shift, to be worn only in the presence of aerosol-generating procedures.
- D. All students shall provide the Program with documentation of the following:
  - 1. Successful vaccination and or immunity to rubeola, rubella, mumps, varicella, and hepatitis B
  - 2. Physical exam demonstrating fitness for participation
  - 3. Negative DOT 5 Panel drug screen
  - 4. Background check
  - 5. TB test, negative within the past year
  - 6. Personal health insurance
  - 7. Influenza vaccine by hospital deadline
  - 8. COVID-19 vaccine
- E. Students will sign the NCH / Harper College Social Contract / Informed Consent Agreement. This includes agreement to follow CDC, IDPH, and Hospital COVID-19 related recommendations including masking, hand hygiene, and social distancing.

V. **BEHAVIORAL OBJECTIVES: STUDENTS**

Goals of the ED rotation: Paramedic students shall:

- A. Observe and participate in patient care within their scope of practice as directed and precepted by members of the hospital health care team.
- B. Develop communication skills by
  - 1. interacting appropriately with patients, staff, and family members using various communication strategies.
  - 2. listening to on-line medical control calls to the ED for clarity, sequencing of information, and thoroughness of data transmission.
- C. Participate in gathering patient histories and performing physical exam components.
- D. Develop diagnostic skills by
  - 1. observing the process followed by ED staff in gathering information and reaching conclusions relative to immediate patient priorities and possible diagnoses..
  - 2. synthesizing an EMS 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.
- G. Perform skills within their scope of practice for their stage of education, under direct supervision of a qualified preceptor, as listed on the Schedule of Approved Skills for Clinicals 2021-2022.
- H. Accompany patients to special procedures, e.g., CT scans, angiography, ultrasound, cath lab, etc. whenever possible.
- I. **Observe and perform BLS skills as directed**
  - 1. Obtaining vital signs, oximetry and capnography readings (SpO<sub>2</sub> and EtCO<sub>2</sub>)
  - 2. Manual CPR and obstructed airway maneuvers
  - 3. Noninvasive airway positioning, oral pharyngeal suctioning and use of NPA/OPAs
  - 4. Application of oxygen via NC, NRM, BVM, C-PAP
  - 5. Apply cardiac limb leads for ECG monitoring
  - 6. Hemorrhage control using direct pressure, hemostatic gauze, and tourniquets
  - 7. Eye and/or skin irrigation
  - 8. Application of hot/cold packs
  - 9. Wound care; application of dressings and bandages
  - 10. Application of musculoskeletal splinting devices
  - 11. Helmet/protective equipment removal; spine motion restriction
  - 12. Medical restraint application and monitoring
  - 13. Psychological support of patients/significant others
  - 14. Assist in patient lifting and moving, as needed
- J. Observe and perform ALS skills as directed under **DIRECT supervision** after they have been competencied in class. Refer to Schedule of Approved Skills for Clinicals 2021-2022.

VI. **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, the preceptor's anticipated break and meal times; and how and where they can be found to validate student 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 patient assessments or interventions performed by the student to enhance their learning.

- E. Serve as a resource in answering the student's questions or directing them to sources where the answers may be found.
- F. Resolve perceived behavioral issues or potential conflict situations in favor of patient and unit welfare and restrict the student's activities until the Course Clinical Coordinator (Jennifer Dyer) can be immediately contacted for further direction. Work: 847-618-4494; cell 847-308-5355.

## VII. EVALUATIONS

- A. Unit preceptors shall complete and sign the Student Clinical Activity Record.
  - 1. This form is required for documenting patient care contacts, skill competency progression, and professional behaviors to verify achievement of course objectives.
  - 2. Preceptor entries:
    - a. Date
    - b. Student's arrival and departure times
    - c. Rate student's level of proficiency on activities performed. Note if an intervention was observed only.
    - d. Observe and rate the student's professional behaviors (affective objectives)
    - e. Sign form to verify all entries as factual.
  - 3. **Rating scale.** 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:** Ability to step into the shoes of another, aiming to understand their feelings and perspectives and to use that understanding to guide their actions.
      - c. **Self-motivation:** Completes assignments; follows through to complete tasks; adjusts performance based on 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:** Due regard for the feelings, wishes, rights, or traditions of others. Is considerate and honoring of the feelings, opinions, and property of others.
      - h. **Careful delivery of service:** Makes critical decisions based on ethical, legal and moral standards and adheres to policies, procedures, and protocols.
  - B. Students shall complete the Unit/Preceptor evaluation form to critique the unit/preceptor and return it with the Clinical Unit Activity form to the Paramedic Course Clinical Coordinator within timelines set by policy.

## VIII. STUDENT CONDUCT 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 Harper Student photo ID along with their NCH generic Paramedic student badge at all times while on the unit.

- C. No visible body piercing or jewelry besides the ears is permitted, with no more than 3 piercings per ear. Body art may be visible if the images or words do not convey violence, discrimination, profanity or sexually explicit content. Prohibited ink must be covered with bandages, clothing, or cosmetics such as Dermablend®. Clinical unit leaders may determine if visible art is acceptable based on hospital policies. None may be visible on the face.
- 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 and secured.
- 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 PPE (except gloves), stethoscope, penlight, and pen to the clinical shift.
- H. If unable to report to a clinical rotation as scheduled, they must call the PM 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.
- I. No student may leave a clinical unit before completing the full assigned shift unless permission is granted by the Paramedic Course Clinical Coordinator or the Administrative Director.
- J. **General rules of conduct**
  - 1. Students shall comply with all health screening, masking (PPE), distancing and hand hygiene requirements imposed by the Program and host hospital.
  - 2. Students shall 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 [jdye@nch.org](mailto:jdye@nch.org).
  - 3. 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.
  - 4. 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.
  - 5. Students must be physically, emotionally, and psychologically fit for duty and refrain from using any medications, drugs, or other substances that would result in impaired behavior. They will follow each hospital's tobacco-free policies.

IX. **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 perform responsibly in full compliance with guidelines. The ability to function in a professional and dependable manner is as important as knowledge and technical skills 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; (CF) 10/10; 11/11; 11/12; (JD) 9/13; 10/14; 8/16; 8/17; 8/18; 10/19; 8/20 (JD); 7/21 (JD)