I. PURPOSE:
   A. The purpose of the Mental Health Unit rotation is to enable paramedic students to develop skills and knowledge necessary to completely manage the variety of patient types when present in the mental health setting.
   B. This experience shall be facilitated by a designated preceptor from the hospital (see below). The student can maximize the learning potential of this experience by:
      1. observing the management and care of patients within the mental health setting,
      2. asking pertinent questions of the mental health team,

II. PRIOR EXPERIENCE:
   Prior to entry into the Paramedic course, all students must be licensed as an EMT with at least six months experience on an ambulance or approved equivalent. Prior to starting the clinical unit rotations, students will have completed the introductory elements of the paramedic program including patient assessment, airway management, oxygen delivery, pharmacology, IV access, and medication administration.

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.
   B. 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 policies.

IV. PROCEDURE FOR REPORTING TO THE UNIT:
   A. Report to the unit on the assigned day and approximately fifteen minutes prior to the assigned shift time. Inform the charge nurse of your arrival and he or she will provide your preceptor assignment.
   B. Report to the assigned preceptor. Show the preceptor a copy of this instruction plan to remind them of your objectives, scope of practice, and the System's requests of them as a preceptor.
   C. Listen to the change of shift report with the unit staff and receive area assignment.
   D. Initiate the paperwork for the Mental Health Unit clinical rotation.

V. BEHAVIORAL OBJECTIVES: STUDENTS
   Goals of the Mental Health Unit rotation:
   A. Gain competence and strengthen mental health patient assessment skills.
      This can best be accomplished by working with a physician, mid-level practitioner, or RN preceptor.
      1. Demonstrate a basic understanding of the spectrum of acute and chronic psychiatric disorders.
      2. Obtain relevant and accurate sample history.
3. Perform a secondary survey and/or a more directed physical exam on all patients as needed.
4. Demonstrate an ability to correctly identify potentially violent, agitated and acutely psychotic and/or suicidal patients.
5. Demonstrate ability to concisely summarize and present pertinent history and physical exam findings to the preceptor and other appropriate team members.
6. Verbalize knowledge of medication administration including: classification, indications, dosages, action, side effects, and precautions.
7. Function as a team member.
8. Demonstrates a basic understanding of the management of acute and chronic psychiatric disorders.

Question the preceptor about the patient’s clinical presentation and how they arrived at their decisions to intervene. Some prefer to teach at the bedside, others prefer you to observe and ask questions later. Regardless of individual preference, most are willing to instruct when the student shows interest and initiative. Interaction with the Mental Health Unit staff can improve your performance in the field and can be a great learning experience, but don’t expect them to seek you out. You must initiate the interchange. Do not hesitate to ask for clarification regarding chart contents, terminology, etc.

B. Observe and perform BLS skills as directed including but not limited to;
1. Obtaining vital signs
2. CPR and non-invasive obstructed airway maneuvers
3. Non-invasive airway management and suctioning
4. Application of oxygen via NC, NRM, BVM, C-PAP
5. Hemorrhage control using direct pressure 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. Spine motion restriction
12. Proper restraint techniques
13. Psychological support of patients/significant others
14. Assist in patient care with lifting, as needed

C. Observe and perform ALS skills as directed under DIRECT supervision after they have been competenced in class;
1. Preparation, administration, and monitoring the response to P.O., sub-q, IM, IV, IN, nebulized, SL, IO, and/or topical medications approved for EMS use, i.e.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenosine</td>
<td>Ipratropium Bromide (Atrovent)</td>
</tr>
<tr>
<td>Ipratropium Bromide (Atrovent)</td>
<td></td>
</tr>
<tr>
<td>Albuterol (Proventil)</td>
<td>Lidocone 2% (Xylocaine)</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>Magnesium Sulfate</td>
</tr>
<tr>
<td>ASA</td>
<td>Midazolam</td>
</tr>
<tr>
<td>Atropine</td>
<td>Naloxone</td>
</tr>
<tr>
<td>Benzocaine 20% spray</td>
<td>Nitroglycerin</td>
</tr>
<tr>
<td>Dextrose (Glucose)</td>
<td>Normal Saline (0.9% NaCl)</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Nitrous Oxide</td>
</tr>
<tr>
<td>Dopamine drip</td>
<td>Ondansetron</td>
</tr>
<tr>
<td>Epinephrine 1:1,000</td>
<td>Sodium Bicarbonate inj. 8.4%</td>
</tr>
<tr>
<td>Epinephrine 1:10,000</td>
<td>Tetracaine 0.5% solution</td>
</tr>
<tr>
<td>Etormidate</td>
<td>Vasopressin</td>
</tr>
<tr>
<td>Fentanyl Citrate</td>
<td>Verapamil</td>
</tr>
<tr>
<td>Glucagon</td>
<td></td>
</tr>
</tbody>
</table>

Paramedic students may only perform a procedure or give a medication in a clinical setting for which they have learned in a classroom setting and have completed and received a competence assessment and is within their scope of practice.
D. **Develop communication skills:**

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. Serve as a model for an effective communication process.
13. Advocate the importance of external factors of communication.
14. Promote proper responses to patient communication.
15. Exhibit professional non-verbal behaviors.
17. Value strategies to obtain patient information.
18. Exhibit professional behaviors in communicating with patients in special situations.
19. Exhibit professional behaviors in communication with patients from different cultures.

E. **Develop diagnostic skills** by observing the process followed by the preceptor in arriving at his/her impression or medical diagnosis. Learn to reason critically in making a differential diagnosis based on clinical presentation and history.

F. **Observe the effect and side effects of medications and/or treatment** that is rendered in the Mental Health setting. This promotes an introductory understanding of pharmacodynamics. Assist in calculating any medication doses.

G. **Enhance knowledge of anatomy and pathophysiology** by asking the preceptor to interpret diagnostic tests. Accompany patients to special procedures whenever possible.

VI. **BEHAVIORAL OBJECTIVES: PRECEPTORS**

During the Mental 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 the 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.
V. EVALUATIONS

A. Unit preceptors shall complete and sign the Student Clinical Activity Record.
   1. This form is important for documenting achievement of course objectives.
   2. Note if an intervention was observed and rate the skill level of each intervention performed.
   3. Rate the student's performance using the following scale. Please be objective and honest in your evaluations. If any skills are rated as "needs additional practice", enter an explanation of your rationale in the comments section.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Observed activity only</td>
</tr>
<tr>
<td>4</td>
<td>Excellent/independently competent. Is able to perform the skill correctly with no coaching.</td>
</tr>
<tr>
<td>3</td>
<td>Above average. Skill level exceeds entry-level criteria. Can perform safely with minimal coaching.</td>
</tr>
<tr>
<td>2</td>
<td>Satisfactory. Meets entry-level criteria. Performs safely with direct supervision and moderate coaching.</td>
</tr>
<tr>
<td>1</td>
<td>Needs additional practice. Student could verbalize critical steps but skill level is not at an entry level without supervision and coaching. Recommend additional clinical experience.</td>
</tr>
</tbody>
</table>

4. Sign and date the form verifying the times documented. Document the times the student entered and left the unit using the 24-hour military clock. The form will not be accepted for credit without these items completed.

5. After completion, return the form to the student or the hospital's EMS Coordinator for forwarding to the Paramedic Course Clinical Coordinator. The only persons with access to this evaluation are the student and Resource Hospital program faculty.

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 on the next scheduled class day or with the weekly submission of clinical forms.

VI. PROFESSIONAL BEHAVIOR AND DRESS

A. Students shall wear their ambulance uniform or a polo shirt and dark slacks (no jeans). No scrubs are worn in the Mental Health Unit to avoid role confusion with staff.

B. Students shall wear their student name badges at all times while on the unit.

C. Hair must be neatly groomed. It should not rest on the collar. Students with shoulder length hair shall pull it back with barrettes or into a ponytail/braid.

D. Students appearing in inappropriate attire shall be dismissed from the area and must reschedule the rotation based on unit availability.

E. General rules of conduct
   1. During clinical rotations, students will be required to 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. Call 847-618-4490.

   2. A student may be required to do additional hours in a clinical site if the preceptor believed that he or she did not meet the experience objectives or there was an insufficient patient population during the clinical rotation.

   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.

VII. ATTENDANCE POLICIES:

A. If a student is unable to attend a clinical rotation as scheduled, they must call the Paramedic Course Clinical Coordinator (847-618-4490) at least 30 minutes before the anticipated absence. In addition, the student must notify the designated contact person for that unit of their absence as well.

B. If a student fails to come to a clinical unit as assigned and doesn't call ahead of time to notify the Paramedic Course Clinical Coordinator of his or her anticipated absence, the student will receive an unexcused absence for that day. A student who, through personal error, goes to the wrong clinical unit and/or the right unit on the wrong day or time will be sent home and receive an unexcused absence for the day.

C. The first time a student arrives more than fifteen minutes late to the clinical area without calling or paging the Paramedic Course Clinical Coordinator, the lateness will be noted as unexcused.

D. Highly unusual or extenuating circumstances occasionally occur, causing a student to be absent or late without opportunity to provide advance notice. These situations are deemed to be rare. The acceptance of such unusual circumstances as adequate for an excused absence is the sole responsibility of the Paramedic Course Clinical Coordinator.

E. Two unexcused absences and/or late arrivals will be interpreted as irresponsible behavior violating the course ethics policy and may be grounds for dismissal from the program. The attendance infraction will be evaluated by the EMS Administrative Director and the EMS Medical Director.

F. Rescheduling of clinical rotations can only be done based on unit availability. A student may delay entering the field internship, graduating from the course, and may not be eligible to take the state exam if they do not finish the clinical component on time.

G. No student may leave a clinical unit before completing the assigned shift unless permission is granted by the Paramedic Course Clinical Coordinator or Administrative Director.

H. 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:

Mental Health Unit Supervisor

Paramedic Course Clinical Coordinator

Hospital

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

EMT-PiPsych 11
# NWC EMSS EMT-P Training Program
## Student Clinical Activity Performance Record
### MENTAL HEALTH UNIT

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital</th>
<th>Date</th>
<th>Time in</th>
<th>Time out</th>
</tr>
</thead>
</table>

**Rating key:** For each patient, indicate the rating that most closely reflects the student's performance

- X Observed activity only
- 4 Excellent/independently competent: Is able to perform the skill correctly with no coaching
- 3 Above average: Skill level exceeds entry level criteria; can perform safely with minimal coaching
- 2 Satisfactory: Meets entry level criteria; performs safely with moderate coaching
- 1 Needs additional practice: Skill level not at entry level of practice; needs additional lab time

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pt.1</th>
<th>Pt. 2</th>
<th>Pt. 3</th>
<th>Pt. 4</th>
<th>Pt. 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>List each patient's age and gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note each patient's diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assessment:</strong> SAMPLE history</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assessment:</strong> Physical exam</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Vital signs: BP; P; RR</td>
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</tr>
</tbody>
</table>

**Therapeutic communication**

- Develop rapport with the patient
- Identify/use nonverbal skills in patient interviewing
- Identify/use methods to assess mental status based on interview techniques
- Exhibit professional behaviors in communicating with patients in special situations.
- Exhibit professional behaviors in communication with patients from different cultures
- Differentiate/use strategies when interviewing a patient who is hostile compared to one who is cooperative

**Emotionally disturbed or violent patients**

- Describe the overt behaviors associated with behavioral and psychiatric disorders.
- List the reasons for taking appropriate measures to ensure the safety of the patient, paramedic and others
- Describe methods of restraint that may be necessary in managing the emotionally disturbed patient.
Activity | Pt.1 | Pt. 2 | Pt. 3 | Pt. 4 | Pt. 5
--- | --- | --- | --- | --- | ---
Note any restraint methods observed

(MAY NOT GIVE ANY DRUG THAT IS NOT LISTED ON THE SOPS)
List drugs/doses/routes for each patient

Note any tests or procedures observed

Others, please list:

Rating key: Select the rating that most closely reflects the student's performance

X Did not observe/cannot evaluate
4 Excellent/outstanding: Consistently exceeds expectations
3 Above average: Meets all and exceeds some expectations
2 Satisfactory: Meets entry level expectations
1 Unsatisfactory: Student should be coached on this criteria

<table>
<thead>
<tr>
<th>Professional Characteristics</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude: Cooperative, conforms to rules and regs of unit; interested in and participates in unit activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge: Demonstrates entry level EMT-P mastery of patient care concepts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability: Promptness, ability to complete instructions/assignments as directed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal appearance: Adheres to dress code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative: Seeks out learning experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication skills: Clearly communicates their assessment findings to other team members Interacts well with patients and hospital staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachable spirit: Accepts feedback without becoming defensive and modifies behavior consistent with coaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pt. privacy: Maintains patient confidentiality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall comments:

Preceptors’ signature
Revised 11/11; 11/12 (CF); 9/13 (JD); 11/14 (JD)