

NCH Paramedic Program Clinical Instruction Plan **OPERATING ROOM**

I. **PURPOSE**

- A. The purpose of the Operating Room clinical rotation is to enable paramedic students to participate in airway access and intubation of as many patients as possible in order to gain entry level competency as a paramedic in performing advanced airway procedures.
- B. The student can maximize the learning potential of this experience by
 - 1. observing the assessments performed and information gathered by the anesthesiologist prior to advanced airway placement.
 - 2. asking pertinent questions of the anesthesiologist
 - 3. observing advanced airway insertion performed by the anesthesiologist and assisting with as many intubation procedures as possible.

II. **PRIOR EXPERIENCE**

Prior to participating in the OR clinical rotation students will have completed didactic presentations and advanced airway practice labs; performing the critical steps of intubation on manikins including the following:

- A. Anatomy and physiology of the pulmonary system as it relates to advanced airway insertion and ventilating a sedated patient.
- B. Purpose; indications, and contraindications for intubation and advanced airway placement.
- C. Identifying patients who may pose a difficult intubation
- D. Selection and preparation of equipment
 - 1. BLS airways, pads for accurate head positioning, suction source
 - 2. Preoxygenation resources: BLS airways, O₂
 - 3. Laryngoscopes: straight and curved blade technique
 - 4. Tracheal tubes (cuffed, various sizes); stylets including the bougie
 - 5. Water soluble gel, syringe
 - 6. Esophageal Detector Devices (EDDs)
 - 7. End tidal CO₂ detectors (EtCO₂)/capnography monitoring; stethoscope
 - 8. Pulse oximetry, ECG monitor,
 - 9. Tube securing and head immobilization devices
- E. Patient preparation/positioning; preoxygenation/suction techniques
- F. Pre-medications: benzocaine spray, fentanyl
- G. Sedating medications: midazolam/diazepam; etomidate, ketamine
- H. **Students are NOT educated on nor authorized to administer paralytic or anesthetic agents. These are not included in their scope of practice.**
- I. Reversal agent: naloxone
- J. Intubation techniques
 - 1. Orotracheal with and without in-line stabilization
 - 2. Drug assisted without paralytics
 - 3. Digital; anterior or inverse
 - 4. Nasotracheal (discouraged for EMS use)
- K. Confirming tracheal placement: EtCO₂ detector/capnography, 5 point auscultation; confirming appropriate tube depth
- L. Securing the tube: use of commercial devices
- M. Head/neck stabilization

- N. Ventilating patient with BVM before and after airway insertion
- O. Complications of intubation
- P. Monitoring patients during and after intubation procedures

III. **SCOPE OF PRACTICE AND NEED FOR SUPERVISION**

- A. "A paramedic student enrolled in an IDPH-approved Paramedic program, while fulfilling the clinical training 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 EMS 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. See attached Schedule of Approved Skills for Clinicals.

IV. **BEHAVIORAL OBJECTIVES: STUDENTS**

Upon completion of the OR rotation, a paramedic student will perform each of the following within their scope of practice and without critical error:

- A. Assist in performing endotracheal intubations on a variety of surgical patients (range of age, health status, anatomy) in a controlled environment, under the direct supervision and guidance of a licensed anesthesiologist. Assist means performing direct manual glottic visualization using a laryngoscope, inserting the ET tube, and verifying correct tube placement under the direct supervision of an anesthesiologist.
- B. Develop communication skills by observing interactions between patients, significant others, and staff
- C. Enhance their ability to obtain a pertinent history and pre-procedure exam relative to advanced airway management
- D. Observe the effects and side effects of drugs/medications taken by, or administered to, the patient, before, during, and after induction of sedation and/or anesthesia; assist in calculating any medication doses.
- E. Perform competencied psychomotor skills, under **direct supervision** of a qualified preceptor, as listed on the Schedule of Approved Skills for Clinicals 2016-2017.
- F. Enhance knowledge of anatomy, physiology, and pathophysiology by asking the preceptor to explain the significance of various assessment findings and airway access challenges and outcomes.

V. **BEHAVIORAL OBJECTIVES: PRECEPTORS**

During the OR clinical rotation, the unit preceptor will

- A. Provide the student with a brief unit orientation and tour. Provide a place to store belongings.
- B. Review clinical objectives with the student. Mutually determine the level of participation, and how and where you can be found to validate their paperwork before leaving the unit.
- C. Assist the student in gaining intubation opportunities by encouraging patient contacts and introducing them to anesthesiologists who enjoy bedside teaching whenever possible.
- D. 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.

Anesthesiologists will

- E. **Directly observe** and coach while the student assists in performing the approved skills.

Assist for the purposes of intubation means performing direct manual glottic visualization using a laryngoscope, inserting the ET tube, and verifying correct tube placement under the direct supervision of an anesthesiologist.

- F. Provide immediate feedback to help students improve their technique on any procedure(s) performed.
- G. Serve as a resource in answering the student's questions on advanced airway access.

VI. EVALUATIONS

- A. Unit preceptors and anesthesiologists 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. Unsuccessful ratings are to be expected in the initial stages of the clinical learning process. Please be objective and honest in your evaluations
 - 3. 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.

4. Anesthesiologist-specific entries:

- a. Rate the student's performance on airway management skills in the shaded "Placement of airway device" box using the following scale:

X	Observed activity only; not applicable
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

- b. Enter your initials in the shaded "Initials of anesthesiologist" box directly under your rating of the student's performance
- c. Enter your initials and your printed name in the box labeled "Anesthesiologist Initials and Signatures"
- 5. 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 will be provided scrubs to wear in the OR, according to the host hospital's OR policy. A watch with a second hand/second counter must be worn to every clinical shift. If leaving the unit while in scrubs, they must follow all hospital-related policies for wearing OR attire while off the unit.
- 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 covered in compliance with the host hospital's dress code for their employees.
- 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. Generally students will be expected to remain in the OR as long as potential learning experiences are possible. This is usually until 2 pm, or when cases become infrequent or start times occur after 2:00 PM.
- 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 jdye@nch.org.
 - 2. A student may be required to do additional clinical hours if the preceptor or the Clinical Coordinator 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.

APPROVED:

OR / Surgical Services Supervisor name (Print)

OR/Surgical Services Supervisor signature

Hospital

Date

Paramedic Course Clinical Coordinator

Date

CJM: Prepared: September, 1981
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