

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. participating in 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 and airway and ventilation management on manikins including:

- 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. Identification of findings indicative of a potentially difficult intubation.
- D. Selection and preparation of equipment
 - 1. BLS airways, padding for optimal head positioning, suction source
 - 2. Preoxygenation resources: BLS airways, O₂ NRM or BVM
 - 3. Laryngoscopes: straight and curved blade technique
 - 4. Tracheal tubes (cuffed, various sizes); bougie
 - 5. Water soluble gel, syringe
 - 6. Quantitative waveform capnography; pulse oximetry, ECG monitor
 - 7. Tube securing and head immobilization devices
- E. Patient preparation/positioning; pre-oxygenation and suction techniques
- F. Pre-medications: fentanyl
- G. Sedating medications: etomidate or 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. Direct laryngoscopy with and without in-line stabilization, with bougie
 - 2. Drug assisted without paralytics, with bougie
 - 3. Digital; anterior or inverse
 - 4. Nasotracheal (discouraged for EMS use)
 - 5. Video laryngoscopy using King Vision **only**
- K. Confirming tracheal placement: quantitative waveform 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

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 Schedule of Approved Skills for Clinicals.)
- D. **Permission for students to assist with and be supervised while performing intubations will be the responsibility of hospital staff. Under no circumstances should students approach patients for permission, even if accompanied by hospital staff.**

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 (accompanying document). 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 OR rotation: Paramedic students shall

- A. Assist in performing endotracheal intubations on a variety of surgical patients 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 direct supervision.
- B. Develop communication skills by observing interactions between patients, family 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 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.
- 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. Inform student of the preceptor's anticipated break and meal times, and how and where they can be found to validate student paperwork before leaving the unit.
- C. Assist the student in gaining intubation opportunities by introducing them to anesthesiologists who enjoy bedside teaching whenever possible.
- D. Serve as a resource in answering the student's questions or directing them to a source where answers may be found.
- E. 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 (J Dyer) can be immediately contacted for further direction. (Office 847 618 4494; cell 847 308 5355)

VI. **Anesthesiologists will**

- A. Review clinical objectives with the student and mutually determine student's level of participation.
- B. Assist the student in gaining clinical expertise by encouraging patient contact whenever possible.
- C. **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.
- D. Provide immediate feedback patient on any assessments or skills performed to enhance their learning and improve their technique.
- E. Serve as a resource in answering the student's questions or directing them to a source where answers may be found.

VII. **EVALUATIONS**

- A. Preceptors and anesthesiologists shall complete and sign the Clinical Activity Performance 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 the activity was observed only
 - d. Observe and rate the student's professional (affective) behaviors
 - e. Sign form to verify all entries as factual
 - 3. **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"
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. **SSTUDENT 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.
 - 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.

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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