

Peoria Area EMS System
EMT INTERMEDIATE & PARAMEDIC Training Program Clinical Instruction Plan:
SURGERY

I. PURPOSE

The purpose of the OR rotation is to enable students to apply classroom theory relative to airway access and intubation to clinical practice. This experience shall be facilitated by a designated preceptor. The EMT-I/P student can maximize the learning potential of this experience by (1) performing as many intubation procedures as possible and (2) asking pertinent questions of the preceptor.

II SCOPE OF PRACTICE

A student enrolled in an IDPH approved EMT-I/P program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the System and the Department, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or a qualified EMT, only when authorized by the EMS Medical Director (EMS Act Section 3.55(d); EMS Rules Section 515.550 (d)).

III. DIDACTIC PREPARATION: Students have completed didactic lecture and demonstration/return demonstration labs covering the critical steps of intubation including the following:

- A. Anatomy and physiology applied to intubation
- B. Purpose and indications for intubation
- C. Selection and preparation of equipment
 - 1. Laryngoscope blades; straight and curved
 - 2. ET tubes
 - 3. Stylets
 - 4. Esophageal Detector Devices (EDDs)
 - 5. End tidal CO₂ detectors (EtCO₂)
 - 6. Tube securing devices
 - 7. Suction
- D. Patient preparation/positioning/preoxygenation
- E. Premedications, sedating medications, reversal agents
- F. Intubation techniques
- G. Confirming tube placement
- H. Securing the tube
- I. Ventilating through an ET tube
- J. Complications of intubation
- K. Monitoring patients during intubation attempts

ORIENTATION: The EMT I/P Student will attend a surgical orientation prior to scheduling their clinical date with the EMS Clinical Coordinator.

IV. PROCEDURE FOR REPORTING TO THE UNIT

- A. Report to the OR on the assigned day and time. Change into scrubs in the designated locker room and report to the assigned area. The charge nurse will assign you a CRNA as the first preceptor. Pick up a surgery schedule.
- B. Go to your first room prior to the patient's arrival and introduce yourself to the CRNA. Show them 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. Initiate the paperwork for the OR clinical rotation.

V. BEHAVIORAL OBJECTIVES: STUDENTS

During the OR rotation and before the end of the field internship, the student must demonstrate competency in the following:

- A. **Performing 5 live endotracheal intubations (Intermediate) / 3 live endotracheal intubations (Paramedic)** under the direct supervision of an anesthetist, anesthesiologist or physician. In the hospital, this is dependent on the consent of the surgeon and the anesthesiologist.
- B. Observing/performing peripheral IV insertion as directed.
- C. Observing/performing aseptic, oropharyngeal and tracheal suctioning as directed.
- D. Maintaining the airway in unconscious patients using jaw and head position and airway adjuncts.
- E. Observing/monitoring vital signs, including SpO₂ and capnography readings, and ECG rhythms on operative patients.

VI. **BEHAVIORAL OBJECTIVES: PRECEPTORS**

During the OR clinical rotation, the preceptor will

- A. Review the clinical objectives with the EMT-I/P student and mutually determine the level of participation expected of them during the clinical assignment.
- B. Assist the student in gaining clinical expertise by facilitating approval for the student to perform an intubation from the anesthesiologist and surgeon.
- C. Serve as a source of reference in answering specific questions posed by the student regarding intubation and/or surgical procedures.
- D. Resolve any potential conflict situations in favor of the patient's welfare and restrict the student's activities until any incidents can be reviewed and investigated by the EMS Education Coordinator.

VII. **EVALUATIONS**

- A. A unit RN or the anesthesiologist may sign the **Student Clinical Activity Record**.
 - 1. This form is important for documenting achievement of course objectives.
 - 2. Note if an intervention was observed or performed and rate the skill level of each intervention performed.
 - 3. Rate the student's performance using the following rating 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.
 - a. **X** Observed activity only
 - b. **4 Excellent/independently competent.** Is able to perform the skill correctly with no coaching.
 - c. **3 Above average.** Skill level exceeds entry level criteria. Can perform safely with minimal coaching.
 - d. **2 Satisfactory.** Meets entry level criteria. Performs safely with direct supervision and moderate coaching.
 - e. **1 Needs additional practice.** Student could verbalize critical steps but skills are not at an entry level without supervision and coaching. Recommend additional clinical experience.
 - 4. To be valid and accepted for credit, the preceptor must sign the form, noting date and times. Document the time a student entered or left the unit.
 - 5. After completion, return the form to the EMT-I/P student. Access to these evaluations is limited to the Preceptor, the EMS Education Coordinator, the EMS Medical Director, the course coordinator and the student.
- B. EMT-I/P Students shall complete the Unit/Preceptor evaluation form to critique the unit/preceptor and return it to the Course Coordinator on the next class day.

VIII. PROFESSIONAL BEHAVIOR AND DRESS

- A. Students shall change into scrubs in the surgical locker room. They must strictly observe the host hospital's guidelines relative to hand washing, shoe and hair covers, masks, and lab coats while out of the unit, etc.
 - 1. All hair must be covered with caps while in the operating suite.
 - 2. Covers are worn over shoes while in surgery. They are removed when leaving the unit.
 - 3. Masks are worn at all times in the operating rooms whether surgery is in progress or not. A clean mask is worn for each case.
 - 4. Lab coats are worn to cover scrub clothes when leaving the unit. They should be buttoned to cover the scrub clothes completely.
 - 5. No jewelry other than wedding band and watch are worn in surgery. Medical tags are permitted if worn inside the scrub attire.
- B. Students shall wear their student name badges at all times while in patient care areas.
- C. Students appearing in inappropriate attire shall be dismissed for the day and must reschedule the rotation based on preceptor availability.
- D. **Principles to preserve the aseptic environment**
 - 1. Never touch or reach over a sterile field. Allow a very wide margin to avoid brushing against the sterile drapes.
 - 2. Do not walk between two sterile fields. Remain on the perimeter of the sterile field.
 - 3. Keep your hands above your waist while near any sterile field.
 - 4. Do not touch or come near a "sterile" person's front, hands, or arms up to the elbows. You may look over their shoulder from behind.
 - 5. If you accidentally contaminate a sterile field, notify a nurse immediately so the area can be redraped.
- 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 patient and reported to the Course Coordinator as soon as possible. Call the EMS Education Coordinator.
 - 2. A student may be required to do additional hours in a clinical site if the preceptor believes that he or she has not met objectives or if there is an insufficient patient population during the shift.
 - 3. Students must refrain from smoking while on hospital premises.
 - 4. Student should attempt to schedule their lunch and breaks so they coincide with their preceptor's breaks. When leaving the unit at any time during the shift, the student must report off to their preceptor.

IX. ATTENDANCE POLICIES

- A. If a student is unable to attend a clinical rotation as scheduled, they must call or page the Course Coordinator at least one hour before the anticipated absence.
 - B. If a student fails to come to a clinical unit as assigned and doesn't call ahead of time to notify the Course Coordinator of his or her anticipated absence, the student will receive an unexcused absence for that day.
 - C. A student who, through personal error, goes to the wrong clinical unit on the wrong day or time will NOT be allowed to perform the clinical and will be instructed to leave the clinical area. The student will receive an unexcused absence for the day.
 - D. If a student arrives more than 15 minutes late to the clinical area without calling or paging the EMT-P Course Coordinator, the lateness will be noted as unexcused. If the unit activity the student was to engage in is already been accomplished, i.e., intubations, IV insertions etc., the student may be sent home and rescheduled based on unit/preceptor availability.
 - E. Highly unusual or extenuating circumstances occasionally occur, causing a student to be absent or late without opportunity to provide advance notice. We believe these situations to be rare. The acceptance of such unusual circumstances as adequate for an "excused absence" is the sole responsibility of the Course Coordinator.
 - F. 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 Education Coordinator and EMS MD.
 - G. Rescheduling of clinical rotations can only be done at the convenience of the Clinical Coordinator based on unit availability. A student may delay graduating and not be eligible to take the state approved licensing exam if they do not finish the clinical component on time.
 - H. No student may leave a clinical rotation before completing the assigned shift unless permission is granted by the Course Coordinator or they are dismissed by the preceptor as having completed all objectives and/or there is continuing opportunity to provide patient care (OR, IV).
 - I. 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 an EMT I/P.
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Peoria Area EMS System
EMT PARAMEDIC Training Program Student Clinical Activity Performance Record
SURGERY – OPERATING ROOM

NOTE: Student skills are listed below for Preceptor review.
 Preceptor should sign separate Endotracheal Intubation Form ONLY.

Name	Hospital	
Date	Time in	Time out

Rating key: PRECEPTOR - Check the box 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 supervision and coaching.

Overall rating:

- The student met all objectives.**
- The student did not meet all objectives, recommend additional clinical experience.** Explain in comments.

Activity	Pt. 1	Pt. 2	Pt. 3	Pt. 4	Pt. 5	Comments
Demonstrates knowledge of anatomical landmarks important to intubation attempts.						
Prepares equipment: selects and checks appropriate tube and assembles remaining equipment.						
Applies BSI.						
Prepares the patient: positioning/preoxygenation.						
Premedicates as directed.						
Uses laryngoscope correctly.						
Passes the tube correctly into the trachea. List attempts by patient initials and age. Note if S or U.						
Confirms tube placement.						
Inflates cuff and secures tube.						
Monitors VS, including SpO ₂ and capnography readings, and ECG rhythms on operative patients.						
Performs peripheral IV insertion.						
Performs aseptic, oropharyngeal and tracheal suctioning.						
Maintains the airway in unconscious patients using jaw and head position and airway adjuncts.						
Observe surgical procedures - list: 1. 2. 3.						

PAEMS EMT/P Training Program Clinical Activity Report
Operating Room - page 2

Rating key: PRECEPTOR - Check the box 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

Professional Characteristics	X	4	3	2	1	Comments
Attitude: cooperative, conforms to rules and regs of unit; interested in and participates in unit activities.						
Knowledge: demonstrates entry level EMT-P mastery of patient care concepts.						
Reliability: promptness, ability to complete instructions/assignments as directed.						
Personal appearance: adheres to dress code.						
Inactive: seeks out learning experiences.						
Communication skills: clearly communicates their assessment findings to other team members. Interacts well with patients and hospital staff.						
Teachability: accepts feedback without becoming defensive and modifies behavior consistent with coaching.						
Confidentiality: maintains patient confidentiality.						
Overall comments:						

Preceptor signature/credentials

Student: If intubations were unsuccessful, complete a root cause analysis.

What changes/improvements could be made to add to your success rate?

Peoria Area Emergency Medical Services System
EMT-I/P Student Training Program
Hospital Clinical Evaluation Form of Preceptor/Instructor

Hospital:	Date:
Clinical Unit:	Preceptor First/Last Name:

STUDENT: Please complete this form at the conclusion of each Hospital Clinical rotation:
EMT- I: ED & OR
EMT- P: ED, OR, Respiratory, CCU, L&D, and PEDS.
Return the form to the Course Coordinator.

Rating Key: 4 - Strongly Agree
3 - Agree
2 - Disagree
1 - Strongly Disagree

Item to be evaluated	Rating	Comments
When you arrived on the unit, the charge nurse/therapist greeted you cordially and assigned you to a preceptor.		
The preceptor gave a brief orientation describing patient flow patterns and defining responsibilities of unit personnel.		
The preceptor served as an effective resource to answer unit process questions.		
The preceptor encouraged patient contact and provided effective and discrete educational coaching while observing/ providing patient care.		
The preceptor made you feel welcome on the unit.		
Physicians encouraged your presence during patient examinations/interventions and used the opportunity to reinforce your skills through bedside teaching.		
The preceptor exercised tact and impartiality in completing your clinical activities form.		

The overall impression of your learning experience on this unit is:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Totally unsatisfactory
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Your learning needs were:

<input type="checkbox"/> totally achieved.	<input type="checkbox"/> partially achieved. Explain.	<input type="checkbox"/> not achieved. Explain
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Your Comments (Use back of form if necessary):

Return this completed form to your Course Coordinator.

PRINT Student Name: (optional) _____

OSF Saint Francis Medical Center OR/Surgery SPECIFIC INSTRUCTIONS

1. **You are expected to take ownership of your learning experience and be assertive in seeking learning opportunities in the OR.** The OR clinical specialist is there to consult if you need specific assistance, but will not remain with you through the whole experience.
2. Arrive at the surgery department by 6-30-6:45 a.m., change into scrubs, put on hair and shoe covers and be seated at pew by 7:00 a.m. wearing your I.D. badge. Do not bring study materials. Bring a pen and your evaluation form that you will need to fold and keep in the pocket of your scrubs.

Directions to Surgery: Park at MediPark I, enter on Level C. Take the elevator to the 3rd floor – ‘Surgery’. Turn right, take 2 lefts, and enter the hallway using the combination provided at orientation.
3. Introduce yourself to the charge nurse telling them that you are a paramedic or intermediate EMT student who needs to be in the OR that day to practice intubation skills. Receive a surgery schedule and ask to be assigned to your first case and your CRNA (Certified Registered Nurse Anesthetist).
4. Review the schedule to outline your day, check for times, locations, types of cases, surgeons, and anesthesiologists.
5. Before the first case, go to your assigned operating room and introduce yourself to the CRNA. Explain that you are a paramedic or intermediate EMT student who needs to intubate as a requirement of your class and ask if you can participate.

The anesthesiologist will direct what you are able to do. Some may visualize the cords and let you pass the tube, others may allow you to insert the laryngoscope while they pass the tube. Take your cue from them. They are legally responsible for this patient’s condition.
6. When the patient has been intubated, ask the anesthesiologist to rate your performance on your form. Thank them for their help and let them know that we appreciate their cooperation in our training program. Also thank the surgeon.
7. You will need to rotate from room to room in sequence with the cases on the list in order to maximize your opportunity to intubate.
8. When all the cases have been intubated for the day, you can leave. Fill in all the skills you observed on the evaluation form. Have one of the nurses verify your time leaving the unit.
9. If you have a crisis, call the OR/Surgery clinical coordinator, Carol Rinehart 655-2751 or the EMS Education Coordinator 655-7748.

Methodist Medical Center OR/Surgery SPECIFIC INSTRUCTIONS

1. **You are expected to take ownership of your learning experience and be assertive in seeking learning opportunities in the OR.** The OR clinical specialist is there to consult if you need specific assistance, but will not remain with you through the whole experience.
2. Arrive at the surgery department by 6:30-6:45 a.m., report to Surgicare reception desk on 2nd floor, they will page someone to assist you changing into scrubs and putting on hair and shoe covers. Report to the charge nurse at 7:00 a.m. wearing your I.D. badge. Do not bring study materials. Bring a pen and your evaluation form that you will need to fold and keep in the pocket of your scrubs.

Directions to Surgery: Park east of the parking deck or in the old YMCA parking lot. Please DO NOT park in deck parking. Enter the Methodist through the side door of Parking deck 1. Take elevators to second floor, there you will find the Surgicare reception desk.

Introduce yourself to the anesthesia coordinator telling them that you are a paramedic or intermediate EMT student who needs to be in the OR that day to practice intubation skills. Receive a surgery schedule and ask to be assigned to your first case and your CRNA (Certified Registered Nurse Anesthetist).

3. Review the schedule to outline your day, check for times, locations, types of cases, surgeons, and anesthesiologists.
4. Before the first case, go to your assigned operating room and introduce yourself to the CRNA. Explain that you are a paramedic or intermediate EMT student who needs to intubate as a requirement of your class and ask if you can participate.

The anesthesiologist will direct what you are able to do. Some may visualize the cords and let you pass the tube, others may allow you to insert the laryngoscope while they pass the tube. Take your cue from them. They are legally responsible for this patient's condition.

6. When the patient has been intubated, ask the anesthesiologist to rate your performance on your form. Thank them for their help and let them know that we appreciate their cooperation in our training program. Also thank the surgeon.
7. You will need to rotate from room to room in sequence with the cases on the list in order to maximize your opportunity to intubate.
8. When all the cases have been intubated for the day, you can leave. Fill in all the skills you observed on the evaluation form. Have one of the nurses verify your time leaving the unit.
9. If you have a crisis, call the **OR Clinical Education Specialist, Jason Bitner, ph. 309-672-4665** or Surgery Communication desk, ph. 309-672-5546.