

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

I. PURPOSE

The purpose of the Emergency Department (ED) rotation is to enable students to observe and participate in the clinical assessment and emergency interventions for acutely ill or injured patients. This experience must be facilitated by a designated instructor (see below). The student can maximize the learning potential of this experience by (1) observing care of acutely ill and injured patients; (2) asking pertinent questions of the ED team; (3) correlating EMS assessments and interventions to those completed in the ED; and (4) participating in care while directly supervised.

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. PROCEDURE FOR REPORTING TO UNIT

- A. Report to the unit on the assigned day and time. Inform the charge nurse of your arrival and he or she will provide your instructor assignment.
- B. Report to the assigned instructor. 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 an instructor.
- C. Initiate the paperwork for the ED clinical rotation.

IV. BEHAVIORAL OBJECTIVES: STUDENTS

During the ED rotation, the EMT-I/P student will

- A. **Gain competence and strengthen patient assessment skills.** This can best be accomplished by working with the physician or RN instructor. Practice performing the steps of inspection, palpation, and auscultation. Systematically divide the stages of assessment into the initial survey, resuscitation, focused assessment, and detailed assessment. Correlate the kinematics of injury or the nature of the illness with the patient's history to begin forming an impression of their current status. Recognize the importance of frequent reassessments in planning patient care. If a physician is available, question him/her about the patient's clinical presentation. Some physicians prefer to teach at the bedside, others prefer you to observe and ask questions later. Regardless of the individual preference, most physicians are willing to instruct when the student shows interest and initiative. Interaction with the ED 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 re: chart contents, i.e., handwriting, terminology, etc.
- B. **Observe and perform BLS skills as directed.** These skills include CPR, non-invasive airway management and suctioning, application of oxygen, ventilatory support with BVM; wound bandaging, obtaining vital signs, management of the patient requiring PASG, techniques of limb splinting, and spinal immobilization. Although the actual methods of

performing some of these skills may differ from hospital to hospital, the basic principles do not. Exercise flexibility if shown a new way to accomplish a skill.

- C. **Observe and perform ALS skills as** directed including: airway access maneuvers; IV access and administration of isotonic crystalloid IV fluids; administration of approved EMS medications via the PO, SL, topical, IV, IM, subq, ET, inhaled, IO, and intrarectal routes; obtaining blood samples; ECG monitor application and rhythm interpretation; defibrillation, cardioversion (ALS only); transcutaneous pacing (ALS only); pleural decompression; and capillary glucose testing. **You may not perform any ILS/ALS skills unless you are under the direct supervision of a nurse instructor or physician.**
- D. **Develop communication skills by**
 - 1. Evaluating UHF and VHF calls to the ED from field units for clarity and thoroughness of data transmission
 - 2. Expressing oneself verbally and in writing, using appropriate medical terminology and correct spelling.
 - 3. Observing the interaction of family members/significant others, patients, and the ED staff.
- E. **Develop diagnostic skills** by reviewing the accuracy of your initial impressions. Observe the process followed by the physician in arriving at his/her medical diagnosis. Learn to use critical judgment skills in making a differential diagnosis based on clinical presentation and history.
- F. **Observe comprehensive care of acutely ill and injured patients.** Emergency medicine is a multi-faceted field with a wide variety of patients presenting to the ED. By observing total patient care, the student will achieve greater knowledge of disease processes and definitive interventions which will improve the quality of care provided in the field.
- G. **Observe the effect and side effects of medication and/or treatment** that is rendered in the field and ED. This promotes an introductory understanding of pharmacodynamics. Assist in calculating drug doses and IV drip rates.
- H. **Enhance knowledge of anatomy and pathophysiology** by asking to interpret x-rays and lab results. Accompany patients to special procedures, i.e., C-T scans, angiography, ultrasound, surgery, etc., whenever possible.

V. SPECIFIC SKILLS TO PERFORM

If the opportunity presents, EMT-I/P students should perform the following:

- A. Patient assessments including a SAMPLE history and completing a physical exam consistent with EMS principles. The assessment should include taking vital signs, auscultating breath sounds, evaluating mental status using AVPU and/or the Glasgow Coma Scale as appropriate, and performing a neurologic assessment of pupils.
- B. Airways access maneuvers - observe, assist, perform the following:
 - 1. nasopharyngeal/oropharyngeal airway placement
 - 2. oropharyngeal, tracheal suctioning
 - 3. endotracheal intubation
 - 4. nasotracheal intubation (**observe only**)
 - 5. cricothyrotomy (**observe only**)
- C. Oxygen delivery/ventilatory support via NC, NRBM, or BVM.
- D. Needle chest decompression.
- E. Cardiac monitoring/resuscitation
 - 1. Apply leads and interpret a cardiac rhythm strip
 - 2. Assist in cases of cardiac arrest
 - 3. Perform monitored defibrillation
 - 4. Perform cardioversion (**ALS only**)
 - 5. Perform transcutaneous pacing (**ALS only**)
 - 6. Instruct a patient in performing Val Salva maneuver

- F. Peripheral venous cannulation or insertion of an IO line
- G. Infusion of IV isotonic crystalloid solutions (D5W, NS, LR)
- H. Hemorrhage control using direct pressure/pressure dressings
- I. Preparation, administration, and monitoring the response to common PO, SQ, IM, IV, ET, inhaled, SL, IO, IR, and/or topical medications.

EMT Intermediate students have received instructions in the following medications:

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| 1. Adenosine | 8. Glucagon (ED only) |
| 2. Albuterol | 9. XXXXXX |
| 3. Ammonia inhalants | 10. XXXXXX |
| 4. Aspirin | 11. XXXXXX |
| 5. Atropine | 12. XXXXXX |
| 6. 50% Dextrose | 13. Nitroglycerine |
| 7. Epinephrine 1:10,000 & Epi 1:1000 | 14. Valium |

EMT Paramedic students have received instructions in the following medications:

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| 1. Adenosine | 13. Dopamine drip | 24. Zofran |
| 2. Albuterol | 14. Epinephrine 1:10,000 | 25. Sodium bicarbonate |
| 3. XXXXXX | 15. Epi 1:1000 | 26. XXXXXX |
| 4. Ammonia inhalants | 16. Fentanyl | 27. XXXXXX |
| 5. Aspirin | 17. Glucagon | 28. Valium |
| 6. XXXXXX | 18. XXXXXX | 29. Versed |
| 7. Atropine | 19. Lidocaine | |
| 8. Atrovent | 20. Narcan | |
| 9. Benadryl | 21. Nitroglycerine | |
| 10. XXXXXX | 22. XXXXXX | |
| 11. XXXXXX | 23. Morphine | |
| 12. 50% Dextrose | | |

EMT-I/P students MAY NOT administer other medications that are not given in the field. EMT-I students MAY NOT administer IV drip medications, such as Dopamine and Lidocaine drips.

- J. Eye and/or skin irrigation following chemical burns
- K. Burn/wound management
- L. Application of dressings and bandages
- M. Spinal immobilization
- N. Application of musculoskeletal splinting devices
- O. Wound management
- P. Proper restraining techniques
- Q. Psychological support of patients/significant others
- R. Assist in patient care with lifting, transporting, etc. as needed
- S. **Students may not perform any skills that are outside of their scope of practice as defined by the DOT curriculum, Illinois EMS Act or Rules, and system SOPs.**

VI. **BEHAVIORAL OBJECTIVES: INSTRUCTORS**

During the EMT-I/P clinical rotation, the unit instructor will:

- A. Take the student on a brief tour identifying the location of triage, patient assessment areas, diagnostic/treatment supplies and/or equipment, staff lounge, utility rooms, waiting rooms, x-ray, etc.....that will facilitate their adaptation to the unit.
- B. Give a brief unit orientation describing the routine patient flow patterns and the responsibilities usually assumed by nurses, physicians, and ancillary personnel.
- C. Review the clinical objectives with the student and mutually determine the level of participation level expected of them during the clinical assignment.
- D. Assist the student in gaining clinical expertise by encouraging patient contact whenever possible and directly observing while the student performs listed skills.

- E. Serve as a source of reference in answering specific questions posed by the student regarding unit policy, evaluation or treatment rendered.
- F. Resolve any potential conflict situations in favor of the patient's welfare and restrict the student's activities until the incident is investigated by the Course Coordinator.

VII. EVALUATIONS

- A. Unit instructors 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.
 - a. X Observed activity only.
 - b. 4 **Excellent/independently competent.** Is able to perform the skill correctly with no coaching.
 - c. 3 **Average.** Skill level at entry level criteria. Can perform safely with minimal coaching.
 - d. 2 **Unsatisfactory. Does not** meets entry level criteria. Performs safely with direct supervision and moderate coaching.
 - e. 1 **Needs additional practice.** Student could verbalize critical steps but skill level is not at an entry level of practice without supervision and coaching. Recommend additional clinical experience.
 - 4. The form must be signed and dated by the instructor with the times documented to be valid. Document the time a student entered or left the unit by using the 24-hour military clock. It will not be accepted for credit without these items completed.
 - 5. After completion, return the form to the student or the EMS Education Coordinator for forwarding to the Course Coordinator. The only persons with access to these evals are the student and the student and the Course Coordinator.
- B. Students shall complete the Hospital Clinical Preceptor/Instructor Evaluation Form to critique the preceptor/instructor and return it to the Course Coordinator.

VIII. PROFESSIONAL BEHAVIOR AND DRESS

- A. Students shall wear their PAEMS uniform consisting of a navy-blue polo with student and System patches appropriately sewn, and dark slacks, and dark socks. No scrubs should be worn in the ED to avoid role confusion with ED staff.
- B. Students shall wear their student name badges at all times while in patient care areas.
- C. Hair must be neatly groomed. It should not rest on the collar. Student with shoulder length hair shall pull it back with barrettes or into ponytail.
- D. Students appearing in inappropriate attire shall be dismissed from the area and must reschedule the rotation based on unit availability.
- E. Each student shall bring their own stethoscope and penlight to the clinical experience.
- F. **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.

2. A student may be required to do additional hours in a clinical site if the instructor 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. Students should attempt to schedule their lunch and breaks so they coincide with their instructor's breaks. When leaving the unit at any time during the shift, the student must report off to their instructor.

X. 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-I/P Course Coordinator, the lateness will be noted as unexcused. If the unit activity the student was to engage in has already been accomplished, i.e., intubations, IV insertions, etc., the student may be sent home and rescheduled at the Course Coordinator's convenience and unit 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 are 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 the EMS MD.
 - G. Rescheduling of clinical rotations can only be done 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 unit before completing the assigned shift unless permission is granted by the Course Coordinator or they are dismissed by the instructor as having completed all objectives and/or there are no continuing opportunities to provide patient care.
 - 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 manner. The ability to function as a dependable professional will be as important as knowledge in overall success as an EMT-I/P.
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