

**Peoria Area EMS System**  
**EMT PARAMEDIC Training Program Clinical Instruction Plan:**  
**LABOR AND DELIVERY**

**I. PURPOSE**

The purpose of the Labor and Delivery rotation is to enable students to observe and participate in monitoring a patient in labor and participating in a variety of birth situations. This experience shall be facilitated by a designated preceptor. The EMT-P student can maximize the learning potential of this experience by (1) observing total patient care of pregnant patients in labor and (2) asking pertinent questions of the L & D team.

**II SCOPE OF PRACTICE**

A student enrolled in an IDPH approved EMT-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:**

**This module of study contains the following units:**

- A. Anatomy and physiology of the female reproductive system
- B. Identification of the structures and their functions associated with pregnancy
- C. Assessment of the obstetric and/or gynecologic patient
- D. Pathophysiology and management of obstetric emergencies including:
  - 1. Spontaneous abortions
  - 2. Ectopic pregnancy
  - 3. Placenta Previa
  - 4. Abruptio Placentae
  - 5. Ruptured Uterus
  - 6. Pre-Eclampsia/Eclampsia
  - 7. Prolapsed Cord
  - 8. Preterm labor and delivery
- E. Types of deliveries
  - 1. Cephalic
  - 2. Breech
  - 3. Limb presentation
  - 4. Multiple fetuses
- F. Uncomplicated and complicated emergency childbirth
- G. Neonatal resuscitation
- H. Post-partum care of the mother and infant

**IV. PROCEDURE FOR REPORTING TO UNIT**

- A. Report to the unit on the assigned day and time. Inform charge nurse or supervisor of your arrival and he or she will provide your preceptor assignment.
- B. Change into scrubs, shoe covers, and cap (or attire appropriate and directed by the unit) in the designated locker room. Scrub hands and arms and provided brush for 10 minutes.

- C. 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.
- D. Initiate paperwork for the Labor and Delivery clinical rotation.
- E. Students shall listen to change of shift report with unit staff and receive area assignment.

V. **BEHAVIORAL OBJECTIVES: STUDENTS**

During the L&D rotation the student will

- A. Assist with activities that are commensurate with an EMT-P's scope of practice. This may include helping the nursing staff with duties such as stocking, setting up the delivery rooms, clean up following deliveries, and transporting patients to and from the delivery rooms.
- B. Perform peripheral cannulation as directed.
- C. Perform OB patient assessments consistent with DOT principles. At a minimum, the patient assessment should include a review of all assigned patients' charts, taking vital signs, timing contractions, assisting patients with positioning, and auscultating fetal heart sounds.
- D. Observe labor and participate in a minimum of three vaginal deliveries as directed. The patient and physician must consent to a student's presence in the labor and delivery rooms. It is the responsibility of the preceptor to obtain this consent. It is helpful to obtain consent as early as possible rather than waiting until the patient is in the delivery room.
- E. Focus on the care given the infant (rather than repair of the episiotomy after delivery of the infant). Observe initial efforts to suction, stimulate, dry, and warm the infant. Note how the time of birth is recorded. Correctly calculate APGAR scores. Observe neonatal resuscitation.
- F. Assist in transporting the baby to the nursery and observe the admission physical exam.
- G. Observe and assist with post-partum care of the mother. It is very important to identify stable vital signs and differentiate by palpation a tonic versus atonic uterus and observe normal lochia from hemorrhage.
- H. Observe Cesarean sections if the opportunity presents, although this skill is not part of the EMT's scope of practice.
- I. **Use the time between patients/deliveries as productive study time. Bring study materials to the unit with you.**

VI. **BEHAVIORAL OBJECTIVES: PRECEPTORS**

**During the EMT-P clinical rotation, the preceptor will**

- A. Take the EMT-P student on a brief tour identifying the location of patient assessment areas, diagnostic/treatment supplies, and/or equipment, staff lounge, utility rooms, waiting rooms, 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 EMT-P student and mutually determine the level of participation expected of them during the clinical assignment.
- D. Assist the student in gaining clinical expertise by encouraging patient contact whenever possible and offering educational coaching while the student observes and/or performs listed skills.

- E. Serve as a source of reference in answering specific questions posed by the student regarding unit policy, patient evaluation or treatment rendered.
- F. 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 Course Coordinator.
- G. **Specific areas of content to review**
  - 1. Signs of first, second, and third stages of labor and appropriate interventions for each.
  - 2. Explain fetal monitor usage and the information it provides.
  - 3. Assist students to manually recognize and time uterine contractions and listen to FHTs.
  - 4. Have students verbalize their EMS criteria for field delivery preparations versus rapid transport. Add to this any information they may find helpful.
  - 5. Explain uncomplicated delivery steps and those interventions that may be useful in deliveries complicated by meconium aspiration and shoulder dystocia.
  - 6. Discuss/demonstrate resuscitation and immediate care of the newborn, including proper use of bulb syringes, drying and stimulation techniques, how to preserve body warmth, APGAR scoring, and clamping the umbilical cord. For home deliveries, stress that babies are slippery and the importance of maintaining airway and warmth. Once the infant's condition is stable, instruct and allow students in how to use the bulb syringe for oral suctioning.
  - 7. Discuss post-partum care of the mother including fundal massage, observing atonic uterus, comfort measures, and delivery of the placenta.
- H. Preceptors are encouraged to use the following educational methods: demonstration/return demonstration, verbal coaching, and question/answer opportunities.

## VII. 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 or performed and rate the skill level of each intervention performed.
  - 3. **Rate of 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 Average.** Skill level meets entry level criteria. Can perform safely with minimal coaching.
    - d. **2 Unsatisfactory.** Does not meet 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 yet at an entry level of practice 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.
  5. After completion, return the form to the EMT-P student. Access to these evaluations is limited to the Preceptor, the EMS Medical Director, the course coordinator, the student, and the EMS Office Staff, as necessary.
- B. EMT-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 may wear street clothes to the hospital but must change into scrubs before entering the unit. See reporting to unit section.
- B. Student 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. Students with shoulder length hair shall pull it back with barrettes or into a ponytail.
- 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 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 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, except in designated areas.
  4. Students 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 30 minutes late to the clinical area without calling or paging the EMT-P Course Coordinator, the lateness will be noted as unexcused.
- 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 Administrative Director and EMS MD.
  - G. Rescheduling of clinical rotations can only be done based on unit availability. A student may delay graduating and not be eligible to take the state board 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 preceptor as having completed all objectives and/or there is continuing opportunity to provide patient care (OR).
  - 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-P.
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