

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 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 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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