

NWC EMSS Paramedic Training Program  
Clinical Instruction Plan  
**LABOR AND DELIVERY**

I. **PURPOSE:**

- A. 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.
- B. This experience shall be facilitated by a designated preceptor from the hospital (see below). The 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. **PRIOR EXPERIENCE:**

- A. Prior to entry into the Paramedic course, all students must be licensed as an EMT with at least six months experience on an ambulance or approved equivalent. Prior to starting the clinical unit rotations, students will have completed the introductory elements of the paramedic program including patient assessment, airway management, oxygen delivery, pharmacology, IV access, and medication administration.

III. **SCOPE OF PRACTICE AND NEED FOR SUPERVISION:**

- A. A paramedic student enrolled in an IDPH-approved Paramedic program, while fulfilling the clinical training and field internship 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.
- B. 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 policies.

IV. **PROCEDURE FOR REPORTING TO THE UNIT**

- A. Report to the unit on the assigned day and approximately fifteen minutes prior to the assigned shift time. Inform the charge nurse of your arrival and he or she will provide your preceptor assignment.
- B. 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.
- C. Listen to change of shift report with unit staff and receive area assignment.
- D. Initiate paperwork for the Labor and Delivery clinical rotation.

V. **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 Placenta
  - 5. Ruptured uterus
  - 6. Uterus inversion
  - 7. Pre-Eclampsia/eclampsia
  - 8. Prolapsed Cord
  - 9. 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

VI. **BEHAVIORAL OBJECTIVES: STUDENTS**

During the L&D rotation, the student will

- A. assist with activities that are commensurate with a paramedics 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 intravenous cannulation as directed.
- C. perform OB patient assessments consistent with National EMS Education standards and 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 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, with the consent of the patient, the obstetrician, and the anesthesiologist, although this skill is not part of the paramedics scope of practice.
- I. **use the time between patients/deliveries as productive study time. Bring study materials to the unit with you.**

VII. **BEHAVIORAL OBJECTIVES: PRECEPTORS.**

During the clinical rotation, the unit preceptor will

- A. take the 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. show them where they can store personal belongings during the shift.
- C. give a brief unit orientation describing the routine patient flow patterns and the responsibilities usually assumed by nurses, physicians, and ancillary personnel.
- D. review the clinical objectives with the student and mutually determine the level of participation expected of them during the clinical assignment.
- E. 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.
- F. serve as a source of reference in answering specific questions posed by the student regarding unit policy, patient evaluation or treatment rendered.
- G. 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 Paramedic Course Coordinator.
- H. 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 preparation 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 for atonic uterus, comfort measures, and delivery of the placenta.
- I. Preceptors are encouraged to use the following educational methods: demonstration/return demonstration, verbal coaching, and question/answer opportunities.

J. **EVALUATIONS**

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 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 **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 skill level is not yet at an entry level of practice without supervision and coaching. Recommend additional clinical experience.
- 4. **Sign and date the form** verifying the times documented. Document the times the student entered and left the unit using the 24-hour military clock. The form will not be accepted for credit without these items completed.
  - 5. After completion, return the form to the student or the hospital's EMS Coordinator for forwarding to the Paramedic Course Clinical Coordinator. The only persons with access to this evaluation are the student and Resource Hospital program faculty.
- A. Students shall complete the Unit/Preceptor evaluation form to critique the unit/preceptor and return it with the Clinical Unit Activity Report form to the Paramedic Course Clinical Coordinator on the next scheduled class day or with the weekly submission of clinical forms.

#### IX. 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. Students shall wear their student name badges at all times while on the unit.
- 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/braid.
- 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 patients' welfare and reported to the Paramedic Course Clinical Coordinator as soon as possible. **Call 847-618-4490.**
  - 2. A student may be required to do additional hours in a clinical site if the preceptor believed that he or she did not meet clinical objectives or if there was an insufficient patient population during the clinical rotation.
  - 3. 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.
  - 4. Students must refrain from using tobacco products while on hospital premises.

#### X. ATTENDANCE POLICIES

- A. If a student is unable to attend a clinical rotation as scheduled, they must call the Paramedic Course Clinical Coordinator (**847-618-4490**) at least 30 minutes before the anticipated absence. In addition, the student must notify the designated contact person for that unit of their absence as well.

- B. If a student fails to come to a clinical unit as assigned and doesn't call ahead of time to notify the Paramedic Course Clinical 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 and/or the right unit on the wrong day or time will be sent home and receive an unexcused absence for the day.
- D. If a student arrives more than fifteen minutes late to the clinical area without calling or paging the Course Clinical 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. These situations are deemed to be rare. The acceptance of such unusual circumstances as adequate for an "excused absence" is the sole responsibility of the Paramedic Course Clinical 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 Medical Director.
- G. Rescheduling of clinical rotations can only be done based on unit availability. A student may delay entering the field internship, graduating from the course, and may not be eligible to take the state 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 Paramedic Course Clinical Coordinator or the Administrative Director.
- 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 a paramedic.

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APPROVED:

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Department Nursing Supervisor

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Paramedic Course Clinical Coordinator

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Hospital

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Date

CJM: Prepared September 1981; last revised: May 2003; Sept. 2008, 11/11 (CF); 11/12 (JD); 9/13 (JD); 11/14 (JD)

## NWC EMSS Paramedic Training Program Student Clinical Activity Performance Record LABOR & DELIVERY

<b>Name</b>	<b>Hospital</b>	
<b>Date</b>	<b>Time in</b>	<b>Time out</b>

**Rating key:** 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.

Activity	Pt. 1	Pt. 2	Pt. 3	Pt. 4	Pt. 5	Comments
Patient's age						
<b>Obtain patient OB history</b> to include gravida, para, onset of labor, intensity of labor, timing of contractions, status of membranes, and presence of bloody show.						
Monitor the progress of labor based on the elements of effacement, dilation, and station obtained by preceptor; timing of contractions						
Monitor fetal heart tones						
Perform IV access as directed						
<b>Observe/participate in uncomplicated vaginal deliveries</b>						
Observe/participate in deliveries with abnormal presentations or complications - <b>indicate nature of complications</b>						
Observe/participate in care of healthy neonates <input type="checkbox"/> Suction <input type="checkbox"/> Drying <input type="checkbox"/> Stimulation <input type="checkbox"/> Warming						
Calculate a 1 & 5 minute APGAR score						
Observe/participate in care of compromised neonate <input type="checkbox"/> Oxygen delivery <input type="checkbox"/> IV access <input type="checkbox"/> Intubation <input type="checkbox"/> CPR/drugs						
Observe admission exam in neonatal nursery						
Observe/participate in post-partum care of mother <input type="checkbox"/> Fundal assessment for tone <input type="checkbox"/> Fundal massage <input type="checkbox"/> Lochia assessment <input type="checkbox"/> P/P hemorrhage control measure						

- Rating key:** 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	Rating	Comments
<b>Attitude:</b> cooperative, conforms to rules and regs of unit; interested in and participates in unit activities.		
<b>Knowledge:</b> demonstrates entry level EMT-P mastery of patient care concepts.		
<b>Reliability:</b> promptness, ability to complete instructions/assignments as directed.		
<b>Personal appearance:</b> adheres to dress code.		
<b>Initiative:</b> seeks out learning experiences.		
<b>Communication skills:</b> clearly communicates their assessment findings to other team members. Interacts well with patients and hospital staff.		
<b>Teachable spirit:</b> accepts feedback without becoming defensive and modifies behavior consistent with coaching.		
<b>Confidentiality:</b> maintains patient confidentiality.		

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Preceptor signature/credentials

CJM: 11/05; 9/08; 9/13 (JD); 11/14 (JD)