

**NWC EMSS Paramedic Training Program
Clinical Instruction Plan:
LONG TERM CARE FACILITY**

I. PURPOSE:

- A. The purpose of the Long Term Care Facility (LTCF) rotation is to enable paramedic students to observe and participate in the clinical assessment and interventions for LTCF patients.
- B. This experience shall be facilitated by a designated preceptor from the LTCF (see below). The student can maximize the learning potential of this experience by;
 - 1. observing care of LTCF patients,
 - 2. asking pertinent questions of the LTCF team,
 - 3. correlating EMS assessments and interventions to those completed in the LTCF.

II. PRIOR EXPERIENCE:

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 the change of shift report with the unit staff and receive area assignment.
- D. Initiate the paperwork for the LTCF clinical rotation.

V. BEHAVIORAL OBJECTIVES: STUDENTS

Goals of the LTCF rotation:

- A. **Gain competence and strengthen patient assessment skills.**

This can best be accomplished by working with a physician, mid-level practitioner, or RN preceptor. Practice performing the steps of inspection, palpation, and auscultation. Correlate the kinematics of injury or the nature of the illness with the patient's history to form an impression of their current status. Recognize the importance of frequent reassessments in planning patient care. Question the preceptor about the patient's clinical presentation and how they arrived at their decisions to intervene. Some prefer to teach at the bedside, others prefer you to observe and ask questions later. Regardless of individual preference, most are willing to instruct when the student shows interest and initiative. Interaction with the LTCF 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 regarding chart contents, terminology, etc.

- B. **Observe and perform BLS skills as directed**

1. Obtaining vital signs
2. CPR and non-invasive obstructed airway maneuvers
3. Non-invasive airway management and suctioning
4. Application of oxygen via NC, NRM, BVM, C-PAP
5. Hemorrhage control using direct pressure and tourniquets
6. Eye and/or skin irrigation
7. Burn/wound management
8. Application of hot/cold packs
9. Application of dressings and bandages
10. Application of musculoskeletal splinting devices
11. Helmet removal; spine motion restriction
12. Proper restraint techniques
13. Psychological support of patients/significant others
14. Assist in patient care with lifting, as needed

C. **Observe and perform ALS skills as directed under DIRECT supervision after they have been competenced in class;**

1. Manual opening of obstructed airway maneuvers.
2. Insertion and management of oral/nasal pharyngeal airways
3. Application and monitoring of pulse oximetry (SpO₂) and end tidal CO₂ (EtCO₂)
4. Peripheral IV access (including external jugular) and administration of isotonic crystalloid fluids
5. Intraosseous access
6. Preparation, administration, and monitoring the response to P.O., sub-q, IM, IV, IN, nebulized, SL, IO, and/or topical medications **approved for EMS use**, i.e.

Adenosine	Ipratropium Bromide (Atrovent)
Albuterol (Proventil)	Lidocaine 2% (Xylocaine)
Amiodarone	Magnesium Sulfate
ASA	Midazolam
Atropine	Naloxone
Benzocaine 20% spray	Nitroglycerin
Dextrose (Glucose)	Normal Saline (0.9% NaCl)
Diphenhydramine	Nitrous Oxide
Dopamine drip	Ondansetron
Epinephrine 1:1,000	Sodium Bicarbonate inj. 8.4%
Epinephrine 1:10,000	Tetracaine 0.5% solution
Etomidate	Vasopressin
Fentanyl Citrate	Verapamil
Glucagon	

7. Obtaining venous blood samples
8. ECG monitor application and rhythm interpretation
9. Perform carotid sinus massage
10. Defibrillation/cardioversion
11. Transcutaneous pacing
12. Pleural decompression (Needle thoracostomy)

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.

Paramedic students may only perform a procedure or give a medication in a clinical setting for which they have learned in a classroom setting and have completed and received a competence assessment and is within their scope of practice.

D. **Develop communication skills by**

1. expressing oneself verbally and in writing, using appropriate medical terminology with correct spelling on simulated patient care reports.
2. observing the interaction of patients, significant others, and the LTCF staff.

E. **Develop diagnostic skills** by observing the process followed by the preceptor in arriving at his/her impression or medical diagnosis. Learn to reason critically in making a differential diagnosis based on clinical presentation

and history.

- F. **Observe comprehensive care of LTCF patients.** Emergency medicine is a multi-faceted field with a wide variety of patients presenting to the LTCF. By observing total patient care, the student will achieve greater knowledge of disease processes and definitive interventions that will improve the quality of care provided in the field.
- G. **Observe the effect and side effects of medications and/or treatment** that is rendered in the field and LTCF. This promotes an introductory understanding of pharmacodynamics. Assist in calculating any medication doses.
- H. **Enhance knowledge of anatomy and pathophysiology** by asking the preceptor to interpret diagnostic tests. Accompany patients to special procedures, e.g., C-T scans, angiography, ultrasound, surgery, etc. whenever possible.

VI. BEHAVIORAL OBJECTIVES: PRECEPTORS

During the LTCF clinical rotation, the unit preceptor will

- A. take the student on a brief tour identifying the location of patient rooms, physical therapy areas, diagnostic/treatment supplies and/or equipment, staff lounge, utility rooms, waiting rooms, etc...that will facilitate their adaptation to the unit.
- B. show the student 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 **directly observing** while the student performs listed ALS 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 investigated by the Paramedic Course Clinical Coordinator.

VI. 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 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.

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 direct supervision and moderate coaching.
1	Needs additional practice. Student could verbalize critical steps but skill level is not at an entry level 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.

- B. 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.

VII. PROFESSIONAL BEHAVIOR AND DRESS

- A. Students shall wear their ambulance uniform or a polo shirt and dark slacks (no jeans). No scrubs are worn in the LTCF to avoid role confusion with staff.
- 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. Each student shall bring their own stethoscope, penlight, and pen 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 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 the experience objectives or 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 LTCF premises.

VIII. ATTENDANCE POLICIES:

- A. If a student is unable to attend a clinical rotation as scheduled, they must call or page 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. 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.
- C. The first time a student arrives more than fifteen minutes late to the clinical area without calling or paging the Paramedic Course Clinical Coordinator, the lateness will be noted as unexcused.
- D. 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.
- E. 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 the EMS Medical Director.
- F. 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.
- G. 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.
- H. 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.

APPROVED:

Long Term Care Facility Supervisor

Paramedic Course Clinical Coordinator

Hospital

Date

CJM: Prepared: 11/11 (CF)
Revised 11/12
Revised 9/13 (JD)
Revised 10/14 (JD)

EMT-PLTCF

**NWC EMSS PARAMEDIC Training Program
Student Clinical Activity Performance Record
Long Term Care Facility**

Name	Facility	
Date	Time in	Time out

Rating key: For each patient, indicate the rating 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 additional lab time

Activity	Pt.1	Pt. 2	Pt. 3	Pt. 4	Pt. 5
List each patient's age and gender					
Note each patient's nature of complaint/diagnosis from the ED record (BE SPECIFIC!!!!)					
Assessment; SAMPLE history					
Assessment: Physical exam					
Vital signs: BP; P; RR, T					
Breath sound assessment/interpretation					
Application/monitoring SpO ₂ EtCO ₂					
Glasgow Coma Scoring					
Neuro exam: Cranial nerves/ motor/sensory					
Airway access/O₂ delivery					
Manual opening					
Obstructed airway maneuvers					
Nasopharyngeal/oropharyngeal airways					
Suctioning					
Oxygen delivery/ventilatory support					
Device(s) used: NC/NRM/BVM/C-PAP					
Cardiac monitoring/resuscitation					
Apply leads; interprets rhythms correctly					
12-L ECG: lead placement/interpretation					
CPR					
Peripheral IV/IO access					
List site selected					
List catheter size inserted					
List fluid (NS, LR, D5W OK for student)					
Verify # attempts; list each as S/U					
If unsuccessful: cite possible causes					
Regulates/monitors IV flow					
Hemorrhage control (list method used)					
Drug administration					
May only give drugs listed in SOPS					

Activity	Pt.1	Pt. 2	Pt. 3	Pt. 4	Pt. 5
List drug/dose/route for each drug given – cont. on back if needed					
Miscellaneous skills					
Venous blood sample					
Eye and/or skin irrigation					
Wound management					
Dressings and bandages					
Spine motion restriction/splinting					
Musculoskeletal splinting					
Helmet removal					
Restraint application					
Therapeutic communication					
List multi-system injuries: In DETAIL					
Others, please list:					

Rating key: Select the rating 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 performance element

Professional characteristics	Rating	Comments
Attitude: Cooperative, conforms to rules of unit; interested in and participates in unit activities		
Knowledge: Demonstrates entry level paramedic student mastery of patient care concepts		
Reliability: Promptness, ability to complete instructions/assignments as directed		
Personal appearance: Adheres to dress code		
Initiative: Seeks out learning experiences		
Communication skills: Clearly communicates their assessment findings to other team members Interacts well with patients and hospital staff.		
Teachable spirit: Accepts feedback without becoming defensive and modifies behavior consistent with coaching		
Pt. privacy: Maintains patient confidentiality		
Overall comments (continue on back if needed)		

