

Peoria Area EMS System
EMT PARAMEDIC Training Program Clinical Instruction Plan:
RESPIRATORY THERAPY

I. PURPOSE

The purpose of the respiratory therapy rotation is to enable students to apply classroom theory to clinical practice. This experience shall be facilitated by a designated preceptor. The EMT-P student can maximize the learning potential of this experience by (1) listening to as many types of breath sounds and administering as many nebulizer therapy treatments as possible and (2) asking pertinent questions of the preceptor.

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: Students have completed didactic lecture and demonstration/return demonstration labs covering the critical steps of breath sound assessment and oxygen delivery devices.

IV. PROCEDURE FOR REPORTING TO THE ROTATION

- A. Report to the respiratory therapy department on the assigned day and time. Inform charge nurse (or supervisor) of your arrival. You will be provided with your preceptor assignment.
- B. Show a 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 respiratory therapy clinical rotation.

V. BEHAVIORAL OBJECTIVES: STUDENTS

At the completion of the rotation, **students will**

- A. Identify signs and symptoms of respiratory distress.
- B. Demonstrate correct chest auscultation technique.
- C. Identify the following lung sounds; normal breath sounds, wheezes, and crackles.
- D. Demonstrate correct oxygenation technique before and after ET suctioning if available.
- E. Demonstrate correct oral and ET suctioning technique if available.
- F. Demonstrate the assembly and demonstration of nebulizer treatments.
- G. Demonstrate correct application and use of continuous positive airway pressure devices.

VI. BEHAVIORAL OBJECTIVES: PRECEPTORS

During the EMT-P clinical rotation, the respiratory therapist/preceptor will

- A. Give a brief orientation to the hospital, describing the routine patient flow patterns and the responsibilities usually assumed by the respiratory therapists.
- B. Review the clinical objectives with the EMT-P student and mutually determine the level of participation expected of them during the clinical assignment.
- C. Assist the student in gaining clinical expertise by encouraging patient contact whenever possible and offering educational coaching while the student performs listed skills.
- D. Serve as a source of reference in answering specific questions posed by the student regarding respiratory care.

- E. Resolve any conflicts in favor of the patient's welfare and restrict the student's activities until any incidents can be investigated by the Course Coordinator.
- F. **Specific areas of content to review**
 - 1. Tips for successful ventilatory assessment, delivery, and ventilatory support.
 - 2. Troubleshooting difficult airway management.
 - 3. Commonly used O₂ delivery devices and the FiO₂ they deliver.
 - 4. Recognizing/preventing complications of venous access.
- G. The preceptor is encouraged to use the following educational methods: demonstration/return demonstration, verbal coaching, and question/answer opportunities.
- H. **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.**

VII. EVALUATIONS

- A. 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 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 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 by using a 24-hour military time.
 - 5. After completion, return the form to the EMT-P student. Access to these evaluations is limited to the Preceptor, the EMS Education Coordinator, EMS Medical Director, the course coordinator and the student.
- 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 shall wear their PAEMS uniform consisting of a navy-blue polo with student and System patches appropriately sewn, and dark slacks, and dark socks. **Students must bring a stethoscope.**
- 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 preceptor 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. 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 Clinical Coordinator.
2. A student may be required to do additional hours in a clinical site if the Medical Director believes that he or she has not met objectives or if there is an insufficient patient population during the shift.
3. 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 does not 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 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/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 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, Respiratory therapy).
 - 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 in as a dependable professional will be as important as knowledge in overall success as an EMT-I/P.
-