



**ST. JOHN'S  
UNIVERSITY**

College of Pharmacy  
and Health Sciences

**St. John's University**  
Emergency Medical Services Institute  
175-05 Horace Harding Expressway  
Fresh Meadows, NY 11365

**To:** Field Internship Preceptors

**From:** Scott Holliday  
Clinical Rotation Coordinator

**Subject:** St. John's University EMS Students

Thank you for agreeing to precept and mentor a St. John's University paramedic student during their FIELD INTERNSHIP. The FIELD INTERNSHIP is vital to the development of competent EMS personnel. Students must select 2 preceptors from a maximum of 2 units to mentor them for a minimum of 144 hours of ALS ambulance rotations. The students are required to perform a minimum of 50 team leads, 35 which must be ALS including 2 unconscious patients and 2 ALS pediatric patients. After completion of these team leads requirements students will be required to continue participating in ALS ambulance rotations a minimum of one shift per week to maintain competency and continued practice. We feel this model reflects the goal of turning out competent paramedics as well as fitting into their busy schedule as adult learners and part-time students. Although students come to their internship with extensive classroom preparation they each have different levels of psychomotor skills and confidence in their abilities. As an internship preceptor you will have a great impact on the student's effectiveness as a future health care professional. Please drive them to excel and gain the confidence needed to operate as an entry-level paramedic.

The attached preceptor guidelines will provide you with information and resource material to assist you in coaching and supervising St. John's University EMS paramedic students. We ask that you review these guidelines and if you have any questions please do not hesitate to contact the staff of the EMS Institute that is ready to answer your questions/concerns and assist you in any way possible.

My contact information and the information for my field clinical coordinator can be found on the last page of the guidelines. Please do not hesitate to contact us at any time.

Thank you.



# ST. JOHN'S UNIVERSITY

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## **Emergency Medical Services Institute Field Internship Preceptor Guidelines**

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## PRECEPTOR ROLES AND RESPONSIBILITIES

EMS students receive extensive opportunities to learn in the classroom, hospital setting and field ambulance rotations. Guidance during the early stages of their careers by experienced clinical preceptors is key to producing quality EMS professionals.

The role of the clinical preceptor is to:

1. Observe the performance and review with each student the knowledge, skills, and personal behaviors/attitudes required of an **entry-level paramedic**.
2. Ensure the student obtains the experiences necessary to acquire the knowledge, skills, and personal behaviors/attitudes required of an **entry-level practitioner**.
3. Use the clinical objectives to guide the student through a structured sequence of experiences. All students have a minimum of 120 hours of ALS ambulance field experience rotations and are now ready to function **as a team leader and direct the management of patient care**.
4. Based on the student's clinical experience and skill, provide supervision which is adequate and appropriate to assuring effective and efficient learning.
5. Provide the student with feedback and evaluation regarding his/her performance related to the objectives.
6. Provide objective written and oral evaluations to the EMS Program, documenting the student's progress toward mastery of the clinical objectives and attainment of **entry-level competency**.
7. Advise the EMS Program immediately of any significant problems with student knowledge, skills, or personal behaviors/attitudes **that require immediate intervention**.
8. At the end of Field Internship the preceptor will complete a **FINAL INTERNSHIP EVALUATION** form which will be reviewed by the Program Director and the Medical Director to qualify the student to take their certification exams to become an entry level paramedic. If the student's performance indicates that they are **NOT** ready to perform as an entry-level paramedic do not hesitate to tell us that and not sign this form. You can also call and email us at any time with this information if you would rather the student did not see it on an evaluation sheet. **Do not be afraid to share any comments and criticisms of the student's performance fearing that it will get them dismissed from the program. Unless the student performed an egregious or unlawful act that would warrant serious consideration of dismissal your evaluations and feedback will be used to provide remedial instruction to correct student behaviors and set them up for success as an entry-level paramedic.** Your evaluations are just one important component in the overall final evaluation of the student's readiness to graduate. The student's progress will be reviewed in context with their entire academic and clinical progress and a remedial plan will be worked out to provide the student with additional opportunities to practice their critical thinking, patient assessment and decision making skills if necessary. Your evaluation combined with past performance in academic and skills areas will be used to determine if the student has met the requirements to be an entry level paramedic.

## GENERAL GUIDELINES AND INSTRUCTIONS

Field Internships are vital to the development of competent EMS personnel because they allow the student to “put it all together” and manage patient care. Although students come to their internship with extensive classroom and clinical/field preparation they each have different levels of confidence in their abilities. As a preceptor you will have a greater impact on the student's effectiveness as a future health care professional than anyone else the student works with during his/her education.

If you ever have any questions or concerns, please contact **Paramedic Clinical Coordinator Scott Holliday 718-990-8418** or **[hollidas@stjohns.edu](mailto:hollidas@stjohns.edu)**

1. During the student's first shift, provide the student with an orientation to the unit, including:
  - Facility arrangement, routine, and duties.
  - Locations of equipment or supplies which the student may be asked to get. On field rotations the student should inventory the ambulance each shift to remain familiar with equipment locations.
  - Use of unfamiliar equipment such as the EKG Monitor/defibrillator, IV pumps.
2. Review the objectives for the rotation with the student. If either of you is unsure about what is expected or permitted, please contact the **EMS Program at 718-990-8418**.
3. The Field Internship Objectives provide a general outline to follow. Some students may move through the objectives faster while some may take longer. As long as the student is making progress, he/she should be reassured that the important factor is mastery of the objectives, not how long it takes.
4. During your shifts with the student, try to:
  - **REVIEW** the history, diagnosis, complications, and treatment of each patient you see.
  - **OFFER** case-specific comments which help correlate the student's didactic knowledge with patient assessment and management in the field setting.
  - **PROVIDE** opportunities for the student to perform assessments or procedures. As the student progresses through the clinical objectives, he/she should assume responsibility for an increasing portion of the patient's care. However, the preceptor responsible for patient care should always retain final decision making authority for patient care. The preceptor should always concur with any invasive procedure before the student performs it.
  - **PROMOTE** problem-solving skills by asking the student questions. Ask the student why he/she chose a particular course of action.
  - **ANALYZE** patient problems to give the student an opportunity to see how practicing professionals and reason.
  - **PRESENT** the student with a brief critique following each patient encounter that he/she makes with you.
5. Supervise the student when he or she is performing skills. The preceptor should critically review the student's technique and recommend changes where appropriate.
6. Assist and evaluate the student until she or he meets the clinical internship objectives and performs as an **entry-level practitioner**. The student must complete a minimum of 144 hours and 50 teams leads, 35 of which must be ALS. Competency is not defined by hours or number of patient contacts. It is defined by observed, documented mastery of the internship objectives.

7. At the completion of each shift, the student will ask you to review their performance. Give the student feedback of his/her performance. The preceptor should record this information on the sheet and return it to the student in a sealed envelope with the preceptor's signature across the seal. THIS FORM MUST BE COMPLETED AND RETURNED FOR THE STUDENT TO RECEIVE CREDIT FOR THE ROTATION. IF THE FORM IS NOT COMPLETED, THE STUDENT WILL BE REQUIRED TO REPEAT THE ROTATION.
8. An attempt has been made to make all forms as self-explanatory and the definitions of performance as simple and clear as possible. If you are unsure about how to evaluate a student, please call the EMS Institute at 718-990-8418.
9. Your narrative comments are very important, especially if the student is not performing to standard or is not making progress. If you would prefer to discuss your observations with an EMS Program faculty member, please contact the Clinical Coordinator, Scott Holliday at 718-990-8418 or [hollidas@stjohns.edu](mailto:hollidas@stjohns.edu).
10. Although these students are under your supervision, you are not expected to have to discipline them or tolerate any kind of unprofessional behavior. Please call the EMS Institute immediately if any kind of problems arises. YOU ARE NOT REQUIRED TO WORK WITH A STUDENT WHO REFUSES TO COOPERATE WITH YOU OR WHO REFUSES TO FOLLOW DIRECTIONS. Please notify your supervisor and send the student home and then contact Scott Holliday @ 718-990-8418 or [hollidas@stjohns.edu](mailto:hollidas@stjohns.edu) to explain the circumstances.

St. John's University EMS Institute also has a clinical site coordinator, Scott Chiang. Scott will come out and meet with you and each student while they are on field internship rotations. He will be there to discuss student progress and any concerns that you might have. His goal is to meet with you and your fellow paramedics so that you can candidly and openly discuss each student's progress towards meeting the goal of being a competent entry-level paramedic. He is there to be a resource to you, the field paramedic and preceptor, so that you can have direct input to the education and training of our students. He is not there to evaluate your patient care or operations. He is not authorized to ride-along on any calls and he will not delay your in-service availability from any other status. His sole function is to be a liaison between you and the St. John's University EMS Institute administration and faculty and to evaluate the progress of St. John's University EMS students. Our clinical site coordinator will be making random visits to each site to discuss student progress with you.

If you would like to schedule an appointment to have the clinical site coordinator come out and meet you please call us at 718-990-8418 or email Scott Chiang @ [chiangs@stjohns.edu](mailto:chiangs@stjohns.edu)

## **TEACHING SUGGESTIONS FOR PRECEPTORS**

1. Don't forget what it was like when **YOU** first started. Try to make this experience what YOU WOULD HAVE WANTED if you would have had the chance.
2. Preceptors and students should discuss how they can best function together. Look for a way to work together that will be easy for both of you. Remember that the objectives are designed to take the average paramedic student from being an observer, through participating as a team member, to functioning as a team leader. **THE SPEED AT WHICH THE STUDENT COMPLETES THE OBJECTIVES IS NOT WHAT IS IMPORTANT. WHAT IS IMPORTANT IS THAT THE STUDENT MAKES PROGRESS AND ULTIMATELY ACHIEVES MASTERY.**
3. Most of our students have never experienced a competency-based system of education before. Even though the process has been explained to them several times in classroom, many students begin internship with an expectation that when they have "put in their time" they will be signed off. **STRESS TO THE STUDENTS THAT THEY ARE FINISHED WHEN THEY HAVE DEMONSTRATED ENTRY-LEVEL COMPETENCY.**
4. As an experienced professional you may have an established routine and have a significant amount of non-verbal communication with your co-workers. When you have a student, you may need to force yourself to start "talking out loud" again.
5. Constructive criticism is very important but **NOT** in front of the patient or your peers. Don't tell a student he did something wrong UNLESS you tell him or show him the right way to do it. You should seriously discuss each patient. There is something to learn from them all.
6. While treating patients and during post-patient discussions with the student, think "out loud." Within the realm of what is appropriate conversation in front of the patient, verbalize your thought process for the student so he/she can see how a competent practitioner approaches patients. Point out comments by the patient or observations about the patient or the patient's surroundings which were important in guiding your decisions. Remember that to a beginner, everything seems to be important and it is easy to get lost in detail. **Part of good clinical teaching is developing the student's skill in picking out what is important.**
7. As the student progresses, ask him/her to THINK "out loud" so you can evaluate why he/she is proceeding in a particular way. Never assume that just because a student does the right things, he/she necessarily knows WHY the action is correct. Knowing WHY is one of the most critical points to stress to students.
10. Reinforce correlations between didactic knowledge and clinical performance. **NEVER** tell a student, "I know they teach you this in the classroom, but this is the way things are in the real world. If you must do something which is different from practice as dictated by the "book" and a NATIONAL STANDARD, explain to the student afterwards the rationale for your decision.
11. Avoid any type of criticism in front of patients and families. If the student is making a mistake, correct it as quietly and appropriately as possible, but do correct it.
12. If the student is simply NOT learning, call Clinical Coordinator Scott Holliday with the EMS Program at 718-990-8418. It WILL be handled.
14. If you do not know the answer to a student's question, **do not make one up**. It's OK not to know everything. Preceptors are not required to know it all, but they are required to be **honest**.

## HOW TO EVALUATE STUDENTS

1. BE PATIENT!
2. Become very familiar with the EMS student clinical objectives. This document defines the areas in which the students must demonstrate proficiency to complete the internship.
3. Evaluations must be conducted based on the clinical objectives and the EMS Program's Skills Performance Standards. Evaluating by the evaluator's standards rather than a consistent set of standards established by the Program reduces the reliability of the process and the consistency of the Program's final product. **IF YOU HAVE SUGGESTIONS ABOUT CHANGING THE OBJECTIVES OR THE FORMAL CRITIQUE, PLEASE COMMUNICATE THEM TO THE EMS PROGRAM**
4. Not only do you need to observe the student's actions or skills, you should ask WHY he did something. Do not assume that just because a procedure or assessment was performed correctly the student understands why he did it.
5. Try to be honest with yourself and your student when you are providing evaluation and feedback. It does not help anyone to tell a student he is doing fine when he is not. Always keep in mind that someday **YOU or a member of your family may be the patient this student works on.**
6. Try to be specific and constructive when you criticize the student. First, reinforce his good points. Then identify and weaknesses. Then tell them exactly what is not to standard and why this is the case. Then follow up by reinforcing his good points again.
7. If a student demonstrates weaknesses in several areas, work on one or two problems at a time. Trying to do too much too fast may cause "paralysis by analysis" in which a student becomes progressively less able to function.
8. When you critique the student's performance at the end of the shift, make suggestions about what he can do before the next shift to improve.
9. Remember you are evaluating performance in relationship to an established standard. You are NOT evaluating the student as a person. If a serious personality conflicts occurs or if you do not feel you can evaluate a student fairly for any reason, please contact the Clinical Coordinator to discuss the problem. If the situation is not easily corrected, the student will be reassigned.
10. The earlier a problem is identified and communicated the easier and less severe the corrective measures have to be. This is especially true when comments and suggestions accompany the less than satisfactory evaluation. (EXAMPLE: The student has difficulty starting IV's, but I feel it is caused by being nervous.) This information will be acted on, and the EMS Program will be looking for follow-up comments.



13. Preceptor observations and recommendations directly influence whether a student completes the course or not. Because the preceptors see the student perform in a setting which is closer to actual clinical practice than the classroom, preceptors provide the best data regarding how the student will eventually function in the field. The EMS Program takes preceptor observations very seriously in determining whether or not a student completes the course. Therefore, you must strive to be as objective as possible. **IF YOU BELIEVE THAT THE STUDENT HAS NOT DEMONSTRATED CLINICAL COMPETENCY AND IS NOT READY TO BE AN ENTRY-LEVEL PARAMEDIC PLEASE CONTACT US AND LET US KNOW SO WE CAN WORK WITH THE STUDENT AND NOT JUST RUBBER STAMP THEIR INTERNSHIP. REMEMBER THIS STUDENT CAN WIND UP BEING YOUR PARTNER OR TREATING YOU OR YOUR FAMILY MEMBER.**

## **PROGRAM GOALS AND OBJECTIVES**

### **TEAM LEADS**

Team Leads may only be done on FIELD INTERNSHIP tours and only on approved internship units. It is required that every student complete a minimum of 50 team leads, 35 which must be on ALS calls, 2 must be pediatric ALS and 2 must be on unconscious patients. During team leads the student is “in charge” and must demonstrate the knowledge, skills and attitudes to manage any call to which the unit is dispatched. During this phase the emphasis shifts from assessing the student’s individual skill competency to assessing his or her ability to manage the entire scene and patient. It is not necessary for the student to perform all the skills, or any individual skills, outside of patient history and physical assessment. However, he or she must be the main person responsible for the choreography of the scene and direct all patient care and they must notify their preceptor before making patient contact that they will be taking the team lead on that particular call.

### **CRITERIA FOR SUCCESSFUL TEAM LEADS**

**Team Leadership Objective:** Team Leadership Objective: The student has successfully led the team if he or she has conducted the patient interview and physical assessment, as well as formulated, implemented and directed a comprehensive treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the appropriate treatment, determining patient acuity and the packaging, moving and transport (if applicable) of the patient. Minimal to no prompting was needed by the preceptor. It is not necessary for the student to perform any individual skills outside of the patient history and physical exam. When a student is acting as the team leader no action shall be initiated/performed that endangers the physical or psychological safety of the patient, bystanders, first responders or crew. Team leads must be monitored and approved by a crew member on one of the student’s approved field internship units. All team leads will be tracked in FISDAP.

The requirements to get credit for a PERFORMED ALS team lead are as follows:

#### **ALS Team Lead**

1. Check the Team Lead box in FISDAP
2. Student must perform the patient interview AND physical exam
3. Student devises, implements and directs a comprehensive BLS and ALS treatment plan including:
  - a. Formulating a field impression, directing the treatment, determining patient acuity and determines the proper disposition, packaging and moving of the patient with minimal to no prompting from the paramedic preceptor.
4. The patient receives a medication other than oxygen (administered by anyone on the team)  
OR
5. An ECG monitor and an IV (attempt) are performed together (by anyone on the team).
6. The ALS Team Lead is documented on the Field Internship Shift Evaluation Worksheet and signed by the paramedic supervising patient care.
7. An ALS PCR is submitted for each ALS team lead.

#### **BLS Team Lead**

1. Check the Team Lead box in FISDAP
2. Student must perform the patient interview AND physical exam
3. Student devises, implements and directs an appropriate BLS treatment plan including:
  - a. Formulating a field impression, directing the treatment, determining patient acuity and determines the proper disposition, packaging and moving of the patient with minimal to no prompting from the paramedic preceptor.
4. Patient did not receive a medication or an EKG and IV (attempt)
5. The BLS Team Lead is documented on the Field Internship Shift Evaluation Worksheet and signed by the paramedic supervising patient care

#### **SUCCESSFUL COMPLETION OF THE FIELD INTERNSHIP**

ALS field internships are competency based. Since it is competency-based learning there is no set minimum or maximum hours for the field internship. There is no specific number of calls required. You must, however be team leader of a minimum of at least 50 emergency responses and 35 of those must be ALS. Of those 35 ALS team leads 2 must be ALS pediatric patients and 2 must be on unconscious patients. An ALS PCR must be submitted for each ALS team lead patient.

Students will also ask each preceptor to provide a final evaluation where you will sign off on their competency as an entry-level paramedic. **Students receiving an unsuccessful final preceptor evaluation will be reviewed by the program and medical director to determine if they meet the requirements to continue in the program or if remedial work or dismissal from the program are warranted.**

**ALS AMBULANCE (FIELD) ROTATION OBJECTIVES**

The field internship portion of the paramedic curriculum provide students with the tools to master the complex skills of paramedicine. Students will gain experience with the varied nature of ill and injured patients in a supervised setting. While in the field, students must comply with the policies and procedures of the agency they are riding with and the REMSCO they are working in (NYC, Westchester). Students must also participate actively and seek out learning opportunities.

During the **FIELD INTERNSHIP** phase (begins after completion of all didactic and clinical/field experience requirements and the course final exam), the student must choose a maximum of two (2) experienced field paramedics with which to complete their field internship. While on **FIELD INTERNSHIP**, the student is expected to perform the full scope of practice of a Paramedic, and successfully **complete a minimum of 50 team leads, with 35 of those required to be ALS**, under the direct supervision of a certified Paramedic.

Stage	Objectives
<b>ALS Field Internship Phase</b>  <b>This level cannot start until all clinical and field experience hours have been completed</b>	<b>TEAM LEADERSHIP / INTERNSHIP PHASE</b> Demonstrate the ability to perform all Advanced Life Support skills required of an entry level paramedic. Demonstrate ability to evaluate patient subjectively and objectively Demonstrate ability to develop presumptive diagnosis and proper treatment plan according to proper regional protocol Demonstrate ability to direct other crew members in performing patient care. <b>Perform a minimum of 50 team leads. 35 team leads must be on patients requiring advance life support.</b>

For further information or to address any questions or concerns please contact:

**Scott C. Holliday, BS, EMT-P, CIC, NYS Regional Faculty Member**

**Associate Director/Clinical Coordinator**

St. John’s University College of Pharmacy and Health Sciences

Emergency Medical Services Institute

175-05 Horace Harding Expressway

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**St. John's University**  
 Emergency Medical Services Institute  
 SUMMATIVE CAPSTONE FIELD INTERNSHIP PRECEPTOR ATTESTMENT

Intern's Name	Paramedic Program <b>St. John's University</b>
Paramedic Preceptor	Interning Agency
Capstone Field Internship Dates	

**Paramedic Program Learning Outcomes**

Upon successful completion of the St. John's University Paramedic program, students must be able to:

1. Demonstrate an ability to understand, interpret, and apply EMS and general medical knowledge necessary to function in the healthcare and public safety settings as an entry level paramedic.
2. Demonstrate proficiency in the broad range of skills required of an entry-level paramedic.
3. Demonstrate an ability to perform patient assessment, treatment, and documentation as an entry-level paramedic.
4. Demonstrate proficiency in interpersonal relations and communications as an entry-level paramedic.
5. Demonstrate an ability to conduct oneself in an ethical and professional manner as an entry-level paramedic.
6. Demonstrate an ability to lead a team of EMS personnel and effectively plan and coordinate patient care in the prehospital setting as an entry-level paramedic.

Category	[1] Unsatisfactory Performance	[2] Marginal Performance	[3] Satisfactory Performance	[4] Outstanding Performance	Overall Category Rating (1-4)
<b>CORRELATIVE ABILITY</b> Application of didactic material to clinical patient management	Cannot apply didactic knowledge to patient management	Poor application of didactic knowledge to patient	Correlates knowledge and properly initiates care	Initiates care and proceeds with proper application of clinical judgment	
<b>SKILLS</b> Proficient in BLS and ALS clinical skills	Unable to consistently accomplish skills	Needs repeated attempts to properly accomplish skills	Proficient in all skills with minimal supervision	Proficient with all skills and is able to work independently	
<b>ATTITUDE</b> Shows initiative, motivation, and interest in working in field setting	No initiative demonstrated	Needs constant motivation	Positive initiative and motivation	Highly motivated	
<b>TEAM MEMBER FUNCTION</b> Communications, patient interaction, leadership abilities	Does not function well as member of EMS team	Weak, poor interactions with patients and team members	Appropriate skills and functioning with minimal guidance	High leadership potential. Works well as team member and team leader	
<b>DECISION MAKING CAPABILITIES</b> Appropriate decision making, degree of guidance required	No initiative demonstrated	High level of supervision required	Independent but seeks appropriate help	Independent, creative, flexible	
<b>ORGANIZATION AND PRIORITY SETTING</b> Degree of organization and prioritizing under stress	Unorganized and unable to prioritize and accomplish tasks	High level of supervision required in all situations	Organized, needs minimal guidance	Well organized, excellent prioritizing	

**Total Overall Score**

Students must achieve a **MINIMUM** rating of **20** to successfully complete the capstone field internship requirement

**I attest that this paramedic student has consistently performed in a competent manner and possess the ability to act as a competent entry-level paramedic.**

Preceptor's Signature	NYS Paramedic Number
Preceptor's Agency	Unit

Please use back of sheet to leave additional comments or email Scott Holliday at hollidas@stjohns.edu



**Please Return This To the Paramedic Student**

**PARAMEDIC STUDENT NAME:** \_\_\_\_\_

I agree to be the field internship preceptor for the above named St. John's University paramedic student. I understand the responsibility to mentor and coach this student and evaluate their performance as an entry-level paramedic.

I understand that if I have questions or concerns at any time about this student's performance or behavior I will consult with the St. John's University EMS Institute Clinical Coordinator for clarification.

**Name:** \_\_\_\_\_  
Please Print Preceptor's Name NYS EMT-P Certification Number

**Agency /Unit of the Preceptor:** \_\_\_\_\_  
EMS Agency Unit You Will Be Precepting Them On

**How Many Years has the Preceptor Been a 911 Paramedic:** \_\_\_\_\_  
Must have worked as a 911 paramedic for a minimum of one (1) year

**Preceptor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
Please PRINT Legibly