

St. John's University

Emergency Medical Service Institute

Field Internship Preceptor Guidelines

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

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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 180 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. These evaluations 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

1. During the student's first shift, provide the student with an orientation to the unit, including:
 - a) Facility arrangement, routine, and duties.
 - b) 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.
 - c) 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:
 - a. **REVIEW** the history, diagnosis, complications, and treatment of each patient you see.
 - b. **OFFER** case-specific comments which help correlate the student's didactic knowledge with patient assessment and management in the field setting.
 - c. **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.
 - d. **PROMOTE** problem-solving skills by asking the student questions. Ask the student why he/she chose a particular course of action.
 - e. **ANALYZE** patient problems to give the student an opportunity to see how practicing professionals and reason.
 - f. **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 240 hours and 50 team 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. **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.
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 to explain the circumstances.

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.** This is defined as: cognitive (knowledge), psychomotor (skills), and affective (behavior), these are the learning domains a paramedic student must have before graduating.
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 they did something wrong UNLESS you tell them or show them 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.

NOT EVERY STUDENT LEARNS THE SAME

An informal clinical assessment should be done on the very first day of a new clinical rotation this should take no longer than half an hour. Begin this evaluation by assessing:

- The stage of education the student is currently at and their style and pace of learning
 - Where are they didactically in the classroom
 - What competencies do they have, what competencies are they ready for, and what competencies do they need
- The hopes and expectations of the student while on rotation
- The students strengths and weaknesses
- Discuss your particular “teaching” style with the student
- Discuss the feedback and communication mechanisms that meet your facilities expectation

As you familiarize yourself with your student(s) you may discern specific educational problems that will need to be addressed (i.e., the student is unable to perform certain diagnostic procedures). For each educational problem encountered you should formulate a plan. Agree on a timeline for resolution or clarification and provide a consistent mechanism for evaluation and feedback. Always challenge students with new clinical materials that will stimulate the learning process with varied experiences.

When evaluating students consider the following:

- The student’s level of comfort with handling patients
 - Student’s uncertainty of dealing with various clinical problems
 - Student’s anxiety surrounding clinical, patient and personal issues
- The student’s willingness to participate in the learning process
- The student’s competency level

The issue of student competency warrants further discussion. In order to assess competency students should initially be under direct supervision. Once competent they may move into indirect supervision. The old adage of “*see one, do one, teach one*” should be applied whenever possible. Make every effort to provide constant feedback that is constructive while incorporating mutually agreed upon clinical/didactic strengths and weaknesses.

PROGRAM GOALS AND OBJECTIVES

TEAM LEADS

Team Leads may only be done on FIELD INTERNSHIP tours. It is required that every student complete a minimum of 50 team leads, 35 which must be on ALS calls. 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 assessment. However, he or she must be the main person responsible for the choreography of the scene and direct all patient care. The student will use the **Capstone Field Internship Rotation** form during this section to be evaluated. Copies are attached with direction on how to be filled out.

DEFINITION OF SUCCESSFUL TEAM LEADS

Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessary performed the entire interview or physical exam, but rather been in charge-of the assessment), as well as formulated and implemented a 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 treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, first responders or crew. The student will use the **Capstone Field Internship Rotation** form during this section. Copies are attached with direction on how to be filled out.

Team leads will be tracked in Platinum Planner. In order to get credit for a PERFORMED team lead the following must be documented:

Platinum Planner ALS Team Lead

1. Student must perform patient interview **AND** patient exam
2. Patient must receive medication (*other than oxygen*) **OR**
3. An EKG **AND** successful IV/Saline Lock/IO or attempt

Platinum Planner BLS Team Lead

1. Performed patient interview **AND** patient exam
2. Did not receive a medication or an EKG and a successful IV/Saline Lock/IO or attempt

ALS AMBULANCE (FIELD) ROTATION OBJECTIVES

The field internship portion of the paramedic curriculum provides 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 or 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 comprehensive course final formative exam), the student must choose one (1) unit and tour 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
<p>ALS Field Internship Phase</p> <p>0-240 hours</p> <p>This level cannot start until all clinical and field experience hours have been completed</p>	<p>TEAM LEADERSHIP / INTERNSHIP PHASE</p> <ol style="list-style-type: none">1. Demonstrate the ability to perform all Advanced Life Support skills required of an entry level paramedic.2. Demonstrate ability to evaluate patient subjectively and objectively3. Demonstrate ability to develop presumptive diagnosis and proper treatment plan according to proper regional protocol4. Demonstrate ability to direct other crew members in performing patient care.5. Perform a minimum of 50 team leads. 35 team leads must be on patients requiring advance life support.

How to Use the Clinical Evaluation Instrument

Introduction:

The overarching objective of Paramedic experiential learning is to prepare Paramedic students as competent entry-level Paramedics. Students are to conduct themselves in a professional and courteous manner at all times and are expected to be self-motivated to engage consistently in learning opportunities during the Clinical Phase. Goals for participation in the Clinical Phase include:

1. Observe and participate in the dynamic patient care interactions as members of the interdisciplinary healthcare team.
2. Engage patients and family members utilizing various strategies of therapeutic communication.
3. Participate in gathering patient histories and performance of physical examinations, synthesizing the information into appropriate differential diagnoses.
4. Discuss with preceptors and other clinical staff an appropriate treatment plan.
5. Perform psychomotor skills that are within the Paramedic scope of practice and for which the student has received program approval to perform.

Skill Performance:

Clinical experiences include the Operating Room, Intensive Care Unit, Labor and Delivery, Pediatrics, and Emergency Department. The Field Experience is the formative time that includes “planned, scheduled, educational student time spent on an EMS unit, which includes observation and opportunities for skills development ... and does not contribute to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) definition of field internship” The Field Experience is where the student builds his or her skills, learns scene choreography to include taking over more and more of the call, how to approach to the patient, and patient management. This progressive process is best taught in the field on an EMS unit and culminates in Team Leadership. Near the end of the Field Experience the student should be functioning at or near to the Team Leader role. The key point is that a specified number of Team Leads must be accomplished in the Capstone Field Internship independent of what the student accomplished in the Field Experience. Student performance during the Field Experience should be documented on the **Platinum Planner Shift Evaluation**.

Preceptor Preparation, Training, and Expectations:

Preceptors are busy providing patient care in most locations throughout the clinical rotation. Preceptors must work with students and use an evaluation instrument that captures information pertinent to student performance. We suggest that the faculty provide a brief orientation to the evaluation worksheet and review the goals for the clinical rotation for each preceptor prior to beginning student rotations. Preceptors should have access to emergency contact numbers for the appropriate program personnel at all times should any questions or unforeseen issues arise.

Students should assess scene safety, perform patient interviews, conduct physical examinations, and perform treatment and procedures as these opportunities present. Preceptors need to ensure that this occurs without jeopardizing the quality of patient care or adversely affecting the patient. In the event the preceptor deems provider, patient, or public safety is being compromised, the preceptor should intervene in as professional a manner as possible to ensure optimal outcomes while ensuring a safe learning environment.

Student Self-Evaluation:

It is important that the Paramedic student evaluate his or her own performance, recognize any disparities in knowledge or performance and correct these in subsequent patient encounters. Honest self-evaluation is imperative for continued growth and improvement and is a characteristic of a professional. It is essential that the preceptor assist any student exhibiting difficulty with accurate self-evaluation of his or her performance.

The Platinum Planner Shift Evaluation serves as the overall log for the shift or day's field/clinical activity. This worksheet is used to document and evaluate the Paramedic student's performance as a Team Member as soon as possible after a patient contact. At the conclusion of each patient encounter, the evaluator/preceptor should document their impressions of the student's performance. This allows the evaluator/preceptor to provide constructive feedback regarding the student's performance. Please comment on any discrepancies.

The following list provides a description of what should be entered in each section of the “Clinical Shift Evaluation Worksheet:”

Student Name: Name of Student

Date: Date field internship rotation began

Educational Program: Name of the Paramedic program the student is attending

Clinical Site: Name of the EMS/ ambulance service

Page_of_: If additional pages or forms are necessary due to additional patient contacts or additional documentation, indicate the total number of pages.

Time In and Out: Time student arrived and departed from the clinical site

Preceptor: Name of preceptor

Unit or Station: Radio call sign or “report to work” location

Patient Age/Sex: Patient’s age and sex

Impression and / or Differential Diagnosis: This section is a judgment of the Paramedic student based on findings of the history and physical examination. At times, a patient’s differential diagnosis may be unknown as all of the evidence to make a diagnosis is not yet known. Paramedic students should be judged on their differential diagnosis based upon the information that is obtained in the history and physical examination. Students may not know or have access to in-hospital diagnostic data. Consequently, Paramedic students may reach a different diagnosis other than the definitive diagnosis that was derived after many in-hospital tests were completed.

LOC/Complaints/Event/Circumstances: This section is used by the Paramedic student to document the patient presentation, history of present illness and significant patient assessment findings.

Summary of treatments rendered successfully by student: The student uses this section to document treatments performed successfully and is judged based upon information that the student has obtained from the history and physical exam. A successful attempt should be based on the outcome of a discussion between the preceptor and the student that answers the question, “How would you, as a Paramedic, treat this patient in the field based on your history and physical examination findings?” Each clinical setting is somewhat different, and each patient presentation may be different.

Circle Patient Contact Type: The Paramedic student should next circle ALS or BLS based on the condition of the patient. ALS should be circled if the patient condition or complaint requires assessment or interventions by an Advanced Life Support provider. This may include but is not limited to, medication administration, ECG monitoring and establishment of intravenous access. BLS should be circled if the patient condition or complaint requires assessment or interventions that an EMT should be able to perform. While the emphasis of the Clinical is ALS patient contacts, BLS skills performed may be documented in this section.

Clinical Objectives Rating: This section is used to document Paramedic student performance of Patient Interview and History Gathering; Physical Exam; Impression and Treatment Plan; Skill Performance; Communication; Professional Behavior/Affect; and Team Membership. The Paramedic student should first complete his or her ratings followed by the preceptor. The following four-point Likert scale will help to standardize judgments and improve inter-rater reliability:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the Paramedic student has undergone at the time of the clinical interface with the patient.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes “Not attempted” when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet the standard of care expected by the program, program medical director and community of interest.

N/A = Not applicable –not needed or expected for this patient. This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention).

***Note:** Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active, and attempt to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are typical and expected in the initial stages of the clinical learning process when students need prompting. Improvement plans must follow any unsuccessful or inconsistent ratings.

Preceptor Evaluation

As soon as possible after the student completes the self-evaluation of the Clinical Objectives, the preceptor should review the information that the student entered and document his or her rating in the section provided (P). Please record any comments necessary to clarify ratings or provide additional feedback. Identify improvements needed for future patient contacts. You may use additional paper or electronic communication to the program as necessary. Any disparate ratings between the student and evaluator ratings should be discussed. The evaluator should briefly document any suggestions for improvement or other comments in the “Comments and Immediate Plan for Improvement for Next Contact” section.

At the completion of the student’s shift, the evaluator should document any “Comments on any unsatisfactory ratings or discrepancies” and “Overall plan for improvement for future shifts” if needed. The preceptor should then check the boxes that indicate the student affect during the shift and whether follow-up is requested from appropriate program personnel.

After the student and preceptor have discussed any discrepancies, both should sign the “Clinical Shift Evaluation Worksheet” and it should be turned into the appropriate program personnel without further alteration. Systems need to be developed for returning completed instruments to the program. The system should employ methods to prevent alteration of the evaluation by the student and/or discarding of the evaluation instrument by the student. Systems that permit students to alter preceptor-completed evaluations and/or allow students to throw away unsuccessful patient evaluations are not valid.

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

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To: Field Internship Preceptors
From: Scott Holliday
Clinical Rotation Coordinator
Date: August 14, 2023
Subject: St. John's University EMS Students

Thank you for precepting St. John's University EMS students during their FIELD INTERNSHIP. The FIELD INTERNSHIP is vital to the development of competent EMS personnel. The students are required to perform a minimum of 240 hours and 50 team leads, 35 which must be ALS. Although students come to their internship with extensive classroom preparation they each have different levels of psychomotor skills and 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.

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.

Please review the attached guidelines and then complete the acknowledgement section below and return this paper to the student. My contact information can be found on the last page of the guidelines. Please do not hesitate to contact me at any time.

Thank you.

PLEASE RETURN THIS TO THE PARAMEDIC STUDENT

PARAMEDIC STUDENT NAME: _____

I have read and understand the contents of the St. John's University EMS Clinical and Field Preceptor Guidelines and will act in accordance with these guidelines whenever precepting St. John's University EMS students.

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

Name: _____
Please Print Your Name Title

Signature: _____ Date: _____

Email Address: _____

What Is Your Primary Affiliation (EMS Agency / Hospital): _____