



**ST. JOHN'S
UNIVERSITY**

Emergency Medical Services Institute



**2018
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 150 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 264 hours and 50 teams leads, 25 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.
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.**
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 rational 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.

PROGRAM GOALS AND OBJECTIVES

TEAM LEADS

Team Leads may only be done on FIELD INTERNSHIP tours and only on one of your two selected internship units. It is required that every student complete a minimum of 50 team leads, 25 which must be on ALS calls, 2 must be pediatric 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: The student has successfully led the team if he or she has conducted a 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 treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable). 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 endangered 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.

Team leads will be tracked in FISDAP. As approved by the St. John’s University Paramedic Advisory Committee on 10/03/17 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. A medication other than oxygen is administered (by anyone on the team)
- OR
4. An ECG monitor and an IV (attempt) are performed together (by anyone on the team).
 5. An ALS PCR is submitted for each ALS team lead

BLS Team Lead

1. Check Team Lead Box
2. Performed patient interview AND patient exam
Patient did not receive a medication or an EKG and IV (attempt)

SUCCESSFUL COMPLETION OF THE FIELD INTERNSHIP

ALS field internships are scheduled to be 280 hours. Since it is competency-based learning however, it could go longer if objectives are not achieved. There is no specific number of calls required. You must, however be team leader of a minimum of at least 50 emergency responses and 25 of those must be ALS. Of those 25 ALS team

leads 2 must be pediatric patients and 2 must be on unconscious patients. An ALS PCR must be submitted for each ALS team lead patient.

All field internship requirements (280 hours, 50 total teams leads, 25 ALS team leads, 2 ALS pediatric, 2 ALS unconscious and an ALS PCR for each ALS team lead patient) must be completed by and locked in FSDAP by the mandatory field internship completion date. **Failure to complete field internship requirements on time will result in a course failure and dismissal from the program.**

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, Suffolk, 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 three (3) experienced field paramedics with which to complete their field internship. Overnight tours are permitted during the field internship with the permission of the preceptor. 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 25 of those required to be ALS**, under the direct supervision of a certified Paramedic.

Stage	Objectives
<p>ALS Field Internship Phase</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. 25 team leads must be on patients requiring advance life support.

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
Fresh Meadows, NY 11365
Office: 718-990-8418
FAX: 718-990-8470
hollidas@stjohns.edu



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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 Preceptor's Name NYS EMT-P Certification Number

Preceptor's Signature: _____ Date: _____

Email Address:

Please PRINT Legibly

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