



**Daytona State College
EMS PARAMEDIC III
Capstone Field Internship reference and Field
Training Manual**

STUDENT & PRECEPTOR

APPROVED BY EMS PROGRAM MANAGER DAVID MCCALLISTER; 10/25/17

STUDENT AND PRECEPTOR INFIELD TRAINING MANUAL

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**Daytona State College
Paramedic Clinical Syllabus
Paramedic III EMS2659**

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CREDIT HOURS: 3 Semester Hours

DEGREE: A.S. and Certificate

CONTACT HOURS: 240 Hours Clinical

PRE-REQUISITES: The student must be a certified Emergency Medical Technician in the State of Florida. The student must also completed Paramedic 2 - EMS2605C (Lecture), EMS2605C (Lab), and EMS2667 (clinical).

CO-REQUISITES: Each student must have a current BLS, ACLS, PHTLS, and PALS course completion cards. **Students must** continue online reporting using FISDAP. FISDAP is a data collection program, which tracks their unique patient encounters as self reported by each student throughout their paramedic clinical experiences. Completion of all paperwork associated with each patient encounter.

DESCRIPTION:

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight of a medical director. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

The Paramedic field Internship is the capstone course of the paramedic program. Interns will participate as lead crewmembers aboard a licensed advanced life support transport vehicle with an assigned preceptor. The course is designed to provide the student with intensive clinical experiences.

During their field internship each student will provide evidence they have achieved entry-level competence. Each student must attain specific goals for completion of their internship(FISDAP). Self advocating for individual goals specific to their unique patient encounters.

Students are responsible for transportation to and from the clinical sites.

PROGRAM GOALS:

Paramedic: "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels."

1. To provide students with the knowledge necessary to become competent entry-level Paramedics.
2. To provide students with the clinical skills which are necessary for technical proficiency as entry-level Paramedics
3. To develop and foster behaviors attributes, and attitudes of a professional in the field of emergency care.

INTERNSHIP Learning Outcomes: (See outline of objectives at the end of this training manual)

At the completion of the field internship, the student will demonstrate competency in the following: The final ability to integrate all of the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry-level paramedic is conducted during the field internship phase of the program. **The field internship is not an instructional, but rather an evaluative, phase of the program.** During the field internship the student should be under the close supervision of an evaluator. Field internship must occur on a licensed advanced life support transport vehicle. Medical accountability must exist with continuous feedback from the assigned preceptor. Field preceptors are under direct medical control of on-line physicians, utilization of agency protocols and provide feedback and review, QI, for each clinical preformed.

COURSE OUTLINE:

Clinical Internship is an, in-the-field, Internship experience with an assigned preceptor on a state licensed Pre-hospital Advanced Life Support (ALS) transport agency – 240.0 hours

*The program must provide evidence of the completion of the training of **capstone** field internship preceptors by dated rosters of participants, on-line logs, signed acknowledgement by the **capstone** field internship preceptor. **

Additional hours maybe required in an effort to achieve course completion with your field internship preceptor.

In order to successfully complete the clinical Internship experience you must complete:

- 1) **20 (12)** hour shifts on a Pre-hospital Advanced Life Support (ALS) transport agency – 240.0 hours
- 2) Your assigned preceptor **must sign** an internship agreement
- 3) Meet all **Program goals must be at 100%**
- 4) Turn in all Clinical paperwork – student evaluation (each shift) and patient care reports (each patient)
- 5) **TEAM LEAD** - Each student must have 50 live patient transports during their capstone internship. **In order for an interfacility transfer to be documented as a patient contact in the field experience or the capstone field internship, the patient must be transferred to a higher level of care requiring assessment and may require emergency care.**

Paramedic Goals: Fisdap Data Entry

Those minimum numbers must be approved by the Medical Director and endorsed by the Advisory Committee with documentation of those actions. The tracking documentation must then show those minimums and that each student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. No minimum number can be fewer than two (2), including each pediatric age subgroup. See Appendix A.

The terminal goals for each of the rotation and outcomes must be met. It is the students' responsibility to advocate for themselves. Tracking the changes is proper data input, and understanding the need to seek out specific patient complaints to achieve required goals.

Live patient encounters must occur; however, appropriate simulations can be integrated into the educational process to provide skills acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. The program must show that this method of instruction is contributing to the attainment of the program's/student goals and outcomes.

In order for an interfacility transfer to be documented as a patient contact in the field experience or the capstone field internship, the patient must be transferred to a higher level of care requiring assessment and may require emergency care.

Team Lead Goal:

The **capstone** field internship allows the students to assess and manage patients in the pre-hospital environment where he/she will progress to the role of Team Leader.

Each student must have at least **50** team lead live patient encounters during their field internship.

The **capstone** field internship site must allow students to assess and manage patients in the pre-hospital environment where he/she will progress to the role of Team Leader.

Minimum team leads must be established and accomplished by **each** student. The number of team leads is established and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the paramedic profession.

The student must show that the timing and sequencing of the team leads which occur during the capstone experience.

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/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, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

To be counted as a Team Lead the Paramedic student must accompany the transport team to a higher level of care and function as Team Leader with the exception of termination of resuscitation in the field. You must have a minimum of 50 team lead patient encounters during your Capstone Internship. See Appendix A.

Capstone Field Internship Documentation

The program must keep a master copy of all **capstone** field internship evaluation instruments used in the program. Also, the program must maintain a record of student performance on every **capstone** field internship evaluation. The record could be a summary of scores or the individual evaluation instruments.

Documentation should show progression of the students to the role of team leader as required by the program. The program must document a mechanism for demonstrating consistency of evaluation and progression of the student during team leadership.

Terminal Competence Documentation

The program must have a document signed by the Medical Director and the Program Director showing that the student has achieved the established terminal competencies for all phases of the program.

Fisdap and clinical documentation are required throughout your paramedic clinical shifts.

The Fisdap tracking system is incorporated and identifies the minimum competencies (program minimum numbers) required for each exposure group, which encompasses patient age (pediatric age subgroups must include: newborn, infant, toddler, preschooler, school-ager, and adolescent), pathologies, complaint, gender, and intervention, for each student.

In addition Fisdap also tracks intervention skills must include airway management with any method or device used by the program. It is the students' responsibility to track and accurately report all interventions attained during each patient encounter.

The tracking system must clearly identify those students not meeting the program minimum numbers. See Appendix A.

Graduation must be recommended on the final shift

All Clinicals must be completed in accordance with Program Handbooks and syllabus

Additional Clinicals may need to be scheduled based on feedback, and continued progress during the internship. Successful completion must be attained by the end of the semester registered.

Complete all scheduled clinicals within the registered semester.

Complete all documentation requirements for each shift (Evaluations, and patient care reports)
Refer to your Paramedic clinical documentation requirements both online and handed out and reviewed prior to attending your first clinical shifts.

72 hours - FISDAP data entry

If you fail to comply, and are 5 or more clinicals behind, you will be placed on clinical suspension until all data has been completed.

Clinicals missed during suspension are based on the next available date. You must complete all clinicals within the same semester in which you enrolled.

Communicate any clinical issues that may arise with your preceptor, scheduling or any hardship which could inhibit success.

Conduct yourself in a professional manner and follow student handbook also located in your online class.

Grading for EMS2659: Your grade is based attendance, data entry complete. However your behavior, ethics, professionalism, accurate reporting of patient contacts, may affect your ability to continue into the next phase of the program. The minimum acceptable grade to enter into the next phase of Paramedic training is a **C**. **All Clinical requirements must be complete in order complete your internship in Paramedic 3.**

Clinical attendance is not optional. You must attend all clinicals - during the same semester all co-requisites for the program are completed. An absence may be non-attendance of the shift; or it may be that you arrived late and were dismissed; or that you were dismissed because you were unprepared for your clinical.

The DAYTONA STATE COLLEGE EMS Medical Director is responsible to verify student competence in the cognitive, affective, and psychomotor domains. Students will not be awarded course-ending certificates unless the all components of this program are complete.

CLINICAL GRADING

All 240.0 hours must be complete and your preceptor must recommend graduation from this program.

It may be necessary to complete additional hours if your preceptor is not confident in your progression. If this occurs, you should have been actively communicating with your preceptor about your progress. The documentation on your evaluations should have confirmed the need to complete more rides. It is vital to inform the clinical coordinator if you have any needs during this semester to afford you the best opportunity to complete in a timely manner.

If data entry is late this will be considered an absence. You have 72 hours to complete all data entry. You must enter all patient contacts during your clinicals. All clinicals are subject to audit of all patient contacts. Please review Florida Statute in your clinical handbook. Clinical paperwork is accepted as **pass or fail**. It will be returned to you if you are missing any elements.

Audits will be ongoing throughout the semester.

FISDAP- you will be issued a time frame to select your clinicals from FISDAP.NET. Your clinicals are scheduled by referring to your calendar selecting the date and site of your choice. A completed clinical schedule is required to enter data.

Clinical grading is attained by achieving a total number of points. Paramedic 3 has a total number of **100 points** available. Each student will begin the semester with 100 points. Points will be deducted for the following reason:

It is the goal of the student to maintain the maximum possible points.

1) ATTENDANCE - 5 points deducted each absence (send email to reschedule driscom@daytonastate.edu))

- a. If you are absent, **for any reason** you will loss the **5 points** an absence
 - i. Spots are very limited I cannot guarantee that the site your need will be available.
- b. Any missed clinical must be rescheduled. All clinical hours must be completed each in order to move forward to the next phase of your training.

2) Clinical documentation completed and turned in on time – Suspension/Probation (10 Pts)

- a. You must turn in **your shift evaluation and narratives**.
- b. All clinical paperwork must be turned in once a week. Due to each students schedule your due date for each shift is the week which follows each clinical.
- c. Ongoing audits will be completed during the semester. If it is determined during an audit that your required paperwork is deficient (not turning in your evaluation and/or inputting data into FISDAP, you will risk clinical suspension/probation until your clinicals can be verified.

100 points – 90 points = A

89 points – 80 points = B

79 points – 70 points = C

Critical failure:

- x Unexcused absence and/or failure to complete all required hours
- x Failure to preform as lead team member on the ambulance
- x Clinical falsification
- x Failure to meet data input standards
- x Clinical removal for behavioral/ethical/HIPAA violations
- x Below 70 points

All Clinical requirements must be complete in order to receive a course completion certificate

INTRODUCTION FIELD INTERNSHIP DESCRIPTION

240.0 HOURS

Florida Statute describes the final phase of your Paramedic education in greater detail below. Please review this section to gain a greater understanding of your accountability. You will be evaluated based on the below description during this final phase of your education.

Florida Statute 401.2701(1)(a) 5a Incorporates the most current National Standard Curricula by reference.

Field Internship

The final ability to integrate all of the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry-level paramedic is conducted during the field internship phase of the program. **The field internship is not an instructional, but rather an evaluative, phase of the program.** The field internship should occur toward the end of the program, with enough coming after the completion of all other instruction to assure that the student is able to serve as an entry level paramedic. During the field internship the student should be under the close supervision of an evaluator. Field internship must occur within an emergency medical service, which demonstrates medical accountability. Medical accountability exists when there is good evidence that the EMS providers is not operating as an independent practitioner, and when field personnel are under direct medical control of on-line physicians or in a system utilizing standing orders where timely medical audit and review provide quality improvement. (Page 25)

The **primary purpose of this course is to meet the entry-level job expectations** as indicated in the job description. Each student, therefore, must demonstrate attainment of **knowledge, attitude, and skills** in each area taught in the course. It is the responsibility of the educational institution, program director, medical director, and faculty to assure that students obtain proficiency in all content areas. If after counseling and remediation a student fails to demonstrate the ability to learn specific knowledge, attitudes and skills, **the program director should not hesitate to dismiss the student. The level of knowledge, attitudes, and skills attained by a student in the program will be reflected in his performance on the job as a paramedic.**

Prior phases, PI and PII of your Paramedic education have prepared you for this final phase of your Paramedic training. You are now able to combine and apply the knowledge and skills obtained in prior training. Your confidence and your attitude will take you toward the success you have sought throughout this educational experience. Your assigned preceptor will guide you toward a position of comfort in your patient care.

As a student you will be assigned to a specific paramedic who will serve as your preceptor. The paramedic preceptor plays a vital role since they become the student's role model, instructor, and evaluator. The student will be expected to manage the care of patients seeking EMS assistance. The preceptor is responsible for overseeing the student's activities to assure a high quality of care and provide feedback on the student's performance.

Field Internship Requirements

- 1) The student must successfully complete a **minimum of 240 hours** on a designated ALS Transport unit approved for internship. Only one student may be assigned per shift.
- 2) The student must be under the direct supervision, and evaluation of a certified paramedic. The preceptor should have a minimum of **two (2) years academic, clinical preceptor, or field experience in emergency medicine within the last five (5) years.**
- 3) During the 240-hour field internship majority of your hours must be completed with your assigned preceptor. In the event that your preceptor is ill or on vacation, stay on the assigned truck and the hours will count with the alternate preceptor. It is your responsibility to instruct the alternate preceptor on all paperwork required to complete your shift. Any situations beyond this please contact the Clinical Coordinator to assist you.
- 4) In the event a permanent reassignment must occur, for any reason the process must be initiated to orient the new preceptor and advise him/her on your status/accomplishments with your primary

preceptor. When reassigned you must complete a minimum of 10 rides with your new preceptor. All Field Internship Contracts, schedules, and Field internship notebook must be given to your preceptor.

- 5) The student must complete all paperwork, including but not limited to the assessment, treatment plan, and delivery of care (PCR's), all evaluations, any skill drills and/or demonstrations. Data entry must be completed in FSDAP.
- 6) The preceptor will evaluate the student on every patient contact. At the end of each shift or preceptor will complete a daily shift evaluation.

Field Internship General Guidelines

- 1) In the event your preceptor may have a shift exchange, illness, and/or vacation day it is understood that there are situations beyond your control. You are able to continue your scheduled ride with the Paramedic covering the shift. See above requirements maximum number of shifts with an alternate preceptor.
- 2) It is your responsibility to explain/assist/prompt the Paramedic covering the shift all paperwork that is required for each shift.
- 3) Follow **attendance guidelines** if there are any missed shifts.
- 4) During field internship, meetings with the field instructors will occur at 60, 120, 180 hours. During this meeting you will complete the **extended Summative evaluation**. You must also complete your standard daily shift evaluation for the current shift
- 5) At any time the Clinical Coordinator may choose to "ride-along", and/or schedule a meeting at the field preceptor with or without the student.
- 6) Should a situation develop in which the preceptor needs any clarification or has any questions, please give them the phone number to contact, the clinical coordinator during the weekdays/weekends/holidays/ evenings 547-8854. Example of reason for concern are:
 - a) **Disregard for direction given by preceptor or other agency personnel.**
 - b) **Physical or verbal abuse of a patient.**
 - c) **Inability to function under stress.**
 - d) **Incompetence with EMT-Basic skills.**
 - e) **Incompetence with Paramedic skills (inappropriate care administered)**
 - f) **Administration of an incorrect medication, dose, route...**
 - g) **Requires prompting throughout call without progression**
 - h) **Observed a disconnection in ability to link knowledge, and skills attained in the lecture and lab setting, and application, transition to actual patient care.**
 - i) **Inability to function in the role of an entry level Paramedic**
 - j) **Lack of Professionalism.**
 - k) **Dishonesty (in any form)**
 - l) **Serious interpersonal communication skills deficiencies.**
 - m) **Failure to adhere to agency or college policies and procedures.**
- 7) Students **may not be in charge of a multi-casualty incident with where** there is not enough manpower on scene to free the preceptor to directly supervise the student. At NO TIME IS THE STUDENT ALLOWED TO BE ALONE WITH ANY PATIENT.
- 8) Students **may not be used as firefighters on a fire/EMS incident. It is not negotiable; you may NOT perform duties beyond what is outlined in this course.** You must adhere to the policies followed by the transporting agency.
- 9) Students have successfully intubated at least twelve (5) patients under supervision in surgical setting and/or during their field internship.
- 10) Students shall perform EMT-P level skills only while doing a regularly scheduled internship shift and while

being observed by their designated preceptor.

- 11) ***Any ALS skills performed while not scheduled in internship, or while working on duty as an EMT-Basic, will result in dismissal from the program, and potential loss of EMT-B certification. The college is not responsible for students who perform beyond their level of training when functioning as a paid or volunteer status.***

Role of the Paramedic 3 Student

The student is to be an active participant in all phases of pre-hospital operations. It is the responsibility of the student to:

- 1) Follow the policies as stated in the student handbook regarding dress regulations, attendance, and skills performance.
- 2) **Student must have their Field Internship Student Manual and have all skills validation signoff in his/her possession for all internship shifts.**
- 3) Initiate Skills Summary Sheet for the preceptor to evaluate and initial.
- 4) Assuring paperwork is completed is the Student's responsibility. Missing or incomplete paperwork will not be accepted and will delay course completion.
- 5) Participate actively in the critiques of all runs and accept constructive criticism in a **mature manner**.
- 6) Complete Patient Contact Log for each shift. This must **validate and initialed by your preceptor**.
- 7) Complete the proper number of patient Care Report (PCR) during this phase of your program. Please include at least **one properly documented patient refusal**.
- 8) Seek learning opportunities, and study to improve on deficiencies as noted by the preceptor, including completion of any station drills and demonstrations. If you feel you need remediation/clarification in any area/skill, please notify your lab instructor to make any equipment available.
- 9) Follow the direction, and respect the advice of your preceptor and other agency personnel.
- 10) Perform any related station duties, and fulfill obligations as other personnel (this may include assisting in general station maintenance) in addition to daily paramedic responsibilities.
- 11) It is the student's responsibility to purchase their food for each shift. If the rotation is performed at a Fire Agency, which also functions as primary transport for their area, the student is responsible for any meal fees and/or lodging arrangements during their shift.

Uniform Standards

Refer to your student handbook

Student Conduct

Refer to your student handbook

Remember at all times your conduct as a paramedic student reflects upon the individual, affiliated agency, college, and paramedic profession. Therefore, the paramedic student must conduct him/herself in a professional, mature, manner at all times. Paramedic students will adhere to all policies in this manual and any additional DAYTONA STATE COLLEGE policies. Failure to comply with policies will result in disciplinary action and possible dismissal from the program.

Students must demonstrate professionalism at all times. **All information regarding a patient shall remain confidential.** Students are encouraged to talk to patients and their families. All questions regarding a patient's medical status shall be referred to the preceptor. The student and patient's safety shall be of prime concern. Avoid conflict. A cooperative and interested attitude is a prerequisite. The student must notify the preceptor and/or clinical coordinator, of any problems or conflicts, which occur.

Preceptor Performance Objectives: You and your field preceptor should:

1. **Communicate** with prior to the field internship phase of this program. It is highly recommended that you meet in person, and followed up by speaking via phone and/or email prior to your first shift. (See student orientation)
2. Discuss your expectations during the internship. This may include discussing local protocols vs. National Standard Curriculum. Agree upon the acceptance of offering minimal assistance if the student needs to be coached during patient care or if you prefer the student have full knowledge of the protocols.
3. Agree upon times your student should arrive prior to each shift.
4. Communicate any agency rules and regulations you feel apply to your student's success.
5. Agree upon 20, 12-hour shifts to complete the 240 hours for this phase. Some may opt to ride with a transport agency that allows for 24-hour shifts. If this is the case there needs to be 2 evaluations completed during the shift indicating the number of calls run during each shift on the Patient Contact Log. **THIS MUST BE ACCURATE.**
6. Enter the P3 Internship from a positive, constructive, and open-minded position.
7. The preceptor should expect the student to succeed. Please do not hesitate to communicate at any time with the Clinical Coordinator.
8. Refer to the Field Internship Description and page 8. The student is in the evaluation phase of their education. Minimal prompting should be required. It is imperative that the student performs in full capacity. They have the knowledge, skills, and should possess the attitude that is consistent with any field professional. Any deviation needs to be communicated to the Clinical Coordinator. The sooner we can address areas of deficiency, the greater the chance of success for the student.
9. The preceptor is responsible for the patient, and any/all care rendered. Please verbally validate the Understand 5 R's in medication administration prior to delivery.
10. Assist the student to incorporate the knowledge gained and skills practiced during didactic and clinical into field practice Seek and identify learning situations for the student. .
11. Directly observe all patient assessment, communications, and definitive care rendered by the student. Remember, even a strong student can make a mistake. The student may never be alone with any patient at any time in the patient compartment.
12. Enforce the policies of the provider agency pertaining to performance and/or observation of skills, dress code, attendance and student conduct.
13. **Ensure that all paperwork is properly completed daily. Your shift log is due the class that follows each clinical. Data entry is a separate requirement, you have 72 hour to input your data.**
14. Your student will be audited on content, and the daily evaluation and patient contact log will be confirmation of attendance.
15. Actively seek the help from the clinical coordinator if necessary. Inform them of any problems or concerns as that may arise. Marti Driscoll can be reached by phone at any time **386-547-8854**
16. Insist on student performance to your standards. Do not expect perfection or excellence at first, but **do expect steady improvement on each call.**

17. Insist the student not deviate from your scheduled internship dates. Student must be prepared on time and ready; they have a strict attendance policy if they miss 3 shifts they may have exceeded the maximum for the semester. Please contact me if you student is not arriving on dates agreed.
18. Consider some of the drill topics after you have discussed the student's observed or perceived weaknesses.
19. **HAVE A GOOD TIME. Enjoy your student, enjoy teaching, and know that you are appreciated. The program would not be successful without you.**

Student Orientation – YOUR FIRST DAY ON THE TRUCK

On the day of the first internship shift, the Station Officer/ Agency Liaison and preceptor should meet with the student to explain what is expected of them during field internship, as well as, what the student can expect from the preceptor and agency.

It is suggested that the duties and responsibilities of the student and preceptor be in writing to ensure a complete understanding by all personnel involved. An outline of responsibilities should be given to the student and discussed on the first shift. Preceptor and student should sign this contract to ensure a clear understanding of expectations.

The role of the paramedic student during the field internship is of an active participant in all phases of rescue operations. It is recommended the student observe for the first several calls (not shifts) to see how the preceptor handles the calls and performs paramedic duties. The student must be able to fulfill the role of a certified paramedic at the completion of 500 hours. It is the preceptor's responsibility to provide adequate experience to fulfill these expectations.

INFIELD TRAINING Recommendations.....

Patient Treatment Scenarios

A patient care treatment scenario is an effective education tool that may assist you in confirming any area of suspected weakness. Part of the scenario should include formulation of a treatment plan for this simulated patient.

Acceptable methods of training include:

- Drills/Classes (by student or preceptor/Skills demonstrations)
- Simulations/Role Playing
- Call review
- Written or oral quizzes

Drills and in field Skill Demonstrations

Paramedic Students are expected to tend all patient in the field, either paramedic or EMT-Basic level personnel. One mechanism to familiarize you with the students' abilities is something referred to as a drill or in field skill demonstration. This may be as easy as asking where an items is found on the ambulance to demonstration of a piece of equipment carried on the truck. Students should be prepared in advance for specific drills; "surprise" drills are not recommended.

The purpose of the drill is to provide a mechanism for evaluating the student's knowledge about a subject as well as to provide an opportunity for the student to keep his knowledge base and/or skill level at an optimal level. Frequently, drills provide a time in which the student can share new information that is being taught in the paramedic education program and preceptors can give suggestions for applying it to field situations. Drills should be rated on the student's preparedness, and knowledge base, not on one's abilities as a public speaker.

The following is a list of suggested presentations or drills that may be considered by the paramedic preceptor.

- 1) Equipment inventory
- 2) Universal precautions, aseptic technique
- 3) Pharmacology - student should be responsible for location of drug, preparation, usual dose, use, routes, rate of administration, major side effects, and contraindications
- 4) Spinal immobilization
- 5) Bandaging/ splinting/ traction devices
- 6) Cardioversion and defibrillation
- 7) CPR, obstructed airway, use of laryngoscope and Magill forceps
- 8) Radio use, troubleshooting communication problems
- 9) Airway adjuncts - oral/nasal airways, BVM
- 10) Childbirth
- 11) Burns
- 12) Shock (types, signs and symptoms, treatment)
- 13) Patient with altered LOC
- 14) Trauma patient
- 15) Pediatric patient
- 16) Newborn patient
- 17) OB patient
- 18) Head injuries
- 19) Chest pain patient
- 20) Respiratory patients
- 21) Needle thoracotomy

Simulations/Role Playing

Simulations can be a very useful teaching tool. Preceptors can use them to help a student become more organized and complete in performing patient assessments. They can also be used to help the student become more comfortable with equipment so that actual calls flow more smoothly. Unlike actual calls, simulations provide an added advantage because the situation can be redone if the student's performance is not satisfactory. They also give preceptors an opportunity to expose the student to patient situations that have not occurred on actual calls during the internship.

Simulations should be kept simple. To develop a simulation, the preceptor must first decide on what the goal is for the student. For example, if the student has been identified as needing additional training in it to improve the student's assessment of the patient with shortness of breath, drug dosing calculation, or it to improve the organization of the assessment. It is best to concentrate on **one goal at a time**. This can be done easily when you have actually evaluated the student after a few shifts.

It is important to make the scenario as accurate with real patient problems as possible. For example, a patient in pulmonary edema may have shortness of breath, rales, neck vein distention and pedal edema. As the student examines the patient, the preceptor would tell him what the findings are, i.e., as the student listens for lung sounds, the preceptor would state, "You hear rales bilaterally". When the student has finished his assessment, or if your goal has been attained, the simulation may be terminated. The preceptor may make notes on the student's paperwork in the appropriate area. The preceptor and student should discuss the situation. Feedback is a valuable tool that may afford the student additional opportunities to become successful. It is not usually necessary to simulate a complete run - dressings, IV, drugs, etc., unless these aspects are ones that the student needs to practice.

Post Call Review

It is imperative that you and your preceptor develop an open, comfortable environment to review each call. Feedback should be constructive and offer positives as well as any areas noted for improvement.

Oral or Written Quizzes

The student is working under the license of the medical director for the college. It is appropriate and recommended any additional assistance that can be ascertained in the field will be beneficial. You have every right at any time to quiz the student on any medication; for example, you carry on your transport vehicle. If a student has a weakness in one specific area, give a review the topic with the student and then quiz him on it the following shift.

Performance Evaluations

Performance of the student during field internship will be closely observed and evaluated by the preceptor to determine whether the student can demonstrate, in the field setting, appropriate application of knowledge and skills acquired during the didactic and clinical portions of training. This is a competency-based evaluation; therefore all ratings must be based on the Field Performance Standards. A competency-based evaluation is one in which the student is evaluated in relation to pre-determined skills performance criteria.

A student is not expected to achieve a competent rating in all areas until the final evaluation.

Each call should be discussed / critiqued as soon as possible following the run. Areas of strength and weakness are to be discussed with the student during the critique sessions and should reflect:

- x Evaluation and control of scene
- x Patient assessment skills
- x Communication skills
- x Demeanor / teamwork
- x Treatment skills
- x Use of equipment
- x Judgment / decision-making
- x Establishment of priorities
- x

Daily Evaluations Shift Logs

ALL calls (BLS, ALS, refusals) are to be recorded by the student on the Shift Logs. A brief but complete description of activities performed by the student should be listed in the appropriate column. The student is to evaluate his own performance on the call and indicate his performance rating. The student then explains to the preceptor the reason for the self-rating given after which the preceptor rates the student's performance. Explanations and comments are to be made by the preceptor in the comment area provided.

If an area of weakness is noted, the preceptor, in conjunction with the student will develop a plan for improvement. This may include additional station drills, study assignments, simulations of runs, or clinical experience. These Shift logs are due each class that follows your clinicals. Data entry is separate; you have 72 hours to meet that goal. You will be notified if you are late. If you exceed, and are behind more than 5 clinicals you will be suspended from clinicals until you catch up with your data entry. If you are suspended you will lose 10 points from you total score.

Communication – Preceptor and Clinical Coordinator

During the course of field internship, a representative from the College have ongoing communication with the internship agency, student, and preceptor. Direct communication will be ongoing and as needed, for each individual preceptor/student. Students who need additional attention, failing to respond to training please notify the clinical coordinator if a trend is noted.

Student Guidelines for Successful Completion of EMS2659

1. Make contact with your preceptor prior to your first shift. Ask him/her what you need to bring each shift. Your field manual, textbooks, and an extra uniform are a must.
2. Consider yourself a guest in the home of your preceptor and his family. You need to be a “helpful guest” when it comes to morning routine and assigned tasks. DO NOT give your opinions regarding policy, etc. You are there to learn.
3. All students can expect some teasing and “flack” from other members of the team. TAKE THIS IN STRIDE! It is all part of being in the field. You are basically treated like a “rookie”. Any physical, mental or sexual harassment must be brought to the attention of a clinical coordinator immediately.
4. Ask your preceptor about the other agencies and hospitals you will interact with and if there are any special things you need to know about them.
5. Your appearance and presentation will be important as a “first impression” to your preceptor and others at the agency. Remember if you want to be treated like a professional; you must think, act, speak, and dress like a professional.
6. Do not go to your first shift with any rigid, pre-conceived ideas or expectations. Remain flexible and open, listen to and hear what is said to you. Ask questions when you do not understand something. If something or someone is really getting to you, talk to your preceptor, field instructor or another faculty member.
7. Look at every call as a learning experience. You will be able to learn something new on each call, even if what you learn is to be more comfortable on that particular type of call.
8. Continue to study! Those who excel in EMS do so because they know one can always learn something new. Review cardiology, pharmacology, protocols, and theory. This will keep you prepared for your certification examination.
9. Do not get involved in agency, shift or personnel politics.
10. Do not touch food or any other item that does not belong to you.
11. You may not do any fire fighting or heavy equipment extrication while you are a student. Insurance does not cover you for these activities.
12. **AFTER 240.0 HOURS ARE COMPLETE YOUR LAST EVALUATION MUST HAVE THE PRECEPTORS SIGNATURE AND RECOMMEND GRADUATION.**

Progressive Benchmark Objectives for a PIII student

1-24 hours

Orient the student to the ALS unit and equipment. The student will perform BLS assessments and BLS skills. The student may suggest ALS therapy, as well as function as the ALS technician. The preceptor will introduce the student at the various receiving facilities.

The student will:

- ⑨ Demonstrate the ability to locate and operate all BLS and ALS equipment.
- ⑨ Demonstrate the ability to perform a BLS assessment.
- ⑨ Provide BLS interventions to include definitive and supportive measures
- ⑨ Make ALS treatment suggestions to the preceptor.
- ⑨ Function as the ALS technician for the preceptor or team leader.

24 - 36 hours

Give the student hands-on experience in performing physical exams and vital signs. The student may decide what ALS therapy is appropriate and function as the ALS technician. Emphasis should be placed on patient contact and patient needs.

- ⑨ Perform a head-to-toe exam on all patients encountered.
- ⑨ Assess vital signs for all patients.
- ⑨ Decide the appropriate ALS therapy.
- ⑨ Function as the ALS technician.

36 - 48 hours

The student will gather a patient's history, decide and delegate BLS/ALS therapy.

- ⑨ Gather the patient's history and chief complaint.
- ⑨ Use mnemonics to support the history (PQRST, AMPLE, AEIOU TIPS).
- ⑨ Completing the Patient Care Report (PCR) on all patients.
- ⑨ Decide and delegate the appropriate ALS therapy, based on the history gathered.

48 - 60 hours

Have the student take a more active role in field management. The student will perform the entire patient assessment, delegating ALS therapy, making radio contact to the hospital, and providing some scene control.

- ⑨ Perform a complete patient assessment (PE, Hx, VS, Tx).
- ⑨ Control patients, family, and bystanders.
- ⑨ Make radio reports.

60 - 72 hours

The student will learn to effectively manage the field scene. Emphasis will be placed on scene safety, team leading, and utilization of manpower and resources. All paramedic skills can be performed with direct preceptor supervision. Maintain scene control, including scene and patient safety.

- ⑨ Function as the ALS Team Leader on all scenes, except HazMat and Multi-Casualty.
- ⑨ Show proficiency in the utilization of manpower and resources.

72 – 90 hours

The student will function as the team leader. Emphasis will be placed on using protocols as guidelines, policies, and procedures.

- ⑨ Function as the ALS team leader on all calls.
- ⑨ Perform the patient assessment.
- ⑨ Make all treatment decisions.
- ⑨ Delegate treatment skills as appropriate.
- ⑨ Maintain scene management.

90 - 240 hours

The remainder of the internship should be used to refine the abilities of patient management respective to the student's scope of training. The student must be able to justify all actions regarding patient management.

- ⑨ Handle stressful situations without a problem.
- ⑨ Function independently.
- ⑨ Communicate with the patient and family members effectively.
- ⑨ Describe the scene and patient situation clearly and accurately on the radio.

DAYTONA STATE COLLEGE PARAMEDIC III CAPSTONE FIELD INTERNSHIP STUDENT LEARNING OUTCOMES

LOCATION

Volusia County Ambulance stations posts as indicated on schedule.

SCHEDULE/TIME REQUIREMENTS

- x 240 hours minimum as required by State Statute
- x Days and times arranged with the Clinical Coordinator and assigned preceptor

PERFORMANCE REQUIREMENTS

- x Students must have a Shift Evaluation, noting all calls for each ride completed noting **each BLS and ALS call** received by that unit during the scheduled time.
- x Students must have a completed patient assessment form for each transported patient encountered during the field internship
- x Students must provide evidence they performed with little to no prompting
- x Students must provide evidence they are responding to training
- x Communication is vital if there are extenuating circumstances
- x A Team Leader Evaluation form must be completed, and verified by the preceptor for all patients encounters
- x Students must input each patient encounter into FISDAP

DRESS CODE

- x Students will report to the clinical setting in their program approved paramedic uniform

STUDENT LEARNING OUTCOMES

The student should assist with and/or perform the following procedures during this clinical rotation:

1. Perform patient assessment, i.e., primary and secondary surveys, vital signs, and history-taking.
2. Assist with cases of cardiopulmonary arrest by performing CPR, suctioning and application and use of mechanical aids to ventilation appropriate to the case.
3. Assist with bandaging and splinting.
4. Assist with application of traction splints.
5. Assist with spinal immobilization, using devices and techniques appropriate to the case.
6. Assist with the application of oxygen, and using mechanical aids to ventilation appropriate to the case.
7. Assist with lifting, moving and transportation of patients.
8. Assist with cleaning and restocking of the emergency vehicle and equipment.
9. Attend to the patient during hospital transport, reassessing during transport as indicated by patient condition.
10. Initiate peripheral intravenous infusions.
NOTE: All IV solutions must be mixed and initiated under the direct supervision of the assigned paramedic in charge.
11. Perform orotracheal and/or nasotracheal intubation.
NOTE: Intubations must be performed under the direct supervision of the paramedic in charge.
12. Demonstrate medication administration - SC, IM and IV push medications.
NOTE: This skill must be performed under the direct supervision of the assigned paramedic in charge.

At the completion of the Emergency Medical Services rotations, the student should be able to:

1. Display the ability to perform a focused and accurate history and physical examination, pertinent to the illness or injury of each patient.
2. Demonstrate the ability to perform accurate vital signs on patients of all age groups.
3. Demonstrate a working knowledge of CPR and obstructed airway techniques, as per American Heart Association guidelines.
4. Demonstrate an understanding of aseptic techniques.
5. Demonstrate the ability to control bleeding and apply dressings and bandages to a variety of wounds, using aseptic techniques.
6. Demonstrate an understanding of the principles of splinting, and safely, gently, and effectively immobilize a variety of injuries using these principles.
7. Demonstrate an understanding of the rationale and indications for spinal immobilization. Display the ability to appropriately immobilize patients using a variety of equipment, i.e., scoop stretcher, long backboard, and KED.
8. Demonstrate an understanding of the principles of basic and advanced airway management techniques.
9. Safely and correctly administer oxygen, choosing devices and flow rates appropriate to patient condition.
10. Demonstrate the correct methods for the use of bag-valve-mask and demand valve devices.
11. Demonstrate advanced airway management, proficient use of equipment
11. Display an understanding of the indications for and use of oropharyngeal and nasopharyngeal airways, and correctly insert them.
12. Display an understanding of the indications for orotracheal and nasotracheal intubation, and correctly perform these skills.
13. Demonstrate an understanding of the principles of suctioning, and correctly use oropharyngeal and endotracheal suction devices.
14. Display an understanding of indications, possible complications, and correct technique for initiation of peripheral IV therapy, and perform same using aseptic technique.
15. Display an understanding of the correct method for calculating drug dosages and correctly mix and administer IV, IM and SC medications using aseptic technique.

Learning Outcomes: Each student will be able to:

Identification and management of patients presenting with;

- a) Chronic and acute respiratory distress
- b) Airway management
- c) Chronic and acute cardiac disease
- d) Medical emergencies
 - i) Drug overdose
 - ii) Diabetes
 - iii) Seizures
 - iv) Abdominal pain
 - v) Genito-urinary complaints
- e) Environmental emergencies
 - i) Burns
 - ii) Toxic inhalations
 - iii) Heat related complaints
 - iv) Cold related complaints
 - v) Bites and stings
 - vi) Drowning

- f) Psychiatric emergencies
 - g) Obstetrical emergencies
 - h) Major and minor traumatic injuries
 - i) Neurological emergencies
 - j) Pediatric emergencies
 - k) Shock
- 7) Precise knowledge of the class, action, use, side effects, contraindications, dosage, and route of all medications and IV fluids carried by the interning agency
- 8) Working knowledge of the interning agency's protocols and policies.
- 9) All approved EMT-P skills
- a) Medication administration
 - i) Oral
 - ii) Subcutaneous injection
 - iii) Intramuscular injection
 - iv) Intraosseous
 - v) Intravenous
 - vi) Endotracheal
 - b) Initiation of peripheral intravenous (including external jugular) and intra osseous lines
 - c) Venipuncture and finger sticks for blood samples.
 - d) Endotracheal suctioning
 - e) Endotracheal Intubation
 - f) Needle Cricothyrotomy
 - g) Needle thoracostomy
 - h) Laryngoscopy for foreign body removal
 - i) Proper use of the Magill forceps
 - j) Cardiac monitoring
 - k) Recognition of cardiac dysrhythmias
 - l) Cardioversion
 - m) Defibrillation
 - n) Management of imminent delivery of a newborn
 - o) All EMT-Basic skills
- 10) Proper maintenance and use of communication equipment
- 11) Scene evaluation and management
- a) Assurance of patient and team members' safety
 - b) Management of each patient without prompting
 - c) Communication and coordination with team and other agency personnel
- 12) Theory and practice of multi-casualty management
- 13) Systematic patient assessment to include history and physical exam
- 14) Initiation and maintenance of patient's pre-hospital care reports
- 15) Accurate and concise communication of data to hospital personnel

Paramedic Clinical Documentation Requirements

For all clinicals you will need to bring:

1. Evaluation
2. PCR's - patient care report's
3. QI – Quality *Improvement* benchmarks
4. ALL ID's (Driver's License, College ID, CPR Card and EMT License)

EVAC/Fire Shifts- **

- x **All** Patient contacts ALS/BLS must be listed on your evaluation
- x **All** Patient contacts must have a handwritten PCR's
 - o At least 2 of the PCR's must be signed by the preceptor
- x **ALL PCR's MUST FOLLOW THE QI –DOCUMENTATION REQUIREMENTS**
- x **Transfers and Refusals** must have supporting and complete documentation
- x **Cancelled calls** with no patient seen, must be written on your evaluation as cancelled. No further paperwork or input into FISDAP is necessary.
- x **All** Patient **contacts skills** and are input into FISDAP within 72 hours
 - o FISDAP sends a reminder when you have 24 hours before it closes
 - o Narratives are turned in with the shift Evaluation

Hospital Shifts- 15 contacts – 6 PCR's (Not necessary during Capstone Internship)

- x At least 15 Patient Contacts must be noted on your evaluation and input into **FISDAP**
- x Turn in all notes regarding all 15 patient interactions
- x Patient care reports – 6 PCR's each shift
 - o Have your preceptor signoff on at least 2 PCR's
- x All Patient contacts skills and are input into FISDAP within 72 hours
 - o Fisdap sends a reminder when you have 24 hours before it closes

**ALL CLINICAL PAPERWORK MUST BE TURNED IN
DURING THE WEEK THAT FOLLOWS EACH SHIFT**

**** This includes Capstone Field Internship**

Capstone Field Internship – On the first day of your experience your preceptor must sign The Field Internship Contract. See the following document.

**DAYTONA STATE COLLEGE
PARAMEDIC PROGRAM
CAPSTONE FIELD INTERNSHIP CONTRACT**

Student: _____ **Semester** SP SU FA **Year 20**_____

Assigned Preceptor: _____ **Shift:** A B **Unit Time:** _____

1. The student will perform a minimum of **240 hours** of rotation time with the assigned preceptor during their capstone field Internship.
2. In the **absence** of the assigned preceptor, the student can be rescheduled, or assigned to the preceptor's designee (Paramedic working that day), at the discretion of the Clinical Coordinator, and the Transport Services Manager.
3. In the event the student requires additional time as recommended by their preceptor the Program Manager, Program Medical Director, and/or Clinical Coordinator will accommodate the request if throughout their capstone field internship the student is responding to training with evidence of progression. During their field internship each student will provide evidence they have achieved entry-level competence.
4. All clinical and student goals must be completed by the end of the capstone field internship.
5. The student must have "graduation recommended" noted by their preceptor on their final evaluation at the end of their last shift.
6. The student will **abide by all rules and regulations** set forth in the Daytona State College Student Handbook and College Catalog, the Paramedic Internship Course Syllabus and Internship Manual.
7. In order to successfully complete the field internship, the student will accomplish all objectives/goals as defined in the National Curriculum. Communication is vital and ongoing. Please advise your clinical coordinator as to your specific needs.
8. The Clinical Coordinator will be available by **cell phone (547-8854)** and/or **email @driscom@daytonastate.edu**. In case of emergency or during clinical your clinical rotations leave a message with a contact number. The Clinical Coordinator appreciates the emails, phone calls, and/or texts. Preceptor and student success are our primary focus.
9. The Clinical Coordinator will seek feedback from the preceptor in determining additional training needs, final clinical grade, and readiness for course completion at the entry level benchmark. **Please feel free to contact the Clinical Coordinator via email as often as you wish. Active communication can address any remediation issues, a student who fails to respond to training, and/or short term goals you have established with your intern.**
10. Your shift evaluations, paperwork and FISDAP must be turned in as agreed. Progress must be tracked, for remediation purposes and feedback.

PRECEPTOR SIGNATURE DATE

STUDENT SIGNATURE DATE

CLINICAL COORDINATOR SIGNATURE DATE

**** Print and return signed by your preceptor after your first capstone Field Internship experience**

APPENDIX A - MINIMUM REQUIRED SKILLS /APPROVED 2017

Procedures – Paramedic	Min # Required	Average	Range	Are Sims Used	# Sims that=1 pt
Safely Administer Medications	15	NA	NA	Yes	2
Airway Management	20	NA	NA	Yes	2
Live Intubations, if applicable	2	NA	NA	Yes	2
Safely Gain Venous Access	25	NA	NA	Yes	2
Ventilate a Patient	20	NA	NA	Yes	2
Assessment of Newborn	2	NA	NA	Yes	2
Assessment of Infant	2	NA	NA	Yes	2
Assessment of Toddler	2	NA	NA	Yes	2
Assessment of Preschooler	2	NA	NA	Yes	2
Assessment of School Aged	2	NA	NA	Yes	2
Assessment of Adolescents	2	NA	NA	Yes	2
Assessment of Adults	50	NA	NA	Yes	2
Assessment of Geriatrics	30	NA	NA	Yes	2
Assessment of Obstetric Patients	10	NA	NA	Yes	2
Assessment of Trauma Patients	40	NA	NA	Yes	2
Assessment of Medical Patients	20	NA	NA	Yes	2
Assessment of Psychiatric Patients	20	NA	NA	Yes	2
Assess and Plan RX of Chest Pain	30	NA	NA	Yes	2
Assess and Plan RX of Respiratory	20	NA	NA	Yes	2
Assess and Plan RX of Syncope	10	NA	NA	Yes	2
Assess and Plan RX of Abdominal	20	NA	NA	Yes	2
Assess and Plan RX of Altered Mental Status	20	NA	NA	Yes	2
Field Internship Team Leads	50	NA	NA		

MINIMUM REQUIRED SKILLS

All students will be carefully informed of the minimum required skill set during the program orientation and the first day of class each semester. Student minimum required skills compliance will be monitored by the student and the lead lecture/lab faculty in coordination with the clinical coordinator through the utilization of FISDAP tracking software at the beginning of **every** semester and **no less than** the mid-point and end of clinical semester one, mid-point and end of clinical semester two, and mid-point and end of Internship / clinical semester three. Students will be provided with an electronic written needs assessment and the end of each lecture/lab semester and the end of the first two clinical semesters so as to fully document communication flow and student understanding and that the students are required to maintain awareness of their minimum skill progress by way of their FISDAP profile every time they log-in.

MONITORING

Upon entering and throughout the clinical setting, students will work with their clinical coordinator who will communicate with the student’s lead lecture/lab instructor to ensure the student is on track to complete all minimum required skills milestones by the end of the paramedic program.

The clinical coordinator and lecture/lab instructor will evaluate the skills that have been met via Medical Director approved simulation experiences and skill performance resulting from the field/clinical exposure by mid-point of the internship during a **MINIMUM REQUIRED SKILLS SUMMARY EVALUATION** conducted by the clinical coordinator.

Students determined to be in need of additional skill exposure at this phase of their training will be reported by the clinical coordinator to their respective lecture/lab instructors via email that will also include the program manager and the student.

The lecture/lab instructor will in turn review the student's lab file to ascertain if the missing minimum required skills proof of successful completion exist in the student's lab file and if those skills meet the minimum required skills providing proof of successful completion. The lecture lab instructor will verify to the clinical coordinator if the student meets standard or requires further skill exposure in the lab setting. Students still not meeting the minimum required skills will be required to complete the minimum skills requirements in the lab setting before the end of the internship.

Upon successful completion of the needed lab skills, the clinical coordinator and the lecture/lab instructor will collaborate and determine final compliance for all skills, hours, exams, in-course certifications, and any other requirements needed to complete the paramedic program and declare the student's status to the program manager by way of the finalized terminal competency form.

A form from the medical director documenting the student has met their minimum required skills by supplementing with lab simulations must be signed by the medical director, attached to the terminal competency form, and placed in the student's permanent file.

TEAM LEAD

Team Lead will begin with the first day of the internship and allowed to be completed as late as the last week of the internship semester. Deficiencies cannot be completed in the lab setting.

If the clinical coordinator identifies students that are approaching the mid-point of the internship semester and have not met their required team leads, the students may be re-assigned to more active units or may have their clinical hours extended to ensure compliance.

STUDENTS NOT MEETING THE REQUIRED MINIMUM SKILLS SET

Students not meeting the minimum required skills by the prescribed deadlines will not receive a certificate of completion and cannot advance for qualification to participate in licensing examinations. At the midpoint of the internship, a pre-graduation cumulative analysis will be completed by the clinical coordinator AND the Lead Instructor and documented on a DRAFT CoAEMSP recommended Terminal Competency Form as a verification of training and compliance to provide a final confirmation that each student has successfully met the minimum required skills and all other required cumulative assignments of the program.

STUDENTS MEETING ALL STANDARDS

During the final week of the Internship, a review of the DRAFT Terminal Competency Form will be finalized by the clinical coordinator and the students lecture/lab instructor and declare the student as meeting standards OR NOT meeting standards in all areas. Those meeting standards would be signed by the medical director and program manager, will be processed for final graduation, and would be able to be considered for licensing exam participation within 14 days of completion.