



FTI and ILS/ALS Guidelines for the Field Clinical Internship

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**SAINT FRANCIS
MEDICAL CENTER**

Peoria Area EMS System

Field Clinical Guidelines

PROGRAM GOALS AND OBJECTIVES

The purpose of the field clinical program is to offer the student the opportunity to apply concepts and techniques learned throughout the didactic and clinical modules. The program is designed to insure the effective orientation of students and provisional EMS Providers to the units, equipment and patient care. The student should take this opportunity to refine cognitive and performance skills. The Field Training Instructor (FTI) will offer consistent support, direction and guidance to insure a positive learning experience. FTIs are expected to enhance their knowledge and skills to show the students the value of continuing education and refinement of skills.

The goal of the Peoria Area EMS System is to deliver the highest quality health care, which can be achieved with available resources. As the resource hospital for the PAEMS System, OSF Saint Francis Medical Center strives to meet this goal with the field clinical by preparing students to function as entry level basic, intermediate or paramedic providers with emergency medical services and in the prehospital transportation industry.

To achieve the goal and purpose of the field clinical and in keeping with the educational format established by the developers of the National Standard Curriculum, three program objectives have been developed.

- Cognitive Objectives
Upon completion of the clinical the student will demonstrate the ability to comprehend, apply and evaluate information relative to the role of an entry level provider.
- Psychomotor Objectives
Upon completion of the clinical the intern will demonstrate technical proficiency in all of the skills necessary to fulfill the role of an entry-level provider.
- Affective Objectives
Upon completion of the internship the intern will demonstrate personal behaviors consistent with professional and employer expectations for the entry-level provider.

These objectives will be discussed further throughout this manual with emphasis placed on the process for evaluating and documenting the student's progress in accomplishing these objectives.

Questions or additional guidance in the goals and objectives of the clinical program should be directed to the PAEMS Office at OSF Saint Francis Medical Center (309-655-2113).

Paramedic/Intermediate Field Clinical Experience

DEFINITIONS

Field Clinical Inservices - An opportunity for the student to improve skills, gain understanding and develop technique in patient assessment and management with supervised practical experience in the prehospital setting.

Student - A student is an individual who is not licensed at emergency technician level, but who may be completing clinical time required for attainment of their EMT license, or is a licensed EMT completing clinical time for the purpose of experience, remediation or continuing education.

Intern - An intern is an individual who has completed all didactic requirements of either an EMT-Intermediate or Paramedic and is completing the required clinical time for their course of education.

Field Training Instructor or Preceptor - An FTI is an experienced and competent EMS professional who serves as a clinical role model and resource person to students and provisional EMT's, in the prehospital environment. The FTI will orient student/intern EMTs to their roles and responsibilities pertaining to patient care. They will also introduce them to the formal and informal rules, customs, cultures and norms of their co-workers and workplace.

The Preceptor is an experienced and competent hospital or non-hospital employee who serves as a clinical role model and resource person to students in the non-field environment.

MINIMUM REQUIREMENTS

Field Training Instructor

1. Minimal 18 month experience as a local EMS System certified paramedic (current).
2. Demonstrate a clear understanding of the ILS and ALS protocols (minimum 85% score on ALS protocol exam).
 - a) The FTI candidate can take the protocol exam twice in a given year. (12 month time).
3. Current certifications in :
 - a) Advanced Cardiac Life Support (ACLS)
 - b) International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS)
 - c) Pediatric Education for the Prehospital Provider (PEPP) or Pediatric Advanced Life Support (PALS)
 - d) Current CPR Healthcare Provider Card (or equivalent).
4. Recommendation by Agency Training Officer and EMS Medical Director

EXPECTATIONS

Expectations of the Field Training Instructor

Field Training Instructors are given the opportunity to participate in the student's development as a competent prehospital professional. The FTI is the "coach" who delegates patient care responsibilities, supports with positive praise and constructive feedback, and directs the intern with clear instructions reinforcing objectives and expectations.

FTIs are expected to provide a positive role model by demonstrating:

- A desire to teach and a sincere interest in the students and the program.
- Willingness to be an FTI.
- A non-judgmental attitude towards co-workers and peers.
- Ability to communicate effectively and provide constructive criticism.
- Willingness to accept criticism and make appropriate adjustments
- Positive attitude towards patient care and adherence to patient care standards.
- Thorough understanding of local EMS system protocols and operating procedures.
- Understanding of Course Curriculum and how to temper with "street sense" and System expectations without compromising the curriculum.
- Ability to convey a positive, professional attitude in regards to the profession, the System, their employer and the learning process.
- Possess above average knowledge and skills proficiency.
- Absence of bias
- Commitment to complete all necessary documentation in a timely manner.
- Willingness to attend meetings and training sessions designed to facilitate the internship program.

Expectation of the Preceptor

Preceptors are given the opportunity to participate in the student's development as a competent hospital or non-hospital based professional. The Preceptor is the "coach" who delegates patient care responsibilities, supports with positive praise and constructive feedback, and directs the intern with clear instructions reinforcing objectives and expectations.

Preceptors are expected to provide a positive role model by demonstrating:

- A desire to teach and a sincere interest in the students and the program.
- Willingness to be an Preceptor.
- A non-judgmental attitude towards co-workers and peers.
- Ability to communicate effectively and provide constructive criticism.
- Willingness to accept criticism and make appropriate adjustments.
- Positive attitude towards patient care and adherence to patient care standards.
- Thorough understanding of local EMS system protocols and operating procedures.
- Understanding of Course Curriculum and how to temper with "street sense" and System expectations without compromising the curriculum.
- Ability to convey a positive, professional attitude in regards to the profession, the System, their employer and the learning process.
- Possess above average knowledge and skills proficiency.
- Absence of bias
- Commitment to complete all necessary documentation in a timely manner.
- Willingness to attend meetings and training sessions designed to facilitate the internship program.

Expectations of the Training Agency

Training agencies are given the opportunity to participate in the student's development as a competent prehospital professional while evaluating the student as a perspective employee and the FTI's development as an important component in the expansion of the EMS team. With the privilege of being recognized as a training agency comes the responsibility to provide an atmosphere of good faith and trust, free of prejudice based on distinguishable individual differences attributed to hereditary pattern, ethnic background, educational attainment and environmental experiences.

APPLICATION

Those interested in becoming an FTI must complete the following steps in order.

1. Complete the FTI application.
2. Submit a recommendation by applicant's agencies training officer.
3. Submit all documentation required as specified on the application.
4. Submit completed application to the EMS System.
5. Meet with PAEMS Medical Director. (Approval of the medical director is needed to become an FTI.)
6. Successfully complete FTI training program.

Loss of FTI Status

FTI status may be rescinded by the EMS system for reasons including, but not limited to being designated in "bad standing", falsification of documentation, pending or active disciplinary action by the EMS system or state, violation of confidentiality, harassment / bias towards students/interns, co-workers, or patients, creating a hostile learning environment, fraternization, or repeated substantiated complaints by students/interns.

Complaints and concerns will be investigated by the appropriate EMS system, with the FTI being given the opportunity to respond to any such complaint or concern.

Fraternization

Interactions between preceptors, FTIs and students / Intern are guided by mutual trust, confidence, and professional ethics. Professional FTI /preceptor/student relationships have a power differential and carry risks of conflicts of interest, breach of trust, abuse of power, and breach of professional ethics.

Fraternization is a social or business relationship between students and instructors or preceptors, which has the potential to impact adversely on a student's ability to learn in a safe, educational environment, on order and discipline, and on the reputation of the Program. It also has the potential to degrade the positive and trusting relationships between students and FTI / Preceptors.

Some possible examples of activities encompassed by the broad term "fraternization" may include but are not limited to:

- Social activities not sponsored by the Program or EMS System
- Going to private homes or clubs together
- "Consensual relationships" including dating, romantic, sexual, or marriage relationships

Discretion should be used when interacting with Intern / Students via Social networking sites such as, Facebook, Twitter, Instagram etc., as use of these sites may blur the distinction between instructor and student.

All Program faculty and staff, including FTI / preceptors, must maintain the highest level of professionalism, and unquestionable integrity, at all times while engaged in educational activities. Factors, concerning fraternization with instructors, include whether the student's conduct has:

- compromised the chain of command
- resulted in the appearance of partiality
- undermined good order, discipline, authority, or morale
- damaged the ability of the educational program to accomplish its mission

The acts and circumstances must be such as to lead a reasonable person experienced in the problems of leadership to conclude that the good order and discipline of the educational program has been prejudiced by their tendencies.

The FTI / preceptor relationship presents a unique challenge in that FTI / preceptors may work with or have pre-existent outside relationships with students. Ideally, all interactions with FTIs / preceptors should be confined to Program-related activities, at Program-approved locations, for the full duration of the student's enrollment, and there would be no non educational related social networking (Facebook, Twitter, etc.) connections. However, because of the family-nature of EMS, this may not be possible.

Students are expected to fully disclose any non-course relationship with a preceptor, regardless of nature (e.g., coworker, business, neighbor, prior relationship, etc.). Students are also expected to immediately report any direct awareness of another student's inappropriate behavior to the Program Director.

Any FTI / preceptor that feels an outside relationship may interfere with his or her ability to serve as a FTI / preceptor for any individual student should request that student be assigned to another FTI / preceptor or site. Additionally, if any issues arise compromising specific student/preceptor/ FTI relationships, the education program or EMS system reserves the right to reassign students as needed to ensure the credibility of the Program / EMS System is not compromised.

Confidentiality of Student Information

The educational program complies with the student records policy under the Family Educational Rights and Privacy Act (FERPA) of 1974, also referred to as the Buckley Amendment. Much as HIPAA protects patient information, FERPA protects student information. Preceptors should not discuss student schedules or performance with anyone except the individual student, Program faculty and EMS System representatives the preceptor's agency supervisors as needed. Preceptors / FTIs may only discuss student performance with other preceptors / FTI if needed to facilitate future educational experiences.

Criminal Penalties and Loss of Licensure for Falsification of Documentation

Every piece of documentation submitted by a student as part of the EMS Program is used to document the student's having met program requirements with regard to licensure and certification. As such any misrepresentation in that documentation places the preceptor / FTI at risk of discipline by the EMS System.

Requirement to Notify of Unusual Incidents

Preceptors / FTIs are required to report any unusual incidents they experience during their participation in the educational program as soon as possible after the event and no more than 24 hours after the event. These include, but are not limited to major incidents especially those involving the media, student injuries or exposures, medication errors by the student, and injury to a patient.

Under no circumstances should any student write an official incident report for or be interviewed by non-educational program staff regarding unusual events (e.g., questions on patient care, inappropriate behavior, accident reports, procedural issues) occurring during a clinical or field shift without the permission and/or representation of the appropriate Program Director or another Program faculty member.

Under no circumstances should any student or intern speak with the media unless prearranged with the educational program.

PROGRAM PROCEDURES

Scheduling and Assignment of Preceptors

Students / interns are released to clinicals and internships by the educational program. Students will be provided a list of training agencies and scheduling contacts. Orientation meetings may be required by individual training agencies. Due to the unique environment of each training agency, preceptor assignment will be at the discretion of the training agency. While students are allowed some latitude in scheduling with FTIs they must adhere to specific program guidelines requiring clinical time. Interns are highly encouraged to schedule their field clinical experiences at more than 2 agencies.

Length of Field Clinicals

The minimum required number of clinical hours for each level of EMS training is established by the educational program and EMS System. The EMS Coordinator or the Medical Director may amend the required hours based on factors such as attainment of skills, FTI evaluations, call volume, types of patient pathologies etc. Program requirements must be completed within the time limits established by the educational program and EMS System in adherence to current IDPH Rules and Regulation.

Patient Documentation

For each of the patient's assessed the student / intern will complete the Narrative portion of the Illinois Emergency Medical Services "Prehospital Care Report" (PCR) – Student USE ONLY form; using appropriate medical terminology and documentation guidelines. All documentation completed by the Intern must be reviewed by the Field Training Officer prior to submitting. The FTI's signature on the report form will indicate he or she has reviewed all information and has deemed it acceptable. The Intern shall sign the Prehospital Report Form with "EMT-I/I" (Emergency Medical Technician – Intermediate Intern) or "EMT-P/I" (Emergency Medical Technician – Paramedic Intern) following his/her signature. Patient charts must not be copied or attached to field clinical documentation or maintained by the intern.

Program Evaluation

Program evaluation will be conducted on a continuous basis. Students / Interns will be given the opportunity to complete the 'Skill Ratings' form on the back of the Run Critique. Information from the evaluations will be communicated to the FTI's and Course Coordinators during meetings and in-services.

Status of Student and Staffing Requirements

A Student / Intern's status while functioning with an agency is assumed to be that of a guest. The Student / Intern does not function with the ambulance provider under a formal job description or employment agreement, but rather under the aegis of the Peoria Area EMS System and the provisions of Illinois Department of Public Health EMS Rules and Regulations. Unless otherwise established, the training agency-student relationship is neither implicitly or explicitly an employer-employee relationship. However, students must respect the operating procedures of the training agency at all times, and must comply with the training agencies uniform requirements, which may require the purchase of specific uniform apparel.

The Intern is authorized to perform, under the direct and immediate supervision of a System approved FTI, those procedures that are allowed in current System protocols for that level in their training program.

When acting outside the approved internship program, the Intern may only function at the level of their System Certification.

Ambulance crews used for evaluation of interns must consist of at least an EMT-P recognized as a *Peoria Area EMS System* FTI and an EMT-B. **Hours worked as a member of a two-person crew cannot be counted as student hours.** Interns employed with a training agency may document ILS/ALS procedures performed while working with an FTI. Procedures performed will be entered into the student's records. At no time during the field clinical is the intern allowed to manage patient care without FTI supervision. Failure to comply may result in termination from the program.

STUDENT / INTERN EVALUATION

To monitor the student's / intern's progress and abilities, the student / intern is evaluated on cognitive, psychomotor and affective objectives. The manner, extent and standard to which the student / intern will be evaluated will depend on the stage of the field clinical in which the FTI is evaluating the intern.

Cognitive Objectives

Evaluation of the student's / intern's knowledge and understanding can be accomplished by verbal evaluations and questions throughout the internship. This is a useful tool in maintaining the student's / intern's interest, stimulating thinking, determining attitudes and developing a deeper understanding of subject matter. In the early stage of the field clinical, questions should be limited to specific skills and subjects. This is helpful in determining what the intern knows versus what needs to be learned. As the student / intern progresses, cognitive knowledge should be evaluated to determine the students / interns reasoning abilities and focus on a broad scope of concepts.

Psychomotor Objectives

Performance evaluations are assessments of the student's / intern's proficiency of the skills. Evaluations are based on specific performance objectives found on the skill evaluation forms. The student / intern is evaluated on procedures, timeliness, performance, safety and the amount of assistance required to complete the task.

Affective Objectives

Students/ Interns should also be evaluated on how they demonstrate conscientiousness and interest in the program and profession. Affective objectives can be measured by observing and documenting the attitude and demeanor of the student / intern. Although this is a subjective evaluation, measurable factors may include the student's / intern's innovation, appearance, habits, courtesy, cooperation, reliability, attendance and perseverance.

STUDENT PROGRESS DOCUMENTATION

Field Clinical Evaluation

Time (in hours) functioning as an intern shall be documented on the “EMT Student Field Internship Progress Report” The FTI will complete the “Affective Evaluation Report”, “Skills Rating Form”, and “Team Leadership Report” at the end of each intern shift. The student / intern will complete the “Skills Rating” form where appropriate.

Field Student Report

Patient contacts and skills performed shall be documented on the “Run Critique”. Student’s / Intern’s should provide a brief summary of the patient’s problem and skills that were performed. FTI’s should provide an evaluation of the student’s / intern’s performance and skills (cognitive and psychomotor).

Cumulative Student Reports

For **EMT-I students**: The Clinical Coordinator must meet with the intern every 80 hours.

For **EMT-P students**: The Clinical Coordinator must meet with the intern every 80 hours.

At the end of the Field Internship, the Course Coordinator will recommend the intern to the PAEMS EMS Coordinator for a record review prior to interviewing with the EMS Medical Director for approval to test at the State or National Level.

Student Evaluation

Every 80 hours The Course Coordinator will review with the intern their field clinical status and make recommendations. Strengths, weaknesses and goals will be discussed during the review.

Skill Records

Students / Interns are expected to keep all records and reports current and in a 3-ring binder.

Problem Resolution

The Training Agency’s Field Training Instructor and Students / Interns should report concerns and problems to the Course Coordinator and the Agency’s Training Officer. Resolution of problems, which arise during a field internship, is primarily the responsibility of the Course Coordinator and the Agency’s Training Officer. If resolution cannot be reached, or if the problem requires the attention of the PAEMS Medical Director, the Course Coordinator shall immediately notify the EMS Coordinator and the Medical Director. Written documentation may be requested.

Absence or tardiness for internship ride along shifts

If the student / intern needs to cancel a scheduled shift, he/she must notify the training agency twenty-four (24) hours prior to the start of the shift. Shifts canceled 24-hours in advance will **not** be counted as absences; however, excessive cancellations (more than 2) may result in corrective action.

Interns who notify the training agency of an expected absence, but do not make the notification 24-hours prior to the start of the shift, will be **counted as absent** and the FTI shall document the absence in the student /intern record. An intern who accumulates more than 3 absences during the internship may be terminated from the program.

Interns who do not report for scheduled shifts or are tardy and have not notified the training agency prior to his/her absence will be considered “**No Shows**”. It is recommended that Interns arrive at least 15 minutes prior to the scheduled shift in order to begin work at the assigned time. A student is considered tardy after the beginning of the scheduled shift. The training agency should notify the Course Coordinator of the “No Show”. The Course Coordinator will meet with the intern and document the reason for the “No Show”. The Course Coordinator may suspend or terminate the intern from the internship.

Remediation

During the period of internship, an FTI or Course Coordinator may find the intern’s skills and techniques to be below acceptable standards. The FTI or Course Coordinator should document those specific skill and techniques in which the intern is displaying deficiency. Documentation should be made on the “Skills Rating Form” located on the back of the Run Critique or on the “Course Coordinator Evaluation Form”. The report(s) should specifically state “Intern requires immediate EMS Medical Director’s review” and should be submitted to the EMS Office within 24-hours.

Reports of deficient skills will be investigated by the EMS Coordinator with recommendations forwarded to the EMS Medical Director.

Resolution of personality conflicts between the FTI and Intern

If a personality conflict is perceived between an FTI and Intern, the involved parties should bring the conflict to the attention of the Training Agency’s Training Officer and the Course Coordinator. The situation will be investigated and recommendations forwarded to the involved parties.

Open-Door Policy

The EMS Medical Director of the Peoria Area EMS System supports an open-door policy. When necessary, students / interns and FTIs should feel free to communicate comments and concerns directly to the EMS Medical Director and the EMS Coordinator.

Peoria Area EMS System
Field Clinical Guidelines

FTI – AGREEMENT:

I have read the Peoria Area EMS System’s “Guidelines for Paramedic Field Clinical Experience” and agree to uphold the policies, procedures, requirements and expectations of the System. I understand that I may be withdrawn from the list of Peoria Area EMS System Field Training Instructors (FTIs) if I fail to meet the minimum requirements of the program or violate the guidelines. If I decide to voluntarily withdraw as an FTI, I will notify my Agency’s Training Officer AND the PAEMS System in writing.

PRINT NAME _____

Agency _____

Signature _____

Date _____