



YALE-NEW HAVEN HOSPITAL

SPONSOR HOSPITAL PROGRAM

Paramedic Field Instructor

Handbook



A NATIONALLY ACCREDITED PROGRAM

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Dear PFI and/or Preceptor:

Thank you for agreeing to serve as a PFI/Preceptor for the Yale New Haven Sponsor Hospital Paramedic Program. You will play a key role in the lives of our paramedic students, as they acquire the knowledge and skills to perform the job of a paramedic in our community. We value your dedication to the Paramedic field and your contribution to the success of our students.

This letter is to document that you have received the PFI/Preceptor Handbook from Yale New Haven Sponsor Hospital. This handbook contains all information to guide you as a preceptor for our students. The Sponsor Hospital Clinical Coordinator will be responsible for assigning students to specific PFI/Preceptors based on scheduling availability and geographic locations. The Clinical Coordinator will contact you prior to assigning a Paramedic Student to ensure your availability and acceptance. We anticipate that PFI/Preceptors will be assigned a student no more than twice per calendar year. Please refer to the information within this handbook while working with a Yale New Haven Sponsor Hospital Paramedic student.

If you have any questions, please feel free to contact us. Again, thank you for your assistance.

Sincerely,

Jason Ucci
Clinical Coordinator

Received by: _____
Preceptor's Signature

Preceptor's Name (Printed)

Date: _____

Introduction and Your Role as Preceptor

Thank you for choosing to be a Paramedic Field Instructor (PFI/Preceptor) for students of the Yale New Haven Sponsor Hospital Paramedic Program. This handbook is provided to give you an outline of the field internship portion of the student's education. It includes information as to what didactic information/clinical sites the student has learned and completed prior to starting this internship, skills which the student may perform in the field, internship goals, evaluation requirements and your role as preceptor. In addition, logistic information such as scheduling and general expectations of both student and preceptor are included.

The prospective Paramedic arrives having completed two elements of their education. First, their didactic training has provided them with a foundation of knowledge in physiology, pathophysiology, treatment modalities and skills. Second, their work in various hospital clinical sites has allowed them to begin applying this knowledge in controlled treatment environments in order to develop their basic patient interactions, thought processes, and psychomotor abilities. The third and final phase which they are about to begin is their Field Internship. This is the most critical phase of their education. It is the time when the student finally gets to apply everything they have learned in the field which is where they will function as Paramedics. In this phase, the student should be able to combine all knowledge, skills and experience in patient interactions and apply this to function as lead Paramedic in a field setting.

Your role as preceptor is to ensure the student is able to make this transition, guide them through the process and provide instructive, positive feedback. It will be your responsibility to evaluate, critique, and positively influence the student as they attempt to bring all their knowledge together in this final phase of their education. All assessments and skills will be performed by the student under your direct oversight. As such, you will be able to monitor how well the student performs and offer advice on how to improve upon weaknesses which may be applied to the next patient encounter. Overall, you should expect to see the student grow and improve in all areas until you feel they are capable of performing as an entry level Paramedic. You will be their guide and mentor as these students will look up to you as being experienced Paramedics. The experience and knowledge that you dispense to them will be invaluable to their training and we appreciate your work and efforts in helping to mold these students into licensed Paramedics.

General Information

For a student to become eligible to start their field internship, they must first demonstrate to the Clinical Coordinator that they have met all didactic and clinical requirements (listed below). Second, they must have received a passing grade on a final cumulative exam. Only then will they be allowed to start the field internship portion of their education. For field hours/shifts to be counted towards their requirements, the student must **not be serving as part of what is required to be a legal crew for that EMS unit**. He/she must be riding as an

addition to what is required for the legal crew for the particular EMS unit. Students are to function solely in the role of a student. They are not to be used in lieu of paid personnel although they are allowed to be compensated by their employers for time spent in their education. In addition, students are not allowed to perform any clinical skills at any time or site not authorized as an official field internship shift by Sponsor Hospital.

Students will be assigned to two PFI's who will be chosen by the Clinical Coordinator. The Coordinator will assign PFI's in an attempt to keep the distribution as equal and as fair as possible. Also, the Coordinator will attempt to provide the student with one PFI who is in a Fire Department/Municipal based EMS service and one who operates in a commercial based service. This is done in order to allow the student to experience the diversity within our EMS system and to expose them to services with differing call volume and serving differing communities.

When a student becomes available to start internship and the Coordinator would like to assign them to you, the Coordinator will first reach out to you via email to ask whether you would like to take on a student. If you agree, you will be sent an additional email which will include the student's name, contact information and also the name and contact information of the second PFI. In most circumstances, the student will be assigned to one PFI to complete the first 50 calls and then assigned to a second PFI to complete the second 50 calls. In addition to the primary PFI's, the student has the option to do some field hours with a third PFI at a site which is outside the Sponsor Hospital medical control region. The Coordinator will allow the student to perform 10-15% of their required hours at one of these sites. If the student chooses to do this, they will inform both the Coordinator and both of their primary PFI's.

Scheduling

When a PFI accepts a student, they will contact the student directly to plan a schedule of shifts which work for both student and PFI. The PFI may make available to the student any shift for which they will be working so long as the times are between 0600 and 2300 hours. No student may work an overnight shift. It will be the student's responsibility to accommodate the schedule of the PFI. It is advised that the PFI/student agree to and plan out schedules in 2-3 week blocks or longer if desired. Once these shifts are agreed upon, the student will email the Clinical Coordinator with this shift information so that the shifts may be created in FISDAP. The student must email the shift information at least 72 hours prior to the start of the shift. No student may work a shift which has not already been created within FISDAP. In the event that a student must "call out" for a shift, they will notify both the PFI and the Clinical Coordinator. If the student "no shows" for a shift, the PFI must contact and advise the Coordinator of such occurrence.

Field Internship Uniforms

While in field internship sites students must be in the YNHSHP Paramedic uniform. This consists of a polo shirt with the program logo on it, Navy blue uniform pants and black shoes or work boots. In cooler weather the student may wear a job shirt with the program logo on it or other suitable field style jacket. Student ID must be worn above the waist and visible to patients at all times. Students must bring their own stethoscope, black pen, watch with a second hand and all field internship paperwork. A second uniform is recommended to be brought to the field site and kept in the car in case of contamination of the primary uniform. Student will be issued and must bring to all field ride time; a reflective approved safety vest for use during field time that must be worn on motor vehicle collision scene calls or any place a student may be exposed to traffic. In the event that a student arrives for a field shift and is not wearing the approved uniform, the PFI reserves the right to dismiss the student from the shift and shall advise the Clinical Coordinator of such occurrence.

Summary of Clinical and Skill Requirements

Prior to starting their field internship, all students have successfully completed all modules of their didactic classroom education including having passed a cumulative final exam. This includes training in all skills which are in the scope of practice of a Paramedic (IV insertion, Medication administration, Intubation, ect). In addition, the students have attended and completed approximately 500 hours of clinical time in the following hospital departments:

- Anatomy and Physiology Cadaver Lab
- Pharmacy
- Cardiac Catheterization Lab
- Respiratory, Adult
- Respiratory, Pediatric
- Anesthesia (OR)
- Trauma team/rounds
- Obstetrics w/ case study
- Emergency Department, Pediatric
- Emergency Department, Adult
- PA Rotation
- Psychiatric
- E-911 Communications Center

In addition to the required clinical hours, the student is required to complete the following skills over the course of their clinical rotations and field internship. A majority of the skills will have already been completed by the student before they arrive in the field. The remainder will be completed while in the field. The only exception is intubations; the student is required to have done 10 endotracheal intubations in the OR prior to starting field internship. When you first meet the student, you should take time to discuss whether there are any areas or skills which the student feels they could use help with or improvement. Please note that of the 100 calls the student must complete as team leader, only 50 are required to be ALS. The other 50 may be BLS. The student may also count up to 5 ALS inter-facility transfers as part of the total. Below is a list of skills requirements, including the total, which must be completed by the end of the field internship

SUMMARY OF SKILLS REQUIREMENTS

<u>SKILL</u>	HOSPITAL	FIELD	TOTAL
Full assessment/hx and exam, adult patients	35	15	50
Full assessment/hx and exam, geriatric patients	40	10	50
Full assessment/hx and exam, pediatric patients	35	5	40
Assess adults with resp. distress	25	05	30
Assess pediatrics with resp. distress	12	03	15
Assess patients with chest pain	30	05	35
Assess patients with syncope	12	03	15
Assess patients with abdominal complaints	17	03	20
Assess patients with AMS	25	05	30
Assess patients with OB/GYN complaints	08	02	10
Assess patients with psychiatric complaints	22	03	25
Assess patients with Trauma	35	05	40
I.V. Cannulation/Therapy	50	35	85
Endotracheal intubation	10	--	10 *
Supra-glottic Device (ex LMA, King, Combi, etc.)	08	03	10
Application and use of CPAP	02	05	07
Airway maneuvers procedures (ie. OPA and/or NPA, suction)	10	05	15
Ventilate, non-intubated live patients	20	--	20
Arrhythmia recognition (not NSR)	10	10	20
Defibrillation or other Electrical Therapy	01	--	01
EKG Monitoring	15	35	50
12 Lead EKG	25	25	50
I.V. Medication/bolus	25	05	30

I.V. Medication/infusion	10	--	10
Subcutaneous/Intramuscular med injections	07	03	10
PO, PR, SL, IN, or ETT med administration	07	03	10
PASG (may be done as lab procedure if none in field)	--	01	01
OB; observe delivery, assist w/ pt. care: 2 vaginal +1 abn	03	--	03
Radio Reports from field	--	20	20
Reports to Receiving Facility	--	80	80
Team Leader, Field Internship # of Calls	--	100	100

Field Internship Objectives

The paramedic field internship is the culmination of the paramedic undergraduate training. It is an opportunity for the new paramedic to synthesize all their classroom, laboratory and clinical training and put it to use in the field where the paramedic will eventually practice. It is expected that the student will first observe and assist with BLS and then be given an increasing responsibility with ALS care. Early ALS care should be skill- oriented under the specific direction of the experienced paramedic preceptor; more assessment responsibilities will be given until the student will finally take complete charge of the call with the preceptor only as back-up.

The field internship is a minimum of 300 hours. Within this period of time, the student must function as team leader for a minimum of 100 calls, 50 of which must be ALS. Thus, the student is expected to function as team leader on at least 50 BLS calls as well. For each call where the student is team lead, they shall complete a full PCR which they will retain for their records. This PCR should be reviewed and signed by the preceptor. Additionally, the student maintains spreadsheet logs to further document airway insertions. If the student performed one of these skills during the shift, they shall enter it in the log and have the preceptor sign. In addition to team lead calls, all skills requirements, as listed above, must have been completed by the end of internship. During the field internship, the student is able to perform any and all skills and interventions which are in the scope of practice for a paramedic and under the direct supervision and discretion of the preceptor. The following is the list of skills which may be performed by the student under the direct oversight of the preceptor:

Scope of Practice

- (A) Perform 3 lead and 12 lead ECG
- (B) Perform defibrillation, synchronized cardioversion and pacing
- (C) Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with

forceps

- (D) Perform endotracheal intubation or insert supraglottic airways and perform ventilation
- (E) Monitor end tidal carbon dioxide (EtCO₂)
- (F) Perform intravenous (IV) catheters insertion at peripheral veins sites or EJ's; and monitor and administer medication through pre-existing vascular access
- (G) Administer intravenous crystalloid solutions
- (H) Obtain venous blood sample
- (I) Use glucose measuring device
- (J) Perform Valsalva/Vagal maneuver
- (K) Perform needle cricothyroidotomy
- (L) Perform needle thoracostomy
- (M) Monitor thoracostomy tubes
- (N) Monitor and adjust IV solutions containing potassium, equal to or less than 20 mEq/L
- (M) Administer approved medications by the following the routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral or topical
- (N) Administer, using prepackaged products when available, the following medications.
 - a. 25% and 50% dextrose
 - b. Tetracaine
 - c. Adenosine
 - d. Aerosolized or nebulized beta-2 specific bronchodilators
 - e. Aspirin
 - f. Atropine sulfate
 - g. Diltiazem
 - h. Calcium chloride
 - i. Fentanyl

- j. Diphenhydramine hydrochloride
- k. Dopamine hydrochloride
- l. Epinephrine
- m. Furosemide
- n. Glucagon
- o. Midazolam
- p. Lidocaine hydrochloride
- q. Morphine sulfate
- r. Naloxone hydrochloride
- s. Nitroglycerin preparations
- t. Sodium bicarbonate
- u. Magnesium
- v. Metoprolol
- w. Anti-emetics
- x. Oxygen

By the end of the field internship, the student should perform as a competent, entry-level paramedic, ready to fulfill their career goals and the community's needs. In addition to having logged 300 hours of field time and having performed as team lead on 100 calls, the preceptor must feel that the student has demonstrated competency in the following general areas:

- An understanding of medical/legal issues relating to the practice of EMS
- The ability to perform a comprehensive exam on pediatric and adult patients
- The ability to perform a comprehensive assessment, formulate and implement a treatment plan for medical complaints/symptoms that are
 - respiratory in nature
 - cardiac/cardiovascular in nature. This includes full understanding and implementation of ACLS
 - neurological in nature (AMS, CVA)
 - related to the endocrine or immune system (diabetic, allergic reactions, fever, sepsis)
 - related to the GI/GU system
 - related to obstetrics, including care of newborn and postpartum care
 - psychiatric in nature
- The ability to perform a comprehensive assessment, formulate and implement a treatment plan for complaints/symptoms which are related to trauma
- The ability to successfully perform all manners of peripheral IV insertion
- The ability to administer medications with correct indications, doses and routes
- The ability to perform endotracheal intubation or insertion of other advanced airway devices
- The ability to ventilate patients using a BVM with both BLS and ALS airways

- The ability to perform electrical therapy including defibrillation, cardioversion and pacing
- The ability to serve as an effective team leader in all variety of prehospital emergency situations
- The ability to properly document all assessments and care given
- The ability to contact and use “online medical direction” when indicated
- The ability to provide effective radio reports/hospital “patches” and reports when turning over care to ED staff

Evaluation of Student Performance

In addition to being the students mentor in the field, the preceptor must continually monitor and evaluate the student’s performance. Generally this will be done in three ways. First, the preceptor and student should discuss the student’s performance after each patient interaction. The preceptor should inform the student of things they did well, things they could have done better and suggestions for improvement. This immediate post-care evaluation and critique is very helpful to the student. Since the events of the call and the patient’s condition are still fresh in their memory, any suggestions for improvement will be more readily absorbed by the student.

Second, the preceptor will be required to complete the Field Internship Evaluation Form for each field shift. This form is used by the preceptor to evaluate the student’s performance for the whole shift. It is divided to assess the student in particular areas and includes a place for preceptor comments. This form is included at the end of this handbook, online at sponsorhospital.org, and will also be sent to you in email once you are assigned to a student. Please note that this evaluation form is not to be shared with the student and is to be submitted by email directly to the Clinical Coordinator. The Coordinator will share your comments and evaluations on this form with the student during periodic reviews.

Third, the preceptor should feel free to contact the Clinical Coordinator at any time he/she feels the need to discuss anything in particular about the students performance in the field. It is recognized that “forms” do not always convey information as well as an email, phone call or person to person meetings. If at any time you would like to discuss concerns you may have or perhaps to praise a student for good performance, please feel free to contact me.

Please remember that your Paramedic students are just that; students. This is the first time they are applying advanced level care to patients in the field. It is important to be patient with them while at the same time ensuring that they learn and progress. There will be many instances which you will have to correct a student for an improper action or for something they have omitted. Please do your best to correct them in a positive way. Remember, we were all

medic students at some point ourselves. The following are just a few general definitions and guidelines regarding evaluations:

- The student is measured against the standard, which is an entry-level, competent paramedic
- The definition of a competent, entry-level paramedic is an individual that can operate safely within the standard of care
- The definition of the standard of care is the degree of care, skill, and judgment that would be expected under similar circumstances by a similarly trained, reasonable paramedic in the same community
- The student is measured by cognitive, psychomotor and affective skills
- The student is NOT to be measured against another student, provider, liaison or the Preceptor.
- Students are not measured by how well they are doing for a certain time in the field, but rather how they are progressing compared to previous shifts.
- Preceptor evaluations should in no way be influenced by their personal relation with the student or by the students age, race, gender or creed.

PFI Paid Compensation

In an agreement reached between the PFI group and Yale New Haven Sponsor Hospital, a sum of \$1000 has been allotted to provide the PFI's with paid compensation for each student. This amount will be divided equally between the students two assigned PFI's. Thus, we request that each PFI be able to schedule approximately ½ of the total minimum 300 hours for which the student must complete in the field. Specifically, this is outlined and defined in the following section of the PFI SOG:

“XII. In order to receive compensation the PFI must maintain active status as per the YNHSHP SOP's. The student must complete and verify the number of calls as required for graduation by the program. This may require additional calls based on the needs and evaluation of the student. The allotted \$1,000 is divided between the 2 primary PFI's. In the case a PFI is unable to complete the full internship due to a circumstance beyond his or her control the funds will be divided between the 1st and additional PFI at the discretion of the Leadership Board. In the event a Paramedic student is unable to graduate the program despite all reasonable attempts, the leadership board will meet to discuss the issuance of the compensation to the PFI's and their decision will be final. “

Once a student has successfully completed their field internship with both assigned PFI's, they will schedule a meeting with the Clinical Coordinator who will review their file, confirm the completion of all clinical and field requirements and advance the student on to final National Registry testing. At this time, the Clinical Coordinator will also authorize payments to be made to the PFIs. If the PFI is an employee of YNHH, they will receive a separate "stipend" check from YNHH. If the PFI is not an employee, they must be authorized vendors of YNHH and will be paid as such.

Fairness Policy

It is expected that students and PFI's hold themselves to the highest of professional standards and treat each other with due respect. At no time should a PFI discriminate against any student based on age, gender, race, nationality or religious preference. Also, no PFI shall sexually harass any student at any time. If a student believes they are being treated unfairly based on any of the above conditions, they shall contact the Clinical Coordinator.

Problems and Incident Management

Students and their assigned PFI's will be spending lots of time together over the course of the field internship. It is important that the two are able to quickly establish a working, professional relationship. This is usually the case as our students and PFI's have already demonstrated themselves to be professionals. In the event that an acceptable relationship cannot be created between student and PFI, **and** the inability to form such relationship would potentially harm patients or other field personnel, the Clinical Coordinator will be contacted immediately. The Coordinator will investigate the issue and if deemed necessary, he will reassign the student. Please understand that while we all possess different personalities, it is our professionalism that allows us to overcome differences and serve together in the EMS setting. Should minor, non egregious problem arise, resolution should first start with an open discussion between student and PFI. Hopefully such issue can be resolved. If, however, a more serious problem occurs, the PFI reserves the right to terminate the shift, dismiss the student and contact the Clinical Coordinator immediately. The following are considered serious problems which would warrant such action:

- Unauthorized or non approved uniform or offensive personal hygiene
- Student shows serious knowledge deficit or unacceptable performance of skills
- Impairment of the student which jeopardizes patient care including being under the

- influence of alcohol or other impairing substance
- Failure to accept constructive criticism
- Argumentative/hostile attitude towards patients, preceptor or co-workers
- Poor attitude which affects patient care
- Actions which jeopardize the safety of patients or EMS staff
- Any violation of local, state or federal law

Additionally, the student will be justified in leaving any shift for the following reasons:

- Requested to perform illegal or unethical action
- Harassment or hazing by preceptor or crew
- Directed to disregard or deviate from established policy/protocol
- Requested to falsify or alter written documents

Conclusion and Our Thanks

Thank you once again for choosing to be Paramedic Field Instructors for the Yale New Haven Sponsor Hospital program and for your commitment to us and our students. Your efforts are invaluable to the success of our program and our students. I hope you have found this handbook to be informative, clear and concise. Should you have any questions, comments or concerns at any time, please feel free to contact me at Jason.Ucci@ynhh.org.

Regards,

Jason Ucci
Clinical Coordinator
Yale New Haven Sponsor Hospital

