
Southern Nevada Health District

Paramedic Mentorship/Internship Program



280 S. Decatur Blvd. – Las Vegas, NV 89107

Paramedic Mentorship/Internship Process

Purpose

All Paramedic students, out-of-state Paramedic interns, Paramedic reciprocity applicants, and Clark County certified Paramedics who have not held a Paramedic license within the last year will be required to complete a Paramedic Field Mentorship/Internship that is conducted by an EMS Instructor, endorsed by the Southern Nevada Health District, before being licensed at the Paramedic level in Clark County. During this period, the Paramedic intern will be monitored and evaluated per the principles identified in the Southern Nevada Health District Paramedic Mentorship/Internship Program and documented on the SNHD approved field and major evaluation forms.

Manpower Requirements

The Paramedic intern will ride as an additional person on an assigned ambulance/rescue/engine apparatus along with his/her assigned EMS Instructor. The intern can only function under the direct observation of the EMS Instructor. The EMS Instructor assigned to an intern shall be considered the primary preceptor and shall be present for and evaluate 80% of an intern's evaluated shifts. On a day that the primary preceptor is absent, another EMS Instructor can substitute for that shift, provided an evaluation is completed and followed up with feedback to the primary preceptor.

Time Requirements

- A. The Paramedic intern must complete the internship with a permitted 911 responding agency. The internship shall be for a minimum of **360** hours if 12-hour shifts are worked and for a minimum of **480** hours if 24 or 48-hour shifts are worked.
- B. Paramedic reciprocity applicants and Clark County certified Paramedics who have not held a license within the last year must complete a minimum of **120** hours of field evaluation, as approved by the Health District, under the direction of the permitted agency's EMS Instructor and demonstrate competency using the Phase 2 – Paramedic Evaluation criteria.
- C. If the Health District or Permitted EMS Agency determines that the field experience was not adequate, the applicant may be required to complete additional shifts as deemed appropriate.

Note: A Clark County certified Paramedic who is hired by a permitted agency that responds to 911 calls will be required to complete the 120 hours of field evaluation if the initial field evaluation was done with a permittee who doesn't respond to 911 calls.

Paramedic Evaluation Forms

- A. ***A Paramedic Event Evaluation Form*** must be completed where a detailed breakdown of the encounter is warranted. Such warranted encounters are when: 1) A call is classified as Needs Improvement (N); 2) A patient contact is determined to be a critical call for the student; or 3) A score of "0" is given.
- B. ***A Paramedic Daily Evaluation Form*** must be completed for every shift listing all recordable patient contacts or scenarios. These records must be completed by an EMS instructor according to the evaluation factors and instructions for that particular phase of the mentorship/internship process.
- C. ***A Paramedic Major Evaluation Form*** must be completed at the completion of Phase 1 and Phase 2 by the intern's primary preceptor. A representative from the Paramedic agency and a representative from the Paramedic Training Center (if initial Paramedic education) should assist with the completion of the Major Evaluations.

If necessary, an internship period may be extended by the Health District as allowed by the intern’s Provisional License. The internship will be under the direction of the Paramedic Training Center.

Definitions

- A. A **Prompt** is a verbal or non-verbal cue provided by a preceptor, or personnel involved in the patient’s care during the event, to initiate a response by the student. *Prompts* are often used to initiate appropriate actions. *Prompts* can also be used to deter the student from inappropriate actions which may be detrimental.

A *Prompt* is considered when given in regard to timeliness or appropriateness of an intervention as defined by the SNHD Emergency Medical Care Protocols and/or agency-specific QA/QI metrics, or the safety of the patient, the crew, or the scene.

Examples of a *Prompt* include verbal or non-verbal commands which direct the actions a student may not have otherwise performed during the student’s assessment or treatment plan without the intervention of the preceptor or patient care personnel.

- B. **Clarification or Discussion** of a student’s performance may briefly occur during the patient care event. This is often initiated by the preceptor for the purpose of understanding the student’s performance.

Post-event Discussion(s) that are educational in nature and are designed to assist the student’s understanding of an educational concept or procedure are encouraged. Clarification or Discussion(s) of this nature differ from *Prompts*.

- C. **Critical Patient Assist & Preceptor Takes Over The Call Definitions.** During the Mentorship and Evaluation phase, students may arrive on scene and encounter a patient whose condition is so severe that the preceptor *assists* the student with a critical patient. Usually, these situations may require the rapid intervention of a more experienced provider in the interest of the patient.

This intervention differs from an event in which the **Preceptor Takes Over The Call** due to the student’s inability to continue or perform appropriate actions based on deficiencies identified by the preceptor.

Critical Patient Assists should differ from when the **Preceptor Takes Over The Call**. During *Critical Patient Assists*, the student is able to assist the preceptor adequately. When the **Preceptor Takes Over The Call** due to inappropriate student performance, the event is considered a “Failed Event.”

Ratings:

4 - Exceeds Competency	Performance frequently exceeds position requirements.
3 - Entry-Level Competency	Performance consistently meets position requirements.
2 – Inconsistent	Performance meets some, but not all position requirements
1 – Needs Improvement	Performance consistently fails to meet minimum position requirements; intern lacks skills required or fails to utilize necessary skills.
0 – Critical Failure	Critical factors occur, or preceptor is forced to take over the call.

Critical Factors:

- (1) Did not take or verbalize standard precautions
- (2) Treated the team in an inappropriate manner
- (3) Performed actions that would place the patient at risk
- (4) Failure to perform in a professional manner.

Mentorship/ Internship Structure

The Southern Nevada Health District Paramedic Mentorship/Internship Program consists of two phases of structured training, which every new Paramedic intern must complete in its entirety. The program has been designed to introduce the new Paramedic to the experiences and knowledge necessary for the job functions in a structured manner, to maximize the opportunity for learning, and for the new Paramedic to gain experience.

Prior to the beginning of Phase 1, students will be provided an orientation period where expectations for the internship are clearly defined. Both preceptor and student will sign to acknowledge that this orientation period has been completed prior to commencing Phase 1.

A. PHASE 1 – PARAMEDIC MENTORSHIP (Minimum 10 Shifts if on a 0hour schedule or 5 shifts on a 48-hour schedule - 240 hours; 15 shifts if on a 12-hour schedule - 180 hours) (360/480 Total Hours)

- This phase consists of a minimum of 5 shifts if on a 48-hour schedule (240 hours), 10 shifts if on a 24-hour schedule (240 hours) or 15 shifts if on a 12-hour schedule (180 hours). The Paramedic intern continues to function in a third rider position on the ambulance/rescue, and it is during this time that the Paramedic preceptor assumes of the role of coach **and** evaluator.
- During this phase, the Paramedic intern conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan on a patient with some assistance for evaluation while acting as Team Leader.
- The Paramedic preceptor should encourage successful completion of all skills and evaluations by utilizing prompting techniques whenever needed for all the evaluation factors. Every recordable patient contact or scenario that is evaluated will be documented using the *Southern Nevada Health District Paramedic Evaluation* forms.
- After each recordable patient contact or simulation that is evaluated, an **Overall Rating** will be assigned on the *Southern Nevada Health District Paramedic Daily Evaluation Form*. Every patient contact, scenario, and all **Unsatisfactory** patient contacts will be documented on the *Southern Nevada Health District Paramedic Daily Evaluation Form*, where they will receive an overall rating. A marking of **Satisfactory (S)** will be assigned if the Paramedic intern is able to complete the patient contact or scenario with a total evaluation factor rating of “24” or greater. A marking of **Needs Improvement (N)** will be assigned if the Paramedic intern is unable to complete the patient contact or scenario with a total evaluation factor rating of “24” or greater or receives a rating of “0” in any of the evaluation factors.
- The tracking of all recordable patient contact or simulation events in a shift will be documented on the *Paramedic Daily Evaluation Form*. This will provide a Paramedic intern their overall performance standing and progress, for each shift, throughout the Paramedic Mentorship phase.
- The first major evaluation period will occur at the completion of this phase and will be documented using the *Southern Nevada Health District Paramedic Major Evaluation Form*. Successful completion of this phase requires the Paramedic intern to have completed **80% or greater** of the patient contacts or simulations evaluated with a marking of **Satisfactory (S)**. **In addition, the Paramedic intern will also need to have demonstrated successful completion of 80% or greater of a minimum of three (3) Critical patient contacts or simulations evaluated with a marking of Satisfactory (S). Critical patient contacts or simulations will be identified by the Paramedic preceptor and supported by the agency or educational institution.**

B. PHASE 2 – PARAMEDIC EVALUATION (Minimum 10 Shifts if on a 24-hour schedule or 5 shifts if on a 48-hour schedule - 240 hours; 15 shifts if on a 12-hour schedule - 180 hours) (360/480 Total Hours)

- This phase can only be completed after the Paramedic intern has successfully completed Phase 1 of the process as outlined above. This phase consists of a minimum of 5 shifts if on a 48-hour schedule (240 hours), 10 shifts if on a 24-hour schedule (240 hours) or 15 shifts if on a 12-hour schedule (180 hours). The Paramedic intern continues to function in a third rider position on the ambulance/rescue and it is during this time that the Paramedic preceptor transitions to the role of evaluator/partner.
- During this phase, the Paramedic intern successfully manages the scene, conducts patient assessment(s), develops a management plan, and directs medical care and transport for evaluation on each patient with little to no assistance while acting as Team Leader.
- The Paramedic preceptor should continue to encourage successful completion of all skills and evaluations by utilizing prompting techniques whenever needed for all of the evaluation factors. Every patient contact or scenario that is evaluated will be documented using the *Southern Nevada Health District Paramedic Evaluation* forms.

- After each recordable patient contact, or scenario that is evaluated, an **Overall Rating** will be assigned on the *Southern Nevada Health District Paramedic Daily Evaluation* form. Every ALS contact, scenario, and all **Unsatisfactory** patient contacts will be documented on the *Southern Nevada Health District Paramedic Daily Evaluation Form*, where they will receive an overall rating. A marking of **Satisfactory (S)** will be assigned if the Paramedic intern is able to complete the patient contact or scenario with a total evaluation factor rating of “24” or greater. A marking of **Needs Improvement (N)** will be assigned if the Paramedic intern is unable to complete the patient contact or scenario with a total evaluation factor rating of “24” or greater **or receives a rating of “0”** in any of the evaluation factors.
- The tracking of all recordable patient contact or scenario events in a shift will be continued to be documented on a *Paramedic Daily Evaluation Form*. This will provide a Paramedic intern their overall performance standing and progress, for each shift, throughout the Paramedic Evaluation phase.
- The final major evaluation period will occur at the completion of this phase and will be documented using the *Southern Nevada Health District Paramedic Major Evaluation Form*. Successful completion of this phase requires the Paramedic intern to have completed **80% or greater of ALL the ALS patient contacts** or simulations evaluated with a marking of **Satisfactory (S)**.
- **In addition, the Paramedic intern will also need to have demonstrated successful completion of 80% or greater of a minimum of three (3) Critical patient contacts or simulations evaluated with a marking of Satisfactory (S). Critical patient contacts or simulations will be identified by the Paramedic preceptor and supported by the agency or educational institution.**

C. OPTIONAL PHASE – EXTENSION

- If the Paramedic preceptor determines that the intern is progressing satisfactorily, the Paramedic preceptor may extend the current phase of the internship that the Paramedic intern is completing. This is only for an intern who is performing satisfactorily; this is not to prolong an internship for an intern who has not shown satisfactory progress in evaluated performance.

Intern Responsibilities

I. Crew/Shift Relief

- A. The intern shall obtain a report from the off-going Paramedic crew regarding the status of the following:
 1. All rescue equipment and supplies
 2. All medical supplies
 3. Mechanical problems
 4. Equipment left at hospitals and/or not restocked
- B. The intern shall deliver a full report of the above items to the on-coming crew at the end of each shift.

II. Shift Duties

The intern shall assist with:

- A. Maintenance of the vehicle (per agency policies)
 1. Fuel
 2. Engine fluid levels
 3. Lights
 4. Batteries
 5. Tires
 6. Washing exterior
 7. Cleaning exterior and interior

- B. Maintenance of inventory and equipment on the vehicle
 - 1. Fixed equipment
 - 2. Disposable equipment
 - 3. Medical bags
 - 4. Radios
 - 5. Oxygen
 - 6. Splints
 - 7. Report forms
 - 8. Controlled Substances (per agency policy)
 - 9. Report to preceptor of any discrepancies or problems

III. Patient Care

- A. The intern shall take an active role in the learning process.
- B. The intern shall follow directions when given by the preceptor.
- C. As the internship continues the intern will take an increasing role in leadership on emergency responses.
- D. During the internship, the intern will be given constructive criticism upon which to improve behavior/skills.
- E. The intern will ultimately learn to function independently without the need for the watchful eye of the preceptor.

IV. Simulations/Scenarios

Simulations may be integrated into the field internship to provide skills acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. Simulations/scenarios may also be utilized as the initial tool to assist the intern with specific areas of weakness that are identified in the field environment. The intern is encouraged to provide input regarding the structure of simulations. Simulations may be utilized to supplement a Critical patient contact if determined to be necessary by the preceptor and supported by the agency or educational institution.

V. Evaluations

- A. The intern should always take an active role in the documentation process.
- B. Approved evaluation forms will be used, i.e., Daily, Event and Major Evaluation forms with measurable performance standards.
- C. Whenever possible, each run will be critiqued immediately following the run using the *Southern Nevada Health District Paramedic Evaluation Form(s)*.
- D. The intern will be given an opportunity to discuss all evaluations with the preceptor(s) prior to submitting them to the Southern Nevada Health District Office of EMS & Trauma System.

Preceptor Responsibilities

- I. Preceptors will provide orientation on the following:
 - A. Mentorship/Internship goals and objectives
 - B. Daily/shift duties
 - C. Equipment
 - D. Pre-hospital/hospital personnel
 - E. Evaluation forms, rating factors, and scores
 - F. Types of prompts
 - G. Chain of command
 - H. Agency/department specific policies and procedures

- II. Intern experience
 - A. Preceptors will ensure the intern receives adequate experiences in all aspects of patient care as it pertains to the pre-hospital environment based on the call for the service encountered.
 - B. Preceptors will seek out and encourage learning experiences for the intern, such as:
 - Patient follow-up
 - Physician and hospital staff input
 - Simulations and drills
 - Classes

- III. Evaluations
 - A. Preceptors will utilize the current Southern Nevada Health District Paramedic Evaluation Form(s).
 - B. The primary preceptor will ensure that evaluations are completed in a timely manner.
 - C. Preceptors will allow time for discussion and review of all evaluations.
 - D. Preceptors will complete evaluations to reflect both the intern's strengths and weaknesses, along with any plans to improve performance and/or knowledge.