

Paramedic Mentorship/Internship Process

Purpose

All paramedic students and out of state Paramedic interns will be required to complete a paramedic Field Mentorship/Internship that is conducted by a Clark County endorsed EMS Instructor before being licensed at the Paramedic level in Clark County. During this period, the Paramedic intern will be monitored and evaluated utilizing the principles identified in the SNHD Paramedic Mentorship/Internship Program and documented on the SNHD approved field and major evaluation forms.

Manpower Requirements

"The Paramedic intern will function as a third-rider and must not be used to fulfill core staffing requirements. Paramedic interns shall be assigned to ambulances or rescue units staffed with two certified providers, or to a fire apparatus that meets the required minimum staffing level (not including the student). The Paramedic intern can only function under the direct observation of the EMS Instructor. The EMS Instructor assigned to a Paramedic intern shall be considered the primary preceptor and shall be present for and evaluate 80% of a Paramedic 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-hour shifts are worked.
- B. 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.
- C. **NRS 450B.190 states that a provisional license as an attendant must not be made valid for more than 1 year from the date of issuance and is not renewable.**

Internship Evaluation Forms

The 8 Criteria areas that will be evaluated are: **1.** Scene Safety; **2.** Initial Assessment; **3.** History/Chief Complaint; **4.** Physical exam/vital signs; **5.** Protocol/Treatment; **6.** Affective Domain; **7.** Communication; **8.** Skills

Both the affective domain and communication skills are vital for successful performance in the internship:

- ❖ **Affective domain** focuses on the Paramedic intern's emotional intelligence (Empathy and Compassion), professionalism (Engagement and Interest) and the ability to handle the stress of emergency situations (Stress Management and Emotional Regulation).
- ❖ **Communication skills** emphasize effective interaction among team members, and with patients, to include. Verbal Communication (Clarity and effectiveness), Non-verbal Communication (body language, eye contact and other non-verbal cues that enhance or detract from the interaction), Active Listening, and Documentation skills.
 - A. An ***Event Evaluation Form*** must be completed (1) if the patient contact or scenario in a simulated environment receives a Needs Improvement/Unsatisfactory rating OR (2) the call is deemed to be a Critical Call. The *Event Evaluation Form* should also be used for any patient contact where a detailed breakdown of the encounter is warranted.
 - B. A ***Daily Evaluation Form*** must be completed for every shift that lists all ALS recordable patient contacts or scenarios. These records must be completed by the assigned EMS instructor according to the evaluation factors and instructions for that particular phase of the mentorship/internship process.
 - C. A ***Major Evaluation Form*** must be completed at the completion of Phase 1, Extension (if needed), and Phase 2 by the Paramedic intern's primary preceptor. A representative from the paramedic agency and a representative from the Paramedic Training Center should assist with the completion of the *Major Evaluation Form*.
- ❖ The internship will be under the direction of the Paramedic Training Center.

Definitions

- A. **Clarification, Coaching, 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 and thought process. 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.
- B. **Critical Patient Assist:**
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.
- C. **The Preceptor Takes Over the Call:**
When the ***Preceptor Takes Over the Call*** due to inappropriate student performance, the event is considered "***Unsuccessful***" resulting in an Unsatisfactory rating at the preceptor's discretion.

Ratings

Satisfactory

- Refers to the Paramedic intern meeting the expected standards of competency, professionalism, and collaboration. This includes demonstrating proficiency in skill, effectively communicating with patients and team members, maintaining punctuality, and adhering to ethical practices. Additionally, satisfactory performance involves the ability to think critically, adapt to changing environments, and accurately document patient care.

Needs Improvement (requires preceptor/FTO to document the reason on the *Daily Evaluation Form*)

- Refers to areas where the Paramedic intern's performance falls below expected standards. This selection suggests that the Paramedic intern has opportunities to develop and refine these skills to enhance their effectiveness in providing appropriate and competent patient care.

Unsatisfactory (requires preceptor/FTO to provide substantive documentation of the reason on the *Event Evaluation Form*)

- Refers to a significant mistake or oversight that jeopardizes patient safety, care quality, or the integrity of the EMS operation. This can include but is not limited to administering incorrect medications, failing to follow established protocols, and not effectively communicating with other medical personnel.
- ❖ The Paramedic Preceptor / Field Training Officer will determine if the call is deemed an ALS or Critical Call.
 - ❖ If any of the above receive a "Needs Improvement" or "Unsatisfactory" rating, documentation must be included to identify the issue and a plan for improvement.

Mentorship/Internship Structure

The SNHD Paramedic Mentorship/Internship Program consists of 2 phases of structured training, which every new Paramedic intern must complete in its entirety. The program has been designed to introduce the Paramedic intern 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, the Paramedic intern will be provided with an orientation meeting where the expectations for the internship are clearly defined. Both the Paramedic intern and preceptor will acknowledge that this has been completed.

A. PHASE 1 – COACHING PHASE

The Paramedic intern must achieve 70% success on ALS calls. ONLY BLS calls that receive a “Needs Improvement” or “Unsuccessful” rating will count. Any unsuccessful contacts received will result in the failure of the ENTIRE CALL.

To pass a call, the Paramedic intern must be successful on 6 of the 8 criteria: 1. Scene Safety; 2. Initial Assessment; 3. History/Chief Complaint, 4. Physical exam/vital signs; 5. Protocol/Treatment; 6. Affective Domain; 7. Communication; 8. Skills

The earliest the Paramedic intern can progress to Phase 2 of their internship is after meeting the 70% success mark as well as 240 hours or if working 24-hour shifts, or 180 hours if working 12-hour shifts. 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 the role of coach **and** evaluator.

- 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 SNHD Paramedic Evaluation forms.
- After each recordable patient contact or scenario that is evaluated, an Overall Rating will be assigned on the *SNHD Event Evaluation Form*. Every patient or simulation encounter that receives a mark of “Needs Improvement” or “Unsuccessful” patient contacts will be documented on the *SNHD Event Evaluation Form* where they will receive an overall rating.
- The first major evaluation period will occur at the completion of this phase and will be documented using the *SNHD Major Evaluation Form*. Successful completion of this phase requires the Paramedic intern to have completed 70% or greater of the patient contacts or scenarios in a similar environment evaluated with a marking of “Satisfactory.”

In addition, the Paramedic intern will also need to have demonstrated successful completion 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 and/or educational institute. A simulation being substituted for a critical call must be conducted in a collaborative manner with both agency and the training center participation

B. OPTIONAL PHASE – EXTENSION

- ❖ If the paramedic preceptor, agency and/or educational institute determines that the Paramedic intern is progressing, the Paramedic preceptor may extend the current phase of the internship that the Paramedic intern is completing.

This is only for a Paramedic intern who is performing satisfactorily. This is not to prolong an internship for a Paramedic intern who has not shown satisfactory progress in evaluated performance.

If this Phase is used, the Paramedic intern will be required to complete a performance improvement plan designed by the preceptor, educational institute, and agency. Once this has been accomplished, the Paramedic intern will resume the internship where they will be required to obtain 70% success on ALS calls prior to scheduling a major evaluation. Once the major evaluation is completed, the Paramedic intern may move into Phase 2, if appropriate.

C. PHASE 2 – PARAMEDIC COMPETENCY PHASE (Requires a minimum of 20 ALS contacts)

The Paramedic intern must achieve a satisfactory rating of 80% in all categories, including overall, based on the most recent 20 ALS contacts or scenarios. **ONLY BLS calls that receive a rating of “Needs Improvement” or “Unsuccessful” will count.**

To pass a call, the Paramedic intern must be successful on 7 of the 8 criteria: 1. Scene Safety; 2. Initial Assessment; 3. History/Chief Complaint; 4. Physical exam/vital signs; 5. Protocol/Treatment; 6. Affective Domain; 7. Communication; 8. Skills

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 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 support the successful completion of all skills and assessments by employing supportive techniques as needed for each evaluation factor. Every recordable patient contact or scenario that is evaluated will be documented using the SNHD Internship Evaluation forms.
- After each recordable patient contact or scenario that is evaluated, an Overall Rating will be assigned on the SNHD *Daily Evaluation Form*. Every rating of “Needs Improvement” or “Unsuccessful” and contacts deemed CRITICAL CALL patient contacts will be documented on the *SNHD Event Evaluation Form* where they will receive an overall rating.
- The tracking of all recordable patient contacts or scenario events in a shift will be documented on the *SNHD Daily Evaluation Form*. This will provide a Paramedic intern their overall performance standing and progress for each shift throughout the Paramedic Mentorship phase.
- The Final major evaluation period will occur at the completion of this phase and will be documented using the *SNHD Major Evaluation Form*. Successful completion of this Phase requires a satisfactory rating of 80% in all categories, including overall, based on the most recent 20 ALS contacts or scenarios.

In addition to the above stated requirements, the Paramedic intern will also need to have demonstrated successful completion of a minimum of three (3) Critical patient contacts or scenarios in a simulated environment evaluated with a marking of “Satisfactory.” Critical patient contacts or simulations will be identified by the Paramedic preceptor and supported by the agency and educational institute. A simulation being substituted for a critical call must be conducted in a collaborative manner with both agency and the training center participation

Intern Responsibilities

I. Patient Care

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

II. Simulations/Scenarios

Simulations may be integrated into the field internship to provide skill acquisition, develop skills proficiency, provide practice opportunities for low volume procedures, and ensure competency prior to exposure to a patient. Simulations may also be utilized as the initial tool to assist the Paramedic intern with specific areas of weakness that are identified in the field environment. The Paramedic 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 and education institute.

III. Evaluations

- A. The Paramedic 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 *SNHD Evaluation Form(s)*.

- D. The Paramedic intern will be given an opportunity to discuss all evaluations with the preceptor(s) prior to submitting them to the SNHD 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 Paramedic 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 Paramedic intern, such as:
 - Patient follow-up
 - Physician and hospital staff input
 - Simulations and drills
 - Classes

- III. Evaluations
 - A. Preceptors will utilize the current SNHD Digital Internship 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 with comments to reflect both the Paramedic intern's strengths and weaknesses, along with any plans to improve performance and/or knowledge.