



Manual

For

Paramedic Students

and

Field Instructors

This document includes:

Criteria for successful completion of the Field Internship Semester

Performance Guidelines for Paramedic Students, Paramedic Instructors and Field Training Officers

Pertinent forms and documents for use in Field Internship, EMT 290

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Student Objectives

PURPOSE: This manual describes the techniques that paramedic instructors and field training officers will use when instructing and evaluating paramedic students. It also describes how students may satisfactorily complete each of the internship phases. The purpose of this manual is two-fold. First, the manual establishes guidelines (rules of conduct) for students, Field Training Officers (FTOs) and instructors. Secondly, it serves as a reference document that contains the answers to many frequently asked questions.

GOAL: Paramedic students must fulfill the requirements outlined in this manual to satisfy the criteria for success in their field semester. The Paramedic Technology Program (Program) expects paramedic instructors and field training officers to follow the guidelines set forth in this document whenever they provide instruction and evaluation to students. The goal is to establish performance expectations (of both instructors and students) that present a comprehensive educational opportunity to every paramedic student.

OBJECTIVE of this manual: Students and instructors should use this manual to help them:

- Understand terminology that is unique to this process of instruction and evaluation,
- Understand the criteria for satisfactory performance of various paramedic skills,
- Understand the techniques used to document student (skill) performance,
- Understand the criteria for satisfactory (overall score) management of a patient contact,
- Understand the criteria for successful completion of the field semester.

COURSE OBJECTIVES: Refer to the course syllabus for a detailed explanation of the course objectives.

OVERVIEW:

The Program has designed the method for teaching and evaluating paramedic students to be consistent, from course to course, and from semester to semester. Instructors use the same methods of instruction and evaluation during: 1) patient assessment laboratory courses, 2) the clinical internship semesters, and 3) the field internship semester.

The Program defines the criteria for successful completion of the field internship in section 2 of this manual. Students who fulfill these criteria will successfully complete the field internship semester.

A student will sometimes require prompting during a patient contact. The instructor (or FTO) documents prompts on a critique form. The instructor (or FTO) monitors the number and type of prompts throughout the course of the field semester. A student who consistently requires an excessive amount of prompting will not successfully complete the semester.

The Program will consider remediation for a student who is not meeting the criteria for successful completion of any portion of the field internship.

Refer to Section 2 of this manual for more detailed information regarding criteria for successful completion of the field internship.

Definitions

Clinical	Hospital environment.
Clinical Internship	That portion of instruction and evaluation of paramedic students that is devoted to patient care in the hospital environment. Students may be assigned to paramedic units during this semester at the discretion of the program coordinator.
Competency	A group of related skills. The various competencies are found in section 2 of the <i>critique</i> form.
Critique	Form used to document student performance.
Critical Competency	A competency that is considered “critical” to the student’s ability to manage patient care. These competencies are shaded gray on the <i>critique</i> .
Daily Record	Envelope with a pre-printed form that lists the student’s activities and secures all field paperwork within for the assigned rotation.
Delegation	The assignment of a task to a team member and the subsequent monitoring that the task is completed in a timely and safe manner.
Differential Diagnosis	The identification of probable diseases or conditions based on the patient history, assessment and physical examination; a.k.a. field impression.
Field	Out-of-hospital environment.
EMS	Emergency Medical Services.
Field Internship	That portion of instruction and evaluation of paramedic students that is devoted to patient care in the out of hospital environment. The course number is EMT 290.
Field Internship Coordinator	The primary course instructor for EMT 290 responsible for coordinating field.
FTO	Field Training Officer.
Log Book	Bound notebook carried by the student throughout field internship, and used to communicate between instructors, FTOs, the student and the field internship coordinator.
Manual for Students and Instructors	Document that defines the performance requirements for students and instructors.
Multitask	The concurrent operation of two or more processes by one person.
OEMS	State of Delaware Office of Emergency Medical Services.

Paramedic Instructor	A person who provides didactic, clinical or field instruction for paramedic students, or a Field Training Officer (FTO) who teaches and evaluates paramedic students in the pre-hospital environment.
Paramedic Student	Student enrolled in the paramedic technology program.
Priority One (1)	This is an injury or illness that is an immediate threat to life or limb.
Priority One – M (1-M)	This is an injury or illness that is an immediate, <i>multifaceted</i> , threat to life or limb.
Priority Two (2)	This is an injury or illness that is a potential threat to life or limb.
Priority Three (3)	An injury or illness that requires medical attention but does not immediately, or potentially, threaten life or limb.
Program Coordinator	Person in charge of the paramedic program for Delaware Technical and Community College.
Prompt	Action by an instructor to improve or correct a student's performance.
Questionnaire	Form used by a student to evaluate the performance of an instructor. The student may also use this form to submit questions or suggestions related to the educational program.
Satisfactory	A skill performance that is within acceptable parameters.
Team Member (TM)	Student who is being evaluated only on the performance of individual skills.
Team Leader (TL)	Student responsible for managing patient care (instruction phase).
Team Leader Evaluated (TLE)	Student responsible for managing patient care (evaluation phase).
Unsatisfactory	A skill performance that is not within acceptable parameters. Documentation must include a specific explanation of unsatisfactory performance.

Field Critique

Required Information

- Student name
- Station assignment
- Date patient was assessed
- Field Training Officer (FTO) name
- County incident number
- Medical or trauma / Priority (Priority 1, 1-M, 2, 3, etc.)
- Patient age and sex
- Chief complaint / reason for activation of EMS system
- Patient presentation - include pertinent mechanism of injury and/or history of present illness

Scoring of Competency Indicators

- **Score of 3 indicates satisfactory performance of a competency indicator.**
 - ++ - indicates exceptional performance (beyond entry-level provider) of a competency indicator.
- **Score of 2 indicates unsatisfactory performance of a competency indicator, although parts of the competency were performed satisfactorily.**
- **Score of 1 indicates unsatisfactory performance of a competency indicator.**
- **Each competency has space for an explanation of unsatisfactory performance. Students should refer to the instructor's "comments" to help them develop an "action plan".**

Scene / Multi –

Scene management includes scene safety, need for triage, and coordination of resources. The student will be required to delegate tasks. The student will be required to perform skills. Often, the student must accomplish skill performance simultaneously with task delegation and history gathering. This is “multi-tasking”.

Initial (assessment and treatment)

The student must complete the initial assessment and manage the patient appropriately. Refer to the *critique* form for time limits and interventions related to the initial assessment.

History

The student must gather the Patient's Chief Complaint (CC), History of Present Illness (HPI) and Past Medical History (PMH) as far as they are pertinent to the patient's complaint or presentation.

Physical Exam

The student must complete a physical examination on each patient. This exam will include all pertinent exam procedures indicated by the patient's complaint or presentation. A list of prompt items for commonly used exam procedures is included in the *critique* form.

Protocols / Standard of Care

The patient must receive treatment that is in accordance with the local standard of care, as outlined in the *State of Delaware Paramedic Standing Orders*

Re-assess

Change in the patient's condition may result from interventions or continuation of a disease, or injury, process. The student must re-assess the patient for change in condition. Some changes in condition occur quickly. The student will be required to re-assess in less than five minutes whenever there is a precipitous change in patient condition.

Change of Therapy

Change in the patient's condition may require change in therapy. The student must implement, or delegate, all appropriate changes of therapy in a timely manner.

Professionalism / Affective Behavior

The student must fulfill the responsibilities for professional conduct as outlined in this manual.

Communication

The student is responsible for establishing and maintaining effective communication with the patient and other personnel, and with all other persons during the patient contact, as needed.

Skill / I.V. Skill / E.T. Skill

This competency documents performance of skills. Skills include, but are not limited to, monitor application, rhythm interpretation, using of an airway adjunct, defibrillation, medication administration, transcutaneous pacing or spinal immobilization.

The FTO documents performance of intravenous access (I.V.) and endotracheal intubation (E.T.) in this competency, including whether they were successful (first or second attempt) or unsuccessful (first or second attempt). Documentation of missed attempts should also include whether the medic partner or FTO were successful or not on additional attempts.

A Cardiac Monitor Strip / Rhythm Interpretation

The student must document a monitor strip on the appropriate form attached to the *critique*. The student must also identify the rhythm and 12 lead as appropriate and the FTO will comment in agreement or disagreement with the student's interpretation.

Verbal Reports (Radio Report and Transfer of Care)

The student is required to contact medical control, give a concise and accurate report, and request orders as needed. The student may delegate this skill, when appropriate. The student is also required to give a complete report and transfer patient care to the appropriate staff member of the receiving medical facility.

Written Report

Due to the legalities surrounding the use of EDIN report entry, the Program does not require the student to document the patient contact in EDIN. The student **does not have authority** to write any PCR under the **Student Account** within the EDIN system. The FTO, however, has the discretion to require the student to document the contact under the FTO's EDIN account. The critique form should clearly identify whether the student or the FTO prepared the written report.

If the FTO feels the need to have the student document their Patient Care Report (PCR) writing abilities, the student can document the report on paper as an acceptable method of evaluating the student's technical writing skills. The student must turn in the PCR with all other daily paperwork.

Scoring

Overall Score

The student receives a grade (satisfactory/unsatisfactory) for his overall performance during the patient contact.

FTO Comments

The FTO uses this part of the *critique* to write additional comments regarding performance of a competency or skill. Comments should be objective, and must define why the performance of a competency was exceptional or unsatisfactory. The FTO can place the number of the competency in front of the written comments.

Example: Student failed to assess for obstructed airway (tongue) and did not place an oropharyngeal airway. The FTO completed the initial assessment and placement of oral airway.

The FTO should use this section to document an action plan. The action plan will consist of specific recommendations to improve the student's performance.

Student Comments (The student is **REQUIRED** to complete this section)

The student should use this space to respond to scores or comments entered on a *critique*.

Example: "I was holding the patient's airway open with a jaw thrust and had sent another student for an airway – if the FTO had not intervened I could have completed the initial assessment and treatment without his help"

The student *must* document any significant difference of opinion (between him and the instructor) prior to signing the form. The field internship coordinator will view as unsupported allegations any differences of opinion not supported by documentation in the student comments section.

If the student has no comments, he **MUST** document “none” in this space, followed by their initials and a line to the bottom of the comment area.

Signatures: (Instructor and Student) & Date

The FTO must sign the *critique* after completing all other sections of the form.

The student must read and sign the *critique*. The student’s signature indicates only that the student has read the form. The signature does not mean that the student agrees with the scores or comments of the instructor. Once the student has signed the *critique*, he should enter the date.

Section 1: PATIENT CONTACT INFORMATION

Student: _____ Station: _____ Date: _____

FTO: _____ Run #: _____ Priority: 1 1-M 2 3 BLS / Refusal / DOPA

Pt. age / sex: _____ CC: _____

Pt. Presentation, HPI, MOI: _____

Section 2: COMPETENCY GROUPS

1 = Unsatisfactory 2 = Parts satisfactory 3 = Satisfactory

FTOs – Circle the word “Prompt” **AND** any skill that was prompted to indicate that you gave a prompt (or prompts). Then, circle “1” or “2” as a score for that competency group. A competency group without prompts receives a score of “3”. Use **checkmarks** to indicate satisfactory skill performance. Write “**T.P.**” to indicate a TEACHING POINT, and then describe the nature of the teaching point. *Self-Test: Were the student’s actions SAFE, TIMELY, APPROPRIATE AND WITHIN PROTOCOL?*

Scene / Multi-		Assesses scene safety, need for additional personnel and takes appropriate actions. Document ability to delegate, multi-task and make decisions here.						
1.	1 2 3	(elapsed scene time: _____)						
Prompt: Safety Scene Control Task Delegation (specify) Multi-tasking Decisions (specify)– Pt. movement – Transport Initial		Completes the initial assessment within thirty (30) seconds. Physically intervenes, within thirty (30) seconds, to address problems found during the initial assessment.						
2.	1 2 3	(elapsed assessment time: _____)			(elapsed intervention time: _____)			
Prompt: C-Spine Airway / Reposition / Adjunct Breathing / O2 / BVM / CPAP Circulation / Flat / CPR Disability Expose History		Obtains chief complaint, pertinent history of present illness and pertinent past history.						
3.	1 2 3	Pertinent Negatives: (Recent)		Trauma	Cough	Fever	N/V/D	Symptoms or Hx Specific to CC
Prompt: CC HPI / PMH PPTC (O, P, Q, R, S, T, A, M, P, L, E) Hospital Preference Other: Physical Exam		Completes all pertinent components of physical examination.						
4.	1 2 3	Stroke Scale	Blood Glucose	Trauma Assessment	Other (Specify)			
Prompt: P BP RR Lung Sounds Pupils Pulse Ox EtCO2 PMS Edema Palpate Rhythm 12 lead Protocols/Standard/Care		Intervenes within the framework of accepted medical standards, protocols, and standing orders. Student must begin appropriate treatment regimen within three (3) minutes.						
5.	1 2 3	(elapsed time: _____)						
		ACS-STEMI / ARD / AMS / Trauma / Other			ACS-STEMI / ARD / AMS / Trauma / Other			
Prompt: Differential Diagnosis (specify) Knowledge of Protocols (circle above) Implementation (circle above) Re - Assess		Re-assesses, within five (5) minutes, for change in patient’s condition or presentation.						
6.	1 2 3	(elapsed time: _____)		Neuro	Trauma	Other (Specify)		
Prompt: CC Initial Vital Signs Lung Sounds Blood Glucose Pulse Ox Pupils PMS ECG Rhythm 12 lead Change of Therapy		Changes course of treatment, within thirty (30) seconds, following change in patient’s condition or						

presentation.

7. 1 2 3 (elapsed time:)

Prompt: Differential Diagnosis (specify) Knowledge of Protocols (circle above) Implementation (circle above)

Professional/Affective Fulfills responsibilities for professional conduct and affective behavior as outlined in the Manual for Students and FTOs Prompts in this section will result in an "Unsatisfactory" overall score.

8. 1 2 3

Prompt: Honesty Courtesy Confidentiality Accepts Responsibility Accepts Constructive Criticism

Communication Establishes and maintains effective lines of communication.

9. 1 2 3 Establishes Communication Maintains Communication

Prompt: Patient Family Witness EMS Personnel Other Personnel Skill Skill Skill

10. 1 2 3 1 2 3 1 2 3

I.V. / E.T. Skill S1 S2 (elapsed time:) Prompts/Comments: 1 2 3 U1 U2

Verbal Reports (Radio) Contacts medical control. Gives concise report and requests orders (PRN) (Transfer) Gives complete report to appropriate staff member of receiving facility.

11. 1 2 3

Prompt: Written Report Provides complete documentation on Delaware patient care report form.

12. 1 2 3

Prompt:

Section 3: Overall Score (Circle one): Satisfactory / Unsatisfactory How many prompts did you give? _____

FTO Comments: _____

Initial here if contact is "Unsatisfactory" based solely on one prompt: Documentation is required.

Student Comments: _____

Instructor Signature: Student Signature: Date:

Professional Conduct and Affective Behavior

Students enrolled in the Paramedic Technology Program have the responsibility to:

- ❑ Speak and act in a calm manner.
- ❑ Assist the student who is in the role of team leader.
- ❑ Avoid conflict with other health care and emergency service personnel. If a disagreement involves patient-care, the student must make every effort to resolve the disagreement in an unobtrusive manner. Public disagreements slow delivery of care, and are unprofessional. Ultimately, the student must defer to the highest medical authority (usually FTO or instructor) that is responsible for the patient care.
- ❑ Treat the patient with respect. The student should answer questions posed by the patient, and be prepared to explain any actions.
- ❑ Be honest and courteous.
- ❑ Be receptive to constructive feedback. Occasionally, the student will have a difference of opinion with the FTO that has not been satisfactorily resolved. The student must document the issue, or problem, and contact the program coordinator.
- ❑ Accept responsibility for their actions. Students must not make excuses to explain why they did something incorrectly, or why they failed to accomplish a necessary skill. It is in the student's best interest to accept responsibility. Time is more wisely invested developing a plan of corrective action, rather than by making excuses.
- ❑ Adhere to the policies and procedures of the organization where students are participating in the field internship. This includes an organization's policy on smoking.
- ❑ Preserve patient confidentiality.
- ❑ Maintain a professional appearance by adhering to the following criteria:
 - Wear the uniform assigned for the specific patient care area
 - Long hair must be positioned above shoulder level
 - Watches and wedding bands are the **only** acceptable jewelry for men
 - Watches, wedding bands and one pair of small stud earrings (earlobe) are the **only** acceptable jewelry for women.
 - All potentially offensive tattoo's must be covered
 - Clear finger-nail polish is the **only** acceptable nail-polish color (acrylic nails are not permitted)
 - Fingernails trimmed to not greater than 1/8" past the end of the finger.
 - DTCC identification is required at all times when a student is at a field site.
 - Additional appearance criteria may apply to students who are also employee's of government EMS organizations
- ❑ Arrive at the designated work site ready for work. This includes:
 - proper uniform and hygiene
 - adequately rested

- not impaired in any way, such as from alcohol or drugs
- ❑ Arrive at the designated work site at least fifteen (15) minutes prior to the normal shift change. The FTO should document time of arrival.
- ❑ Initiate equipment and vehicle inspections. The FTO may relieve you of this duty.
- ❑ Complete assigned documentation in a time-appropriate manner. Such documentation would include:
 - Vehicle checklists
 - Medical equipment checklists
 - Patient care report forms
 - (EMS agency) run log forms.
- ❑ Assist in re-stocking of medical supplies and equipment unless otherwise assigned.
- ❑ Assist in cleaning and maintenance of the vehicle and medical equipment. Duty to perform other school-related tasks may excuse the student to from cleaning and maintenance duties.
- ❑ Not end the assigned shift without permission from the FTO.
- ❑ Complete study assignments given by the FTO to improve or enhance competency performance.
- ❑ Initiate learning activities to use “down-time.”

The FTO must document unacceptable affective behavior on the *Field Critique*, the *Log Book* and the *Instructor Checklist*.

- ❑ **Any documented prompts in the “Professional/Affective” section of the *Critique* will result in an “Unsatisfactory” overall score for the patient contact.**
- ❑ **Inappropriate student behavior will be applied to the college “Student Rights and Standards of Conduct” policy, and may cause the student to be dismissed from the program.**
- ❑ **Any behavior that causes your FTO to dismiss you from a shift will result in a written variance. Two occurrences that require such action by an FTO will result in a failing course grade of “R.”**

Elapsed Time Guidelines

- ❑ Patient care must occur in a timely manner. The FTO is ultimately responsible for care of the patient and must ensure that assessments and therapies occur within reasonable timeframes.
- ❑ It is both the **right**, and the **responsibility**, of the FTO to modify elapsed time requirements in the presence of mitigating factors or patient criticality.
- ❑ The times listed below are **guidelines** for care of a **critical patient**. The FTO should utilize these guidelines and adjust as necessary based on patient needs. The FTO should document elapsed time for the following skills, and for scene times.
 - Initial Assessment 30 seconds
(From time of initial patient contact by student to completion of verbal report)
 - Initial Interventions 30 seconds
(From the time a provider detects a deficit until the student physically intervenes)
(Exception: 15 second limit for manual reposition of the airway)
 - Protocols/Standard/Care 3 minutes
(From time of initial patient contact until student begins appropriate treatment regimen)
 - Re-assess 5 minutes
(From time of initial patient assessment)
 - Change of Therapy 30 seconds
(From recognition of change until student begins appropriate therapy)
 - I.V. Skill 5 minutes (clinical) 3 minutes (field)
(From application of tourniquet until securing of the line, and flow rate adjusted – the student may delegate I.V. set-up)
 - E.T. Skill 1 minute
(From placement of the laryngoscope blade to verification of placement)(Verification includes check for presence of breath sounds, absence of epigastric sounds and capnometry as indicated by protocol)
 - **On-Scene Time (medical)(from time of arrival to departure) 15 minutes
 - **On-Scene Time (trauma)(from time of arrival to departure) 10 minutes

The student will place documentation (*Critique* forms, EDIN reports, FISDAP reports and the *Instructor Checklist*) into the envelope provided. The FTO will then complete, and sign, the *Daily Log* form. The FTO may choose to submit *Critique* forms electronically by completing an Adobe Acrobat version of the form for each patient contact, and attaching each form to an email to the course coordinator. The body of the email must include the number of attached *Critiques*.

Instructor Checklist

Instructor: _____

Station: _____

Student: _____

Time of arrival: _____

- | | | |
|-------------------------------------|-------------------|--------------------------------|
| 1. Attire and equipment: | Satisfactory_____ | Unsatisfactory_____ * |
| 2. Equipment Checks | Satisfactory_____ | Unsatisfactory_____ * N/A_____ |
| 3. Documentation (logs) | Satisfactory_____ | Unsatisfactory_____ * N/A_____ |
| 4. Re-stocking | Satisfactory_____ | Unsatisfactory_____ * N/A_____ |
| 5. Cleaning / Maintenance | Satisfactory_____ | Unsatisfactory_____ * N/A_____ |
| 6. Completes self-study assignments | Satisfactory_____ | Unsatisfactory_____ * N/A_____ |
| 7. Effectively uses down-time | Satisfactory_____ | Unsatisfactory_____ * N/A_____ |
| 8. Relieved for end of shift | Satisfactory_____ | Unsatisfactory_____ * |
| 9. Affect / Professional Conduct | Satisfactory_____ | Unsatisfactory_____ * |
- *(Unsat must be document in writing on the reverse of this document or on additional sheets)

Instructor Comments: _____

Student Comments: _____

Signatures:

Instructor _____ Date _____

Student _____ Date _____

General Criteria for Successful Completion of the Field Internship

The student may have a question or comment about the material found in this manual. After completion of the orientation meeting, the student must submit questions and comments in writing to the program coordinator. The program coordinator will respond within five (5) business days.

Students should use any comments documented on their *Field Critiques* as recommendations for an action plan. An action plan is a directed, or self-directed, thought process used to improve or correct performance.

The field internship has three phases. These phases are observation, instruction and evaluation. The field internship coordinator may determine that remediation be conducted in either the instruction or the evaluation phases.

Verbalization:

The student is responsible for verbalizing to the FTO activities during the patient contact. For example, the student might tell the FTO, “the airway is patent; breathing is fast and shallow with equal chest rise; I want to apply oxygen 15 LPM by non-rebreather; the pulse is fast, regular, and strong; the skin is pale in color, warm and dry and the patient is alert and oriented; the complaint is chest pain.”

The student’s verbalization of the initial assessment and appropriate therapy serve to inform the FTO that the student completed the assessment and initiated appropriate initial interventions.

The FTO has the responsibility to observe the student, correct actions and offer immediate feedback for poor choices or lack of action. The FTO would document this activity as a prompt. The student will continue with the assessment and management of the patient unless otherwise prompted by the FTO. If the FTO feels the need to prompt a student, this she can perform it verbally or physically. The student will acknowledge the prompt and correct his actions.

The FTO will generally see the student perform physical exams and skills. The student is, however, responsible for reporting the results of the exams and skills.

Examples: (lung sounds) “clear except for crackles in both bases”
 (Blood pressure) “122 over 78”
 (Med admin) “I’m giving two aspirin – total of 162 mg PO”
 (Monitor) “It’s sinus tach on the rhythm strip”
 (Breathing) ”equal chest rise, accessory muscle use and retractions”

The FTO is responsible for observing, prompting and documenting student performance (histories, exams, skills). However, the responsibilities of patient care occasionally make it impossible for the FTO to witness all components of a student’s performance. The student’s verbalization helps ensure that the FTO does not miss parts of the student’s performance.

The FTO may be distracted and not witness performance of a skill. The student may not receive a satisfactory grade if he has not verbalized the procedure and the result. The student must make every effort to ensure that the FTO has observed and heard his actions. However, any discussion about the patient contact that occurs after that contact has ended, and that the FTO did not prompt during the contact, the FTO shall document as a “teaching point” on the *Critique*.

Occasionally, the FTO will ask the student to explain the thought processes that caused him to pursue a certain course of action. This helps to ensure that the FTO understands the decision-making process used by the student.

Prompts:

Prompts are an integral part of the instruction and evaluation process. An FTO will use prompts to improve student performance (i.e., scene management, medical history questions, exam procedures, treatment regimens or skill performance). Prompts benefit the patient by ensuring that there is no delay of care. Prompts are designed to help the student perform skills properly, and to perform those skills at the most appropriate time within the assessment and treatment sequence.

The FTO will document prompts on the *Field Critique* form. The field internship coordinator will use this data (numbers and types of prompts) to look for trends in performance.

Example: The student (first week / instruction phase) accurately reports that the airway is compromised by the tongue (“has fast, and shallow, snoring respirations”) – but does not undertake manual control of the jaw or call for an airway adjunct. The instructor asks the student if he can do anything to help the patient. The student performs a jaw thrust, calls for a nasal airway adjunct and oxygen at 15 L/M via non-rebreather, and completes the initial exam. In this situation, the patient receives care that is timely and appropriate, and the student receives a documented prompt in the *initial* competency group.

A student who requires more than three prompts (instruction phase) will receive an unsatisfactory score on that patient contact’s *Critique*. **A student who receives three similar (repetitive) prompts for the same performance will generally receive an unsatisfactory score on all subsequent patient contacts with the same prompt.**

Example: The student has noted shortness of breath (chief complaint, tachypnea, bradypnea, accessory muscle use, retractions, etc.) during the initial assessment for five patients in a two-week period. The FTOs have documented that prompts were required for application of oxygen therapy on each of these patients. The student is in the instruction phase of the clinical internship and the FTOs each scored the *Initial* competency as “prompt for oxygen therapy”. The field internship coordinator will: review the *Field Critique* forms, note the recurring problem, change the scoring to unsatisfactory for the last two patient contacts, advise the student of the scoring change, assist the student with additional action plan strategies, and advise all FTOs that this student has demonstrated a recurring deficiency. Further, the program coordinator, with involvement from the program medical director, may adjust scoring.

The FTO will score as unsatisfactory performance of a competency or skill that is successfully completed with the aid of a prompt. Based upon the extent of prompting required for correct performance, the FTO may score that competency group a “2” or a “1.” The student will receive an unsatisfactory score whenever the FTO gives prompts for a critical (shaded) competency, during the evaluation phase(s). The only exception is when the student’s assessment and treatment regimen are within acceptable parameters (see: Elapsed Time, Page 18.) but the instructor prompts for faster skill performance to provide more expeditious care to an unstable patient.

Documentation: The student is responsible for documenting, on the *Field Critique* form, any unresolved difference of opinion between him and the FTO.

Verbal prompts:

FTOs will use verbal prompts such as “oxygen”, “past history”, “lung sounds?”, or “what protocol are you going to follow?” in an effort to induce satisfactory performance.

Physical prompts:

FTOs will use physical prompts in an effort to induce satisfactory performance. An example of such a prompt would be when an FTO uses a pre-arranged signal (cupped hand over FTO’s face) to prompt the student to give the patient oxygen via non-rebreather mask.

Documentation of prompts:

FTOs are required to document any prompt (verbal, physical, or inadvertent) that occurs during a patient contact. The student will review this documentation at the time he reviews the *critique form* from that patient contact. The student and FTO should use this documentation to develop an action plan. The field internship coordinator will use accumulated documentation (an accumulation of *critique forms* from multiple patient contacts) to determine if the student has met the criteria for successful completion of each phase, or if there is a developing pattern of unsatisfactory performance. When he detects a pattern of similar prompts, the field internship coordinator will assist the student in developing a formal plan for remediation.

Performances of interventions in the initial assessment are critical enough to be counted as critical prompts in the “Initial Assessment” portion of the *Critique Form*,” rather than as skills performance in the non-critical “Skills” portion of the form.

Verbal feedback:

FTOs will give the student verbal feedback, as soon as possible, following a patient contact. This feedback is not comprehensive in nature. Verbal feedback addresses portions of the preceding patient contact that require immediate attention. Patient contacts frequently occur with little time between incidents. On those occasions that contacts occur in rapid succession, the FTO will be unable to complete a *Critique* before the next contact is underway. Verbal feedback ensures that the student has enough information to allow him to adjust his performance on the subsequent patient contact. The goal is to eliminate repeated mistakes. The FTO must clearly inform the student that a patient contact is satisfactory or unsatisfactory prior to the end of the shift.

Written recommendations (*action plan*):

FTOs will make recommendations for performance improvement in the “FTO comments” section of the *Critique* form and may elaborate in the student’s logbook. The field internship coordinator makes recommendations for improvement after review of *critique forms* and field book have indicated a pattern of performance that requires extensive remediation. These recommendations are generally included in periodic written evaluations that the coordinator gives to the students.

Remediation:

Remediation (for the purposes of this educational program) is instruction designed to correct unsatisfactory performance of one or more specific performances. The FTO is required to give every student immediate verbal feedback for every patient contact. The FTO also is required to document this feedback on the *Critique* form. This process provides built-in remediation in the instruction and evaluation phases. Remediation provided to a student during the field semester will routinely incorporate *at least* three of the following types of remedial interaction:

- ❖ Verbal prompts (given to a student)
- ❖ Physical prompts (given to a student)
- ❖ Documentation of prompts (given to a student)
- ❖ Verbal feedback (given to a student, following a patient contact)
- ❖ Written recommendations for performance improvement (given to a student)

Placement into Remediation Phase:

Repeated deficiencies in the student's performance may require that the field internship coordinator place that student in a "Remediation Phase." The goal of remediation is to give the student a mechanism to improve his performance. The field internship coordinator will remove the student from the instruction/evaluation phase. The coordinator will develop an action plan with specific criteria for successful completion of remediation.

Example: A student has not demonstrated the ability to elicit a thorough patient history. Over the last two-week period, he has failed a substantial portion of his patient contacts due to this inability. The field internship coordinator, in a meeting with the student, establishes that the student will enter a Remediation Phase. During this phase, the student will only be responsible for completing a thorough patient history on at least ten patients during a two-week period, with a success rate of at least 90%. Other members of the patient care team (FTO, paramedics, student partner, BLS) will manage all other components of the patient contacts.

At the end of this period, the field internship coordinator and student will meet again to determine if the student has successfully met the criteria. At that time, the coordinator will decide to extend the student in remediation, or return him to the phase from which he came (instruction or evaluation).

Once the student has completed remediation, he will return to the instruction or evaluation phase. Continued unsatisfactory performance, following remediation, may result in dismissal from the program. Field semester is limited to a finite amount of time. Delaware Technical and Community College establishes the time limits for each semester. If a student is unable to complete a semester because of time lost due to remediation, then he will receive a failing grade.

Occasionally, a student receives large numbers, *and* a large variety, of prompts. This student will not be eligible for a formal process of remediation. The formal process for remediation only addresses deficiencies in one or two specific skills.

Criteria for Student Certification / Field Internship

Standing Orders Test

Each student is required to pass a *Paramedic Standing Orders Exam*, and a *Summative Exam*, before entering the field internship semester. The program coordinator, or his designee, will administer the tests before the beginning of the field internship. Seventy percent (70%) (*Standing Orders*), and seventy percent (70%) (*Summative*) are the required minimum grades. If a retest is necessary, a representative of the program will administer it as soon as possible so the student may enter the field internship. The program permits only one (1) retest for either exam.

Instruction Phase (observation approx 10 patient contacts, instruction at least 25 patient contacts)

The instruction phase of the field internship is composed of two parts. The first part, the observation period, consists of approximately ten patient contacts. During this period, the FTO demonstrates the team leader role, and allows the student to assume the team leader role. The FTO completes a *Critique* on each patient contact led by the student. However, the team leads during this period do not count toward the student's Instruction Phase grade. FTOs may use their discretion to determine how many of the patient contacts the student will team lead.

The purpose of the observation period is to demonstrate to students the roles and responsibilities of team leadership. This period also allows the students to begin to acclimate to the field internship environment. However, the Program does not want to utilize too much of the instruction phase for this period, and subsequently jeopardize students' completion by the phase deadline. Therefore, the observation period should not last longer than two tours (eight workdays).

The second part of the field instruction phase is the period during which the FTO no longer assumes the role of team leader. The student serves in the team leader role. Whenever there are two students on a unit, they alternate in the team leader and team member roles. During this period, the FTO continues to provide direction in the form of feedback and prompting. When necessary, the FTO prompts the student to improve skill performance.

During this period, the FTO completes a *Critique* on each patient contact. The FTO assigns a satisfactory or unsatisfactory grade to each form. A student may still achieve a satisfactory grade even if he received prompts during the patient contact. **The FTO, however, always has the discretionary authority to score any prompted performance as unsatisfactory.**

During both the field instruction and field evaluation phases, the student receives prompts to improve assessment and treatment skills. These prompts help students develop a "rhythm" in the field environment and to expedite delivery of patient care. The FTO must document all prompts on the appropriate *Critique* form. While the student is in the instruction phase, documentation of more than three (3) separate prompts on one patient contact will be cause for an unsatisfactory score. The number of repetitive prompts received by the student will affect scoring. More than three (3) repetitive prompts (repeated prompts for the same performance occurring on different patient contacts) will be cause for an unsatisfactory score.

Inadvertent (unsolicited) prompts by persons other than the FTO will occasionally occur. These prompts may affect scoring. The FTO will consider the impact of these prompts before scoring the patient contact.

To succeed in the Instruction Phase of field internship, a student must team lead:

At least 25 patient contacts (priorities 1, 2, 3, combined), with at least a 75% success rate,

At least 20 patient contacts, Priority two or greater, with at least a 75% success rate,

At least 5 patient contacts, Priority 1 or greater (1-M), with at least a 60% success rate,

At least one satisfactory Priority 1-M patient contact,

A skill success rate (I.V., and other skills) of at least 60% (all skills - per attempts, not per patient).

Students must successfully complete the Instruction Phase by August 20. The field internship coordinator will consider only extenuating circumstances outside the control of the student as reasons for a delay in completion of the instruction phase.

Evaluation Phase (at least 25 patient contacts)

Following successful completion of the instruction phase, each student then moves to the evaluation phase of the field internship. Ideally, the FTO serves primarily as an evaluator of each student's performance, with little intervention unless to ensure that the patient receives timely and appropriate care. However, as in the instruction phase, prompting and feedback, instruction and action plans, must continue to help students learn. Students alternate in the team leader and team member roles whenever there are two students on a unit. Whenever a student is prompted more than one time (for critical competencies only) he receives an unsatisfactory overall score. A single prompt given during the evaluation phase *may* result in an unsatisfactory score if the FTO views the student's action as too detrimental to patient care.

To succeed in the Evaluation Phase of field internship, a student must team lead:

- At least 25 patient contacts (priorities 1, 2, 3, combined) with at least a 75% success rate,**
- At least 20 patient contacts, Priority 2 or greater, with at least a 75% success rate,**
- At least 5 patient contacts, Priority 1 or greater (1-M), with at least a 60% success rate,**
- At least one satisfactory priority 1-M patient contact,**
- A skill success rate of at least 60% for I.V.'s, and 75% for all other skills (per attempts)**

Students must successfully complete the Evaluation Phase by October 29. The field internship coordinator will consider only extenuating circumstances beyond the control of the student as reasons for a delay in completion of the evaluation phase.

Failure to complete an acceptable initial assessment and initial interventions on any priority one patient may result in a case review by the Program Medical Director. Following the case review the medical director may recommend dismissal of the student from the program.

During this phase, the student must successfully team lead at **least two** patients from **each** of the following patient categories. A patient may qualify for more than one category.

- **Respiratory**
- **Trauma**
- **Cardiac**
- **Altered Mental Status**
- **Geriatric**

In addition, students will be required to complete *at least* one tour in a minimum of two ALS jurisdictions.

Priority 1 – M:

Successful completion of field semester requires that each student manage a pre-determined number of Priority 1–M patients. Successful management of these complex situations provides the most definitive measure of the student's ability to provide acceptable patient care to unstable patients. Typically, management of Priority 1-M patients involves short scene times, rapid decision-making, rapid accomplishment of skills, and decisive use of personnel.

Encounters with Priority 1-M patients are not frequent. Some **examples** of typical Priority 1 – M patients are:

- CHF requiring CPAP, medications (Albuterol, NTG, vasopressors), or volume fluids,
- Multi-system trauma with significant hypotension and/or GCS less than 11,
- Trauma patients requiring DFI, or needle decompression, with an ETCO₂ > 15 mmHg,
- Cardiac arrest patients with return of spontaneous circulation (ROSC),
- ACS patients requiring electrical intervention (pacing, cardioversion),

- ACS patients requiring additional treatment for hypotension or respiratory compromise,
- Respiratory compromise requiring endotracheal intubation
- Cardiac arrest with multiple rhythm changes

Field Training Officers should use their judgment in assigning “1-M” classification based on the criticality and management of the patient. Again, the goal of a 1-M is that the patient presents with multiple critical problems that the student must manage.

Occasionally, a student will not have the opportunity to team lead a significant number of 1-M patients. The program coordinator, and the medical director, may elect to waive the requirements for priority 1-M patients. This would most likely occur when a student has team led more than five (5) various priority 1 patient contacts, but has had a limited opportunity to manage 1-M patient contacts.

Minimum Skills Requirements

In order to complete the Paramedic Technology Program, the student must have documentation of successful skill performance for the minimum number (shown below) of the following skills:

Skill	Required in Clinical	Required in Field	Minimum Required
IV	15	5	25
Pediatric vital signs	5	0	10
PO med. administration	2	0	5
IM med. administration	2	0	2
IV push med. administration	5	5	10
SQ med. administration	2	0	2
Trans-dermal med. admin.	1	0	2
SL med. administration	2	0	6
12 lead interpretation	5	0	10
Nebulized med. admin.	2	3	5
Complete vital signs (HR/RR/BP)	15	15	30
Dynamic rhythm interpretation	10	10	20
Adventitious lung sounds	10	0	10
CPR (chest compressions)	1	0	1
Application of oxygen	10	0	10
Bag-valve-mask ventilation	2	0	2
Airway clearance (suction)	2	0	5
Pupil check	5	0	10
Application of pulse-oximetry	5	0	10
Blood glucometry	2	0	5
Orotracheal Intubations	5 Anesthesia rotation	0	5

Routing of Paperwork:

During the field internship, documents are generated every shift. The following table outlines who is responsible for what documentation.

#	Document	Frequency	Component of Form	Student Responsibility	FTO Responsibility	Routing
1	Field Critique	Every call student is the TL or TLE	Section 1	None	Required	Seal in an envelope and sign, or send via email to field internship coordinator.
			Section 2	None	Required	
			Comments	Required, even if only writing, "I agree."	Required	
			Signatures	Required	Required	
2	Instructor Daily Checklist	Every shift	Section 1	None	Required	Seal in the envelope
			Comments	Optional	Required, if exceeds or does not meet expectations of shift	
			Signatures	Required	Required	
3	FISDAP Field Evaluation	Every Call regardless of student status	Section 1	Required	Review for accuracy	Enter data into FISDAP system within 72 hours of call. Submit at bi-weekly evaluation
			Comments	Optional	Optional	
			Signature	Required	Required	
4	Evaluation Questionnaire	Each shift with an FTO	All	Required	None	Seal in the envelope
5	Logbook Entry (The logbook is a composition book in which the student has numbered every page)	Every shift with an FTO	N/A	The student is required to bring the logbook to every shift and meeting.	Required	Must include, <i>at the very least</i> , the number of patient contacts for which the FTO has sent documentation

At the end of EACH SHIFT, the FTO must place all paperwork in the envelope and/or submit via internet link, seal the envelope and sign across the seal. The student will deliver the sealed envelope to the field internship coordinator. The field internship coordinator will only accept documents delivered in a sealed envelope, or emailed by the FTO.

Sick Calls:

Students are responsible for adhering to the field internship schedule. If a student is ill, and will be unable to attend a field internship shift, it is the student's responsibility to contact the field internship coordinator or his designee. The student must also contact the shift supervisor of the agency in which the shift is to occur. If the student is an employee of a paramedic service, it is also the student's responsibility to notify their employer. Failure to follow these guidelines may result in disciplinary action.

Injury, Illness or Exposure While on Shift:

In the event of an injury or sudden illness during a shift, the student will notify the shift supervisor of the agency in which the event has occurred. The shift supervisor will then notify the field internship coordinator or his designee. The field internship coordinator will notify the program coordinator. If the student is an employee of a paramedic service, it is also the student's responsibility to notify their employer. Any treatment required is the financial responsibility of the student.

Grievances:

The Paramedic Technology Program has designed the field internship to provide a structured environment in which the student has an opportunity to succeed at completing paramedic training. However, a situation may occur that disrupts the student's progress. Examples of such situations include, but are not limited to, actual or perceived instances of:

- Personality clash with a field training officer,
- Harassment by the FTO or other EMS provider personnel,
- Physical threat to the student,
- Lack of confidentiality on the part of the FTO,
- Unfair scheduling

If the student believes he has experienced such a situation, he should first attempt to resolve the conflict through discussion with his FTO. Both the student and the FTO must document the nature of the conflict. They must also document any efforts made to resolve the problem. The student must contact the field internship coordinator before the end of the shift. If the field internship coordinator is not available, the student should contact the program coordinator.

If the student has been unsuccessful in resolving the issue, or if he does not believe he can safely attempt resolution, he must contact the field internship coordinator before the end of the shift. If the field internship coordinator is not available, the student should contact the program coordinator.

The student may believe that representatives of the Paramedic Technology Program have not adequately addressed the issue. In such an instance, he should consult the Delaware Technical and Community College *Student Handbook*. Other resources are available at the college, outside of the Paramedic Technology Program, to assist the student.

Similarly, if the student believes that an action taken by the field internship coordinator is unacceptable, he must contact the program coordinator. If there is no satisfactory resolution, the student should consult the *Student Handbook* and utilize other available resources.

Receipt page:

(Students)

The Paramedic Technology Program developed the guidelines included in this *Manual for Students and Instructors* to benefit students. Students should retain this manual throughout the course of the field internship. It will serve as a useful reference.

TO: _____
 Print - First Middle initial Last
(Paramedic student)

Please: print your name, sign your name, and enter date of signature in the designated places. The Paramedic Technology Program will retain this page as verification that you have received a copy of the *Manual for Students and Instructors*.

_____ Date _____
(Signature of paramedic student)

WITNESS: _____
(Signature)

TITLE: _____ DATE: _____
(Job title of witness)

Instructor Objectives

PURPOSE: The purpose of this section of the *manual* is to establish guidelines that paramedic instructors should use when teaching and evaluating students. The guidelines in section three (3) are to be used in conjunction with those found in section one (1) and section two (2) of this manual.

GOAL: Use of the guidelines found in the *Manual for Students and Instructors* will promote thorough, but equitable, instruction and evaluation of paramedic students. The goal is to establish performance expectations that present a comprehensive educational opportunity to every paramedic student. Instructors and FTOs must accomplish this goal without compromising standards of patient care. The *State of Delaware Paramedic Standing Orders* have defined many of those standards.

OBJECTIVES: Instructors should use the information contained in this manual to help them:

- Understand the general operational guidelines for paramedic instructors and FTOs.
- Understand the terminology that may be unique to this process of instruction and evaluation.
- Understand the criteria for satisfactory performance of skills and competencies.
- Understand the techniques used to document skill performance.
- Understand the criteria for satisfactory management of a patient contact.

GUIDELINES FOR INSTRUCTORS

As an instructor (or FTO) for the Paramedic Technology Program, you are responsible to:

- ❑ Be Familiar with the *Manual for Students and Instructors*.
- ❑ Apply the guidelines set forth in the *manual* when teaching and evaluating paramedic students. The instructor should pay particular attention to section two of the *manual*. Section two reiterates techniques used to teach and evaluate paramedic students. The instructors should recognize the guidelines and techniques included in section two. Each instructor has seen this material in FTO workshops, and in FTO continuing education classes. The material is included in this manual, in part, as a reminder to the instructor. The instructor should prompt the student whenever the student's performance is at risk of being incomplete, incorrect, unsafe or too slow. The instructor's first responsibility is to make sure that all patients receive care that is timely and appropriate. By using "prompts", the instructor gives the student the opportunity to perform all pertinent skills in a time-appropriate manner.
- ❑ Complete all required documentation. Refer to Section 1 and Section 2 of this manual.
- ❑ Teach students. There will be occasions when a student is not involved in patient care, or in other duties related to the field internships. In such an instance, the instructor should be available to review

material related to the student's course of studies.

- ❑ Identify the student's areas of weakness. Whenever feasible, the instructor should devise a plan of self-study that the student can use to address these weaknesses. The instructor may suggest that the student utilize "down time" to conduct this regimen of self-study.
- ❑ Ensure that each patient receives care consistent with the various standards that apply to paramedics working within the Delaware EMS system. Whenever a student fails to provide appropriate care, the instructor must assume the role of team leader.
- ❑ Not release information, regarding patients or students, to any person or agency that is not directly involved in the paramedic technology program.
- ❑ Not substitute his own personal "standard of care" when use of an approved (Standing Orders) protocol is already appropriate for the care of any patient.
- ❑ Not allow personal preference or bias to be a factor in the process of instruction and evaluation. If an instructor cannot perform an impartial evaluation on a particular student, she should request that the field internship coordinator remove this student from her schedule.
- ❑ Teach the student how and when to multi-task. Multi-tasking is an essential competency for students. A student delegating skills (such as vital signs or breath sounds) while he takes medical histories is an example of failure to accomplish multi-tasking. Except in cases of necessity, delegation such as these will constitute unsatisfactory performance. If a student asks his partner to set-up an IV, or apply monitor leads, while he completes vital signs, breath sounds and histories, this would be an example of effective multi-tasking (and delegation). The instructor should use prompts to provide this instruction.
- ❑ Not substitute your own forms for those developed by the faculty of the program.
- ❑ Be specific when documenting unsatisfactory performance. "Prompt items" have been included in the various competency groups of the *critique* forms. We have designed these items to reduce the amount of writing an instructor has to do. **The FTO can document prompts by circling the word "prompt" and the appropriate "prompt item" for that respective competency group. Also, circle a "1" or a "2" to indicate the severity of the performance deficiency.**
- ❑ Make the student verbalize. The instructor needs to know what the student is thinking at all times. This knowledge will allow the instructor to preempt potential student mistakes and oversights. The result will be improved care for the patient and less potential for liability for all EMS providers.