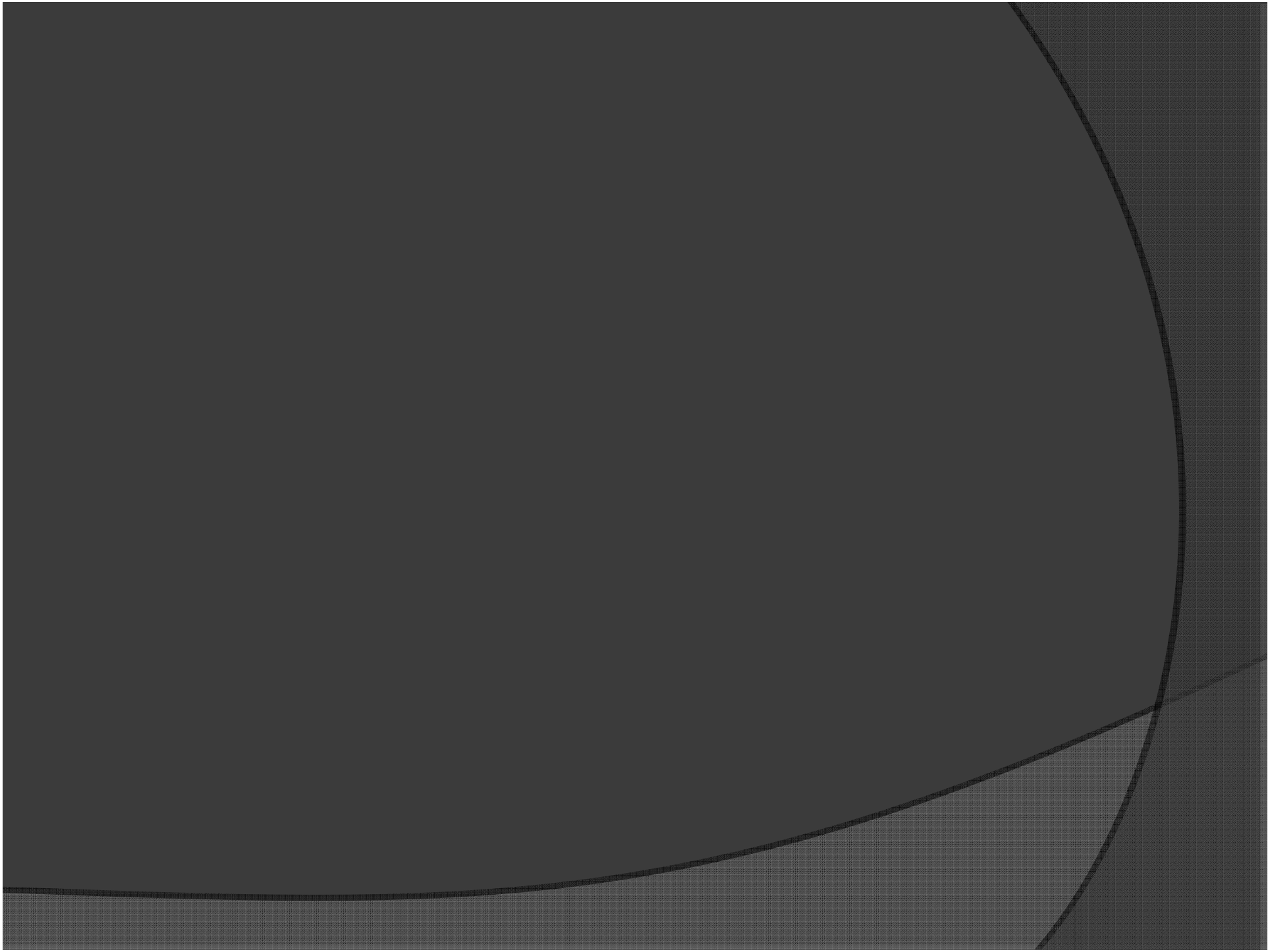
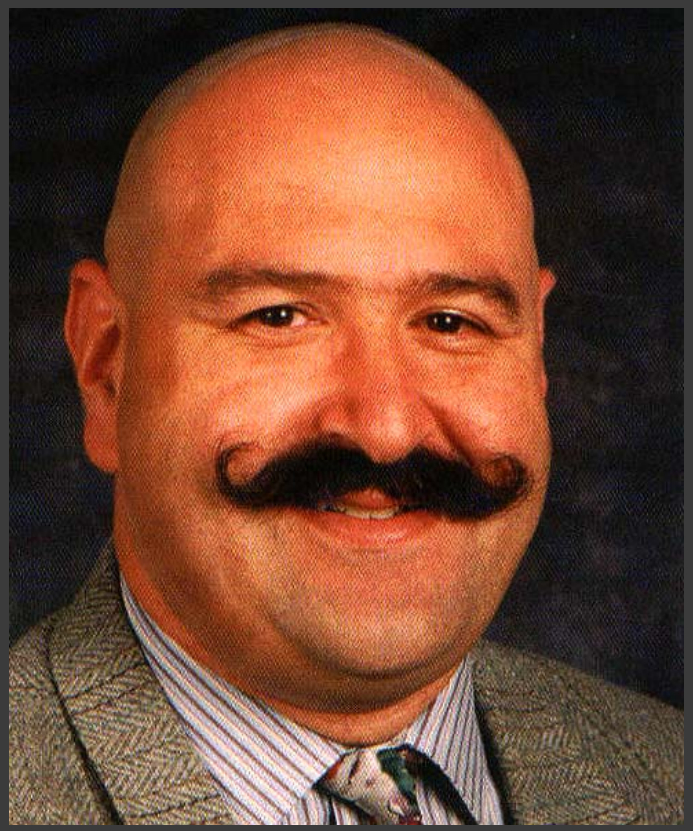
FIELD INTERNSHIP – IF YOU BUILD IT, THEY WILL COME

Or, how do you keep
(just about) everyone happy?

Bruce Nepon, MA Ed, NREMTP
Delaware Technical & Community College
Paramedic Technology Program

DELAWARE TECH





Who will come?

- FTOS --
  - You provide instruction, guidance, support
  - Your internship has structure, provides feedback
  - You offer opportunities for involvement, advancement
- Students --
  - You provide quality instruction
  - Employers, graduates recommend your program
  - The guidelines for your program are fair and objective
- CoAEMSP --
  - Your field internship has all the pieces to the puzzle

Why *"just about everyone"???*

- Who is (usually) happy?
  - Stakeholders
  - Accreditors
  - Administration
  - Successful students

- Who is (usually) unhappy?
  - Unsuccessful students
  - Those without buy-in

Where am I from?

- **Delaware –**
- **Banking, DuPont industries in the north**
- **Agricultural, beach resort industries in the south**
- **Interstate 95 corridor**
- **Philly to the north, Baltimore and DC to the south**

- **College based paramedic program – the only program in the state, merged from two hospital-based programs ten years ago --**

(it's a small state)

- Four 911 agencies (all on Advisory Board) that employ about 300 paramedics
  - One- and two-medic units
  - Tiered response with mostly FD-based BLS ambulances
  - Urban, suburban, rural, beach resort

(I said it's a small state)

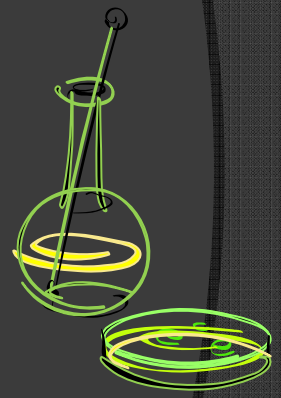
- State Office of EMS supports the program
  - Legislation and Budget
  - EMS Medical Director is also our Medical Director --

(OK, OK, it's a VERY small state) –

- **Accreditation is mandatory**

Benefits of being in a small state:

- Easy to implement change
  - Fewer stakeholders to approve change --
    - They're all on our Advisory Board
  - Petri dish – we see test results quickly --
    - Easier to learn from mistakes in a shorter period of time



“Your program is so different from mine!”

- That may be true, but…

  what we’ve learned along the way may be helpful to you

  - Remember the Petri dish?

The Desired Outcomes:

- Our accreditation history
  - Field training model is well received by CoAEMSP --
    - No recommendations for change
  - Middle States Commission on Higher Education --
    - Meets SLOA criteria for accreditation
- Buy-in from stakeholders
  - Agree with our process
  - (Usually) happy with our graduates –
    - room to improve
- Reliable instruction by FTOs
- Documentable performance by students
- Defensible student outcomes --
  - No litigation

CoAEMSP

CHE MSA MIDDLE STATES COMMISSION ON HIGHER EDUCATION

What should you take with you today?

- An approach to selecting, training and evaluating Field Training Officers (FTOs, mentors, coaches, preceptors, etc.)
- A successful field internship model that is fair and objective
- Tools to help you conduct FTO, student and program evaluations --
- **All satisfy accreditation guidelines**

What does CoAEMSP want to know about the Field Internship?

- How do we train our FTOs?
  - Initial training
  - Continuing education
- How do we evaluate FTO performance?
- How do we train and evaluate our students?
- Records of student and program performance?
- How do we involve our stakeholders?

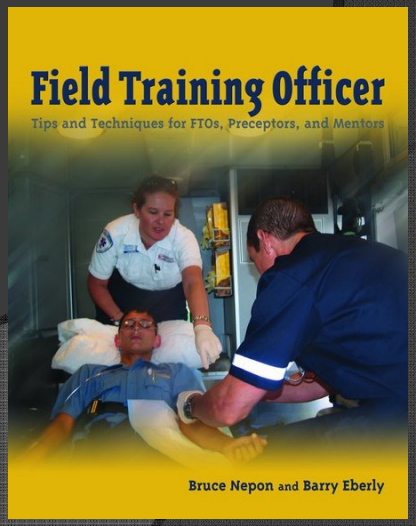
Field Training Officers

Choosing FTOs

- We don't select who our EMS agencies use as FTOs, but…
  - We establish our own criteria for selection of successful FTOs --
    - Experience, work ethic, recommendations, grapevine
  - We prepare our own schedule –
  - So, in a way, we *DO* select the FTOs
  - We can see which FTOs continue to meet our criteria --
    - Documentation, direct observation

Preparing FTOs

- Initial Training Workshops
  - Entirely F2F, or online with F2F skills practice
    - Classroom, textbook, role plays, ride-alongs
  - Increase FTOs' comfort with teaching
  - Indoctrinate FTOs in our way of doing things
  - Less theory, more practical application
    - FTOs ask, "What do I need to know?"
      - That's what we try to teach them
  - ALS *and* BLS
    - Advantages



Preparing FTOs

- Continuing Education
  - Program update meetings:
    - What have we changed lately, and why?
    - To talk, but also to listen
      - we get gems

Keeping FTOs

- Help the good FTOs want to teach our students
  - Share information --
    - Feedback to them ("Here's how you're doing")
    - Input from them ("How are we doing?")
- Show appreciation --
    - Feel their pain ("How can we make it easier for you?")
    - Little things, like …
  - It's not all about money (though it doesn't hurt) --
- Adjunct faculty

Field Internship

Field Internship Design

- WHICH WORKS?
- Capstone course?
- Ongoing field training throughout program?
- Combination of the two?
- Something entirely different?

Field Internship Design

- Whatever model you choose, it must meet accreditation guidelines for --
  - FTO training and evaluation
  - Documentation of student instruction
  - Record of patient contacts and skills

Field Training – Here's what has worked for us...

- BLS ride-alongs early (we want to do more of this) --
  - Students learn the environment (don't need EMT first)
  - Improve BLS skills
  - Students self-assess, decide if this is for them --
  - We watch for affect issues
- ALS skills added to field as students learn them in lab and hospital --
  - Improve ALS skills
  - Being the paramedic is different from being the EMT--
  - Still watching affect --
- **Matches what's happening in lab and clinical**

Field Training – Here's what has worked for us…

- Capstone field internship course at end of Program
  - Still doing all the skills, but now…
  - Team Leadership --
  - Always watching affect

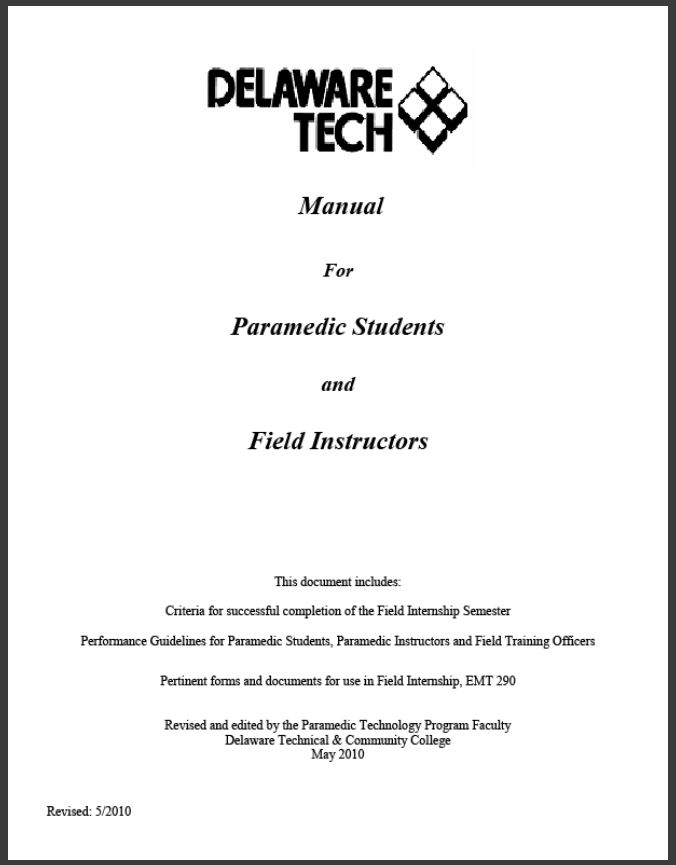
Capstone Field Internship Course

- PURPOSE – Develop paramedics who consistently provide patient care that is:
  - Safe
  - Timely
  - Appropriate or pertinent
  - Within the standard of care, local treatment protocols

Field Internship:
Day One -- Orientation

- FIELD INTERNSHIP MANUAL (syllabus)
  - Goals, objectives, expectations
  - Definition of terms
  - Criteria for successful completion, grading
  - Benchmarks (deadlines)
  - Copies of all documents used during the course
  - Disciplinary policy, academic honesty policy, grievance procedures, etc.
  - Signature page

FIELD INTERNSHIP MANUAL



DELAWARE TECH

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

Revised and edited by the Paramedic Technology Program Faculty
Delaware Technical & Community College
May 2010

Revised: 5/2010

FIELD INTERNSHIP MANUAL

Field Internship

- STRUCTURE -- Three phases (all patient contact based)
  - Observation (Usually about one tour, or four days)
    - FTO demonstrates performance
  - Instruction (Usually 5 – 8 tours)
    - FTO provides guidance using ongoing correction during the contact, verbal and written feedback afterward
  - Evaluation (Usually 5 – 8 tours)
    - FTO continues as before, but bar is raised (fewer prompts allowed) --
  - **Remediation**

Field Internship

- STUDENTS team lead patient contacts --
  - What's a patient contact?
- FTOs provide guidance, ongoing correction as needed during each contact --
  - Prompts, time limits, verbalization, confirmation of findings
  - EVERY patient contact is graded --
    - Scoring is phase dependent
- Graded patient contacts determine student progress, and a course grade --
  - same as tests and assignments in a lecture course --
- More than one FTO in each phase

Field Internship – The patient contact

- What are PROMPTS?
  - Discreet ongoing correction used to guide the student --
    - The patient should view the student as “in charge”
    - Verbal: usually a question (“How much oxygen did you want”)
    - Non –verbal: using pre-arranged gestures (Prompt for a nasal cannula in the photo below)

Some examples of non-verbal prompts:

Non-rebreather

Pulse Ox

Blood pressure

Time to go

Have a look around
(Finger drawing a circle)

Breath sounds

Field Internship – The patient contact

- PROMPTS also used to score the student's performance –
  - how many prompts did the student need during the patient contact?

- A Patient Contact is Satisfactory if:
  - No more than three prompts in Instruction
  - No more than one prompt in Evaluation --
  - Repetitive prompts, trends
  - Affect, again --

- Prompts can be DOCUMENTED

Field Internship – The patient contact

- TIME LIMITS
  - Real time guidelines for FTOs, students, other providers --
    - Students can't work as fast as experienced providers
  - FTO must actually wear a watch (I'm checking mine in the photo)
  - Some examples --
    - Completion of an intact initial assessment within 30 seconds
    - Airway interventions within15 seconds
    - All other initial assessment interventions within 30 seconds
    - Substantive entry into a treatment protocol within 3 minutes --
- Time Limits can be DOCUMENTED

Field Internship – The patient contact

- VERBALIZATION
  - Student verbalizes throughout the patient contact
  - Narration, delegation to providers, conversation with the patient, and discreet discussion with FTO ensure that the FTO knows the care plan
    - The student in the photo interprets the 12-lead and explains his care plan

Field Internship – The patient contact

- CONFIRMING PHYSICAL FINDINGS
  - The FTO discreetly confirms that the student's findings are accurate

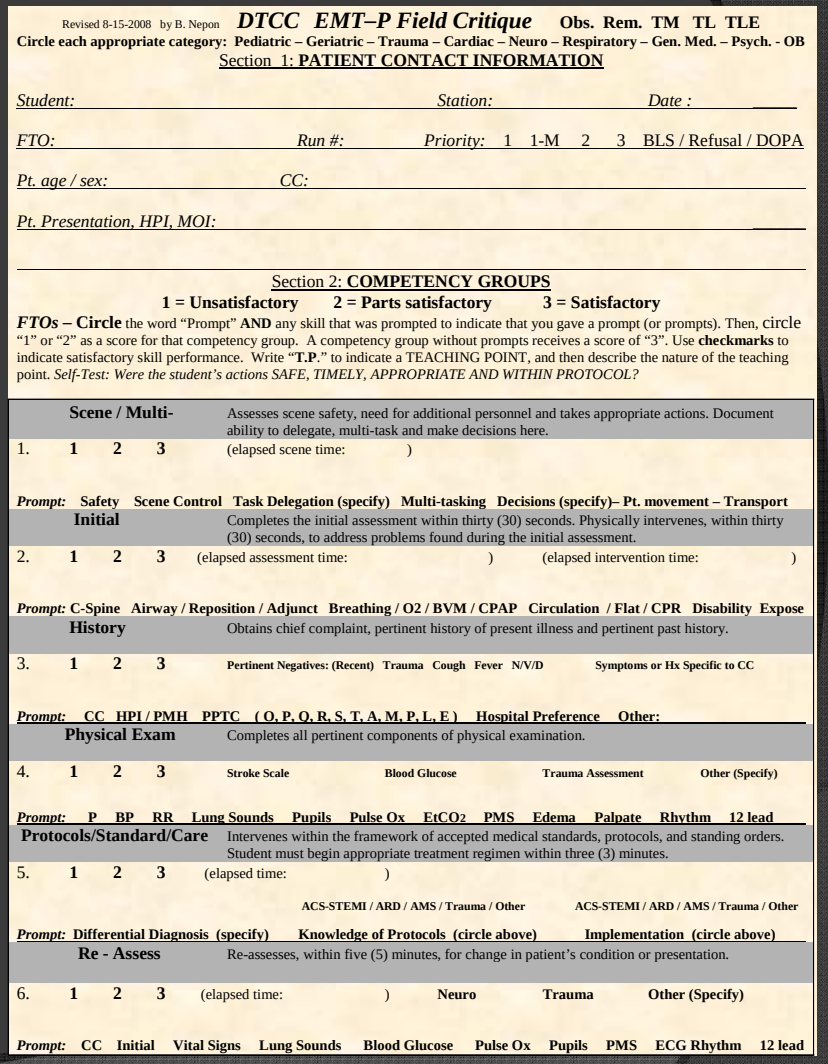
Confirming a radial pulse

Confirming a blood pressure

Confirming breath sounds

The Field Critique Form

- The FTO completes a *Field Critique* after each patient contact
  - Documents each prompt
  - Recommends an action plan
  - Assigns a grade
    - "Satisfactory" or "Unsatisfactory"
- The coordinator reviews every *Field Critique* to track student progress



Revised 8-15-2008 by B. Nepon ***DTCC EMT–P Field Critique*** **Obs. Rem. TM TL TLE**

Circle each appropriate category: Pediatric – Geriatric – Trauma – Cardiac – Neuro – Respiratory – Gen. Med. – Psych. - OB

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 $EtCO_2$ 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)**

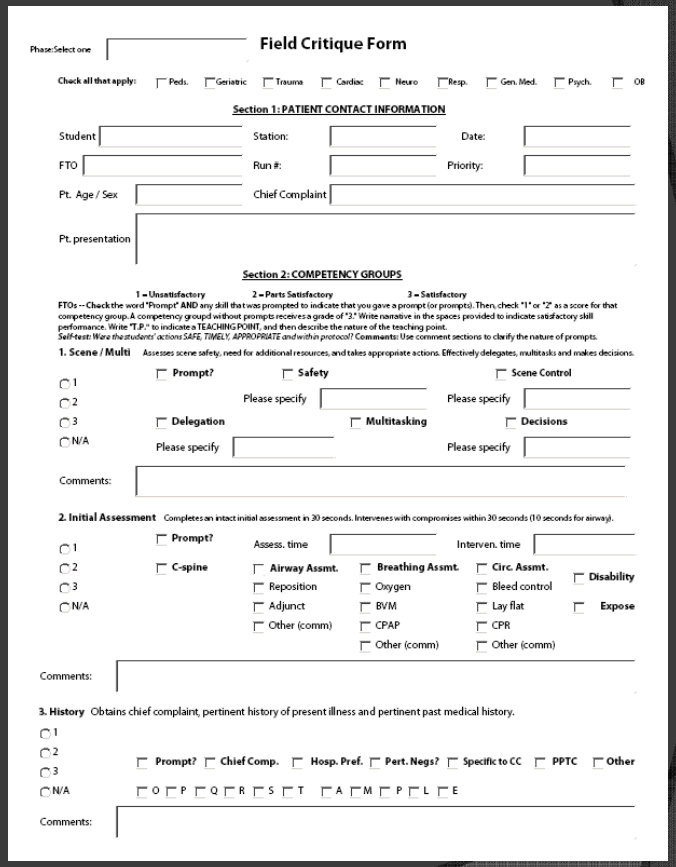
Re - Assess Re-assesses, within five (5) minutes, for change in patient's condition or presentation.

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**

The Field Critique Form

- Electronic version
  - pdf format
  - Check boxes
  - drop-down lists
  - comment fields
- Electronically signed
- Mailed as attachments
- Eventually, web-based
  - Solves problem of distance --
- Created because of FTO feedback



Phase:Select one

Field Critique Form

Check all that apply: Peds. Geriatric Trauma Cardiac Neuro Resp. Gen. Med. Psych. OB

Section 1: PATIENT CONTACT INFORMATION

Student Station: Date:

FTO Run #: Priority:

Pt. Age / Sex Chief Complaint

Pt. presentation

Section 2: COMPETENCY GROUPS

1 = Unsatisfactory 2 = Parts Satisfactory 3 = Satisfactory

FTOs -- Check the word "Prompt" AND any skill that was prompted to indicate that you gave a prompt (or prompts). Then, check "1" or "2" as a score for that competency group. A competency groupd without prompts receives a grade of "3." Write narrative in the spaces provided 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 students' actions SAFE, TIMELY, APPROPRIATE and within protocol? **Comments:** Use comment sections to clarify the nature of prompts.

1. Scene / Multi Assesses scene safety, need for additional resources, and takes appropriate actions. Effectively delegates, multitasks and makes decisions.

1 2 3 N/A

Prompt? Safety Scene Control

Please specify Please specify

Delegation Multitasking Decisions

Please specify Please specify

Comments:

2. Initial Assessment Completes an intact initial assessment in 30 seconds. Intervenes with compromises within 30 seconds (10 seconds for airway).

1 2 3 N/A

Prompt? Assess. time Interven. time

C-spine Airway Assmt. Breathing Assmt. Circ. Assmt. Disability

Reposition Oxygen Bleed control

Adjunct BVM Lay flat Expose

Other (comm) CPAP CPR

Other (comm) Other (comm)

Comments:

3. History Obtains chief complaint, pertinent history of present illness and pertinent past medical history.

1 2 3 N/A

Prompt? Chief Comp. Hosp. Pref. Pert. Negs? Specific to CC PPTC Other

O P Q R S T A M P L E

Comments:

Field Internship – Criteria for successful completion

- Minimum number of patient contacts, by:
  - Patient category (cardiac, respiratory, trauma, etc.)
  - Patient priority (severity)
- Minimum success rate in Instr. and Eval. Phases
  - Based on scores on *Field Critiques* --
    - Each *Field Critique* is pass/fail based on prompts --
    - % success rate calculated from *Field Critiques*
- When criteria are met, the student advances from one phase to the next, until completion --
- Deadline for completion

Field Internship – Between patient contacts

- We also want to know how the student is performing when *not* caring for patients
  - Good employee behaviors
    - Gets along with others
    - Shows up on time
    - Proper uniform, hygiene
    - Equipment check
    - Station duties
    - Use of down time

Field Instructor Checklist
To be completed Each Shift

Instructor: **Station:** **Shift:**

Student: **Time of arrival:**

1. Attire and equipment:	Satisfactory_____	Unsatisfactory_____	
2. Assists in Equipment Checks	Satisfactory_____	Unsatisfactory_____	N/A_____
3. Assists with Re-stocking	Satisfactory_____	Unsatisfactory_____	N/A_____
4. Cleaning / Maintenance	Satisfactory_____	Unsatisfactory_____	N/A_____
5. Completes self-study assignments	Satisfactory_____	Unsatisfactory_____	N/A_____
6. Effectively uses down-time	Satisfactory_____	Unsatisfactory_____	N/A_____
7. Affect / Professional Conduct	Satisfactory_____	Unsatisfactory_____	
8. Student has FTO Pass Down Book	Satisfactory_____	Unsatisfactory_____	

Instructor Comments:

_____

_____

_____

Student Comments:

_____

_____

_____

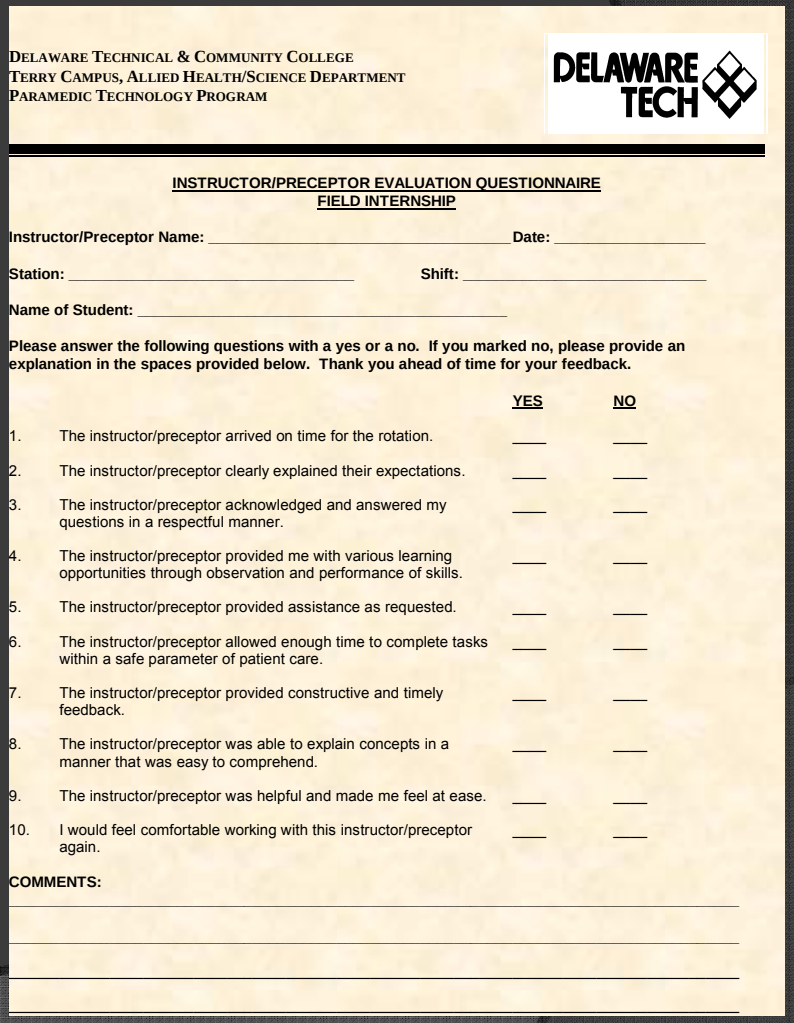
Signatures:

Instructor _____ Date_____

Student _____ Date_____

Field Internship – Quality Improvement

- Student Evaluations
  - Completed on FTO (by student) following each shift
  - Delivered to Coordinator
  - Compiled for each FTO after completion of Field Internship
    - Anonymous



DELAWARE TECHNICAL & COMMUNITY COLLEGE
TERRY CAMPUS, ALLIED HEALTH/SCIENCE DEPARTMENT
PARAMEDIC TECHNOLOGY PROGRAM

DELAWARE TECH

INSTRUCTOR/PRECEPTOR EVALUATION QUESTIONNAIRE
FIELD INTERNSHIP

Instructor/Preceptor Name: _____ **Date:** _____

Station: _____ **Shift:** _____

Name of Student: _____

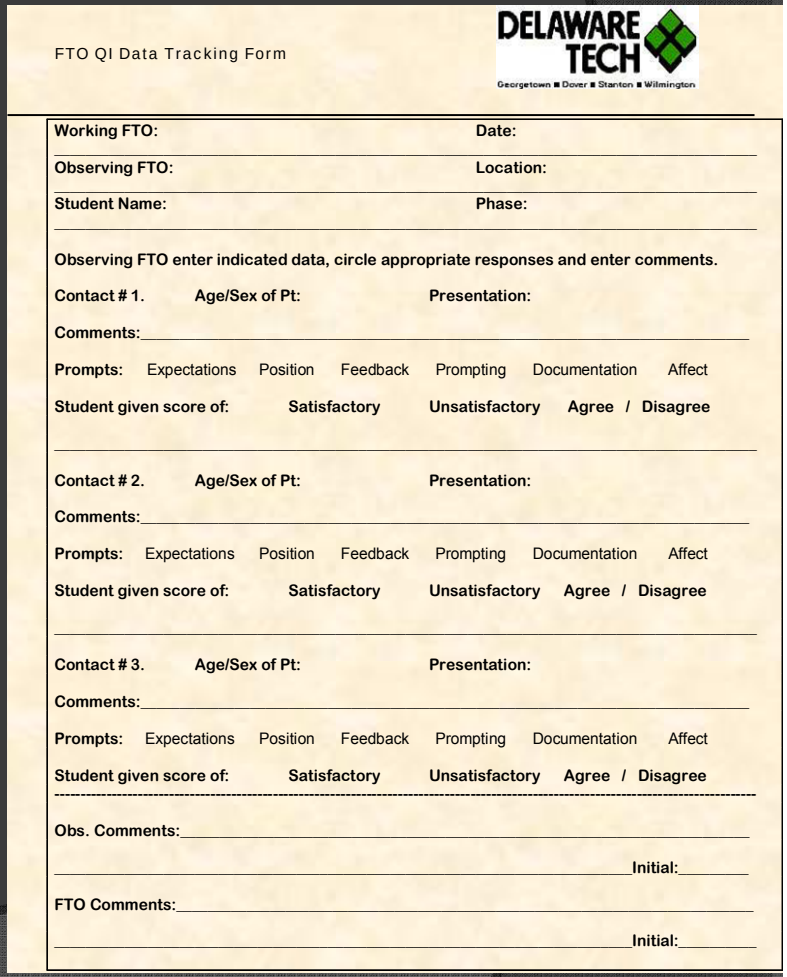
Please answer the following questions with a yes or a no. If you marked no, please provide an explanation in the spaces provided below. Thank you ahead of time for your feedback.

		YES	NO
1.	The instructor/preceptor arrived on time for the rotation.	____	____
2.	The instructor/preceptor clearly explained their expectations.	____	____
3.	The instructor/preceptor acknowledged and answered my questions in a respectful manner.	____	____
4.	The instructor/preceptor provided me with various learning opportunities through observation and performance of skills.	____	____
5.	The instructor/preceptor provided assistance as requested.	____	____
6.	The instructor/preceptor allowed enough time to complete tasks within a safe parameter of patient care.	____	____
7.	The instructor/preceptor provided constructive and timely feedback.	____	____
8.	The instructor/preceptor was able to explain concepts in a manner that was easy to comprehend.	____	____
9.	The instructor/preceptor was helpful and made me feel at ease.	____	____
10.	I would feel comfortable working with this instructor/preceptor again.	____	____

COMMENTS:

Field Internship – Quality Improvement

- Ride-alongs
  - Faculty ride with FTOs and students
  - Alternating roles with FTOs
  - Verbal, written review



FTO QI Data Tracking Form

DELAWARE TECH
Georgetown ■ Dover ■ Stanton ■ Wilmington

Working FTO: **Date:**

Observing FTO: **Location:**

Student Name: **Phase:**

Observing FTO enter indicated data, circle appropriate responses and enter comments.

Contact # 1. **Age/Sex of Pt:** **Presentation:**

Comments:

Prompts: Expectations Position Feedback Prompting Documentation Affect

Student given score of: **Satisfactory** **Unsatisfactory** **Agree / Disagree**

Contact # 2. **Age/Sex of Pt:** **Presentation:**

Comments:

Prompts: Expectations Position Feedback Prompting Documentation Affect

Student given score of: **Satisfactory** **Unsatisfactory** **Agree / Disagree**

Contact # 3. **Age/Sex of Pt:** **Presentation:**

Comments:

Prompts: Expectations Position Feedback Prompting Documentation Affect

Student given score of: **Satisfactory** **Unsatisfactory** **Agree / Disagree**

Obs. Comments:

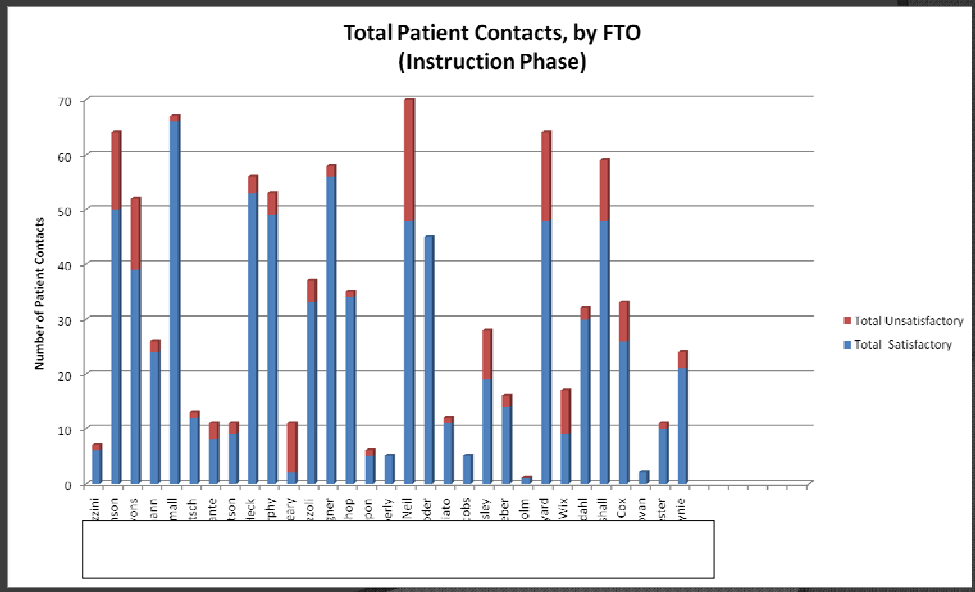
Initial:

FTO Comments:

Initial:

Field Internship – Quality Improvement

- **Periodic FTO/Student reports**
  - **Excel spreadsheet tracks contacts, prompts, sat/unsat**
    - **Graphs are cut-and-pasted into a Word document**
      - **Shared with FTOS and stakeholders**
- **Ride-alongs, Student Evals and Reports help improve inter-rater reliability**



Common Threads

- Prompts, time limits, verbalization, confirmation used in lab, clinical, field --
  - Faculty, clinical instructors, FTOs receive same workshop
- Grading criteria for patient contacts (almost) identical in all three areas --
  - *Field Critiques* are pass/fail
  - *Lab Critique*, *Clinical Critique* assign a numerical grade for each patient contact
    - *(8 points deducted per prompt)*
- *Critiques* (almost) identical --
  - *Field Critique* adds radio reports, etc. specific to field
- Students carry a pass-down log throughout clinical, field instruction --
  - Allows all instructors to review student performance, action plans, etc.
- FISDAP used in clinical and field --
  - Tracks skill performance and patient categories
- Each area provides feedback to the others --
  - Initial assessments, ecg, pharmacology, protocols, time limits, affect, etc.

How does this all help for CoAEMSP?

- Clearly defined structure for field training of students
- Initial and continuing education/ training for FTOs
- QI loops for FTOs, employers (stakeholders), the program faculty and students
- Continuity from one class to the next
  - Curriculum adjustments from lessons learned in the field
  - Former students have become FTOs
- Documentation

All documents are on the Symposium CD

- Field Internship Manual
  - Thanks, DTCC
- *Field Critique* form
  - *Paper and electronic versions*
    - *Word, Acrobat*
- *Instructor Checklist*
- *FTO QI Data Tracking* form
- *Instructor Evaluation* form

Questions?

Thank you

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