Sierra – Sacramento Valley EMS Agency Program Policy			
EMS Student Field Training			
	Effective: 12/01/2021	Next Review: 09/2024	1007
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## PURPOSE:

To establish requirements for field training of EMT, AEMT and paramedic students (EMS students) in the S-SV EMS region.

## AUTHORITY:

- A. HSC, Division 2.5, § 1797.170, 1797.171, 1797.172, 1797.200, 1797.202, 1797.204, 1797.206, 1797.208, 1797.213, 1797.218, 1797.220, and 1798.
- B. CCR, Title 22, Division 9, Chapters 2, 3 & 4.

## POLICY:

- A. ALS prehospital provider agencies shall provide field training to EMS students, in accordance with CCR Title 22, S-SV EMS policies and provider agency agreements.
  - 1. An EMT training course shall consist of not less than 24 hours (with a maximum of 48 hours, unless otherwise approved by the applicable training program) of supervised clinical experience.
    - Prior to beginning the supervised clinical experience, the student shall have successfully completed the didactic and skills portions of the training program.
    - The supervised clinical experience may be conducted at an acute care hospital, an ALS prehospital provider agency, or a combination of both.
    - The supervised clinical experience shall include a minimum of 10 patient contacts, wherein a patient assessment and other EMT skills (S-SV EMS policy reference No. 801) are performed and evaluated.
  - 2. An AEMT training course shall consist of not less than 40 hours (with a maximum of 120 hours, unless otherwise approved by the applicable training program) of field internship with an ALS prehospital provider agency.
    - Prior to beginning the field internship, the student shall have successfully completed the didactic, skills and hospital clinical education portions of the training program.

- During the field internship, the student shall demonstrate competency in the AEMT scope of practice (S-SV EMS policy reference No. 802).
- During the field internship, the student shall have a minimum of 15 ALS patient contacts, and shall demonstrate competency as the team leader while delivering EMS patient care at least five (5) times.
- 3. A paramedic training course shall consist of not less than 480 hours (with a maximum of 720 hours, unless otherwise approved by the applicable training program) of field internship with an ALS prehospital provider agency.
  - Prior to beginning the field internship, the student shall have successfully completed the didactic, skills and hospital clinical education portions of the training program.
  - During the field internship, the student shall demonstrate competency in the paramedic scope of practice (S-SV EMS policy reference No. 803).
  - During the field internship, the student shall have a minimum of 40 ALS patient contacts.
    - An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and CPR, on a patient.
    - For at least half of the ALS patient contacts, the student shall be required to provide the full continuum of care, beginning with initial patient contact upon arrival at the scene through transfer of care to hospital personnel.
    - The student shall have a minimum of 20 experiences performing the role of team lead during the field internship. A team lead shall be defined as a student who, with minimal to no prompting by the preceptor, successfully takes charge of EMS operation in the field including, at least, the following:
      - Lead coordination of field personnel,
      - Formulation of field impression,
      - Comprehensively assessing patient conditions and acuity,
      - Directing and implementing patient treatment,
      - Determining patient disposition, and
      - Leading the packaging and movement of the patient.
    - When available, up to 10 of the required ALS patient contacts may be satisfied through the use of high-fidelity adult simulation patient contacts.
    - The field internship must be completed within six (6) months from the end of the clinical education portion of the paramedic training program.
- 4. EMS students are prohibited from being assigned to a field training supervisor/ preceptor who may have a conflict of interest as identified by the supervisor/ preceptor, the student, the training program, the ALS prehospital provider agency, or S-SV EMS
- 5. No more than one (1) EMS student of any level shall be assigned to an ALS prehospital provider response vehicle at any time.

- B. EMS training programs shall enter into written agreements with ALS prehospital provider agencies to facilitate field training of their students.
  - 1. ALS prehospital provider agencies and/or field training supervisors shall not charge field training fees to EMT training programs/students.
  - 2. ALS prehospital provider agencies may charge field internship training fees to AEMT and/or paramedic training programs/students to cover costs associated with providing field internship training, under the following conditions:
    - The fees are reasonable, uniform and directly related to the costs of providing field internship training to AEMT and/or paramedic students.
    - The ALS prehospital provider agency has a written policy that addresses the process for collection and distribution of field internship training fees.
    - In order to prevent conflicts of interest, AEMT and paramedic students are prohibited from making payments of any kind or offering gratuities directly to field training preceptors.
- C. EMS students shall be supervised by a qualified field training supervisor/preceptor throughout all aspects of their field training.
- D. EMS training programs shall adequately monitor the field training of their students, in coordination with applicable ALS prehospital provider agencies. A paramedic training program shall conduct and document a minimum of one (1) on-site observation of the paramedic student during the field internship training.
- E. Each patient contact by an EMS student shall be adequately documented by the field training supervisor/preceptor and the student in a standardized format (as required/ directed by the training program).
- F. All field training supervisors/preceptors shall be authorized by the ALS prehospital provider agency, in coordination with the applicable EMS training program, and shall meet the following minimum qualifications:
  - 1. EMT student field training supervisor minimum qualifications:
    - Possess a current California paramedic license and S-SV EMS Paramedic Accreditation.
    - Not be under an active investigation by the ALS prehospital provider agency, S-SV EMS or the California EMS Authority.
    - Not be under an active clinical performance improvement plan or clinical education assignment.
    - Be functioning as a paramedic for an ALS prehospital provider agency at the time the field training is conducted.

- 2. AEMT and/or paramedic preceptor minimum qualifications:
  - Possess a current California paramedic license and S-SV EMS Paramedic Accreditation.
  - Be working in the field as a licensed paramedic for the last two (2) years.
  - Be working in the S-SV EMS region as a paramedic for the last 12 months.
  - Not be under an active investigation by the ALS prehospital provider agency, S-SV EMS or the California EMS Authority.
  - Not be under an active clinical performance improvement plan or clinical education assignment.
  - Have completed a field preceptor training program, approved by S-SV EMS in accordance with CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions. The field preceptor training shall include a curriculum that will result in preceptor competency in the evaluation of AEMT and/or paramedic students during the internship phase of the training program and the completion of the following:
    - Conduct a daily field evaluation of students.
    - Conduct cumulative and final field evaluations of all students.
    - Rate students for evaluation using written field criteria.
    - o Identify ALS contacts and requirements for graduation.
    - o Identify the importance of documenting student performance.
    - Review the field preceptor requirements contained in this policy and CCR Title 22.
    - Assess student behaviors using cognitive, psychomotor, and affective domains.
    - Create a positive and supportive learning environment.
    - Measure students against the standards of an entry level AEMT or paramedic (as applicable).
    - Identify appropriate student progress.
    - Counsel the student who is not progressing.
    - Identify training program support services available to the student and the preceptor.
    - Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.
- G. EMS student responsibilities:
  - Students shall complete all requirements established by the training program and ALS prehospital provider agency prior to the start of their field training.
  - Students shall comply with all instructions and direction of their field supervisor/preceptor for the clinical care and operation of the EMS system.
  - Students shall adhere to all S-SV EMS policies/protocols.
  - Students shall abide by the dress code and appearance standards established by the training program and/or ALS prehospital provider agency.

- Students shall wear adequate identification with their name and the phrase "Student" or "Intern" while performing their field training.
- Students shall only conduct their field training with their assigned field training supervisor(s)/preceptor(s) and assigned ALS prehospital provider agency.
- Students shall not fulfill the minimum staffing requirements of an ambulance or fire apparatus.
- Students shall not function as an AEMT or paramedic student while on duty as an EMT.
- Students shall actively participate in training program required evaluations with their field training supervisor/preceptor.
- Students shall report (to applicable ALS prehospital provider agency management personnel or to S-SV EMS) any conduct of their field training supervisor/preceptor or themselves that may or did result in patient harm, or that would or did have an adverse operational impact on the EMS system.