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# Southern Nevada Health District

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## Paramedic Mentorship/Internship Program



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

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# Paramedic Mentorship/Internship Process

## Purpose

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

## Manpower Requirements

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

## Time Requirements

- A. The paramedic intern must complete the internship with a permitted 911 responding agency. The internship shall be for a minimum of **360** hours if 12-hour shifts are worked and for a minimum of **480** hours if 24-hour shifts are worked.
- B. Paramedic reciprocity applicants and Clark County certified paramedics who have not held a license within the last year must complete a minimum of **120** hours of field evaluation, as approved by the Health District, under the direction of the permitted agency's EMS Instructor and demonstrate competency using the Phase 3 – Paramedic Evaluation criteria.
- C. If the Health District or Permitted EMS Agency determines that the field experience was not adequate, the applicant may be required to complete additional shifts as deemed appropriate.

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

## Paramedic Evaluation Forms

- A. **A *Paramedic Event Evaluation Form*** must be completed after each patient contact or scenario that is designated an ALS level contact. The *Paramedic Event Evaluation Form* should also be used for any patient contact where a detailed breakdown of the encounter is warranted. Such warranted encounters are when: 1) five or more prompts in the mentoring phase occur; 2) three or more prompts in the evaluation phase occur; 3) there is a prompting on any Critical Factor area; 4) and/or any exceptional performance. These records must be completed by an EMS Instructor per the evaluation factors and instructions for that particular phase of the mentorship/internship process.
- B. **A *Paramedic Daily Evaluation Form*** must be completed for every shift listing all recordable patient contacts or scenarios. These records must be completed by an EMS instructor according to the evaluation factors and instructions for that particular phase of the mentorship/internship process.
- C. **A *Paramedic Major Evaluation Form*** must be completed at the completion of Phase 2 and Phase 3 by the intern's primary preceptor. A representative from the paramedic agency and a representative from the Paramedic Training Center should assist with the completion of the Major Evaluations.

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

## Definitions

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

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

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

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

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

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

***Critical Patient Assists*** should differ from when the ***Preceptor Takes Over The Call***. During ***Critical Patient Assists***, the student is able to assist the preceptor adequately. When the ***Preceptor Takes Over The Call*** due to inappropriate student performance, the event is considered a "Failed Event" resulting in the following rating at the preceptor's discretion:

### Ratings:

- (1) Failed to perform, requires assistance and needs more training; OR
- (2) Needed guidance, student is unable to complete evaluation factor without 3 or more prompts from preceptor.

## **Mentorship/Internship Structure**

The Southern Nevada Health District Paramedic Mentorship/Internship Program consists of 3 phases of structured training, which every new paramedic intern must complete in its entirety. The program has been designed to introduce the new paramedic to the experiences and knowledge necessary for the job functions in a structured manner, to maximize the opportunity for learning, and for the new paramedic to gain experience.

### **A. PHASE 1 – ORIENTATION/OBSERVATION (Minimum 1 Shift - 12/24 Hours)**

- The first phase of the program is an orientation period. This period is designed to familiarize the paramedic intern with his/her new surroundings and to ensure that core competencies are learned prior to advancing in the process. The paramedic preceptor provides a strong example during this period and guides the trainee through any incident where the trainee is not able to complete the task.
- This phase of the process lasts for a minimum of 1 shift (12-24 hours), and is completed when the primary preceptor has signed off that the paramedic intern has successfully completed the objectives listed for the Phase 1 Sign Off. The paramedic intern will not be allowed to advance to Phase 2 of the process until **ALL** listed objectives are successfully completed.

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

- This phase consists of a minimum of 10 shifts if on a 24-hour schedule (240 hours) or 15 shifts if on a 12-hour schedule (180 hours). The paramedic intern continues to function in a third rider position on the ambulance/rescue, and it is during this time that the paramedic preceptor assumes the role of coach **and** evaluator.
- The paramedic preceptor should encourage successful completion of all skills and evaluations by utilizing prompting techniques whenever needed for all of the evaluation factors. Every recordable patient contact or scenario that is evaluated will be documented using the *Southern Nevada Health District Paramedic Evaluation forms*.
- After each recordable patient contact or scenario that is evaluated, an **Overall Rating** will be assigned on the *Southern Nevada Health District Paramedic Event Evaluation Form*. Every ALS contact, scenario, and all **Unsatisfactory** patient contacts will be documented on the *Southern Nevada Health District Paramedic Event Evaluation Form*, where they will receive an overall rating. A marking of **Satisfactory** will be assigned if the paramedic intern is able to complete the patient contact or scenario with **5 or less** total prompts. A marking of **Needs Improvement** will be assigned if the paramedic intern is unable to complete the patient contact or scenario with **greater than 5 total prompts or receives a rating of 1** in any of the evaluation factors.
- The tracking of all recordable patient contact or scenario events in a shift will be documented on a *Paramedic Daily Evaluation Form*. This will provide a paramedic intern their overall performance standing and progress, for each shift, throughout the Paramedic Mentorship phase.
- The first major evaluation period will occur at the completion of this phase and will be documented using the *Southern Nevada Health District Paramedic Major Evaluation*

*Form.* Successful completion of this phase requires the paramedic intern to have completed **80% or greater** of the patient contacts or scenarios evaluated with a marking of **Satisfactory**.

**C. PHASE 3 – PARAMEDIC EVALUATION (Minimum 10 Shifts if on a 24-hour schedule - 240 hours; 15 shifts if on a 12-hour schedule - 180 hours) (360/480 Total Hours)**

- This phase can only be completed after the paramedic intern has successfully completed Phase 2 of the process as outlined above. This phase consists of a minimum of 10 shifts if on a 24-hour schedule (240 hours) or 15 shifts if on a 12-hour schedule (180 hours). The paramedic intern continues to function in a third rider position on the ambulance/rescue and it is during this time that the paramedic preceptor transitions from mainly a coaching role to that of an evaluator/partner role.
- The paramedic preceptor should continue to encourage successful completion of all skills and evaluations by utilizing prompting techniques whenever needed for all of the evaluation factors. Every patient contact or scenario that is evaluated will be documented using the *Southern Nevada Health District Paramedic Evaluation forms*.
- After each recordable patient contact or scenario that is evaluated, an **Overall Rating** will be assigned on the *Southern Nevada Health District Paramedic Event Evaluation form*. Every ALS contact, scenario, and all **Unsatisfactory** patient contacts will be documented on the *Southern Nevada Health District Paramedic Event Evaluation Form*, where they will receive an overall rating. A marking of **Satisfactory** will be assigned if the paramedic intern is able to complete the patient contact or scenario with **3 or less** total prompts. A marking of **Needs Improvement** will be assigned if the paramedic intern is unable to complete the patient contact or scenario with **greater than 3 total prompts or receives a rating of 1** in any of the evaluation factors.
- The tracking of all recordable patient contact or scenario events in a shift will be continued to be documented on a *Paramedic Daily Evaluation Form*. This will provide a paramedic intern their overall performance standing and progress, for each shift, throughout the Paramedic Evaluation phase.
- The final major evaluation period will occur at the completion of this phase and will be documented using the *Southern Nevada Health District Paramedic Major Evaluation Form*. Successful completion of this phase requires the paramedic intern to have completed **80% or greater** of **ALL the ALS patient contacts** or scenarios evaluated with a marking of **Satisfactory**, **AND** all of the Evaluation Factors on the Major Evaluation form are a **3 or above**.

**D. OPTIONAL PHASE – EXTENSION**

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

## **Intern Responsibilities**

- I. Crew/Shift Relief
  - A. The intern shall obtain a report from the off-going paramedic crew regarding the status of the following:
    1. All rescue equipment and supplies
    2. All medical supplies
    3. Mechanical problems
    4. Equipment left at hospitals and/or not restocked

- B. The intern shall deliver a full report of the above items to the on-coming crew at the end of each shift.

II. Shift Duties

The intern shall assist with:

- A. Maintenance of the vehicle (per agency policies)
  - 1. Fuel
  - 2. Engine fluid levels
  - 3. Lights
  - 4. Batteries
  - 5. Tires
  - 6. Washing exterior
  - 7. Cleaning exterior and interior
- B. Maintenance of inventory and equipment on the vehicle
  - 1. Fixed equipment
  - 2. Disposable equipment
  - 3. Medical bags
  - 4. Radios
  - 5. Oxygen
  - 6. Splints
  - 7. Report forms
  - 8. Controlled Substances (per agency policy)
  - 9. Report to preceptor of any discrepancies or problems

III. Patient Care

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

IV. Simulations/Scenarios

Simulations will be utilized as the initial tool to assist the intern with specific areas of weakness that are identified in the field environment. The intern is encouraged to provide input regarding the structure of simulations.

V. Evaluations

- A. The intern should always take an active role in the documentation process.
- B. Approved evaluation forms will be used, i.e. Daily, Event and Major Evaluation forms with measurable performance standards.
- C. Whenever possible, each run will be critiqued immediately following the run using the *Southern Nevada Health District Paramedic Evaluation Form(s)*.

- D. The intern will be given an opportunity to discuss all evaluations with the preceptor(s) prior to submitting them to the Southern Nevada Health District Office of EMS & Trauma System.

## **Preceptor Responsibilities**

- I. Preceptors will provide orientation on the following:
  - A. Mentorship/Internship goals and objectives
  - B. Daily/shift duties
  - C. Equipment
  - D. Pre-hospital/hospital personnel
  - E. Evaluation forms, rating factors, and scores
  - F. Types of prompts
  - G. Chain of command
  - H. Agency/department specific policies and procedures
- II. Intern experience
  - A. Preceptors will ensure intern receives adequate experiences in all aspects of patient care as it pertains to the pre-hospital environment based on the call for the service encountered.
  - B. Preceptors will seek out and encourage learning experiences for the intern, such as:
    - Patient follow-up
    - Physician and hospital staff input
    - Simulations and drills
    - Classes
- III. Evaluations
  - A. Preceptors will utilize the current Southern Nevada Health District Paramedic Evaluation Form(s).
  - B. The primary preceptor will ensure that evaluations are completed in a timely manner.
  - C. Preceptors will allow time for discussion and review of all evaluations.
  - D. Preceptors will complete evaluations to reflect both the intern's strengths and weaknesses, along with any plans to improve performance and/or knowledge.