

Field Internship Program Manual



**For the NEW EMT &
EMT Student**

Objectives

The objective of the field training program is twofold. The first being to assist the EMT student in obtaining ten (10) patient contacts and practicing skills learned in the classroom on actual patients in the field under the careful watchful eye of a field training officer. These students are not yet EMT's and are currently going through the EMT program sponsored by a recognized state training agency, such as the Delaware State Fire School. These students lack some fundamentals of patient care and are not even novices at their practice. Careful guidance should be used in coaching these students to successfully complete a patient assessment and limited treatment/procedures in the field. The second portion of field training applies to newly certified EMT's who lack fundamentals of performing their newly learned knowledge, skills and abilities in a team lead role independently as a primary EMT in charge of patient care. These EMT's are novices and need guidance and mentoring to be successful as an independent EMT. The field internship process is designed as a crawl, walk, run approach to set the student up for success as a primary EMT in charge of patient care from a novice, inexperienced field provider.

FTO Requirements

Field Training Officers (FTO) in the state of Delaware must be certified as such by the State Fire Prevention Commission (SFPC). The FTO must be initially trained through the training program developed by the Delaware State Fire School (DSFS) and be certified every 2 years to run concurrently with the FTO's EMT certification cycle with the SFPC. To be eligible for FTO training and certification, the FTO candidate must:

- Be an EMT for a minimum of 5 years.
- Have a letter of recommendation from their chief or senior EMS official.
- Not have any disciplinary records on file as it relates to your EMT with SFPC

FTO's should be seasoned EMT's who set examples and are a leader within their agency. They should be empathetic, knowledgeable, easily approachable, coaching, and attentive when dealing with an EMT student or EMT intern. They should have a desire to better the EMS system as a whole and have a knack for teaching new individuals the trade.

EMT Student

The EMT student is defined as an individual who is currently in an EMT program and must, as part of their training program, complete at minimum 10 patient contacts. These contacts should involve at minimum a patient assessment, including a full set of vitals, and treatment. Treatment of a patient could be limited due to where the EMT is class wise with their training. When released to conduct their patient contacts, they may not have covered specific topics yet relating to treatment of a patient condition, such as medical, trauma, pediatrics or geriatrics. The FTO should understand that they may need to prompt the student to complete simple tasks or provide significant guidance on the performance of any procedures or medication administration. The EMT student should also not have access to DEMRS and may not complete a patient care report since they are not certified at this level.

Student Forms Packet

The EMT Student will be provided a patient contact manual by the EMT program. The packet will contain a mastery sheet that is signed off by the EMT's instructor that indicates what the EMT student has covered in class and is authorized to perform or assist on. The next pages in the packet contain mastery for medications that an EMT can administer. The following pages are individual patient contacts and should be in order from 1 to 10 (or beyond). The FTO should complete a form for each patient contact. If the EMT student does not complete the patient contact satisfactory, the FTO should document this in detail as well as discuss the call with the student. Remember that the EMT student will be nervous since this is new to them and may experience anxiety in regard to the patient contact and thus forget things or need multiple prompts to complete the patient encounter successfully.

The form has multiple areas for notes. The student should list on the form specifics for each patient when they ask questions or obtain information. There is also an area for procedures/interventions if necessary. The FTO should print and sign their name at the bottom of the form as well as write any comments or recommendations. There is also a spot at the bottom of the form for the FTO to grade the overall performance of the EMT student as:

- 3 – Functions as another competent EMT would
- 2 – Functions as an acceptable student
- 1 – Needs improvement

Scores of 2 and 3 are acceptable. Score of 1 indicates that the patient encounter was not successful and would NOT count towards their 10 patient contacts and would need repeated. The FTO should document appropriately why the student scored a 1 and discuss with them what they did wrong and steps to improve moving forward. If the student is confrontational or argumentative, the FTO should contact the EMT's instructor or program manager in charge of the EMT program for further assistance with the student. The EMT student must have 10 successful patient encounters that are signed off by an FTO in order to be complete and test for their NREMT at the end of their program.

EMT Intern

The EMT Intern is a novice EMT who has just completed their NREMT and obtained Delaware certification as an EMT. They have very limited patient contact and experience and have a host of knowledge from the classroom, but little experience in the field. Most EMT's that are newly certified have only 10 patient encounters where they served as a secondary provider to conduct a patient assessment and obtain vital signs and may have had performed little interventions/procedures. The EMT Intern needs mentored and coached by the FTO to be successful in the quest to be a primary EMT that can independently provide all aspects of patient assessment and care without prompts or questions. The EMT Intern will be assigned a primary FTO at the start of their process as an EMT intern. The primary FTO will give them their FTO packet and will meet with them regularly to go over progress, answer questions, provide feedback and give suggestions on how to be successful. The EMT Intern does not need to do all of their internship with the primary FTO. They may elect to do their experience with

multiple FTO's throughout their field internship. The Primary FTO however should be the only one to allow advancement between phases and to sign off upon completion of the program. All FTO's that the EMT intern rides with must be state cleared FTO's, a current list is provided online. Once the EMT Intern completes their Field Training, the packet is turned into the SFPC and the EMT intern is issued a certificate that they have completed the FTO process.

EMT Intern Forms Packet

Each FTO will have access to the FTO packet that is assigned to each EMT Intern. The packet consists of several things including:

- Manual (this document)
- Field Training Overview
- Individual Call Sheets (30)

Each Intern will be responsible for their FTO book. The overview/orientation must be completed during phase 1 to proceed. The book is separated into 3 segments, Phase 1, 2 and 3. The EMT Intern should track each call in the overview packet and the call sheets should be in chronological order for each phase to assist the primary FTO in review. The Primary FTO should set target completion dates for the phase upon start of the phase, however this is just for reference only. Upon completion of the Field Training Packet, the packet should be sent to the SFPC (copy kept by individual department if necessary) so that the EMT's status can be noted and a certificate of completion of field training issued to the EMT intern.

Phase 1

This phase is known as the orientation and familiarization phase. During this phase, the EMT intern will go over, in depth, all aspects of being a primary EMT care giver. The orientation book needs to be signed off by an approved FTO for each item/segment. The Intern may also ride calls with an FTO and ask questions or provide care and take lead as appropriate depending on comfortability for both the EMT intern and the FTO. There is no set number of calls that will need completed during this phase and the EMT intern should discuss with the primary FTO the expectations of the phase as it relates to their style of learning, how much they intend on taking calls and how quickly they wish to proceed. The Orientation phase outlines each individual component that should be covered by an FTO with the EMT Intern. In total, 41 separate items are listed that must be reviewed with the Intern. Upon discussion or review, both the FTO and the EMT intern should initial the completion box along with the date to ensure that the item was gone over thoroughly and that the EMT Intern understands the item(s) discussed. The call completion form should be completed for each call that the EMT Intern takes with an approved FTO. During this phase, the intern may determine that they are not comfortable with a call and pass it along to the FTO to lead and they monitor and assist. Prompts during this phase should be noted, but there is no successful/unsuccessful number. The only reason that a call should be unsuccessful would be if the Intern endangered the patient or failed to perform a basic item that a competent EMT would be able to perform. In these extreme cases, the reasonings should be documented at length. There is no number of calls that need to be completed during this phase.

Phase 2

Phase 2, also known as the Initial phase, should only be started after all aspects of phase 1 have been completed and the EMT Intern's primary FTO has signed off on phase 1 and allowed the intern to proceed to phase 2. Phase 2 comprises of a minimum of 10 calls with an FTO. During these 10 calls, the EMT intern should act as the primary EMT on the call. The FTO should watch the EMT closely and ensure that the intern is providing proper assessment and care to the patient. The FTO may give visual or verbal prompts to the EMT Intern during their patient encounter. In order to be successful at the call overall, the EMT Intern must not be prompted more than 3 times per call. Repeated prompts by the FTO regardless of the number would also result in an unsuccessful call. The FTO shall complete a critique form for each call. The forms are the same as phase 1. A checkmark in the appropriate box indicates that the EMT intern asked or performed that as expected/outlined, a circle around the item indicates that the FTO gave a prompt for that item and "T.P." indicates that a teaching point was used for that item. A "T.P." would be something such as oxygen was applied by a member of the crew without direction by the EMT intern, but that the oxygen was indicated by the patient or vitals. The EMT Intern shall have a minimum of 10 successful calls performed as the primary EMT under the evaluation of a FTO. The 10 successful calls do not have to be concurrent (in sequence). The primary FTO should meet with the EMT intern and review all calls conducted during phase 2 and offer suggestions prior to the EMT Intern proceeding to phase 3.

Phase 3

Phase 3, also known as the capstone phase, should only be started after phase 2 has been completed. The EMT intern should be capable and ready to handle all aspects of running a call as the primary EMT. The Primary FTO should have a conversation with the EMT Intern, and both should agree that they are ready to proceed to the capstone portion of the field training program. During capstone, the EMT Intern must successfully complete 10 calls in a row. To successfully complete a call, the EMT Intern must not receive more than 1 prompt per encounter from the FTO. If the EMT Intern receives an unsuccessful evaluation for the call, the 10 successful calls in a row will repeat. The EMT intern should feel confident and not rely on their FTO for any aspects of field care of a patient. The FTO should only serve as support or as an oversight to the EMT Intern. Upon successful completion of 10 calls in a row, the EMT Intern should meet with their primary FTO to obtain final clearance and completion of the field internship program.

Critique and Remediation

Occasionally, the EMT Intern may be unsuccessful or require critique. While this is perfectly normal during phase 1 and 2 of the field internship program, The EMT Intern should not routinely need critique or prompts during phase 3 of the field internship program. The FTO should exercise judgement and caution when dealing with the EMT Intern, only prompting when something is vital or potentially harmful to the patient, the Intern or others. While some things may be able to be talked about after the call, other items must be corrected or addressed immediately. The EMT Intern should use the experience to better themselves as the FTO acts as a coach to set them up for success and ensure proper

conduct and care moving forward. FTO's should speak to their EMT Intern after each call and ask questions and state things, often reinforcing positive behavior or actions, which leads to overall better receptiveness from the EMT Intern for any issues that may need critique or improvement. At no time should an EMT Intern or the FTO become standoffish, hostile, or aggressive while conducting critiquing or remediation while on a call or after a call has completed. There may be rare occasions that the FTO must take over a call for the benefit of the patient due to the EMT Intern's lack of experience and the priority of the patient. The FTO should explain this to the EMT Intern preferably before, but possibly during or after the call as to why they felt the need to step in. The FTO should remember that the greatest way for the EMT Intern to learn how to be self-sufficient is to practice what they know under a variety of circumstances.

Completion of Program

Upon successful completion of phase 3, or capstone, the EMT Intern should meet with their primary FTO. The FTO should ensure that the EMT Intern is comfortable handling a call on their own and answer any questions that they may have. The FTO and EMT Intern have hopefully developed a professional relationship and the EMT Intern looks at their primary FTO as a mentor and will stay in contact with them after the field training program has been completed. Upon review with the primary FTO, the packet should be completed, and sent to the SFPC for record. The agency/department may also wish to retain a copy of the field training program with the EMT Intern for their records. The SFPC will then enter the successful completion of the field training program and issue a certificate to the EMT Intern attesting that they have successfully completed the field training program for EMT's.