



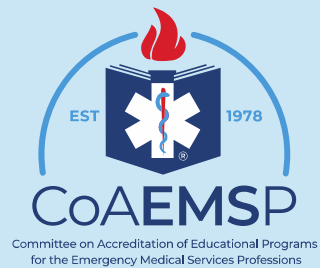
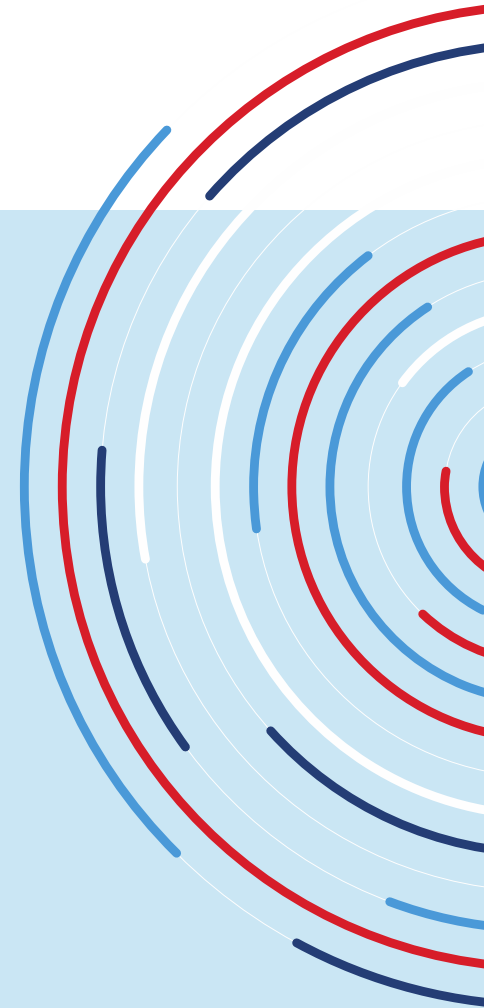
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CoAEMSP Clinical & Field Resources Survey

Conducted March 4-April 4, 2025

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General Data



Survey Participation

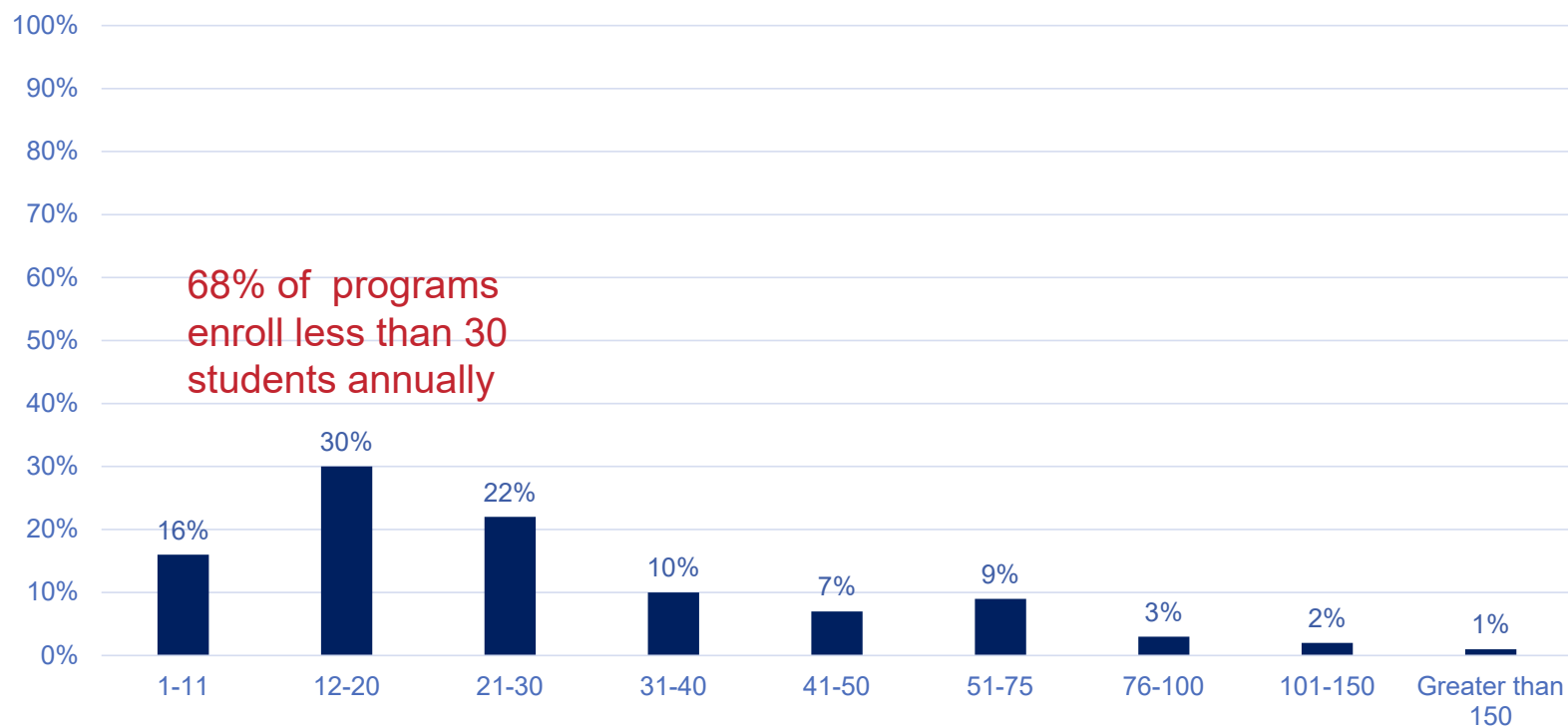
- Survey distributed to 768 programs
- 4 reminder emails encouraging participation
- 573 Respondents
- 45 states represented (DE, HI, MT, ND, VT)

74.6%

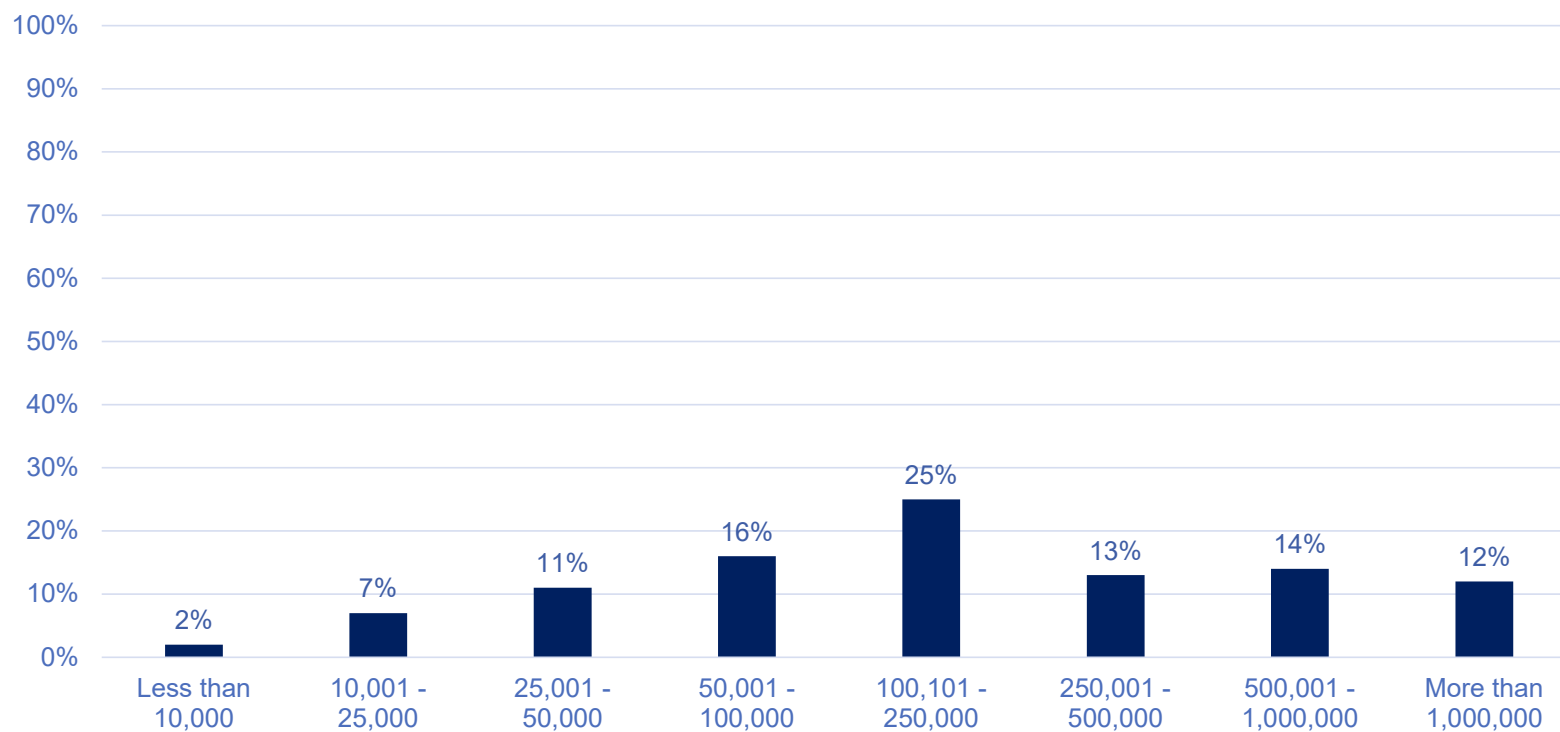
Annual Cohorts (N=573)



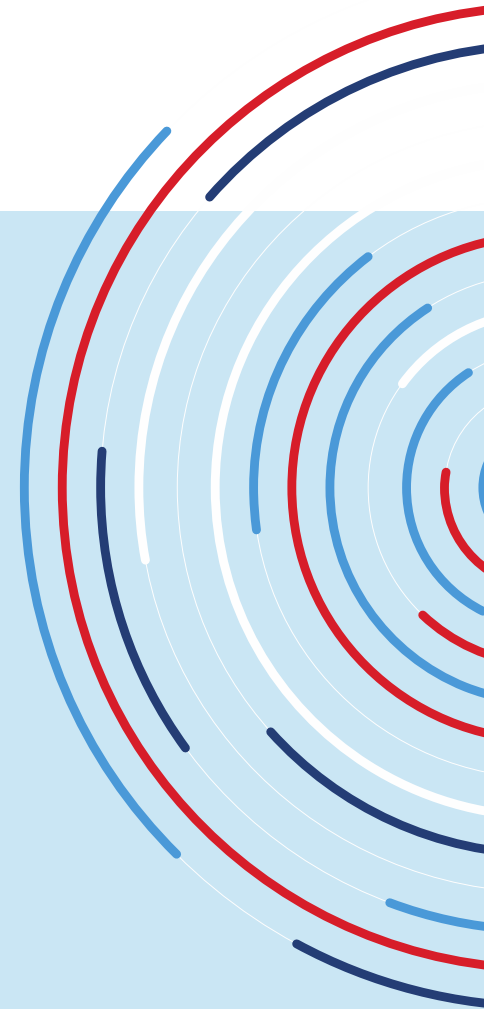
Students Annually (N=572)



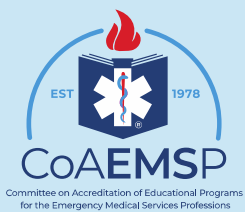
Population Served (N=569)



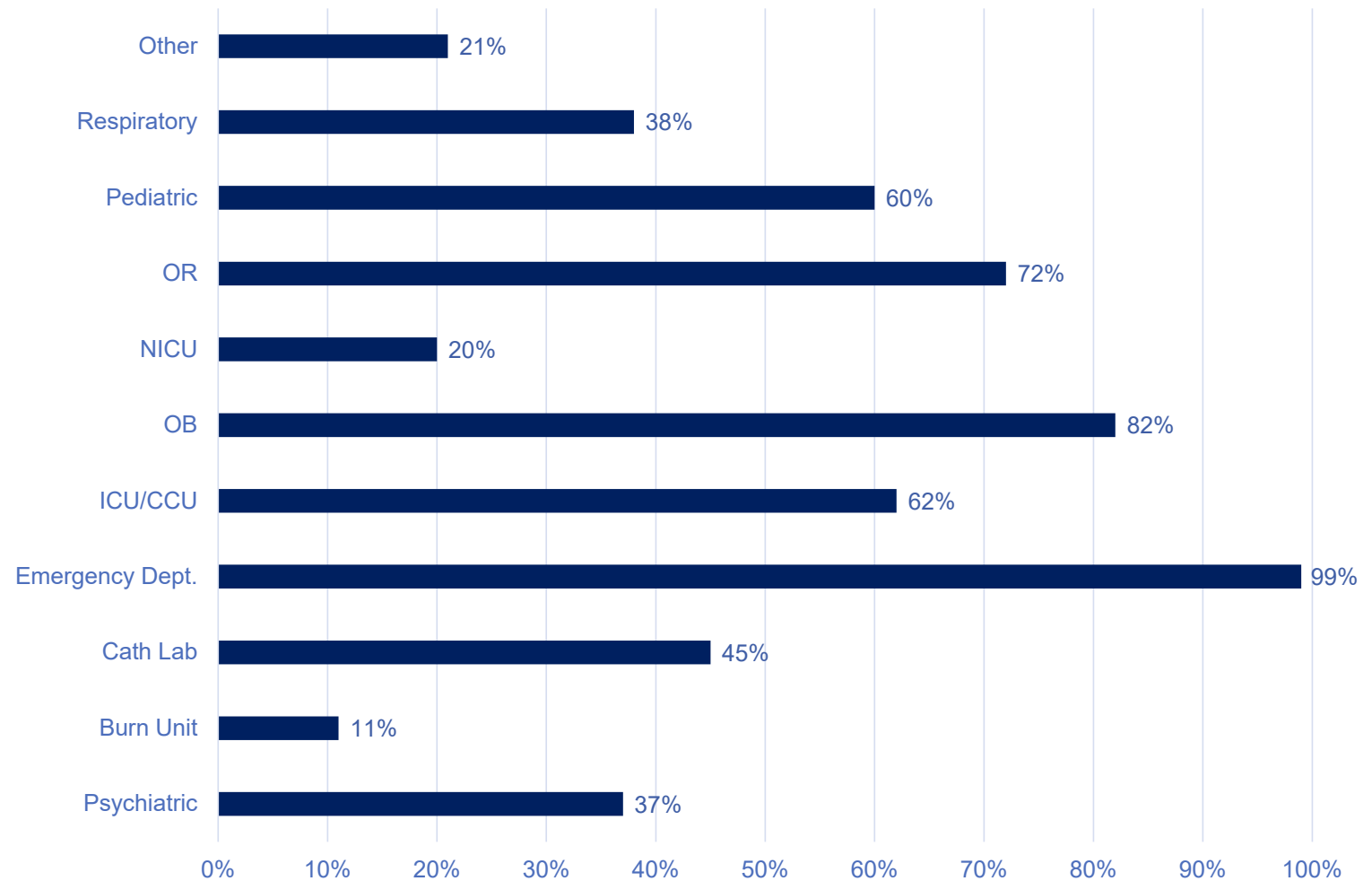
Clinical Resource Data



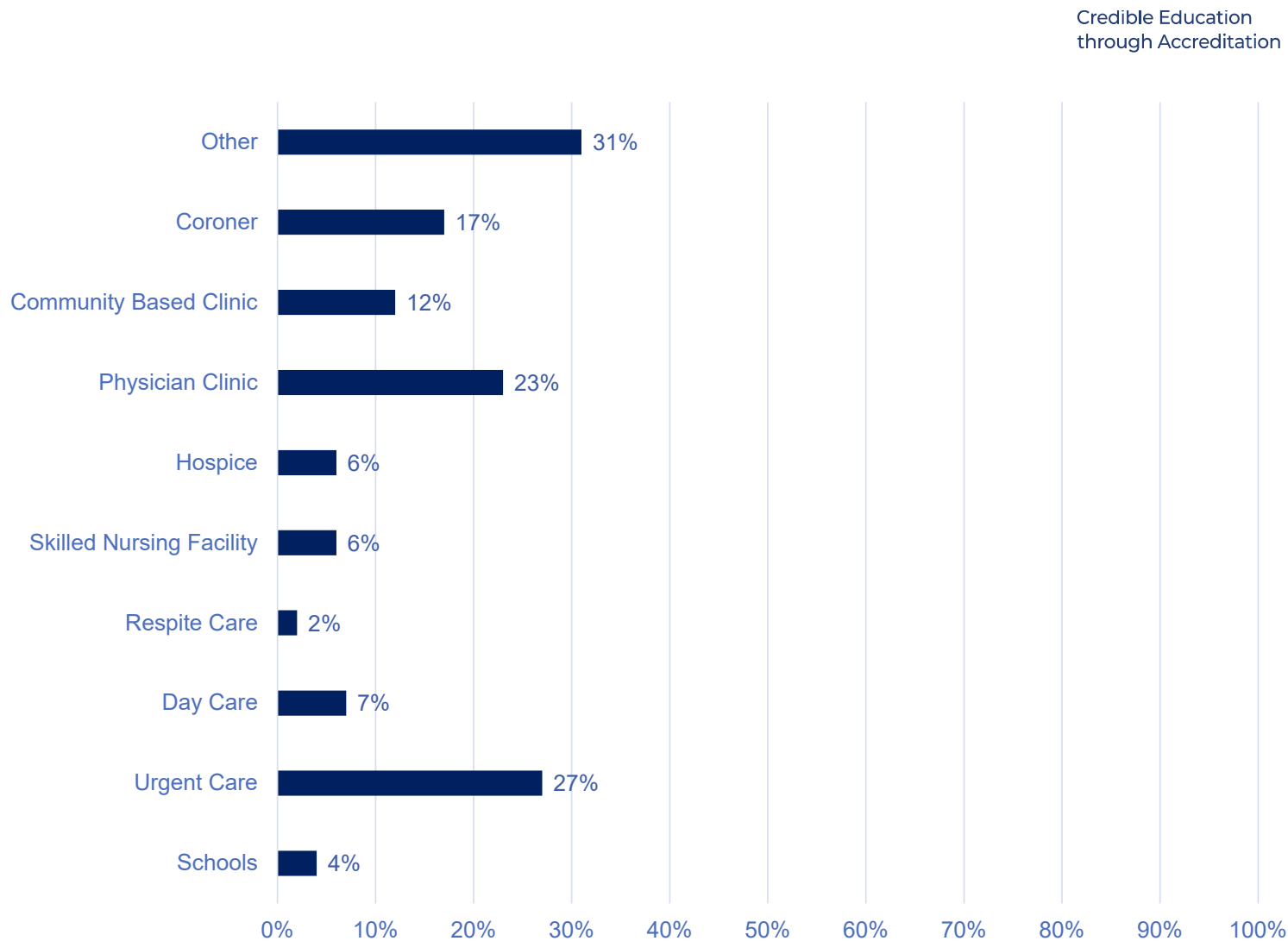
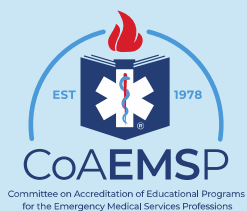
Required Clinical Units (N=567)



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Other Required Clinical Units (N=209)

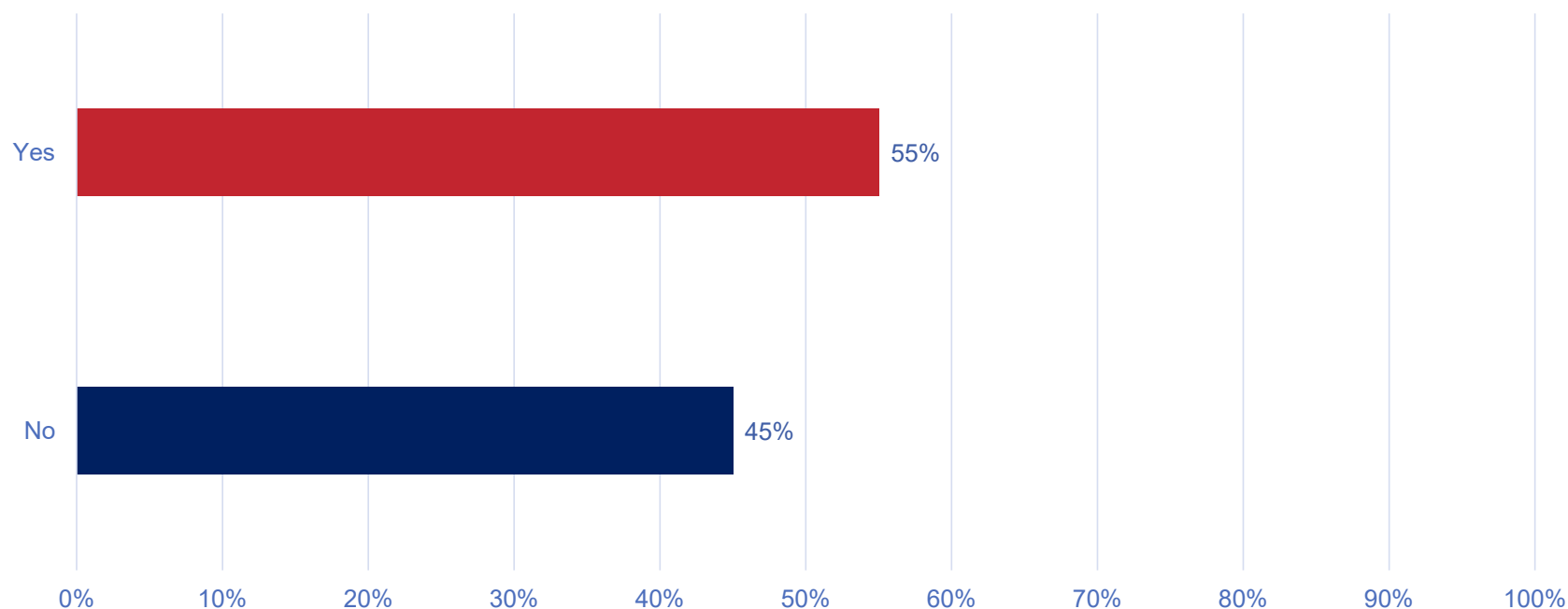


Total Clinical Hours (N=543)

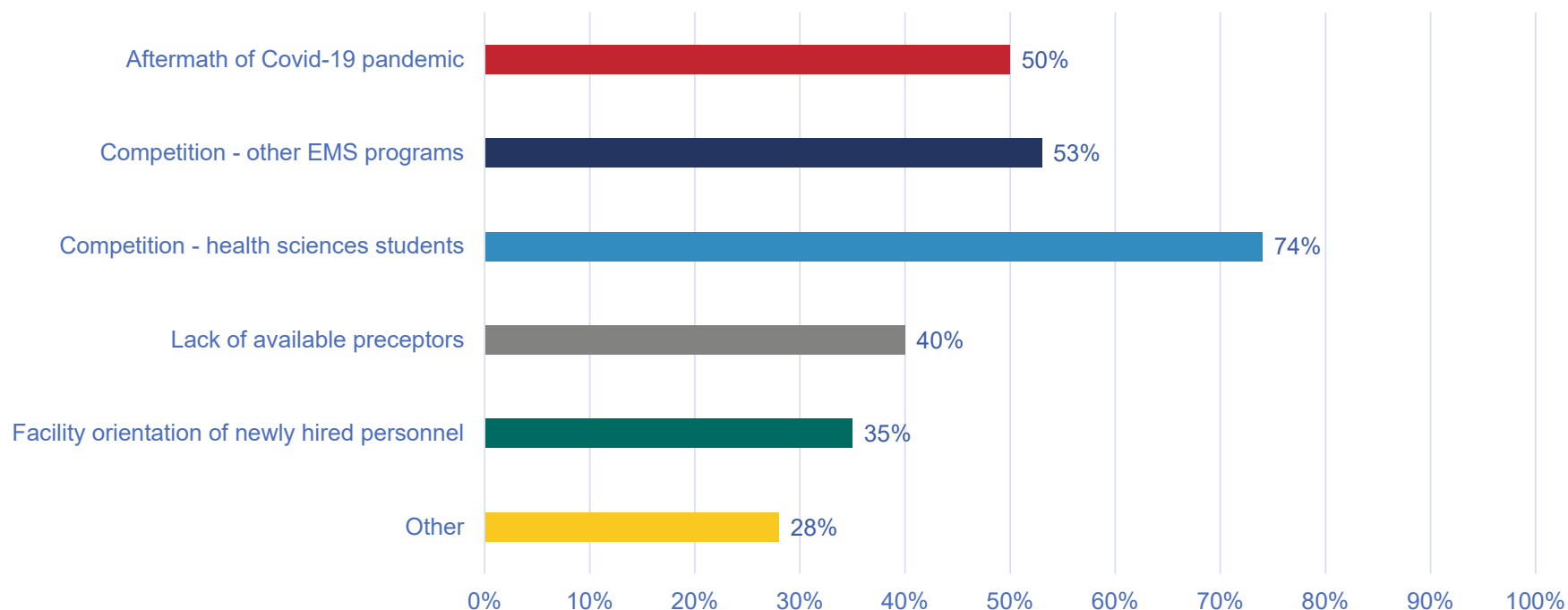
- Low – 0
- High – 1,160*
- Average – 288
- Mode – 300

**This and some other high numbers likely represent respondents providing hours for all patient care areas opposed to hours for clinical (hospital) experiences only.*

Has your program experienced a decrease in clinical facility access? (N=545)



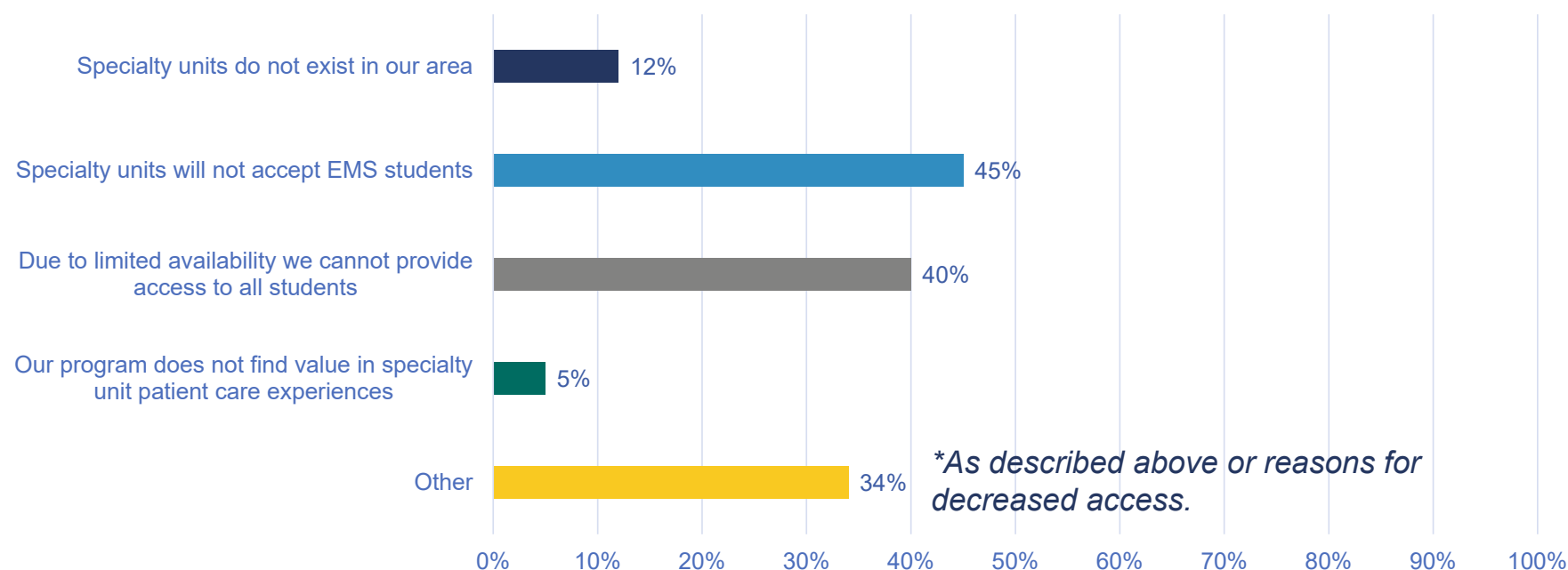
Decreased access is related to: (N=303)



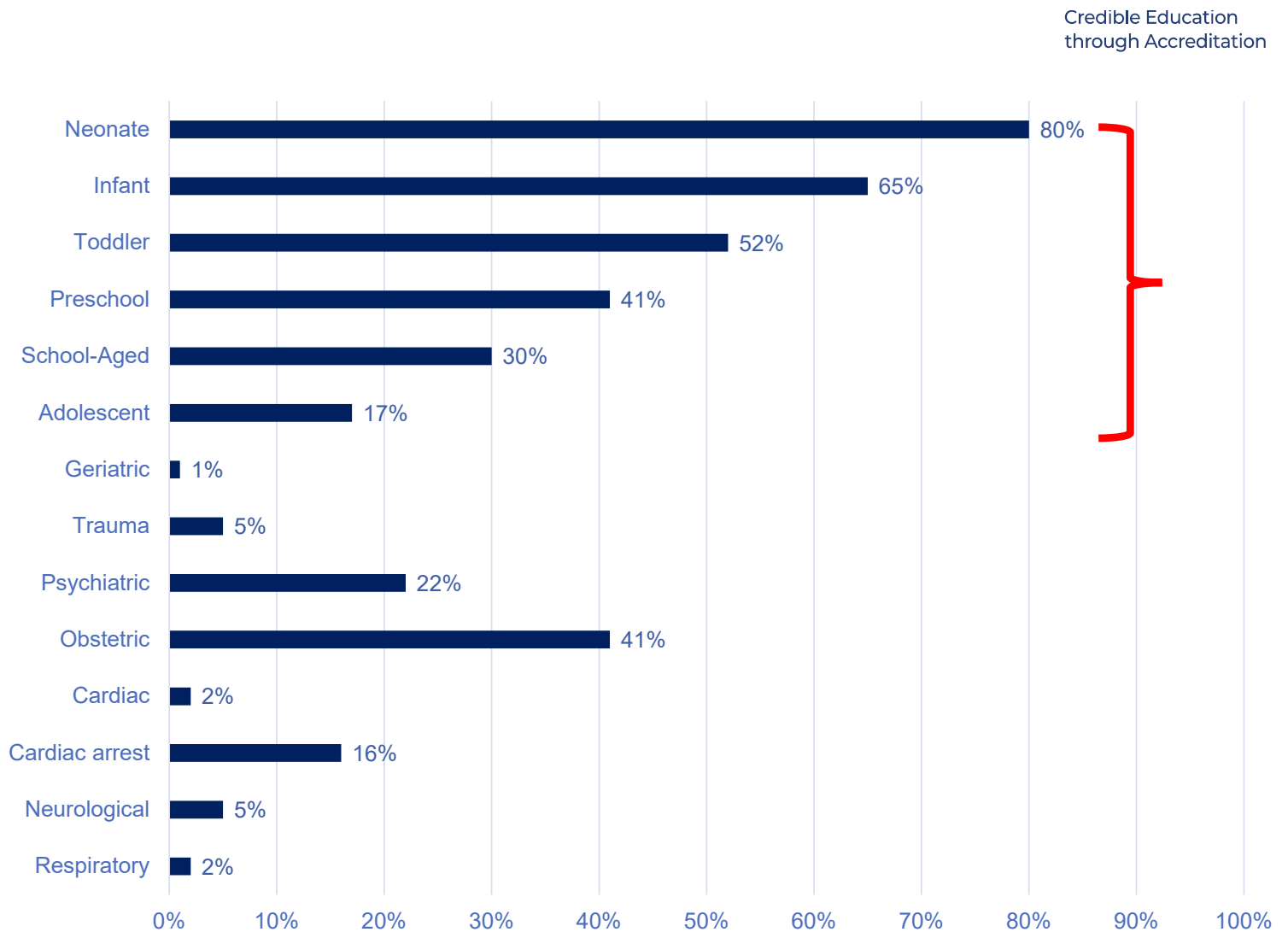
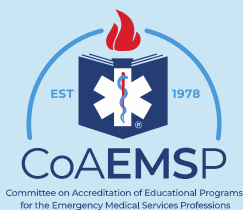
Decreased Access - Other (N=84)

- Decreased staff/use of travel nurses
- Hospital mergers/acquisitions
- Onboarding – fees, drug screens, background checks, TB/vaccinations, etc.
- Liability
- Don't support or like paramedics
- Nursing unions
- Observational only

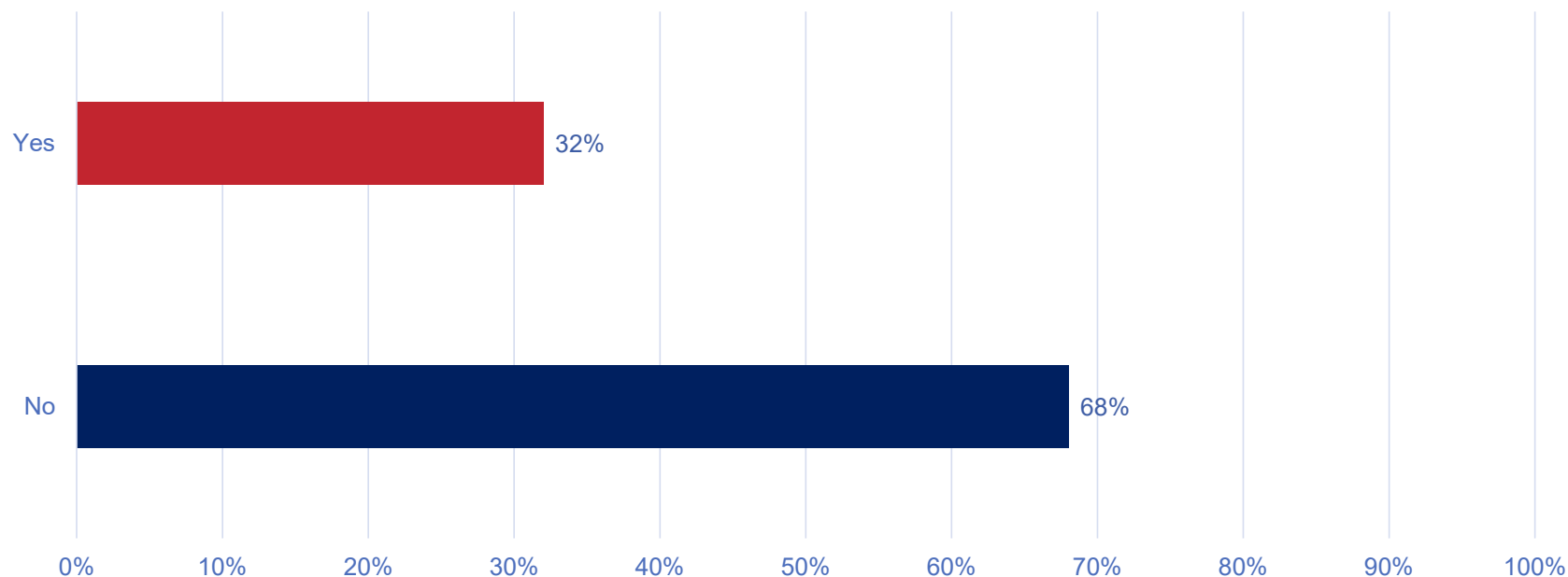
If your program does not access specialty units, indicate why? (N=203)



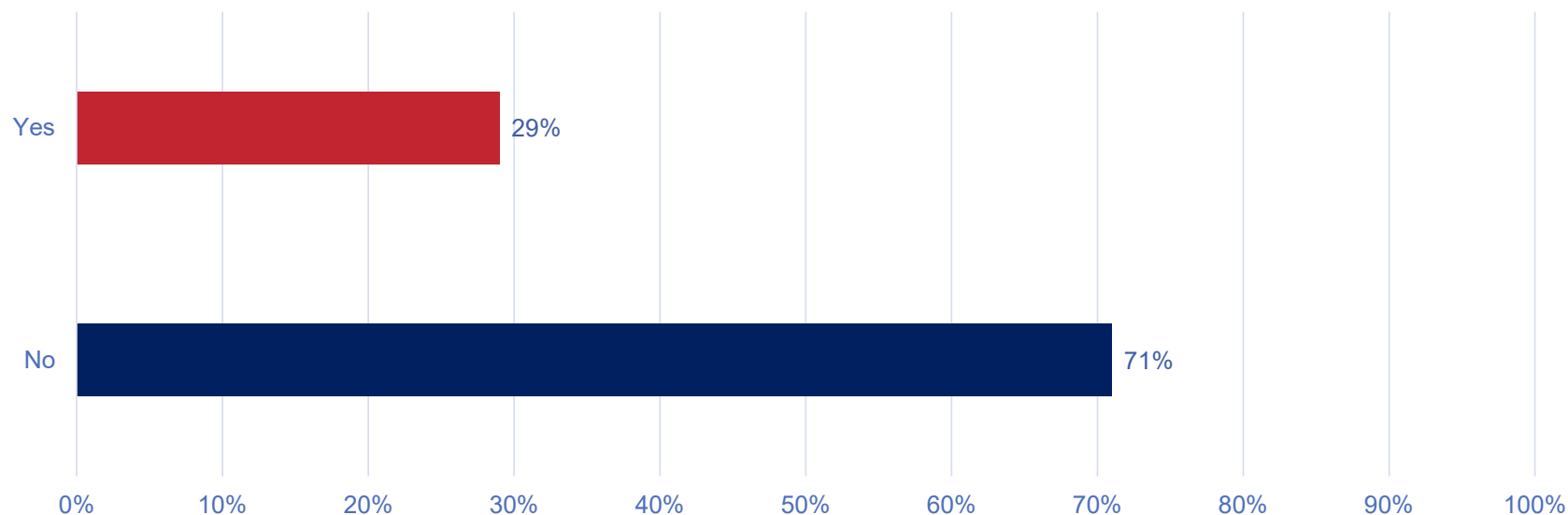
Patient encounters most challenging to access (N=517)



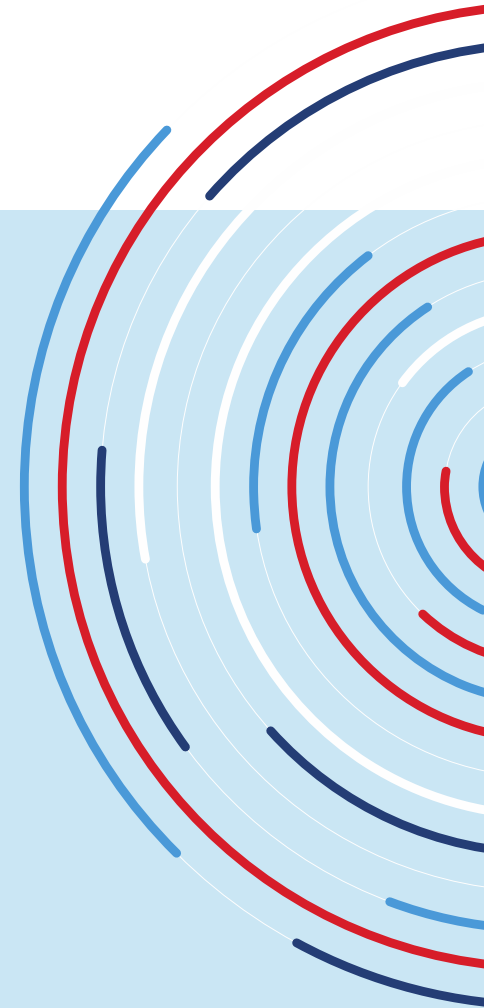
Do students complete a required and structured clinical experience shift with the program's medical director? (N=544)



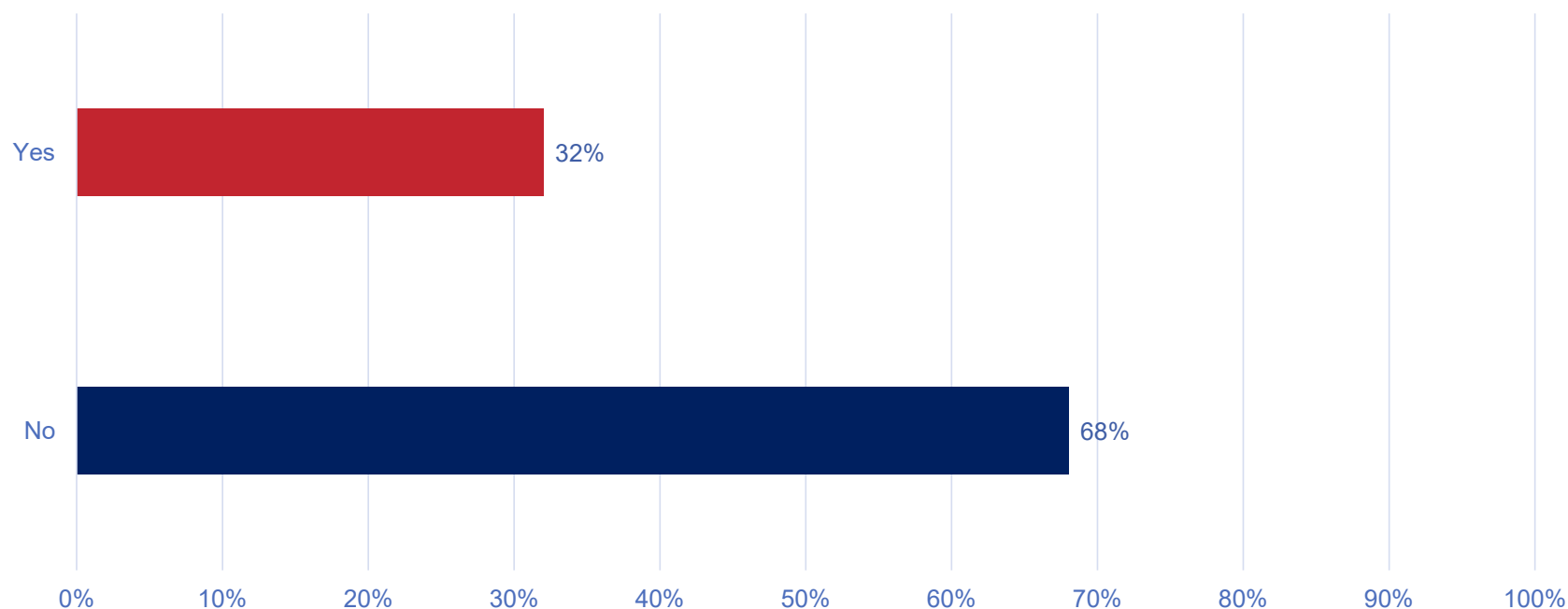
Is there a program instructional staff member assigned to the clinical sites responsible for supervising students in patient care areas? (N=545)



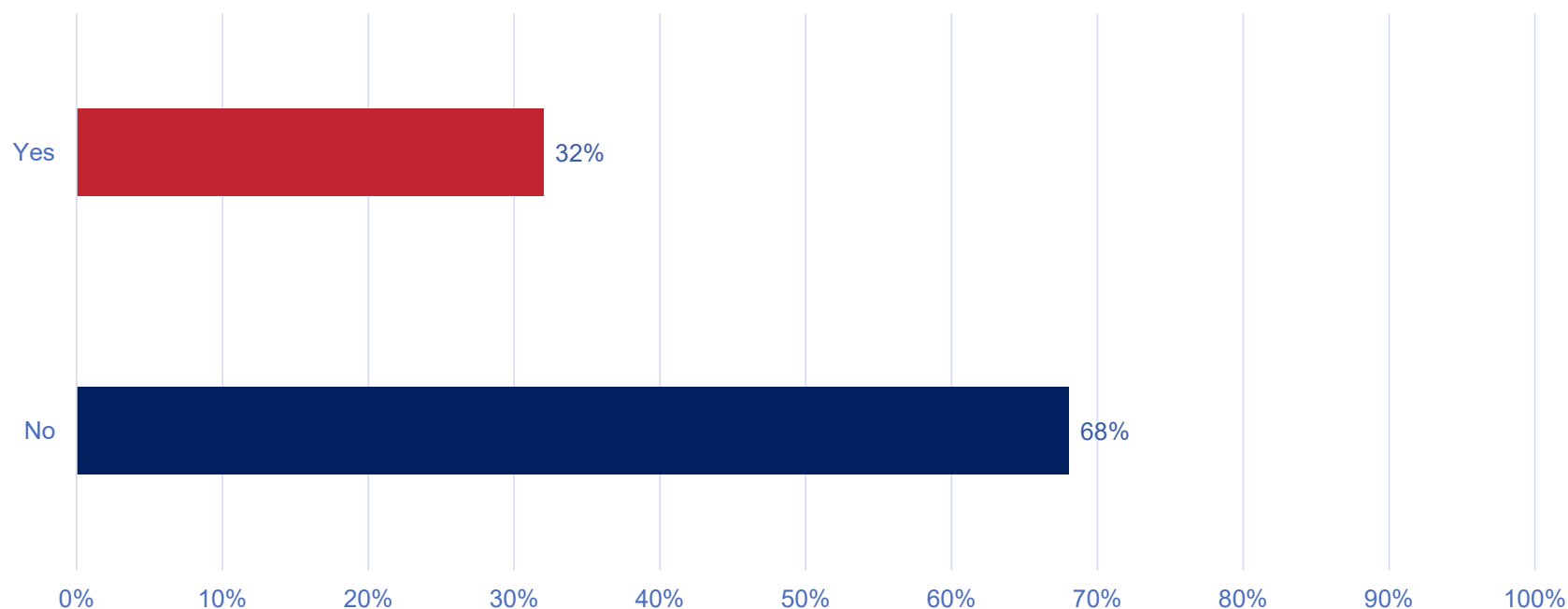
Field Resource Data



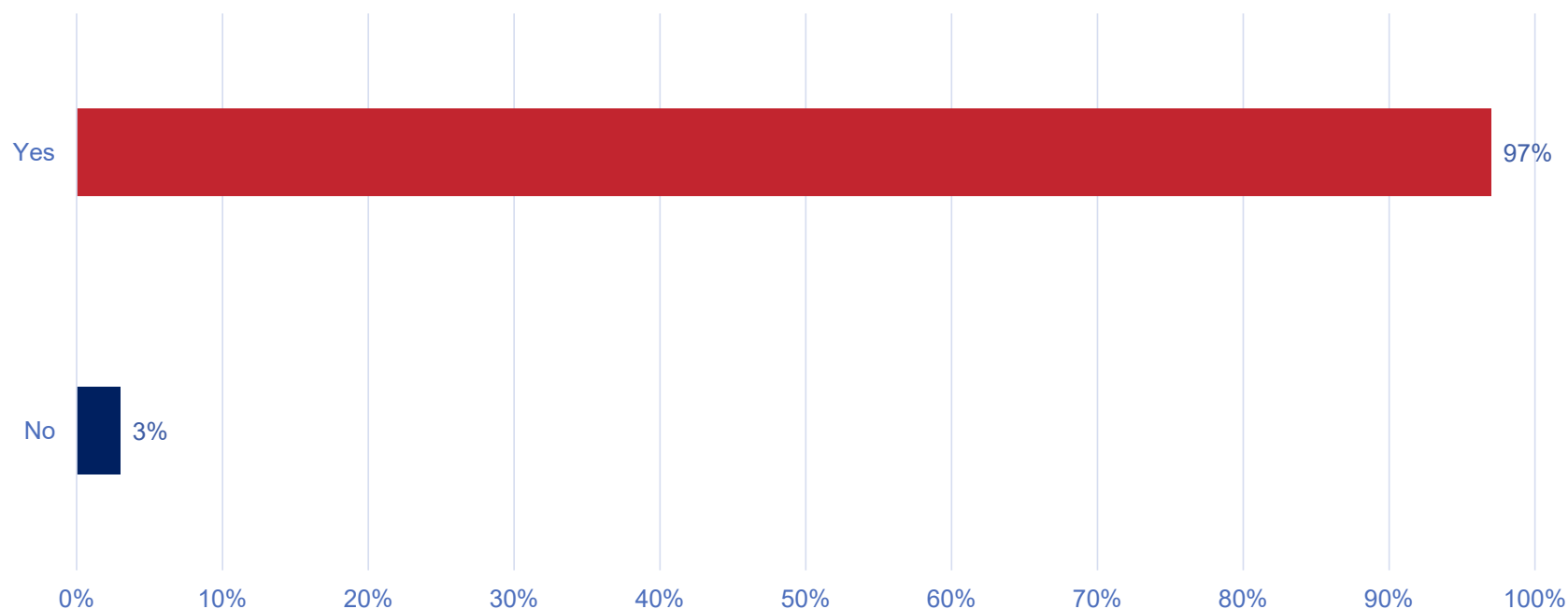
Has your program experienced a decrease in access to EMS agencies for field experience? (N=545)



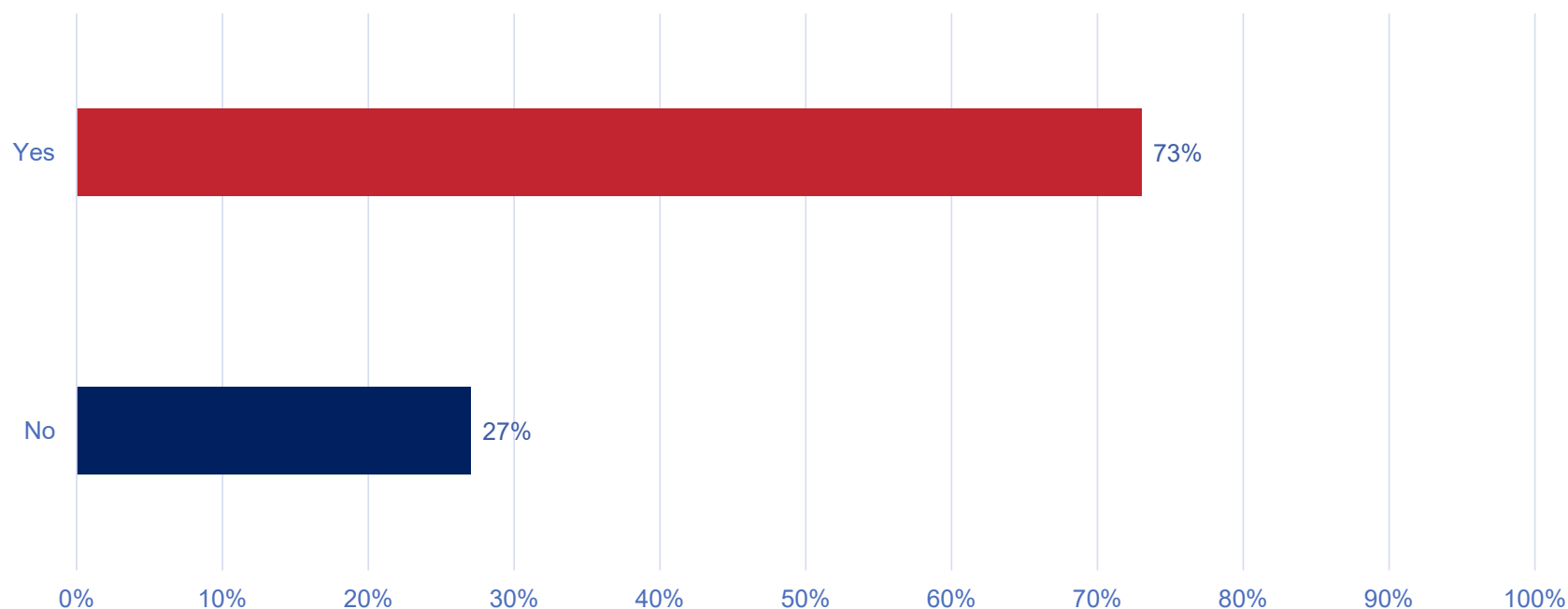
Has your program experienced a decrease in access to EMS agencies for capstone field internship? (N=545)



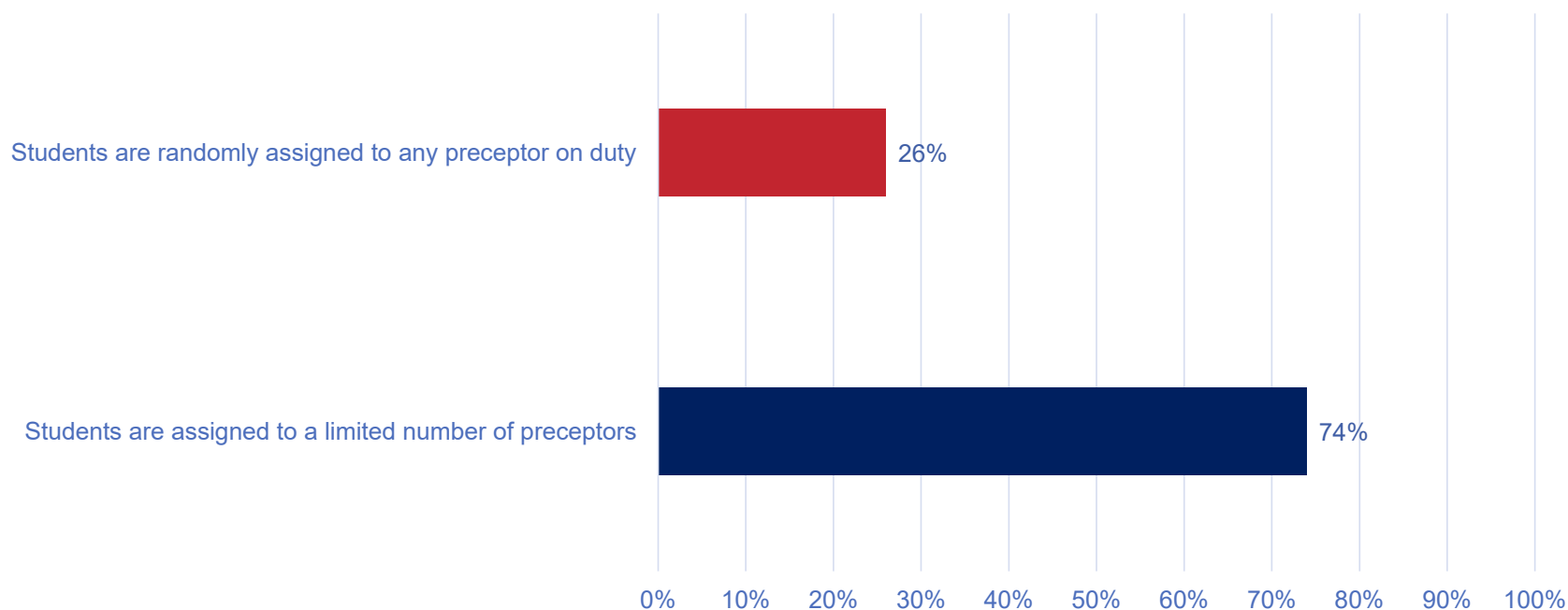
Do you use the same field sites for both field experience and capstone field internship? (N=544)



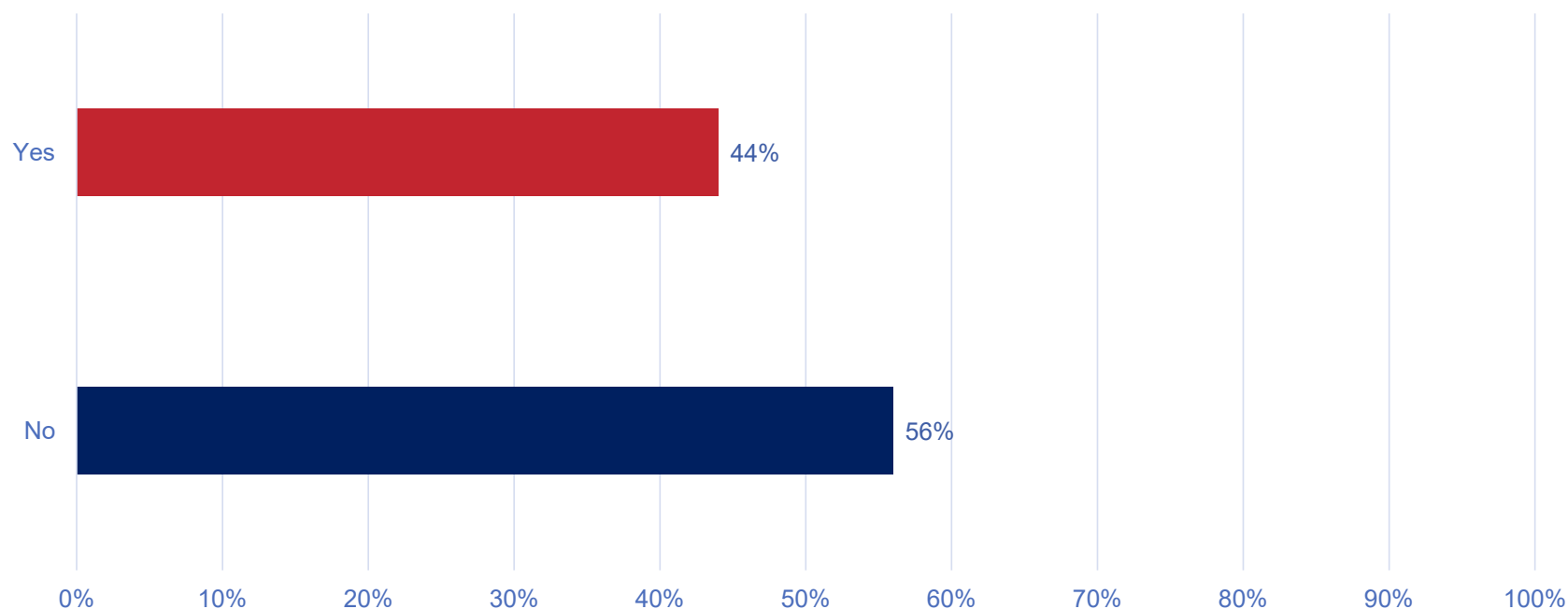
Is your program able to select capstone field internship preceptors in consultation with the EMS agency? (N=544)



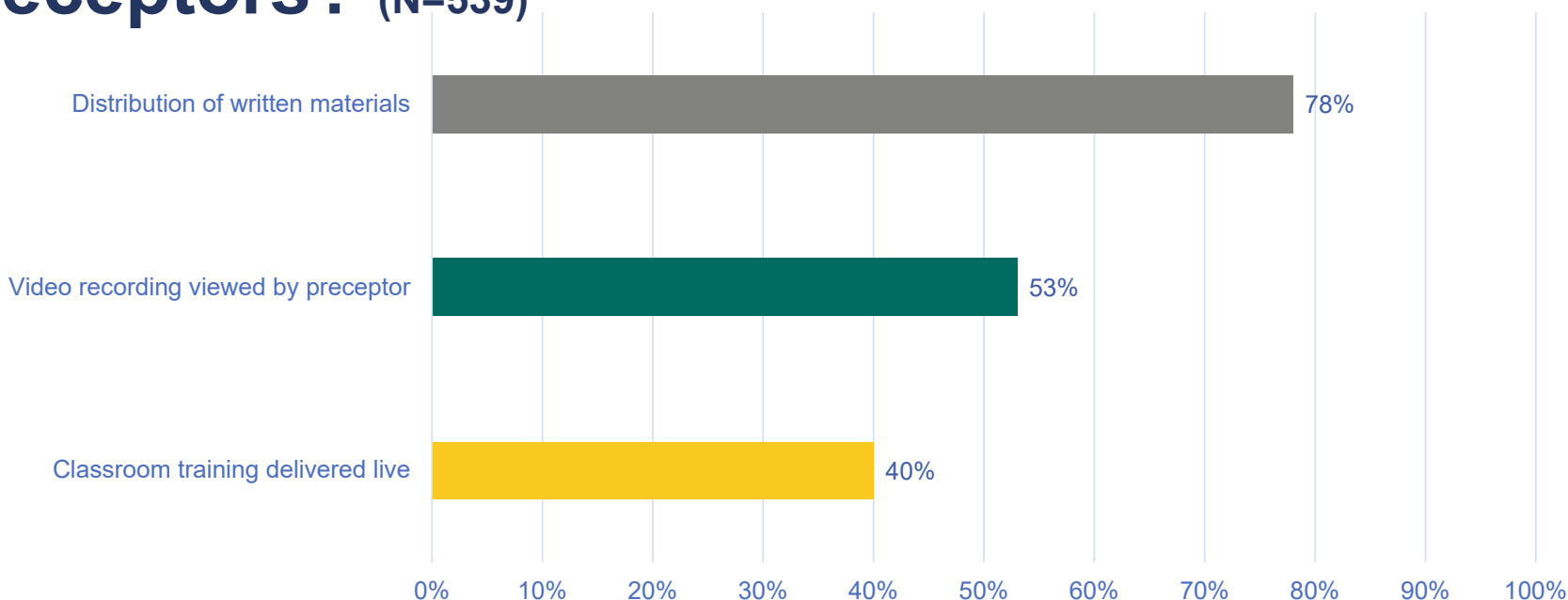
Which best describes how your program schedules students with preceptors during capstone field internship? (N=543)



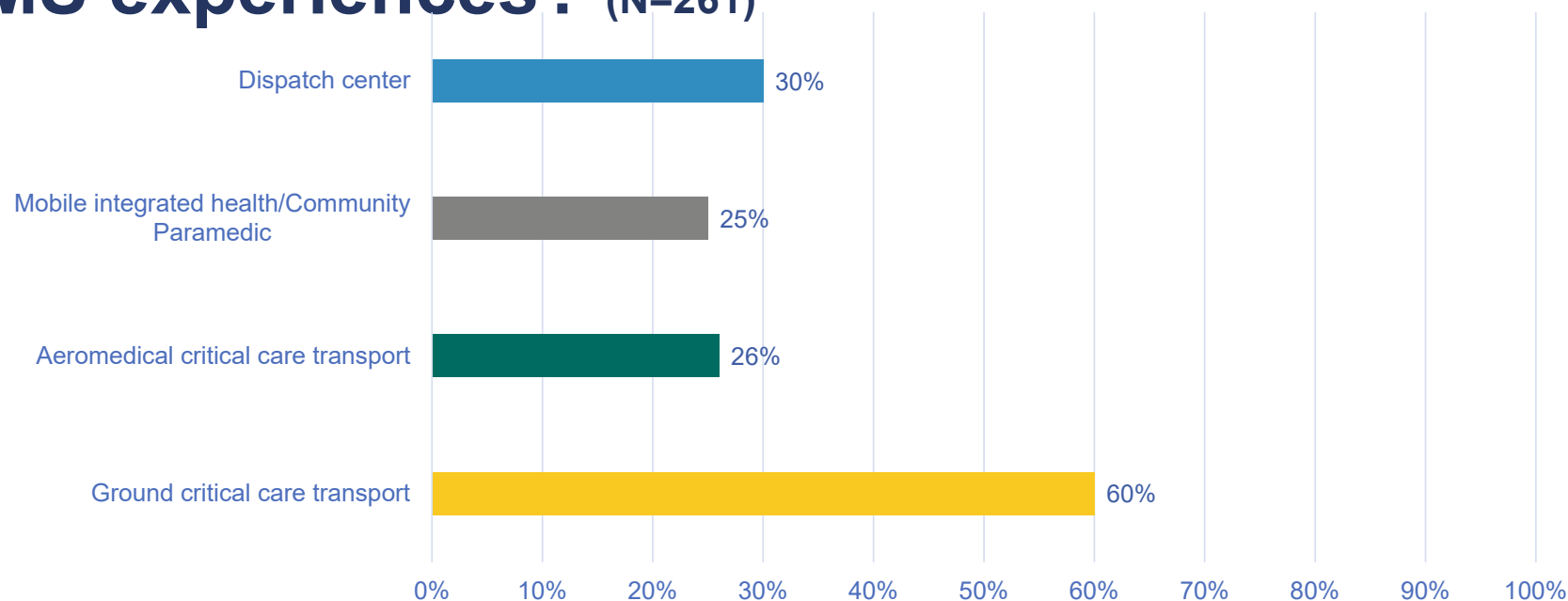
Does your program coordinate delivery of capstone field internship preceptor training with other programs? (N=544)



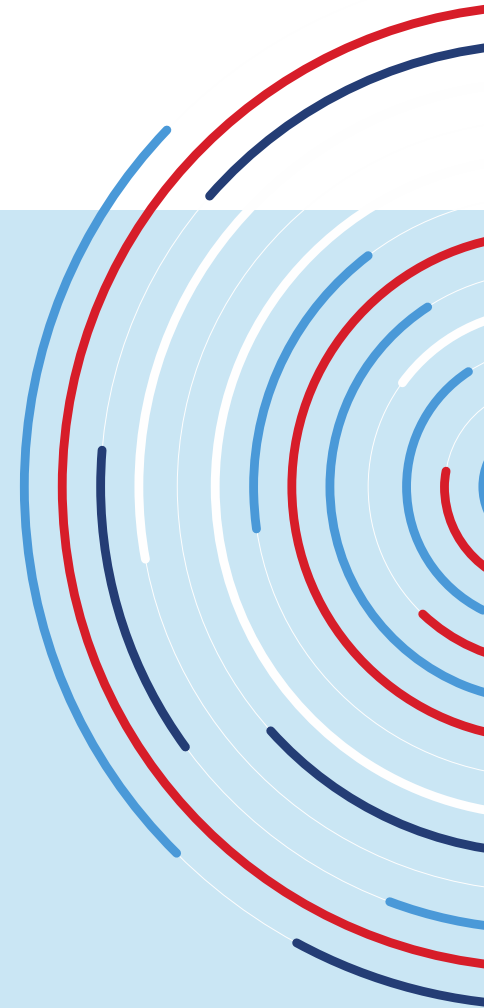
How does the program deliver required capstone field internship training to preceptors? (N=539)



Does your program offer students access to any of the following specialty EMS experiences? (N=261)



Qualitative Data





Key Themes

1. Access and Availability of Clinical and Field Sites
2. Quality and Consistency of Clinical Experiences
3. Preceptor Engagement and Training
4. Need for Alternative or Supplementary Learning Modalities
5. Partnerships and Collaboration
6. Regulatory and Administrative Challenges
7. Impact of COVID-19

Access and Availability of Clinical and Field Sites

- Limited Access
- Competition
- Scheduling challenges

“We are losing hospital sites to nursing and other allied health programs.”

“We have had significant issues with hospitals restricting or completely denying access for EMS students.”

“EMS is often the last in line when site slots are handed out.”

Quality and Consistency of Clinical Experience

- Inconsistent exposure
- Passive roles
- Low volume

“Some students complete shifts without any patient contact or procedures.”

“The experience is dependent on which staff are working and how busy the ER is.”

“Our students spend time shadowing with minimal engagement.”

Preceptor Engagement and Training

- Preceptor variability
- Lack of training
- Evaluation inconsistency

“We rely on whoever is on shift, and some are just not interested in teaching.”

“There’s no formal training for field preceptors – we just hope they do a good job.”

“Feedback is highly variable and often not based on consistent standards.”

Need for Alternative or Supplementary Learning Modalities

- Simulation
- Augmented learning
- Technology use

"We've had to rely more on simulation to make up for missed skills."

"Some simulation experiences are better than clinical shifts."

"We're exploring VR to supplement patient contact time."

Partnerships and Collaboration

- Agency collaboration
- MoU barriers
- Lack of site support

“Where we have strong relationships, things go much smoother.”

“Some sites require lengthy MoUs that delay student access.”

“EMS is not always seen as a priority by hospitals or fire departments.”

Regulatory and Administrative Challenges

- Credentialing
- Documentation
- Onboarding

“Background checks and paperwork can take weeks.”

“Hospitals are hesitant due to HIPAA and liability concerns.”

“Credentialing processes differ at every site and cause major delays.”

Impact of COVID-19

- Ongoing restrictions
- Post-Pandemic policy
- Site loss

“We lost several clinical sites during COVID and haven’t gotten them back.”

“COVID policies are still affecting student access in some systems.”

“Some field agencies still aren’t allowing students to ride along.”



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Thank you!

QUESTIONS

