



Field Internship Coordination Best Practices

The following best practices are intended as a template for your program to revise and adjust based on program structure, schedule sequencing for clinical rotations, and other unique circumstances.

Paramedic programs are designed to be a continuous course of study, and facilitating a smooth transition through the clinical and field internship phases is crucial. The following best practice guidelines are intended to provide a structure for the process. Programs vary in structure, cohort size, and various logistics. Modifications to this process may be appropriate and should be reviewed and discussed with the program administration.

1. The clinical/field coordinator should be introduced to the students on the first day of class, explain roles, share contact information, and answer questions. Inform students that:
 - a. The field internship is full-time.
 - b. They should not make vacation plans, wedding plans, etc., until the completion of the entire program.
2. Where time and schedule permit, the clinical/field coordinator should be involved in the program during the classroom and lab phases.
 - a. Specifically, when the clinical/field coordinator is a full-time assignment, the schedule should include time to participate during this phase.
 - b. Participation may be in the classroom (presentation), skills lab, or facilitating scenarios.
 - c. The goal is to become familiar with the students and develop relationships.
 - d. In programs where the clinical/field coordinator position is part-time, participation may be limited, but it is still important to become familiar with the students before the clinical phase.
3. Pre-requisites must be completed on admission.
 - a. This includes all immunizations except:
 - i. Flu vaccine is seasonal and may not be required or may be required when the vaccination period begins by the CDC recommended date in the fall (usually October).
 - ii. When TB testing is required, it is typically time sensitive, and the date to require testing must be flagged as placement is being arranged.
 - b. Background checks are required on admission. The background check includes the drug test. Some facilities may require a second background check and drug screen based on timing from the initial teas and the beginning of the clinical phase.
4. Field placements should begin early, and students should be placed by the field internship orientation date. The clinical coordinator will schedule the clinical close-out meeting to facilitate the transition directly to the field internship.
5. The clinical/field coordinator will contact the key contact at each of the scheduled field internship sites, review student scheduling and expectations, and answer questions.

6. The clinical/field coordinator verifies that a current contract with the agency is on file. This process should be ongoing, and three to six months are typically needed to renew and fully execute contracts. Requests for new sites from staff or students should not be considered for the cohort being placed unless the adequate lead time mentioned is available. Field internships cannot be delayed waiting on a contract.
7. The clinical coordinator is responsible for verifying that:
 - a. EMT certification and the CPR card are current and will remain current throughout the clinical and field internship phases.
 - b. TB tests have been completed as required.
 - c. Seasonal flu vaccination has been completed as required.
 - d. COVID vaccination is complete if required.
 - e. Any additional requirements from the specific sites have been completed.
 - f. Programs may also require successful completion of ACLS, PALS, AMLS, and ITLS or PHTLS before placement.
8. Field internship orientation may be combined with clinical close-out depending on the program, number of students, and clinical and field internship resources available. Students:
 - a. Receive a Field Internship Manual if not previously distributed.
 - b. Review terminal competency requirements and milestones
 - c. Review attendance policy. Each program must define the number of allowable rescheduled shifts and the circumstances and publish in the Field Internship Manual and syllabus. However, all missed shifts must be rescheduled.
 - d. Review general information to include:
 - i. The maximum amount of time to complete the field internship as established by the program.
 - ii. Review the use of the tracking system and appropriate data entry if necessary
 - iii. Patient care reports (PCRs) are to be entered into the tracking system during or immediately after the shift.
 - iv. Dress code
 - v. Conduct
 - vi. Schedule changes
9. Students are instructed that:
 - a. Students are expected to schedule a minimum of **xx - xx** hours per week in the field setting. Some programs may require a schedule that reflects the preceptor work assignment.
 - b. All shifts must be recorded in the tracking system at the time of scheduling, which must be a minimum of 72 hours before the beginning of the shift and/or within 72 hours of being notified of their internship schedule.
 - c. All patient contact information/skills must be entered into the tracking system within 72 hours of completion of the shift. The shift is 'locked' after this time.
 - d. Students who have experienced a special circumstance, such as an illness, must notify the clinical/field coordinator immediately regarding missed shifts, deadlines, etc.
 - e. Students are expected to contact the clinical/field coordinator at least weekly through email, phone, or LMS to remain in communication regarding progress, issues, and questions.
 - f. Students must complete frequent evaluations of the preceptor throughout the capstone internship.

10. Charting audits by the clinical/field coordinator monitor:
 - a. That students are entering schedules before shifts.
 - b. That students are attending scheduled shifts.
 - c. Student documentation, completion of evaluations, preceptor signoffs.
 - d. Appropriately indication of absent shifts and the reasons
 - e. Graduation report progress
 - f. Patient care report narratives
11. The clinical/field coordinator will meet with the student at least three different times during the field internship phase for programs exceeding xxx hours in field internship and complete a Student Academic Progress Form. For programs with less than **xxx** hours in the internship, two meetings are required.
 - a. At the milestone points (i.e., 120 hours, 240 hours, 360 hours) or every 100 hours for internships less than 400 hours
 - b. At field internship closeout
 - c. The meeting can be in-person or virtual, but the clinical/field coordinator and the student must sign and date the form.
 - d. Progress towards achieving all terminal competencies is reviewed.
 - e. Any potential student/preceptor issues must be identified and addressed early.
12. The clinical/field coordinator documents/logs all communications with students regarding scheduling, progress, placements, and requests.
13. The clinical/field coordinator arranges at least one student visit to each agency where students are placed. This can be a delegated/shared responsibility among the faculty and includes:
 - a. Review of documentation
 - b. Review of competency acquisition/progression
 - c. Review of interesting cases and questions
 - d. Observation of an assessment
14. If the student is non-compliant with any of the previous requirements:
 - a. The first instance of late paperwork/electronic submission without adequate justification results in a meeting with the clinical/field coordinator and the completion of a Student Counseling Form.
 - b. The Student Counseling Form will be completed, reviewed with the student, and signed and dated by the clinical/field coordinator and student.
 - c. A Performance Improvement Plan may also be initiated in lieu of a counseling form, depending on the circumstances.
 - d. In either case, the action is taken in consultation with the program director.
 - e. When a Student Counseling Form or Performance Improvement Plan is initiated, the student is placed on probation.
 - f. Further failure to meet the required expectations will result in dismissal.

15. At the field close-out:
 - a. Review documentation for completeness.
 - b. Review completion of all terminal competencies/graduation requirements documented in the tracking system.
16. Following completion of the field phase for the cohort, the clinical/field coordinator will communicate with the key contact at each of the scheduled field internship sites to assess for issues and recommendations.
17. Throughout the field phase, the clinical/field coordinator will communicate student progress and issues to the program director and medical director on a regular basis.