



Clinical & Field Experiences in Paramedic Education: Many Programs Struggle to Access Essential Learning

Clinical and field internship experiences are essential educational components by which Paramedic students develop competency, clinical decision-making, and skill mastery. Clinical and field education builds safe, independent practitioners. Challenges accessing clinical and field experiences threaten the quality of our EMS system.

Benefits of Clinical and Field Experiences for Paramedic Students

Protect Public Safety – Clinical and field experiences ensure graduates can:

- Perform high-risk procedures safely (airway management, medication administration, cardiac care)
- Recognize subtle deterioration and adjust care
- Lead patient care independently
- Integrate into hospital and EMS systems

Without robust experiential education, graduates may be technically trained but not practice-ready – a direct patient safety concern.

Develop Clinical Judgment - Clinical rotations and field internships teach students to:

- Acquire and Synthesize information
- Prioritize competing problems
- Adapt when treatments fail or adjustments become necessary
- Function under time pressure and uncertainty

These competencies cannot be fully replicated in simulation alone.

Develop Professional Identity & Accountability – Experiential learning transforms students from learners into clinicians as they develop:

- Professional communication skills
- Ethical decision-making habits
- Accountability for patient outcomes
- Leadership confidence
- Interprofessional collaboration skills

This transition — from “following instructions” to “owning patient care” — occurs in real patient care environments.

Ensure System Integration & Workforce Readiness – Clinical exposure ensures graduates understand:

- Emergency department workflow, EMS system operations and QA processes
- Critical and specialty care expectations
- Patient handoff for safe care transition and quality standards
- Documentation and compliance requirements

Well-integrated graduates reduce onboarding time, improve team function, and strengthen workforce stability.

Paramedic Education Programs are Struggling to Access Clinical and Field Learning Experiences

More than half of all programs (55%) surveyed by CoAEMSP experienced a decrease in clinical facility access. The most common contributing factors include:

- Increased competition from other health science programs (74%)
- Increased competition from other EMS programs (53%)
- Post-pandemic restrictions (50%)
- Lack of available preceptors (40%)*

Clinical Experience – Required clinical units *most frequently* accessed:*

- Emergency department - 99%
- Obstetrics – 82%
- Operating Room – 72%
- ICU/ CCU – 62%
- Pediatric – 60%

Most challenging patient encounters to access in *any* environment include:*

- Neonate – 80%
- Infant – 65%
- Toddler – 52%
- Preschool – 41%
- Obstetric – 41%

* Respondent could choose more than one answer.

Field Experience - Nearly one-third of programs have experienced a decrease in access to EMS agencies for field experience (32%) and capstone field internships (32%).

Improving Access, Moving Forward – Together

The challenge — and opportunity — for the broader EMS community and beyond is to enhance strategies for ensuring access to these critical learning experiences. This will require coordinated engagement with national organizations representing clinical and field sites. Every community relies on well-educated and competent EMS clinicians when emergency services are called.

Supplement Gaps with Innovation – Simulation can reinforce or substitute clinical learning, particularly in high-risk, low-frequency scenarios, such as neonatal or obstetric emergencies. Virtual reality (VR) and augmented reality (AR) are also being explored to enhance skills development and replicate complex patient encounters.

Address Administrative and Regulatory Hurdles – Onboarding barriers are lengthy and challenging. Complexities can delay or prevent student access to essential education environments, including:

- Background checks
- Varying credentialing procedures
- Liability and capacity concerns
- Requirements for lengthy memoranda of understanding (MoUs)
- “Last-in-line” status in densely populated areas compared to nursing or other allied health programs

Collaborate for Success – Strong relationships between programs and clinical or field partners supports opportunities to engage with agency leadership, ensure open communication, and align on goals.

EMS educators must advocate for inclusion, foster robust partnerships, and invest in scalable solutions. Ensuring high-quality, supervised hands-on education for paramedic students is not only an educational imperative – it is essential to producing competent professionals who are ready to meet the urgent and diverse needs of prehospital care.

The survey was distributed by CoAEMSP to 768 programs in Spring 2025 with 573 responding (75%) from 45 states. A summary of the full survey results is available [here](#).