



Broome County

OFFICE OF EMERGENCY SERVICES

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**EMERGENCY MEDICAL TECHNICIAN - BASIC
FIELD INTERNSHIP**

Introduction

Basic EMT's registered in Broome County Basic EMT-B Original courses will now be doing Field Internships with approved Ambulance Squads in place of clinical rotations in hospital emergency rooms. Following are the objectives you will need to accomplish during this internship. These objectives must be met before you will be allowed to take your Practical Exam. Anyone wishing to do the 10 hours in the Emergency rooms will be allowed to *BUT* they will have to pay for their own physical, which must meet hospital requirements. Broome County Health Department charges \$110.00 for these physicals.

Purpose of Field Internship

During the internship experience, the Basic EMT intern, under the direct supervision of the preceptor, is to observe, practice and demonstrate the skills learned in the classroom on a variety of patients in the prehospital setting. The rotation will be with a designated agency that provides Emergency Medical Services for patient care and transport of the sick and injured.

The Basic EMT intern is to become familiar with the daily operations of an Emergency Medical Services agency (BLS or ALS), the interface/interaction between the agency and dispatch center, response to an emergency situation, initial scene size-up/management, patient assessment and care prior to transport. The intern will observe, participate, and demonstrate skills on actual patients enroute to the hospital and will *observe* the transfer of the patient care to the receiving facility.

Internship Sites

All field internship experience will take place at an authorized internship site, which is defined as an *ambulance agency* that is under a current field internship affiliation agreement with the Broome County Office of Emergency Services. These may be agencies with which the student already has a membership or employment relationship, or may be agencies with which the student affiliates only for purposes of the internship. A current list of authorized internship sites will be furnished to each student, and additional ambulance agencies, both within and outside of Broome County, that are interested in becoming authorized internship sites, may contact the EMS Office for the necessary information. First Response Teams, and other non-transporting agencies, are not eligible to become EMT-Basic internship sites. Agencies will vary in their procedures for scheduling students for internship rotations (shifts), and must be contacted by the student directly for this information.

Internship Format

A *minimum* of 12 hours of documented, on-duty field internship time is required for successful completion. Credit will only be granted for time spent *on-duty, in-station (or on actual calls) with the preceptor*. No credit will be granted for time spent "on-call" from home, or in any location other than with the preceptor. Credit will be granted for participation in "back-up" calls (calls responded to from off-duty), but in such cases credit will be granted only for the actual time of the ambulance call. Credit will be granted only for those calls in which the student participates completely (from start to finish); if the patient is transported to the hospital, the student must accompany the patient through transport and transition of care to hospital personnel.

Preceptors

The designated preceptors (supervisor/evaluators) for this field internship shall be any EMT-Basic or Advanced EMT who is designated by the EMS agency as, and is functioning in the capacity of Crew Chief (in-charge EMT or AEMT) of the ambulance crew with which the student is obtaining internship experience. It is the responsibility of the preceptor to serve as mentor, role model, and evaluator of the student, and to make maximum use of available on-duty time to facilitate learning on the part of the student (even in the absence of calls during the internship shift).

Evaluation and Documentation

A Broome County EMS EMT-Basic Field Internship Evaluation form must be completed by the preceptor and student for each shift at an authorized internship site for which the student seeks credit toward completion. Only one form is required per rotation (on-duty shift or “backup” call spent with preceptor), per student.

It is the responsibility of the student to assure that the preceptor is presented with the necessary evaluation form at the beginning of each internship shift, and to retrieve the completed form from the preceptor, and deliver it to the course Instructor/Coordinator, *at the first class session following each internship shift. No credit will be granted for internship experience for which a fully completed evaluation form has not been submitted to the Instructor/Coordinator.*

It is the responsibility of the preceptor to complete the evaluation form at the conclusion of each internship shift, documenting and evaluating all relevant performance, observation, and experience achieved by the student during that shift.

If the student completes the Prehospital Care Report (PCR) on any call in which he/she participates during the internship, it is recommended (not mandated) that a photocopy of the PCR be attached to the evaluation form submitted to the Instructor/Coordinator. It is suggested that the patient’s name and address be obliterated from this copy with marker or other appropriate means, in order to assure confidentiality.

Problems or Questions

Any problems or questions, on the part of students or preceptors, regarding the EMT-Basic Field Internship should be directed to the EMS Coordinator at 778-2184, or the EMS Officer at 778-8672.



BROOME COUNTY DIVISION OF EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL SERVICES EDUCATION PROGRAM
Emergency Medical Technician – Basic
Field Internship Evaluation



CANDIDATE'S NAME: _____

INTERNSHIP SITE (Agency Name): _____ PRECEPTOR'S NAME: _____

DATE: _____ SHIFT START TIME: _____ SHIFT END TIME: _____

Under the direct supervision of a preceptor, the Basic EMT intern will observe, participate and demonstrate the following skills. Please rate the intern in each category listed, on the scale provided: 1 being poor, and 5 being outstanding. N indicates that the category is not applicable to the experience being evaluated. In the Comment section, please elaborate on both strong and weak performance areas, and include specific suggestions for continued development and improvement.

OBJECTIVE	RATING	COMMENTS
PREPARATION		
Participate in vehicle/rig check	1 2 3 4 5 N	
Receipt of dispatch information	1 2 3 4 5 N	
Pre-arrival plan/preparation	1 2 3 4 5 N	
Scene size-up/management	1 2 3 4 5 N	
Initial patient assessment	1 2 3 4 5 N	
PATIENT CONTACT		
Chief complaint	1 2 3 4 5 N	
History of present illness/injury	1 2 3 4 5 N	
Past medical history	1 2 3 4 5 N	
Medications	1 2 3 4 5 N	
Allergies	1 2 3 4 5 N	
Focused history and detail physical exam (rapid or focused examination)	1 2 3 4 5 N	
Ongoing assessment	1 2 3 4 5 N	
VITAL SIGNS		
Level of consciousness (AVPU)	1 2 3 4 5 N	
Pulse rate & quality	1 2 3 4 5 N	
Respiratory rate & quality	1 2 3 4 5 N	
Blood pressure by auscultation/palpation	1 2 3 4 5 N	
AIRWAY/BREATHING MANAGEMENT		
Oral suctioning	1 2 3 4 5 N	
Oral/nasal airway insertion	1 2 3 4 5 N	
Oxygen therapy (nonrebreather mask or nasal cannula)	1 2 3 4 5 N	
Ventilatory assistance (BVM)	1 2 3 4 5 N	
Chest compressions during CPR	1 2 3 4 5 N	
Assessment of breath sounds	1 2 3 4 5 N	
CIRCULATORY MANAGEMENT		
Bleeding control measures	1 2 3 4 5 N	
Bandaging	1 2 3 4 5 N	
MAST application (if occasion arises)	1 2 3 4 5 N	

OBJECTIVE	RATING	COMMENTS
SPLINTING – TRACTION/FIXED		
Assessment of painful, swollen deformed extremity	1 2 3 4 5 N	
Selection of appropriate device	1 2 3 4 5 N	
Application of device	1 2 3 4 5 N	
SPINAL IMMOBILIZATION		
KED (or similar) application	1 2 3 4 5 N	
Wooden shortboard application	1 2 3 4 5 N	
Use of longboard	1 2 3 4 5 N	
Standing Takedowns	1 2 3 4 5 N	
ASSESSMENT OF MEDICAL PATIENTS		
Initial assessment	1 2 3 4 5 N	
Focused history and detailed physical exam	1 2 3 4 5 N	
Ongoing assessment	1 2 3 4 5 N	
Appropriate treatment	1 2 3 4 5 N	
Assisting patient with medications	1 2 3 4 5 N	
Nitro tablets/spray	1 2 3 4 5 N	
Non-steroid inhalers	1 2 3 4 5 N	
Oral glucose	1 2 3 4 5 N	
EpiPen	1 2 3 4 5 N	
LIFTS, MOVES AND CARRIES		
Emergency/non-urgent moves	1 2 3 4 5 N	
Patient transfer	1 2 3 4 5 N	
Wheeled stretcher	1 2 3 4 5 N	
Reeves stretcher	1 2 3 4 5 N	
Stair chair	1 2 3 4 5 N	
OTHER		
Participates in run review	1 2 3 4 5 N	
Assists with cleaning, restocking of vehicle	1 2 3 4 5 N	
Prepares for next run	1 2 3 4 5 N	
OBSERVATION ONLY		
Documentation/communications with hospital	1 2 3 4 5 N	
Any and all invasive and/or advanced skills	1 2 3 4 5 N	

Additional Comments by Preceptors: _____

SIGNATURE OF PRECEPTOR: _____ DATE: _____

Comments from EMT Intern: _____

SIGNATURE OF STUDENT: _____ DATE: _____