



Field Experience and Capstone Field Internship: Is there a difference?

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In the traditional structure of a Paramedic educational program, there were basically four components: didactic, lab, clinical experiences, and field internship. As the concept of formative experiences and progression of competency evolved, the field internship portion of the program developed into field experience and capstone field internship.

Paramedic educational program structure can be varied, based on state or local regulations or tradition, and designated field hours may begin early in the course sequencing and continue through the program, or field hours with an EMS agency may begin following all didactic, lab, and clinical hours. While structure and sequencing vary, according to the most recent Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) Annual Report, the average number of total clock hours for a Paramedic program is 1212 hours.

The concept of capstone field internship has been designated by CoAEMSP as a required period of internship, under the supervision of a qualified and trained preceptor, that allows the intern the opportunity to complete team leads where they perform all patient care with little to no prompting and the preceptor evaluates intern competency. The capstone field internship must occur after all clinical content of the Paramedic curriculum is complete, and the individual is ready to assess and manage all patient ages, types, and conditions. The definition of team lead is found in the CoAEMSP Interpretations of the CAAHEP Standards at <https://coaemsp.org/caahep-standards-and-guidelines>.

Regardless of whether the scheduled field hours begin early in the program or are scheduled after completion of program didactic, lab, and clinical requirements, field experience is the initial exposure of the student to the roles and responsibilities of the Paramedic. Even experienced Emergency Medical Technicians (EMTs) require a period of familiarization with the Advanced Life Support (ALS) equipment, protocols, and approach to patient care. These rotations serve to allow the student intern to begin to apply the theoretical concepts learned in the classroom to the prehospital environment. The amount of time required depends on the student; the amount of experience as an EMT (quality and quantity); how early the process and scheduled shifts begin in the course schedule; and the coaching abilities of the assigned preceptor.

The lines of demarcation for field experience and capstone field internship are easily identified when scheduled field hours begin prior to completion of all clinical content. Rotations prior to clinical content completion are field experience and once all content is complete the capstone field internship can begin. When all designated field hours occur following clinical content, a portion of those hours should be designated as field experience. Each program will determine when the field experience ends, and the capstone field internship begins.

CoAEMSP does not specify the length (how many shifts or hours) for either the field experience or the capstone field internship. CoAEMSP does recommend a minimum of twenty (20) team leads in the capstone field internship period. Adequate time should be allocated for the intern to experience a variety of patient ages, types, and conditions and to successfully manage each during the capstone field internship.

Assignment of student interns to preceptors also varies widely. Some programs match an intern to a specific Paramedic preceptor for the duration of their field schedule. In other models, during the field experience, the student intern functions under whoever is the Paramedic on the designated shift. CoAEMSP requires a different level of information for individuals serving as preceptors during the field experience and capstone field internship phases.

When an EMS agency is designated for field experience, the program identifies a liaison or key individual, often the EMS coordinator, training officer, or equivalent, as the point of contact to provide details on student scheduling, the purpose of the experience, the process involved, and the evaluation of the student. This individual is then responsible to disseminate that information to all Paramedic personnel who will be assigned student interns. In this scenario, the student intern may be assigned to a different Paramedic each shift.

During the capstone field internship however, the student intern should be assigned to a consistent preceptor to provide for consistency of observation, coaching, and evaluation. When this is not possible, the program is expected to implement a process to ensure interrater reliability, which may take the form of preceptor access to previous evaluations, charting, and tracking to evaluate progression.

Orientation versus Training

During the field experience phase, a liaison or key contact must be identified at each EMS agency and the program must provide an orientation to the purpose, the process involved, and the evaluation of the student. That liaison/key contact is responsible for orienting other personnel that interact with students.

The orientation must include the following topics:

- Purposes of the student rotation (minimum competencies, skills, and behaviors)
- Evaluation tools used by the program
- Criteria for evaluation of students
- Contact information for the program

The capstone field internship allows the intern to opportunity to complete team leads and must occur after all clinical content of the Paramedic curriculum has been completed. All capstone field internship preceptors must complete training that includes the following:

- Purposes of the student rotation (minimum competencies, skills, and behaviors)
- Evaluation tools used by the program
- Evaluation criteria for grading students
- Contact information for the program
- Program's definition of team lead
- Program's required minimum number of team leads
- Coaching and mentorship techniques

The orientation and training formats may be delivered through a variety of formats: written documents, video, online or in-person course, individual teleconference, or designated on-site trainers.

The program must provide evidence of the completion of the orientation of liaison/key contacts for field experience sites and evidence of training of *each* capstone field internship preceptor. Evidence can

include dated rosters of participants, on-line logs, and signed acknowledgement by the capstone field internship preceptor.

For clinical and field experiences, the student must evaluate the experience/site.

For capstone field internship experience, the students must evaluate each capstone field internship preceptor.

Structuring the sequencing and objectives for patient care experiences are important aspects of the progression of learning and the development of student competencies during the field experience and capstone field internship program phases of the Paramedic educational program.

The CAAHEP Standard to support the preceptor orientation and training is:

CAAHEP Standard III.B.1.a. Program Director Responsibilities

6) the orientation/training and supervision of clinical and field internship preceptors

CoAEMSP Interpretation:

As part of the administration, organization, and supervision of the program, the Program Director must ensure that there is preceptor orientation and training.

Clinical rotations may include hospital departments, clinic or outpatient locations, physician offices, or other sites of patient contact. A liaison or key contact must be identified at each facility or site and the program must provide an orientation to the purpose, the process involved, and evaluation of the student. The liaison/key contact could be a charge nurse for a specific area where students will be rotating or nurse educator for the clinical site as an example, and that liaison/key contact is responsible for orienting other personnel that interact with students.

The orientation must include the following topics:

- Purposes of the student rotation (minimum competencies, skills, and behaviors)
- Evaluation tools used by the program
- Criteria for evaluation of students
- Contact information for the program

Field experience refers to assigned rotations on an advanced life support (ALS) vehicle that provide the student initial exposure to the roles and responsibilities of the Paramedic and a period of familiarization with the ALS equipment, protocols, and approach to patient care. A key personnel contact must be identified at each EMS agency and the program must provide an orientation to the purpose, the process involved, and the evaluation of the student. That liaison/key contact is responsible for orienting other personnel that interact with students.

The orientation must include the following topics:

- Purposes of the student rotation (minimum competencies, skills, and behaviors)
- Evaluation tools used by the program
- Criteria for evaluation of students
- Contact information for the program

The capstone field internship allows the intern the opportunity to complete team leads when they perform all patient care with little to no prompting and allows the preceptor to evaluate intern competency. The capstone field internship must occur after all clinical content of the Paramedic curriculum has been completed and the individual can assess and manage all patient ages, types, and conditions. All capstone field internship preceptors must complete training that includes the following:

- Purposes of the student rotation (minimum competencies, skills, and behaviors)
- Evaluation tools used by the program
- Criteria of evaluation for grading students
- Contact information for the program
- Program's definition of Team Lead
- Program's required minimum number of Team Leads
- Coaching and mentorship techniques

The orientation and training formats may be delivered through a variety of formats: written documents, video, online or in-person course, individual teleconference, or designated on-site trainers.

The program must provide evidence of the completion of the orientation of liaisons/key contacts for clinical and field experience sites and evidence of training of each capstone field internship preceptor. Evidence can include dated rosters of participants, on-line logs, and signed acknowledgement by the capstone field internship preceptor.

For clinical and field experiences, the student must evaluate the experience/site.

For capstone field internship experience, the student must evaluate each capstone field internship preceptor.