

	Lower Providence Emergency Medical Service Standard Operating Guidelines	
	Subject: <i>Training-</i> Paramedic Intern Program	SOG #200-005
	Approved: Chief Christopher J. Reynolds	Initiated: September 2023 Revised: N/A

Description: The Paramedic Intern Program is designed to allow for the growth and development of internal LPEMS Members from the EMT or AEMT certification level to the Paramedic level with active Medical Command with LPEMS. This allows for internal growth and continued service to this organization during the transition from a BLS to an ALS provider.

Purpose: To provide a pathway for internal members from the BLS to ALS provider level while maintaining active membership within the LPEMS system.

Procedure:

- The Paramedic Intern will precept with approved LPEMS preceptor(s).
- Shifts should be completed with an approved Paramedic Preceptor.
- A minimum of twenty calls based on Assessment, Skills, Evaluations, Charting, and Overall Performance.
 - i. Review will be conducted with Training Coordinator and/or Clinical Care Coordinator after each 5 Call increment to discuss reviews.
 - ii. A minimum of 10 calls will be completed as a 3rd provider.
 1. The provider will complete all ePCR's and they must be co-signed by supervising Paramedic.
 - iii. After 10 calls with satisfactory reviews and recommendations from Training Coordinator & Clinical Care Coordinator packets may be sent to Medical Command Physician for Provisional Command.
 1. Provisional Command may be granted allowing Intern to operate independently as an ALS provider on a Dual Paramedic Unit conditioned upon no evasive procedure can be completed without Paramedic Partner actively supervising from the Patient Compartment.
 - iv. Provisional Command will be tracked for at minimum 10 additional calls.
 1. Intern will complete all ALS ePCR's with co-signature by supervising paramedic.
 2. Once the Training Coordinator & Clinical Care coordinator are satisfied with the Interns' progress, they will submit additional calls to Medical Command Physician for Full Command consideration.
- Additional time can be added if deemed necessary by the Training Coordinator, Clinical Care Coordinator, or Medical Director.
- Volunteer members will remain an Active Volunteer Member at their operational status.
- Compensated members will remain active in their current operational status during internship.

- i. Compensated members will be able to complete skills during scheduled shift as outlined above.
- ii. Compensated members will be compensated as follows.
 1. Interns will be compensated at Grade 1 level for a Paramedic for duration of Internship.
 - a. In the event BLS provider is already compensated at a rate more than the Grade 1 Paramedic they will be compensated with a 3% increase.
 2. Upon completion of Internship with successful Medical Command Status internal provider will be compensated as follows.
 - a. Years of service as BLS provider at LPEMS will be counted as full time experience.
 - b. Years of BLS service outside of LPEMS will be counted at 50% time of experience.
 - c. Total years of service will be calculated, and provider will be compensated at the Paramedic Rate for that experience level.

Certifications

The Paramedic Intern must remain current with all certifications as required by the Paramedic Position Description SOG 101-001D.

Preceptor / Intern Transition:

All Paramedic Interns must be current on ALS Skills, Medications, ALS Protocols and Documentation in preparation for full Medical Command. The ALS Skills, ALS Protocols and Documentation will be based on LPEMS SOG's, Pennsylvania and Montgomery County ALS protocols.

The following will be reviewed and is the minimum acceptable skill set required by LPEMS:

- Proficiency demonstrated:
 - iii. Patient Assessment
 - iv. 12 Lead EKG Recognition and Cardiac Monitoring
 - v. IV / IO / IM / SQ / IN / PO / skills and drug administration
 - vi. CPAP / Nebulizer
 - vii. Intubation / ET / IGel
 - viii. Medication knowledge
 - ix. Current ALS Protocols
 - x. Cardiac Arrest Management
 - xi. Team Leadership

- Patient Assessment :
 - i. Recognition and treatment /STEMI with notification
 - ii. Recognition and treatment / Stoke Alert and notification.
 - iii. Recognition and treatment / Respiratory Emergencies
 - iv. Psychiatric/ Behavioral Emergencies
 - v. Maternity/ Obstetric BLS Emergencies
 - vi. Pediatric Emergency
 - vii. Musculoskeletal, Bleeding, Shock, Trauma Emergencies
 - viii. Diabetic Emergencies

- Communication and Documentation
 - i. Communicating with the patient, patient's family, and Hospital Staff
 - ii. Hospital Notification / Med Command Contact
 - iii. Producing a complete, concise, written PCR

After completion of each call, the Preceptor and Paramedic Intern will discuss and evaluate the following:

- Verbal communication with Partner, Patient, Family and Hospital Staff
- Reviews of Candidate's Written Patient Care Reports
- Candidate's use and skill with equipment
- Candidate's knowledge of current ALS and BLS protocols
- Intern evaluations (Appendix 200-005A) will be documented by the Preceptor and reviewed by the Training Coordinator, ALS Coordinator and Medical Director who will then decide if the Intern is prepared to work independently and receive Medical Command.

A Final Paramedic Intern Review will examine the Intern's Knowledge of Assessment, Skills, Equipment, Pennsylvania, and Montgomery County ALS/BLS Protocols, Lower Providence EMS Standard Operating Guidelines and Preceptor Evaluations.

This review will allow the Intern the opportunity to acknowledge their strengths and weaknesses.

After successful completion of the Paramedic Internship, the Intern will be granted Full Medical Command as an EMT-P and will be subjected to a probationary period of no less than 90 days.