

**M A S S A C H U S E T T S**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
DEPARTMENT OF PUBLIC HEALTH

**ADMINISTRATIVE REQUIREMENT MANUAL**

**EFFECTIVE DATE:** July 1, 2014    **AUTHORIZATION:** J. Pianka, Director

**TITLE:** Minimum Skill Requirements for Paramedic Training

**SUPERSEDES:** 4/2010

**PURPOSE**

To define the minimum clinical and field internship skill performance requirements for paramedic students trained at Massachusetts Department of Public Health (Department)-accredited EMT training institutions at the paramedic level.

**ELIGIBILITY TO PARTICIPATE IN CLINICAL AND FIELD INTERNSHIPS**

Only **paramedic students participating in a training program at a Department-accredited training institution** may participate in clinical and/or field internships. The paramedic student must meet the following prerequisites: 1) maintain current Massachusetts, out-of-state, or National Registry of EMTs (NREMT) certification or licensure as an Emergency Medical Technician (EMT) at any level below paramedic that is recognized by the state.; 2) maintain current card documenting successful completion of a course meeting, at a minimum, the standards established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association in Basic Cardiac Life Support health care professional cardiopulmonary resuscitation; 3) maintain current card documenting successful completion of a course meeting, at a minimum, the standards established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association in Advanced Cardiac Life Support cardiopulmonary resuscitation; 4) successfully complete training prerequisites; and, 5) receive authorization from the Clinical and/or Field Coordinator to initiate the internship.

Training prerequisites for **clinical internship** include successful completion of didactic training, lab training, and all cognitive and psychomotor examinations for skill(s) to be performed. The training program must have a valid affiliation agreement with the clinical site(s) and ensure the training program, clinical site(s) and students are covered by malpractice insurance.

Training prerequisites for **field internship** include successful completion of didactic training, lab training, all cognitive and psychomotor examinations, and clinical internship. The training program must have a valid affiliation agreement with the field internship site(s) and ensure that the training program, field site(s) and students are covered by malpractice insurance.

**PERFORMANCE STANDARDS**

Paramedic students must perform the clinical and field skills listed below on live human patients, unless otherwise noted. All skills documented must be performed successfully. Each paramedic student must successfully complete clinical and field skills in the presence of a qualified preceptor. During the field internship, paramedic students must be precepted by a certified/licensed paramedic with greater than two years of experience. The paramedic preceptor must be certified or licensed as a paramedic in the state where the field internship is performed. The preceptor must observe, evaluate, and document each skill.

During the field internship the student must always serve as a third rider. The student is never part of the assigned two-person EMT crew. Only one paramedic student is allowed on the ALS-Paramedic ambulance at a time.

**DOCUMENTATION:**

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Students must maintain records that document the skills performed and the time spent in the clinical and field internship. The appropriate clinical/field preceptors must verify and sign these records.

**Clinical Skill Log:**

Clinical skill logs document the performance of individual skills. Original skill logs must be maintained by the training program and are subject to audit by the Department's Office of Emergency Medical Services (OEMS). The skill log must include the following information:

- Description of successfully performed skills (i.e., IV NS 18 ga. angio., Left forearm).
- Date the skill was successfully completed. There must be a corresponding date listed on the time log.
- Preceptor's signature and credential (RN, MD).

**Field Internship Patient Contact Report:**

During the field internship students must complete a patient contact report for each patient they assess and treat. Original patient contact reports must be maintained by the training program and are subject to audit by OEMS. The report must include the student's name, the date, a description of the patient, the mechanism of injury/chief complaint, all assessment findings, treatment plan, all skills performed by the student and a preceptor evaluation, signature and Massachusetts EMT number. The patient contact report and preceptor evaluation are developed by the accredited training institution. The accredited training institution may also use any format of patient care report as their patient contact report as long as it includes all elements listed above.

**Time Log:**

The time log must document the total number of hours spent in clinical and field internship. Original time logs must be maintained by the training program and are subject to audit by OEMS. Time logs must include the following information:

- Name of the clinical department and hospital or the name of the ambulance service for each rotation.
- Date of the rotation.
- Start and completion times of the clinical or field internship rotation.
- Preceptor's signature and credential (RN, MD, P), and comments. Preceptor's Massachusetts EMT certification number, at the paramedic level, is required on field internship documentation.

**MINIMUM SKILL REQUIREMENTS FOR THE CLINICAL PRACTICUM:**

<u>Clinical Skills</u>	<u>OEMS Requirement</u>
Patient Assessment - Adult (age 17 or older)	10
Patient Assessment - Pediatric (age 16 or younger)	3
Psychiatric Interview	3
Obstetrical Delivery	3
Airway Management*	50
Cardiac EKG Recognition/Interpretation	10
Electrical Therapy (skill combinations)**	10
IV Cannulation	20

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IV Bolus Medication Administration	5
IV Infusion Medication Administration	5
Miscellaneous Medication Administration***	5

A program clinical coordinator and/or Medical Director must verify a student's competency in the use of the skills listed below in a clinical or lab setting. Competency includes the understanding of indications, contraindications and competency in performing the skills. A written and signed statement must be included with the student's clinical course completion documentation.

LMA/Combitube/EGTA  
 Intraosseous Infusion  
 Needle Chest Decompression  
 Needle Cricothyroidotomy  
 NG/OG

\* **Airway Management:** This skill category requires successful performance of a minimum of 50 airway management skills, with 100% success rate in their last 20 attempts at airway management across all age categories (neonate, infant, pediatric and adult). Airway management may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs. It is recommended that the majority of attempts be accomplished by using either live patients, realistic simulation labs, or both.

The paramedic student must establish airway competency by mastering the following:

1. Adequately assess, establish, maintain and monitor the airway throughout patient contact
2. Perform basic airway management, including the use of basic maneuvers and airway adjuncts.
3. Prepare and perform advanced airway management
4. Demonstrate psychomotor skill proficiency related to all levels of airway management
5. Perform airway management in various environments, including laboratory, clinical and field
6. Verify correct placement of airway devices utilizing the following assessments and adjuncts: direct visualization (preferred), capnography (preferred), indirect visualization, chest sounds, abdominal sounds, oxygen saturation, changes in level of consciousness, skin color and vital signs
7. Demonstrate critical thinking and clinical judgment regarding total airway management decision making.

The paramedic student must be successful in **any** combination of live patients, high-definition fidelity simulations, low-fidelity simulations, **or** cadaver labs in all age brackets (neonate, infant, pediatric, and adults). High-definition simulation, defined by Sim man, METI man, etc., is highly recommended but optional. Low-fidelity simulation is defined by traditional simulation manikin heads. Paramedic students must have exposure to diverse environments of learning, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units); ambulatory surgical centers; out-of- hospital settings (e.g., ambulance or field environments); and in laboratory settings (e.g. floor, varied noise levels, and varied lighting conditions).

As with all other required skills, terminal competency in airway management must be defined by the paramedic-level accredited training institution, and validated for each student by the accredited training

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institution's Medical Director.

**\*\* Electrical Therapy:** This skill category requires successful performance of a minimum of ten (10) electrical skills consisting of any combination of the following skills: Defibrillation, Synchronized Cardioversion or Transcutaneous Cardiac Pacing (TCP).

**NOTE:** During clinical rotation, each student should perform electrical therapy skills on human patients whenever possible. However, due to limited opportunity for these skills, they may be performed on manikins in a skill lab. Whether in a clinical or lab setting, each skill must be observed and documented by an authorized preceptor.

**\*\*\* Miscellaneous Medication Administration:** This skill category requires successful performance of five (5) medication administration skills utilizing any of the following methods of administration: endotracheal tube, inhalation, injection-intramuscular (IM) or subcutaneous (SC), nebulized, oral (including sublingual tablets/spray), rectal or transderm/topical.

**MINIMUM REQUIREMENTS FOR THE FIELD INTERNSHIP:**

Paramedic students must complete a field internship consisting of a minimum of eighty (80) hours, must have a minimum of 30 ALS patient contacts, and must be documented as the team leader for a minimum of 10 of those patient contacts.

Completion of these minimum requirements does not constitute successful completion of the field internship. The accredited training institution is responsible for reviewing all field internship documentation including patient contact reports and preceptor evaluations to determine if the student has met the accredited training institution's requirements for successful completion of the field internship component of the program. The accredited training institution may require that the student do additional field internship hours and/or additional ALS patient contacts in order to successfully complete the field internship.

The patient contacts are documented on the field internship contact report, which is developed by the accredited training institution. The accredited training institution may also use any format of patient care report as their patient contact report as long as it includes all of the required elements.

During the field internship, a student must perform a patient assessment for each patient contact. Other skills to be performed are IV therapy, Airway Management, Electrical Skill Therapy, Cardiac EKG Recognition/Interpretation, IV Bolus Medication Administration, IV Infusion Medication Administration, and Miscellaneous Medication Administration.

Some students may not have the opportunity to perform each type of skill, even though they successfully complete their field internship. When this happens, it is expected to be an exception and not a common occurrence. The accredited training institution must ensure that all students are exposed to a diverse patient population and that students have opportunities to perform as many of the paramedic skills as possible. Accredited training institutions seeking renewal of accreditation must demonstrate that they can provide their students adequate field internship resources.

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If a student does not perform a category of skill in the field (i.e., no Electrical Skill Therapy performed), that student must be re-evaluated in that skill by the accredited training institution's medical director after the field internship is completed. The accredited training institution may develop its own skill sheet to use in the evaluation of the students, or the evaluation may be documented on the appropriate skill testing form from the paramedic psychomotor examination. This form must be kept on file and is subject to audit by OEMS.