Purpose
The purpose of the Internship Program is to assure that all Jefferson County EMS providers are competent in the execution of patient care and able to assume the role of primary attendant through a consistent process.

Applicability
Any provider who is newly certified, becomes certified at a higher level, has not operated as a cleared EMS provider in Jefferson County, or has been inactive for a period of 1 year or more will be required to complete an internship as defined by this policy.

If a provider has significant experience practicing in West Virginia at their current level of certification they may request, in writing, a reduction in the internship program requirements. This request should be accompanied by documentation of experience. The decision to reduce the internship program requirements based on previous experience or require full program completion is made by the Squad Medical Director at his/her sole discretion on a case by case basis and is not subject to appeal.

Scope of Practice and Limitations
During the internship period, the intern may only function under the direct supervision of an approved preceptor and within his/her scope of practice. The intern must NOT initiate or perform any skill or action requiring certification without direct supervision of an approved preceptor certified at or above the level of the intern.

Minimum Patient Encounters
The intern will be required to act as primary care provider under the direct supervision of an approved preceptor for a minimum of thirty (30) patient encounters. Of the 30, there must be a minimum of at least 5 ACS/chest pain, 5 stroke, 5 respiratory distress, 5 trauma, and 2 pediatric patients. Encounters must be documented and copies of the PCR attached.
Areas of Evaluation
The Preceptor will evaluate the provider's proficiency in the following areas, using the Intern Encounter Evaluation form, for each patient encounter:

- Team Leadership and attitude
- Scene Management
- Patient Assessment
- Treatment Modalities
- Airway Management
- BLS Skills
- Radio Communications
- Written Report
- Protocol Knowledge
- Drug Therapy
- EKG Interpretation (ALS)
- IV Therapy (ALS)

Documentation
The intern will be responsible for ensuring the completion of an Intern Encounter Evaluation form for each encounter. The intern will be responsible for maintaining this documentation and make same available for review at the request of an EMS officer or Squad Medical Director.

Review and Submission
After completion of the internship, the intern will submit their documentation package to their EMS Chief, WVOEMS Official Representative, or his/her designee. The EMS Chief, WVOEMS Official Representative or his/her designee will review the package and interview preceptors (if necessary.) If s/he believes the intern is competent, s/he will submit the package, along with a written recommendation, to the JCESA Education & Compliance Officer.

The JCESA Education & Compliance Officer will review the package, interview preceptors (if necessary) and forward the package along with the written recommendation of the EMS Chief, WVOEMS Official Representative or his/her designee to the Squad Medical Director for consideration.

The Squad Medical Director will review the package, interview preceptors (if necessary) and either approve the intern to function as a primary attendant and operate without the supervision of a preceptor or extend the internship period. The Squad Medical Director's decision is final and will be submitted in writing through the JCESA Education & Compliance Officer and EMS Chief to the intern.

Duration
The internship period shall not to exceed three (3) months. In the event a provider has not completed the requirements in a three (3) month period, s/he may make a written request to the Squad Medical Director (through his/her EMS Chief and the JCESA Education & Compliance Officer) for a) an extension or b) completion by interview.
An extension may be granted for a specified period of time at the sole discretion of the Squad Medical Director.

The opportunity for completion by interview may be offered by the Squad Medical Director at his/her sole discretion and would require the intern to successfully complete simulated incidents in an oral scenario and/or psychomotor evaluation scheduled and conducted by the Squad Medical Director. This opportunity will only be considered by the Squad Medical Director in cases where the intern has completed a significant portion of the minimum encounters.

**Preceptor Qualifications**
Preceptors are members of any Jefferson County EMS Agency or the JCESA typically with a minimum of one (1) year at or above the level of certification they intend to precept. Each EMS Chief may have exceptions based on the EMT's experience and ability. A list of approved Jefferson County Preceptors will be updated annually and posted.
## INTERN ENCOUNTER EVALUATION

<table>
<thead>
<tr>
<th>Intern:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor:</td>
<td>Incident #:</td>
</tr>
</tbody>
</table>

### Primary Complaint:

<table>
<thead>
<tr>
<th></th>
<th>1= Dangerous</th>
<th>2= Needs Improvement</th>
<th>3= Average</th>
<th>4= Good</th>
<th>5= Excellent/Experienced Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt Assessment</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Airway Management</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Treatment Modalities</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>BLS Skills</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Drug Therapy</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Radio Communications</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>IV Therapy</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Patient Transfer</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Written Report</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Intubation (ALS)</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>EKG Interpretation (ALS)</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Comments:

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Preceptor's Signature: