



Missouri Department of Health and Senior Services

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TO: EMT-P Training Entities
Ground Ambulance Services

FROM: Gregory C. Natsch, EMT-P
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SUBJECT: Clinical Rotations by students

With the passage of the Comprehensive EMS Act of 1998, regulations were written to accredit training entities. In 19CSR 30-40.331, there are specific sections regarding clinical experience by Paramedic students.

- (2) Specific Requirements for EMS Training Entities Offering Initial EMT-P Courses
- (B) EMT-P students are only authorized to perform skills and practice in accordance with the national standard curriculum for EMT-P and approved by the training entity medical director. The skills and practice performed by the student must be under the direct supervision of a clinical preceptor and cannot be performed while being employed as an EMT-B.
- (H) Clinical Requirements.
1. Each EMS training entity that provides EMT-P programs shall document and demonstrate a supervised clinical experience for all students.
 2. Clinical affiliations shall be established and confirmed in current written affiliation agreements with institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision.
 3. Students shall be assigned in clinical settings where experiences are clinically and educationally effective in achieving the program's objectives.
 4. When participating in clinicals, students will be clearly identified by name and student status using nameplate, uniform, or other apparent means to distinguish them from other personnel.
 5. Field internship shall occur only in association with an Advanced Life Support ambulance service, which demonstrates medical accountability and employs preceptors who meet the training entity requirements.

This regulation was written to prohibit EMT-P students from performing skills during the course of their employment as an EMT-B. It also would prevent students from, for example, riding on a rescue truck as an EMT and performing skills at the scene. It also prohibits an EMT-Basic, during the course of a scheduled shift as an EMT-B, from performing any ALS skills since they are present to work as an EMT-B, not as student in a clinical setting.

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It has been brought to our attention that some students have been attempting to circumvent this regulation. It has been documented that students working as an EMT-B, when presented with an opportunity to perform a skill, will clock out to perform the skill, and then clock back in. It has also occurred where a student tells a paramedic on a call they “can do their skills at their service”. The phrase “while being employed as an EMT-B” includes both paid and volunteer EMT-B’s.

This **does not** prohibit a department or service from paying a student while in training. For example, a Fire Department continues to pay a student while they are in clinicals. This is allowed **only** if the student is in assigned clinicals and are not working in their capacity as an EMT-Basic for the their employer on a call or scheduled shift. The same policy also pertains to ambulance services, ALS or BLS EMRA’s, Fire Departments, or any other location that the EMT works for as an EMT, both paid and volunteer.

This **does not** prohibit a student from completing clinicals at their place of employment. There needs to be a clear distinction between student and employee status. The purpose of clinicals is to provide an environment for a student to learn. They are present not as a member of the service or the crew, but as a student of the training entity, observing and performing skills under the supervision of a preceptor. The preceptor is there to teach and observe and if necessary, step in and take over for the student if there is a problem. During clinicals each person, the student and preceptor, have different roles than if they were a Paramedic and EMT on shift. While in clinicals at an ambulance service there is also a third person present, licensed at a minimum, as an EMT-B or EMT-P as required by law.

It is the responsibility of training entities, and licensed ambulance services that are approved clinical sites to inform their students of the statutes and regulations regarding EMS. Recently there has been licensure action taken against both preceptors and students. Activity like this could lead to disciplinary action against the student, the training entity, the preceptor, crewmembers and the service that allowed this activity to take place.

Clear written policies must be given to each student, preferably the student should sign a receipt upon receiving the policies. These same policies should be distributed to clinical sites and preceptors.

Before an EMT-Basic can perform ALS skills, the following components must have been fulfilled:

1. The student is in an accredited Paramedic program; they have been trained in the skills to be accomplished; are approved by the training entity to enter into the clinical phase.
2. The clinicals must be pre-arranged and approved by the training entity.
3. The clinicals must be at a location where there is an agreement already in place and signed by both the training entity and the service or clinical site.
4. The preceptor must be approved by the training entity.
5. The Student is currently licensed as an EMT-B by Missouri DHSS/EMS

In the past it has been said that the Unit of EMS prohibits clinicals at night. This is incorrect. In the regulation it states “**Students shall be assigned in clinical settings where experiences are clinically and educationally effective in achieving the program’s objectives**”. If a service and a training entity mutually agree that clinicals can be done during the night, they must have provisions in place for this to occur, such as addressing the scenario of clinical hours while sleeping. If a person is sleeping, it only makes sense that this cannot be counted towards hours performed. There are many operational differences with night work as well as physiological and psychological changes in both patients and crews. This must be investigated thoroughly and as stated earlier, mutually agreed upon.

If you have any questions, please contact me at (573) 751-6356 or e-mail me at Greg.Natsch@dhss.mo.gov

