

EMS Preceptor

Fall 2017 On-line Packet



Objectives

- **Define the role of EMS Preceptor**
- **Define EMS Education expectations**
- **Define Preceptor's relationship to students**
- **Describe the tools used for adult learning**
- **Discuss education principles / ideas**
- **Review the role of the Student**



**Remember: Learning is
a Process, not a single
Event**



Mentor vs. Preceptor

Mentor¹

1. a more experienced, trusted adviser or counselor who offers helpful guidance to less experienced colleagues.
2. a person who enters into a relationship with a new nurse to provide him or her with a source of support and information as he or she learns new roles.

Preceptor²

1. A teacher; an instructor.
2. An expert or specialist, such as a physician, who gives practical experience and training to a student, especially of medicine or nursing

3.<http://medical-dictionary.thefreedictionary.com/mentor>

4.<http://medical-dictionary.thefreedictionary.com/preceptor>



MWLC Region IX Preceptor Requirements:

Required Qualifications:

- Completion of Preceptor Orientation
- Minimum one year experience with the McHenry Western Lake County EMS System
- Letter of recommendation from Chief/Department EMS Coordinator
- Approval by EMS Medical Director/EMS System Coordinator

Recommended Qualifications:

- Current in AHA
 - ACLS - Advanced Cardiac Life Support
 - PALS – Pediatric Advanced Life Support



MWLC Region IX Preceptor Requirements:

MCHENRY WESTERN LAKE COUNTY EMS SYSTEM

POSITION DESCRIPTION

TITLE EMS PRECEPTOR

NATURE AND SCOPE OF POSITION:

In an effort to provide a quality prehospital experience to the EMS student/probationary member, the EMS Preceptor will assist with the prehospital training, supervision and evaluation of skills performed by students enrolled in the McHenry Western Lake County EMS system training programs and probationary members of the system. A preceptor demonstrates critical thinking in initiating patient care protocols, leadership, and clinical proficiency; and serves as a mentor to the student/probationary EMT.

REQUIRED QUALIFICATIONS:

- Completion of Preceptor Orientation
- Minimum one year experience with the McHenry Western Lake County EMS System
- Letter of recommendation from Chief/Department EMS Coordinator/approval by EMS
- EMS Medical Director/EMS System Coordinator

RECOMMENDED QUALIFICATIONS:

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)

RESPONSIBILITIES:

1. Assists the student/probationary member in the development of patient assessment techniques, communications, and documentation practices, overall patient management and other technical skills, while he/she makes the transition to the leadership role.
2. Maintains an ongoing awareness of the EMS student's advancing skill level and communicates need for remediation to the EMS Staff.
3. Working knowledge of the goals and objectives of the EMS training/probationary program.
4. Communicates progress of skills to student/probationary member and EMS staff, both written and verbal summary.
5. Responsible for the quality of patient care delivered. Expected to assume management of patient care at any time the student/probationary members does not provide appropriate care in a timely manner.

PD-EMS PRECEPTOR
IMPL: 10/99; REV: 2/10



Preceptor's Responsibilities

- "Be patient with students that have the knowledge but not the skill set, remember you were once where they are now."



Preceptor's Roles and Responsibilities include:

- **Being passionate about EMS Education**
 - Be a good model to the student
- **Able to Document Students' progress**
- **Able to give feedback to and for the students**
 - Report to the student and the student's instructor
- **Be the eyes and ears for EMS Education**
- **Help students to succeed**
 - By providing guidance and correction where needed



Preceptor's Responsibilities - continued

- **Be able to Share your Knowledge with others**
 - Able to apply experiences
 - Positive attitudes
- **Be knowledgeable/ creditable about subject matter**
 - We are in a generation where information is instantly accessible and verified
- **Be able to teach and share ideas**
 - The student is here to apply what they have learned
- **Be responsible to Students as “customers”**
 - Be able to encourage the student
 - Even when giving constructive corrections



Preceptor's Responsibilities -continued

- **Maintain a high degree of professionalism**
 - If the student doesn't deserve to pass, FAIL them.
 - But explain why
- **Use caution with “War Stories”**
 - Students are impressionable
 - Make sure they understand the point you are trying to make
- **Some may try to jump from steps “A” to “C”, without going through “B” first**
 - Show them all the steps to properly perform the skills



Some of the students are not a part of a Fire Department:

- **The student needs to be shown the department operations**
 - **Introduce them to who is in charge and the crew**
 - Inform them of policies and procedures that apply to them
 - i.e. Cell Phone use, Internet use, Visitors
 - Remind them they represent your department and the program
 - **What are their assignments in the station and on the apparatus**
 - How will they be dispatched
 - What are the “duty tones” and vehicle designations
 - Their assignment on the ambulance
 - Their assignment within the crew
 - Their response on a non-ems call



Some of the students are not a part of a Fire Department - continued:

- **What is the day to day schedule**
 - The expectation of the student's involvement
 - what are they allowed to be involved in
- **What are the planned meal times, breaks, end of day**
 - The expectation of the student's participation in each
- **What areas of the station are off limits**
 - Where are the bathrooms
 - If they are secured, how do they get access
- **Who do they report to and how to call off (if needed)**
 - Besides the Preceptor, who do they contact at the station
 - What phone number should be used
- **Where can the student study**
 - With expected down time, where can the student go



**Think back to a good
preceptor that you have
had.....**

What set them apart?



Preceptor's Relationship to the Students

- **Teacher**
- **Instructor**
- **Educator**
- **Tutor**
- **Trainer**
- **Coach**
- **Mentor**
- **Boss**
- **Friend**
- **Guidance Counselor**
- **Student**

Remember: As a preceptor you may be someone the student turns to, even after the student has moved on in their career



The Best Preceptors of Adult Learners:

- **Know the subject matter**
 - Stay current with the latest trends in pre-hospital practice
- **Be able to relate classroom to practice**
- **Are confident in what they do**
- **Know the student and the student's need for learning**
 - Be able to adjust teaching style to the individual student
- **Motivator of students**
 - Even when corrections need to be made
- **Give feedback and recognition**



The Best Preceptors of Adult Learners:

- Recognize the 3 primary learning types and are able to adapt readily to each one
 - Auditory
 - Learn by lectures only
 - Visual
 - Need to “see” things and concepts
 - Kinesthetic
 - Learn by doing – multiple senses are involved



Good Teaching Principles for Adult Learners

- **Use experiences - yours and theirs**
 - The student may relate better with their stories
- **Apply theory taught in class to field practice**
 - Take the next step to applying what was learned
- **Provide a positive climate for learning**
 - Be aware that attitudes can also be learned
- **Provide feedback**
 - Critiquing a call means covering the positive and negative aspects



Good Teaching Principles for Adult Learners - continued

- **Assist the student in finding resources and answers**
 - Be sure the information sources they use are reliable and accredited
- **Verify the techniques they are using work**
 - Make sure they understand how procedures need to be done before they apply them to a patient



Dealing with Difficult Situations

- **Conflicts between the Preceptor and Student may occur**
 - **Resolution must be handled with**
 - Respect – for both Preceptor and Student
 - Should not be personal or vindictive
 - Handled in an environment that both parties feel safe
 - **The lead Instructor should be notified**
 - Even if the situation is resolved
 - This may not have been the only incidence for either of the participants



Dealing with Difficult Situations - continued

- **Emotionally Charged situations may also be encountered on calls**
 - **Learning to deal with difficult calls, in a positive manner, is part of the in-field training**
 - Give the student the tools to recognize positive ways to deal with difficult situations
 - If CISD is needed – include the student
 - Follow up with the student
 - Discuss the impact difficult calls can have on everyone
 - Contact the lead instructor to make sure they also check in with the student



Implementing Teaching Principles

- **Model expected behavior**
 - Make sure to convey the behavior you want the student to learn – Be Positive
- **Have a positive attitude**
- **Promote a feeling of support, acceptance, and teamwork**
- **Relate to your students experiences, both good and bad**

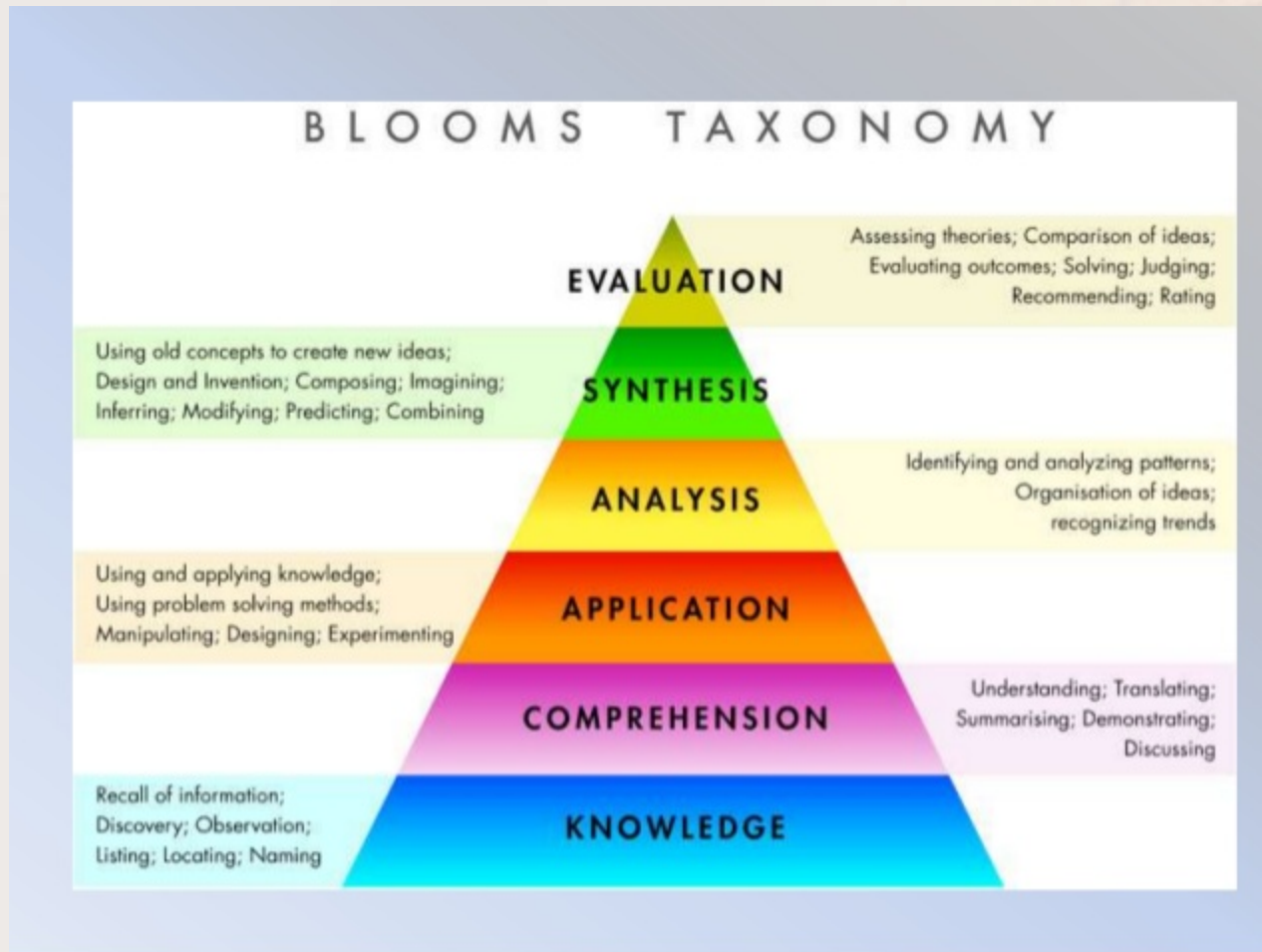


Implementing Teaching Principles

- **Relate classroom theory to real life situations**
 - Show how the information the student is learning can be applied on the scene
- **Share information and experiences**
 - This is a two way street
- **Verbalize your thoughts on how they are doing in training**
 - Have clear set guidelines for what is expected
 - Address and correct bad habits/deficiencies early in the process
- **Motivate and inspire them to succeed**



Learning Process



Domains of Learning (Perception to Reality)

Knowledge - Lowest level of learning in which the student comprehends facts, procedures, and affective phenomena

Comprehension: Summarizing, Understanding, Demonstrating

These 2 levels are taught (and tested) in the classroom



Domains of Learning (Perception to Reality)

Application - Integration, execution and employment of principles, values and procedures in particular situations

Where the student is learning to apply what they have learned in the classroom and applying it beyond the classroom

This is where the in-field training starts:

The application of their skills



Domains of Learning (Perception to Reality)

Analysis: of information or situations to develop courses of action and to judge their impact or values

This is the point where patterns are starting to be recognized and acted upon

As the student moves to the leadership role, it is because their skills have moved to this stage



Domains of Learning (Perception to Reality)

Synthesis: ability to integrate different elements or concepts in order to form a sound pattern or structure so a new meaning can be established

The point where procedures are examined and reevaluated for better proficiency



Domains of Learning (Perception to Reality)

Evaluation: ability to come up with judgments about the importance of concepts

The highest form of understanding

At this point, there is complete understanding and there is the ability to find better ways to perform tasks because of this understanding



Domains of Learning (Perception to Reality)

Terminology can be based on what source you reference, but the overall concept is the same:

In order to reach the next step in the pyramid, the previous step must be mastered

As a preceptor, you are making sure that the student is making the transition from Knowledge/Comprehension to Application and Analysis



How do we measure all these things
that you have given the students?



Evaluations,
Evaluations,
Evaluations!



Evaluating Student Performance

- **Verify the student is able to perform the skills before they can do them on a patient**
 - They may say they know how to use the equipment
 - Have them show you
- **Evaluations are done to catch/correct problems as they are developing**
 - It is much harder to change a behavior once it is learned
 - This is vital to success
- **Application of knowledge is being used in a more stressful environment**
 - It may take time for the student to be comfortable with their skills



Evaluation Forms

- Instructor - Student
- Student - Instructor



Field Experience Verification Sheet

- This form needs to be completed at the end of every station shift/ride time
- For the student, this form needs to be entered into Platinum within 3 days of ride time completion
- Call time starts when the tones go out to either:
 - **Patient is dropped off in room at ED**
 - **Clearing the scene for a no-transport**
- Both sides of the form need to be completed



MCC/MWLC EMS Paramedic Program
Field Experience Verification Sheet

Student Name _____ Preceptor Signature _____
Department _____ Date _____
Time _____

Please rate the student in the following categories at the end of the shift. Comments are a must for future improvement.

GRADING SCALE:

- 4= Exceptional (performed above expectations and course knowledge)
- 3= Appropriate for experience level (functioning at the expected level in the program)
- 2= Need moderate improvement (needs further education and practice to improve)
- 1=Need significant improvement (needs intensive assistance and education to improve)

DAILY AFFECTIVE APTITUDE EVALUATION:

Learner Characteristics Rating 1 2 3 4

The student demonstrated attendance within the stated program policy, independently sought out appropriate learning experiences, participated in a multi-skilled approach to patient care, practiced required skills, sought advice to improve skills, demonstrated the superior delivery of patient care required of a paramedic student as stated within the program policy.

Professional/Attitude Rating 1 2 3 4

The student's behavior demonstrated integrity, empathy, self motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. The student reported to clinical assignments on time and in full uniform.

Communication Skills Rating 1 2 3 4

The student performed and reported patient assessments completely and proficiently. He or she interacted with patients and other health care professionals on a "student role" at an appropriate level.

Ethics and Values Rating 1 2 3 4

The student demonstrated integrity by respecting patients, bystanders, the organizations and other allied professionals; he or she demonstrated compassion and empathy toward patients and others.

STUDENT PERFORMANCE:

Phase/Shift Objectives Rating 1 2 3 4

The student reviewed current objectives and performed the tasks to the standards outlined. He or she requested and accepted constructive criticism and took personal responsibility for self-improvement.

Psychomotor Skills Rating 1 2 3 4

The student was able to thoroughly describe all elements of applicable procedures and could accomplish psychomotor skills independently and proficiently.

Interview Rating 1 2 3 4

The student completed comprehensive patient/bystander interviews. He or she demonstrated active listening.

Exam Rating 1 2 3 4

The student completed an appropriate physical exam.

Treatment Rating 1 2 3 4

The student formulated a field impression and implemented a treatment plan. Interventions performed were complete, satisfactory and timely.

GENERAL FEEDBACK:

Field Experience Verification Sheet

Side #1



Form Breakdown.....

Field Experience Verification Sheet – Side #1

- Af·fec·tive = relating to moods, feelings, and attitudes.
- Ap·ti·tude = suitability or fitness
- E·val·u·a·tion = the making of a judgment about the amount, number, or value of something; assessment.

- **Review each section before giving a rating**
 - Base the evaluation rating on the daily performance
- **General Feedback**
 - Free form area is for information not covered in the other sections
 - Fill in with specifics – positive and negative
 - Can be for areas/skills that need improvement



Form Breakdown.....

Field Experience Verification Sheet – Side #1

- Rating Scale 1-4

1 - Would need significant improvement in this area

2 – Would need work on their skills

- Expect this is where some of the students are at

3 – Appropriate for the experience level

- This is where most of the students are at

4 – Exceptional

- As the student's experience increases – this is where we are hoping they complete the program



Form Breakdown.....

Field Experience Verification Sheet – Side #1

- **The rating should be based on how the student performs on the evaluated task**
 - Not on how hard they are trying
- **Scores reflect what areas need improvement**
 - Rate each call – changes to ratings may indicate a need for re-education
- **Giving all 4's would indicate that the student is excelling at everything they are doing.**
 - This is something that may be seen at the end of the program



Form Breakdown.....

Field Experience Verification Sheet – Side #2

- Fill out a line for each patient contact
 - Student can fill out:
 - Run Number
 - Field Impression
 - Total Minutes of Contact
 - Age
 - Sex
 - Preceptor fills out all of the skills performed using the 1-4 scale
- Form must be signed by the preceptor out on the calls
 - Make sure the signature can be read
 - Otherwise - Print your name next to the signature



Preceptor Responsibilities.....

- When a Student is not making the anticipated milestones with their skills
 - **Cases need to be documented:**
 - Work with the student with additional training
 - Document the issues to be addressed
 - Concerns should be noted
 - Notify the Lead Instructor
 - Do not assume the student is relaying the information
 - **If a Student is not meeting their assignments**
 - Notify the Lead Instructor
 - If a student is not attending their assigned times
 - If a student is not engaging on calls
 - If a student is not completing their shifts





The Students Role



Student Responsibilities.....

- When riding with a Department,
 - **You Represent All of these:**
 - EMS Program/MCC
 - Department you are riding with
 - The public does not know the difference
 - Yourself
 - These could be people you work with in the future
 - **Act and dress as a professional**
 - This may become difficult the longer you are with the crew
 - You are a visitor to their department



The Roll of the Student.....

- Learn/Follow the general rules that are set by the Department
 - **How to call off from an assignment – sick/emergency**
 - You have committed to the schedule you have given them
 - Plan to be there for the entire scheduled time
 - Even if they are slow, calls occur at any time
 - You only get credit for the time you are present
 - **Cell phone/Internet use/Personal Visitors**
 - Follow the policies set by the school and the department you are riding with



The Roll of the Student.....

- **When you arrive at your assignment:**
 - **When arriving at your scheduled times**
 - Be prepared for your assignment
 - Have the forms you will need
 - Bring something to write with
 - Bring study materials
 - **Be ready to work**
 - Physically
 - Know your limitations
 - Let the crew know if you have any injuries
 - Mentally
 - Be present to what is going on
 - Concentrate on the task at hand



The Roll of the Student.....

- **Emotionally charged situations**
 - **On a Call/Patient Contact**
 - Understand that we are dealing with people on one of the worst days of their lives – have compassion
 - Deal with the situations in a calm, professional manner
 - Discuss with your preceptor the events that took place
 - The preceptor is there not only to assess your skills, but also to instill their experience on how to deal with difficult situations
 - If you are not able to resolve a bad call
 - Talk with your preceptor
 - Talk with your lead instructor



The Roll of the Student.....

- Emotionally charged situations
 - **With the Department and/or Preceptor**
 - Calmly discuss the situation with the parties involved
 - Be Respectful
 - Contact your lead instructor
 - Give only facts of the situation
 - Work towards a resolution
 - Thru the Lead Instructor and the Department



**MCC/MWLC EMS PARAMEDIC PROGRAM
EMT-P STUDENT CLINICAL DOCUMENTATION FORM**

NAME: _____ DATE: _____ HOSPITAL: _____

PRECEPTOR: _____ Time In _____ Time Out _____ Total Time _____

 Evaluator Signature Date Time CIRCLE DEPARTMENT: ER TRIAGE

EVALUATOR: Thank you for taking the time to complete this form, verifying this individual's educational experience. Please comment, if appropriate, on your interaction with the individual.

ALS SKILLS PERFORMED:

- 4) Exceptional-performed above expectations and course knowledge
- 3) Appropriate for experience level-functioning at the student level
- 2) Needs moderate improvement- needs further education and practice to improve
- 1) Needs significant improvement- needs intensive assistance and education to improve

	<u>EVAL</u>	<u>RN/MD</u>		<u>EVAL</u>	<u>RN/MD</u>
A. IV STARTS/THERAPY	_____	_____	B. MEDICATIONS/ROUTE	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
C. EKG MONITORING	_____	_____	D. OTHER	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PROFESSIONAL CHARACTERISTICS: Please circle the appropriate number, using the following performance scale:

1 = Poor 2 = Needs improvement 3 = Satisfactory 4 = Above Average

- 1, 2, 3, 4 **Integrity:** Consistent honesty, trusted with property of others; trusted with confidential information; complete and accurate documentation
- 1, 2, 3, 4 **Empathy:** Showing compassion for others; appropriate response to patients and family members; respect for others; calm, compassionate, helpful demeanor to those in need; supportive and reassuring to others
- 1, 2, 3, 4 **Self-Motivation:** Completes assignments without constant supervision; improves and/or corrects behavior; shows enthusiasm for learning; strives for excellence in patient care; accepts constructive feedback; takes advantage of learning opportunities
- 1, 2, 3, 4 **Appearance and Personal Hygiene:** Clothing and uniform appropriate, neat, clean and well maintained; good personal hygiene and grooming
- 1, 2, 3, 4 **Self-Confidence:** Ability to trust personal judgment; aware of strengths and limitations; exercises good personal judgment
- 1, 2, 3, 4 **Communications:** Speaks clearly, writes legibly, listens actively, adjusts communication strategies to various situations
- 1, 2, 3, 4 **Time Management:** Consistent punctuality; completes tasks/assignments on time
- 1, 2, 3, 4 **Teamwork and Diplomacy:** Places success of team above self-interest; not undermining team; helping and supporting team members; shows respect for all team members; remains flexible and open to change; communicates with others to resolve problems
- 1, 2, 3, 4 **Respect:** Polite to others; no derogatory or demeaning terms; behaves in manner that brings credit to the profession
- 1, 2, 3, 4 **Patient Advocacy:** Does not allow personal bias/feelings to interfere with patient care; places needs of patient above self-interest; protects and respects patient confidentiality and dignity
- 1, 2, 3, 4 **Careful Delivery of Service:** functions at student level performing skills, follows policies, procedures, and protocols; follows orders



Forms for Clinical ER/Triage Time - Front

- Complete and get signatures on the form
 - The form needs to be completed for each Clinical Experience
 - Be as complete as you can for any ALS procedure
 - It is the student's responsibility to get the needed signatures
 - Time in/Time out is for the time you are physically there
 - If you leave early – Change the time!



COMPLETE FOR EACH PATIENT TREATED OR OBSERVED. USE ADDITIONAL FORMS AS NEEDED. DOCUMENT IN PLATINUM ALL SKILLS COMPLETED AND OBSERVED!

1. Patient Age _____ Sex M/F _____ Chief Complaint _____
BLS / ALS Medical Trauma Cardiac Psych OB/Gyne (Circle Appropriate Choices)
Skills You Performed: _____

Skills you observed: _____

Diagnosis: _____ Outcome: _____

2. Patient Age _____ Sex M/F _____ Chief Complaint _____
BLS / ALS Medical Trauma Cardiac Psych OB/Gyne
Skills You Performed: _____

Skills you observed: _____

Diagnosis: _____ Outcome: _____

3. Patient Age _____ Sex M/F _____ Chief Complaint _____
BLS / ALS Medical Trauma Cardiac Psych OB/Gyne
Skills You Performed: _____

Skills you observed: _____

Diagnosis: _____ Outcome: _____

4. Patient Age _____ Sex M/F _____ Chief Complaint _____
BLS / ALS Medical Trauma Cardiac Psych OB/Gyne
Skills You Performed: _____

Skills you observed: _____

Diagnosis: _____ Outcome: _____

5. Patient Age _____ Sex M/F _____ Chief Complaint _____
BLS / ALS Medical Trauma Cardiac Psych OB/Gyne
Skills You Performed: _____

Skills you observed: _____

Diagnosis: _____ Outcome: _____

6. Patient Age _____ Sex M/F _____ Chief Complaint _____
BLS / ALS Medical Trauma Cardiac Psych OB/Gyne
Skills You Performed: _____

Skills you observed: _____

Diagnosis: _____ Outcome: _____



Forms for Clinical ER/Triage Time - Back

- The back of the form is a “note pad” to document key information
- **Information must be entered into Platinum**
 - Done within 3 days of Clinical Time
- Should be a minimum of 1 patient contact per hour
 - If not - need to document why (i.e. 1 on 1 with Patient)
- Remember: Information is covered under HIPAA
 - No patient names are recorded
 - Names should not be discussed in later conversations





MCC/MWLC EMS PARAMEDIC PROGRAM FIELD PRECEPTOR EVALUATION FORM

Your feedback is always appreciated. Please complete this evaluation form and return it to the lead instructor. Thank you!

Date: _____

Preceptor: _____

Department: _____

	Excellent	Good	Fair	Poor
(1) How would you rate the overall experience with this preceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Did well did your preceptor answer your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) How would you rate the interaction of the preceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) How well did the preceptor influence your learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) How well did the preceptor contribute to your learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(6) Additional comments and suggestions:



Form Breakdown.....

Field Preceptor Evaluation Form

- **Each student will fill out an evaluation form on the Department Preceptor**
 - This will be filled out at the end of the program
 - Given to the Lead Instructor and MCC
- **When entering in Platinum**
 - There is the ability to enter an evaluation on the Preceptor that helped on each clinical experience



Summary

- The intent of this program is to give the students the ability to transition from what they have learned in class to how it is applied to patient care
- With the right preceptor and the right learning environment, this can be achieved
- The preceptor/student relationship is verified with documentation and the understanding of each others roles



The End

