Contacts

- **Scott French, MD** EMS Medical Director
  - Deborah Semenek RN, EMT-P, EMS System Coordinator
  - Teresa Boron BSN, RN, TNS, LI, EMS Educator/CMC EMS System Paramedic Program Director
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  - Annette Mineo, Secretary- EMS Office
Preceptor Training

- As an accredited Paramedic Training Program, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) requires that every paramedic preceptor complete training in the subject of Paramedic Preceptorship. The frequency of training is yet to be determined.

- This includes EVERY PARAMEDIC PRECEPTOR, both in the clinical setting, as well as field internship setting.
The goal of the paramedic course:

- To prepare competent entry-level paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

- Our program pass rate for the State of Illinois licensure for the past three years is 95 percent. Overall since program inception (16 years) pass rate is 98 percent.

- As preceptor, you are the model for how knowledge, skills, and behavior guide professional practice in the real world.
Who should review this Paramedic Preceptor Training Program?

- Paramedics in CMC EMS System
- Nurses in clinical areas (pre-assigned locations)
- Preceptors in off-site areas (pre-assigned locations)

- Requirements to function in preceptor role as a paramedic:
  Minimum of 1 year in your position and
  6 months functioning in CMC EMS System
- In the Emergency Department, ECRN Licensure is preferred.
Success of the Preceptorship

Success of a preceptorship is determined by the relationship between the student and the preceptor.

Students look to preceptors for answers and guidance.

Preceptors are an extension of the classroom instruction.
Role of a Preceptor

- Support students and make them feel they are safe and valued— you are responsible for keeping the student safe from harm.
- Demonstrate by example (must role-model ideal behaviors). how competent staff perform their job
- Know and appreciate the student’s knowledge level
  - Remember what it was like to be a student yourself!!!
- Facilitate learning rather than controlling (do not be DEMANDING)
  - Preceptor directs the process of learning
  - Student sets the pace of learning
- Direct, coach, support, and delegate
- Be willing to provide constructive and regular feedback on student performance
- Be responsible for the student the entire shift the student is scheduled
Preceptor Bill of Rights

- All preceptors have the RIGHT to:
  
  - Be treated with dignity and respect
  - Be free from intimidation or harassment
  - Expect their students to discuss and/or demonstrate core knowledge
  - Expect their student will be eager to learn
  - Expect their student will initiate questions
  - Be creative in student instruction
  - Report student deficiencies they perceive
  - Be free from the threat or act of retribution
All students have the RIGHT to:

- Be treated with dignity and respect
- Be free from intimidation or harassment
- Make mistakes; have a preceptor who is able to correct and/or intervene
- Expect their preceptor **wants to teach**
- Expect fair and impartial evaluations- based on known standards
- Expect fair and reasonable answers to questions
- Not be subjected to inappropriate situations
- Report situations to appropriate supervisor without threat of retribution or retaliation
Laws of Learning

- Individuals accept and repeat responses that are pleasant
- **First impressions are lasting**
- Repetition yields habit
- Skills not practiced are forgotten
- Dramatic experiences leave lasting impressions
Adult Learners

- Characteristics
  - Self-directed
  - Are motivated by their desires
  - Want to participate in planning and evaluation
  - Relate current experience to previous experiences
  - Want to be heard
  - Want their efforts acknowledged
  - Want to be treated with respect and dignity
  - Take longer to answer questions
Environment Conducive to Learning

- Display mutual respect
- Collaborate; don’t compete
- Have open, 2-way communication
- Feedback is encouraged and enhances growth
- Feedback needs to be concurrent, immediate and shared in a manner void of blame or personal attacks
- Feedback should never be provided as a put down
Student Development

- Students are in a process of developing entry level knowledge, skills and behaviors
- Student development is a *gradual, phased progression*
- Orientation and a plan outlining activities and expectations for the rotation should be reviewed
- Students appreciate the opportunities to participate in activities and learn from observing practices of more experienced colleagues
Benner’s Theory: From Novice to Expert

1. Novice
2. Advanced Beginner
3. Competent*
4. Proficient
5. Expert

* (goal of entry level)

Capability of Novice Student

Participate in orientation program(s)
Perform in an observational role
Demonstrate competency of BLS skills
Possess a general knowledge base
Be able to follow directions
Be dependable
Possess an attitude open to learning
Capability of Advanced Beginner

- Begins to focus on ALS Skills
- Model behaviors observed
- Additional responsibilities added if student can demonstrate they can handle more, are approved through the training program (specific skills signed off), and are functioning within their scope of practice.

- Overall patient management is the responsibility of the preceptor.
Competency (goal of entry level) Proficient Student

- Focuses on overall patient management
- Demonstrates team leadership skills
- Demonstrates evaluation completed thoroughly and with accurate assessment
- Delegates tasks to other team members, and performs tasks accurately and with confidence.
- Capability for accurate treatment, transportation decisions, and effective communication
- Displays confidence, performs with authority
- Demonstrates flexibility and professionalism
End Course Objectives

- The student will be able to:
  - Coordinate patient care and assign tasks to be able to comprehend, apply and evaluate clinical information while demonstrating proficiency in all skills and behavior necessary to fulfill the role as an entry level paramedic.
  - Demonstrate appropriate scene management of any situation and function competently under stressful situations. Skills to include appropriate assessment, treatment and transportation priorities in multiple patient scenarios.
  - Demonstrate the ability to perform a thorough patient history and physical assessment.
  - Demonstrate the ability to develop a plan and perform the necessary skills, or delegation of tasks when appropriate, related to emergency patient management.
  - Demonstrate effective communication between the student and preceptors, patients, family members, other healthcare providers.
  - Demonstrate the ability to accurately complete all the necessary written reports associated with the patient contact.
- Above all, demonstrate integrity, self-motivation, self-confidence, appropriate appearance and personal hygiene, teamwork, appropriate communication, time management, respect, empathy, and careful delivery of service to every patient.
Student Clinical / Field Log

Front Page:

- Student enters clinical information regarding patient contacts
- Student documents assessments and interventions performed during rotation/shift

<table>
<thead>
<tr>
<th>Student enters clinical information regarding patient contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student documents assessments and interventions performed during rotation/shift</td>
</tr>
</tbody>
</table>

CMC EMS System
Paramedic Student Clinical/Field Experience Report

Name: __________________________ Date of experience: ______________________

Clinical Area: __________ Hospital: __________ OR Fire/Rescue Dept: __________
Hours for clinical or field time from: __________ to: __________ Total: __________ Preceptor initials: __________

Patient contacts by age category (indicate total numbers by age) (Credit given for Field calls only) (Exception 5 Peds)
- Peds (< age 16) (10) total # (0-30 days) (1-12mo) (1-<3 yrs) (2-<5 yrs) (6-12 yrs) (13-15 yrs)
- Adult (25): 16-69 yrs total # __________ Geriatric (10): (70 and over) total # __________

Assessment Type (OPQRST Assessment must be documented in Run Report)
Can be performed / credited in the Field or Clinical setting:
- Trauma (20)
- Obstetric (5)
- Adult Respiratory (5)
- Pediatric Respiratory (5)
- Chest Pain/Cardiac related call (10)
- Arrest (1)
- Altered Mental Status (5)
- Other Medical (5)
- Abdominal Pain (5)
- Behavioral (Psych) (5)
- Refusal/Release/AMA (max 10)
- Significant Trauma (1)

Skills: Can be performed / credited in the Field or Clinical setting. (Exceptions are noted)

<table>
<thead>
<tr>
<th>Airway</th>
<th>Cardiac</th>
<th>Electrical Therapy (1 of the following)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral/Nasal Airway</td>
<td>CPR</td>
<td>Defibrillation (1) OR</td>
</tr>
<tr>
<td>CPAP</td>
<td>EKG Interpretation</td>
<td>Cardioversion (1) OR</td>
</tr>
<tr>
<td>Suctioning</td>
<td>(written on attached strip)</td>
<td>Pacing (1)</td>
</tr>
</tbody>
</table>

Ventilation
- BVM (non-intubated pt) (5)
- Endotracheal tube successful (5)
- Unsuccessful ET

IV Skills
- IV/IO successful access (20)
- Unsuccessful IV/IO
- External Jugular

Reports/Team Leader
- Radio report (Field Only)
- Team Leader (30) (Field Only)

Report Writer: (Must complete Run Report Form)
- BLS report writer (20)
- ALS report writer (30)

- ALS call (15) (Field Only)

(2 successful ALS skills performed by student per ALS call)

Medication Administration and Route (20): (will only receive credit for 1st dose of med repeated for each patient)
Minimum total administration route types: IVP -8; IM/SQ - 4; Oral/sl- 4; Nebulizer - 4

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Route</th>
<th>Dose</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenosine</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albuterol</td>
<td>Diazepam (Valium)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amiodarone</td>
<td>Diphenhydramine (Bendadril)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>Dopamine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atropine</td>
<td>Epinephrine 1:1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrovent</td>
<td>Epinephrine 1:10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextrose 12.5%</td>
<td>Entomate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextrose 25%</td>
<td>Fentanyl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furosemide (Lasix)</td>
<td>Glucagon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lidocaine bolus</td>
<td>Midazolam (Versed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td>Naloxone (Narcan)</td>
<td></td>
<td></td>
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<tr>
<td>Nitroglycerine</td>
<td>Verapamil</td>
<td></td>
<td></td>
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<tr>
<td>Zofran</td>
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</tbody>
</table>
Proctor Review

Back Page:

- Please perform student evaluations!
- Preceptor must sign each evaluation!

Your feedback is essential to the students education. Beginners are not 4’s!!!

All proctor evaluations are reviewed by the EMS office.

Clearly indicate your involvement (supported on the run report) versus peer activity.

Student Comments:

<table>
<thead>
<tr>
<th>Proctor Area</th>
<th>Evaluator to complete below portion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate the student’s performance using the following scale. Please be objective and honest in your evaluation. If any item is rated as a “1 - needs additional practice”, enter an explanation of your rationale in the comments section.</td>
<td></td>
</tr>
<tr>
<td>X Observed activity only 4 Excellent/independently competent. Is able to perform the skill correctly with no coaching. 3 Above average. Skill level exceeds entry level criteria. Can perform safely with minimal coaching. 2 Satisfactory. Meets entry level criteria. Performs safely with direct supervision and moderate coaching 1 Needs additional practice. Student could verbalize critical steps but skills are not at an entry level without supervision and coaching. Recommend additional clinical experience.</td>
<td></td>
</tr>
<tr>
<td>Professionalism / Attitude: 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. Reported to clinical assignment on time and in appropriate uniform.</td>
<td></td>
</tr>
<tr>
<td>Communication Skills: Performs and reports patient assessments, completely and proficiently. Interacts with patients and other health care professionals on an appropriate “student role” level.</td>
<td></td>
</tr>
<tr>
<td>Medical knowledge: Student demonstrates knowledge regarding patient conditions and pathophysiology. Student demonstrates proper basic and advanced life support patient management.</td>
<td></td>
</tr>
<tr>
<td>Psychomotor Skills: Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently.</td>
<td></td>
</tr>
<tr>
<td>Records and report writing: Student can demonstrate correct reporting procedures using the SOP format for patient care reports. Student spells correctly, and uses appropriate medical terminology.</td>
<td></td>
</tr>
</tbody>
</table>

Evaluator’s name: ___________________________ Evaluator’s signature & title: ___________________________

Evaluator comments: __________________________________________________________

All information on this report is accurate; I understand that falsification may result in expulsion from the CMC Paramedic Course.

Student Name: ___________________________ Signature: ___________________________

(Confidential: This information is subject to Peer Review and Performance Improvement protection under the Medical Studies Act, as well as other applicable State and Federal laws. DO NOT copy, disclose or disseminate this information to any other persons or entities.)
Providing Feedback

- Start with positive feedback
  - Find *something* to say!
  - Reinforces behaviors and encourages repetition
- Needs to be timely
- Needs to be objective
- Needs to be constructive
  - What was done right
  - What opportunities for improvement are evident
- Needs to be documented to provide continuity throughout the learning process
- Close the feedback loop with a positive too!
When Things Go Bad

- **Reasons for Immediate Dismissal**
  - Violence or threats of violence
  - Sexual harassment
  - Suspicion of drugs or alcohol use
  - Theft
  - Sleeping
  - Non-participation
  - Foul language

- **Steps to Dismissal from Clinical - If appropriate**
  - Warning
  - Send student home/turn away if unprepared (not dressed appropriately, missing proper tools to complete job, late without proper notice)
  - Seek out EMS office staff ASAP
  - Give a written account of what happened, eliminating subjective comments, keep to the facts.
Examples...

- **How Not to Communicate**

  "DON'T WORRY, THE FIRST 30 YEARS AS A PARAMEDIC ARE THE HARDEST."
FAQ

- How often does this training need to be repeated?
  - “The answer depends on how often Paramedic students are in the area, the duration of students in hospitals or in internship, and the amount of regular communication with the preceptors…”

- Can I get CE for this?
  - “Yes, if the state Office of EMS or CECBEMS allows.” *CMC EMS System Paramedic Preceptors will be awarded CE for completing this preceptor training.

- Why is a program required to provide preceptor training when it has NO way to require the preceptors to participate?
  - “This is a difficult issue; however, the employees of an EMS service that is utilized for Paramedic field internship have a very direct impact on students and student learning. Unfortunately, we rely on them to provide the education. The preceptor provides key input into determining student competency.”

- Field Experience is the last frontier in EMS education. What are good reward options for paramedic preceptor who already receive free CE training and receive no extra money for precepting?
  - “… Really, programs need to do a better job in initial education to make sure students know this is their legacy and professional obligation to pass it on!!!”

- Are programs expected to provide a roster for ALL of the preceptors at an agency?
  - “Yes, the expectation is that all preceptors will be trained.”

- Can students be substituted for staff?
  - The CAAHEP Standards require students must never be substituted for staff.”
Preceptors Make a Difference!

Thank you!
Condell Medical Center EMS System Office
847-990-5523
Resources

- [http://www.westmedcollege.edu/assets/resources/degreeResources/Paramedic-Student-and-Preceptor-Guidebook.pdf](http://www.westmedcollege.edu/assets/resources/degreeResources/Paramedic-Student-and-Preceptor-Guidebook.pdf)
- [http://www.darton.edu/programs/AlliedHealth/ems/pdfs/200709-PreceptorCourse.pdf](http://www.darton.edu/programs/AlliedHealth/ems/pdfs/200709-PreceptorCourse.pdf)
- [http://www.coaemsp.org/Documents/Preceptor_Training_FAQ.pdf](http://www.coaemsp.org/Documents/Preceptor_Training_FAQ.pdf)