

EMS Preceptor Training

UMHS EMS EDUCATION

Preceptor Training Objective

- ▶ Define the UMHS EMS Education Programs
- ▶ Define Preceptor Characteristics, Role and Responsibilities
- ▶ Precepting Methods and Tips
- ▶ Clinical Guidelines
- ▶ Evaluation Tools
- ▶ Program Contact Information

UMHS Training Programs

The EMT-B and Paramedic education programs include all emergency medical concepts and techniques currently responsibilities of the EMT-B and Paramedic providing emergency care in the pre-hospital setting as set forth by the Bureau of EMS Services of the State of Missouri. These programs meet or exceed course requirements established by the US Department of Transportation and the Missouri Bureau Department of Emergency Services. The education program also covers topics related to the future trends and care methodologies in emergency medicine.

EMS Education regularly conducts certification programs for:

- ▶ Emergency Medical Technician
- ▶ Paramedic

Course Requirements

EMT Basic

- ▶ Class meets 8 hours per week for 17 weeks
- ▶ Classroom/Lab/Online: 196 hours
- ▶ Clinical Hours: 136 hours
- ▶ Total Training Hours: 332

Paramedic

- ▶ Class Meets 8 hours per week for 54 weeks (Accelerated Class 8 hours twice a week for 30 weeks)
- ▶ Classroom/Lab/Online Hours: 666
- ▶ Total Clinical Hours: 610
- ▶ Total Training Course Hours: 1276

EMT-Basic & Paramedic Course Objectives

- ▶ Perform Trauma and Medical patient assessments
- ▶ Demonstrate proficiency in practical skills within their scope of practice
- ▶ Understand basic vehicle operation, MCI operations, and aircraft utilization
- ▶ Understand basic human anatomy and body system physiology
- ▶ Provide adequate patient care based on assessment findings and questioning
- ▶ Adequately written patient care report forms.



Expected Outcomes

- ▶ Understand fundamental theories of the profession
- ▶ Be proficient in performing psychomotor skills
- ▶ Understand their professional role in healthcare
- ▶ Competency of skills, theory and putting it all together
- ▶ Have the ability to change professionally as health care changes

Exhibit professional behaviors

- Professional Identity
- Ethical Standards
- Be motivated for continuous learning

Demonstration of a professional attitude is a requirement.

Expected Outcomes Evaluated Behaviors

- ▶ Integrity
- ▶ Empathy
- ▶ Self-motivation
- ▶ Self-confidence
- ▶ Communications
- ▶ Respect
- ▶ Time Management
- ▶ Teamwork & Diplomacy

- ▶ Appearance and personal hygiene
- ▶ Patient advocacy
- ▶ Careful delivery of Service

** Preceptors are asked to document patterns of behavior

What is a Preceptor?

- ▶ An expert or specialist in a particular field that provides transitional role support and learning experiences to a student during a period of practical experience and training.
- ▶ Extension of the classroom
- ▶ Teacher/Trainer
- ▶ Motivator
- ▶ Mentor/ Role Model
- ▶ Tutor
- ▶ Counselor
- ▶ Student

Preceptor Characteristics

- ▶ Be knowledgeable and skilled
- ▶ Perform well under stress
- ▶ Be a role model
- ▶ Have and display a positive attitude towards your job and service
- ▶ Communicate well with patients, families, the public, and other healthcare, public, safety professionals and other team members
- ▶ Be motivated
- ▶ Help student put it all together
- ▶ One on one coaching provides the best quality-orientated learning with the greatest retention

Preceptor Roles & Responsibilities

- ▶ Demonstrate by example competent job performance
- ▶ Support the student
- ▶ Facilitate learning rather than controlling it
- ▶ Direct, coach, support and delegate learning
- ▶ Be engaged
- ▶ Provide an environment for the student to learn
- ▶ How may I help you?
- ▶ Show interest and guidance in their professional development
- ▶ Inspire, encourage, and open doors to learning
- ▶ Be a cheerleader
- ▶ Provide constructive feedback
- ▶ Provide supervision and assistance
- ▶ Give feedback to instructors and/or program director

Preceptor tips

- ▶ Remember they are the novice
 - ▶ Knowledge is superficial
 - ▶ Competent skills but tentative
- ▶ Student don't know that they don't know
- ▶ Students have much to learn about pre-hospital
- ▶ Discuss goals and expectations
- ▶ First impressions are long lasting
- ▶ Provide a basis to build on
- ▶ Individuals accept and repeat responses that are pleasant
- ▶ Dramatic experiences leave lasting impressions
- ▶ Students succeed at a different pace
- ▶ Students are not show offs, they are learners

Preceptor Tips

Learn from doing

- ▶ Put theory to practice
 - ▶ Perform the assessment
 - ▶ Interpret findings
 - ▶ Perform the skills
 - ▶ Complete documentation

They will learn more by doing than watching.

Teach don't preach

- ▶ Encourage discussion
- ▶ Let the student reach a reasonable decision
- ▶ Repetition = habits
- ▶ Help them develop their own technique
- ▶ Knowledge enquire vs drilling
- ▶ Call review

All students succeed at a different pace. If a student fails to meet objectives in a timely fashion, intervene early.

Bill of Rights

Preceptor

- ▶ Be treated with dignity & respect
- ▶ Be free from intimidation or harassment
- ▶ Expect students to discuss/demonstrate core knowledge
- ▶ Expect student to be eager to learn
- ▶ Expect students to initiate questions
- ▶ Be creative in student instruction
- ▶ Report student deficiencies they perceive
- ▶ Be free from threat or act of retribution

Student

- ▶ Be treated with dignity & respect
- ▶ Be free from intimidation or harassment
- ▶ Expect preceptor to want to teach
- ▶ Expect fair and impartial evaluation
- ▶ Expect fair & reasonable answers to questions
- ▶ Not be subjected to inappropriate situations
- ▶ Report situation to appropriate supervisors without threat of retribution or retaliation

Adult Learning Methods

- ▶ Self-directed
- ▶ Problem orientated & highly motivated
- ▶ Participation is important
- ▶ Direct benefit is imperative
- ▶ Impatient with long winded explanations
- ▶ Prefer being treated as a peer
- ▶ Want their efforts acknowledged
- ▶ Respect and dignity

Creating an Environment to Learn

- ▶ Display mutual respect
- ▶ Collaborate don't compete
- ▶ Open 2 way communication
- ▶ Enhance student self esteem & confidence
- ▶ Change beliefs and attitudes with experience reflection which can turn into change
- ▶ Enhance student self esteem & confidence
- ▶ Poor learning vs poor preceptor
- ▶ Corrective Feedback
- ▶ Start positive
 - ▶ Feedback encourages & enhances growth
- ▶ Feedback needs to be concurrent and immediate
- ▶ Constructive
- ▶ Feedback should never be provided as a put down
- ▶ Be discrete: praise in public corrective in private

Concentrate on aspects of ems care: safety, judgement, fact finding, leadership, communications, practical skills, decisiveness, empathy

Learning Levels (Benner Theory)

Benner, PC (1982) From Novice to Expert. AJN 82 (3), 402-407

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

*** Goal of entry level paramedics

Learning Levels

Novice Student

- ▶ Participate in program
- ▶ Observational role
- ▶ Demonstrate competency of BLS skills & possess general ems knowledge base
- ▶ Be able to follow directions
- ▶ Be dependable
- ▶ Possess an attitude to learn

Advanced Beginner

- ▶ Start to focus on ALS skills
- ▶ Model observed behaviors
- ▶ Additional responsibilities if the student has demonstrated they can handle more (scope of practice)
- ▶ Overall patient management is ALWAYS the responsibility of the preceptor

Learning Levels

Competency/ Proficient Student goal of entry level paramedic

- ▶ Focus on overall patient management
- ▶ Demonstrate team leadership skills
- ▶ Demonstrate evaluation completed thoroughly and with accurate assessment
- ▶ Delegate tasks to other team members
- ▶ Capable of accurate treatment, transport decisions, effective communication
- ▶ Display confidence and performs with authority
- ▶ Demonstrates flexibility and professionalism

Learning Levels

Proficient

- ▶ In depth knowledge, automatically performing tasks
- ▶ Reaches beyond the boundaries
- ▶ Can recognize and anticipate the typical progression of events in a given situation and can modify approach in patient care
- ▶ Responds with speed, confidence and flexibility

Expert

- ▶ Comprehensive knowledge grounded in extensive experience
- ▶ Good sense of attunement and anticipated problems, picking up on subtle changes
- ▶ Moves from analytical knowledge to intuition
- ▶ Skillfully manages rapidly changing situations and deals with multiple priorities
- ▶ Self directed, little dependency on resources

Student Development

Progression

- ▶ Students are in the process of developing entry level knowledge, skill, and behavior
- ▶ Development is gradual
- ▶ Don't try to fix everything at once

Team Lead

- ▶ Each paramedic student is required to act as a team lead
- ▶ Time Line on Team Leader
 - ▶ After observing several leads
 - ▶ Preceptor finds student capable of the lead
 - ▶ Student feels confident to take the lead role

Preceptor Credentials

- ▶ Clinical knowledge and experience in the preceptor's current position
- ▶ Completed preceptor training
- ▶ Approved by the Clinical Coordinator, Primary Instructor, and Clinical Operations Coordinator for the Ambulance Service.

UMHS EMT Students

- ▶ Students enter clinical rotations before the class is completed.
- ▶ They are observing and learning assessment and treatment as they continue the program.
- ▶ Students are classroom and skill lab proficient. Your skill is needed to help bridge the gap between classroom and real patient care.

UMHS Paramedic Students

- ▶ Students start clinicals before the course is completed.
- ▶ They are licensed EMT's with the appropriate level of knowledge. Remember they are observing and learning ADVANCED assessment and treatment as they continue the program.
- ▶ Students are classroom and skill lab proficient. Your skill is needed to bridge the gap between classroom and real patient care.
- ▶ Multi-level learning: patient management, leadership, critical thinking, decision making, and delegation.

Clinical rotation time and skills must be performed during scheduled clinical rotations NOT while on scheduled duty with a hospital, ambulance, fire service, or other employer.

Clinical Guidelines

CLINICAL ROTATION SCHEDULING AND ATTENDANCE:

- **ALL** clinical rotations will be scheduled through the FSDAP website or the Clinical Coordinator.
- Clinical rotation hours 0700-2300 (except 211)
- Maximum clinical rotation is 12 hours
- Clinical hour rotation does not begin until the student is with the preceptor regardless of the time the student actually show up to start the clinical rotation.

Clinical Guidelines

Students may only claim credit for hours or skills that are actually completed

- Students may not claim credit for:
 - Scheduled hours if they leave early
 - Observed skills performed by another provider
 - Shifts for which the student was scheduled but did not attend

Conflict of Interest

- Students & preceptors should be aware of their role and potential conflicts of interest which may occur.
- Generally, conflict of interest is when influence could be exerted to the benefit of one or both of the parties involved. If there is any potential where the student or preceptor could be put in a situation of undue influence, then this should be avoided.

Clinical Guidelines

Conflict of interest

Situations where conflicts of interest could occur include (but are not limited):

- Preceptor and student have a personal relationship beyond normal friendship such as dating, being engaged or married or similar.
- Student has a personal relationship beyond normal friendship with an individual who supervises others at the agency or unit with which the student is completing their clinical rotation time.
- Student has a supervisory role or role of authority at the agency or unit with which the student is completing clinical rotations.
- Student is in a position where they are able to pressure the preceptor into performing unethical decisions or duties that are not in line with the EMS Code of Ethics.
- Preceptor is in a position where they are able to pressure the student into performing unethical decisions or duties not in line with the EMS Code of Ethics.

Clinical Guidelines

Conflict of Interest

- It is the duty of the student and the existing EMS professionals to prevent any conflict of interest from occurring and to report the same.
- Students will not schedule themselves to do clinical rotations at any agency or unit or with any individual where there is a known or perceived conflict of interest.
- Preceptors have the responsibility to preclude themselves from this role when a known or perceived conflict of interest exists.
- Any conflict of interest known or perceived must be reported immediately to the Clinical Coordinator.

Clinical Guidelines

Pagers/Cell phones/Electronic devices

- ▶ Scanners, radios, and departmental pagers are NOT allowed to be on during clinical rotation time.
- ▶ Phones and personal pagers must be muted or placed on non-audible alert.
- ▶ Noisy equipment, beepers, or cell phones will not be tolerated.
- ▶ Use of any electronic device shall be restricted to activities that are directly related to education.
- ▶ Absolutely no pictures of patient or clinical situations.

Texting, using the Internet, playing games, or any other non-educational activities accomplished through the use of electronic devices is not allowed, and could be cause for dismissal from the rotation for the day.

Clinical Guidelines

Tobacco Policy

- ▶ The use of all tobacco products (cigarettes, cigar, pipes, electronic cigarette and smokeless tobacco) is prohibited within all University of Missouri Health Care-owned buildings and while participating in the UMHS EMS Education activities.

Clinical Guidelines

Alcoholic Beverages/Illegal Drugs

- ▶ No alcoholic beverages or illegal drugs may be brought to, carried, or used at any time during any EMS Education activity.
- ▶ Students also may not exhibit any signs of having used alcohol or illegal drugs (e.g. smell of alcoholic products on breath)
- ▶ Any student found in violation will be subject to immediate dismissal from the programs.

Clinical Guidelines

Sleeping

- ▶ Anytime a student falls asleep, it should be expected that they will be asked to leave.
- ▶ It is also not acceptable for students to work a night shift and then come straight to an ems education activity. In the clinical rotation setting, this can have serious patient care ramifications.

Clinical Guidelines

Sexual, Ethnic, and Gender-based Harassment

- ▶ Harassment of any type is unacceptable and is grounds for immediate dismissal from the program.
- ▶ Harassment is generally defined as any verbal or physical action or intent that is degrading to another individual's ethnicity, gender, or other personal preferences similar to those outlined in the ADA statement.

Clinical Guidelines

Dress Code and Equipment Requirements

- ▶ Students are issued nametags and uniform shirts by UMHS EMS Education
- ▶ The dress code polo shirt with the embroidered EMS Education logo; the shirt must be tucked in, full length black slacks (ems pants) and matching belt, socks that come above the top of the footwear, leather, or nylon footwear that comes over the ankle and are dark in color (no tennis, nursing type shoes, or large climbing boots).
- ▶ Students must wear their UMHS name tag at all times, consistent with the UMHS policy for Personal Identification Badges. Badges are to be worn on the upper front chest. Name badges may not be altered or defaced in any way, concluding covering the last name. Students may not wear clothing that is revealing, offensive, intimidating or in disrepair.
- ▶ **IF THE STUDENT DOES NOT WEAR THEIR NAME TAG, PLEASE SEND THEM HOME WITHOUT ANY CREDIT FOR HOURS ALREADY COMPLETED THAT DAY.**

Clinical Guidelines

Dress Code and Equipment Requirements

- ▶ Required equipment for clinical rotations for all UMHS-EMS students is a
 - ▶ Stethoscope
 - ▶ Watch with a sweep second hand and
 - ▶ At least one pen
 - ▶ Outside of UMHS, students are to provide their own ANSI Class 2 or Class 3 reflective vest that meets the guidelines of 23 CFR 634.
 - ▶ **THIS VEST MUST BE WORN AT ANY TIME THE STUDENT IS WORKING ON OR NEAR A ROADWAY.** This must be worn even if the others in the crew do not.
 - ▶ Other discretionary equipment: textbook, study material, index cards, trauma scissors, penlight, pocket mask, laptop, or table for Fisdap access.

Clinical Guidelines

Personal hygiene

- ▶ Students should always present in a fashion that represents themselves in a professional manner.
 - ▶ Hair must be kept neat and clean. Hair should in no way interfere with patient safety.
 - ▶ Long hair should be appropriately held back and clear of interfering with patient care (ex use of hair tie or similar)
 - ▶ Hair color of unnatural and unprofessional appearance will not be allowed during clinical rotation time at any MU Health Care clinical rotation site.
 - ▶ Men's mustaches and beards must be neatly trimmed.
 - ▶ Tattoos are to be covered and not visible.
 - ▶ Jewelry may not be offensive in any way. Jewelry is restricted to a single item in each ear (stud-type only); no other jewelry may be worn in other pierced areas. Further information can be found in UMHS policy HR-5005 Dress Code.

Clinical Guidelines

Personal hygiene

- ▶ Students should always present in a fashion that represents themselves in a professional manner.
 - ▶ Rings should not be worn.
 - ▶ Make-up should be natural looking.
 - ▶ Fingernails must be an appropriate length and must be in good condition.
 - ▶ The wearing of artificial fingernails during clinical rotations is prohibited.
 - ▶ Student must be clean and without noticeable odors.

Clinical Guidelines

No student is allowed to drive an EMS vehicle at any time while functioning within the scope of this training program. Failure to comply with this rule will result in automatic dismissal from the class.

Clinical Guidelines

Students will not operate or be at the foot or head during operation or movement of any stretcher while occupied by a patient.

- ▶ Assisting crews in lifting and loading from the side, where the preceptor and student feel comfortable is acceptable, as long as no operational functions are applied by the student.

At no time should a student take verbal orders for the preceptor.

EXCEPTION: student may take verbal orders if they are in consultation with medical control, but this is solely at the discretion of the preceptor, and the preceptor must be able to hear both sides of the conversation with Medical Control (ex using the radio).

Clinical Guidelines

Injuries

Any time a student suffers an injury while at the clinical site while functioning as a student, please make an immediate report to the Course Coordinator as soon as possible right after the injury.

The preceptor has final authority over the student during clinical rotation and field rotations.

- While responding to ambulance calls, students will be seated in the jump seat or front passenger seat with the seat belt on.
- It is at the discretion of the preceptor whether the student will be seat belted in during the patient transportation.
- If at any time the student performs actions not approved by the preceptor, the participants may be sent home and possible expelled from the course.

Clinical Guidelines

Weapons such as firearms; knives > 6 inches in length; switchblades; stilettos; throwing stars; or any similar items designed to inflict injury are NOT allowed on UMHS property or during a clinical rotation.

Please report any violations to the Course Coordinator.

This does not exclude items that are used specifically for EMS related functions, such as for seat belt cutting. However, students must immediately remove any items like this if their instructor or preceptor requests that they do so.

Clinical Guidelines

Clinical Errors

- ▶ It is reasonable to expect there will be occurrences where clinical error will occur. While this is expected to be infrequent, the student should be aware they have a duty to report any errors.
 - ▶ Errors may include incorrect administrations of a drug, improper patient assessment (incorrect vital sign), completion of a skill in a non-approved manner (ex failure to clean an iv site), or similar.
- ▶ Should any clinical error occur, the student must **IMMEDIATELY** report this to their preceptor.
- ▶ The student should assist the preceptor, as required by the preceptor, to complete any procedures or documentation needed as a result of the error.

Purpose of Student Rotation

Under the direct observation of an approved preceptor, a student will consistently:

- participate as a safe EMS team member or leader.
- Apply classroom theory and clinical skills to patient care situations in the prehospital environment as measured by care critiques completed on all patients.
- Organize patient findings and provide thorough reports to on-line medical control for all calls on which they participate.
- Complete an accurate PCR on each call using appropriate medical terminology, spelling, and adhering to the principles of documentation in FISDAP.

Clinical Guidelines

Under the direct observation of an approved preceptor, a student will consistently:

- Participate in the complete restocking and satisfactory maintenance of EMS drugs and equipment required on the ALS vehicle.
- Develop effective coping strategies to stressors in EMS practice.
- Demonstrate acceptable achievement of affective objectives.

Clinical Competencies

Ambulance Field Team Lead Role

Goals/Objective for a team leader

- Demonstrate the ability to lead a team providing care of a patient
- Demonstrate ability to create differential diagnoses and make critical thinking decisions to directing care
- Demonstrate ability to communicate with all individuals involved in all parts of the call.
- Complete direction of the entire call from beginning to end

Clinical Competencies

The types of runs that qualify as having the potential for team leading are defined as:

- 911 calls (unscheduled) with patient contact and a full ALS assessment by the student either ALS or BLS in nature (regardless of transport status).
- Complicated transfers with multiple drips or other elements deemed by the preceptor to be appropriate for the student to demonstrate high level skills and leadership skills.
- Scheduled runs (routine transports and long-distance transfers) DO NOT qualify for team leads unless they met complicated transfer criteria noted above (presence of EKG monitoring or simple IV infusion does not qualify).
- The student **MUST** be able to perform the duties of the team leader.

Clinical Competencies

Team Leader responsibilities

- Initiate and perform initial, primary and detailed assessment
- Creates differential diagnoses for the patient
- Plans and initiates the management and treatment plan
- Communicates effectively, effectively assigns or directs team members to carry out duties
- Competent leadership
- Professional behavior
- Competent in clinical decision making

The student must perform interview/assessment or lead the call to count as a team lead. The student must do both!

Characteristics of a Paramedic Evaluation

Integrity

- ▶ Honesty
- ▶ Be trustworthy of property and others
- ▶ Maintain confidentiality
- ▶ Maintain proper documentation of patient care and clinical documentation

Empathy

- ▶ Compassion for others
- ▶ Appropriate emotional response
- ▶ Supportive and reassuring to others

Characteristics of a Paramedic Evaluation

Self-motivation

- ▶ Show enthusiasm
- ▶ Initiates discussions on how to improve
- ▶ Strives for excellence
- ▶ Accepts constructive feedback in positive way

Appearance & personal hygiene

- ▶ Clothing and uniform is well maintained, clean, professional
- ▶ Personal grooming and hygiene

Characteristics of a Paramedic Evaluation

Self-confidence

- ▶ Appropriate trust in personal judgement
- ▶ Understands personal and professional strengths and weakness

Communication

- ▶ Speaks clearly and uses appropriate word usage in regards to their audience
- ▶ Truly listens
- ▶ Writes legibly

Characteristics of a Paramedic Evaluation

Time Management

- ▶ On time or early for shifts
- ▶ Competes PCR in a timely manner
- ▶ Allows time for preceptor to complete evaluations in a timely manner

Teamwork & Diplomacy

- ▶ Team mentality
- ▶ Supporting of team members
- ▶ Shows respect
- ▶ Works with the team to solve problems or resolve conflict

Characteristics of a Paramedic Evaluation

Respect

- ▶ Polite
- ▶ Acts in a appropriate manner
- ▶ Refrains from demeaning terms or belittling others

Patient advocacy

- ▶ Puts patient needs above self interest
- ▶ Remains unbiased
- ▶ Does what's best for the patient

Characteristics of a Paramedic Evaluation

Careful delivery of service

- ▶ Masters skills
- ▶ Provides safe and appropriate care of patients
- ▶ Follow policies, procedures, and protocols
- ▶ Follows guidance or orders

Student Evaluations

- ▶ Comments are welcomed
- ▶ Immediate concerns should be completed in the immediate response in the evaluation form.
- ▶ All immediate response immediately go to Jennifer Kandlik and class instructor

Contact Information

- Clinical Coordinator
 - Robert Draper draperr@health.Missouri.edu
 - 573-355-1146
- Program Director
 - Christy McCloud mccloudc@health.missouri.edu
 - (573) 884-5277 office
- Medical Director
 - Dr. Joshua Stilley stilleyjd@health.Missouri.edu
- Classroom instructors: dependent on class

Successful Clinical sites

- ▶ Allow hands on experience
- ▶ Welcomes students and encourages preceptors
- ▶ Has Preceptors that remember what it was like
- ▶ Encourages students to succeed
- ▶ Builds student confidence and enthusiasm
- ▶ Has high expectations of students
- ▶ Has integrity
- ▶ Has active preceptors, engaged teachers and motivated professionals
- ▶ Has you!

Closing thoughts

- ▶ Thank you for your willingness to be a preceptor for our students.
- ▶ This clinical opportunity would not be available without preceptors like you!
- ▶ If you have any additional questions please contact the EMS Education Program Direct Christy McCloud or EMS Education Clinical Coordinator Rober Draper.