Preceptor Training Objectives

- Define the UMHS EMS Education Institute Programs
- Define Preceptor Characteristics, Roles & Responsibilities
- Precepting Methods and Tips
- Clinical Rotation Guidelines, Purpose & Stages of Clinical Development
- Evaluation Tools and Competencies
- Contact information for program
UMHS EMS Training Programs

The University of Missouri Health Systems – Emergency Medical Services Education Institute Regularly Conducts Initial Certification Programs for:

- Emergency Medical Technician (Basic EMT)
- Paramedic (EMT Paramedic)
Description - The EMT-Basic and Paramedic education programs cover all emergency medical concepts and techniques currently considered to be within the responsibilities of the EMT-Basic and Paramedic providing emergency care in a pre-hospital setting as set forth by the Bureau of Emergency Medical Services of the State of Missouri. These programs meet or exceed course requirements established by the U.S. Department of Transportation and the Missouri Bureau of Emergency Medical Services. The education program will also cover topics related to the future trends and care methodologies in emergency medicine.
UMHS
EMT BASIC & PARAMEDIC

COURSE OBJECTIVES

1. Perform Trauma and Medical patient assessments
2. Demonstrate proficiency in practical skills within their scope of practice
3. Understand basic vehicle operation, MCI operations, and aircraft utilization
4. Understand basic human anatomy and body system physiology
5. Provide adequate patient care based on assessment findings & questioning
6. Adequately write patient care report forms
UMHS EMT BASIC

- Class meets 8 hours per week for 17 weeks. Typically every Tuesday and Thursday from 1300-1700.

- Total Didactic (Classroom/Lab/Online) Hours: 196 hours

- Total Clinical Hours: 88 hours

- Total Training Course Hours: 284 hours
UMHS EMT PARAMEDIC

- Class meets 8 hours per week for 59 weeks. Typically every Wednesday from 0830-1700.
- Total Didactic (Classroom/Lab/Online) Hours: 666 hours
- Total Clinical Hours: 510 hours
- Total Training Course Hours: 1,176 hours
UMHS Expected Outcomes

- **Conceptual competence** Ability to understand theoretical foundations of the profession.
- **Technical competence** Technical proficiency in performing psychomotor skills.
- **Contextual competence** Understand how your practice fits within the greater whole of the healthcare continuum. Ability to use conceptual and technical skills in the right context, avoiding the "technical imperative".
- **Integrative competence** Ability to take all the other competencies and put them all together. Meld theory and practice.
UMHS Expected Outcomes

- **Adaptive competence** Ability to change with evolutions in medicine (big picture) or modify care of a patient based on changing clinical presentations (move from one page of the SOP to another (immediate picture)).
UMHS Expected Outcomes

- Professional behaviors
  - Professional identity
  - Ethical standards
  - Scholarly concern for improvement
  - Motivation for continued learning

- Demonstration of professional attitudes is a requirement for graduation.
UMHS Expected Outcomes

Behaviors to be evaluated:

- 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 plus sentinel events.
Preceptor Definition

- An expert or specialist in a particular field that provides transitional role support and learning experiences to a paramedic student during a period of practical experience and training.
Preceptor Definition

- Tutor, Mentor, Teacher, Advisor
- Facilitator, Evaluator
- Motivator, Coach
- Adjunct to the EMS educational process
- Provider of Positive and Negative feedback
Characteristics of an effective preceptor:

- Knowledgeable in the skills and concepts to be reinforced.
- Models desired behavior.
- Skilled in the interventions to be provided.
- Motivated: Believes a quality internship is important.
- Effective communicator: Can convey their knowledge to the student.
Characteristics of an effective preceptor:

- Help students to connect the dots, between the classroom and the street.
- The best quality-oriented learning with the greatest retention happens on the job with one-on-one coaching.
- The sooner they can apply the material presented in class, the more it will be retained.
Preceptor Roles & Responsibilities

What is your responsibility?

Provide the student with the best possible chance to succeed!
You are a learning coach.
Preceptor Roles & Responsibilities

- Be PRESENT
- Be CARING
- Be INSPIRING
- Be RIGOROUS
Preceptor Roles & Responsibilities

Be PRESENT-

- Spend one-on-one time with the student, be more than just physically present, be mentally and emotionally engaged.
- Pay attention to the student and be 100% available to them when communicating.
- Mentor them at the station or where posted.
Be PRESENT (cont’d)-

- Stay with your student during a call.
- Help them learn from every day events.
- Treat each patient encounter as an opportunity to learn and gain some new insight, choice, and flexibility.
- Provide after-action reviews immediately after a call. Complete their ALS critique right then for the best accuracy of performance assessment.
Preceptor Roles & Responsibilities

Be CARING-

- Provide watchful supervision and needed assistance.
- Show interest in the student’s professional development.
- Ask them where they may need help...learning SOP’s, reading ECG’s, performing organized, appropriate assessments? Moving from one SOP to another? Setting priorities?
Preceptor Roles & Responsibilities

Be CARING (cont’d)-

- Set up mini drills to target areas of learning need.
- Help them see that they and their success are more than an assigned obligation to you.
- Remember, in 6 months this person could be your partner or caring for your loved one.
Preceptor Roles & Responsibilities

Be INSPIRING-

- The System views preceptors as coaches that inspire, encourage, and open doors to learning.
- Encourage student growth by helping them to learn critically.
- Inspire them to see the value and honor in providing EMS services.
- Open doors to a rewarding career as an EMS Professional!
Preceptor Roles & Responsibilities

Be RIGOROUS-

- Coaching is not all warm and fuzzy stuff. The pinnacle of coaching is holding the student and yourself accountable to System standards.
- If an activity, skill or patient interaction should be handled in a certain way, it should be handled that way ALL THE TIME.
- The coach should model the standard by which students are measured.
Preceptor Roles & Responsibilities

Be RIGOROUS (cont’d)-

- Coaches instill a desire to do work right the first time, every time.
- Because of your presence, the System is assured that the student knows and understands System expectations and that patients are safeguarded.
- Whether you use coaching or counseling methods depends on the circumstances, as you can never condone sub-standard performance.
Methods & Tips

How can you best facilitate learning?

- Use adult learning principles as a guide
Adults learn through the process of discovery.

- See themselves as **self-directing**.
- Are **problem-oriented** and need to relate new material and information to previous experiences.
- Like to **participate**; need a learning climate that is collaborative.
- Must participate in **planning** and in their own **evaluation**.
- Need to see a **direct benefit** from the activity.
- Become **impatient** with long-winded explanations.
- Prefer being treated as mature **peers**.
- Learn as well as younger students.
| Motivated to learn when they experience a need | □ Ask what their needs and expectations are.  
□ Involve them in discovering the value and relevance for themselves  
□ Help them identify gaps in knowledge and skills (include assessments) |
| Come to work with a task-oriented problem-solving approach to learning | □ Include problem-solving activities such as case studies or simulations  
□ Build in time for application and practice  
□ Structure mini-drills around tasks concerning problems & real situations |
| Bring life-experiences to the learning environment | □ Use the student’s experiences as a catalyst for learning  
□ Create a variety of opportunities for discussion & idea-sharing |
| Motivated to learn by internal and external factors | □ Ask what motivates them  
□ Recognize need for achievement and self-esteem |
| Need to see themselves as self-directed learners | □ Include experiential activities  
□ Invite and respond to questions |
| Need to know why they are being asked or required to learn something | □ Ask them to state the consequences of not knowing  
□ Ask them to clarify what they will be able to do or do better w/ knowing |
The System uses Competency-Based Instruction

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<tr>
<th>Competency-based approach</th>
<th>Examples</th>
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| **Pre-instructional period** | *Learners acquire experience and knowledge in their lives*  
*Instructors develop an experience that will tap learner’s values & ideas* |  
-Instruction is individualized  
-All learners have the opportunity to succeed. |
| **Instructional period** | *Learners experience new situations; match new experience with previous learning*  
*Learners distill new values and new knowledge.*  
*Learners try out new behaviors & acquire new experiences & knowledge in both simulated and “real world” environments.* |  
-Learners take competency-based tests (“criterion checks”) a number of times.  
-Learners who have problems can obtain individual help from instructors.  
-Learners receive immediate feedback on how much they have learned.  
-Learning is measured according to how well the learner performs in relation to competencies (objectives) not in relation to other learners (no grading on a curve). |
| **Post-instructional period** | *Learners continue to process experiences & knowledge based on original knowledge & experience.*  
*Learners apply new behaviors in the “real world” environment.* |  
-Various assessments (written & observational) may be used to monitor progress.  
-Learning outcomes can be replicated by other instructors in other locations at a later time. |
Preceptor Methods/Tips

They are coming to you as a **novice**.

It is expected that:

- their knowledge will be superficial,
- they will be dependent on referring to the SOPs and written policies,
- their skills will be competent but tentative,
- their attitudes self-oriented, their habits of mind unknown, and
- they may not yet know what they don't know about the street (blissful ignorance or unconscious incompetence).
We are entrusting them to you, the *expert*. It is expected that:

- your knowledge has depth and breadth,
- you have demonstrated skill mastery,
- your attitudes are patient-oriented,
- your habits of mind seek ever to improve, and
- you have full understanding of what it takes to be an exemplary paramedic
Preceptor Methods/Tips

- Clarify the objectives of each activity before it starts.
- Go over evaluation sheets together.
- Discuss predetermined goals with them at the beginning of each shift.
Preceptor Methods/Tips

Help them apply theory to practice by allowing them to

- Perform the assessments,
- Interpret the data,
- Perform the skills and
- Complete the PCR

with your coaching, not doing it yourself unless the patient's condition requires immediate interventions.

- They will learn more by doing than watching.
Preceptor Methods/Tips

- **Teach, don’t preach**; facilitate discussion.
- Guide students to find responsible answers or solutions.
- Make yourself **available** to answer questions.
- If you don't know the answer (and none of us knows all the answers), consult a reliable source and **get back to the student**.
Preceptor Methods/Tips

- Sometimes people are unaware or unsure that they've done something special or skillful. This is often true when a person lacks a basis for comparison, such as when they are new to a job or learning a skill.

- Your praise acknowledges their accomplishments and points out exactly what they did that was effective.

- This enhances self-esteem and reinforces behaviors you would like them to repeat and build on in the future.
Preceptor Methods/Tips

All students succeed at a different pace.

- If a student is failing to meet the objectives in a timely fashion, *intervene early*. Don't allow them to fall hopelessly behind.

- Contact the Program Coordinator and design strategies to help the student overcome their deficiencies.
Preceptor Methods/Tips

 Quiz the student about pathophysiology, the actions, indications, contra-indications, and side effects of prescription drugs and any EMS interventions.

 Review each call to make sure that all can explain any deviations from SOP’s, receiving hospital guidelines, or scene time expectations, and that the patient care report is thoroughly documented.
One Minute Preceptor

The “One Minute Preceptor” teaching model was developed at the Department of Family Medicine at the University of Washington, Seattle.

Supported by HRSA Family Medicine Training Grant # 1 D15 PE50119-01

One Minute Preceptor

10 Minutes of “Teaching Time”...

3 Minutes

Questioning

1 Minute

Discussion

6 Minutes

Presentation
One Minute Preceptor

1. Get a Commitment
2. Probe for Supporting Evidence
3. Reinforce What Was Done Well
4. Give Guidance About Errors or Omissions
5. Teach a General Principle
6. Conclusion
One Minute Preceptor

Get a Commitment

Why?...

Encourages learner to process further and problem solve.

Examples...

“What do you think is going on with this patient?”
“How do you think we should treat this patient?”
“Based on the history obtained, what parts of the assessment should we focus on?”
One Minute Preceptor

Probe for Supporting Evidence

Why?...

Helps you to assess the learners knowledge and thinking process.

Examples...

“What factors in the history or physical exam support your impression?”

“Why would you choose that particular intervention?”
One Minute Preceptor

Reinforce What Was Done Well

Describe specific behaviors and likely outcomes

Why?... Behaviors that are reinforced will be more firmly established.

Example…

“Your radio report was well organized. You had the chief complaint, history, and physical exam findings clearly stated as well as our interventions and ETA. Good Job!.”

“Your suspicion of hypoglycemia was right on with this patient, even though he presented with signs and symptoms of a stroke. Good pick up!”
One Minute Preceptor

Guide Errors & Omissions

Describe what was wrong (be specific), what the consequence might be, and how to correct it for the future

Why?... Corrects mistakes and forms foundation for improvement.

Example... “This patient may not have chest pain, but they are complaining of severe weakness and are short of breath with a history of HTN. Your rhythm strip shows NSR. Why is a 12-lead ECG necessary for this patient?”
One Minute Preceptor

Teach a General Principle

Symptoms, treatment options, or resources to look information up

Why?... Allows learning to be more easily transferred to other situations.

Examples... “Selecting a receiving hospital based on travel time can be challenging. We have already done transport time tests from all over town and have found these guidelines work well.”

“If you don’t remember a drug dose or typical 12-lead ECG changes with ischemia, use the SOP index as a quick reminder.”
One Minute Preceptor

Conclusion

Why?... Limits Time.
Directs remainder of the encounter.

Example... “I’ll restock the ambulance while you finish your report. Come and get me when you are done so I can go over it with you before we validate it.”
Preceptor Methods/Tips

Guidelines for giving Corrective Feedback

- Assess the student’s readiness to receive information before giving corrective feedback.
- Evaluate performance against known System standards of practice, not your individual preferences.
- Eliminate barriers that hinder communication. Be discrete; praise in public; always provide corrective feedback in private.
- Provide concrete observations about behaviors rather than giving judgmental opinions. Concentrate on the aspects of EMS care
  * Safety  * Judgment  * Fact finding  * Leadership
  * Communications  * Practical skills  * Decisiveness  * Empathy
Preceptor Methods/Tips

Guidelines for giving Corrective Feedback (Cont’d)

- Be specific, ex. “your assessment of the patient's eyes did not include a pupil check. This is necessary because.....you might miss early clues of....and the patient may experience...

- Use "I" rather than "you" messages when approaching a problem.”

- Pace the learning. Provide feedback in manageable bites. Don't try to correct everything at once!

- Pay attention to non-verbal communication; both yours and the student's.

- Focus on continuous improvement, ex. “based on that experience, how would you approach a similar situation in the future?”
Preceptor Methods/Tips

Guidelines for giving Corrective Feedback (Cont’d)

- Use the STAR-AR approach
  - Provide **Specifics** about the **Task** (situation)
  - The person’s **Action**
  - The **Result**
  - Then also suggest:
    - An *alternative* **Action**
    - An expected **Result**
<table>
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<tr>
<th>ACTION</th>
<th>ALTERNATIVE</th>
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<tbody>
<tr>
<td>Action: <em>Before he could finish, you interrupted him rather abruptly and told him that there was nothing you could do because he wasn't a patient.</em></td>
<td>Action: <em>Our preferred approach is to explain that we can only provide invasive procedures on patients and that we would be happy to care for him if he consented to a full exam even if he later signs a release of transport.</em></td>
</tr>
<tr>
<td>Result: <em>He left looking really upset.</em></td>
<td>Result: <em>That way, he would have understood that we were not just blowing him off and refusing to help him.</em></td>
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</table>
Guidelines for giving Corrective Feedback (Cont’d)

- Specific suggestions are easier to receive because they focus on the person's *actions*, not them personally.
- Vague, unsubstantiated feedback or feedback that focuses on the person, instead of his or her actions, can damage self-esteem and make them defensive.
Preceptor Methods/Tips

You don't own the responsibility for learning...you are their coach.
Preceptor Credentials

- One year experience (full-time status) in the preceptor’s current position title.
- Two+ years clinical experience (full-time status).
- 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 course is completed.
- They are observing and learning assessment and treatment as they continue the program.
- They are classroom and skills lab proficient in many areas of emergency care. But they need your expertise to take the classroom and lab experience and apply it to the real patient care.
UMHS Paramedic Students

- Students enter clinical rotations before the course is completed.
- They are licensed EMT’s, as such they have the skill and knowledge proficiency of the basic care provider. They are observing and learning advanced assessment and treatment as they continue the program.
- They are classroom and skills lab proficient in many areas of advanced emergency care. But they need your expertise to take the classroom and lab experience and apply it to the real patient care.
- They are learning not only how to manage the critically ill or injured patient, but also the skills of leadership, critical thinking, decision making and appropriate delegation.
Clinical Guidelines

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 FISDAP website or the Clinical Coordinator.
- **Clinical rotation hours 0700 -2300**
- No clinical rotation shall be greater than 12 hours in duration
- Clinical rotation hours do not begin until the student is with the assigned preceptor regardless of the time the student actually shows 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 the shift early.
  • Skills done by the preceptor but only observed by the student.
  • Shifts for which the student was scheduled but does not attend.
Clinical Guidelines

CONFLICT OF INTEREST:

- Students and preceptors should be aware of their role and the potential conflicts of interest and opportunities for undue influence that can occur.

- Generally, there is deemed to be a conflict of interest when influence could be exerted to the benefit of one or both of the parties involved. Accordingly, if there is any potential where the student or preceptor could be put in a situation of undue influence, then this should be avoided.
CONFLICT OF INTEREST:

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

- 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 he is 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 he is able to pressure the student into performing unethical decisions or duties that are not in line with the EMS Code of Ethics.
CONFLICT OF INTEREST:

- It is the duty of the students and of 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 that is 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 your 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.

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

TOBACCO POLICY:

- The use of all tobacco products (cigarettes, cigars, pipes and smokeless tobacco) is prohibited within all University of Missouri Health Care-owned buildings and while participating in 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 program.
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.
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 dark blue, charcoal, or black slacks (e.g. EMS pants) and matching belt, socks that come above the top of the footwear, leather or nylon footwear that come over the ankles and are dark in color (no tennis, running type shoes, or large climbing boots).
Clinical Guidelines

DRESS CODE AND EQUIPMENT REQUIREMENTS:

- Students MUST wear their UMHS name tag at ALL times, consistent with the UMHS policy for Personal Identification Badges. Name badges may not be altered or defaced in any way, including 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 STUDENTS 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 that the student is working on or near a roadway. This must be worn even if others in the crew do not.
- Other discretionary equipment: textbook, study materials, 3X5 index cards, trauma scissors, penlight, pocket mask, laptop or tablet 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. by using a 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 be 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.
Clinical Guidelines

- Students will not administer narcotics, blood or blood products.

- 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. when 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.
Clinical Guidelines

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 possibly 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.
It is reasonable to expect that there will be occurrences where clinical errors will occur. While this is expected to be infrequent, the student should be aware that they have a duty to report any errors.

- Errors might include: incorrect administration of a drug, improper patient assessment (ex. incorrect vital sign), completion of a skill in a non-approved manner (ex. failure to clean an IV site prior to IV initiation), 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 that are needed as a result of the error.
Purposes 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.
Purposes of Student Rotation

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

- Organize patient findings and provide thorough reports to on-line medical control for all calls on which they participate.
Purposes of Student Rotation

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

- Complete an accurate PCR on each call using appropriate medical terminology, spelling, and adhering to principles of documentation in FISDAP.
Purposes of Student Rotation

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.
Purposes of Student Rotation

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

- Develop effective coping strategies to stressors in EMS practice.
- Demonstrate acceptable achievement of affective objectives.
Stages of Clinical Practice Development
(Brenner model)

Stage I: Novice

- Limited background understanding of the situation due to lack of experience
- Unable to use discretionary judgment
- Somewhat detached from the clinical situation (outside looking in)
- Limited involvement with the patient
- Task oriented; frustrated if can’t complete a task
- Heavy dependency on policies & procedures
- Limited ability and inflexible (limited compromise)
- Transitioning from role of student to paramedic assuming responsibilities of the practice
- Requires close supervision, assistance with non-routine situations and on-going education. Under guidance of a preceptor will practice skills and seek assistance for clinical decision-making.
Stages of Clinical Practice Development
(Brenner model)

Stage 2: Advanced beginner

- Can describe situations in textbook terms but beginning to perceive recurrent meaningful patterns in patient situations
- Relies on protocols but is beginning to make decisions based on theoretical knowledge
- Can formulate guidelines for action
- Focus on what they need to do rather than how the patient is responding
- Unable to determine context and what is relevant; cannot prioritize well; treats all aspects as equally important
- Delegates up
- Period of rapid learning
- Requires mentoring support; assistance in setting priorities and determining essential interventions in complex situations.
Stages of Clinical Practice Development
(Brenner model)

Stage 3: Competent

- Skilled and confident practitioners
- Applies experience and judgment in assessing the importance of various patient situations
- Demonstrates mastery of most technical skills
- Able to plan and organize
- Less dependent on SOPs
- Describes situations in fine detail
- Begins to see actions in terms of long-term goals of patient care
- Limits the unexpected by managing the environment; manages conflicts well
- Increased level of efficiency
- Beginning to develop speed and flexibility
- Can prioritize
Stages of Clinical Practice Development
(Brenner model)
Stage 4: Proficient

- In depth knowledge; can automatically do tasks
- Perceives situations as a whole rather than aspects of the situation
- Perceptions are based on experience
- Able to change relevance
- Reaches beyond the boundaries
- Risk-taking behavior
- Struggles with ethical & moral issues
- Can recognize and anticipate the typical progression of events in a given situation and can modify approach in holistic approach to patient care
- Responds with speed, confidence and flexibility
- Can evaluate patient care outcomes from a perspective of seeking improvement
Stages of Clinical Practice Development
(Brenner model)
Stage 5: Expert

- Comprehensive knowledge grounded in extensive experience; operates from a deep understanding of the total situation
- Deep sense of involvement and participation
- Good sense of attunement (what’s going on): anticipates problems, picks up on subtle changes
- Zeros in on the problem, does not waste time looking for alternative solutions
- Moves from analytical thinking to intuition
- Readily learns new clinical knowledge (open to seeing things in a new way)
- Skillfully manages rapidly changing situations; is able to deal with multiple priorities
- Effective communication and collaboration skills
- Self-directed; little dependency on resources
Evaluation Criteria

NREMT Evaluation Sheets Populate in FISDAP for completion.

https://www.nremt.org/nremt/about/psychomotor_exam_advanced.asp
Evaluation Tools

Objective:

- Increase consistency between preceptors
- Consistent documentation between preceptors
Evaluation Tools

The student must log **ALL** patient contacts, skills, experiences and clinical time. (Even if they have met the total required number for any element).

- Student is responsible for obtaining preceptor evaluation and signature at the end of each clinical rotation.
Evaluation Tools

Students will log all patient interactions and documentation into the Web-based program-FISDAP.NET

Students will need internet access, may choose to bring their own device (tablet/laptop/smartphone)

However, they should have your approval before use.
Evaluation Tools

UMHS EMS Student's shift

University Hospital Ambulance, University Base
Jan 23, 2014, 1100 - 1500 (On Time)
Shift ID: 6367794
View Detailed Shift Report

 Runs

<table>
<thead>
<tr>
<th></th>
<th>23 yo African American Female</th>
<th>Team</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Altered level of consciousness</td>
<td>✔</td>
<td>✗</td>
</tr>
</tbody>
</table>

Select here to complete skill evaluations

Shift Evaluation
Which of these forms would you like to use?

FISDAP - Daily Field Internship Evaluation Form: Preceptor Evaluation of Student

Go
Evaluation Tools

This icon means NREMT skill sheet to be completed. Select here to complete skill evaluations.
Evaluation Tools

Select Change, then Preceptor, your Employer Site and then your Name (*We will enter following receipt of your completion email*).
Evaluation Tools

- **NREMT-Advanced: Dynamic Cardiology**
  - Evaluator: Instructor - Virginia Wilson change
  - Subject: Student - Virginia Wilson change
  - Shift: 6367794

- **NREMT-Advanced: Static Cardiology**
  - Evaluator: Instructor - Virginia Wilson change
  - Subject: Student - Virginia Wilson change
  - Shift: 6367794

**Note:** No points for treatment may be awarded if the diagnosis is incorrect.

**STRIP #1**

**Diagnosis:**
Do not enter patient identification information that would violate HIPAA
Evaluation Tools

Can also select to view Detailed Shift Report to evaluate Pt Care Report and Identify any skill sheets needing completion.
Evaluation Tools

By selecting Edit here you can go directly to the skills for this patient encounter to complete NREMT evaluations.
Evaluation Tools

Narrative

S- Subj/Pl Story
Dispatched to a restaurant for a reported 23 y/o female unresponsive in the bathroom. S- family reports patient "not feeling well" has had nausea and diarrhea for 3 days, A- family reports no known allergies, M- family reports pt on medication for seizures, P- pt has history of seizures and had pneumonia 3 weeks ago, L- pt just ate 20 minutes ago, E- Family reported patient not feeling well, excused herself to the bathroom and did not return. Onset- Family reports pt excused to bathroom 20 minutes ago, Pain/Quality/Radiation- unable to assess

O- Obj/Observations
Upon arrival, found a 23 y/o female lethargic in bathroom. Patient was lying on floor next to toilet with no apparent injuries. Airway was patent, Breathing non-laborated, Circulation- strong radial pulses present, LOC- pt moans to stimulation. No obvious injuries noted. HEENT- pupils are equal, dilated and slow to react, no obvious injuries noted. CHEST- equal chest rise and fall, clear bi-lateral breath sounds, no bruising or obvious injuries noted. ABD- soft x 4, Back- no obvious injuries, pulses, movement, all extremities, unable to assess sensation, no obvious deform

Narrative

S- Subj/Pl Story
Team Info: 3 members, including Gordy Jr, lead by the student.

Patient Info:
23 yo African American Female
Primary Impression: Altered level of consciousness
Secondary Impression: Behavioral/psychiatric
BP: 125/68

Vital
BP 125/68; P 105, Regular Strong; R 22, Normal; Spo2 90%

Ankney
Successful Manual ventilation (Performed)
End of Shift Step 1 - Select Sign off on this shift.
Evaluation Tools

Complete: Summary, Plan of Action and Enter Password OR Print and Sign, *lastly* Lock documentation.
Evaluation Tools

UMHS EMS Student's shift

University Hospital Ambulance, University Base
Jan 23, 2014, 1100 - 1500 (On Time)
Shift ID: 6367794
View Detailed Shift Report

End of Shift Step 2 - Select Preceptor Eval of Student

Shift Evaluation
Which of these forms would you like to use?
FISDAP - Daily Field Internship Evaluation Form: Preceptor Evaluation of Student
Evaluation Tools

Select Change, then Preceptor, your Employer Site and then your Name *(We will enter following receipt of your completion email).*
Clinical Competencies

AMBULANCE FIELD TEAM LEAD ROLE:

- Goals/Objectives for the Ambulance Field Team Leader:
  
  - Demonstrate the ability to lead a team of health care providers in taking care of a patient in the EMS emergency setting.
  
  - Demonstrate the ability to create a list of differential diagnoses for a patient, and make critical thinking decisions in directing the patient’s care.
  
  - Demonstrate the ability to communicate with all individuals involved in any part of an EMS call.
  
  - Build professional EMS attributes.
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 that is either ALS or BLS in nature (regardless of transport status).
- Complicated transfers with multiple drips or other elements that are deemed by the preceptor to be appropriate for the student to demonstrate high level skills and team-leading traits.
- Scheduled runs (routine transfers and long-distance transfers) **DO NOT** qualify for team leads unless they meet the complicated transfer criteria above. Presence of EKG monitoring or a simple IV infusion does not qualify as a complicated transfer.
- The student **MUST** be able to perform the duties of the team leader in order for the call to be counted as a “team lead”.
Clinical Competencies

Team leader responsibilities:

- Initiates and performs the initial, primary and detailed assessment of the patient.
- Demonstrate the ability to create a list of differential diagnoses for a patient.
- Plans and initiates the management plan.
- Communicates effectively to assign or direct team members to carry out duties in the management of the patient.
- Demonstrates competent leadership.
- Demonstrates professional behaviors
- Demonstrates competent clinical decision making.

If the student does not do the interview/assessment or lead the call, then it cannot be counted as a team lead. Student must do both!
Clinical Competencies

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>250 hours</td>
<td></td>
</tr>
<tr>
<td>Ambulance Runs Total</td>
<td>100</td>
<td>100 minimum non-scheduled Emergency Type Runs</td>
</tr>
<tr>
<td>Team Lead Type Runs</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>As Team Leader</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>
# Clinical Competencies

<table>
<thead>
<tr>
<th>Patient Assessments</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric</td>
<td>10</td>
<td>Paramedic Only- Minimum 5 in Labor &amp; Delivery</td>
</tr>
<tr>
<td>Pediatric</td>
<td>30</td>
<td>&lt;18 years of age</td>
</tr>
<tr>
<td>Adult</td>
<td>50</td>
<td>18-64</td>
</tr>
<tr>
<td>Geriatric</td>
<td>30</td>
<td>over 65 years of age</td>
</tr>
<tr>
<td>Trauma</td>
<td>40</td>
<td>ER and Ambulance time only.</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
# Clinical Competencies

Based on how patient is actually treated.

<table>
<thead>
<tr>
<th>Assess/Plan/Treat (Ambulance)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal</td>
<td>20</td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td>20</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>30</td>
</tr>
<tr>
<td>Pediatric Respiratory</td>
<td>8</td>
</tr>
<tr>
<td>Respiratory</td>
<td>20</td>
</tr>
<tr>
<td>Syncope</td>
<td>10</td>
</tr>
</tbody>
</table>
### Clinical Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation of Childbirth</td>
<td>2</td>
</tr>
<tr>
<td>Airway Management</td>
<td>50</td>
</tr>
<tr>
<td>Tracheal Suctioning</td>
<td>3</td>
</tr>
<tr>
<td>12 Lead EKG interpretation</td>
<td>50</td>
</tr>
</tbody>
</table>
# Clinical Competencies

<table>
<thead>
<tr>
<th>Establish an IV Successfully</th>
<th>Minimum 25 on Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Administration</td>
<td></td>
</tr>
<tr>
<td>Intramuscular</td>
<td>10</td>
</tr>
<tr>
<td>Subcutaneous</td>
<td>5</td>
</tr>
<tr>
<td>Intravenous Push</td>
<td>45</td>
</tr>
<tr>
<td>Intravenous Piggy Back</td>
<td>10</td>
</tr>
<tr>
<td>High Flow Nebulizer</td>
<td>5</td>
</tr>
<tr>
<td>Sublingual</td>
<td>10</td>
</tr>
</tbody>
</table>
### Clinical Competencies

<table>
<thead>
<tr>
<th></th>
<th>Optional</th>
<th>Complete if available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasogastric Tube Placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPAP/BiPAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EtCO2 monitoring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11 Affective Characteristics of a Paramedic

1. INTEGRITY-
   - Consistent honesty;
   - Being able to be trusted with the property of others;
   - Can be trusted with confidential information;
   - Complete and accurate documentation of patient care and learning activities.
11 Affective Characteristics of a Paramedic

2. EMPATHY:

- Showing compassion for others;
- Responding appropriately to the emotional response of patients and family members;
- Demonstrating respect for others;
- Demonstrating a calm, compassionate, and helpful demeanor toward those in need;
- Being supportive and reassuring to others.
11 Affective Characteristics of a Paramedic

3. SELF-MOTIVATION:

- Taking initiative to improve and/or correct behavior;
- Taking on and following through on tasks without constant supervision;
- Showing enthusiasm for learning and improvement;
- Consistently striving for excellence in all aspects of patient care and professional activities;
- Accepting constructive feedback in a positive manner;
- Taking advantage of learning opportunities
11 Affective Characteristics of a Paramedic

4. APPEARANCE & PERSONAL HYGIENE:
   - Clothing and uniform is appropriate, neat, clean and well maintained;
   - Good personal hygiene and grooming
11 Affective Characteristics of a Paramedic

5. SELF-CONFIDENCE:
   - Demonstrating the ability to trust personal judgment;
   - Demonstrating an awareness of strengths and limitations;
   - Exercises good personal judgment
11 Affective Characteristics of a Paramedic

6. COMMUNICATIONS:
   - Speaking clearly;
   - Writing legibly;
   - Listening actively;
   - Adjusting communication strategies to various situations
11 Affective Characteristics of a Paramedic

7. TIME MANAGEMENT:
   - Consistent punctuality;
   - Completing tasks and assignments on time.
11 Affective Characteristics of a Paramedic

8. TEAMWORK & DIPLOMACY:

- Placing the success of the team above self interest;
- Not undermining the team;
- Helping and supporting other team members;
- Showing respect for all team members;
- Remaining flexible and open to change;
- Communicating with others to resolve problems.
11 Affective Characteristics of a Paramedic

9. RESPECT:
   - Being polite to others;
   - Not using derogatory or demeaning terms;
   - Behaving in a manner that brings credit to the profession.
11 Affective Characteristics of a Paramedic

10. PATIENT ADVOCACY:

- Not allowing personal bias to or feelings to interfere with patient care;
- Placing the needs of patients above self interest;
- Protecting and respecting patient confidentiality and dignity.
11 Affective Characteristics of a Paramedic

11. CAREFUL DELIVERY OF SERVICE:

- Mastering and refreshing skills;
- Performing complete equipment checks;
- Demonstrating careful and safe ambulance operations;
- Following policies, procedures, and protocols;
- Following orders.
Thank YOU!

- Please remember, we RESPECT YOU and NEED YOU!!!
- You are the life blood of our EMS training program.
- Students need you to be an active preceptor, counselor, teacher and motivator.
- Our expectations are for you to be our Eyes and Ears, to teach, evaluate, remediate and document.
Contact US!

- Please contact us! Seriously, we need to hear from you!
- We can’t improve as a program without your help—your insight and feedback.
- Never hesitate to contact us with questions, concerns or accolades.
- We would much rather catch problems as they are developing, before they mature.
Contact Information

- Program Director:
  - Jennifer Kandlik; kandlikj@health.missouri.edu

- Course Coordinator/Lead Instructor/Clinical Coordinator
  - Virginia Wilson; wilsonmv@health.missouri.edu

- Instructor:
  - Dot Lake; laked@health.missouri.edu

- (573) 882-8018 (office)

- Medical Director:
  - Dr. John Montgomery; montgomeryjh@health.missouri.edu
  - (573) 882-6003(UH ES Office)
Eligible Preceptor

- Thank you for completing the UMHS EMS Preceptor Training.

- Please send an email advising that you have reviewed and understand the material to be a Preceptor for UMHS EMS students and agree to perform as such to - wilsonmv@health.missouri.edu

- If you have any questions, please do not hesitate to contact me.

- Clinical Coordinator
  - Virginia Wilson; wilsonmv@health.missouri.edu
  - 573-882-8018