



SAINT ANTHONY MEDICAL CENTER

PRECEPTOR PROGRAM

Purpose

Provide quality field clinical experience for Paramedic and PHRN students utilizing the most current and consistent methods of education and evaluation.

Objectives

1. Integrate didactic knowledge and practical skills to allow for an optimum transition into a competent ALS provider.
2. Provide direction and support to the ALS student.
3. Evaluate student's progress through quantifiable methods – such as skills validation, oral questions and review, run reviews, CQI, etc.

Preceptor Pre-requisites

1. **Minimum of one year** of continuous active participation as OSF Northern Region EMS ALS Provider in good standing. (Good standing is defined as all required certifications are current and no current or pending disciplinary action as related to performance of this position.)
2. **Teaching / mentoring capabilities** – based on demonstrated abilities and a **written recommendation** from the service with whom you will be performing the duties of preceptor.
3. **Required licenses and certifications** – Paramedic licensure as indicated by the level at which you will be functioning as a preceptor, as well as current ACLS, CPR, PALS/PEPP and PHTLS certifications.

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Student Dress Code

1. Uniform needs to be consistent with the requirements of the service they are riding with.
2. Footwear must possess skid-proof soles and provide adequate support for tasks performed while on duty as a Paramedic student.
3. Nametag clearly displayed on uniform at all times.
4. Grooming appropriate for safety and must be professional in appearance - i.e. no excessive / inappropriate jewelry, hair up and secure as indicated.

Student Conduct

1. Students will obey all rules and regulations of OSF Northern Region EMS at all times. These rules are included in the OSF Northern Region EMS Paramedic Education Program Student Agreement. Those not in compliance will receive disciplinary action up to and including dismissal from the program and forfeiture of all fees paid.
2. Students will adhere to a strict policy of absolute patient confidentiality at all times.
3. Students are to treat all staff, patients, family members and others with the utmost amount of respect, courtesy and professionalism.

Student Disciplinary Action

Students will abide by the Student Agreement signed in their course.

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Field Clinical Ride Time

1. Student is to be on time and in the appropriate uniform. Those not in compliance will not be allowed to ride until this standard is met. Students must have in their possession their Clinical / Practical Manual for all clinical experiences - no exceptions. It is the Preceptor's right to review prior clinical records to better gauge areas requiring attention.
2. Student will follow the lead of the Preceptor at all times. At no time a student be without Preceptor supervision while in the commission of any patient contact and / or any related tasks. **Only one student per Preceptor and only one student per ambulance.**
3. Students responding from an alternate location must meet all of the same requirements.
4. All disputes will be directed to the Lead Instructor through the Preceptor and will be conducted away from any patient care area. This is to be done within 24 hours of the incident.

Student Paperwork

1. **Clinical Authorization Record** – record of skills and medications student has demonstrated initial competence with. Each area must be dated and signed by an approved OSF Northern Region EMS Instructor. As stated before, this is mandatory for them to perform skills or give a medication.
2. **Field Clinical Evaluation** – must be completed on all field clinical calls. All boxes are to be completed along with a detailed narrative from the student and most importantly the Preceptor. Please be as descriptive as possible. Attach additional sheets if needed. As our expected standard, it is expected that all written Student Evaluation documents be returned to the appropriate OSF Northern Region EMS staff member within 48 hours of the clinical experience.

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Student Hospital Clinical Requirements

Hours

Respiratory: 6

Operating Room: 8 with a minimum of 5 successful intubations*

Field Observation: 12

Field Clinical: 48

Emergency Department: 144

Critical Care Unit: 16

Cath. Lab: 8

Obstetrics: 8 with a minimum of 1 witnessed vaginal birth

Pediatrics: 8

* 5 successful live intubations are required for course completion. The first two **must be completed in the Operating Room**. The remaining three can be done either in the OR or in the field.

Student Hospital Clinical Requirements

1. The Paramedic Student must demonstrate competence in all aspects of the Field Clinical Experience as determined by their Field Preceptor, Course Lead Instructor and Medical Director.
2. All Hospital and Field Clinical time must be logged in Fisdap. Those students responding from alternate locations will receive credit for time on pager as verified by a Preceptor.
3. All students are required to have their **complete** Clinical Manual with them at all clinical rotations for Preceptor review and utilization as indicated.

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Letter of Recommendation

Once the student has demonstrated competence in all areas of the field clinical experience, they will ask for a letter of recommendation from their preceptor. This letter can be issued by one or multiple preceptors.

The following information must be included in this letter:

- Demonstrates critical-thinking abilities as it relates to ALS protocols, policies and procedures.
- Demonstrates team leadership abilities.
- Function in a safe and cooperative manner with patients, peers and hospital staff.
- Displays effective patient rapport techniques.
- Statement of recommendation as to the completion of all Field Clinical Requirements as outlined in this program.

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MEMORANDUM OF UNDERSTANDING

I have read and understand the OSF Northern Illinois EMS Field Preceptor Program material presented today. I agree to maintain my status as a Field Preceptor by attending all required training classes while I am a Field Preceptor.

I also understand that I am mandated to follow these and / or future guidelines, maintain the appropriate certifications and good standing within the OSF Northern Region EMS System to remain a Preceptor. Failure to do so will result in my removal from this program.

Date : _____ / _____ / _____

Signed: _____

Printed name: _____

Title: _____

Date : _____ / _____ / _____

Witness: _____

Printed name: _____

Title: _____

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TEACHING TIPS AND THE ADULT LEARNER

Preceptor Roles and Responsibilities

Provide a quality clinical experience for the ALS student.
Evaluate the student's performance and act accordingly.

Your role primarily is as a teacher. Don't underestimate the impact you have on students. The way you teach and mentor will affect many persons.

Roles: Mentor, Facilitator, Evaluator, Motivator, Coach.

Characteristics: Understand and work well with others, desire to teach, competence, enthusiasm, creative, having ingenuity, empathy and good listening skills.

Who are the students we teach?

All different shapes and sizes, not to mention well-diversified backgrounds and needs.

Characteristics: ready to learn, focused, mature, practical, directed, demanding, experienced, expecting of respect, skeptical, biased, opinionated, etc.

Challenges: diverse age groups, educational background, experience, intelligence, physical abilities.

TEACH TOWARD THE MIDDLE OF THE CURVE. ADJUST AS NEEDED FOR THOSE HI AND LOW.

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Teaching Adults

They are not children. You must alter your approach to suit the needs of the class as a whole.

Adults come to class with a pre-disposed idea and opinion, not to mention bias and prejudice.

Hostile to new concepts.

Very critical of the Instructor, especially when there is an inference of incompetence and/or unpreparedness.

Adults have barriers to learning: interests, problems, daydreaming, etc.

Techniques

Language level appropriate to class.

Treat them as adults to gain their respect and confidence. This is key to your success.

How do adults learn:

Read	10%	Hear and See	50%
Hear	20%	Say ourselves	70%
Read and Hear	30%	Do ourselves	90%

Adults like practical applications of concepts. The more integrated the process – the better the retention.

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Three R's of Education

Relevance – current and related to the subject matter.

Respect – develop common ground for a common goal.

Responsibility – it is your responsibility to educate through performance standards and constructive criticism.

Philosophies and Objectives

Structure is important in laying the groundwork in developing a competent provider. This structure will allow the provider to develop their own style of quality care based on the essential taught in the classroom and lab setting.

The most important thing we can pass on to our students is the ability to answer the question WHY? as it applies to the care they will render when released from training. It is never appropriate to respond with “it’s the protocol” or because I said so.” If you don’t know – tell them, then go find out.

To do this effectively, we must ensure that this provider is familiar with **all** aspects of pre-hospital care – triage and the appropriate patient care, documentation, CQI, leadership, communication skills, safety, etc. The more they know – the better prepared they will be as providers as EMS evolves.

Performance Feedback

Self-evaluation – very important tool in learning. Starts to develop the CQI-type review format to identify areas of weakness.

Direct verbal feedback – most effectively used in a timely manner – like during the call, but mostly immediately after the call for maximum recall and learning.

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PRECEPTOR APPLICATION

Name: _____

Address: _____

Phone: _____ e-mail: _____

EMS Service(s): _____

EMS LICENSURE

License Level: _____ License #: _____ Exp. date: ____/____/____

EMS CERTIFICATIONS

ACLS: ____/____/____ PALS / PEPP: ____/____/____

BTLS / PHTLS: ____/____/____ CPR: ____/____/____

EMS EDUCATION / WORK EXPERIENCE

For Office Use Only:

Min. 1 year system participation: YES NO Date: ____/____/____

Service Recommendation on file: YES NO Date: ____/____/____

Preceptor Orientation complete: YES NO Date: ____/____/____

Comments: _____

Approved: _____ Date: ____/____/____

Name: _____ Title: _____