Northwest Community Healthcare (NCH) Paramedic Program

ORIENTATION FOR PRECEPTORS 2023

Professional role of a paramedic

The paramedic is a health professional whose primary focus is to respond to, assess and triage emergent, urgent and non-urgent requests for medical care; apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs; administer medications, interpret and use diagnostic findings to implement treatment; provide complex patient care; and facilitate referrals and/or access to a higher level of care when the needs of the patient exceed the capability level of the paramedic.

Paramedics often serve as a patient care team member in a hospital or other health care setting to the full extent of their education, certification, licensure and credentialing. Paramedics may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk patients, as well as intervening to mitigate conditions that could lead to poor outcomes. Paramedics help educate patients and the public in the prevention and/or management of medical, health, psychological and safety issues (National EMS Education Standards, 2021).

Further definitions from the National EMS Scope of Practice Model (2019 as amended in 2021)

Paramedics:

- Provide advanced care in a variety of settings; interpretive and diagnostic capabilities; determine destination needs within the health care system; specialty transport.
- Function as part of a comprehensive EMS response, community, health, or public safety system with advanced clinical protocols and medical oversight.
- Perform interventions with the basic and advanced equipment typically found on an ambulance, including diagnostic equipment approved by an agency medical director.
- May provide specialized interfacility care during transport.
- Are an important link in the continuum of healthcare.

Other Attributes

- Paramedics commonly facilitate medical decisions at an emergency scene and during transport.
- Paramedics work in a variety of specialty care settings including but not limited to ground and air ambulances, occupational, in hospital, and community settings. Academic preparation enables paramedics to use a wide range of pharmacology, airway, and monitoring devices as well as to utilize critical thinking skills to make complex judgments such as the need for transport from a field site, alternate destination decisions, the level of personnel appropriate for transporting a patient, and similar judgments. **Education Requirements**

Education

Successful completion of a nationally accredited Paramedic program that meets all other State requirements

Academic settings: Diploma, Certificate, Associate, or Bachelors/Baccalaureate Degree awarded for successful completion. Due to the complexity of the Paramedic scope of practice and the required integration of knowledge and skills, many education programs are moving towards education at the Associate degree or higher level.

Critical Thinking

Paramedics operate within a set of protocol-driven, clearly defined principles:

- Engage in a complex risk versus benefit analysis of each patient and situation.
- Participate in making decisions about response, patient care, disposition and transport destinations, and the need for additional resources.

Level of Supervision

Paramedics operate under medical oversight, recognizing the need for collaborative decision-making.

Paramedics must demonstrate each competency within their scope of practice in a wide variety of environmental conditions and for patients of all ages. Care is based on an appropriate patient assessment, forming an accurate impression, and providing interventions designed to optimize health, mitigate or reverse the signs and symptoms of illness and injury and provide comfort to patients and family members.

Paramedics must care for people with empathy and compassion, have an awareness of their abilities and limitations, and demonstrate transdisciplinary professionalism, strong inter-personal and communication skills, and a capacity for calm and reasoned judgment while under stress. They must blend multiple intelligences with common sense and be service oriented.

NCH Paramedic Program ACADEMIC CURRICULUM

Our class is conducted as a dual enrollment program with Harper College. Graduates earn 39 college credits in the **Certificate program** and may complete the requirements for an **Associate in Applied Science (AAS) EMS Degree** on a voluntary basis.

Prerequisite:

EMS 111, 112, 113	or EMT Education	9

Paramedic CERTIFICATE Program		**Credit hrs**
EMS 210	Preparatory (fall)	10
EMS 211	Med. Emerg I (fall)	5
EMS 217	Hospital Internship (fall)	2
EMS 212	Med. Emerg II (spring)	7
EMS 213	Trauma, special populations (spring)	6
EMS 218	Hospital Internship (spring)	2
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3
Total credit hours		**39**

Required courses for the Associate in Applied Science (AAS) Emergency Medical Services Degree:
A grade of C or better in all BIO, EMS, (EMS 214 and EMS 215 with a grade of P), and NUR courses is required for all students.

BIO 160	Human Anatomy	4
BIO 161	Human Physiology	4
Electives[1]		4
ENG 101	Composition	3
NUR 210	Physical Assessment	2
SOC 101[+]	Introduction to Sociology	3
SPE 101	Fund. of Speech Communication	3
Total credit hours for AAS degree		**71**

[1]Electives: BIO 130, CHM 100, HSC 104, or HSC 213
[+] This course meets the World Cultures and Diversity graduation requirement.

Program Accreditation and Recognitions

The Higher Learning Commission of the North Central Association of Colleges and Secondary Schools (NCA)

Commission on Accreditation of Allied Health Education Programs www.caahep.org upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions www.coaemsp.org.

Illinois Department of Public Health Division of EMS and Highway Safety

General expected student outcomes following paramedic education

The NCH Paramedic Program is a bridge to developing:

- Lifelong learners
- Knowledge with deep understanding
- Complex thinkers
- Creative persons
- Active investigators
- Effective communicators
- Reflective and self-directed learners

The NCH Program:

- Promotes autonomy and independence
- Builds community and shared purpose
- Teaches 21st century skills: Critical thinking, communication, collaboration, creativity, and innovation

Proximal outcomes: Academic and growth mindset, social-emotional skills and competencies

Intermediate outcomes: Academic perseverance; effective learning strategies and academic behaviors

Long-term outcomes: Academic achievement, career readiness, and career and life-long success

Goal: "To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (attitudes & 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." (CoAEMSP, 2020)

To achieve that goal, students must develop conceptual, contextual, technical, integrative, and adaptive competencies in all domains of learning. .While in the field internship, they must integrate theoretical concepts and competently perform psychomotor skills under the direct supervision of an approved preceptor.

Definition of required competencies

Conceptual Ability to understand theoretical foundations of the profession.

Technical Proficiency in performing psychomotor skills.

Contextual Understanding how EMS 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 Ability to put all the competencies together to meld theory and practice.

Adaptive Ability to change with evolutions in medicine or modify care of a patient based on changing clinical presentations (move from one page of the SOP to another).

Domains of learning and taxonomy of mastery (highest to lowest):

Cognitive	Psychomotor	Affective
Creating	(What they can do)	(Values & attitudes)
Evaluating	Naturalization	Characterization
Analyzing	Articulation	Organization
Applying	Precision	Valuing
Understanding	Manipulation	Responding
Remembering	Imitation	Receiving

Critical thinker traits: Clarity, precision, accuracy, relevance, depth, breadth and logicalness.

General course objectives

Upon completion of the program, a graduate will consistently demonstrate entry-level competency for each of these without critical error:

- Assess scene safety and demonstrate effective situational awareness.
- Appropriately gain patient access using a variety of tools and techniques.
- Perform person-centered assessments using appropriate technique, sequence and timing; recognize alterations from health, set appropriate priorities and coordinate efforts with other agencies and practitioners.
- Communicate effectively with a sense of purpose and audience.
- Establish culturally appropriate rapport with patients and significant others without prejudice or bias to meet social-emotional as well as physical needs.
- Provide competent care on a continuum from basic through advanced life support within the guidelines prescribed by the EMS MD.
- Use quantitative and scientific reasoning to think critically and solve problems effectively in various situations.
- Demonstrate technological literacy and accurately document an electronic patient care report using Image*Trend* software per System policy.
- Maintain ambulance inventories and readiness per the System Drug and Supply list.
- Characterize professional behaviors through actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.

  Expected professional behaviors (See code of student conduct):

  - Adherence to appearance/personal hygiene standards
  - Ethical behavior based on codes of conduct for the profession and System Ethics Policy
  - Scholarly concern for improvement and life-long learning
  - Characterizing integrity, empathy, self-motivation, self-confidence, time management, teamwork and diplomacy, respect, patient advocacy, cultural humility, and careful delivery of EMS services
  - Commitment to life-long healthy living and well-being

EMS 215 – Paramedic Field Internship (Phase II: Minimum 300 clock hrs + phase meetings)

Prerequisites for release to Field Internship:

- Successful completion of EMS 213
- All initial hospital clinical rotations (EMS 217 & 218) done except for key specialty units; paperwork approved by Bill Toliopoulos
- *All Fisdap entries for labs and EMS 217 and 218 entered by student and approved by Bill
- Eligible preceptor(s) identified by agency, approved by hospital educator, paperwork submitted.

*Students must have completed the lab and hospital patient care contacts and skill revolutions that are required in the Student Competency Matrix before starting the field internship unless a deferment has been granted. The numbers to be done prior to and during EMS 215 and 216 have been approval by the Paramedic Program Advisory Committee and the EMS MD.

No student may begin the field internship or complete any ALS interventions in the field until they are approved to do so by the Program Director in writing.

Target start date: Week of March 5, 2023

Rules of engagement: Ambulances on which students are functioning must be approved by IDPH to operate at the ALS level. Students are given temporary ALS privileges, but are not a substitute for a licensed ALS team member on ALS calls per System staffing policies. No Paramedic student is authorized to perform any ALS intervention without a System-approved preceptor directly observing and coaching their actions to ensure patient safety.

Scheduling of field experience hours: "Fatigue can have negative consequences for decision-making abilities and overall performance. The outcomes of fatigue can be devastating for EMS personnel and their patients."

Patterson, P.D., Higgins, J.S., VanDongen, P.A. et al. (2018). Evidence-based guidelines for fatigue risk management in emergency medical services, Prehospital Emergency Care, 22:sup1, 89-101, DOI: 10.1080/10903127.2017.1376137.

The national guidelines recommend that EMS shifts should be limited to less than 24 hours in duration, but this is not practical in many current industry operations. However, "We have to protect our patients from fatigued paramedic practitioners who are more likely to make errors when they're tired" (Escott, 2015). This initiative is about more than complying with a law – it's about cultivating a culture of caring where we enable our employees to prioritize their wellbeing and take restorative breaks. Ensuring our students have adequate rest and recovery empowers them to be the best they can be to deliver safe, seamless and personal care to every person, every time.

We ask all EMS agencies hosting students to comply with the evidence-based guidelines for fatigue risk management in EMS, the Fair Labor Standards Act; OSHA standards, state labor laws, and local collective bargaining agreements that cover issues such as mandatory rest and meal breaks.

At a minimum, students are expected to complete 16 hours during each shift based on times set by the EMS Agency on days that coincide with their preceptors' work schedules. Optimally, this includes a 24 hour shift every three days. No student should be on duty for EMS-related work and/or completing additional field experience hours for more than a 24 hour continuous shift without a minimum of an 8 hour rest period between shifts or a documented sleep period (6 contiguous hours) during the shift. No more than ⅓ of the total field hours may be completed from 2300 to 0700.

They may not leave during scheduled shift hours unless a health or family emergency exists. Early departures must be known and approved in advance by the course Clinical Coordinator.

Reporting to duty: Students are to be present, duty ready, and have reported to the shift commander/preceptor at least 15 minutes prior to the start of each shift.

Field internship objectives

During the field internship a-Paramedic student will

1. effectively participate as a team member or leader under the direct supervision of an approved Preceptor.
2. obtain and organize patient findings and communicate effectively with OLMC.
3. accurately document the call on an electronic patient care report (ePCR) using ImageTrend software, appropriate medical terminology, abbreviations, units of measure, and grammar in keeping with principles of medical documentation. The student's name must be noted as the team member who completed the report.
4. participate in the cleaning, maintenance, and restocking of EMS drugs and equipment commonly found on an ambulance.
5. enter all patient care contacts, assessments and interventions performed into FISDAP within one week of completing the call. **The number and nature of patient contacts and interventions logged into FISDAP for that call must match the ALS Critique form and ePCR exactly.**
6. demonstrate satisfactory achievement of all affective objectives.
7. develop effective coping strategies to mitigate the stressors inherent in EMS practice.

Sequencing of the internship

The field internship is divided into two phases of ascending mastery and accountability. Each has objectives listed on the Field Internship forms that must be achieved before advancing to the next phase or completing the internship.

Phase 1: Orientation to the Provider Agency and its equipment/operation
T**eam member** with an emphasis on enhancing assessment and intervention skills
A student **MAY NOT** serve as the team leader until the Phase 1 meeting is complete and they are approved to move forward to the capstone experience.

Phase 2: **"Capstone" experience,** where students, in an end-of-program field internship, do work that gets assessed against the desired overall course outcomes. They are expected to demonstrate competency as a **team leader,** .assessing scene and team safety, assigning team members to perform duties, reaching appropriate paramedic impressions and determining patient care priorities and destination. See table below for expectations. This is the only portion of the field experience required and approved by CoAEMSP for portfolio completion and all participants must complete the requirements specified by the program completely and competently. The student's preceptor is ultimately responsible for ensuring patient safety and that EMS care is timely and appropriate.

Team Member	Team Leader
Demonstrates followership; is receptive to leadership	Takes charge
Leaves ego/rank at the door	Demonstrates confidence, compassion, maturity, and command presence
Avoids freelance activity	Creates an appropriate action plan
Uses appreciative inquiry ask questions to foster positive relationships, and build on the present potential of a given person, organization or situation	Receives, processes, verifies, and prioritizes information
Listens actively using closed-loop communication and report progress on tasks	Communicates accurately and concisely while listening and encouraging feedback
Performs tasks accurately and in a timely manner	Reconciles incongruent information
Advocates for safety and is safety conscious at all times	Maintains accountability for team's actions/outcomes
Performs functions using situational awareness and maintains it	Assesses situation and resources and modifies accordingly

NREMT

Minimum PATIENT CARE CONTACTS and skill competencies: The NCH program complies with recommendations of the CoAEMSP and national guidelines. The number of patient contacts (by age and diagnosis) and skill revolutions were released in September 2022 following Advisory Committee consideration, input, and approval. The specifics of these requirements and the process of satisfying them are listed in the **Student Minimum Competency (SMC) Matrix**

Internship paperwork – see handout packet

Internship paperwork Checklist
Orientation; ambulance inventory form
Run Critique form (annotated and non-annotated)
Phase I Progress Report
Phase II Progress Report
Hours logs for each phase
Internship Summative evaluation
Student-Agency MOU

How long will it take? It depends! The times vary as each phase is competency rather than time-based and is contingent on the student's knowledge, competency, motivation, and/or number and nature of patient encounters. Students must ride a minimum of 300 hours in the Capstone experience but usually extend well over that as there are over 25 possible shift days within a full internship time. Eight additional hours are allowed for meetings.

Phase 1 should be completed as soon as objectives are achieved (4 weeks or less).

Phase 2 May not end sooner than the 3rd Friday of May. Time may be extended a maximum of 30 days after the scheduled end of EMS 215 based on limited patient opportunities and slow but steady student progress. It will not be extended due to irresponsible student behavior or lack of progress in meeting the performance improvement goals of a corrective action plan.

PHASE MEETINGS

Meetings are held at the end of each phase with the student, their preceptor(s) and the assigned hospital EMSC/ Educator to validate achievement of the objectives. Attendance by the Provider EMSC is welcome, but not mandatory. However, the PEMSC must sign the Phase II Progress Report and Summative Evaluation.

SCHEDULING: Students must coordinate and confirm possible meeting dates and times with their Hospital EMSC/educator and preceptor as soon as possible to ensure that they are on the HEMSC's calendar.

PRIOR TO MEETING – DOCUMENTS TO SUBMIT to the HOSPITAL EMSC/EDUCATOR: Students must organize their patient care reports by nature of call and submit blinded PCRs plus the Critique forms with skill competencies evaluated by the preceptor, copies of ECG and capnography tracings (if applicable), and drug cards for prescription drugs taken by each patient to the hospital EMSC/educator at least one week prior to the meeting. The submission may be done electronically or in print format depending on the nurse's preference. The HEMSC/educator will review the submissions and determine which ones will be discussed at the meeting.

During the meeting, students must be prepared to discuss patient chief complaint and history of present illness (HPI), past medical history (SAMPLE) with an emphasis on prescribed meds and compliance, physical exam findings, possible causes or contributing factors to the patient's condition; pathophysiology of the condition, how they reached their paramedic impression; interventions/medications administered by EMS, responses to interventions, alerts called to OLMC, and how the patient disposition was determined. See the first page of the critique form for "fair game" questions.

Outcomes and recommendations: Once a student demonstrates achievement of that phase's objectives, they will be advanced to the next phase or be recommended for graduation.

If they do not demonstrate mastery of the objectives, they will be retained in that phase with a corrective action plan until objectives are met or the internship is terminated.

Outcomes after the first 300 hours of Phase 2:

- ☐ Capstone Field internship (Phase 2) complete
- ☐ Retain in Phase 2: Objectives not achieved (attach corrective action plan)
- ☐ Terminate the internship; sponsorship withdrawn (attach documentation)

Extension requests: If the second option is selected, the HEMSC/educator must specify the rationale in detail. If the host EMS agency agrees to extend the internship, a corrective action plan must be created that defines the area(s) of needed improvement, performance expectations; time benchmarks; strategies for Improvement/Goals and the consequences of persistent nonconformity with program expectations and requirements. (See Education Corrective Action Plan (EAP) - 2023 form). A copy shall be forwarded to the Course LI. The student may continue EMS 215 with an incomplete for a maximum of 30 days after the scheduled end of EMS 215 unless extenuating circumstances apply and alternative provisions have been made.

If licensure is not recommended at the end of that time, the host agency preceptor(s) and HEMSC/educator facilitating the field experience must specify in detail the student's inability to meet the objectives. The EMS MD and Program Director must be informed about the summative evaluation findings and determine next steps. A copy of the final report shall be forwarded to the Course LI for the student's file.

Termination/withdrawing hosting privileges: If an EMS agency does not agree to extend the internship for a guest rider, the Terminate the internship; sponsorship withdrawn box should be selected and the student's lack of progress reported to the Program Director.

Summative Evaluation recommendation options:

[ ] We hereby attest that the candidate successfully completed all of the Terminal Competencies required for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and as such is eligible for National Certification written and practical examination testing in accordance with our published policies and procedures and Illinois State Licensure as a paramedic upon successful exam completion.

[ ] Terminate the internship; sponsorship withdrawn (attach documentation)

Important milestone dates

Target Field Capstone end date: MAY 19, 2023
Course **Final Written** Exam: June 8, 2023
Graduation: June 14, 2023
National Registry Practical Exam: June 16, 2023

So where do you come in?

"After 25 years of research and $60 million later, what really moves diverse learners forward is a masterful teacher who commits the necessary energy to: create a learning community; provide a learning apprenticeship; and make plans or content explicit enough so that all (learners) are on the journey!"

Dr. Donald Deshler, Dir Ctr for Research on Learning, U of Kansas.

PRECEPTOR APPLICATION and APPROVAL

Serving as a paramedic Field Preceptor is one of the most important and professionally honored roles in our System. You are **critically influential** in mentoring our students to become competent paramedics and we are **deeply grateful for your assistance!**

Preceptors must meet the requirements specified in policy P-7 Peer Educator I–IV/Illinois Lead Instructor (9/12/19) and P1: Preceptors: Paramedic/PHRN/ECRN (3/14/19) (see System website – www.nwcemss.org).

1. Application and agreements: signed and submitted ANNUALLY to Mike Gentile
2. Peer II or higher System educator documented in System database
3. Attendance at a Preceptor Educator course or completion of credit questions verified by C. Mattera at least before their **first preceptor assignment and at least every two years thereafter.**

   - **Application:** Preceptor should complete the section on prior teaching experience (EMS or other) and additional certifications. Have chief/EMS CEO sign. Forward form to the assigned HEMSC/educator to verify and rate the candidate's eligibility and qualifications based on System policy.
   - **Field Preceptor Agreement:** Preceptor must initial each statement of affirmation and sign the form.
   - **Forward signed applications and agreements to Mike Gentile** (Paramedic class LI) by 2-17-23**.** They will be added to the Preceptor/Peer Educator Excel file.

Once a student is matched to an agency + preceptors are approved, it is the agency's prerogative to assign approved primary or secondary preceptors. Please inform the Class LI regarding preceptor assignments to specific students. A primary preceptor cannot be assigned to more than one student at a time.

Critical Roles of Preceptors

- Serve as a model/mentor; servant leader
- Promote clinical and professional competency; ease the transition between school and actual practice by acting as a liaison between the academic and professional aspects of paramedicine.
- Educator/teacher; provide opportunities to develop and refine skills
- Coach; encourager (See below)
- Socializer/protector: Connect student with other providers and disciplines
- Provide reality of work/life in real-world setting (Cornerstone)
- Evaluator/advocate

Characteristics of an effective preceptor (core capabilities)

Knowledge	Skills/abilities	Attitudes; values; models desired behavior
☐ Policies and procedures ☐ Practice standards: Knowledgeable in the content to be reinforced ☐ Unit/agency routines ☐ Documentation ☐ Available resources ☐ Adult learning principles ☐ Methods of teaching/learning ☐ Teamwork ☐ Time management	☐ EMS response and patient care ☐ Communication ☐ Use of equipment ☐ Use of resources ☐ Interpersonal relationships ☐ Work organization ☐ Problem-solving ☐ Decision-making ☐ Priority setting ☐ Delegation and leadership ☐ Ability to provide feedback effectively to students and faculty	☐ Mature ☐ Respectful ☐ Realistic ☐ Patient ☐ Flexible ☐ Dependable ☐ Supporting, encouraging ☐ Positive ☐ Willingness to be available to students for coaching and completion of meetings and paperwork ☐ Has a sense of humor ☐ Constructive ☐ Interest in own professional growth

Preceptor self-reflection: *You were selected to be a preceptor because you have many of these characteristics. Which ones do you possess with good to above average competence? Which ones need further development? What steps need to be taken to develop those attributes?*

The LEARNING COACH®

What is your job?
Provide the student with the best possible chance to succeed!
You are their learning coach.

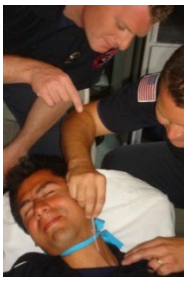
A *coach* is a person who gives instruction and imparts knowledge (Coach4Growth.com, 2007). The Coach model (www.thelearningcoach.org) shows the steps that should be taken in a specific order to be most successful.

Present: Spend one-on-one time with the student. However, you need to be more than just physically present. You must be mentally and emotionally engaged. When precepting, you need to pay attention to the student and be 100% available to them when communicating. If not "present" the student will quickly get the message that they are not important. Mentor them at the station or where posted. Stay right with them during a call. Help them learn from every day events. Treat each patient encounter as an opportunity to help them learn and gain some new insight, choice, and flexibility. Provide after-action reviews immediately after a call. Fill out their ALS critique forms right then for the best accuracy of performance assessment.

Caring: *To be concerned or interested.* Coaches provide watchful supervision and needed assistance. They show interest in the student's professional development. Ask the student where they may need help…learning the SOPs, reading ECGs, and performing organized, appropriate assessments? Moving from one SOP to another? Setting priorities? Set up mini-drills to target their areas of learning need. Help them see that they and their success are more than an assigned obligation to you. This person could be your partner in less than five months!

Inspiring: Coaches inspire others to give their best effort and constantly work to improve. The System views preceptors as coaches that inspire, encourage, and open doors to learning. Help them to think critically and see the value and honor in providing EMS services. Open doors to a rewarding career as an EMS professional.

Rigorous: Means to be *severely exact or accurate, precise, allowing no deviation from standard.* Coaching is not all warm and fuzzy stuff. Coaches hold the student and themselves 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*. Coaches instill a desire to do work right the first time, every time. The coach should model the standard by which students are measured.



Because of your presence, the System is assured that the student understands expectations and that patients are safeguarded. Whether you are coaching or mentoring depends on the circumstances, as **you can never condone sub-standard or dangerous performance**.

Unleash the student's learning potential

Learning is an active process that results in ***changed behavior*** based on the gaining of understanding, comprehension, or mastery of information.

People learn by the interaction of theory + experience

Help students to connect the dots between the classroom and the street. The best 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 longer it will be retained.

Laws of learning

- **Primacy**: First impressions are lasting
- **Exercise**: The more an activity is repeated, the sooner it becomes a habit (either good or bad)
- **Disuse**: Skills not practiced and knowledge not used is soon forgotten
- **Intensity**: Vivid, dramatic experiences are more likely remembered

So, how can you best facilitate learning?

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

When setting your expectations, remember that they are new to the journey!

Stages of Clinical Practice Development (based on Dreyfus model)

Stage I: Novice

- Limited understanding due to lack of experience
- Unable to use discretionary judgment
- 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.

Stage 2: Advanced beginner

- Can talk in textbook terms but beginning to perceive meaningful patterns in patient situations
- Relies on protocols but is beginning to make decisions based on knowledge
- Can formulate guidelines for action
- Focus on tasks rather than how 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 support; assistance in setting priorities and determining essential interventions in complex situations.

Stage 3: Competent

- Skilled and confident practitioners
- Applies experience and judgment in assessing the importance of various patient situations
- Demonstrates proficiency for most technical skills
- Able to plan and organize
- Less dependent on SOPs
- Describes situations accurately and completely
- Begins to see actions in terms of long-term goals of patient care
- Manages the environment and conflicts well
- Increased level of efficiency
- Beginning to develop speed and flexibility
- Can prioritize

Stage 4: Proficient

- In depth knowledge; can problem solve
- Perceives situations as a whole rather than aspects of the situation
- Perceptions are based on experience
- Able to change relevance
- Advocates for strong ethical & moral practice
- Can recognize and anticipate the typical progression of events in a given situation and can modify approach to patient's needs
- Responds with speed, confidence and flexibility
- Can evaluate patient care outcomes from a perspective of seeking improvement

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

How to use Adult Learning Theory when precepting

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 about their reasons for attending class ☐ Recognize need for affirmation, achievement and self-esteem
Need to see themselves as self-directed learners	☐ Include experiential activities; provide problems to solve ☐ 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

Methods to individualize instruction for a successful internship

- They are coming to you as an advanced beginner. It is expected that their knowledge will be superficial, that they will be dependent on referring to the SOPs and written policies, that their skills will be competent but tentative, their attitudes self-oriented, their habits of mind unknown, and that 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, that 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.
- **Clarify the objectives** of each phase **before** it starts. Go over evaluation sheets together. Discuss predetermined goals with them at the beginning of each shift.
- 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**.
- **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, challenge student to find it.
- **Use affirmation whenever possible.** 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.
- All **students succeed at a different pace**. If a student is struggling to meet the objectives in a timely fashion, **intervene early**. Contact your PEMSC and the assigned hospital EMSC and design strategies to help the student improve their knowledge, skills, and/or attitudes.
- Help them prepare for phase meetings by ensuring all paperwork is completed and organized in a timely manner and submitted to the HEMSC/educator at least one week *in advance* of the meeting. Quiz the student about the pathophysiology of conditions experienced on submitted runs, drug profiles of prescription drugs taken by the patients and any EMS interventions provided. Review each call to make sure that you all can explain any nonconformities with SOPs, receiving hospital guidelines, or scene time expectations, and that the patient care report is thoroughly documented.

One Minute Preceptor Method to use during teachable moments	
Steps in the process	**Examples**
Get a commitment	"What do you think is going on with this patient?" "Based on the history you obtained, what parts of the assessment should we focus on?" "Based on the possible things that could be going on, what further assessments should we do, i.e., 12-lead ECG, glucose level, etc.?"
Probe for supporting evidence	"What factors in the history or physical exam support your paramedic impression?" "Why would you choose that particular intervention?"
Reinforce what was done well.	"Your radio call-in 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 in this patient even though he presented with signs & symptoms of a stroke. Good pick up!"
Give guidance about errors & omissions	"In the radio report, you mentioned that the patient had crackles but didn't tell the ECRN they were only in the right middle lobe. How could this change the patient impression?" "This patient denies chest pain, but is complaining of severe weakness and dyspnea with a history of HTN. Why is a 12-lead ECG necessary for this person?" "People in pulmonary edema usually need C-PAP, but this patient's BP dropped to 84/56 after the first NTG. What could C-PAP do to this patient?"
Teach a principle	"If you don't remember a drug dose, use the SOP appendix as a quick reminder."
Conclusion	"I'll restock the ambulance while you finish the CARS report. Come and get me when you are done so I can go over it with you before it is validated and uploaded."

GUIDELINES FOR GIVING CORRECTIVE FEEDBACK`

- Assess the student's **readiness to receive the information** before giving corrective feedback. Don't firehose them with too much information or criticism at once.
- **Evaluate performance against System standards,** not your own individual expectations or preferences.
- Be discrete; Praise in public; provide corrective feedback in private.
- Provide **concrete observations** about observed performance not a judgmental opinion. Concentrate on:

Safety	**Judgment**	**Fact finding**	**Leadership**
Communications	**Practical skills**	**Decisiveness**	**Empathy**

- **Be specific,** e.g., "your assessment of the patient's eyes did not include visual acuity or loss of visual fields. This is necessary because.....you might miss early clues of....and the patient may experience...
- **Pace the learning**. Provide feedback in manageable bites. Don't try to correct everything at once!
- Pay attention to **non-verbal communication** (body language/tone of voice); both yours and the student's.
- **Focus on continuous improvement,** e.g., "based on that experience, how would you approach a similar situation in the future?"

Provide feedback using the Plus / Delta approach

Plus: Positive

Identify where the objectives, standards, or expectations have been met or exceeded. These are the things that fall into the range from "at least good enough" to "unexpected excellence." Focus on what went so well that you would want that to happen every time the situation occurs. Emphasize new ideas and innovations. When appropriate, identify the specific learning objective or performance standard met or exceeded. Then ask how these successes can be built on for even better results. Specify how the improved performance will result in improved outcome

Delta: Change

Identify areas of needed change. Identify the specific performance standard that was not met and connect that with the consequences: Be specific, but your aim is to help build improvements that can be applied to different situations.

Through this step you may improve more than just student behavior. For example, perhaps an individual performed in a certain way because they didn't know or understand the expectations (education problem) or didn't have what they needed (resource problem) or didn't appreciate the need to perform differently (communication problem). Treat a delta question as a puzzle for the student(s) to figure out with your help (Duckworth, 2019).

Plus/Delta Dos and Don'ts

Don'ts

- ☐ Don't use the confusing and contradictory "compliment sandwich"
- ☐ Don't allow people to assign blame or get stuck on excuses
- ☐ Don't let the discussion go off course
- ☐ Don't just interject how you would have done it
- ☐ Don't take over when you demonstrate

Dos

- ☐ Do use active listening and hear the student's perspective; be polite and respectful
- ☐ Do allow time for students to think before answering
- ☐ Do use objective and accurate data to inform the review; acknowledge your own anchoring biases
- ☐ Do identify nonconformities with specific relevant performance standards and learning objectives
- ☐ Do focus on ways that processes can be developed to make it easier for the student to succeed
- ☐ Do identify key take-away points
- ☐ Do be specific about next actions
- ☐ Do emphasize connections between actions and desired outcomes

Rules without relationship leads to rebellion (Josh McDowell)
Relationship without rules = chaos
Truth without relationship = rejection
Relationship + Rules = Respect + Responsibility

Our grateful thanks to you for accepting this important role!

Questions? Concerns? Contact Connie Mattera at cmattera@nch.org

PRECEPTOR SELF ASSESSMENT FORM

Name: _____

Agency _____

Instructions:

Use the following table to rate yourself in a manner that best represents your own attributes. Do not project an image of who you want to be. Give each attribute a ranking, from 1 to 5, based on the following rating scale:

Rating scale:

1= Never. *Definitely not me*
2= Rarely
3= Sometimes
4= Often
5= Always. *This is who I am*.

These findings are for data collection purposes only.
All responses will be held strictly confidential.

Personal attributes		Attitude attributes	
1. Warm		1. Enthusiastic	
2. Humorous		2. Respectful	
3. Mature		3. Supportive	
4. Self-confident		4. Concerned	
5. Charismatic		5. Patient	
6. Empathetic		6. Accepting	
7. Trustworthy		7. Nurturing	
8. Flexible		8. Effective in coping	
9. Accountable		9. Professional	
10. Experienced		10. Delegator	

Total Self-reflective Score: _____