


## NWC EMSS Preceptor Education 2024

Connie J. Mattera  
Paramedic Program Director

Worth1000.com



Success is no accident

It is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do. - Pele

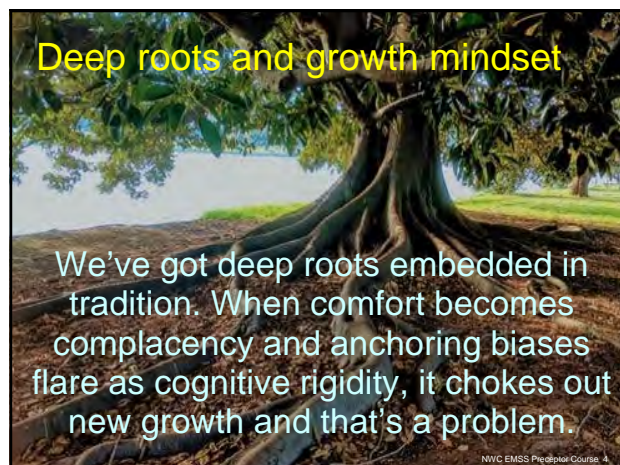
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## Agenda



- Environment driving change
- Professional roles, curriculum, accreditations, domains of learning; competencies; skills, behaviors
- Capstone: Purpose, sequencing; criteria for evaluating students; definition of a team lead; # required
- Preceptor roles and responsibilities
- Adult learners; differentiating instruction; scaffolding
- Coaching and mentoring techniques
- Contact information for program

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## Deep roots and growth mindset

We've got deep roots embedded in tradition. When comfort becomes complacency and anchoring biases flare as cognitive rigidity, it chokes out new growth and that's a problem.

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## What sets us apart?



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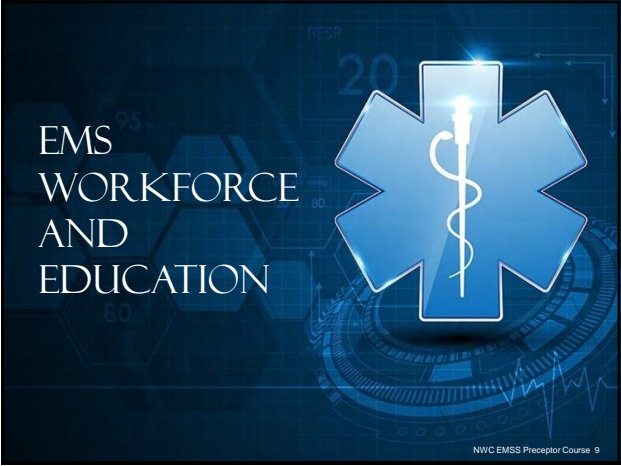
How do we thrive through the rapids of challenge and change?

# TEAMWORK

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The speed of technology expansion is exponential – moving faster than ever before in the history of mankind. Replacing generations of progress in months, weeks, and days.

An infographic with a central circle labeled "BY 60 SECONDS". Radiating from this center are various icons and statistics representing technological growth, such as "1 NEW APP", "100+ NEW WEBSITES", "100+ NEW MUSIC TRACKS", "100+ NEW POLYMER", "100+ NEW DRUGS", "100+ NEW FOODS", "100+ NEW TOYS", "100+ NEW GAMES", "100+ NEW MOVIES", "100+ NEW TV SHOWS", "100+ NEW BOOKS", "100+ NEW PATENTS", "100+ NEW STARTUPS", "100+ NEW IDEAS", "100+ NEW INVENTIONS", "100+ NEW DISCOVERIES", "100+ NEW REVELATIONS", "100+ NEW INSIGHTS", "100+ NEW KNOWLEDGES", "100+ NEW WISDOMS", "100+ NEW TRUTHS", "100+ NEW REALITIES", "100+ NEW POSSIBILITIES", "100+ NEW FUTURES".

**Our challenge in EMS Education**

Academically and culturally diverse learners require differentiated instruction within shrinking candidate pools

A wide depth and breadth of competencies must be verified within time bound limits to ensure safe and effective EB practice to serve the needs of all patients

Educational inputs and outcomes must meet national & state standards plus be congruent with the expectations of local consumers & providers

How EMS operates in Illinois

A photograph of the Illinois State Capitol building in Springfield, Illinois, showing its large dome and classical architecture.

**Current legislative and Regulatory authority**

EMS Systems Act (210 ILCS 50/1)  
77 Ill. Adm. Code 515  
EMS and HW Safety; EMS, Trauma Centers, Pediatric Emergency and Critical Care Centers, Stroke Centers Hospital Code

An image of the "2024 ILLINOIS REGISTER" from the Secretary of State's office, showing various regulatory documents.



**11 IDPH EMS Regions  
 We're in Region 9**

**NWC EMSS**  
 Greater Elgin Area  
 EMSS (Sherman)  
 Lutheran General  
 EMSS (Park Ridge)  
 McHenry Western  
 Lake County EMSS  
 St. Joseph Hospital  
 EMSS (Elgin)  
 Southern Fox Valley  
 EMSS (Delnor)

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**Regions 8, 9 & 10 Directory Created**

**EMS Regional and System Structure and Function in Illinois**

Illinois EMS Regions and System structure and levels of authority are unique

- 11 EMS Regions separate the state geographically | ~52 EMS Systems separate the state functionally
- The EMS Systems Act and Rules define the responsibilities of Regions separately from those of EMS Systems
- EMS Systems are assigned by IDPH to one of the EMS Regions
- EMS Systems are approved by IDPH. Each System is led by one Resource Hospital
- Within each EMS System, the EMS System Medical Director has complete authority and responsibility for the management of that System, including the enforcement of compliance with the System Program, the selection of participants within the System. This includes, but is not limited to, EMS governance, education, quality assessment and performance improvement activities, clinical practice, transport patterns, and local renewals of EMS agencies and contracts within their System.
- EMS Agencies, Associate and Participating Hospitals may choose the System(s) to which they belong based on the terms of their contracts within the Rules.
- EMS Governance is invested within a Region based on a high level of voluntary collaboration among EMS Systems. EMS Systems have complete authority via the EMS System MD on an operational basis.

There are no independent or unaffiliated hospitals or EMS agencies within the State. All must be affiliated with one or more EMS Systems and those lines of authority must be respected and followed.

All Illinois hospitals must hold one of three EMS designations:

- Resource (highest level): There are six (6) Resource Hospitals (EMS Systems) within Region 9 – All are discrete entities with their own authority and System members that affiliate with them. The NWC EMSS has authority over 1/16<sup>th</sup> of Region IX.
  - Northwest Community EMSS (NCH in Arlington Heights) | NS-EH
  - Greater Elgin Area EMSS (Sherman Hospital in Elgin) | Advocate
  - Lutheran General EMSS (Park Ridge) | Advocate
  - McHenry Western Lake County EMSS (McHenry) | Northwestern Medicine
  - Saint Joseph Hospital EMSS (Elgin) | Ascension
  - Southern Fox Valley EMSS (Delnor Hospital in Geneva) | Northwestern Medicine

Available upon request

Resource Hospitals Region 9	EMS Agency Members
<b>Northwest Community EMS System</b> <b>Northwest Community Hospital (NorthShore)</b> 800 W Central Rd, Arlington Hts. IL 60005 Resource Hospital EMS Offices: 901 Kirchoff Center (1st floor) Matthew T. Jordan, MD, FACEP (EMS System MD)   <a href="mailto:mjordan@nch.org">mjordan@nch.org</a> Connie J. Mattera, MS, RN, PM, Administrative Director, Emergency Services/EMS   <a href="mailto:cmattera@nch.org">cmattera@nch.org</a>   (847) 618-4485 See System Directory for contact #	Arlington Hight FD Barrington FD Barrington Countryside Bloomingdale FPD Buffalo Grove FD Elk Grove Village FD Inverness FPD
<b>Associate Hospitals</b> <b>UChicago Medicine   AdventHealth Glen Oaks</b> 701 Winthrop Ave   Glendale Hts IL 60139 Vytas Saulis, MD (EMS MD)   Lisa Henson, MSN, RN - EMSC	Itasca FPD Hoffman Estates FD Lake Zurich Fire Rescue Lincolnshire Riverwoods Long Grove FPD Mount Prospect FD Palatine FD Prospect Hts FPD Rolling Meadows FPD Schaumburg FD Wauconda FPD Wood Dale FD Advantage-Elite Amb. Sx A-TEC Ambulance Sx Superior Ambulance Sx
<b>Advocate Good Shepherd Hospital</b> 450 W Highway 22, Barrington IL 60010 Bradley Kutka MD (EMS MD)   Karolina Lyp, RN - EMSC	
<b>Ascension Alexian Brothers</b> 800 Biesterfeld Rd, Elk Grove Village IL 60007 Grant VanHazebroek MD (EMS MD)   John Larsen, RN - EMSC	
<b>Ascension Resurrection</b> 7435 W Talcott Ave   Chicago IL 60631 Matt Jordan MD (EMS MD)   Virginia Logan MS, RN - EMSC	
<b>Ascension Saint Alexius</b> 1555 N Barrington Rd - Hoffman Estates IL 60169 John Sullivan DO (EMS MD)   Kam Buchanan PhD, RN - EMSC	
<b>Advocate Lutheran General Hospital (ALGH) EMS System</b> <b>Advocate Lutheran General Hospital</b> 1775 W Dempster   Park Ridge 60066 David Hassard, MD (EMS System MD)   <a href="mailto:David.Hassard@algh.org">David.Hassard@algh.org</a> Robyn Mazzolini, BSN, RN (EMS System Coord.)   <a href="mailto:Robyn.Mazzolini@algh.org">Robyn.Mazzolini@algh.org</a>	Des Plaines FD Glenview FD Morton Grove FD Niles FD NIPAS Em Sx team (TEMS) North Maine FPD Norwood Park FPD Park Ridge FD
<b>Associate Hospitals</b> Ascension Resurrection   NorthShore Skokie Hospital   NorthShore Glenbrook Hospital	

*What's driving changes in EMS practice?*

**Politics, medicine, & money**

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**Just out from the American Hospital Association**

2024 ADVOCACY AGENDA

2024 Environmental Scan

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**Biggest challenges for healthcare**

1. Workforce (personnel) shortages	1.8
2. Financial challenges	2.8
3. Behavioral health/addictions	5.2
4. Patient safety and quality	5.9
5. Governmental mandates	5.9
6. Access to care	6.0
7. Patient satisfaction	6.6
8. Physician-hospital relations	7.6
9. Technology	7.7
10. Population health mgt	8.6
11. Reorganization	8.7

The Advisory Board Company Health CEO survey

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**Top investment areas for the next 3 years**

For Healthcare:

- Data analytics
- Care redesign efforts
- Patient experience improvement
- Care coordination
- Recruitment and retention

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**EMS AGENDA 2050**  
 A People-Centered Vision

**ADAPTABLE AND INNOVATIVE**  
 The nation's EMS system is emerging as an essential and critical... to increase the number of people in the workforce... to increase the number of people in the workforce... to increase the number of people in the workforce...

**INHERENTLY SAFE AND EFFECTIVE**  
 The nation's EMS system is emerging as an essential and critical... to increase the number of people in the workforce... to increase the number of people in the workforce... to increase the number of people in the workforce...

**SUSTAINABLE AND EFFICIENT**  
 The nation's EMS system is emerging as an essential and critical... to increase the number of people in the workforce... to increase the number of people in the workforce... to increase the number of people in the workforce...

**SOCIALLY EQUITABLE**  
 Access to care, quality of care, and outcomes are not determined by age, socioeconomic status, gender, ethnicity, geography, or other social determinants. Community-based... and program of care using the evidence, people... who speak different languages, persons with disabilities... and other populations that they may not interact with frequently.

**INTEGRATED AND SEAMLESS**  
 EMS is fully integrated... into the continuum of care... including public safety agencies, public health, social services, and public works. Community-based and community-based... across the care continuum are essential... being able to respond... to the needs of the community... and their families.

**RELIABLE AND PREPARED**  
 EMS is an essential... and prepared... to respond... to the needs of the community... and their families.

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/Vol. 88, No. 197/Friday, October 13, 2023/Notices **71081**

**DEPARTMENT OF TRANSPORTATION**  
**National Highway Traffic Safety Administration**  
**[DOT-NHTSA-2023-0037]**

**Emergency Medical Services Education Agenda 2050: Request for Information**

**AGENCY:** National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation (DOT).

**Revisions coming to the National EMS Education Agenda for the Future**  
**Are we ready?**

- The National EMS Information System data, evidence-based research, and practice analyses should be sourced in developing evidence-based guidelines and curriculum.
- Mobile Integrated Healthcare has received considerable attention from the EMS Community. This and other alternative community-based healthcare delivery models (of the future) should evoke an expanded foundational knowledge and critical thinking capabilities that will pose future EMS practitioners to be able to evolve with the changing healthcare system or rapidly adjust to emerging healthcare crises.
- EMS educators should begin a career in academia with expertise in adult learning, educational theory, curriculum development, and competency evaluation but also possess experiential knowledge in evidence-based care.

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**Progress on Evidence-Based Guidelines For Prehospital Emergency Care**

**FOUNDATION OF EDUCATION**  
 AN EMS APPROACH

**HIGHLIGHTS OF THE 2022 AMERICAN HEART ASSOCIATION GUIDELINES FOR CPR AND ECC**

**2021 NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS**

**NATIONAL EMS SCOPE OF PRACTICE MODEL 2019**  
 The National Highway Traffic Safety Administration

**NASEMSO National Model EMS Clinical Guidelines**  
 VERSION 3.0

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**Increased scope for EMRs & EMTs**  
**Perform to top of skill set**  
**2022 SOPs reflect Ntl. & State Scope of Practice models**

EMS Scope of Practice	EMR	EMT-BLS	Paramedics (EMT-P & P-C)
<b>Monitoring</b> <td> <ul style="list-style-type: none"> <li>Respiratory effort</li> <li>Heart rate</li> <li>SpO2</li> <li>Capnography</li> <li>ECG</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Respiratory effort</li> <li>Heart rate</li> <li>SpO2</li> <li>Capnography</li> <li>ECG</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Respiratory effort</li> <li>Heart rate</li> <li>SpO2</li> <li>Capnography</li> <li>ECG</li> </ul> </td>	<ul style="list-style-type: none"> <li>Respiratory effort</li> <li>Heart rate</li> <li>SpO2</li> <li>Capnography</li> <li>ECG</li> </ul>	<ul style="list-style-type: none"> <li>Respiratory effort</li> <li>Heart rate</li> <li>SpO2</li> <li>Capnography</li> <li>ECG</li> </ul>	<ul style="list-style-type: none"> <li>Respiratory effort</li> <li>Heart rate</li> <li>SpO2</li> <li>Capnography</li> <li>ECG</li> </ul>
<b>Advanced Life Support</b> <td> <ul style="list-style-type: none"> <li>Advanced airway management</li> <li>Advanced cardiac life support</li> <li>Advanced trauma life support</li> <li>Advanced medical direction</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Advanced airway management</li> <li>Advanced cardiac life support</li> <li>Advanced trauma life support</li> <li>Advanced medical direction</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Advanced airway management</li> <li>Advanced cardiac life support</li> <li>Advanced trauma life support</li> <li>Advanced medical direction</li> </ul> </td>	<ul style="list-style-type: none"> <li>Advanced airway management</li> <li>Advanced cardiac life support</li> <li>Advanced trauma life support</li> <li>Advanced medical direction</li> </ul>	<ul style="list-style-type: none"> <li>Advanced airway management</li> <li>Advanced cardiac life support</li> <li>Advanced trauma life support</li> <li>Advanced medical direction</li> </ul>	<ul style="list-style-type: none"> <li>Advanced airway management</li> <li>Advanced cardiac life support</li> <li>Advanced trauma life support</li> <li>Advanced medical direction</li> </ul>
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<b>Pharmacology</b> <td> <ul style="list-style-type: none"> <li>Administration of oral, intramuscular, and intravenous medications</li> <li>Administration of epinephrine</li> <li>Administration of aspirin</li> <li>Administration of nitroglycerin</li> <li>Administration of glucose</li> <li>Administration of naloxone</li> <li>Administration of atropine</li> <li>Administration of benzocaine</li> <li>Administration of ephedrine</li> <li>Administration of fentanyl</li> <li>Administration of morphine</li> <li>Administration of rocuronium</li> <li>Administration of succinylcholine</li> <li>Administration of tetracycline</li> <li>Administration of valium</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Administration of oral, intramuscular, and intravenous medications</li> <li>Administration of epinephrine</li> <li>Administration of aspirin</li> <li>Administration of nitroglycerin</li> <li>Administration of glucose</li> <li>Administration of naloxone</li> <li>Administration of atropine</li> <li>Administration of benzocaine</li> <li>Administration of ephedrine</li> <li>Administration of fentanyl</li> <li>Administration of morphine</li> <li>Administration of rocuronium</li> <li>Administration of succinylcholine</li> <li>Administration of tetracycline</li> <li>Administration of valium</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Administration of oral, intramuscular, and intravenous medications</li> <li>Administration of epinephrine</li> <li>Administration of aspirin</li> <li>Administration of nitroglycerin</li> <li>Administration of glucose</li> <li>Administration of naloxone</li> <li>Administration of atropine</li> <li>Administration of benzocaine</li> <li>Administration of ephedrine</li> <li>Administration of fentanyl</li> <li>Administration of morphine</li> <li>Administration of rocuronium</li> <li>Administration of succinylcholine</li> <li>Administration of tetracycline</li> <li>Administration of valium</li> </ul> </td>	<ul style="list-style-type: none"> <li>Administration of oral, intramuscular, and intravenous medications</li> <li>Administration of epinephrine</li> <li>Administration of aspirin</li> <li>Administration of nitroglycerin</li> <li>Administration of glucose</li> <li>Administration of naloxone</li> <li>Administration of atropine</li> <li>Administration of benzocaine</li> <li>Administration of ephedrine</li> <li>Administration of fentanyl</li> <li>Administration of morphine</li> <li>Administration of rocuronium</li> <li>Administration of succinylcholine</li> <li>Administration of tetracycline</li> <li>Administration of valium</li> </ul>	<ul style="list-style-type: none"> <li>Administration of oral, intramuscular, and intravenous medications</li> <li>Administration of epinephrine</li> <li>Administration of aspirin</li> <li>Administration of nitroglycerin</li> <li>Administration of glucose</li> <li>Administration of naloxone</li> <li>Administration of atropine</li> <li>Administration of benzocaine</li> <li>Administration of ephedrine</li> <li>Administration of fentanyl</li> <li>Administration of morphine</li> <li>Administration of rocuronium</li> <li>Administration of succinylcholine</li> <li>Administration of tetracycline</li> <li>Administration of valium</li> </ul>	<ul style="list-style-type: none"> <li>Administration of oral, intramuscular, and intravenous medications</li> <li>Administration of epinephrine</li> <li>Administration of aspirin</li> <li>Administration of nitroglycerin</li> <li>Administration of glucose</li> <li>Administration of naloxone</li> <li>Administration of atropine</li> <li>Administration of benzocaine</li> <li>Administration of ephedrine</li> <li>Administration of fentanyl</li> <li>Administration of morphine</li> <li>Administration of rocuronium</li> <li>Administration of succinylcholine</li> <li>Administration of tetracycline</li> <li>Administration of valium</li> </ul>

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**Prehospital Guidelines Consortium**

Home About Us Evidence-Based Guidelines Member Organizations Funding Resources

EBG Resources COVID-19 Resources EMS Research Reading List EMS Research Reading List Su...

**Home**

**Background**

Multiple national organizations are engaged in ongoing efforts to develop, implement and evaluate prehospital evidence-based guidelines (EBG). The National Prehospital Evidence-Based Guidelines Strategy developed by the National Association of EMS Physicians (NAEMSP)

**Must teach to current EB guidelines**

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**Shaping our future**

Our plan aligns with national and state standards and is created through a shared leadership structure that includes all stakeholders

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**MISSION STATEMENT**

To inspire excellence and transform EMS in service to others.

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We strive for preeminence through continuous improvement and advocating for the appropriate use of technology and research to lead evidence-based and data informed practice.

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**Vision**

The System is viewed as the gold standard of quality by students, patients, and colleagues

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**Vision executed**

Quality is everyone's job. System initiatives are collaborative endeavors by multidisciplinary teams

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Core values set our compass

- Duty | Honor | Distinction
- Integrity
- Compassion; Commitment; Citizenship
- Accountability; Advancing knowledge
- Respect and Collaboration
- Excellence
- Justice, fiscal responsibility

https://www.peakpx.com/

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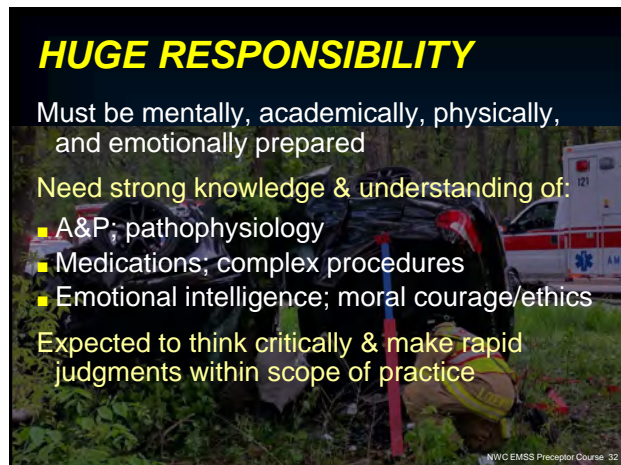




**EMS roles are evolving**

Advances in research & technology, increased costs, limited reimbursement, value-based care, need for integration, trends in pt populations, and scarce resources are rapidly driving change

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**HUGE RESPONSIBILITY**

Must be mentally, academically, physically, and emotionally prepared

Need strong knowledge & understanding of:

- A&P; pathophysiology
- Medications; complex procedures
- Emotional intelligence; moral courage/ethics

Expected to think critically & make rapid judgments within scope of practice

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**Role realignment**

**OLD:** Find it - Fix it to the degree possible without doing harm; transport to the nearest appropriate hospital

**NEW:** Above *PLUS*: EMS becomes an integrated part of the value-based and person-centered healthcare revolution

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**Is our goal to INFORM or TRANSFORM?**

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**EMS Education in the 21st century**

How do we transform our world?

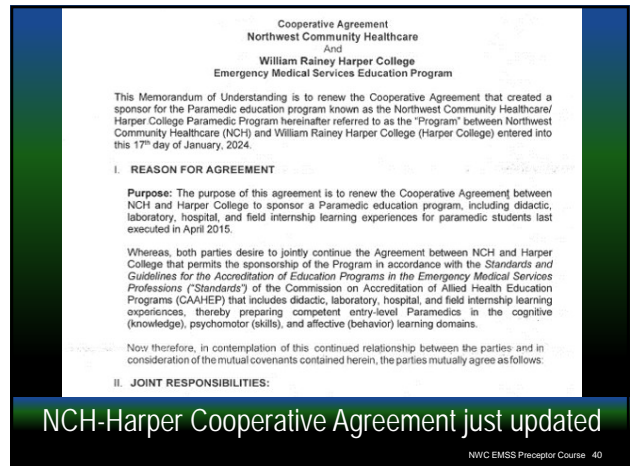
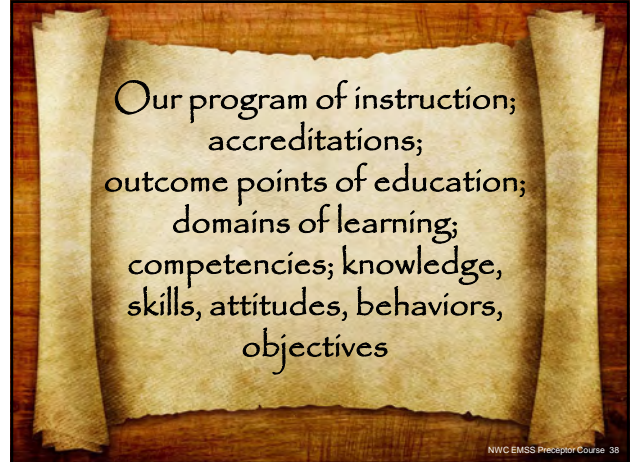
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**We are a teaching, learning, growing community!**

**EDUCATION IS THE MOST POWERFUL WEAPON WE CAN USE TO CHANGE THE WORLD**  
- NELSON MANDELA

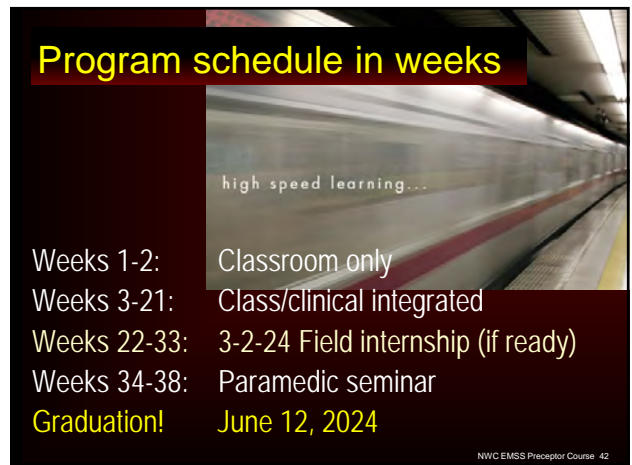
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**Academic curriculum**

		Credit hours
EMS 110	EMT Education	9
<b>Paramedic CERTIFICATE Program</b>		
EMS 210	Preparatory (fall)	10
EMS 211	Med. Emerg I (fall)	5
EMS 212	Med. Emerg II (spring)	7
EMS 213	Trauma, special populations	6
EMS 217 & 218	Hospital Internships	4
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3
<b>Total PM Certificate hours</b>		<b>39</b>

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### To Degree or Not to Degree? The Paramedic Question

Paramedic education must require a two-year associate degree, according to Kevin Sirr.

Kevin Sirr  
 02.21.2024 [To Degree or Not to Degree? The Paramedic Question - JEMS: EMS, Emergency Medical Services - Training, Paramedic, EMT, News](#)



**JEMS**  
 THE CONSCIENCE OF EMS

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### In addition to Certificate Courses

Required courses for Assoc. in Applied Science (AAS):

- BIO 260 Human Anatomy 4
- BIO 261 Human Physiology 4
- Electives<sup>1</sup> 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**

<sup>1</sup>Electives: BIO 130, CHM 100, HSC 104, or HSC 213  
 + This course meets World Cultures and Diversity graduation requirement.

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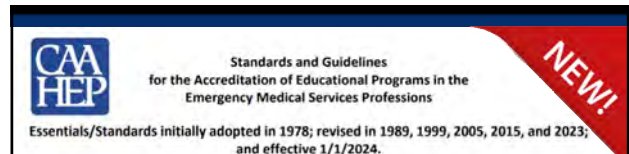
**The Joint Commission**

**Higher Learning Commission**

**Commission on Accreditation of Educational Programs in the Emergency Medical Services Professions (CAAHEP)**  
 A Commission of the American Public Health Association, Member Since the Incorporation of the "Joint Commission" in 1952  
 Emergency Medical Services - Paramedic  
 Northwest Community Healthcare  
 Arlington, 36181, IL  
 CAAHEP is a member of the International Association of Health Care Accreditation and Assessment (IAHCAAA)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH IDPH**  
 CREDIBLE EDUCATION IS ACCREDITED  
 PROTECTING HEALTH. IMPROVING LIVES

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**CAAHEP**

**Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions**

**Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, and 2023; and effective 1/1/2024.**

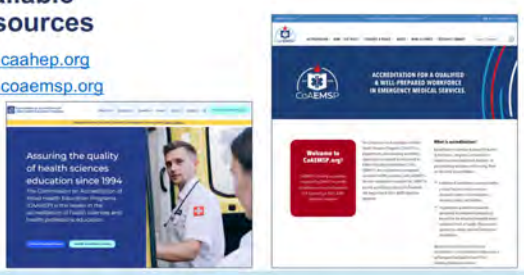
**Developed by**  
 Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

**Endorsed by**  
 American Academy of Pediatrics  
 American Ambulance Association  
 American College of Cardiology  
 American College of Emergency Physicians  
 American College of Surgeons  
 American Society of Anesthesiologists  
 International Association of Fire Chiefs  
 International Association of Fire Fighters  
 National Association of Emergency Medical Services Educators  
 National Association of Emergency Medical Services Physicians  
 National Association of Emergency Medical Technicians  
 National Registry of Emergency Medical Technicians

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### Available Resources

[www.caahep.org](http://www.caahep.org)  
[www.coaemsp.org](http://www.coaemsp.org)



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**CoAEMSP INTERPRETATIONS OF THE CAAHEP 2023 STANDARDS AND GUIDELINES**  
 for the Accreditation of Educational Programs in the EMS Professions

This companion document contains the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions with CoAEMSP interpretations adopted by CoAEMSP through policies. The interpretations are NOT part of the CAAHEP Standards and Guidelines document and are subject to change by CoAEMSP. Policy revisions may occur often, so this document should be reviewed frequently to ensure the most current version. Please refer to the Glossary for the definition of terms which is available at [www.coaemsp.org/policies](http://www.coaemsp.org/policies). Questions regarding the interpretations can be directed to CoAEMSP. [Standards interpretations first approved by CoAEMSP February 2024.]

**Description of the Profession (as per EMS Agenda for Future, NHTSA)**  
 The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. "Stand-alone" EMT and Emergency Medical Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

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## Outcome-based education Bridge to developing:

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

NWC EMSS Preceptor Course 49

## Minimum Goal

"To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

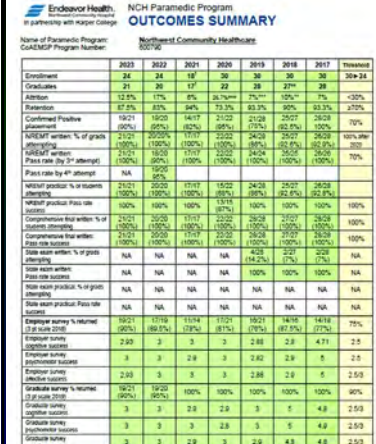
Standard II.A. Minimum Expectation must be verbatim

NWC EMSS Preceptor Course 50

## Superordinate objective

Graduates have achieved the competency in all three domains of learning required for practice that ensures the delivery of **safe, timely, efficient, effective, equitable, compassionate and person-centered care** to serve the health care needs of the population

NWC EMSS Preceptor Course 51



Year	2022	2021	2020	2019	2018	2017	2016
Enrollment	24	24	18	30	30	30	30
Graduates	21	20	17	22	28	27	28
Retention	87.5%	83%	94%	73.3%	93.3%	90%	93.3%
Confirmed Positive placement	19/21	18/20	14/17	21/22	25/28	25/27	26/28
NCEM written % of grads	100%	100%	100%	100%	100%	100%	100%
NCEM practical % of grads	100%	100%	100%	100%	100%	100%	100%
Pass rate by 4th attempt	100%	100%	100%	100%	100%	100%	100%
NCEM written % of grads	100%	100%	100%	100%	100%	100%	100%
NCEM practical % of grads	100%	100%	100%	100%	100%	100%	100%
Pass rate by 4th attempt	100%	100%	100%	100%	100%	100%	100%
Employer survey	2.9/3	3/3	3/3	2.8/3	2.8/3	4.7/5	2.5/3
Graduate survey	3/3	3/3	3/3	2.8/3	2.8/3	5/5	2.5/3
Graduate survey	3/3	3/3	3/3	2.8/3	2.8/3	5/5	2.5/3
Graduate survey	3/3	3/3	3/3	2.8/3	2.8/3	5/5	2.5/3
Graduate survey	3/3	3/3	3/3	2.8/3	2.8/3	5/5	2.5/3

Educational outcomes must be congruent with expectations of consumers & providers

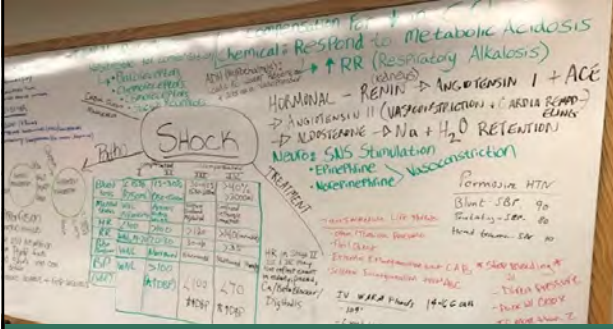
*How are we doing?*

NWC EMSS Preceptor Course 52

EMS education must develop and measure **competencies** in all three domains of learning necessary for safe entry-level EMS care



NWC EMSS Preceptor Course 53

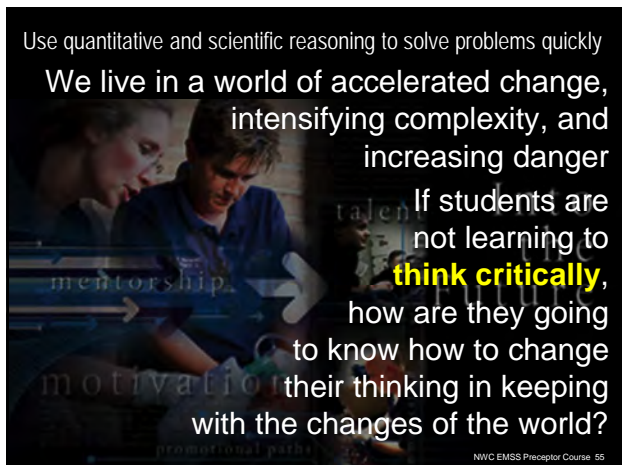


### Conceptual competence:

Ability to understand theoretical foundations  
 Measured through quizzes, exams, mind maps

NWC EMSS Preceptor Course 54

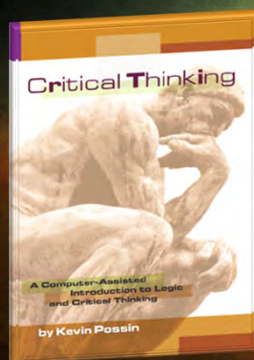
Use quantitative and scientific reasoning to solve problems quickly  
We live in a world of accelerated change, intensifying complexity, and increasing danger  
If students are not learning to **think critically**, how are they going to know how to change their thinking in keeping with the changes of the world?



NWC EMSS Preceptor Course 55

### Critical thinker traits

Strive for intellectual ends such as **clarity, precision, accuracy, relevance, depth, breadth, and logicalness**




NWC EMSS Preceptor Course 56



**Technical competence:**  
Proficiency in performing psychomotor skills  
Taught in labs/clinical; tested in practical exams

NWC EMSS Preceptor Course 57



**Contextual competence**  
Understand how EMS fits within the greater healthcare continuum  
Ability to use conceptual and technical skills in right context, avoiding technical imperative

NWC EMSS Preceptor Course 58

### Integrative competence

Ability to take all other competencies and put them together to meld theory and practice



NWC EMSS Preceptor Course 59

**Adaptive competence:** Ability to change with evolutions in EMS or changing clinical presentation in one patient (move from 1 page of SOP to another)

*Challenge for all due to constant pace of change*

# DISRUPTION



NWC EMSS Preceptor Course 60



### How well have we adapted to...

- RASS after sedation meds
- Uninterrupted compressions; epi timing
- Videolaryngoscopy tools/techniques
- Documenting EtCO<sub>2</sub> & qSOFA in sepsis
- Treating PE patients with NTG + CPAP
- Scene times <15 min & IVs in pts w/ stroke
- Documenting decisional capacity & risk
- Transporting to correct center (trauma/stroke)

NWC EMSS Preceptor Course 61


*Failure to adapt can have some serious consequences!*



© BNPS CO UK

NWC EMSS Preceptor Course 62

### Paramedic Class F23-S24




- 30 enrolled  
+2 returned
- All passed so far!
- Some academic concerns

Bravo Mike Gentile, Bill Toliopoulos, lab & hospital preceptors!

NWC EMSS Preceptor Course 63


### General course objectives



Upon completion, grads will demonstrate entry level competency without critical error in the following:  
Scene safety, situational awareness; safe pt. access

© 2014 Larry Shapiro

NWC EMSS Preceptor Course 64



### Person-centered assessments

- Recognizing alterations from health
- Setting care priorities (including police dogs)
- Coordinating efforts with other agencies
- Communicating effectively with a sense of purpose and audience.

NWC EMSS Preceptor Course 65

### General objectives cont.



- Providing competent BLS to ALS care per standards
- Using quantitative and scientific reasoning to think critically and solve problems effectively in various situations

NWC EMSS Preceptor Course 66





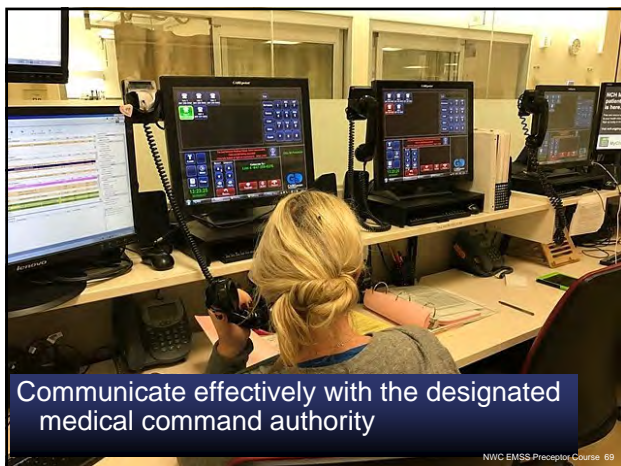
All ages and stages of life

NWC EMSS Preceptor Course 67



Establish culturally and age-appropriate rapport without bias or prejudice to meet emotional and physical needs

NWC EMSS Preceptor Course 68



Communicate effectively with the designated medical command authority

NWC EMSS Preceptor Course 69



Determine appropriate patient disposition

NWC EMSS Preceptor Course 70



Give interim and handover reports  
 Clarify **any** changes or delays  
 Effectively communicate with **all** involved

<https://www.schron.com>

NWC EMSS Preceptor Course 71

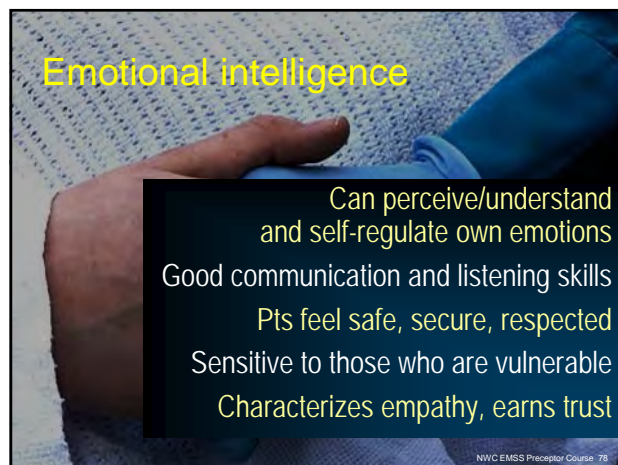
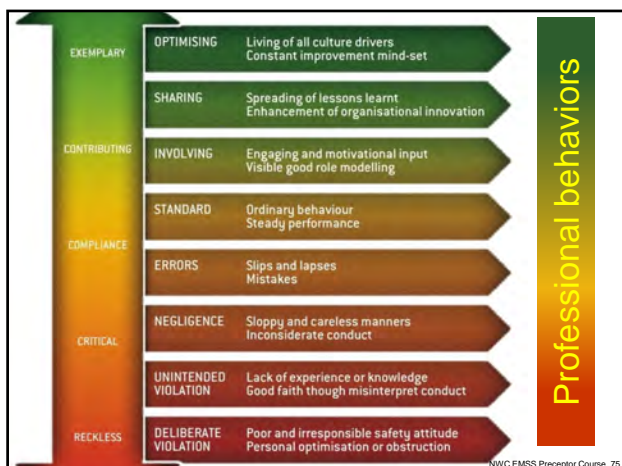
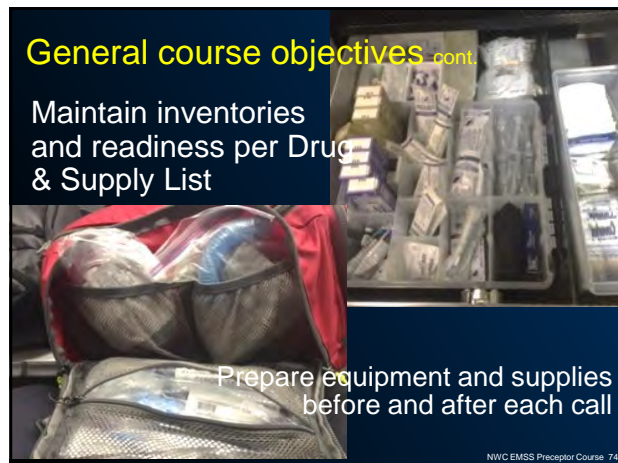
Handover report in **00:30** seconds  
 Receiving RN calls, "EMS Time Out"

<b>D</b>	Demographics	Age, gender, name
<b>M</b>	Medical complaint	Chief complaint; HPI; PMH
<b>I</b>	Identified findings	Brief medical exam findings
<b>S</b>	Vital Signs	First set; significant changes; GCS, ECG, oximetry; glucose
<b>T</b>	Treatment	Tubes, lines (site & size), fluids, meds (response)

Pt will then be moved to hospital bed  
 Obtain signature for pt transfer of care


NWC EMSS Preceptor Course 72





## Ethics in the internship

- Must prominently wear student ID
- Pt may refuse student-performed procedures
- Limit # of invasive ALS skill attempts by students



NWC EMSS Preceptor Course 79

## Patient advocacy



- Defend patient's rights
- Place patient's needs first unless safety threat
- Disagree without being disagreeable
- Protect confidentiality (HIPAA)

NWC EMSS Preceptor Course 80



## Field Internship Expectations

- Sequencing
- Forms and documents
- Phase meetings

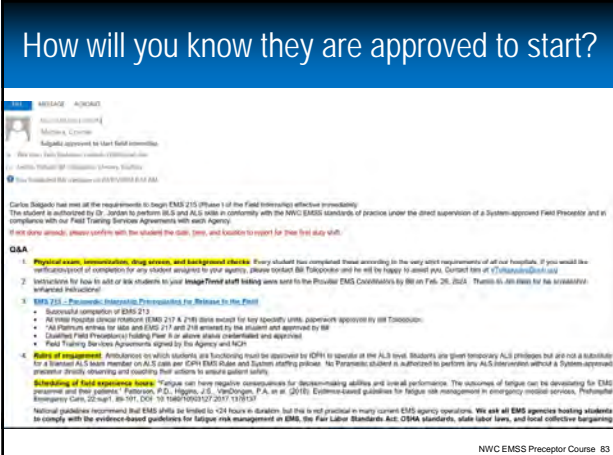
NWC EMSS Preceptor Course 81

## Prerequisites to start Field Internship

- Pass EMS 213
- EMS 218 done (Outstanding units scheduled & approved by Bill)
- Platinum entries done; approved by Bill
- Qualified Preceptors credentialed and approved
- Agency hosting agreements signed by both parties


NWC EMSS Preceptor Course 82

## How will you know they are approved to start?



NWC EMSS Preceptor Course 83

## Rules of engagement



- NWC EMS vehicle
- Temporary ALS privileges, not a staffing substitute
- ALS care must be given under direct observation and supervision

Practice enforced by preceptor

NWC EMSS Preceptor Course 84



Work up to 24 hrs; 8-12 hrs rest before next shift;  
 max 1/3 hrs on nights

Developing  
 Evidence Based  
**Fatigue Risk Management**  
 Guidelines  
 for Emergency Medical Services

NWC EMSS Preceptor Course 85



Sailing ships into the future  
 2 Phases

Membership - Capstone/Leadership

NWC EMSS Preceptor Course 87

**Standard III.A.2. Clinical, Field Experience, and Capstone Field Internship Affiliations**  
 For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint, and interventions in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience and capstone field internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

**Interpretation of Compliance with the Standard:**  
 The clinical resources must ensure opportunities for the student to complete assessment and management of the following patients and conditions: adult trauma and medical emergencies; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

The program establishes minimum competency numbers for ages, skills, and patient contacts for each listed category. The minimum numbers must be approved by the Medical Director and reviewed by the Advisory Committee with documentation of these actions. There is periodic evaluation that the established minimums are adequate to achieve competency. For any group or subgroup, including each pediatric age subgroup, minimum competency number must be two or more. Two patient encounters in each pediatric subgroup are live and cannot be achieved through simulation.

Tracking documentation must show the established minimums and confirm that each student has met the requirement.

NWC EMSS Preceptor Course 88

**EMS 215: Curriculum**

WILLIAM RAINEY HARPER COLLEGE  
 HEALTH CAREERS DIVISION  
 NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM  
 COURSE SYLLABUS

EMS Course Prefix	215	PARAMEDIC: FIELD INTERNSHIP	(0-20)	4
Course Number	Connie J. Mattera, MS, RN, PM   Program Director	Michael Gentile, BA, PM   Lead Instructor	Vanessa (Bill) Tolopoukos, BSN, PHRN   Lab & Clinical Coordinator	Drinks Hours
Employer: Health Northwest Community Hospital (NCH) 800 W. Central Rd., Arlington Heights, IL 60005 Program/EMS Offices: 901 Kinross Behavioral Health Center (maple provides) Field internship locations: EMS agencies within the Northwest Community EMS System Program/faculty contact information: Phone: (847) 618-4482 (Pam Risk, Secretary)   64490 (Mr. Gentile)   64486 (M. Tolopoukos) e-mail: cmattiera@nch.org   mgentile@nch.org   mtolopoukos@nch.org Office hours: M-F 0600-1630 Dates: March 2 - May 17, 2024 and until all objectives and patient care contacts are achieved. (May extend to no later than June 12, 2024 if an extension is granted) Location of classes: EMS agencies within the Northwest Community EMS System Dates and times variable depending on preceptor schedule and agency policies				
<b>COURSE DESCRIPTION</b> This course integrates the theoretical concepts and practical skills acquired during EMS 210, 211, 212, 213, 217, and 218 and requires students to use higher order thinking skills and critical reasoning to safely care for patients in the real world hospital environment under the direct supervision of an approved preceptor. The internship is divided into two phases of ascending mastery and accountability with each having a minimum number of patient care contacts and competencies to complete. A full description is contained in the NCH Paramedic Program Student Handbook and on the internship forms. (NOTE: This course has an additional fee of \$1,500 to cover the cost of preceptor supervision.)				

Meets or exceeds the National EMS Education Standards

NWC EMSS Preceptor Course 89

**Sequencing of learning**

Psychomotor Formative & Summative Phases

Laboratory Phase Skills & scenarios

Clinical Phase Hospitals

Field exp. EMS Unit

Capstone EMS Unit

Team Member

Team Leader

Classroom, lab, and Clinical education

Capstone

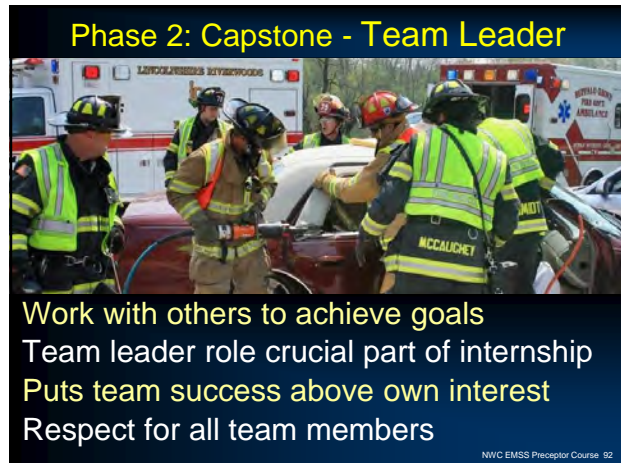
NWC EMSS Preceptor Course 90



**Phase 1: Team member; Field experience**

- Orient to agency
- Emphasis on improving assessments and skills as directed (10 ALS calls)
- **MAY NOT** serve as team leader until Phase 1 meeting approves transition

John Moore/Getty Images NWC EMSS Preceptor Course 91



**Phase 2: Capstone - Team Leader**

Work with others to achieve goals  
Team leader role crucial part of internship  
Puts team success above own interest  
Respect for all team members

NWC EMSS Preceptor Course 92

**Phase 2: Capstone Purpose**

Represents the **synthesis of all learning** in a PM Program and is critical to assess the student's ability to integrate all elements of learning gained in the classroom, lab, clinical, and field experiences.

During this phase, the student must successfully team lead with minimal to no prompting and be provided accurate, honest feedback by expert field preceptors.

Standards III.A.2., IV.A.1 & IV.A.2 NWC EMSS Preceptor Course 93

**Phase 2: Capstone Purpose**

The selection, training, and ongoing feedback between program staff and field preceptors is essential to assure that the student is progressing appropriately and to intervene with remediation measures when the learner is not reaching entry-level practice as a paramedic at predicted milestones.

NWC EMSS Preceptor Course 94

**Phase 2: Capstone Team Leads**

To count as a team lead, the student must conduct a **comprehensive assessment**, establish a **field impression**, determine **patient acuity**, formulate a **treatment plan**, **direct the treatment**, and direct and participate in the **transport** of the patient to a medical facility, **transfer of care** to a higher level of medical authority, or **termination of care** in the field.

NWC EMSS Preceptor Course 95

**Phase 2: Capstone Team Leads**

For the capstone field internship to meet the breadth of the PM profession, team leads must include **transport** to a medical facility and may occasionally include calls involving **transfer of care** to an equal level or higher level of medical authority, **termination of care** in the field, or pt refusal of care. Capstone team leads **cannot be accomplished with simulation**.

NWC EMSS Preceptor Course 96



PREHOSPITAL EMERGENCY CARE  
 https://doi.org/10.1080/10903127.2022.2048756

Taylor & Francis  
 Taylor & Francis Group

OPEN ACCESS

### A Proposed Theoretical Framework for Clinical Judgment in EMS

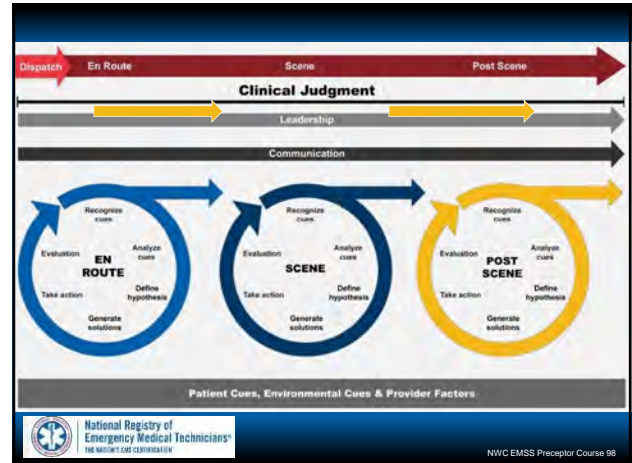
Mihaiela R. Gugiu<sup>a</sup>, Kim D. McKenna<sup>b</sup>, Thomas E. Platt<sup>c</sup>, Ashish R. Panchal<sup>d,e</sup>, for the National Registry of Emergency Medical Technicians

<sup>a</sup>The National Registry of Emergency Medical Technicians, Columbus, Ohio; <sup>b</sup>St. Charles County Ambulance District, St. Peters, Missouri; <sup>c</sup>School of Health and Rehabilitation Sciences, University of Pittsburgh, Pittsburgh, Pennsylvania; <sup>d</sup>Department of Emergency Medicine, Wrexham Medical Centre, The Ohio State University, Columbus, Ohio

**ABSTRACT**  
 In the prehospital setting, EMS clinicians are challenged by the need to assess and treat patients who are clinically undifferentiated with a large constellation of possible medical problems. In addition to possessing a large and diverse set of knowledge, skills, and abilities, EMS clinicians must integrate a plethora of environmental, patient, and event specific cues in their clinical decision-making processes. To date, there is no theoretical framework to capture the complex process that characterizes the prehospital experience from dispatch to handoff, the interface between cues and on-scene information and assessments, while incorporating the importance of leadership and communication. To fill this gap, we propose a theoretical framework for clinical judgment in the prehospital setting that builds upon previously defined methodologies and applies them to the clinical practice of EMS clinicians throughout the EMS experience.

**ARTICLE HISTORY**  
 Received 4 February 2022  
 Revised 25 February 2022  
 Accepted 28 February 2022

NWC EMSS Preceptor Course 97



Let's look at the EMS 215 forms, assessment tools and evaluation criteria handouts

NWC EMSS Preceptor Course 99

How long will it take?

**Phase 1:** 4 weeks or less  
**Phase 2:** Min 300 hours + contacts + competency attestations  
 Cannot end before 5-17-24

It depends...

NWC EMSS Preceptor Course

### Phase meetings

**Schedule early!**  
 Submit documents at least 1 week in advance

**Who?** Student, preceptor(s), HEMSC/E; PEMSC welcome, not required

**What is discussed?** PCR's, drugs, ECG's

**Time estimation:**  
 Phase 1: 2-3 hrs  
 Phase 2: 3-4 hrs

NWC EMSS Preceptor Course 101

### Prepare in advance

Evaluate as you go!  
 Complete Critique form skill eval after run  
 Check understanding of pathophys, drugs, and EMS care  
 Debrief calls; explain nonconformities, pt. disposition, scene times, ensure thorough documentation

NWC EMSS Preceptor Course 102





### Must file annually

**Northwest Community EMS System**  
**Peer Educator Application 2024**

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Agency address: \_\_\_\_\_

**Current professional license credentials:**  
 EMT  Paramedic  RN  PHRN/PHARN

**Current Peer Educator recognition:**  None  
 Peer I Exp. Date: \_\_\_\_\_  
 Peer II Exp. Date: \_\_\_\_\_  
 Peer III Exp. Date: \_\_\_\_\_  
 Peer IV Exp. Date: \_\_\_\_\_

**Prior teaching experience and additional certifications (Submit current conditions if applicable):**  
 CPR instructor  Lab preceptor: EMT  Community educator  
 ACLS, PHTLS, ITLS: Stop the bleed  Lab preceptor Paramedic  Agency-sponsored EMS skill labs  
 PALS/PEPP instructor  Field Preceptor PM  Agency-sponsored EMS CE classes  
 Other: Please list \_\_\_\_\_

Applicant: Attach a brief statement as to why you would like to be recognized as a Peer Educator.

**Northwest Community EMS System**  
**FIELD PRECEPTOR AGREEMENT - 2024**

**Qualifications:**  
 1. Must have a current professional license for the Northwest Community EMS System (EMT, PHRN) or be a member of the State of Illinois Fire Protection Association (IFPA) or be a member of the National Fire Protection Association (NFPA) and hold the appropriate certification as a Peer Educator.  
 2. Must have completed the NWC EMSS Peer Educator Training Course and hold the appropriate certification as a Peer Educator.  
 3. Must have completed the NWC EMSS Peer Educator Training Course and hold the appropriate certification as a Peer Educator.  
 4. Must have completed the NWC EMSS Peer Educator Training Course and hold the appropriate certification as a Peer Educator.  
 5. Must have completed the NWC EMSS Peer Educator Training Course and hold the appropriate certification as a Peer Educator.

**Peer as the agent of the employer:**  
 1. The Peer Educator shall be held responsible for the actions of the Peer Educator as the agent of the employer.  
 2. The Peer Educator shall be held responsible for the actions of the Peer Educator as the agent of the employer.  
 3. The Peer Educator shall be held responsible for the actions of the Peer Educator as the agent of the employer.  
 4. The Peer Educator shall be held responsible for the actions of the Peer Educator as the agent of the employer.  
 5. The Peer Educator shall be held responsible for the actions of the Peer Educator as the agent of the employer.

### Northwest Community EMS System POLICY MANUAL

<b>Policy Title: PEER EDUCATORS I-IV / IDPH Lead Instructors</b>		<b>No. P - 7</b>
<b>Board approval: 5/11/23</b>	<b>Effective: 5/11/23</b>	<b>Supersedes: 9/12/19</b>
		<b>Page: 1 of 6</b>

**I. Definitions**

**A. Scope of practice**—Defined parameters of various duties or services that may be provided by a person with specific credentials. Whether regulated by rule, statute, or court decision, it represents the limits of services a person may legally perform. Since the legal authority to practice can be obtained only from the State, the State licensure process provides a means for States to stop unlawful practice by unlicensed people. This affords title protection to EMS personnel that comply with State regulations, and protection of the public from people who have not met minimum standards. (National EMS Scope of Practice Model)

**B. A person may only perform a skill or role for which that person is:**

- EDUCATED** (has been trained to perform the skill or role), **AND**
- CERTIFIED** (has demonstrated competence in the skill or role), **AND**
- CREDENTIALLED** (has legal authority issued by the State to perform the skill or role), **AND**
- CREDENTIALLED** (has been authorized by EMS MD to perform the skill or role). (National EMS Scope of Practice Model)

**II. Policy**

**A. An EMS education program shall only be conducted by an EMS System or an academic institution under the direction of the EMS System. The EMS MD shall attest on the application form that the education program will be conducted according to the national EMS education**

### Must keep updated

**Northwest Community EMS System PEER EDUCATOR Application**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Yrs of experience in EMS/ Emerg Care: \_\_\_\_\_ Yrs of experience teaching: \_\_\_\_\_

**Current professional license credentials:**  
 EMT  Paramedic  RN  PHRN/PHARN

**Current Peer Educator recognition:**  None  
 Peer I Exp. Date: \_\_\_\_\_  
 Peer II Exp. Date: \_\_\_\_\_  
 Peer III Exp. Date: \_\_\_\_\_  
 Peer IV Exp. Date: \_\_\_\_\_

**Applying for:**  Peer I  Peer II  Peer III  Peer IV  New  
 Reinstatement: Date left NWC EMS: \_\_\_\_\_

**Prior teaching experience and additional certifications (Submit current conditions if applicable):**  
 CPR instructor  Lab preceptor: EMT  Community educator  
 ACLS, PHTLS, ITLS: Stop the bleed  Lab preceptor Paramedic  Agency-sponsored EMS skill labs  
 PALS/PEPP instructor  Field Preceptor PM  Agency-sponsored EMS CE classes  
 Other: Please list \_\_\_\_\_

Applicant: Attach a brief statement as to why you would like to be recognized as a Peer Educator.

### How do we know who's eligible?

Name	Agency	License	IL, LI	Peer I date approved	Peer I date Exp date	Peer II date approved	Peer II date Exp date	Peer III date approved	Peer III date Exp date	Peer IV date approved	Peer IV date Exp date
21	Sabicki, Alex	AH	PM	02/02/2018	06/30/2023	06/10/2019	06/30/2023	06/30/2023	06/30/2023	06/30/2023	06/30/2023
6	Brayton, James	AH	PM	09/10/2012	12/05/2012	12/05/2012	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
7	Castillo, Reginald	AH	PM	04/03/2023	06/30/2027	04/03/2023	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
9	Chubb, Brent	AH	PM	03/04/2021	09/30/2028	03/04/2024	09/30/2028	09/30/2028	09/30/2028	09/30/2028	09/30/2028
5	East, Lee	AH	PM	X	06/30/2027						
10	Elkain, Colin	AH	PM		12/20/2021	06/30/2025	12/20/2021	06/30/2025	06/30/2025	06/30/2025	06/30/2025
11	Flynn, Kevin	AH	PM		02/01/2018	11/09/2017	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
12	Glendonning, Ryan	AH	PM		02/01/2018	11/09/2017	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
13	Gripper, Peter	AH	PM		10/19/2017	10/03/2017	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
14	Grossman, Jonathan	AH	PM		09/17/2014	11/18/2015	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
15	Hansen, Drew	AH	PM		06/17/2014	10/30/2013	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
16	Klein, Jim	AH	PM		06/23/2009	06/23/2009	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
17	Krzyszowski, Kazimierz	AH	PM	X	02/28/2018	05/02/2018	05/02/2018	06/30/2027	06/30/2027	06/30/2027	06/30/2027
18	Limbers, Scott	AH	PM		02/02/2017	06/30/2023					
19	Lindgren, Bradley	AH	PM		02/06/2024	06/30/2028	02/06/2024	06/30/2028	06/30/2028	06/30/2028	06/30/2028
20	Lofus, Ryan	AH	PM		10/29/2014	06/09/2015	06/09/2015	06/30/2027	06/30/2027	06/30/2027	06/30/2027
21	Loak, Rob	AH	PM		08/15/2011	08/28/2011	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
22	McLean, Erin	AH	PM		12/06/2021	06/30/2025	12/06/2021	06/30/2025	06/30/2025	06/30/2025	06/30/2025
23	Markus, Christian	AH	PM		02/09/2024	06/30/2028	02/09/2024	06/30/2028	06/30/2028	06/30/2028	06/30/2028
24	Makaski, Thomas	AH	PM		12/06/2021	12/06/2021	12/06/2021	06/30/2025	06/30/2025	06/30/2025	06/30/2025
25	Moran, Marty	AH	PM		10/26/2017	09/01/2018	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
26	Olson, Matthew	AH	PM		04/03/2023	04/03/2023	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
27	Piccolo, Anthony	AH	PM		11/01/2021	06/30/2027	11/01/2021	06/30/2027	06/30/2027	06/30/2027	06/30/2027
28	Picciello, Marc	AH	PM			01/31/2018	06/30/2027	06/30/2027	06/30/2027	06/30/2027	06/30/2027
29	Raschewski, David	AH	PM		02/07/2022	06/30/2023	02/07/2022	06/30/2027	06/30/2027	06/30/2027	06/30/2027



- ### Characteristics of an effective preceptor
- Competent in KSAs; models affective behaviors
  - Desire to teach; genuine interest in others
  - Good leadership skills
  - Provides effective feedback
  - Growth mindset (self & others)
  - Sensitive to student's learning needs
  - Effective interpersonal & communication skills
  - Thinks critically, effective problem-solving skills; states reasons for actions while performing them
- NWC EMSS Preceptor Course 114

## Because of your presence...

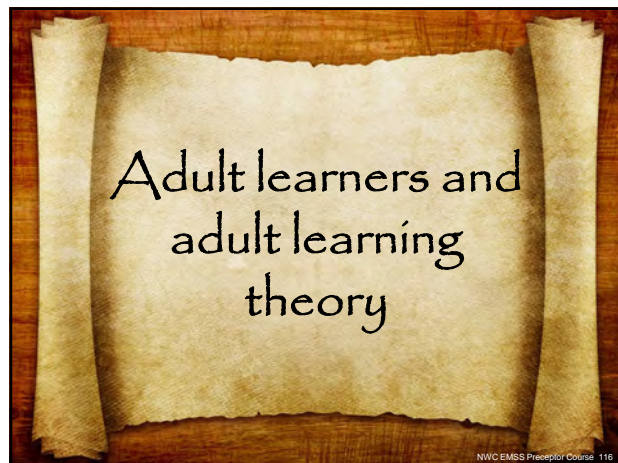
Students understand System expectations  
 Patients are safeguarded

You can **NEVER**  
 condone  
 sub-standard  
 performance

*What's  
 wrong here?*

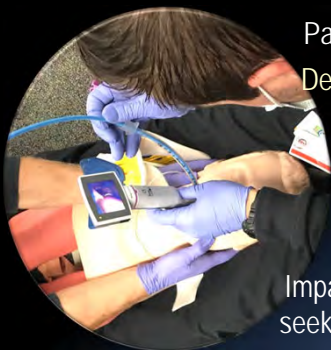


NWC EMSS Preceptor Course 115



NWC EMSS Preceptor Course 116

## Adult learner characteristics



Participative; collaborative  
 Dependent to self-directed  
 Experience becomes a  
 resource for learning  
 Shifts from subject  
 to problem-centered  
 Impatient with time wasters;  
 seeks immediate application

Moreno Valley College

NWC EMSS Preceptor Course 117

Learning does not translate  
 into results by accident

Level 1	Level 2	Level 3	Level 4
Reaction	Learning	Behavior	Results



Formal Training  On the Job

NWC EMSS Preceptor Course 118

## Laws of learning

**Primacy:** First impressions are lasting  
**Exercise:** Learning is strengthened by repetition  
**Disuse:** Use it or lose it!  
**Intensity:** Dramatic experiences  
 using all domains of  
 learning and higher  
 thinking with triggered  
 emotions are remembered

**Use it**



NWC EMSS Preceptor Course 119

## Staging of skill acquisition



<https://cga.net/journal/?p=967>

NWC EMSS Preceptor Course 120



Novice Advanced Beginner Competent Proficient Expert

Phase 1: **Advanced beginner** to **competent**

- Can describe situations in textbook terms but begins to perceive recurrent meaningful patterns in patient situations
- Relies on SOPs but begins to make decisions based on knowledge
- Can formulate guidelines for action
- Focus on what they need to do rather than how the patient is responding to them

NWC EMSS Preceptor Course 121

Novice Advanced Beginner Competent Proficient Expert

Phase 1: **Advanced beginner** to **competent**

- Unable to determine context / relevance; cannot prioritize well; treats all options as equally important
- Delegates up
- Period of rapid learning
- Requires mentoring; assistance in setting priorities / determining interventions in complex situations

NWC EMSS Preceptor Course 122

Novice Advanced Beginner Competent Proficient Expert

Phase 2: **Team Leader – aim for Proficient**

- Skilled and confident practitioner
- Applies experience and judgment in assessing various patient situations
- Demonstrates proficiency of technical skills
- Able to plan and organize
- Less dependent on SOPs
- Describes situations accurately in depth

NWC EMSS Preceptor Course 123


Novice Advanced Beginner Competent Proficient Expert

Phase 2: **Team Leader – aim for Proficient**

- Begins to see actions in terms of long-term goals of patient care
- Limits unexpected by managing environment; deals with conflicts well
- Increased level of efficiency
- Beginning to develop speed and flexibility
- Can prioritize

NWC EMSS Preceptor Course 124

Motivated based on interest + perceived need  
Involve in discovering value & relevance



NWC EMSS Preceptor Course 125

**Guided assistance: Scaffolding**



Build on previous learning while adding new experiences and knowledge

www.transcomscaffolding.com

NWC EMSS Preceptor Course 126

## Thoughts to ponder...

- Inconsistencies among evaluators can destroy motivation (Weiner, 1986)
- Challenging and realistic goals set in one's **zone of proximal development** are most likely to lead to achievement (Vygotsky, 1976)
- **Expectancy-value theory**: Students will not continue to engage in educational tasks if they expect to fail (Wigfield & Eccles, 1992)

<https://coeimsp.org/preceptors-a-cornerstone-to-a-successful-capstone-experience>

NWC EMSS Preceptor Course 127

*Don't push too hard or too fast!*



NWC EMSS Preceptor Course 128

## Prevent Cognitive Overload



NWC EMSS Preceptor Course 129

## Learning is Too Hard: Anxiety

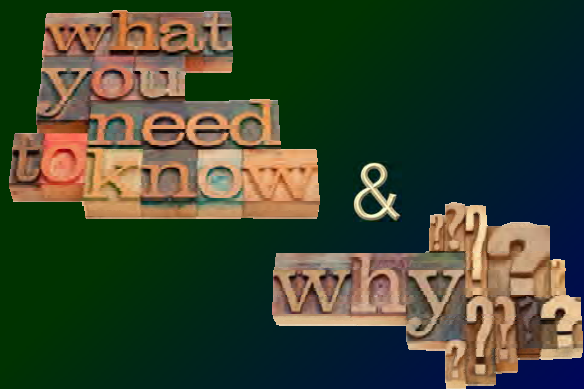
Support while they try new behaviors  
 Acquire confidence, competence



## Learning is Too Easy: Boredom

© Dr. Erica Warren

NWC EMSS Preceptor Course 130



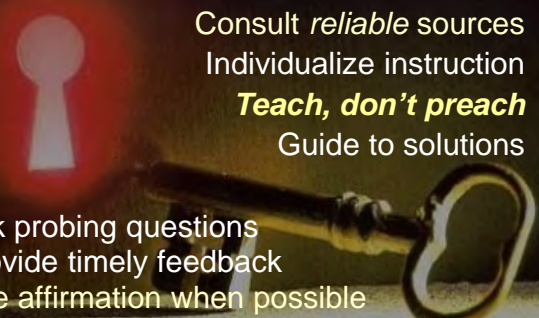
NWC EMSS Preceptor Course 131

Methods for  
 planning a learning  
 experience

NWC EMSS Preceptor Course 132



## Keys to success



- Discuss goals for each shift
- Consult *reliable* sources
- Individualize instruction
- Teach, don't preach**
- Guide to solutions

Ask probing questions  
 Provide timely feedback  
 Use affirmation when possible

NWC EMSS Preceptor Course 133

## 6 Facets of Understanding

When we truly understand, we...

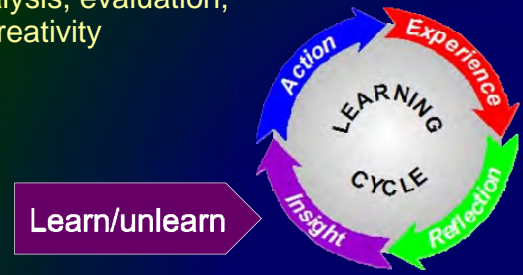
- Can explain (provide examples)
- Can interpret (reach accurate conclusions)
- Can apply (use information in real contexts)
- Have perspective (see through critical eyes)
- Can empathize (walk in another's shoes)
- Have self-knowledge (know what we don't know, reflect on meaning of learning and experience)

<http://www.slideshare.net/mfijor/understanding-by-design-and-tech-integration>

NWC EMSS Preceptor Course 134

Discuss cases that require critical thinking and problem-solving


Create need for reflection, application, analysis, evaluation, & creativity



NWC EMSS Preceptor Course 135

## We learn by doing, not watching!

Have them perform assessments, interpret data, determine priorities; perform skills *with your supervision* unless immediate interventions required



They call must call OLMC; complete PCR's

NWC EMSS Preceptor Course 136

Northwest Community EMS System		<b>POLICY MANUAL</b>	
Policy Title: EMS Staffing Requirements during Conventional, Contingent, and Crisis operations; EMT-EMR staffing waiver		No. 9-3	
Board approval:	Effective: 2-1-22	Supersedes: 3/27/20	Page: 1 of 8

**Requirements while operating under Conventional capacity; Personnel and staffing**

- It is assumed through this section that the spaces, staff, and supplies used are consistent with usual and customary daily practices within the System fully meeting all laws, rules, guidelines, policies and procedures.
- Each EMS provider agency that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care

### Who can sign the PCR?

- Depends on staffing requirement for call
- 2 licensed PMs if a critical, emergent, or unstable patient
- Student can sign as an EMT

NWC EMSS Preceptor Course 137

## Check PCR for completeness, appropriate use of terms, abbreviations, & spelling before co-signing



NWC EMSS Preceptor Course 138

Poor: "A 60 year old pt is c/o of severe abdominal pain. The pain is located in the center of the abdomen causing him extreme discomfort."

Better: "A 60 y/o pt is c/o severe midline abdominal pain proximal to the navel radiating to the back rated 9 out of 10. The pain is described as sharp & stabbing starting abruptly 15 min ago while resting. Abdomen has generalized guarding but no rigidity to light palpation in either upper quadrant."


www.clinicalonco.com/topics/patient-care/cardiovascular-disease/abdominal-arteric-aneurysm-gene-variants-could-help-identify-at-risk-individuals/

NWC EMSS Preceptor Course 139

## Strategies for evaluating performance and giving feedback

NWC EMSS Preceptor Course 140

### Providing feedback



Evaluate against standards, not your opinions  
Determine issues that may impact performance  
Eliminate barriers to communication  
Be discrete; praise in public; correct in private

https://www.talkbass.com/threads/stalin-and-waldorf-quotes.1069872/


NWC EMSS Preceptor Course 141

### One minute preceptor framework

**Step 1: Get a commitment**

"What do you think is going on with this patient?"  
"What other problems should you consider?"  
"What assessments are needed?"  
"What do you think we should do?"

Gain insight into student's reasoning




NWC EMSS Preceptor Course 142

### Step 2: Probe for supporting evidence

"What factors support your conclusions? Which do not?"  
"Why choose that particular intervention?"  
"Why do X now?"

Observe critical reasoning; coach student to improve



NWC EMSS Preceptor Course 143

### Coaching strategies



Actively listen; reflect, paraphrase  
Avoid saying, "Here is how I do it."

NWC EMSS Preceptor Course 144



### Step 3: Reinforce what was done well

Student may not know what they've done well

Acknowledge accomplishments

Be specific

Reinforces behaviors you want repeated



NWC EMSS Preceptor Course 145

### Provide praise

Don't assume excellence is expected so praise is unnecessary

Creating and maintaining new behavior requires praise

Praise, like criticism, should be well timed, well targeted and well said



NWC EMSS Preceptor Course 146

### Reinforce what was done well

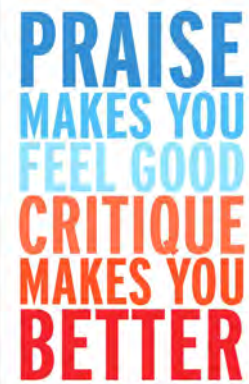
"The diagnosis of probable pneumonia was well supported by your history and physical exam. You integrated them well in reaching the correct field impression."

"Your radio call-in was well organized. You clearly stated the chief complaint, Hx and PE findings as well as our interventions and ETA. Strong work!"

NWC EMSS Preceptor Course 147

### Evaluation and feedback

Well timed, targeted and said can inspire growth and offer relief from confusion



NWC EMSS Preceptor Course 148

### 4. Corrective coaching

Share thoughts and feelings appropriately, **address behavior**

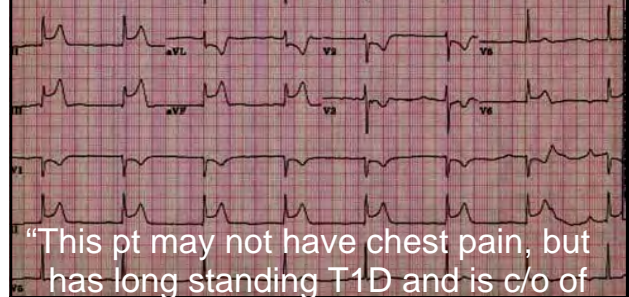
*Judge the person, and you risk relationship*

*Judge the behavior, and you take the bite out of criticism*



NWC EMSS Preceptor Course 149

### Feedback re: errors & omissions

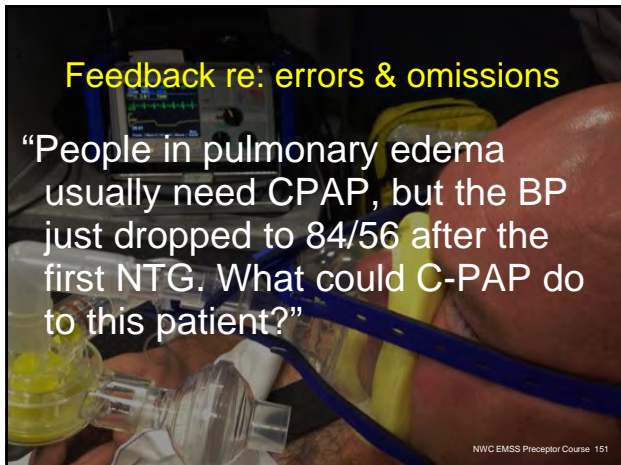


"This pt may not have chest pain, but has long standing T1D and is c/o of severe weakness and dyspnea. Why is a 12-L ECG needed?"

NWC EMSS Preceptor Course 150

**Feedback re: errors & omissions**

“People in pulmonary edema usually need CPAP, but the BP just dropped to 84/56 after the first NTG. What could C-PAP do to this patient?”



NWC EMSS Preceptor Course 151

**Why crucial?**

If withheld, student believes they are performing OK

Depth and resiliency needed to tackle critical or sensitive issues will be lacking



NWC EMSS Preceptor Course 152


**Must be timely**

Deliver corrective coaching shortly after error

Longer wait = less effective

Be fair; don't drop a bomb and run off

Give student chance to process & respond




NWC EMSS Preceptor Course 153

**Timely feedback helps you too**

Failure to confront problems as they arise → capped volcano of emotions

Small frustrations → aggressive behavior & eruption of pent-up criticism

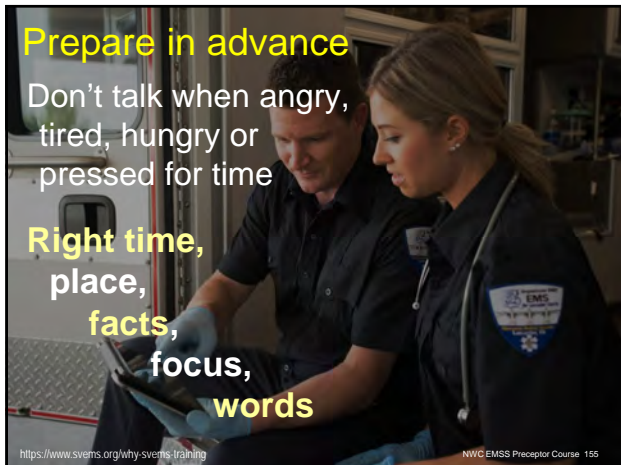


NWC EMSS Preceptor Course 154

**Prepare in advance**

Don't talk when angry, tired, hungry or pressed for time

**Right time, place, facts, focus, words**




<https://www.svens.org/why-svens-training>

NWC EMSS Preceptor Course 155

**Student's preparation**

Assess readiness to receive information  
“Is now a good time to talk?”




NWC EMSS Preceptor Course 156



### Pace feedback

"What's the most important point right now?"



Giving too much feedback at once, is like taking a drink from a fire hydrant

NWC EMSS Preceptor Course 157

### Elements of personal communication

55% body language  
38% tone of voice  
7% spoken words


Why e-mail messages are often misinterpreted...



NWC EMSS Preceptor Course 158

If badly timed or said, student will be too over-whelmed to hear the message even if coaching is valid

They keep a safe distance and all future praise will be received with suspicion




NWC EMSS Preceptor Course 159

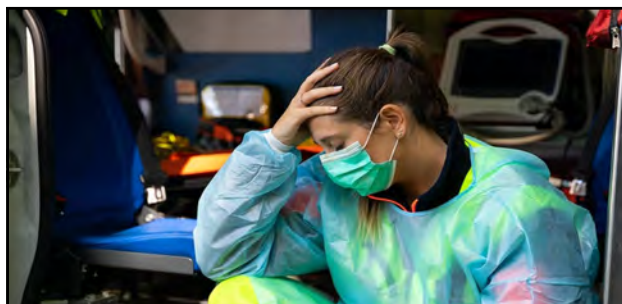
### Non-cognitive factors in education

Students must reframe failure as a learning experience rather than a label; and learn from their failures

Must learn metacognition (learn how to learn) and develop self-awareness; discover how they best take in, process, retain, retrieve and use information on the road to proficiency



NWC EMSS Preceptor Course 160




A word of encouragement during a failure is worth more than an hour of praise after success.

NWC EMSS Preceptor Course 161

**+** What worked well?  
**▲** What would be a better approach?

What change in technique would be more successful?  
What could we do better as a team next time?  
What changes are needed to meet goals?



NWC EMSS Preceptor Course 162

### 5. Teach a general principle

Risk factors: HTN, Smoking, Diabetes, Cholesterol high, Age, MI/HF

Lead Placement:  
 V1: 1<sup>st</sup> ICS - R of sternum  
 V2: 2<sup>nd</sup> ICS - L of sternum  
 V3: Midway between V2 & V4  
 V4: 4<sup>th</sup> ICS - Midclavicular line  
 V5: Anterior axillary line level w/ V4  
 V6: Midaxillary line level w/ V4

ECG Diagrams: TP (T-wave inversion), ISCHEMIA (ST depression), TALL CHANGES (T-wave inversion), T-wave elevation, ST depression (borderline response changed), BLURRY (ST elevation (STEMI)), INFARCTION (Q waves (none of QRS)), (T=0.54 sec/50 sec = 22% height QRS)

Leads w/ Changes & Infarct Locations

Lead	V1	V2	V3	V4	V5	V6
MI	Inferior	Anterior	Lateral	Lateral	Lateral	Lateral
MI	Inferior	Anterior	Lateral	Lateral	Lateral	Lateral

WVF ASSURANCE: COUNT BEATS FOR 60 SECONDS. Maximum QT intervals based on heart rate

HR (b/min)	RR Interval (sec)	Upper limits normal QT (sec)	HR (b/min)	RR Interval (sec)	Upper limits normal QT (sec)
Decreasing	Increasing	Men: 0.4, Women: 0.35	Decreasing	Increasing	Men: 0.36, Women: 0.31
150	0.4	0.35	75	0.8	0.36
120	0.5	0.35	71	0.85	0.37

**"If you don't remember typical 12-lead ECG changes, where can you find quick reminders?"**

NWC EMSS Preceptor Course 163

### 6. Conclusion of teaching encounter

Reclarify roles and expectations to facilitate further learning

"I'll restock the ambulance while you finish the PCR. Come and get me when you are done so I can go over it with you before it is checked for validation and uploaded."

NWC EMSS Preceptor Course 164

### Intervene early

If a student struggles, don't let them fall behind

Contact PEMSC & HEMSC/E; design PIP

Northwest Community Healthcare Paramedic Program  
 Performance Improvement Plan - 2024

Student name: \_\_\_\_\_ EMS Agency: \_\_\_\_\_

Standards of Performance Reviewed:

Accountability	Adhering to policies	Professionalism
Appearance & personal hygiene	Attendance	Self-education
Assessment (patient, situation)	Knowledge	Self-awareness
Communication (verbal, written)	Problem-solving, critical thinking	Team leadership
Communication (verbal, written)	Planning	Task-oriented problem-solving
Critical thinking	Prevention & mitigation	Time management/attention span
Empathy	Professionalism/competence	Teamwork & collaboration

Performance findings and action plan

There are areas of your practice/performance in which improvement/change is required to fully meet program objectives.

NWC EMSS Preceptor Course 165

### How should you deal with outliers?

NWC EMSS Preceptor Course 166

### Student 1

26 y/o f is riding with your agency

She tries to fit in but is sometimes better able to dish it out than take it.

Her skills are marginal but safe, but she dissolves into tears when she is teased and the crew members are not happy with her being there.

**Action needed?**

NWC EMSS Preceptor Course 167

### Student 2

27 y/o is preparing for medical school. He is brilliant and frequently challenges what he believes is incorrect or inconsistent with what he read or was taught in class.

He sometimes borders on crossing the line between disrespect and asking a heart-felt question.

**What's the best approach to this student?**

NWC EMSS Preceptor Course 168



### Student 3

A 24 y/o has been an EMT for 4 years. He is very quiet and usually stands in the background at every call. He must be told to do any ALS assessments or interventions, but performs competently when prompted.

*How should you coach this student?*

### Student 4

32 y/o is forced to attend class for his job and is not happy about being here. He has a great deal of confidence and a take charge attitude, but instincts are not always correct and some skill techniques are marginal.

He becomes very defensive when you attempt to provide feedback.

*How should you coach this student?*

### Student 5

25 y/o male has been late 3 times and has called off twice. Talks a good game, but seems to have significant knowledge gaps. He has a part-time job at an area hospital and does not follow through on paperwork as directed.

When confronted about his behavior he makes multiple excuses. It's 4 weeks into the internship and he is not meeting the affective objectives.

*What is the best approach with this student?*

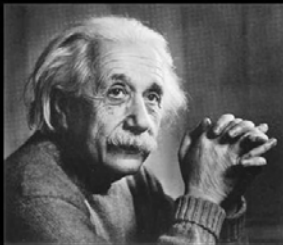
### Student 6

28 y/o is strongly motivated to become a PM.

He is first out to the ambulance, volunteers to assist with cooking, housework, and is very respectful of agency members.

He has minimal recall of class concepts and gets ECG rhythms totally confused. When asked what fentanyl is, he stares at you blankly.

*What is the best approach with this student?*



“The world will not be destroyed by those who do evil, but by those who watch them without doing anything.” – Albert Einstein  
**Do not pass a student until they have earned the title, paramedic!**

## Outcomes & Recommendations

### Signatures

Student NAME/signature \_\_\_\_\_ Preceptor NAME/signature \_\_\_\_\_

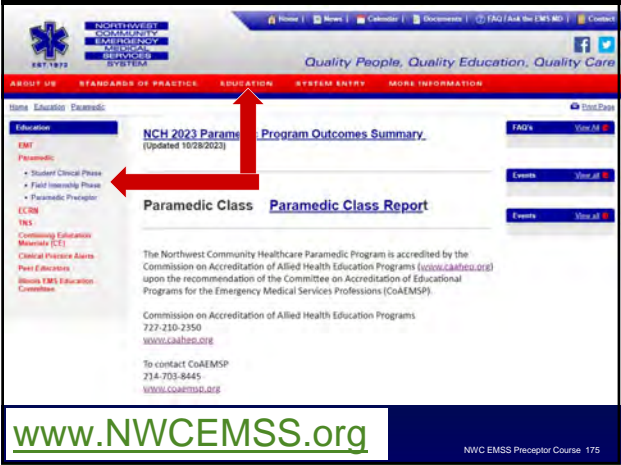
Hospital EMS/Educator signature \_\_\_\_\_ Provider EMS NAME/signature \_\_\_\_\_

Date \_\_\_\_\_

**Recommendation:**  Field Capstone (Phase 2) complete; all objectives met  
 Retain in Phase 2 (attach Performance Improvement Plan)  
 Terminate the internship; obj. not met; hosting agreement withdrawn (attach documentation)

**Level of recommendation:**  
 We attest that the student has successfully completed all CAPSTONE objectives and has demonstrated their ability to perform as a minimally competent, entry-level, Paramedic in the cognitive, psychomotor, and affective learning domains with conceptual, technical, contextual, integrative and adaptive competence.  
 The student has not achieved the CAPSTONE objectives.  Hosting privileges withdrawn (attach documentation)

Student name	Agency
NAME/signature/preceptor	NAME/signature/EMS/EC
Date	Date
Signature of HEMSE/EC	Signature EMS/EC
Date	Date



“Cooperation is **working together** for the good of all. It is the willingness to stand side by side and use the different gifts each of us have to offer. We seek **common goals** in service of a **unified vision**. We blend our abilities to create something none of us could achieve alone. Conflict and contention drain us. **Cooperation can fuel our dreams**. With cooperation, we help another to share the load. We willingly do tasks that others ask of us. We look for ways to be helpful and ask for help when we need it. We do not isolate or harbor our loneliness. **Together, we accomplish greater things.”**

- The Virtues Project



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[Vtoliopoulos@nch.org](mailto:Vtoliopoulos@nch.org)

[www.nwcemss.org](http://www.nwcemss.org)

*Questions?  
 Comments?  
 Suggestions?  
 Send an e-mail)*

The image shows a quill pen and an inkwell on a wooden surface. The quill is lying horizontally, and the inkwell is partially filled with dark ink.