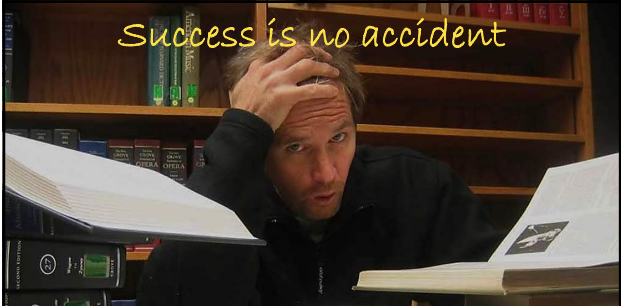


NWC EMSS Preceptor Education 2023

Connie J. Mattera
Paramedic Program Director


Worth 1000.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

Agenda



- Environment driving change in education & practice
- Professional role and academic curriculum, accreditations, domains of learning; competencies
- General course and Field experience objectives
- Sequencing; paperwork
- Preceptor roles and responsibilities
- Adult learners and brain-based learning theory
- Individualizing instruction; One Minute Preceptor
- Strategies for evaluating performance and giving feedback; Plus/delta approach

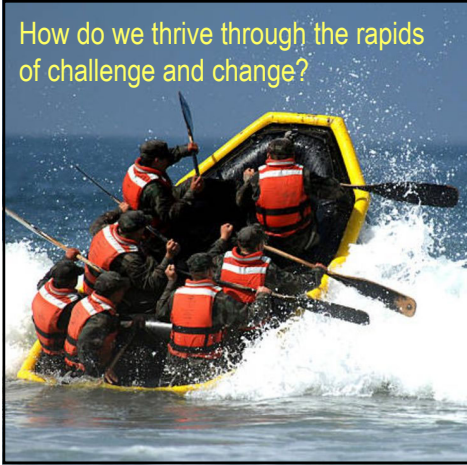


Deep roots and growth mindset

We've got deep roots embedded in excellence and anchored in the bedrock of empowered and engaged members and compassion for each other and those we serve

What sets us apart?





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

TEAMWORK



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

Innovations in EMS Education Abstracts 2022

Pages 164-172 | Received 24 Sep 2021, Accepted 27 Sep 2021, Accepted author version posted online: 01 Dec 2021, Published online: 01 Dec 2021

2023 HEALTH CARE WORKFORCE SCAN EXECUTIVE SUMMARY

The American Hospital Association 2023 Health Care Workforce Scan Executive Summary is a critical resource for the EMS community. It provides a comprehensive overview of the current state of the health care workforce and offers insights into the challenges and opportunities facing the industry. The scan is based on a survey of over 1,000 health care professionals and is designed to help organizations and policymakers make informed decisions about the future of the workforce.

Setting our course

ADVOCACY AGENDA 2023

2023 EMS PREDICTIONS

Going into 2023, the impact of COVID-19 still looms, but how the profession of "emergency" may be changed. Our EMS experts consulted the trends we believe are the most important to watch this year.

Accompanying each trend is a recommended set of actions you can take to help ensure success in 2023.

eso

We research the standards...

Progress on Evidence-Based Guidelines For Prehospital Emergency Care

Third Edition
FOUNDATIONS OF EDUCATION
AN EMS APPROACH

HIGHLIGHTS
of the 2020 AMERICAN HEART ASSOCIATION GUIDELINES FOR CPR AND ECC

2021 NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS

NASEMSO National Model EMS Clinical Guidelines

August 2021 VERSION 3.0

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

EMS AGENDA 2050

A People-Centered Vision

ADAPTABLE AND INNOVATIVE
Technologies, system designs, educational programs and other aspects of EMS systems are continuously evaluated in order to meet the evolving needs of people and communities. Innovations are encouraged to test ideas in a safe and systematic way and implement effective new programs.

INHERENTLY SAFE AND EFFECTIVE
The entire EMS system is designed to be inherently safe in order to maximize the safety of people in need of care. Decisions are made with the safety of patients, their families, communities and the public as a priority. Clinical care and operations are based on the best available evidence, allowing systems to deliver effective care that improves outcomes determined by the entire receiving care.

SUSTAINABLE AND EFFICIENT
EMS systems across the country have been reexamined to ensure they are resilient, sustainable, and efficient. EMS systems provide value to the community, maintain waste and operate with transparency and accountability.

INTEGRATED AND SEAMLESS
Healthcare systems, including EMS, are fully integrated with community partners, including public health, social services and public works. Communication and coordination across the care continuum are essential, leaving people with a feeling that one system, comprising many integrated parts, is caring for them and their families.

SOCIALLY EQUITABLE
Access to care, quality of care and outcomes are not determined by age, socioeconomic status, gender, ethnicity, geography or other social determinants. Caregivers feel confident and prepared when caring for children, people who speak different languages, people with disabilities or other populations that they may not interact with frequently.

RELIABLE AND PREPARED
EMS care is consistent, compassionate and guided by evidence—no matter where or when it is needed or when providing the care. EMS systems are prepared for anything by being available and able to respond to fluctuations in demand, as well as to major events, both planned and unplanned.

	EMS	EMT (BLS)	Paramedic (BLS + ALS)
Monitoring	• Blood glucose, oxygen, pulse, airway, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Blood glucose, oxygen, pulse, airway, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Blood glucose, oxygen, pulse, airway, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response
Assessment/ventilation management	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response
Circulation/ventilation management	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response
Psychomotor skills	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response
Pharmacology	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response	• Full range of ventilation management, ECG, level of consciousness, pupal response, ECG, level of consciousness, pupal response

Increased scope for EMRs & EMTs

Use all team members to top of license

2022 SOPs were updated to reflect Ntl. & State Scope of Practice models

Revised Education Standards:

- Content areas to teach
- Depth and breadth for each level of practitioner

Table 2: Format of National EMS Education Standards

	EMR	EMT	AEMT	Paramedic
Content Area	Competency	Competency	Competency	Competency
Elaboration of Knowledge	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency
	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments
	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure

	EMR	EMT	AEMT	Paramedic
Assessment	History Taking (include age-related variations in pediatric and geriatric patients) <ul style="list-style-type: none">Determining the chief complaint (S.S)Mechanism of injury/nature of illness (S.S)Associated signs and symptoms (S.S)	History Taking <ul style="list-style-type: none">Investigation of the chief complaint (F.F)Mechanism of injury/nature of illness (F.F)Associated signs and symptoms (F.F)Past medical history (F.F)Pertinent negatives (F.F)	History Taking <ul style="list-style-type: none">Investigation of the chief complaint (F.F)Mechanism of injury/nature of illness (F.F)Associated signs and symptoms (F.F)Past medical history (F.F)Pertinent negatives (F.F)	History Taking <ul style="list-style-type: none">Investigation of the chief complaint (C.C)Mechanism of injury/nature of illness (C.C)Associated signs and symptoms (C.C)Past medical history (C.C)Pertinent negatives (C.C)Interviewing techniques (C.C)Therapeutic communication and adaptive interview techniques (C.C)
	Secondary Assessment (include age-related variations in pediatric and geriatric patients) <ul style="list-style-type: none">Assessment of vital signs (S.S)Assessment of pain (S.S)Performing a rapid full body scan (S.S)	Secondary Assessment <ul style="list-style-type: none">Assessment of vital signs (F.F)Assessment of pain (F.F)Techniques of physical examination (F.F)<ul style="list-style-type: none">Respiratory system including breath sound qualityCardiovascular systemNeurological systemMusculoskeletal systemMajor anatomical regions	Secondary Assessment <ul style="list-style-type: none">Assessment of vital signs (C.F)Assessment of pain (C.F)Techniques of physical examination (C.F)<ul style="list-style-type: none">Respiratory system including breath sound qualityCardiovascular systemNeurological systemMusculoskeletal systemMajor anatomical regions	Secondary Assessment <ul style="list-style-type: none">Assessment of vital signs (C.C)Assessment of pain (C.C)Techniques of physical examination (C.C)<ul style="list-style-type: none">Respiratory system including breath sound qualityCardiovascular systemNeurological systemMusculoskeletal systemMajor anatomical regions
	Monitoring Devices <ul style="list-style-type: none">No knowledge related to this competency is applicable at this level.	Monitoring Devices <ul style="list-style-type: none">Pulse oximetry (S.S)Non-invasive blood pressure (S.S)Cardiac monitoring – 12 lead ECG acquisition and transmission (S.S)Blood glucose determination (S.S)	Monitoring Devices <ul style="list-style-type: none">Pulse oximetry (S.S)Non-invasive blood pressure (S.S)Cardiac monitoring – 12 lead ECG acquisition and transmission (S.S)Blood glucose determination (S.S)End tidal CO₂ monitoring and interpretation of waveform capnography (S.S)Venous blood sampling (S.S)	Monitoring Devices <ul style="list-style-type: none">Pulse oximetry (S.S)Non-invasive blood pressure (S.S)Cardiac monitoring – 12 lead ECG acquisition and transmission (F.F)Blood glucose determination (S.S)End tidal CO₂ monitoring and interpretation of waveform capnography (F.F)Venous blood sampling (S.S)12-lead ECG interpretation (F.F)Blood chemistry analysis (F.F)
	Reassessment (include age-related variations in pediatric and geriatric patients) <ul style="list-style-type: none">How and when to reassess patients (S.S)	Reassessment <ul style="list-style-type: none">How and when to reassess patients (F.F)	Reassessment <ul style="list-style-type: none">How and when to reassess patients (F.F)	Reassessment <ul style="list-style-type: none">How and when to reassess patients (C.C)

System planning:

Our plan is crafted by System members through shared leadership committees and is approved by System leaders

STRATEGIC PLAN
2021-2024
2022 Edition

Prepared by:
Connie J. Mattera, MS, RN, PM
EMS Administrative Director

Approved by:
Matthew T. Jordan, MD, FACEP
EMS Medical Director

EMS System Advisory Board:
Chiefs/Administrators:

Why do we exist?

MISSION STATEMENT

The NWC EMSS exists to provide quality emergency education and care to those we serve.

Every person. Every time.

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.

Vision

System initiatives are collaborative endeavors planned, organized, implemented, and evaluated by multidisciplinary teams of system members

Vision



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

Core values set our compass



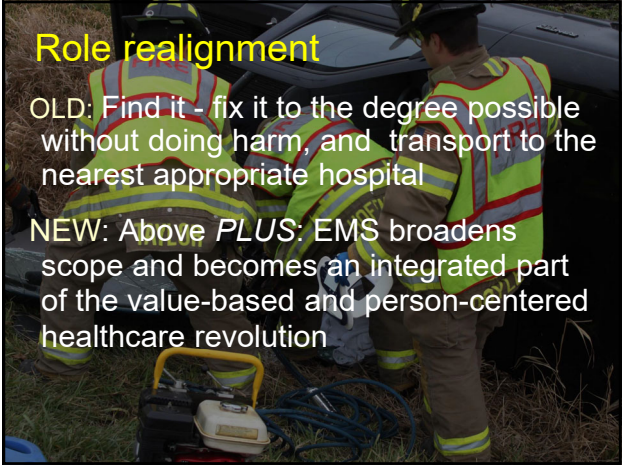
Integrity
Compassion; Commitment; Citizenship
Accountability; Advancing knowledge
Respect and Collaboration
Excellence
Justice

EMS roles are evolving



Advances in technology, costs, reimbursement, value-based care, need for integration, trends in pt populations, and mass vaccinations are rapidly driving change

Role realignment



OLD: Find it - fix it to the degree possible without doing harm, and transport to the nearest appropriate hospital
NEW: Above PLUS: EMS broadens scope and becomes an integrated part of the value-based and person-centered healthcare revolution

Professional role of a paramedic

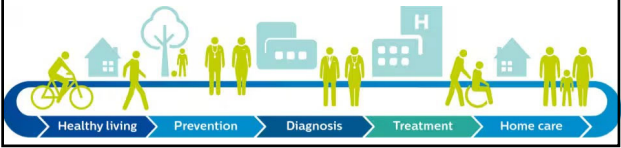
The paramedic is a health professional whose primary focus is to respond to, assess and triage emergent, urgent and non-urgent requests for medical care; apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs; administer medications, 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:

- 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 health care.



Healthy living Prevention Diagnosis Treatment Home care

What does this add up to?



More **HOME** Less **HOSPITAL**

Paramedics are key links to bridge hospital and out-of-hospital care transitions



What is Mobile Integrated Healthcare?

Provide the **right care**, in the **right place**, at the **right time** based on **patient needs & choice**, and at the **right cost** using Community Paramedics (CPs) in partnership with hospitals and PCPs



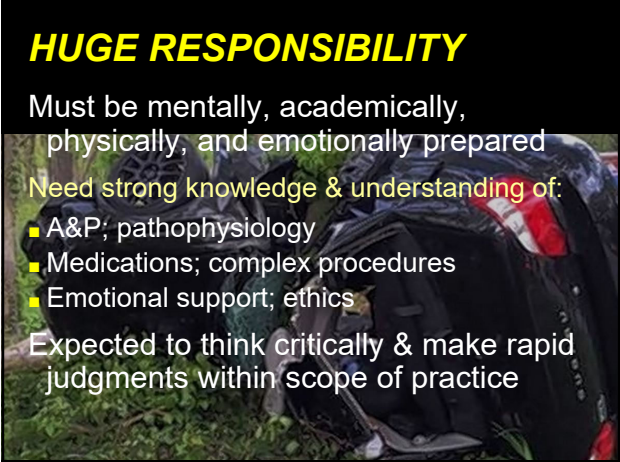
HUGE RESPONSIBILITY

Must be mentally, academically, physically, and emotionally prepared

Need strong knowledge & understanding of:

- A&P; pathophysiology
- Medications; complex procedures
- Emotional support; ethics

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



So, is our goal to **INFORM** or **TRANSFORM?**





Under duress

We do not rise to our **expectations**
We fall to the level of our preparation & **training**

Our program of instruction;
accreditations;
outcome points of education;
domains of learning;
critical thinker traits;
General course objectives




Affiliated with Harper College

Dual enrollment; taught at NCH; Harper credits
Certificate courses (39 credits); AAS degree



Academic curriculum		Credit hours
EMS 110	EMT Education	9
Paramedic CERTIFICATE Program		
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 Internship	4
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3
Total PM Certificate hours		39

Program schedule in weeks



high speed learning...

Weeks 1-2:	Classroom only
Weeks 3-21:	Class/clinical integrated
Weeks 22-33:	3-5-23 Field internship (if ready)
Weeks 34-38:	Paramedic seminar
Graduation!	June 14, 2023

In addition to EMT and PM certificates:
Required courses for Assoc. in Applied Science (AAS):

■ 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

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



The Joint Commission



Higher Learning Commission
North Central Association



Commission on Accreditation
of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the Council on Accreditation of Educational Programs for the Emergency Medical Services Education (CAAEPE), accredits the following program:

Emergency Medical Services - Paramedic
Northwest Community Healthcare
Arlington Heights, IL

CAAEPE is an Accredited Provider of the Commission on Accreditation of Educational Programs for the Emergency Medical Services Education (CAAEPE) for the following program:

Signature *Signature*
Cynthia (TODD) KELLEY, MSW, CAAEP President, CAAEP Thomas D. Boudreau II, MSW, MPH, CAAEP Chair, CAAEP


Credible education is accredited



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH. IMPROVING LIVES

CoAEMSP Interpretations of the CAAHEP Standards and Guidelines [¶] For the Accreditation of Educational Programs in the EMS Profession [¶]	
Evaluation of the clinical and field internship sites should be done by the program. They should ensure, through tracking (Standard III.C.2) that the clinical and field internship sites provide the minimum requirements for competency (See II.C and IV.A.1.) [¶]	
CoA Standards	Interpretations
Standard III.A.2. Hospital/Clinical Affiliations and 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/internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; airway management to include endotracheal intubation; obstetrics to include obstetric patients with delivery and neonatal assessment and care; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies. [¶]	The program must set and require minimum competency numbers of patient contacts for each listed category. Those minimum numbers must be approved by the Medical Director and endorsed by the Advisory Committee with documentation of those actions. The tracking documentation must then show those minimums and that each student has met them. There must be periodic evaluation that the established minimums are adequate to achieve competency. No minimum number can be fewer than two (2), including each pediatric age subgroup. Two patient encounters in each pediatric subgroup must be live and cannot be achieved through simulation. [¶] The objectives must clearly state the intent of the rotation and outcomes required. While the specific units/rooms may provide the types of patients to meet the objectives, there are likely other locations and creative activities that can provide the necessary type of patient encounters. [¶] In order for an interfacility transfer to be documented as a patient contact in the field experience or the capstone field internship, the patient must be transferred to a higher level of care requiring assessment and may require emergency care. [¶]
Standard III.A.1. Program Resources[¶] Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clinical and support staff; curriculum; finances; offices; classroom; laboratory; and ancillary student facilities; clinical affiliates.	1) As part of the administration, organization, and supervision of the program, the Program Director must ensure that there is preceptor orientation training. [¶] The training/orientation must include the following topics: [¶] • Purposes of the student rotation (minimum competencies, skills, and behaviors) [¶] • Evaluation tools used by the program [¶]

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

Outcome points for EMS Education:

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

NCH Paramedic Program OUTCOMES SUMMARY

Northwest Community Healthcare

Part of NorthShore

	2023	2022	2021	2020	2019	2018	2017	Threshold
Enrollment	24	24	18	30	30	30	30	20-24
Graduates	28	17	22	28	27**	28	28	20-17
Attrition	17%	6%	25.0%**	7%	10%*	7%	7%	<10%
Retention	83%	84%	73.3%	83.3%	90%	83.3%	87.0%	
Continued Positive placement	14/17	21/22	21/22	25/27	25/27	28/28	28/28	70%
NREMT written: % of grads attempting	100%	100%	100%	100%	100%	100%	100%	
NREMT written: Pass rate	100%	100%	100%	100%	100%	100%	100%	
NREMT practical: Pass rate	100%	100%	100%	100%	100%	100%	100%	
Comprehensive final written: % of grads attempting	100%	100%	100%	100%	100%	100%	100%	
Comprehensive final written: Pass rate	100%	100%	100%	100%	100%	100%	100%	
State exam written: % of grads attempting	NA	NA	NA	NA	NA	NA	NA	
State exam written: Pass rate	NA	NA	NA	NA	NA	NA	NA	
State exam practical: % of grads attempting	NA	NA	NA	NA	NA	NA	NA	
State exam practical: Pass rate	NA	NA	NA	NA	NA	NA	NA	
Employer survey % returned	100%	100%	100%	100%	100%	100%	100%	
Employer survey positive	100%	100%	100%	100%	100%	100%	100%	
Graduate survey positive	100%	100%	100%	100%	100%	100%	100%	
Graduate survey effective	100%	100%	100%	100%	100%	100%	100%	

Competencies to be achieved

Conceptual competence:
Ability to understand theoretical foundations of the profession
Measured through quizzes, exams, mind maps

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

EMS personnel must be fully competent in all procedures

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

Integrative competence

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

A photograph showing two paramedics in dark uniforms attending to a patient lying on a stretcher on a grassy field. A police officer in a high-visibility vest is standing nearby. The scene is outdoors with a chain-link fence in the background.

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

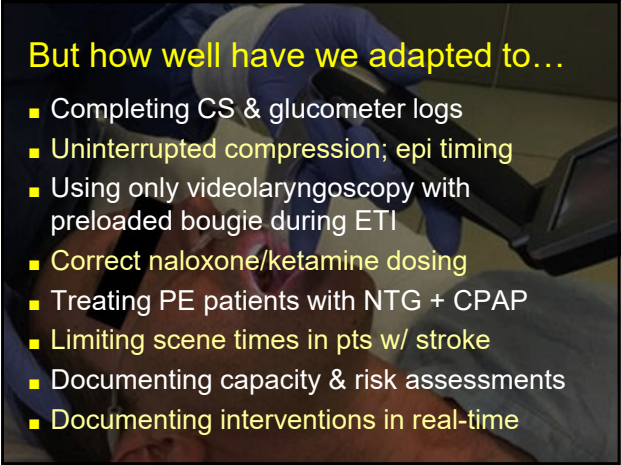
Challenge for us all due to constant pace of change

DISRUPTION


A dramatic, dark image of a volcano erupting with a large plume of smoke and a bright lightning bolt striking the sky. The word "DISRUPTION" is written in large, bold, white letters at the bottom.

But how well have we adapted to...

- Completing CS & glucometer logs
- Uninterrupted compression; epi timing
- Using only videolaryngoscopy with preloaded bougie during ETI
- Correct naloxone/ketamine dosing
- Treating PE patients with NTG + CPAP
- Limiting scene times in pts w/ stroke
- Documenting capacity & risk assessments
- Documenting interventions in real-time


A close-up, slightly blurred image of a person's face, possibly a patient or a paramedic, with a focus on the eye and nose area.

Failure to adapt can have some serious consequences!

A large, detailed model of a dinosaur skull, likely a Tyrannosaurus Rex, shown in profile. The skull is brown and has sharp teeth. The text "© BNPS.CO.UK" is visible at the bottom left.

Paramedic Class Report: F22-S23


- 24 enrolled; 1 moved; 1 withdrew
- No written warnings so far!
- Some academic concerns

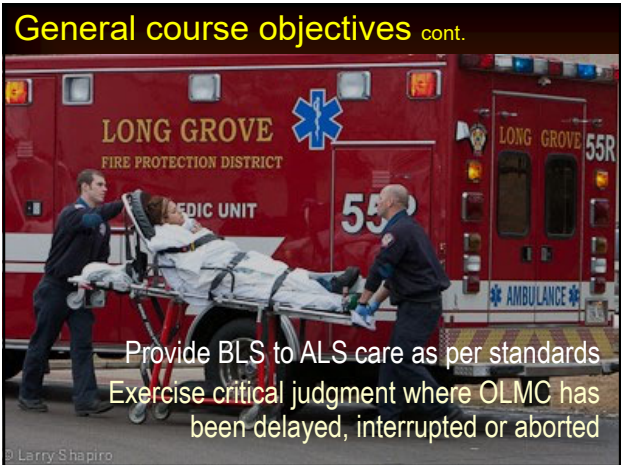
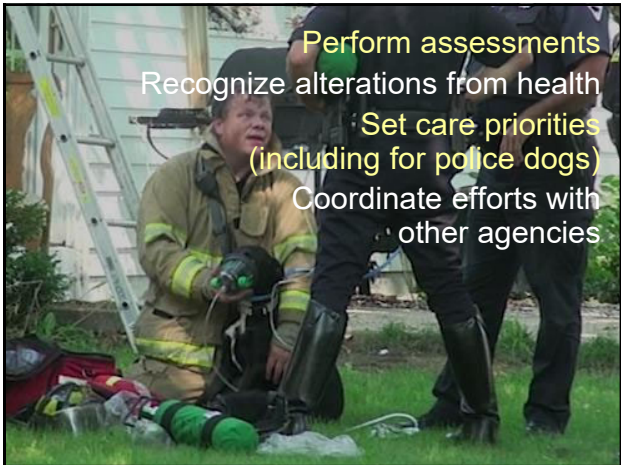
A photograph of three paramedics wearing blue protective suits, masks, and face shields. They are standing in a line, possibly in a clinical or training setting.

Bravo Mike Gentile, Bill Toliopoulos, Jen Dyer, Kourtney Chesney, lab, hospital & field preceptors!

General course objectives

Upon completion, graduates will demonstrate **safe entry level competency** in the following:
Assess scene safety and demonstrate effective situational awareness.

A photograph of three firefighters in full protective gear, including helmets and oxygen tanks, working at an emergency scene. They are near a dark-colored car. The text "©2014 Larry Shapiro" is visible at the bottom left.

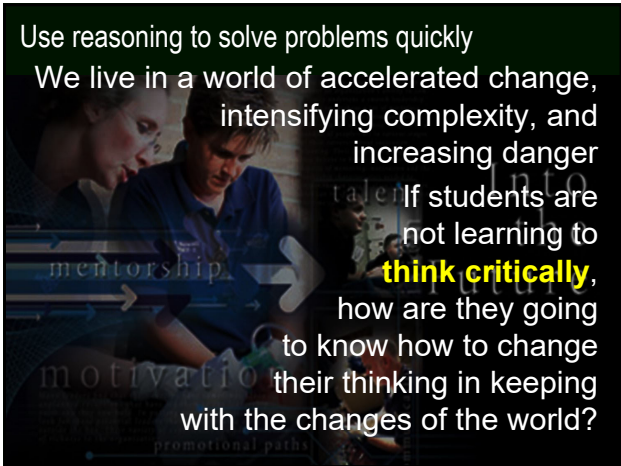




Handover report given in **00:30** seconds
Receiving RN calls, "EMS Time Out"

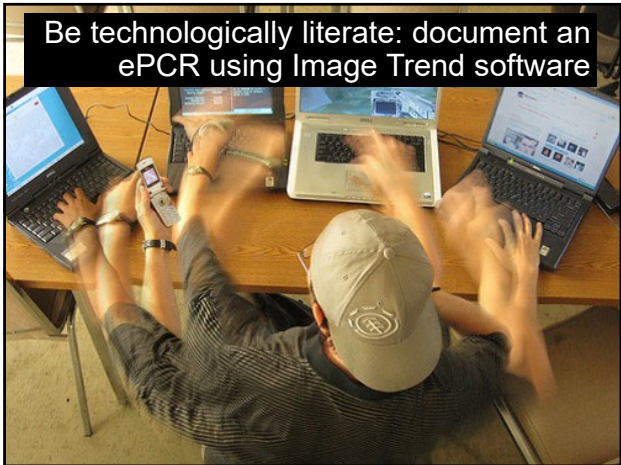
D	Demographics	Age, gender, name
M	Medical complaint	Chief complaint; HPI; PMH
I	Identified findings	Brief medical exam findings
S	Vital Signs	Significant changes; GCS, ECG, oximetry; glucose
T	Treatment	Tubes, lines (site & size), fluids, meds (response)

Obtain signature for pt transfer of care



Critical thinker traits

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





How do we build character?

- Habituation through practice
- Reflection on personal experience
- Engagement with virtuous exemplars
- Dialogue that increases virtue literacy
- Awareness of situational variables and biases
- Moral reminders
- Friendships of mutual accountability



Stages of Accountability

Denial

Blame (shift the burden)

Excuses

Anxiety

Accountability

What do I own?
Guide to independence and self-sufficiency

Value of Emotional Intelligence to students

Ability to perceive/understand and self-regulate own emotions

Improvement in non-verbal communication and listening skills

Pts must feel safe, secure, respected

Show sensitivity to those who are vulnerable


Ability to show empathy, consideration and care

Ethics in the internship

Must prominently wear student ID

Pt may refuse to allow a student to perform a procedure

Limit # of invasive ALS skill attempts made by students




Patient advocacy

Defend patient's rights

Place patient's needs first unless safety threat

Disagree without being disagreeable

Protect confidentiality (HIPAA)



EXEMPLARY	OPTIMISING	Living of all culture drivers Constant improvement mind-set
	SHARING	Spreading of lessons learnt Enhancement of organisational innovation
CONTRIBUTING	INVOLVING	Engaging and motivational input Visible good role modelling
	STANDARD	Ordinary behaviour Steady performance
COMPLIANCE	ERRORS	Slips and lapses Mistakes
	NEGLIGENCE	Sloppy and careless manners Inconsiderate conduct
CRITICAL	UNINTENDED VIOLATION	Lack of experience or knowledge Good faith though misinterpret conduct
	DELIBERATE VIOLATION	Poor and irresponsible safety attitude Personal optimisation or obstruction
RECKLESS		

How do we measure it?

Affective evaluations

Field Internship

Expectations

Sequencing

Forms and documents

Phase meetings



Prerequisites to start Field Internship

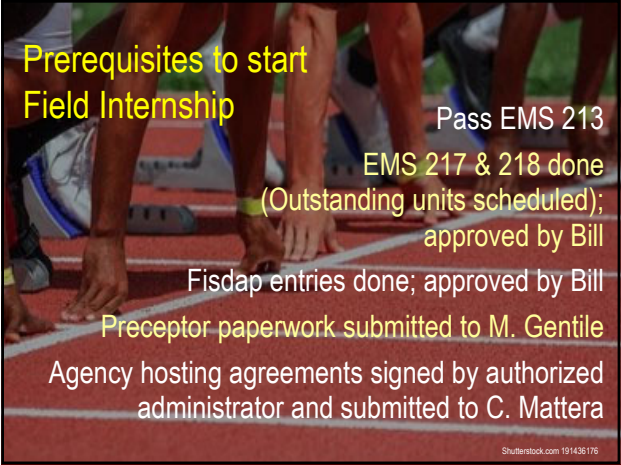
Pass EMS 213

EMS 217 & 218 done (Outstanding units scheduled); approved by Bill

Fisdap entries done; approved by Bill

Preceptor paperwork submitted to M. Gentile

Agency hosting agreements signed by authorized administrator and submitted to C. Mattera



FILE MESSAGE ACROBAT

Thu 03/10/2022 1:30 PM

Mattera, Connie

RE: [EXTERNAL] Anda Ciuca approved to begin field internship

To: 'Bagdade, Susan'; Chesney, Kourtney; 'a_ciuca1@mail.harpercollege.edu'

Anda Ciuca has met all the requirements to begin EMS 215 (field internship) effective immediately. The student is authorized to perform all ALS skills under the direct supervision of a System-approved preceptor. If not done already, please confirm with the student the date, time, and location to report for their first shift.

Our sincere thanks and appreciation to all who are participating in this critical next phase of paramedic education!

Connie J. Mattera, MS, RN, Paramedic
EMS Administrative Director and System Coordinator
Director, Reassociation Department
Director Mobile Integrated Healthcare
EMS Education Program Director, Harper College
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nch Northwest Community Healthcare
Part of **NorthShore**
Northwest Community EMS System
800 W. Central
EMS Offices 901 Behavioral Health Center
Arlington Heights, IL 60005
ANCC Magnet Designated Hospital for Nursing Excellence

How will you know they are released to start the internship?



Rules of engagement

ALS vehicle in NWC EMSS plan

Temporary ALS privileges, not a staffing substitute

ALS care must be given under direct observation and supervision

Practice enforced by preceptor

Fatigue dangerous to student; increases errors

Follow Federal, state employment/work laws/standards

Up to 24 hr shift – 8 hrs rest before next shift or 6 hrs sleep

Max 1/3 internship hrs on nights

High Consequence Infectious Disease Transport

Fatigue in EMS

Military to Civilian EMS Transition

Model EMS Clinical Guidelines

Prehospital Pain Management Evidence Based Guidelines

Testing Child Restraint Devices for Ambulances

Project Archive

COVID-19

This page contains hyperlinks to resources and documents to help

Developing Evidence Based Fatigue Risk Management Guidelines for Emergency Medical Services

Understanding the science behind sleep health and applying these principles to the EMS workforce is intended to help improve safety through fatigue risk management. This primary objective served to guide activities for a 5-year project awarded to NASEMSO by the National Highway Traffic Safety Administration (NHTSA). Partnerships with the University of Pittsburgh School of Medicine and the Institutes of Behavior Resources, Inc. resulted in evidence-based guidelines, infographics, a guidebook, manuscripts, and videos that are linked below. The project concludes in January 2022 with the launch of an EMS Fatigue Risk Analyzer. The following webinar highlights the project and the new webtool. Slides from the January 5, 2022 presentation are also available here.



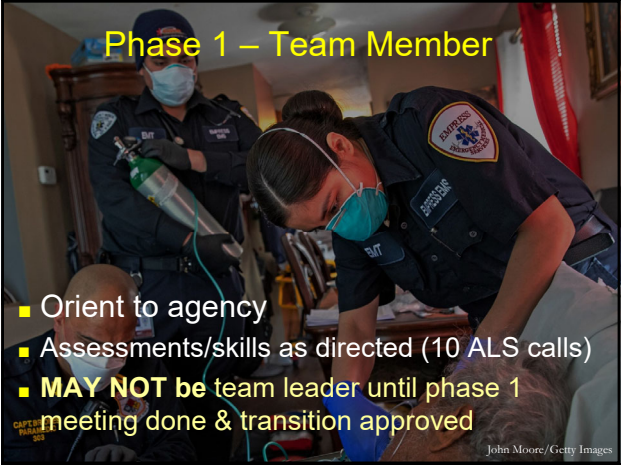
Reporting for duty



Sailing ships into the future

Field Internship

Membership - Leadership



Phase 1 – Team Member

- Orient to agency
- Assessments/skills as directed (10 ALS calls)
- **MAY NOT be** team leader until phase 1 meeting done & transition approved



Phase 2: Capstone - Team Leader

Work with others to achieve goals

Crucial part of internship – Defined by CoA

Put team success above own interests

Respect all team members

A small, light-colored dog, possibly a Chihuahua, is shown from the chest up. It is wearing large, dark-rimmed glasses. The dog is holding a yellow pencil horizontally in its mouth, with its teeth gripping the middle of the pencil. The dog's eyes are looking directly at the camera. The background is a solid, bright red.

A close-up photograph of two soldiers in camouflage uniforms and helmets. The soldier on the left is looking up at the soldier on the right, who is holding a small orange object near his face. The background is slightly blurred, showing what appears to be an indoor setting with shelves.

Each call
on Pathophys,
, EMS care
so you can explain
formatics with standards,
rate documentation

Date _____

☐ Employer Survey completed as of: _____

☐ Graduate Survey completed as of: _____

Goal: Done with EMS 215 by May 19, 2023

JUNE 2023						
SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	Final written	
11	12	13	14	15	16	17
18	19	20	21	22	NR Practical exam	
25	26	27	28	29	30	1

Holidays and Observances: 14: Flag Day, 18: Father's Day, 19: Juneteenth



So, where do you come from?

“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 makes plans or content explicit enough so that all (learners) are on the journey!”

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

What is your job?

- Servant leader
- Champion of excellence
- Educator / teacher
- Coach / encourager
- Socializer / protector
- Evaluator / advocate
- Change agent

Coach model

- Attributes of an effective coach
- Strategies and tools for effective coaching
- Challenge/encourage
- Conflict resolution
- Reflective strategies
- Role-modeling desired practice

Rigorous

Inspiring

Caring

Present

Because of your presence...

- Students understand System expectations
- Patients are safeguarded
- You can **NEVER** condone sub-standard performance

What's wrong here?

Characteristics of an effective preceptor

- Desire to be a supporter / teacher
- Competency in specialty; models desired behaviors
- Effective interpersonal and communication skills
- Good teaching skills
- Sensitive to learning needs of students
- Leadership skills
- Effective decision making and problem-solving skills; can articulate reasons for actions while performing them
- Positive attitude; shows genuine interest in others
- Interest in professional growth (self & others)
- Ability to provide effective feedback (students & faculty)
- Is accessible to student for completion of projects/obj.

Loyola University Chicago, © 2016 Cornerstone OnDemand

Northwest Community EMS System

POLICY MANUAL

Policy Title: PRECEPTOR: Paramedic/Prehospital RN students	No. P - 1		
Board approval: 3/14/19	Effective: 3/14/19	Supersedes: 7/1/10	Page: 1 of 3

INTRODUCTION

A. All paramedic and Prehospital RN (PHRN) students shall be directly supervised, mentored and evaluated by an approved preceptor.

B. The preceptor shall act as a resource, facilitator and guide. This individual is valued not only as a teacher but serves as a role model exemplifying the standards of excellence in the NWC EMSS. Therefore, the preceptor must demonstrate thorough knowledge of the Northwest Community EMS System Policies, Procedures, and SOPs.

POSITION DESCRIPTION: A Preceptor shall

A. complete a preceptor orientation class given by the Resource Hospital prior to the first preceptor assignment and again once every two years if changes in practice or field internship processes have occurred.

B. be responsible and accountable for decisions made regarding patient care when working with their student.

C. orient, teach, and coach their assigned student during all supervised experience.

D. complete sequential, objective, and fair evaluations which quantify achievement of the objectives and measure performance against System standards. Their judgment will be consulted and heavily relied upon when considering a candidate for licensure/recognition; therefore, areas of strengths as well as continued learning opportunities must be specifically documented on the evaluations.

Northwest Community EMS System

POLICY MANUAL

Policy Title: PEER EDUCATORS I-IV / IDPH Lead instructors	No. P - 7		
Board approval: 9-12-19	Effective: 9-12-19	Supersedes: 7-1-10	Page: 1 of 6

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. Oversight, quality assurance and outcome measurement for all EMS education programs shall be the responsibility of the EMS MD and the EMS System Coordinator, with cooperation of the educational institution/program and lead instructors (EMS Rules Section 515.500)

B. Source standards

- National EMS Education Standards (current edition)
- National EMS Scope of Practice Model skills (2019)
- Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (COAEMSP)
- Additional course curricula required by IDPH and/or the Resource Hospital

C. All NWC EMSS personnel shall be taught, tested, and/or have competency measured by qualified and competent educators using evidence-based content and methods of instruction that foster mutual respect and an active learning environment. Definitions of competency:

- The measurable and observable knowledge, skills, ability and behaviors that a person demonstrates in order to perform responsibilities correctly and skillfully.
- The application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the practice role.

D. EMS-related education for EMS personnel of all levels shall be coordinated by at least one person who is a lead instructor. A person that includes a teacher, trainer, or CE for

Northwest Community EMS System

POLICY MANUAL

Policy Title: FIELD PRECEPTOR APPLICATION & AGREEMENTS	No. P - 10		
Board approval: 9-12-19	Effective: 9-12-19	Supersedes: 7-1-10	Page: 1 of 2

Field preceptor application & agreements updated due Feb 17th

Field Preceptor Application & Agreement - 2023

Field Preceptor Agreement - 2023

Adult learners and adult learning theory

Adult learner characteristics

Participative; collaborative

Like choice / options

Goal oriented

Fact checkers

Seek information from multiple sources

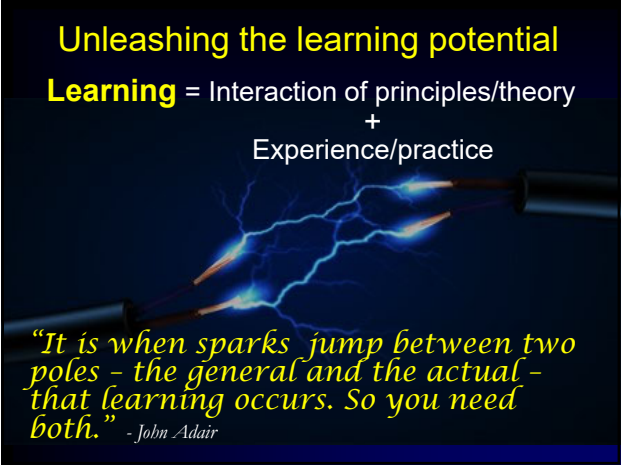
Impatient with time wasters

Prefer to be treated as peers

Unleashing the learning potential

Learning = Interaction of principles/theory
+
Experience/practice

"It is when sparks jump between two poles - the general and the actual - that learning occurs. So you need both." - John Adair



Laws of learning

Primacy: First impressions are lasting
Exercise: Neural pathways strengthened by repetition
Disuse: Use it or lose it!
Intensity: Dramatic experiences using all domains of learning and higher level thinking with triggered emotions are more likely remembered



Use it

Staging of skill acquisition



Use experiential learning techniques

Scaffold: Build on previous learning while adding new experiences and knowledge
Move to their zone of proximal development
Try out new behaviors & acquire confidence and competence to do the job

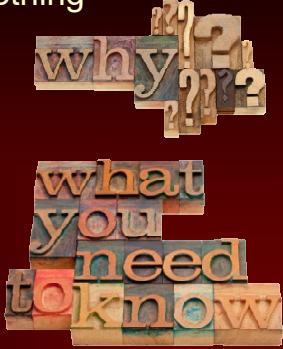


At the heart of our philosophy is our undeterred focus on results

Need to know **why** they are being asked to learn something

Have them state consequences of not knowing

Clarify what they will be able to do better w/ knowing



Methods for planning a learning experience

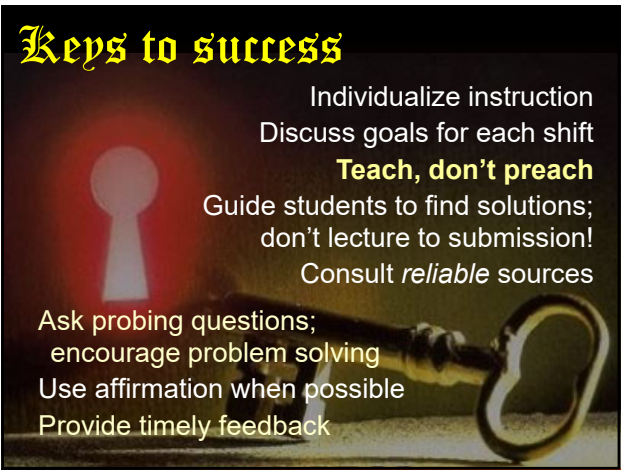


Keys to success

Individualize instruction
Discuss goals for each shift

Teach, don't preach
Guide students to find solutions;
don't lecture to submission!
Consult *reliable* sources

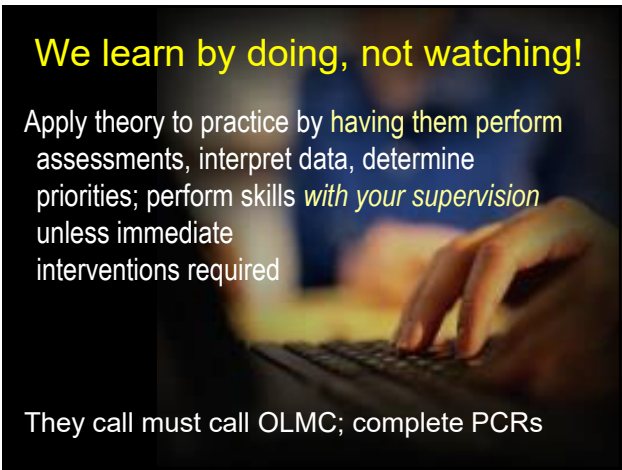
Ask probing questions;
encourage problem solving
Use affirmation when possible
Provide timely feedback



We learn by doing, not watching!

Apply theory to practice by having them perform assessments, interpret data, determine priorities; perform skills *with your supervision* unless immediate interventions required

They call must call OLMC; complete PCR's

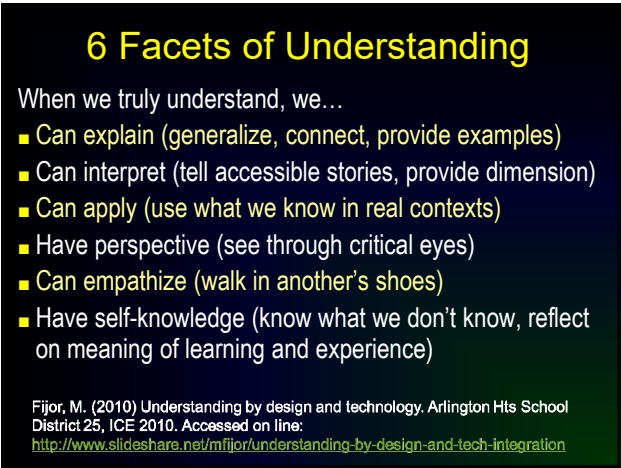


6 Facets of Understanding

When we truly understand, we...

- Can explain (generalize, connect, provide examples)
- Can interpret (tell accessible stories, provide dimension)
- Can apply (use what we know 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)

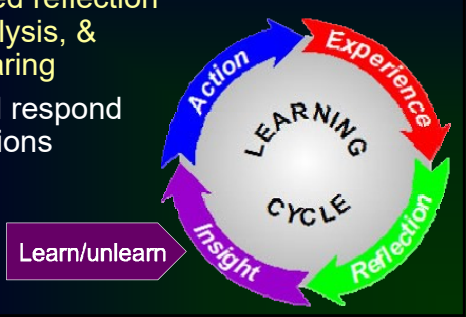
Fijor, M. (2010) Understanding by design and technology. Arlington Hts School District 25, ICE 2010. Accessed on line:
<http://www.slideshare.net/mfijor/understanding-by-design-and-tech-integration>



Discuss calls, case studies, or simulations that require problem-solving activities

Create opportunities for guided reflection and analysis, & idea-sharing

Invite and respond to questions

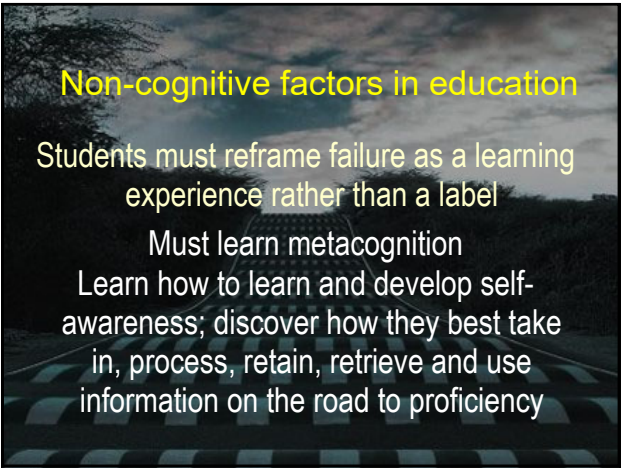


Non-cognitive factors in education

Students must reframe failure as a learning experience rather than a label


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



Silence internal monologue/ inner critic

Change thinking to a new mindset to get new results!



Mediate Your Life
A Guide to Removing Barriers to Communication, Vol. 3

WHEN YOUR MIND SABOTAGES YOUR DREAMS

Turning Your Critical Internal Voices into Collaborative Allies

IKE LASATER, JOHN KINYON & JULIE STILES


<https://www.timeshighereducation.com/books/review-the-voices-within-charles-femyhough-profile-books>

These are the voices...these are the lies

Hello, my name is **regret**
I'm pretty sure we have met
Every single day of your life
I'm the whisper inside
That won't let you forget

Hello, my name is **defeat**
I know you recognize me
Just when you think you can win
I'll drag you right back down again
Till you've lost all belief

<https://steamcommunity.com/sharedfiles/filedetails/?id=1373858805> (Matthew West)



Yare NOT
yOur
FAILURES!

Reach for the stars, they are just beyond your grasp!



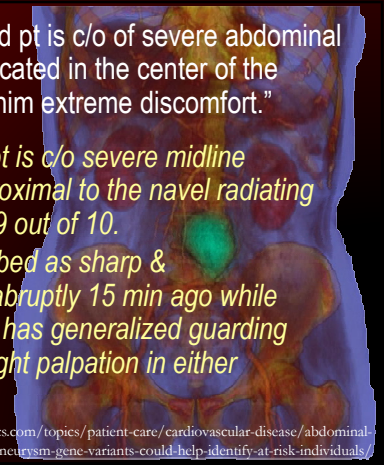
Check PCR for accuracy,
completeness, appropriate use of
terms, abbreviations, & spelling
before co-signing



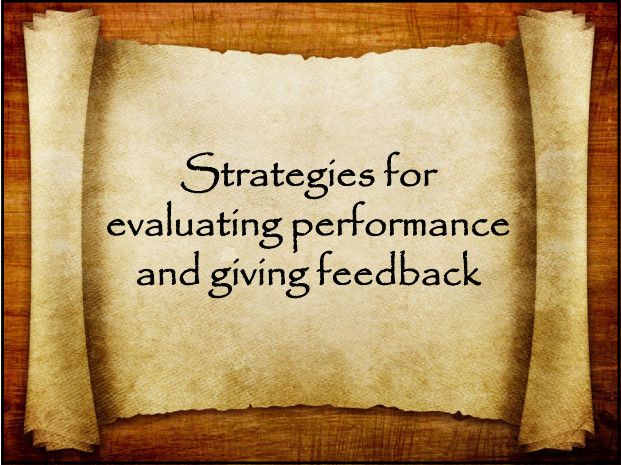
Poor: "A 60 year old pt is c/o of severe abdominal pain. The pain is located in the center of the abdomen causing him extreme discomfort."

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.clinicalomics.com/topics/patient-care/cardiovascular-disease/abdominal-aortic-aneurysm-gene-variants-could-help-identify-at-risk-individuals/

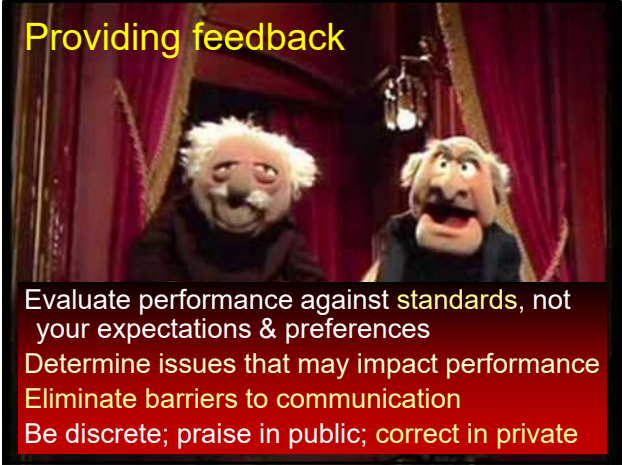


Strategies for
evaluating performance
and giving feedback



Providing feedback

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

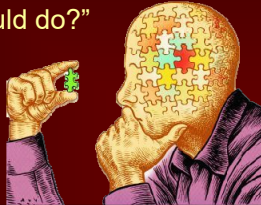


One minute preceptor framework

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*



Step 2 Probe for supporting evidence

“What factors support your conclusions?
Which do not?”
“Why choose that particular drug?”
“Why is it important to do that assessment in
this situation?”

Observe critical reasoning;
coach student to improve



Coaching strategies



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

Step 3: Reinforce what was done well

Student may not know what they've
done well

Acknowledge accomplishments

Be specific

Enhances self-esteem
and reinforces behaviors
you want repeated



Provide praise

Don't assume excellence is expected so
praise is unnecessary

Changing and maintaining new behavior
requires praise

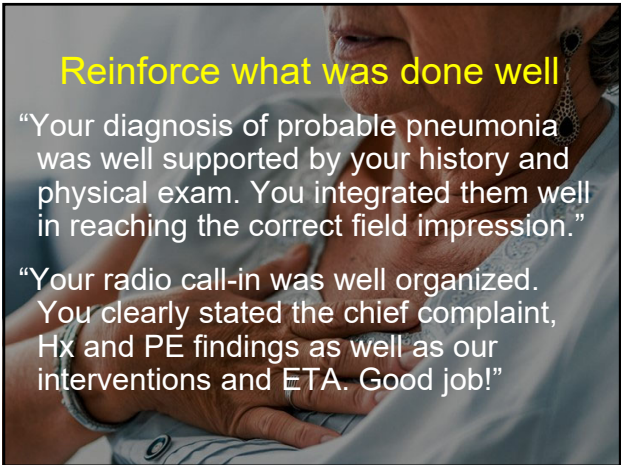
Praise, like criticism,
should be well timed,
well targeted and
well said



Reinforce what was done well

“Your 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. Good job!”



Evaluation and feedback

Well timed, targeted and said corrective feedback can direct growth, motivate student and offer relief from confusion

PRAISE
MAKES YOU
FEEL GOOD
CRITIQUE
MAKES YOU
BETTER

4. Corrective coaching

Don't blame and shame!

Share feedback by *addressing observed and trended behaviors*

Judge the *person*, and you risk the relationship

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



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-lead necessary?"

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?"

Why crucial?

If corrective coaching is withheld, preceptor - student relationship remains superficial

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



Must be timely

Deliver well-timed criticism shortly after error

Longer wait = less effective

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

Give student chance to process & respond



Timely feedback helps you too

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

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

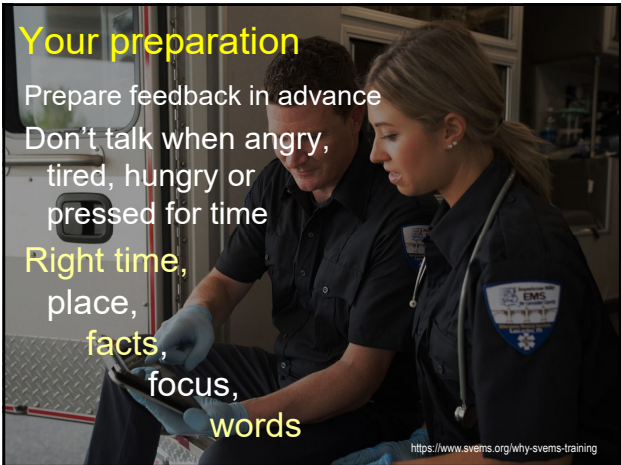


Your preparation

Prepare feedback in advance

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

Right time,
place,
facts,
focus,
words



Student's preparation

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



Pace feedback

Too much at once not helpful
"What's the most important teaching point
right now?"



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

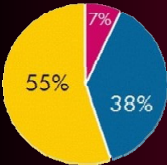
Student will keep a
safe distance and all
future praise will be
received with
suspicion



Elements of personal communication

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

Why e-mail messages are
often misinterpreted...



+ 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 your career goals?



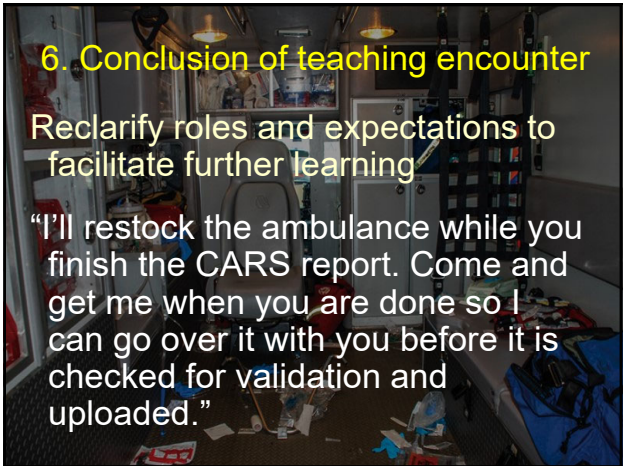
5. Teach a general principle

“Selecting a receiving hospital can be challenging. It depends on patient acuity, choice, predetermined destination policies, traffic conditions, and time of day. Let’s explore some examples...”

“If you don’t remember a drug dose or typical 12-lead changes with ischemia where can you find quick reminders?”

6. Conclusion of teaching encounter

- Reclarify roles and expectations to facilitate further learning
- “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 checked for validation and uploaded.”

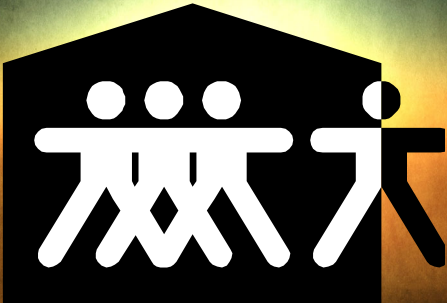


Intervene early

- If student fails to meet objectives, don’t allow them to fall hopelessly behind
- Contact PEMSC & HEMSC/educator; design remediation to overcome gaps

Northwest Community Healthcare Paramedic Program Education Corrective Action Plan (EAP) - 2023			
Please Print or Type Student Name: _____ Preceptor: _____ Date: _____			
Performance Findings and Action Plan			
Assessment	Findings	Findings	Findings
1. Appearance & patient hygiene	2. Vital signs	3. Patient history	4. Patient assessment
5. Assessment of patient status	6. Assessment of patient status	7. Patient assessment	8. Patient assessment
9. Communication with patient	10. Communication with patient	11. Communication with patient	12. Communication with patient
13. Communication with patient	14. Communication with patient	15. Communication with patient	16. Communication with patient
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93. Communication with patient	94. Communication with patient	95. Communication with patient	96. Communication with patient
97. Communication with patient	98. Communication with patient	99. Communication with patient	100. Communication with patient

How should you deal with outliers?



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?

Student 2

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

He sometimes teeters on crossing the line between disrespect and asking a heart question.

What's the best approach to this student?

Student 3

24 y/o employee has been an EMT-B with a private agency 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 instructed.

How should you coach this student?

Student 4

32 y/o employee who's ticket finally came up and he had to come to PM class. Not happy about being here. He demonstrates 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 correct his errors

How should you coach this student?

Student 5

25 y/o male is riding with your agency

He has been late 3 times and has called off twice.

Talks a good game, but seems to have significant knowledge gaps. Has a part time job at an area hospital. Does not follow through on paperwork as directed. When confronted about his behavior he claims frequent illness.

It's 4 weeks into the internship and he is not progressing in the affective objectives.

What is the best approach with this student?

Student 6

28 y/o rider 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?

Where are the forms?

www.NWCEMSS.org

