

Policy Title: **PRECEPTOR: EMT-P/Prehospital RN/ECRN**

No. P - 1

Board approval: 1/17/02

Effective: 7/1/10

Supersedes: 7/1/05

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I. INTRODUCTION

- A. All paramedic, Prehospital RN (PHRN), and ECRN 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.

II. 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.
- E. meet with the Hospital EMSC/Educator at the end of each Phase to provide a progress report and plan for the next phase and confer at the end of the internship to finalize the paperwork and offer a comprehensive evaluation, summary report and recommendation, either positive or negative, to be forwarded to the NWC EMSS Administrative Director and/or Paramedic Course Coordinator.
- F. maintain effective communication with the student's EMS Agency and/or System hospital to facilitate the evaluation process.
- G. teach and mentor according to the current NWC EMSS Policies, Procedures and SOP's.
- H. review all runs completed by the student that are evaluated by another licensed Paramedic/PHRN/ECRN. Delegation of preceptor duties is to occur only in the instance of operational necessity and only to another approved Preceptor. Delegation to another preceptor is not to exceed 50% of the runs accumulated by the student unless a waiver has been granted by the Resource Hospital.
- I. remain with the student throughout the duration of the call.

III. QUALIFICATIONS: In order to be considered for Preceptor status, a Paramedic/PHRN must receive written recommendation from their Fire Chief/EMS Director and an ECRN must receive written recommendation from their ED nursing director. Each candidate must demonstrate or provide evidence of the following:

- A. Current unencumbered license as a Paramedic or PHRN and current practice privileges in the NWC EMSS for Paramedic preceptors and current unencumbered license as a Registered Nurse in the State of Illinois and ECRN status in the NWC EMSS for ECRN preceptors.
- B. No multiple sustained complaints or run reviews in their EMS personnel file for the past year that should have triggered an RFC per System policy G-1.

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- C. At least two year's experience as a Paramedic/PHRN/ECRN in good standing in the NWC EMSS unless a waiver is granted based on an individual's outstanding performance.
- D. Above average knowledge and skill proficiency. All System modular testing must be successfully completed on the first attempt unless extenuating circumstances apply.
- E. **For Preceptor candidates who have not had direct patient care experience in at least six of the last 12 months ONLY:** The Preceptor candidate must submit to the Paramedic Course Coordinator a minimum of 12 acceptable ALS PCR/Communications Logs for runs on which the preceptor candidate participated and completed the documentation. These will be evaluated for completeness and accuracy of care according to the current SOP's.

IV. MECHANISM OF APPROVAL

- A. Provider Chief/EMS CEO or their designee shall sign and submit the applications of the recommended paramedic preceptor(s) to the assigned System hospital EMSC/Educator. An ED Nursing Director or their designee shall submit the name(s) of the recommended ECRN Preceptors to the EMSS Administrative Director.
- B. The hospital EMSC/Educator will review the appropriateness of the candidate based on their qualifications and adherence to recommended guidelines.
 - 1. Preceptors should demonstrate the following characteristics:
 - a. A desire to teach
 - b. Willingness to be a preceptor
 - c. A non-judgmental attitude toward co-workers
 - d. Assertiveness to stand for best practice care
 - e. Flexibility to change and ability to adapt to new situations
 - f. Excellent communication skills
 - g. Positive attitude toward patient care and adherence to System standards
 - h. Good to excellent critical thinking and interpersonal skills (emotional intelligence)
 - i. Patience
 - 2. Preceptors should have documented teaching/mentoring experience, i.e., CPR instructor, Fire Fighter instructor certification, Illinois-recognized EMS Lead Instructor, ACLS/BLTS/PHTLS instructor, community education, assisting with skill competencies, teaching within the Department, assisting with any training program within the System and/or previous experience successfully precepting other students/nurses. For full list of teaching options see Con-Ed policy.
 - 3. Paramedic Preceptors should demonstrate knowledge of the principles and concepts included in National DOT EMT-P Curriculum and National EMS Education Standards. ECRN Preceptors must demonstrate thorough knowledge of the NWC EMSS SOPs, Policies and Procedures.
- C. In the event a concern is raised by the EMSC/Educator. that a candidate may not be qualified or appropriate based on the guidelines, a discussion shall take place with the Chief/EMS Director or his designee to clarify the objections and reach consensus. If they cannot reach consensus, the concern will be raised to the EMS MD or his designee to discuss with the Chief/EMS Director.
- D. Upon approval by the Chief/EMS Director and Hospital EMSC/educator, the application will be sent to the Resource Hospital for approval by the EMS MD. Upon his approval, a letter of appointment will be sent to the Preceptor with copies of relevant forms. Copies will be sent to the Department Chief or EMS Director/ED Clinical Director and Provider EMSC.

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V. **TO MAINTAIN THE POSITION, A PRECEPTOR SHALL**

- A. fulfill annual CE requirements mandated by IDPH and/or the NWC EMS System.
- B. fulfill key performance expectations as specified in the preceptor agreement.

A review of the student's and preceptor's performance will occur at the Phase meetings with the designated Hospital EMS Coordinator/Educator. Performance will be measured by the appropriateness of EMS judgments and interventions and adequacy of patient care report and supplemental forms documentation for runs on which both the student and preceptor participated, and the preceptor's written comments on the student's evaluation forms.

- C. If the preceptor has not successfully completed performance expectations as stated in the preceptor agreement, the opportunities for improvement will be documented in writing and provided to the preceptor, the Provider Chief/EMS CEO/ED Supervisor, the Provider EMSC, and the Paramedic Course Coordinator.
- D. The EMS MD or his designee will review the preceptor's performance and will discuss a corrective action plan with the provider Chief/EMS CEO/ED Supervisor.

VI. **MECHANISM FOR OBTAINING A WAIVER**

In cases of demonstrated personnel hardship to the EMS Agency, candidates with strong performance records who do not meet all Preceptor qualifications may be awarded a waiver and temporary privileges to perform as a Probationary Preceptor for a student Paramedic/PHRN/ ECRN who has demonstrated strong didactic and clinical skills while in class, pending completion of a corrective action plan agreed to by the EMS MD and the EMS Agency. The Probationary Preceptor may be asked to meet with the designated EMSC/educator and the student on more than a monthly basis to evaluate and mentor the Preceptor's performance.

- VII. **BENEFITS:** A maximum of eight clinical hours or ~~seven flex hours~~ per year will be granted to Preceptors contingent on the quality of evaluations as determined by the Hospital EMSC/Educator.

John M. Ortinau, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N.
EMS Administrative Director

Prototype letter: should be discipline-specific

DATE:

TO:

FROM: John M. Ortinau, M.D., FACEP
EMS Medical Director

RE: **Appointment to Position: Paramedic/PHRN/ECRN Preceptor**

You are hereby appointed as the Preceptor for mentoring the internship of the following:

The evaluation period will begin effective _____ and will continue until the student has successfully achieved all field experience objectives.

Attached is a copy of the System's Policy for Preceptors as well as the guidelines for completing the internship paperwork to assist in measuring the progress of the student to whom you are assigned.

Also attached are the forms necessary to document all activities required in the internship. The student should also have this paperwork. Please ensure that all forms are filled out completely and on a timely basis.

Your efforts will, to a large degree, determine the future effectiveness of the student with whom you will be working. We are relying on your knowledge, experience, integrity, insight, and judgment to determine the readiness of this individual to be licensed/recognized. Please assume this role in a spirit of honesty, impartiality and discernment. Much rests on your opinion.

Thank you for your assistance.

enc.: 1. PRECEPTOR: EMT-P/Prehospital RN/ECRN (Policy P-1)
2. Preceptor Agreement
3. Guidelines for Preceptors
5. Phase Forms
6. ALS Patient Care Critique Form (not necessary for ECRN)
7. Cumulative Performance Appraisal
8. Requirement for licensure as an Paramedic (Policy C-1) or
ECRN Recognition Policy (E-7)

cc: Agency Chief/EMS CEO/ED Clinical Supervisor
Provider EMSC
Hospital EMS Coordinator/Educator
File

**Northwest Community EMS System
PRECEPTOR AGREEMENT**

1. I have been a licensed paramedic/PHRN/ECRN in the Northwest Community EMS System for a minimum of two years and am currently in good standing in the System.
2. I have consulted with my (Provider) EMS Coordinator regarding the evaluation of the paramedic/PHRN/ECRN student assigned to me. I am familiar with the duties expected of the student paramedic/PHRN/ECRN and my role as a Preceptor as outlined in the NWC EMSS Policy P-1 (E-7). I have reviewed the guidelines for preceptors and agree to comply with them.
3. I have a copy of the current SOPs, Policy, and Procedure Manuals for the NWC EMSS. It is my responsibility to know and understand these documents and to act in accordance with their provisions.
4. I understand that I must 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.
5. I understand that I must meet or converse with the designed Hospital EMS Educator/Coordinator on a regular basis throughout the internship to discuss the student's progress in achieving the objectives for each Phase. We will be prepared to discuss all ALS calls and/or simulations completed; significant assessment findings and all treatments rendered including medication actions, indications, doses/ routes, side effects and alternative therapies which were or could have been instituted per SOPs.
6. I understand that in the eyes of the law a student paramedic is considered to be an EMT and all Advanced Life Support skills must be performed under my direct observation and supervision or the supervision of another System-approved Preceptor.
 I understand that a provisional ECRN has limited radio privileges and all on-line medical control (OLMC) orders must be given under my direct observation and supervision.
 At no time will s/he be the sole EMS personnel providing/directing ALS care unless highly unusual and extenuating circumstances occur for which a Request for Variance shall be filed with the Resource Hospital.
7. I understand that the student must submit mandatory paperwork during the internship. I understand that I am responsible for completing an evaluation of the student's skills on each of the submitted runs as well as the competency validations for the Phase interviews and the Cumulative Evaluation Form. These documents shall be submitted to the Hospital EMS Educator/Coordinator who facilitates the final performance review.
8. I understand that I must achieve a passing score on all System modular exams on the first attempt unless extenuating circumstances apply. If I fail to meet this requirement, my appointment as a Preceptor will be reviewed.

I agree to comply with the above conditions and understand that any deviations from the stated preceptor expectations may result in the termination of my Preceptor status in the NWC EMS System pending a review and communication with my Chief/Supervisor or his/her designee.

Preceptor name: Please print

Signature of Preceptor

Signature of EMS System Educator/Coordinator (in witness)

Date

cc: Provider EMS Coordinator
Hospital EMS Coordinator
Paramedic Preceptor file

**Northwest Community EMS System
Preceptor Application**

Name:	Employer:
Employer address:	Shift:
Contact information:	Date of original EMT-P/PHRN/ECRN certification:
Training program:	Date of NWC EMSS entry:

Qualifications	RN verification
Currently licensed/certified as an EMT-P/PHRN or ECRN.	
Has no multiple sustained complaints or run reviews for the past year per System Policy G-1.	
Has 2 year's experience as an EMT-P/PHRN or ECRN in good standing in the NWC EMSS.	
Demonstrates above average knowledge and skill proficiency and has successfully completed all modular exams on the first attempt. (If an exam was failed on the first attempt, explain any extenuating circumstances that apply:)	
Has had direct patient care in at least 6 of the last 12 months. (If they have not provided direct patient care, submit to the EMT-P Course Coordinator a minimum of 12 acceptable ALS runs for calls on which the candidate participated and completed the documentation.)	
Prior teaching experience (EMS or other) and additional certifications (Submit current card) <input type="checkbox"/> CPR instructor <input type="checkbox"/> Firefighter Instructor <input type="checkbox"/> Community education <input type="checkbox"/> ACLS, BTLs, PHTLS Instr. <input type="checkbox"/> Illinois Lead Instructor <input type="checkbox"/> Preceptor for EMT-B or P class <input type="checkbox"/> PALS/PEPP Instr. <input type="checkbox"/> Haz mat Instructor <input type="checkbox"/> EMD Instructor Other (please list):	
Completed the NWC EMSS Preceptor course (Date: _____)	

I recommend this candidate for preceptor status in the NWC EMSS.

Signature of Chief/EMS CEO or ED supervisor: _____ Date: _____

Forward to assigned System hospital EMSC/Educator.

Verification of recommended qualifications: The candidate demonstrates...	SA	A	D	SD
a desire to teach.				
a willingness to serve as a preceptor.				
a non-judgmental attitude toward co-workers.				
assertiveness in best practice patient care.				
flexibility to change and ability to adapt to new situations				
excellent communication skills				
a positive attitude toward patient care and adherence to System standards.				
good to excellent critical thinking and interpersonal skills.				
patience.				

This candidate is qualified and appropriate for preceptor status in the NWC EMSS.	Yes	No
Signature of Hospital EMSC/Educator: _____ Date: _____		

**If YES: Forward to the Paramedic Course Coordinator
If NO: Continue on back**

