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| **Northwest Community Healthcare Paramedic Program****FIELD PRECEPTOR AGREEMENT – 2022** |

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| Initial each statement | Statements of affirmation |
|  | **Qualifications**1. I have been a licensed paramedic/PHRN in the Northwest Community EMS System (NWC EMSS) for a minimum of two years, am currently in good standing, and fully meet the preceptor qualifications as specified in System policy. |
|  | 2. If a new Field Preceptor, I understand that I must hold Peer II certification or above in the NWC EMSS and complete a Preceptor orientation class given by the Resource Hospital prior to the first preceptor assignment and again at least every two years or more often if changes in practice or field internship processes have occurred. |
|  | 3. I affirm that I meet the required professional characteristics of an effective preceptor: Proficient in EMS care; effective communicator; maintains positive working relationships and builds high-performing teams; makes reasoned and effective decisions; is competent in performance evaluation and corrective coaching; shows genuine interest in others; characterizes ongoing professional development and life-long learning; and uses standards, guidelines, and/or data to drive practice. |
|  | **Prior to the onset of the internship**4. I have consulted with my (Provider) EMS Coordinator regarding the Paramedic student assigned to me. I am familiar with the objectives, processes, and paperwork for all phases of the field experience and my role as a Preceptor as outlined in the NWC EMSS Policy P-1 and preceptor education materials and agree to comply with them. |
|  | 5. I have a copy or have access to the current NWC EMSS SOPs, Policy Manual and Procedure manual. It is my responsibility to understand and perform in compliance with these documents when providing patient care and when providing direct oversight and mentoring of the student. |
|  | **During the internship**6. I understand a Paramedic student is legally a licensed EMT and that all Advanced Life Support assessments and skills performed by the student must be done under my direct supervision or the supervision of another System-approved Preceptor to ensure patient and responder safety. I further understand that it my responsibility to ensure that all patient care reports completed by the student are factual, accurate, complete, and. timely. I further understand that I am responsible for cross-checking all ambulance/equipment cleaning and restocking performed by the student to ensure an appropriate environment of care and duty readiness. |
|  | 7. I understand that the student must submit mandatory paperwork and formative evaluations completed by me and other approved preceptors during the internship. I understand that I am responsible for completing an evaluation of the student's knowledge, skills and achievement of affective objectives on each of the submitted runs in a timely manner as defined in the field internship requirements. |
|  | 8. I understand that I must meet with the designed Hospital EMSC/Educator for a minimum of two Phase meetings during the internship to discuss the student's progress in achieving the objectives for each Phase  |
|  | 9. I agree to ensure that the student is coached and prepared to discuss the following during the phase meetings: All calls completed; including chief complaints and PMH, significant assessment findings, medication profiles for EMS- delivered and prescription drugs, interventions that were or should have been instituted per SOPs, the paramedic impression; rationale for patient disposition; and the general pathophysiology of that disease or injury. |
|  | 10. I agree to actively participate in the creation and execution of any Individual Education Plan that may be necessary to help the student succeed. |
|  | 11. I understand that I must complete a summative final evaluation of the student’s achievement of objectives in all three domains of learning and terminal competency as a safe, entry level paramedic. These documents shall be submitted to the Hospital EMSC/Educator who facilitates the performance reviews at least one week prior to the meetings. |

**I affirm that the information attested to above is true and agree to comply with the above conditions and provisions and understand that any deviations from the stated preceptor expectations may result in the termination of my Preceptor status in the NWC EMSS pending a review and communication with my Chief/Supervisor or their designee.**

Preceptor name: Please print Signature of Preceptor

Signature of Hospital EMSC/ Educator (in witness) Date

cc: Provider EMS Coordinator (PEMSC); Hospital EMS Coordinator/educator

 Preceptor file CJM: 5/99; Rev. 11/21