



## Northwest Community EMS System

Date: January 12, 2012

**System Memo: # 336**

To: All Chiefs; Provider EMSCs, Hospital EMSCs/Educators  
Preceptors and potential preceptors

From: Connie J. Mattera, M.S., R.N., EMT-P  
EMS Administrative Director

RE: **Preceptor class**

The next Northwest Community EMS System Paramedic Preceptor Class will be held at Northwest Community Hospital as detailed below. Any paramedic that desires to be a preceptor must attend this class at least once every 2 years so you are fully informed about expectations of the role.

In addition to the class, preceptors must submit a **Preceptor Agreement** and **Application** signed by them and the EMS Agency Chief/EMS CEO (found in policy P-1 and attached to this memo). Please submit both to your respective Hospital EMS Coordinator (EMSC)/educator each year the individual plans to serve as a preceptor.

The Hospital EMSC will review the application along with the paramedic's EMS file to determine eligibility based on System policy. The Hospital EMSC will forward approved paperwork to the NWC EMS office. Once received, a list of current preceptors will be posted to the System website ([www.nwcemss.org](http://www.nwcemss.org)).

Paramedic students may NOT perform any ALS interventions without an approved preceptor directly observing and coaching the skill to ensure patient safety. As soon as a student/preceptor team is approved, a paramedic student may perform approved ALS skills, even prior to the official beginning of the field internship.

We welcome preceptor applications now for the students currently in class.

No student may begin the field internship without authorization from Peggy Drag, Paramedic class Lead Instructor, and an approved preceptor.

### **Preceptor class schedule:**

<b>February 6, 2012</b>	<b>1:00 – 3 pm</b>	<b>Room LC-3&amp;4 (learning center)</b>
<b>February 13, 2012</b>	<b>1:00 – 3 pm</b>	<b>Room 1-6 &amp; 1-7 (by auditorium)</b>

The class will take approximately 2 hours. CE time will be awarded for those in attendance. Please **contact Susie Von Busch at 847-618-4482, if you are planning to attend.**

If you have any questions, please contact Peggy Drag at (847) 618-4490 or send her an e-mail at [mdrag@nch.org](mailto:mdrag@nch.org)



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

**If a concern is raised by the R.N. that a candidate may not be qualified or appropriate based on the guidelines, a discussion shall take place between the hospital EMS Coordinator/educator and the Chief/EMS CEO/ED Clinical Supervisor or his or her designee to clarify the objections and reach consensus.**

Summary of discussion:

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**If they cannot reach consensus, the concern will be sent to the EMS MD or his designee to discuss with the Chief/EMS CEO; ED Clinical Supervisor.**

Summary of discussion:

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**Outcome:**

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John M. Ortinau, M.D., FACEP

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Date:

**Northwest Community EMS System**  
**PRECEPTOR AGREEMENT - 2012**

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 student objectives 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 or have access to the current SOPs, Policy Manual and Skill sheets for the NWC EMSS. It is my responsibility to know and understand these documents and to provide patient care and direct oversight and mentoring of the student 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 with the designed Hospital EMSC/Educator for a minimum of three Phase meeting during the internship to discuss the student's progress in achieving the objectives for each Phase. I agree to make sure the student is prepared to discuss all ALS calls and/or simulations completed; significant assessment findings and all treatments rendered including medication profiles and interventions that were or should have been instituted per SOPs.
6.  I understand that in the eyes of the law a Paramedic student is considered to be an EMT and a graduate ECRN has no independent OLMC privileges and all Advanced Life Support skills/orders must be performed or given under my direct supervision or the supervision of another System-approved Preceptor.  
 At no time will the student 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 EMSC/Educator who facilitates the performance reviews.
8. I understand that I must achieve a passing score on all System post-tests 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 Northwest Community EMS System pending a review and communication with my Chief/Supervisor or his/her designee.**

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Preceptor name: Please print

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Signature of Preceptor

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Signature of EMS System Educator/Coordinator (in witness)

\_\_\_\_\_  
Date

cc: Provider EMS Coordinator  
Hospital EMS Coordinator  
Paramedic Preceptor file