

PRECEPTOR ORIENTATION GUIDE

Arkansas State University – Beebe
EMT/Paramedic Program

Revised 2015

ASU-BEEBE EMS PROGRAMS

Objectives

- ▶ Discuss the goals of the ASU-Beebe EMS Program in regards to training EMT and Paramedic students.
- ▶ Discuss the requirements and process of selecting preceptors
- ▶ Inform preceptors of what students need to complete their program of study (competencies and hours).
- ▶ Discuss the procedures for training, evaluating, and reporting behaviors of actions of concern.
- ▶ Sign Attendance Roster

Contact Information

- ▶ Your initial point of contact is the current EMS Program Director.

Patt Cope

Office Phone – 501-207-6242

plcope@searcy.asub.edu

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About the Clinical and Field Rotations

The primary goal of the clinical and field rotations for EMS students is to provide the students with a broad spectrum of patient situations. Students are expected to refine their ability to assess, treat, and make other critical decisions.

Our mission is to train entry-level EMTs and paramedics. Please take time to discuss with your student his/her strengths and weaknesses, skills that need refining, and even skills that might have never been practiced. Also, please communicate with the student to reinforce positive aspects of their progress and discuss areas needing improvement.

Finally, we want the student to receive the best possible preceptor guided experience he/she can possibly have. We are dependent on our preceptors to provide this experience. During this part of their training, any hands on experience and tutoring you can provide will make an impact on the quality of EMT or paramedic your students become.

Thank you in advance for the service you are providing.

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Preceptor Requirements

ASU-Beebe does not allow EMT or Paramedic students to select the preceptors they wish to have during their clinical or field rotation phase of training. Protocols may be in place at your facility that will determine with whom a student spends his/her time. Preceptors must have a recommendation from a person in charge at their place of employment.

For paramedics, preceptors are expected to have current certifications required by the state of Arkansas to practice at or above the paramedic level. For EMTs, preceptors are expected to have current certifications required by the state of Arkansas to practice at or above the EMT level.

All preceptors are expected to be trustworthy, professional, and compassionate. Both ASU-Beebe and the desired preceptor's employer have the right to deny individual preceptors.

Preceptors do not get to pick and choose students. If a preceptor has concerns about receiving a particular student, he/she will need to contact the Program director as soon as possible.

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Requirements for Clinical and Field Rotations

According to our agreement with your facility, ASU-Beebe EMT students are completing rotations as observers. They are required to complete a minimum of 25 hours of training in the clinical setting and 60 hours of training in the pre-hospital setting. Students are to observe good patient care practices. They are not intended to replace the workers at your facility.

ASU-Beebe Paramedic students are evaluated in two main areas... terminal competencies and hours of experience. Terminal competencies are the required contacts and procedures that each paramedic student must obtain to pass the course successfully. Paramedic students are required to complete a minimum of 300 hours in the hospital setting and 300 hours in the pre-hospital setting. Additional hours may be added as desired or if the student needs extra contacts or more time to develop skill competencies and/or leadership qualities. Paramedic students are to be more engaged with patient care than EMT students. However, according to our agreement with your facility, paramedic students are not intended to replace your paid staff.

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Terminal Competencies and Student Evaluation Worksheets

All of our EMS students use Evaluation Worksheets as the primary method of tracking time and competencies. We require that all Evaluation Worksheets be validated. As a preceptor, you will need to review each Evaluation Worksheet your student writes, confirm the actions claimed are true, and sign/initial at the appropriate locations on the form. Documents without signatures will not count toward the student's final numbers and competencies.

Following is a copy of the Evaluation Worksheet. It is a two-sided document that needs to be completed in its entirety.



SHIFT EVALUATION WORKSHEET



STUDENT NAME:	DATE:	EMS TRAINING LEVEL:	SITE:
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Page ___ of ___	Time In:	Time Out:	PRECEPTOR:
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DIRECTIONS: Each contact must be rated by the student FIRST, and rated by the preceptor SECOND. Mark student ratings in the row marked "S" and preceptors in the row marked "P". Comment on any discrepancies on back of form. Preceptors complete shaded sections.

RATINGS: N/A = Not Applicable; not needed/expected
 0 = Unsuccessful – required excessive or critical prompting
 1 = Marginal – inconsistent – not yet competent
 2 = Successful/Competent – no prompting needed

Patient Age Gender	Impression and/or Differential Diagnosis	LOC, Complaints, Event/Circumstance	Successful Treatment Rendered	Contact Type	Rater	Clinical Objectives						Team Leadership	Preceptor Initials	Comments
						Pt. Interview and History Gathering	Physical Exam	Field Impression and Treatment Plan	Skill Performance	Communication	Professional Behavior (Affect)			
1.				ALS	S									
				BLS	P									
2.				ALS	S									
				BLS	P									
3.				ALS	S									
				BLS	P									
4.				ALS	S									
				BLS	P									
5.				ALS	S									
				BLS	P									

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There are four options for scoring the student:

N/A

0

1

2

All scoring should be in accordance with the standard at which you expect this student to perform.

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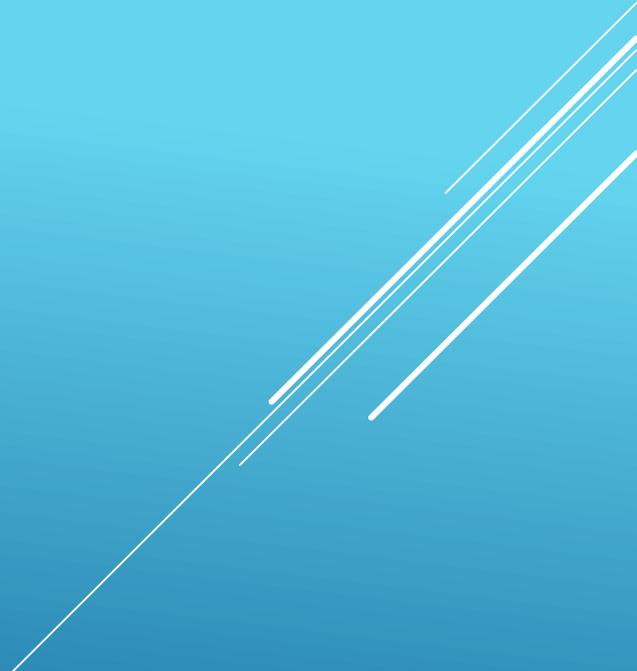
Any unsatisfactory rating requires the preceptor to explain what the student will need to do to become competent in this area.

Without constructive input from our preceptors, the students cannot develop into the kind of EMS professionals they need to be.

Comment on any unsatisfactory ratings or discrepancies:									
Overall plan for improvement for future shifts:									
Student Reported: <input type="checkbox"/> On Time <input type="checkbox"/> Well Groomed <input type="checkbox"/> In Uniform and Prepared to Begin Their Shift Yes <input type="checkbox"/> No <input type="checkbox"/> Student knows equipment location and use. <input type="checkbox"/> Yes <input type="checkbox"/> No									
Professional Behavior: <input type="checkbox"/> Accepts Feedback Openly <input type="checkbox"/> Self Motivated <input type="checkbox"/> Efficient <input type="checkbox"/> Flexible <input type="checkbox"/> Careful <input type="checkbox"/> Confident Student helps clean-up and restock, unprompted. <input type="checkbox"/> Yes <input type="checkbox"/> No									
Learner Affect: Student asked relevant questions and participated in learning answers, used "downtime" well Yes <input type="checkbox"/> No <input type="checkbox"/> Student left site early (did not complete shift). <input type="checkbox"/> Yes <input type="checkbox"/> No									
Preceptor would appreciate a phone call or email from the instructor (please provide contact information below). <input type="checkbox"/> Yes <input type="checkbox"/> No									
STUDENT SIGNATURE					I agree to the above ratings. PRECEPTOR SIGNATURE				
Clinical Objectives: - P. Interview/History Gathering: Student completes an appropriate interview and gathers appropriate history. Listens actively, makes eye contact, clarifies complaints, and respectfully addresses patient(s). Demonstrates compassionate and/or firm "bedside" manner depending on the needs of the situation. - Physical Exam: Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination - Communication: Student communicates effectively with team, provides an adequate verbal report to other health care providers, and completes a thorough written patient narrative. - Field Impression/Treatment Plan: Student formulates an impression and implements an appropriate treatment plan. Professional Behavior Objectives: The student demonstrates they are: - Self-Motivated: Includes taking initiative to complete assignments, improve/correct problems. Striving for excellence. Incorporating feedback and adjusting behavior/performance. - Efficient: Includes keeping assessment and treatment times to a minimum, releasing other personnel (first responders) when not needed, organizing team to work faster/better. - Flexible: Includes making adjustments to communication style, or directing team members; changing impression based on findings. - Careful: Includes paying attention to details of skills, documentation, patient comfort, set-up and clean-up. Completes tasks thoroughly. - Confident: Includes making decisions, trusting and exercising good personal judgement, being aware of limitations and strengths. - Accepts Feedback Openly: Includes listening to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses). Team Leader Objectives: The student has successfully led the team if he or she has: - Conducted a Comprehensive Assessment: not necessary to perform the entire interview or physical exam, but rather been in-charge-of the assessment. - Formulated and Implemented a Treatment Plan: <u>most</u> of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition, and packaging and moving the patient (if applicable). - Minimal to no prompting was needed by the preceptor: No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, first responders, or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate a willingness to try and are better than no attempt.)									
Ratings: - N/A: This is a neutral rating. (Example: Student expected to only observe, or the patient did not need intervention.) - 0: Unsuccessful – Required excessive or critical prompting. Includes rating of "not attempted" when student was expected to try. This is an unsatisfactory rating. - 1: Marginal – Inconsistent – Not yet competent. This includes partial attempts. This is a satisfactory rating at the beginning of training. - 2: Successful/Competent – No prompting necessary for proper performance of the skill Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and team leadership. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills, assess/treat patients, and lead encounters early-on even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical process when students need prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.									

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A chart has been provided on the next page listing some of the more critical competencies Paramedic students need to fulfill



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Terminal Competencies

Pathologies & Complaints		Age Specific Contacts		Skills / Other	
OB	ABD Pain	Newborns (0-24hrs)	School Age (6-12yrs)	IV Initiation	LMA/ETT
Trauma	Chest Pain	Infants (to 1yr)	Adolescent (12-18yrs)	Ventilation	Suction Nose Mouth & Trachea
Psychiatric	AMS	Toddlers (1-3yrs)	Adults (18-65yrs)	IV Med Administration	Obtain EKGs
Respiratory	Syncope	Preschool (3-6yrs)	Geriatrics (>65yrs)	IM/SQ	Treat Cardiac Arrhythmias

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Phases of the Paramedic Rotation

The clinical and field rotations consist of two of the three paramedic experiential phases; Observer and Team Member. Each phase has specific roles for the student and should be followed as close as possible to ensure the student receives the proper training. For example, please allow the student to **observe** procedures in phase one. This does not mean students cannot participate in treatment, but we want them to take note of how you as a preceptor interact with and question patients. A detailed list of duties/responsibilities is provided on the next slide.

Please note the time frame for each phase. It is the responsibility of the student to keep the preceptor informed of the level at which he/she is working. However, it is **YOUR** determination as a preceptor to decide if the student is competently working at that level.

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Observer / Team Member

Fall Semester

The student will learn the essentials of working in as a paramedic, such as...

- Observing the experienced preceptor assessing/treating the patient is the first level of learning
- Performing skills and interacting as preceptor will allow.
- Learning equipment and procedures used in the hospital setting.

*****Note** –No invasive procedure should be attempted more than twice on a patient by the student.

Team Member

Spring Semester

The student will begin to interact at the paramedic level, including...

- Taking responsibility for patient care or other tasks assigned by the preceptor. Also includes interacting WITH the preceptor during assessments (preceptor involvement should be tapered off as this phase progresses).
- Giving reports to receiving facilities/persons, communicating with On-Line Medical Direction.

*****Note** –No invasive procedure should be attempted more than twice on a patient by the student.

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The Paramedic Student as a Team Leader

Paramedic students should develop into team leaders during the third phase of their training. Students will be scheduled to work with ambulance crews during this phase.

Field preceptors should be able to trust the student with additional patient care and operational responsibilities during this phase.

At the clinical settings, hospital workers should see the student as one who is taking charge of patient care.

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TEAM LEADER

Summer Semester

This phase is reserved for the final Field Internship experience.

When the student reaches the team leader phase, he/she should be able to take responsibility for all aspects of the event. Please allow the students to LEAD, interacting when you feel necessary for the sake of patient care. The student should also take responsibility for delegating tasks to other crew members (such as directions to prepare a LSB at an MVC). They should also be able to assume responsibility for all aspects of patient care and transfer of care

Students and preceptors should be confident in the skills/assessments performed.

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Evaluating Students

EMS students will be evaluated throughout each rotation. It is the STUDENT'S responsibility to provide the preceptor with the necessary paperwork.

Please ensure the heading is accurately filled out by the student prior to you completing the evaluation. Submit the evaluation in an envelope (provided by the student) and sign your name or initials over the flap of the envelope. This allows for evaluations to be returned to the clinical coordinator without being altered or read. Students are informed they will receive a warning for not having an evaluation signed on the envelope the first time. Thereafter, evaluations from unsigned envelopes will not count toward their clinical hours.

Know that each evaluation will be read by the clinical coordinator, and any comments you make will be taken seriously and discussed with the student if needed. Once again, please be honest during your evaluation. If you do not feel a student is ready for the demanding job in the field of EMS, please indicate this in the final evaluation. If you believe a student needs more time in one particular area, please indicate this as well. We will ensure the necessary remediation is provided. Your status as a preceptor will not be affected based on the grade you assign a student.

On behalf of the ASU-Beebe EMS faculty and students, thank you again for your interest in our program!

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A Quick Recap

- ▶ Students should provide the forms to be completed.
- ▶ Students should provide the envelopes used to seal their evaluations.
- ▶ You should provide honest feedback that we can use to help our students improve in their role as EMS providers.
- ▶ Thank you for your interest and support in the future EMS leaders of our community.

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Preceptor Attendance Roster

1.		11.	
2.		12.	
3.		13.	
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