



Preceptor Training



Preceptor Training

- The preceptor plays a critical role in the training and education of the new EMS student
- This training hopes to prepare the EMT/Paramedic to act as a role model and clinical preceptor for new EMS students.



Learning Objectives

- Program Goals
- Purpose of the Paramedic student Internship
- What is a Preceptor?
- Preceptor criteria
- Role of the preceptor
- Responsibilities of the preceptor
- Laws of learning
- Positive vs. negative feedback
- Environment conducive to learning
- Documentation
- Important Information



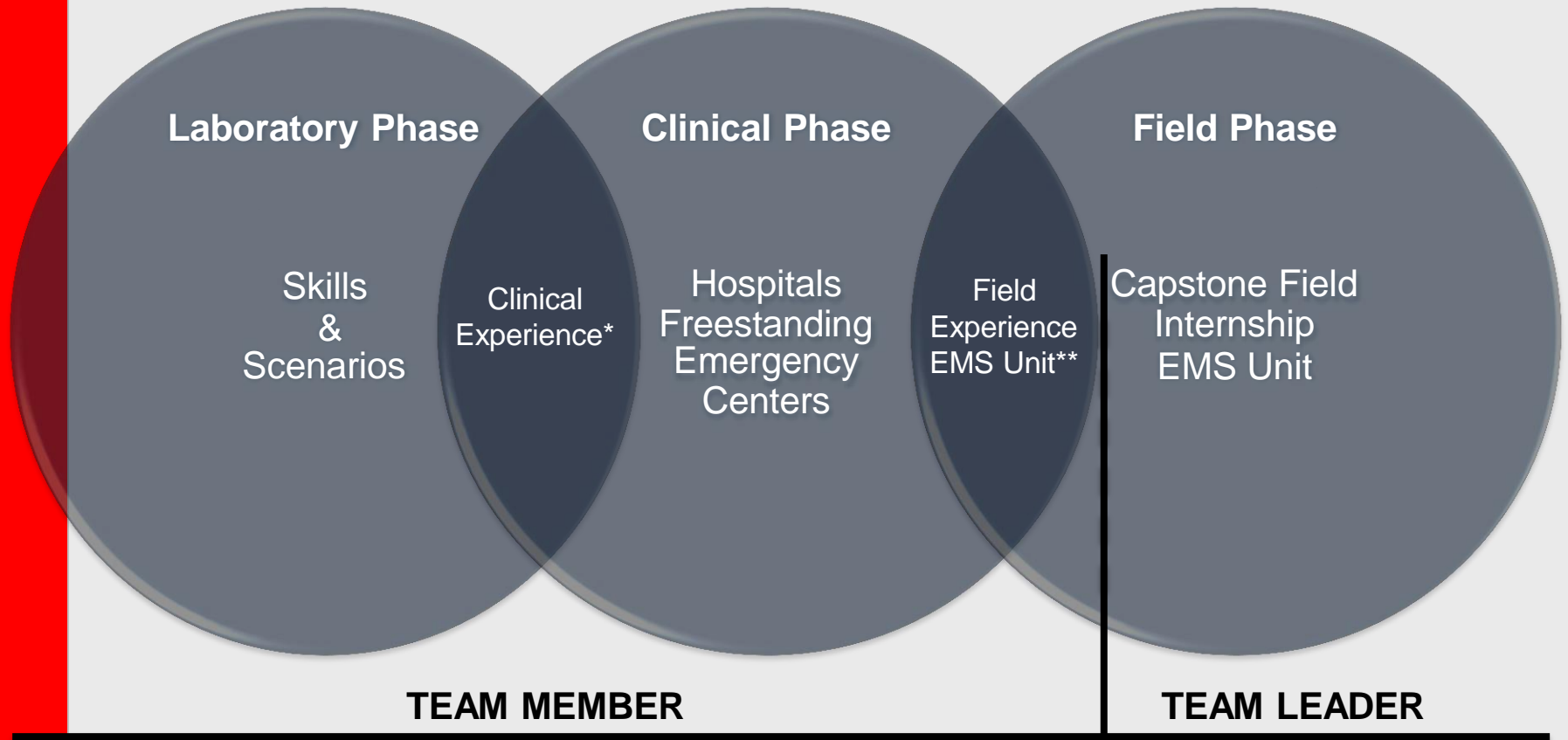
Program Goal and Objectives

- The goal of St. John's University Emergency Medical Services (SJU EMS) Institute Paramedic Program is to turn out competent New York State certified entry level Paramedics.



Psychomotor Formative & Summative Phases

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Laboratory and Clinical Education

Capstone Field Internship

* Individual skills must be checked off in scenarios before performing in clinical setting

** Field experience before completion of entire Clinical Phase cannot be counted toward Capstone Field Internship



Clinical Phases

1. Adult Emergency Department
2. Pediatric Emergency Department
3. Anesthesia / Operating Room
4. Intensive Care Unit (medical or surgical)
or
Cardiac Catheterization Lab
5. Labor and Delivery



Field Ambulance Phases

BLS Ambulance

0 - 48 hours depending on prior 911 BLS experience

ALS Ambulance FIELD EXPERIENCE

120 hours minimum

ALS Ambulance FIELD INTERNSHIP

144 hours minimum



Team Leads

- 144 hours of internship (Capstone) and 50 team leads (35 ALS required)
- Team Lead Objectives



Why the Student Internship Process

- Demonstrate all advanced life support skills required of an entry level paramedic.
- Demonstrate ability to evaluate patient subjectively and objectively
- Demonstrate ability to develop presumptive diagnosis and proper treatment plan according to proper regional protocol
- Demonstrate ability to direct other crew members in performing patient care.



Preceptor/Mentor

- What is a preceptor?
 - Helps the student take the classroom teaching into real time learning
- Why do we have preceptors?
 - To mentor and to reinforce the teaching
- Do we really need preceptors?
 - Without preceptors, students may make mistakes and not realize it
- What do the preceptors get out of it?
 - Reinforce their own knowledge
 - Self-satisfaction
 - Training the next generation, their future partners



Preceptor Criteria

- Caring
- Positive interactions
- Empathetic
- Good communicator
- Strong patient advocate
- Expert practitioner
- Willing resource person
- Shares knowledge with others
- Respects dignity in all people
- Honest and accountable



Primary Role of the Preceptor

Demonstrates how staff perform their job

Role Model

Helps student feel welcome & integrated into the field

Socializer

Educator

Helps student assess learning experiences and evaluate performance



Qualities of a Preceptor

- Willingly answers questions
- Asks questions for the right reasons
- Remembers what it was like to be a student
- Asks students what they want to accomplish during their clinical day
- Supervises but takes a step back
- Provides learning opportunities
- Gives feedback
- Leaves their personal lives at home
- Make students walk away at the end of that day, wanting to be a paramedic



Why Should I Precept?

WHY BE A GOOD MENTOR?

The primary motivation to be a mentor was well understood by Homer: the natural human desire to share knowledge and experience. Some other reasons for being a good mentor:

Achieve satisfaction. For some mentors, having a student succeed and eventually become a friend and colleague is their greatest joy.

Attract good students. The best mentors are most likely to be able to recruit—and keep—students of high caliber who can help produce better research, papers, and grant proposals.

Stay on top of your field. There is no better way to keep sharp professionally than to coach junior colleagues.

Develop your professional network. In making contacts for students, you strengthen your own contacts and make new ones.

Extend your contribution. The results of good mentoring live after you, as former students continue to contribute even after you have retired.

FACTS



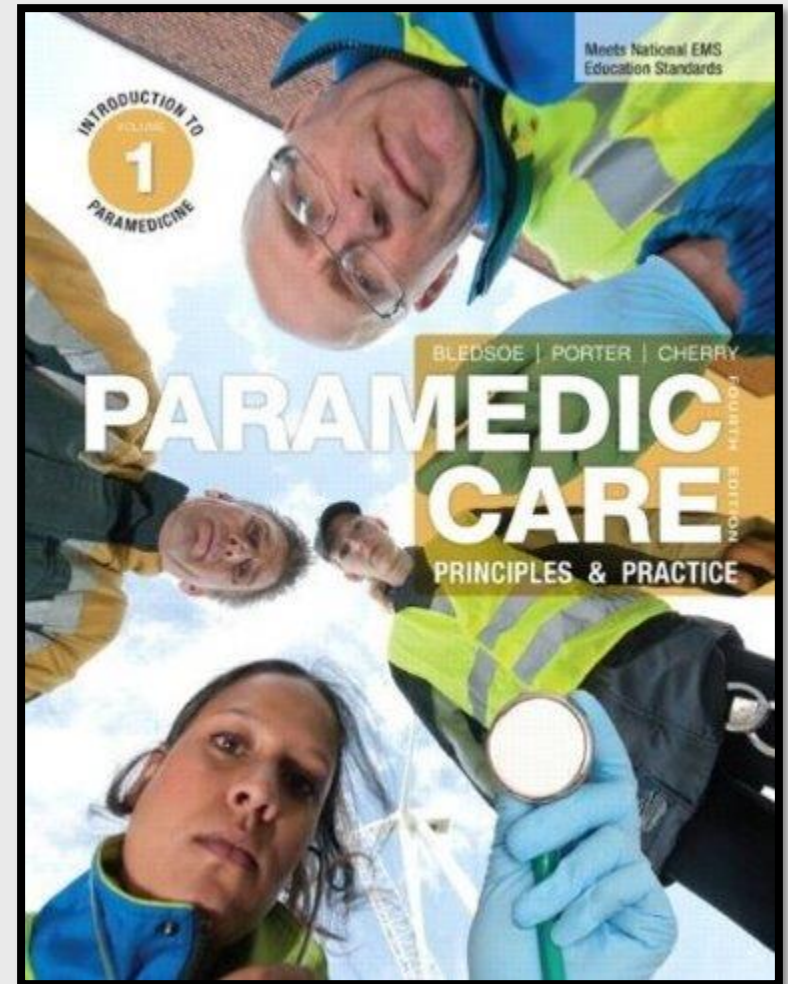
Responsibilities of a Preceptor

- Guide – support, encourage
- Monitor – patient care and skills performance
- Evaluate – student attitude and performance
- Identify those who need remediation – change behavior
- Keep accurate and complete records – evaluation forms
- Provide feedback – to student and program
 - Constructive
 - Specific
 - Frequent
 - Valid
- Maintain professional demeanor – you are the paramedic



Why Do We Need Preceptors?

- Not everything can be learned in a book
- Real life is too unpredictable
- Patients do not always present with classic signs/symptoms of diseases



From Classroom to



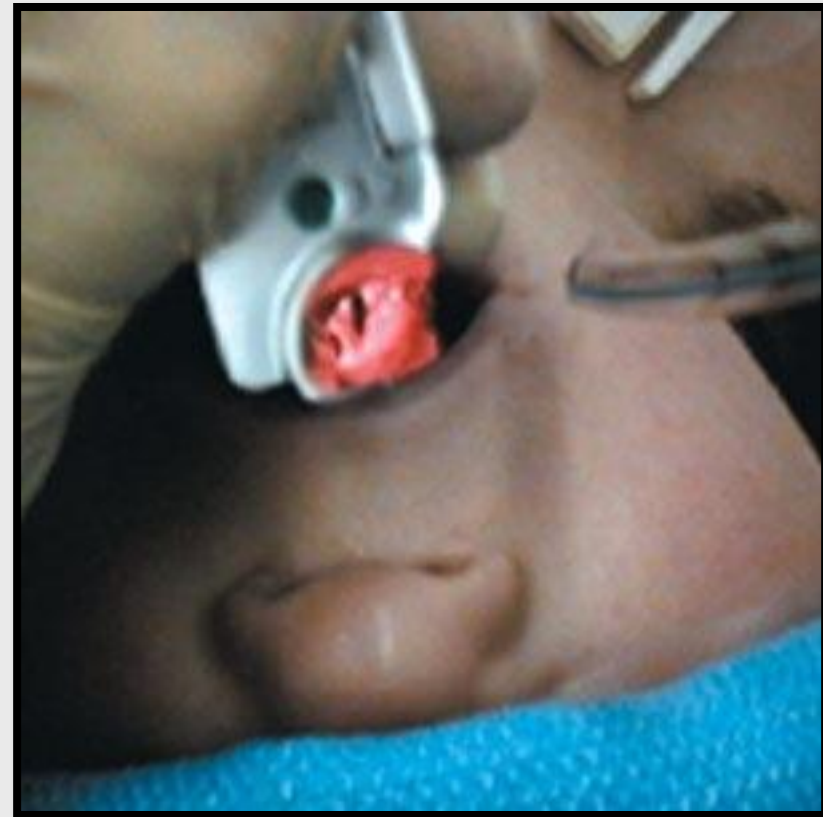
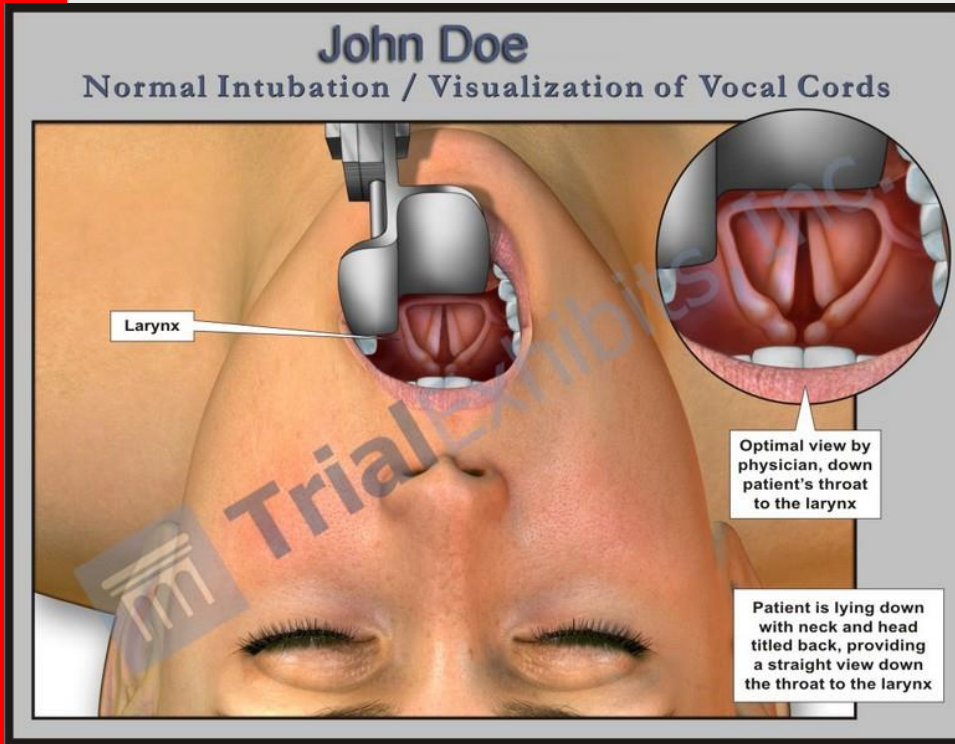
....Real Life



Simulation vs. Reality



Mannequin vs. Patient



Help Make the Connection



Preceptor and Paramedic Roles

- Major role with student (preceptee)
 - Facilitate rather than doing
 - Watch and evaluate
 - Intervene only when necessary
- Challenge –
 - Balance role of caregiver and preceptor



Laws of Learning

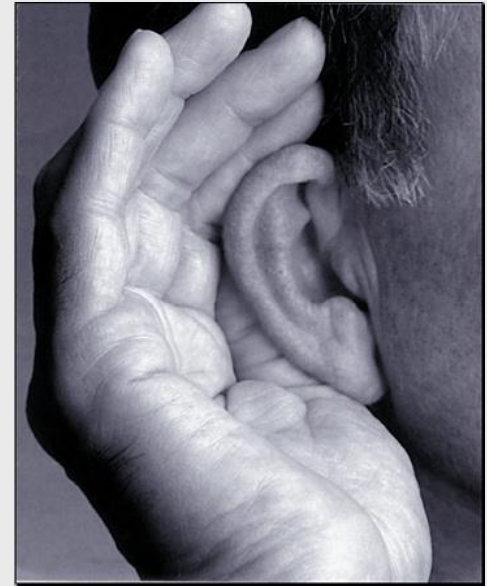
- **Readiness**
- **Effect**
- **Relaxation**
- **Association**
- **Involvement**
- **Exercise**
- **Relevance**
- **Intensity**
- **Challenge**
- **Feedback**
- **Recency**
- **Expectations**
- **Emotions**
- **Differences**



First Impressions are Lasting



How Your Students Learn



- Seeing
- Hearing
- Touching
- Relating to a similar or previous experience

Environment Conducive to Learning

- Mutual respect
- Collaborate ***NOT*** competitive
- Offer feedback, review calls
 - Positive as well as negative
- Remember **YOU** were once a student
- Everyone is HUMAN



HUMAN

- **H** – **h**ear them out
- **U** – **u**nderstand their feelings
- **M** – **m**otivate their desires
- **A** – **a**cknowledge their efforts
- **N** – **n**ever put them down, make personal attacks, display harsh or blaming attitudes



Positive Feedback

- What?
 - Information that helps people to decide whether their behaviors have had the intended effects
- Start with **POSITIVE feedback** even if all the student did was arrive on time
- Reinforces behaviors
- Encourages repetition



Negative Feedback

- Negative reaction
- Student stops learning
- Can diminish their confidence



Ineffective Feedback Examples

- Example 1: "Good job!"
- Example 2: "the paramedic student saw all patients on the ambulance or in the emergency department today."



Effective Feedback Examples

- Example 3: "paramedic student needs to ask self the question, "Are all the recommended therapies ordered for this problem?" for each problem on every patient without losing efficiency in reviewing and analyzing patient data."
- Example 4: "paramedic students specified therapeutic goals based on consideration of disease or trauma state. He uses practice guidelines appropriately. Goals are measurable and realistic for the patient."



Communication Stoppers

Why are some students not getting your message?

COMMUNICATION ROADBLOCKS

- Interrupting
- Ridiculing or blaming
- Ignoring/denying feelings or ideas
- Assuming
- Controlling
- Ordering/commanding



Written Evaluations

- Programs will ask for written evaluations from you
- Be honest, take your time
- Written comments are best, please don't just check the boxes
- Preceptor feedback is important
- Helps change student behavior
- Improves program
- Evaluations should be objective as possible

REMEMBER

You might be training your next partner!



Written Rating Errors

➤ **Contrast effect**

- Tendency for a rater to evaluate a person relative to other individuals rather than a standard

➤ **First impression**

- Tendency for a rater to make a first favorable or unfavorable judgment

➤ **Similar to me effect**

- Tendency to judge more favorable those whom the rater sees similar to themselves



Written Rating Errors

➤ **Central Tendency**

- When people want to play it safe – everyone “meets standards”

➤ **Negative and Positive Leniency**

- Errors committed by a rater who is either too hard or too easy in rating students
- Total negative criticism
 - May cause feelings of inadequacy
- Total positive leniency
 - May raise unfounded expectations



Trouble-Shooting Negative Performance Problems

- Is there a problem?
- What is the problem?
- Is the problem important?
- Where has the system broken down?
 - Knowledge
 - Skills
 - Understanding



How to Handle the Difficult Student

- Why students can be difficult
 - They do not know what is expected of them
 - They lack the skill of ability to do what you want
 - They desire attention, respect and approval
 - They have a low tolerance for frustration
 - They enjoy exercising power and control



Things You Can Do

1. Explain what you want them to do while enroute to the call or at the beginning of the shift
2. Ask the student what are they allowed to do or what have they covered in class.
3. Give constructive feedback.
4. Don't yell, scream or demean
5. Remind the student of the importance of a methodical approach, attention to detail
6. Remind them they will be working with a partner as a team



Clinical Paperwork front page



**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CLINICAL SHIFT EVALUATION WORKSHEET**

Student Name:		Date:	Educational Program: St. John's University	Clinical Site:
Page ___ of ___	Time In:	Time Out:	Preceptor:	Unit:

Directions: Each contact must be rated by the student first, and the rated by the preceptor second. Mark student ratings in the row marked "S" and preceptor in row "P." Comment on any discrepancies on Back. Preceptors complete shaded sections.

Rating: **NA**=Not applicable-not needed or expected.
0= Unsuccessful- required excessive or critical prompting
1- Marginal- inconsistent, not yet competent.
2= Successful/competent- no prompting.

Patient Age Sex	Impression/Differential Diagnosis	LOC, Complaints, Events/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rater	Clinical Objectives								Comments and Immediate Plan for Improvement for Next Contact		
						Pt Interview & Hx Gathering	Physical Exam	Impression & Treatment Plan	Skills Performance	Communications	Professional Behavior (Alert)	Team Membership	Initials			
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										



Clinical Paperwork back page

**National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CLINICAL SHIFT EVALUATION WORKSHEET**

Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported:

on time, well groomed, in uniform and prepared to begin the shift Yes No

Student knows equipment location and use. Yes No

Behavior was professional:

Accepts feedback openly Self-motivated Efficient Flexible Careful Confident

Student helps clean up and restock, unprompted. Yes No

Student asked relevant questions and participated in learning answers, used downtime to its highest potential.

Yes No

Student left site early (did not complete shift). Yes No

Preceptor would appreciate:

phone call or email from the instructor (please provide contact info). Yes No

Student Signature

I agree to the above ratings:
Preceptor Signature

Clinical Objectives:

Pt Interview/Hx Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient; demonstrated compassion 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.

Impression & Treatment plan: Student formulates an impression and verbalizes an appropriate treatment plan.

Skill Performance: Student performs technical skills accurately and safely.

Communication: Student communicates effectively with team, provides an adequate verbal report to other health care providers and completes a through written patient narrative as appropriate.

Professional Behavior Objectives: Student demonstrates they are:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.

Flexible: Makes adjustments to communication style, directs team members and changes impressions based on findings.

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly.

Confident: Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Membership Objective: Clinical Experience evaluation of field performance assess a student as a Team Member and is isolated to evaluation of individual skill delivery or a portion of patient care delivered. When evaluating the student performance as a Team Member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the student's cognitive understanding of complete patient care that paramedics are expected to deliver

Ratings: NA = Not applicable - not needed or expected; 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. **1 = Marginal** - inconsistent, not yet competent; **2 = Successful/competent** - no prompting.

Note: Ideally, students will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Students will progress at different rates and case difficulty will vary. Students should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings.

Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting.



For any questions or concerns regarding this student please contact the Clinical Coordinator,
Scott Holliday at (718) 990-8418 and leave a message or email hollidas@stjohns.edu



Clinical Paperwork



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The student fills in the blank spaces,
the preceptor fills in the shaded areas.
Please print your full name



Clinical Paperwork

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1				ALS	S										
					BLS	P									

The student fills in the blank spaces and rates themselves on each call. The preceptor then rates the student on the identical objectives and adds any comments as applicable. The preceptor's assessment does not have to agree with the student. It can be higher or lower. Students should not be great on all calls on all rotations. They are still learning and are expected to make mistakes and improve with time/experience.



Clinical Paperwork back page

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Yes No

Student left site early (did not complete shift). Yes No

Preceptor would appreciate:

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Preceptors can add any comments or suggestions for improvement and then are asked to rate the students affective (behavioral) traits.



Clinical Paperwork back page

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Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting.

These are the objectives that the students are expected to strive for.



Clinical Paperwork



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Scott Holliday at (718) 990-8418 and leave a message or email hollidas@stjohns.edu

There is contact information for the clinical coordinator on the back of every evaluation



These Students Want What You Have



Important information

- INJURIES, INCIDENTS AND UNUSUAL OCCURRENCES
- IDENTIFICATION
- DRESS CODE
- PERSONAL EQUIPMENT
- PROTOCOLS



Summary

- Program Goals
- Purpose of the Paramedic student Internship
- What is a Preceptor?
- Preceptor criteria
- Role of the preceptor
- Responsibilities of the preceptor
- Laws of learning
- Positive vs. negative feedback
- Environment conducive to learning
- Documentation
- Important Information



Thank You

- We really appreciate all that you do
- We thank you for your input
- We hope to continue this relationship for a long time



Questions?

Scott Holliday, BS, EMT-P, CIC, Regional Faculty
Clinical Coordinator,
St. John's University EMS Institute

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(718) 990-8418