

Preceptor Training Practices

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Overview

- 🚒 Ensure that quality preceptor training is provided, and all preceptors complete this orientation/training
- 🚒 Learn how programs structure
 - 🚒 preceptor orientation/training
 - 🚒 track preceptor orientation/training completions
 - 🚒 ensure quality with outside agency training
- 🚒 Discuss preceptor competency and maintenance of training over time



CoAEMSP: Preceptor Training Practices

 Accredited Paramedic educational programs must ensure that clinical and field educators who evaluate students have completed preceptor orientation/training. Sometimes the program provides that orientation/training directly and other times the clinical site or field agency provides their own program.

 Standard III.B.1.a. Resources - Program Director Responsibilities
The program director must be responsible for all aspects of the program, including, but not limited to:

6) the orientation/training and supervision of clinical and field internship preceptors



Preceptor

preceptor (noun) · **preceptors** (plural noun) · **preceptress** (noun) · **preceptresses** (plural noun)

(prĭ-sĕp'tər, prĕ'sĕp'tər)*n.*

1. A teacher; an instructor.
2. An expert or specialist, such as a physician, who gives practical experience and training to a student, especially of medicine or nursing

synonyms:

educator · tutor · instructor · pedagogue · schoolteacher · schoolmaster · schoolmistress · master · mistress · governess · educationalist · educationist · supply teacher · coach · trainer · lecturer · professor · don · fellow · reader · academic · guide · mentor · guru · counselor · sophist · dominie · pandit · teach · beak · chalkie · schoolie · doctor



Preceptor (cont.)

Bartlett et al. BMC Medical Education

- ❖ *Preceptorship may be defined as the formal arrangement, situated within a clinically related setting, between a practicing health professional (the preceptor) and a graduate or student (the preceptee).*
- ❖ *The preceptor acts as a role model, supervises, provides guidance, learning experiences, and facilitates the socialization and development of the preceptee into a competent professional, fit for practice during the taught curriculum and preregistration*
- ❖ *A good placement or internship experience lays a solid foundation for development of professionalism throughout a practitioner's career. Developing and supporting preceptors also leads to improvements in retention and satisfaction of new graduates.*



Qualities/Skills of a Preceptor

- ❖ Enthusiasm and passion for teaching
- ❖ Organized and ability to prioritize
- ❖ Patience
- ❖ Open to receiving feedback
- ❖ Strong Clinical Skills
- ❖ Empathetic
- ❖ Approachable and Flexible
- ❖ Ethical



Minimum Qualifications

- ✓ Years of EMS experience
- ✓ Time with agency
- ✓ In good standing with employer
- ✓ EMS authority recognition
- ✓ Availability without agency or personnel commitments during term of capstone



Preceptor Training Program May Include

CNO roundtable from *Becker's Healthcare Review*

- ❑ A mix of independent learning modules, such as webinars or online courses
- ❑ A review of program specific policy and procedures
- ❑ Content on teaching strategies
- ❑ Self-assessment evaluation of leadership styles
- ❑ Adaptive training (adapt their style to different personalities of preceptees)
- ❑ Training on conflict resolution
- ❑ Training on cultural diversity



Preceptor Training/Orientation (*Standard III B 1.a.6*)

The training media may take many forms: written documents, formal course, power point presentation, video, on-line, or there could be designated trainers on-site that the program relies on. The program should tailor the method of delivery to the type of rotation

The program must identify a key person in hospitals (departments), in other clinical experience settings, and for field experience. The program must demonstrate that every key person has completed the orientation. The program can then arrange to have those key personnel provide guidance to any other preceptors in those settings.

*The program must demonstrate that **each capstone field internship preceptor** has completed the training. For example, there may be an on-line session documenting completion by the preceptor, or there may be a written packet provided by the program, which is read and signed by the preceptor at the start of the rotation, or a representative of the program may meet briefly with the potential preceptors at that location*



The training/orientation must include the following topics:

- ❖ Purposes of the student rotation (minimum competencies, skills, and behaviors)
- ❖ Evaluation tools used by the program
- ❖ Criteria of evaluation for grading students
- ❖ Contact information for the program
- ❖ Program's definition of Team Lead
- ❖ Program's required minimum number of Team Leads
- ❖ Coaching and mentorship techniques



Evaluation and Evidence of Preceptor Training/Orientation

For clinical and field experiences, the program should focus on the evaluation of the experience, but that evaluation must include at least an overall, not necessarily individual, evaluation of the preceptors.

For capstone field internship experiences, the program should focus on the evaluation of the experience, but that evaluation must include an evaluation of each active capstone field internship preceptor.

The program must provide evidence of the completion of the training of capstone field internship preceptors by dated rosters of participants, on-line logs, signed acknowledgement by the capstone field internship preceptor.



Standard III C 3 Curriculum (Team Leads)

Each program is required to define Team Lead and document it in program materials.

*Minimum team leads must be established by the program and accomplished by **each** student. The number of team leads is established and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the paramedic profession.*

To be counted as a Team Lead the Paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field



Standard IV.A.2. Student Evaluation-Documentation

b. The program must track and document that each student successfully meets each of the program established minimum patient/skill requirements for the appropriate exit point according to patient age-range, chief complaint, and interventions.

Capstone Field Internship Documentation

The tracking system must incorporate and identify the minimum competencies (program required minimum competency numbers) required for each exposure group, which encompasses patient age (pediatric age subgroups must include: newborn, infant, toddler, preschooler, school-ager, and adolescent), pathologies, complaint, gender, and intervention, for each student.

The program must document a mechanism for demonstrating consistency of evaluation and progression of the student during team leadership.



How Many Preceptors?

Kokx, CoAEMSP e-newsletter March 2018

Limiting the number of preceptors to as few as possible to ensure continuity of the student's education.

- ✓ If a student sees a different preceptor each time he or she rides, it is very difficult to know if he or she is progressing towards entry-level competency. This means
- ✓ if a student is struggling in a particular area, the preceptor can recognize the problem and then work with the student accordingly in order to remediate any deficiencies.
- ✓ It also prevents a student from getting to the end of the program only to realize he or she is not ready to graduate. This is a matter of fair practice which helps protect the student and the program from possible adverse action(s). For agencies that simply cannot achieve assigning one or two preceptors to a single student, the program is required to document the evidence of communication between preceptors and the student to allow the adequate feedback for progression.



Preceptor Competency and Assessment

- ❖ Effective Communication Skills
- ❖ Role Model Practitioner
- ❖ Adapts to learning needs of the student
- ❖ Demonstrates Respect for the learner
- ❖ Commitment to excellence in teaching
- ❖ Facilitates critical thinking, problem solving and decision-making development
- ❖ Encourages self-directed learning
- ❖ Leadership and Management Skills



Preceptor Evaluation

Standard III B 1 a - *the program should focus on the evaluation of the experience, but that evaluation must include an evaluation of each active capstone field internship preceptor.*

Programs should check in with the preceptors on a regular basis. A preceptor program is only successful if the student felt that they were trained well. Programs must obtain feedback from students to evaluate the preceptor, and coach the preceptor as needed.

After the training program and once the preceptor has precepted several students, they should be surveyed on the effectiveness of the training/orientation program. The preceptor will be able to evaluate the program concerning how well it prepared them to precept students.



Takeaways

A good preceptor training program should be tweaked and updated annually to reflect current trends and changes within the program. Feedback from both the preceptor and the student is your best tool for evaluating the success of your preceptor training program.

The greatest compliment paid to a preceptor is when their preceptee exceeds the skillset and abilities of their preceptor.

A strong preceptor training/orientation program is critical to the success of a program and their graduates.



Showing Appreciation for Preceptors



ANY
QUESTIONS?



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