

Precepting with a Purpose: Strategies for Preceptor Success

John (JC) Cook, EdD, NRP
Assistant Director
CoAEMSP
Roanoke, VA

IMPORTANT!!



- You do NOT have to do what I do (did).
- The only dumb question is the one you don't ask!
- I am NOT angry all the time ... I suffer from RBF
 - RESTING BEARD FACE

***“There’s more than one way to
skin a cat....” – Doug York***

***“Necessity is the mother of
invention.” - Plato***

Conversational Items

- Who are preceptors and why do we have to train them?
- What are some best practices in delivering training?
- How can we support our preceptors and encourage them to do more?
- ***MOST IMPORTANT: Collaborate on best practices for precepting success.***





***Why do we need to “train”
preceptors?***



Who is a “Preceptor”?

- Teacher
- Instructor
- Mentor
- PARENT

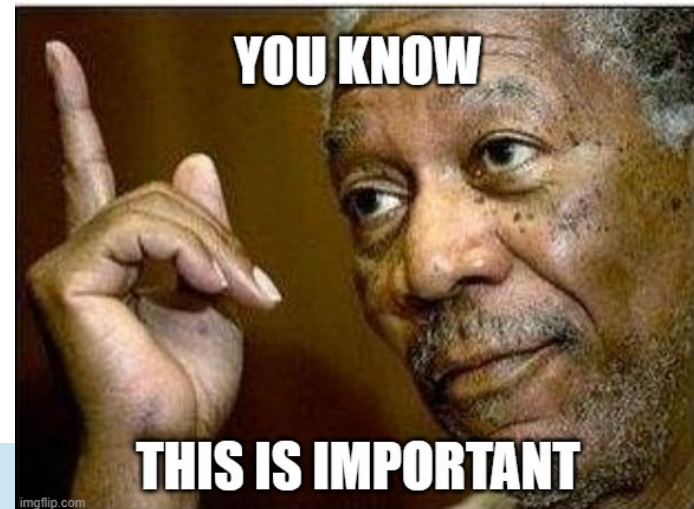
Fact or Fiction?

***Preceptors can make or break
a student's educational
experience.***

FACT

Important Terms (2023)

- Clinical Liaison
- Clinical Preceptor
- Field Experience
- Field Preceptor
- Capstone Field Preceptor



Field Experience

- Planned, scheduled, educational student time spent on an EMS unit, which may include observation and skill development, but does not include the capstone field internship. Field experience can begin early in the program or scheduled at the conclusion of the clinical phase at the discretion of the program.
 - Rotations on an ALS unit that provides “exposure.”
 - Can be oriented using the same methodology as Clinical Liaisons
 - Each AGENCY must have an identified liaison.
 - The liaison is charged with orienting other personnel who interact with students.

Fact or Fiction?

***Field Experience rotations are
required in the CAAHEP
Standards.***

FICTION

Capstone Internship

- Provides an opportunity for students to assess and manage patients in the prehospital environment in the role of team leader. The capstone field internship must occur after all core didactic, laboratory, and clinical experiences are completed.



What do the STANDARDS say? (2023)

Standard III.B.1.a. Program Director Responsibilities

The program director must be responsible for all aspects of the program, including, but not limited to

- 1) Administration, organization, and supervision of the program,
- 2) Continuous quality review and improvement of the educational program;
- 3) Academic oversight, including curriculum planning and development; and
- 4) Orientation/training and supervision of clinical and capstone field internship preceptors.

Clinical/Field Experience vs. Capstone

- Clinical/Field Preceptors (or liaison) are ***oriented:***
 - Familiar with paperwork
 - Familiar with goals
 - Contact info for emergencies
- Capstone Field Internship Preceptors are ***trained:***
 - Curriculum:
 - Goals/objectives
 - Measurement of learning
 - Remediation as necessary



***Capstone students CANNOT be
placed with preceptors who have
not been trained!!***

Fact or Fiction?

The CAAHEP Standards dictate the requirements to be a capstone preceptor.

Preceptor Requirements

- Field Experience
 - Paramedic certified.
 - No QA/QI issues.
 - Willingness to guide students
- Capstone Field Internship
 - Paramedic x 2-3 years
 - Instructor training
 - Field training officer



What are your requirements?

Contents of Training



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 A
TEAM LEAD.



PROGRAM'S
REQUIRED MINIMUM
NUMBER OF TEAM
LEADS.



COACHING AND
MENTORING
TECHNIQUES.

Mode of delivery

- Written documents (i.e. preceptor manual)
- Formal course
- PowerPoint presentation
- Video
- Online course
- Commercially available product ***
 - Must add program-specific information

CoAEMSP - Definition of a Team Lead

A definition of a team lead is found in the CoAEMSP Interpretations of the CAAHEP 2023 *Standards and Guidelines*:

The student has successfully led the team if they have conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather were in charge of the assessment), and formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions were made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, and disposition and packaging/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, other responders, or crew.

XYZ Paramedic Program – Definition of a Team Lead

INTERNSHIP TEAM LEAD DESIGNATION

All paramedic students are required to obtain a minimum of 50 team lead experiences to satisfy programmatic requirements. A student is considered the team leader of a call under the following circumstances:

1. The student leads and directs all patient care activity from the beginning of the call to the end of the call.
2. The preceptor deems that the leadership ability, patient care rendered, and overall actions demonstrated those of a competent provider.
3. If the above are met, the student designates the call as a “team lead” in EMCE and the preceptor approves the submission.

Fact or Fiction?

***Non-transporters can count as capstone
tech leads.***

***Programs can use a non-transporting
agency for capstone field internship.***

Fact or Fiction?

***Interfacility transport reports can
count as if one team leads.***

DEPENDS

Assessing Preceptor Effectiveness



Fact or Fiction?

The most effective way to support preceptors is through communication and feedback.

FACT

Evaluations

- Each rotation, students must have the opportunity to evaluate
 - The site
 - The preceptor
 - Themselves



What do you do with this data?

Feedback is Important

- Quality Improvement
- Allows the preceptor to input ideas to enhance student learning
- May use feedback/survey results on annual performance evaluations

***Do you review survey results with your
Medical Director and Advisory
Committee??***

Don't forget....

Document, Document, Document

- Program needs to be able to demonstrate training completion by each capstone preceptor!
 - Dated/signed rosters
 - Electronic logs
 - Signed acknowledgement
 - Emails (tedious)
- Praise
- Concerns
- Evaluations

Summary

- Programs must ORIENT field preceptors.
- Programs must TRAIN capstone preceptors.
- The content of the orientation/training is ultimately up to the program.
- Commercially available products DO NOT meet all the needed topics.
- ASK FOR HELP if you need ideas to improve your process!

Credible Education
through Accreditation

