



Preceptor Training FAQ

The following questions were asked during the webinar: *CoAEMSP Interpretations: Preceptor Training*, which was offered in March 2011. At the end of this document are suggestions and additional information provided by the webinar attendees.

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Frequency & Delivery Method of Program

1. Q: How often does the training need to be repeated. For example, if we trained one year ago or more is that acceptable?

A: The answer depends on how often Paramedic students are in the area, the duration of students in hospitals or in internship and the amount of regular communication with the preceptors. If students are somewhat non-stop attendance in those areas due to multiple classes, and if there is regular communication from the program to the preceptors, then perhaps only an occasional orientation program or preceptor training for new preceptors would be adequate. On the other hand, if the students are present in hospital and internship only a few months every year or less, then perhaps the training should be repeated annually prior to the students arriving.

2. Q: Must a preceptor attend preceptor training annually or is one time adequate?

A: If the preceptor continues to work with Paramedic interns, and utilize the same evaluation form, communicates with the program in the same manner, and talk to program personnel during field internship experience, then perhaps one time is adequate. However, if a preceptor does not have an intern for a year or so, it is helpful to review the training periodically. The bottom line is that the CoA wants the preceptor program working well and all preceptors and interns and the program knowing what is going on and communicating with each other on student progress, accurate objective evaluation and any problems.

3. Q: Can the student have a copy of the written material to back up the information that a program has provided?

A: This is an acceptable practice.

4. Q: What are the on-going preceptor training/update expectations?

A: Preceptor updates include any new information on Paramedic intern expectations, feedback from problems that have or may occur or inaccuracies in evaluation (QA issues) as well as any program personnel updates that should be contacted or evaluation tool update. Again, preceptors and interns and program all “singing from the same hymnal” are the bottom lines.

Q: Are interfacility agencies acceptable for field internships?

A: Since the goal of the program is to graduate a competent entry-level Paramedic in all domains within the traditional role of the Paramedic as prehospital provider, then an adequate amount of 911 team leads and skill acquisition would be necessary to accomplish this.

5. Q: Can we get a breakdown of what the recommended content is to include in preceptor training since a timeframe is not put on it?

A: You will find a variety of programs on the Internet if you search “Paramedic preceptor training”. The following are VERY IMPORTANT:

- program goals
- purposes of internship
- requirements for successful completion (meeting internship objectives should include behavioral components, ability to successful team lead a certain number of calls, any required other skills, etc)
- how to use the evaluation tool and grading criteria
- role of the preceptors versus the role of the program in the final outcome
- contact information for the program.

In addition, the following are important:

- characteristics of adult learners
- how to provide constructive feedback
- when to intervene
- roles of program
- role of the preceptor, etc.

6. Q: Is a podcast acceptable for a delivery mode?

A: Yes

7. Q: Can program offer CE for preceptor training?

A: Yes, if the state Office of EMS or CECBEMS allows.

8. Q: Does CoAEMSP have a sample preceptor program that could be used as a template?

A: No, but search “Paramedic preceptor training” and you’ll find some. Also, check out the NAEMSE Trading Post (naemse.org); there may be some available.

9. Q: How long does the preceptor training program have to be? What do you suggest as the minimum number of hours?

A: The minimum number of hours for a Paramedic preceptor program depends on how closely the program already communicates with the preceptors and how new the preceptor program is. If many of the preceptors went through the program and the similar internship as the current interns then maybe less time is necessary. Also, if resource materials are provided for the preceptors to read at their leisure then maybe the face-to-face time—or online time—can be reduced.

Multiple EMS Programs in Area

10. Q: What if another local program has already done preceptor training and will not do it again?

A: The answer is DIFFICULT in that programs often do things differently. However, the CoA does encourage collaboration. In other states, schools have worked cooperatively and established a regional preceptor or statewide preceptor educational program. Each situation and circumstance is different and one size won't fit all.

11. Q: What if a service does not want to participate in this training due to so many programs in a location (e.g. Houston area)?

A: Get George to tell them they have to. (LOL) I wish it was that easy. The issue will require a great deal of discussion and being connected (that's called politics...) to perhaps accomplish the mission. Ultimately, Paramedic educational programs are dependent on their internship sites to accomplish their goals.

12. Q: Can a Program Director (PD) use a "train-the-trainer" approach with an agency and then have that agency conduct the training and provide the documentation of who has received the training?

A: If preceptor training is delegated to a service director or some other service personnel, there should be some verification to ensure that the information meets the program, students, and evaluation needs.

13. Q: Why is a program required to provide preceptor training when it has NO way to require the preceptors to participate?

A: This is a difficult issue; however, the employees of an EMS service that is utilized for Paramedic field internship have a very direct impact on students and student learning. Unfortunately, we rely on them to provide the education. The preceptor provides key input into determining student competency.

14. Q: Is it adequate to know that all preceptors must be certified prior to taking students utilizing a standardized preceptor training program with a state approved curriculum used by all agencies? In other words, my program may not have trained all preceptors at one agency, but it is documented at their agency that they are approved preceptors and have received training by another school?

A: The training sounds like it would likely be adequate; however, you should have a mechanism to ensure your contact information, your student evaluation forms, your processes, your definition of Team Leads (TL's), etc. are known by the agency personnel.

Proof of Completion

15. Q: At the completion of preceptor training, must the program give the preceptors a quiz or test for proof they have completed the training?

A: A test is a good idea; however, not required by the CoAEMSP. Proof of training can be a sign in log or another method to verify attendance.

16. Q: If done in written form, is the program responsible to have preceptors sign each year or is the form valid for an indefinite amount of time?

A: There is no specific guideline for how often the Paramedic preceptor training must be done; it depends on how often the preceptors have students, how much the program communicates with the preceptors, the length of time between the interns, and other factors that impact the preceptor's current knowledge of the process and methods of being a preceptor.

17. Q: If we are using Fisdap for preceptor training, do we need to keep hard copies of records or is the electronic storage with Fisdap acceptable?

A: Electronic storage is adequate; however, it should be readily available for site visitors.

18. Q: Is it expected that we provide a roster for ALL of the preceptors at an agency? We probably haven't taught all of the preceptors that we are utilizing.

A: Yes, the expectation is that all preceptors will be trained.

Counting Skills on Duty

19. Q: If a student is on duty and they perform a specific skill, for example endotracheal intubation, can they count that skill as long as they are supervised by a preceptor? Can they do this even if there are only 2 assigned to the ambulance?

A: The skill cannot be counted if the student is one of only two assigned to the ambulance. The skill actually should not be done by the student if he is working as an EMT and not a Paramedic student.

20. Q: When a Paramedic student is working while at their job as an EMT, and their partner is an approved Paramedic preceptor, why can they not count skills/assessments done at work? If the Medical Director of the education program and the Medical Director of the service both agree to allow it, and state law allows it (our state allows it), why can't we allow that? I am not asking to count the hours, but to count the skills done at work.

A: There is a legal liability for scope of practice when skills are performed on duty. The bottom line is that the malpractice insurance (usually \$1 million dollars per occurrence) will NOT cover a student who is NOT currently assigned by the educational program in their role as a STUDENT. You run the risk of NO coverage if an incident occurs and its going to cause greater problems than you might know.

21. Q: What if a student performs skills under their scope of practice? (i.e., a student while working starts an IV. Can they count that as one of their IVs?)

A: Is this student working as a required member of the ambulance team when the skill is being performed? If yes, the skill *cannot* be counted. If the student is working as a student and a 3rd member of the team the skill *can* be counted.

22. Q: In regards to clinical skills while on duty, am I to understand that a student cannot count an IV as an accomplished skill unless he is the third person on the ambulance?

A: That is correct.

23. Q: Are there concerns with allowing students to do field time at their place of employment?

A: It depends on the size of the service and the ability to receive an objective evaluation. In many places, the service feels this is not a good practice and does not want the employee to be evaluated by another employee. Some services think it is a good idea so the student can become more familiar with the department's procedures, etc. If the agency is large and there's no relationship to the preceptor then a bias may not exist. Is the student receiving an objective evaluation? I personally (Deb Cason) think it is not a good idea in general to put a student at their current place of employment; however, if the student's place of employment has the highest call volume and is large then it should not be an obstacle.

24. Q: Is there is a legal liability for scope of practice if skills done on duty?

A: It seems that IF the Paramedic student does something outside of their scope of practice a liability exists. Again, if the Paramedic intern is functioning as a STUDENT and under the direct observation of a field preceptor, the risk is decreased. However, if either is negligent, liability would exist.

Preceptor and Student Evaluations

25. Q: Is there a standard list of questions for interns evaluating their preceptors?

A: No, not from the CoAEMSP. It would be great for NAEMSE to collect some of these tools and offer on its Trading Post!

26. Q: Would you support a question on the evaluation that states "would you want this student taking care of you and your family members at this time"?

A: Certainly! Ultimately, we WANT Paramedic graduates to have not only the knowledge and skills but the proper AFFECT to function in the EMS setting.

27. Q: We were planning on having the students carry the signatures of the preceptors back to the program to match with their evaluations. Preceptors who didn't sign the training log would not have their evaluations count. Would that be an acceptable way to endure that ALL preceptors are trained?

A: There should always be caution when having the STUDENT carries ANYTHING to the preceptor on behalf of the program. In my opinion (George Hatch), the PROGRAM has the responsibility to see that the materials are collected and distributed.

28. Q: Is there any requirement for how many contact hours between preceptor and student? Can non-preceptors be used part of the time or must a student spend all their internship time specifically with the preceptor? Is the student required to have an assigned preceptor or can a multitude of preceptors oversee the student's performance?

A: Most agree (as does some research) that fewer preceptors are better. In some cases this is not feasible. For the internship period, which is focused on becoming an effective Team Leader, it is recommended a preceptor is assigned. If a preceptor is not available one day, it is not a deal breaker!

29. Q: How can someone in a PTP work being paid as an EMT-B on an ambulance doing skills. Does this not violate scope of practice? They are paid as EMT-B. In Indiana they have to work within their scope of practice. The question is not clear.

A: What's a PTP? Paramedic Training Program? We are NOT attorneys (although we have stayed at a Holiday Inn once) but it would seem that you need to work with YOUR state to address this unique situation. IF the student is functioning as a Paramedic student in that capacity, their skills should count. Again, EACH state has their own issues and you should get further clarification so that we might be able to assist as needed.

30. Q: Who do I call to discuss skills while part of a crew?

A: 1-800-GEO-HATCH. Not really, but you can call him at 817.330.0080, ext. 112.

31. Q: Is documentation necessary if program instructor is clinical preceptor?

A: Not if the instructor is knowledgeable about the internship, how to be a preceptor and the evaluation method. (One cannot assume all instructors know that information without knowing what the instructor's role is in the program! If it is a part time lab instructor without additional experience or training with the program then, no.)

32. Q: Field Experience is the last frontier in EMS education. What are good reward options for paramedic preceptors who already receive free CE training and receive no extra money for precepting?

A: Good question. We should have a blog and ask program personnel! One program's preceptors ask for shrimp and steak! Some are actually serious, but it is not condoned. Food is always good, cakes and cookies. Really, programs need to do a better job in initial education to make sure students know this is their legacy and professional obligation—to pass it on!

33. Q: Are programs expected to provide a roster for ALL of the preceptors at an agency. We probably haven't taught all of the preceptors that we are utilizing.

A: Yes. Keep trying! It's not an overnight deal for sure!

34. Q: How detailed does the evaluation of student by the preceptor have to be? If it is too lengthy preceptors tend to fill it out without giving honest feedback.

A: CoAEMSP does not have any guidelines on how detailed the evaluation should be. You should identify what you want your successful graduates to be and do and evaluate that—i.e., ambulance preparation, scene safety, setting patient priorities with multiple patients and for each patient with his/her priorities in care, appropriate and thorough patient assessment, uses information to make an accurate decision about patient management, good communication skills with all, ability to review call, be personally reflective and take constructive feedback, etc. Just some thoughts! Maybe NAEMSE can put up some internship evaluation tools on their Trading Post.

35. Q: I was just told at my site visit that I must also include a statement indicating that students must never be substituted for staff. Does this have to go in the training for preceptors, or perhaps in the contract with the agency?

A: The CAAHEP *Standards* require students must never be substituted for staff. CoAEMSP does not require that it be in the preceptor training or in the contract with the agency although those are good ideas.

Student Evaluations

36. Q: What if the clinical sites in your area just refuse to do paperwork that is required for the program? We are having difficulty in New York with nursing organizations refusing to do any precepting and especially any paperwork involved.

A: This is a difficult issue. We do not require that hospital preceptors complete paperwork or evaluations on students. It would be great, but not a requirement. This does mean that the program faculty may need to visit personally with preceptors as they are able or that the program provided faculty to serve as clinical preceptors, or to pay clinical preceptors..

37. Q: Does field training have to have a grade? Can it be pass/fail?

A: As far as the CoAEMSP is concerned, field internship can be pass/fail. There is no requirement for a specific grade to be given.

Miscellaneous

38. Q: Do you have any suggestion on how to do this training for 1000 preceptors?

A: Online!

39. Q: We have a preceptor contract which notes key issues must be signed and returned. Also, we give a booklet for miscellaneous points like evaluation of the student. Very detailed. This is done prior to rides. Facebook updates - are these appropriate?

A: Facebook is ok if it is working for the program and preceptors participate.

Definitions

as defined in the CoAEMSP Policies & Procedures

Clinical Experience

planned, scheduled, educational student experience with patient contact activities in settings other than advanced life support (ALS) unit, such as hospitals, clinics, free-standing emergency centers.

Field Experience

planned scheduled, educational student time spent on an advanced life support (ALS) unit which may include observation and skill development, but which does not include team leading and does not contribute to the CoAEMSP definition of field internship.

Field Internship

planned, scheduled, educational student time on an advanced life support (ALS) unit to develop and evaluate team leading skills. The primary purpose of field internship is a capstone experience managing the Paramedic level decision-making associated with prehospital patients.

Comments Posted by Attendees

Preceptor Training Programs

- ✚ Arizona has an online orientation called OCO that orientates the hospital personnel and students.
- ✚ At EMSTA College, we use the CPPD version of Preceptor Training. This curricula has been adopted by the State of CA and is now the standard.
 - CA Paramedic Program Directors (CPPD) --<http://www.cppd.org/>

Grant Money for the EMS Setting

- ✚ PA DOH is providing grants for CoAEMSP in general
- ✚ The PA BOEMS will reimburse 2500 for items needed to obtain CAAHEP Accreditation.
 - Jay Taylor - jaytaylo@state.pa.us
- ✚ Michigan has CAP grants for the colleges. One accredited program is using it for simulation training and embedding some preceptor training with.

Ideas to Reward Preceptors

- ✚ Offer free CE
- ✚ Preceptor Training Incentives
 - Proposed doing preceptor training at regional EMS conference and provide registration cost to preceptors for the conference
 - This provides CEUs to preceptors and promotes conference attendance.
- ✚ Offer a meal (breakfast, lunch) in conjunction with the training...most EMS/Fire will show up if there is free food.
- ✚ Offer free alphabet courses in return for the preceptor's services.
- ✚ The facilities & organizations in our area recognize the potential of our students becoming future employees - emphasizing this relationship may make things a bit easier; it has for me.
- ✚ One way to encourage sites to participate is reciprocity. Have your students volunteer for 'health fairs' or other events that they may be hosting.