



BLS Preceptor Checklist (ver. 3/10/2019)

Name:

Email:

Crew:

Recommending:

_____ Released and active for 6 consecutive months

These are to be completed only 5 months after release:

_____ Complete observation shift with a preceptor (as a driver or 4th member)

_____ Run and debrief one of the collector backboard scenarios, supervised by a released preceptor

_____ Review "Billing QA for Captains and Preceptors" on carsrescue.org/downloads

_____ Lead crew training on a topic assigned by the captain targeted towards released providers. Topic:

_____ Pass the BLS Cognitive exam with a 95%

_____ Application letter sent to crew captain or senior preceptor (see [Preceptor Application Letter](#))

_____ Letter of recommendation from crew captain or senior preceptor (this is submitted by the recommender)

Preceptor Qualification Requirements

In order to function as a field preceptor of a given level, the provider must meet the respective following requirements:

BLS Preceptor

- Maintain a valid state EMT certification
- Run a minimum of six (6) months as a released Attendant-in-Charge
- Demonstrate willingness and ability to serve as a mentor to less experienced members
- Receive the recommendation of Crew Captain, chief, or approved senior preceptor
- Receive the approval of the OMD and the Clinical Review and Training Committee

Advanced Preceptor

- Maintain a valid state EMT-Enhanced or Advanced certification or higher
- Run for a minimum of six (6) months as a released Enhanced or Advanced technician
- Be a released BLS preceptor
- Receive the approval of the OMD and the Clinical Review and Training Committee

Intermediate/Paramedic Preceptor

- Maintain a valid state EMT-Intermediate/Paramedic certification
- Run for a minimum of 1 year as a released Intermediate/Paramedic technician
- Be a released BLS preceptor
- Receive the approval of the OMD and the Clinical Review and Training Committee

Preceptor Application Letter

The candidate should send a statement to their recommending officer answering the following questions:

1. Why do you want to be a preceptor?
2. What makes you believe you'll be a good preceptor?
3. What do you feel is the greatest issue with the current collecting process? How do you intend to address this?

The recommending officer will then fill out the "Release to Precept" form at carsrescue.org/forms

Expectations

1. Act as a role model and mentor in both clinical knowledge and professionalism.
2. Continue furthering your own education in emergency medicine both on and off duty.
3. Pay far more attention during calls, allowing your preceptee to make their own mistakes without compromising safe and effective patient care.
4. Provide encouragement without judgment, regardless of mood or personal feelings.
5. Work with your preceptee, other preceptors, your crew captain, and the CRAT committee to ensure that every preceptee is receiving the resources they require to succeed at CARS.

Precepting in the Field

During a call

1. Oversee the preceptee to critique their assessment and treatment of the patient
2. Ask leading questions to help guide the preceptee to the next step when the preceptee is struggling, heading in the wrong direction, or getting distracted
3. Ensure the safety of both the patient and the preceptee
4. Be prepared to step in to take over the call if necessary, but
5. Know when to step back and let the preceptee flounder a bit
6. Review the preceptee's documentation for comprehensiveness and accuracy before submission
7. Remember that the preceptor is ultimately the AIC and responsible for all aspects of the call

After a call

1. Discuss with the preceptee clinical findings and the significance of those findings
2. Discuss with the preceptee how to improve their clinical skills and operational proficiency (call flow, equipment availability, safety, efficiency, handling multiple patients, etc.)

Precepting at the Station

During each shift

1. Plan and execute weekly training sessions, including clinical discussions and practice scenarios in coordination with the crew captain and other preceptors
2. Assist observers and preceptees in completing their skills checklists and ensuring that they understand the procedure for collecting and applying for release

After each shift

1. Discuss with the preceptee overall strengths and things to improve on from that shift
2. Enter strengths and things to improve on into the preceptee's file in the [Collector Progress Tracker](#)

Monthly

1. Fill out monthly evaluations for your preceptee(s)

Other

1. Report ongoing preceptee issues with the crew captain and/or the CRAT committee
2. Discusses precepting methods with other preceptors

Starting a New Preceptee

Starting Out (Month 1)

- Teaching Objectives
 - Go over basic structure of running a call
 - Go over CARS BLS Protocols. Use <http://carsrescue.org/downloads/> and the TJEMS Manual/App
 - Introduce Probationary Member Check List to preceptee
 - Discuss the basic provider's role on ALS calls and in larger scenes i.e. MVAs, Fire standbys
 - Walk the preceptee through filling out the call sheet
 - Consider writing a "cheat sheet" with the preceptee
 - Complete Backboard Scenarios 1-2
- Involvement in Running the Call
 - Preceptee will begin initiating patient contact and assessment
 - Preceptee and preceptor will jointly take report from first responders
 - Let preceptee focus on patient. Preceptor can obtain info from family and bystanders
 - Preceptor will manage the scene for the preceptee
 - Preceptor will help with tasks such as vital signs
 - Preceptor will be ready to step in and help with any aspect of the call at preceptee's request
 - Assist with prehospital report, allowing preceptee to focus on patient care
 - Make sure preceptee practices giving prehospital report after the call
 - Preceptee will begin giving hospital report with input from preceptor

The Middle Part (Month 2-3)

- Teaching Objectives
 - Complete Probationary Member Checklist
 - Complete Backboard Scenario 3
 - Preceptee will write their own call sheets.
 - Assist as needed, and review before submission to ensure accuracy and compliance with regulations
- Involvement in Running the Call
 - Preceptee will begin attempting to run entire call with assistance from preceptor
 - More emphasis placed on preceptee handling multiple simultaneous aspects of the call through delegation and/or multitasking
 - Preceptee will begin anticipating their role on ALS calls and on larger scenes
 - For complex calls, preceptor will run through prehospital report with preceptee before preceptee makes the report.

Wrapping it Up (Month 4)

- Teaching Objectives
 - Discussion should be mostly focused on style tips and expanding clinical knowledge with the preceptee, who should already have a strong grounding in operational issues
- Involvement in Running the Call
 - Preceptee should be running entire call with little or no input from preceptor
 - Preceptor may still need to assist in unusual situations
 - Preceptee will interact with first responders and bystanders while also handling patient care and assessment

Non-Primary Precepting

- Sometimes, a preceptee will advise you that they've been taught a different method.
 - Try to explain why they were taught that way
 - Explain the reasoning behind your own process
 - If it seems that multiple approaches might be viable, have the preceptee defer to their crew preceptor.
- Avoid criticising other preceptors, and never ever tell a preceptee that "that's just the way it's done."
- If you're not sure why a procedure is done a certain way, or why specific assessment questions are important, ask for help!
- If you notice any particular problems a preceptee is having, let their crew preceptor know

Releasing a Primary Preceptee

It can be very difficult to tell when a preceptee is ready to be released. Some things to consider:

- Are they running calls from start to finish entirely on their own?
- Do you feel comfortable stepping away during calls?
- Do you feel confident that they'd figure out what to do when placed in a new situation?
- Do they write their narratives with little or no feedback from you?
- Are you consistently giving them high marks on their evaluations?

The CRAT Committee doesn't expect them to be perfect. Here's what we're looking for when we review their paperwork:

1. Are they capable of passing a checkride?
2. Are they going to continue developing on their own without a preceptor?
3. Is it safe for patients, the provider, and the crew for the provider to practice on their own?

Application Packet for Release

1. Make sure that they have their entire probationary member checklist completed
2. Before submitting their paperwork, you need to go through their evaluations with them making sure that everything is in order, and looking for consistent issues in the evaluator comments.

What to Do When a Preceptee Isn't Progressing

1. If a preceptee is having a recurrent issue, it might be time to try a new teaching strategy or tactic.
 - a. Lock down exactly where the problem is occurring so that you can target it during training sessions and post-call discussions.
 - b. Try asking another preceptor for advice, or a second opinion.
2. If the problem persists, it's time to have a sit-down with the preceptee.
 - a. Keep a positive attitude and provide lots of encouragement
 - b. Make it clear to the preceptee that there is a problem***
 - c. Ask how the preceptee feels about his or her progress and if there's anything you can do to help the preceptee along
 - d. Make sure that your captain and the CRAT committee are aware of the situation
3. If, after discussing the issue with your preceptee, they continue to struggle, consult the CRAT Committee on how to proceed
 - a. The most important thing is to keep them from languishing, or from thinking that everything is going swimmingly
 - b. Provide help to the utmost of your ability, but keep in the back of your mind that EMS can be a difficult job, one that is not suited for everyone.
 - c. Go to the CRAT Committee to discuss the next step.
 - i. The CRAT committee will work with you and your preceptee to develop a plan of action going forward

*The most common feedback from collectors to the CRAT committee is they wish they received more honest criticism.

Required Backboard Scenarios

Backboard Scenario 1

General Idea: Supine backboard is meant to be simple. Patient meets backboard criteria due to head trauma plus history of dementia and total confusion at baseline

Equipment: Backboard materials

Actors: Patient. Nursing home staff member. Crew member.

Dispatch Info:

"You are dispatched to Cedars Golden Living Nursing Home for the Ambulance Level fall, 82 year old female, laceration on head, bleeding controlled. You arrive on scene to find the patient lying supine on the floor next to her bed."

From Staff Member:

Staff member heard a thud from patient's room, found patient in this position with a minor cut on her head, guesses that patient must have hit her head on the nightstand.

IF collector asks about baseline mentation, total confusion is baseline.

Patient Presentation:

Neuro: Awake and talking, but confused, answers no questions appropriately.

M/S: Minor laceration to head, bleeding controlled. No other obvious injuries. Patient denies all pain.

Scenario Flow:

If collector is relatively new, end on verbalizing moving patient to ambulance. Can go further if appropriate for collector's level of training.

Backboard Scenario 2

General Idea: 18 month old patient fell off of swing. Supine pediatric immobilization.

Equipment: Pediatric immobilization equipment. Patient is infant CPR mannequin

Dispatch Info:

"You are dispatched to Venable Elementary school for an 18 month old patient fell off of the swings, now crying inconsolably and 'not moving much' per caller"

Patient Presentation:

Patient is crying inconsolably. No obvious signs of trauma. Patient lying supine on ground not moving limbs.

Scenario Flow:

Collector should use pedi-immobilizer. Can provide parent to talk to or not, but if so parent is helpful and easy to talk to. Take scenario to prehospital report.

Backboard Scenario 3

General Idea: MVC Significant Impact. Obvious neuro symptoms. Backboard out of driver's seat of car. Not a lot of information about the actual accident is available due to everyone being busy

Equipment: Car. Backboard materials. Don't forget if it's cold or weather-y you can bring a car into one of the bays.

Actors: Patient. Crew members.

Dispatch Info:

"You are dispatched along with another CARS unit and Medic 8 to the intersection of Hydraulic Rd and Route 29 North for the Motor Vehicle Accident with multiple patients. When you arrive on scene you are directed by incident command to take care of the priority green patient."

From Car:

Severe damage to vehicle. Airbags deployed. Patient sitting in driver's seat, still seatbelted. Starring on windshield. Patient unable to recall details of accident.

Patient Presentation:

Neuro: Awake and talking, but slow to respond to questions. Occasionally answers questions correctly, occasionally not. Slow to follow commands.

M/S: Random bruising and scrapes about body. PMS intact in all extremities.

Scenario Flow:

This patient meets full immobilization criteria due to neurologic deficits s/p trauma. Patient must be backboarded out of vehicle (collector should place backboard on top of stretcher prior to extricating patient). Have collector place patient in ambulance, then time them for a 5 minute "transport time". Prehospital report and transfer of care report should be given.