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Precepting in EMS: Teaching the Teacher

Objectives:

- Concepts of Field Training Programs
  - “Precepting” ; Hospitals versus Field
- Different Types of Candidates/Trainees
  - In Class/NOT credentialed
  - Credentialed Rookie
  - New Employee/Experienced
- Compare Methods of EMS Field Training
- Discuss Challenges
  - Economics and Staffing
  - Competencies for the FTO

Terminology:

- Preceptor: mentor and field training officer; a senior and often advanced life support provider, teacher
- Candidate: provider in training, trainee; may be credentialed
- Credentialed: certified or licensed; through both state entities and employers

Field Training, Precepting, Mentoring;

So what is the GOAL?

Types of “Precepting” in EMS

- EMS
  - Completion of class
  - Operational to the department
- Hospital
  - Obtaining clinical skills
  - Meeting academic requirements
  - Developing relationships
  - Potential career avenue for providers

Comparing Two Cultures

- EMS:
  - Team leadership
  - Autonomous
  - Physician Extender
- Hospital
  - Variable: Critical Care Transport, EMS Communications, ED Paramedic
  - Facility dependent
  - Often work with/for nurses

Similarities

- Rely on the senior, experienced staff to bring new personnel up to par
- Variable levels of “preceptor” training
- Each station, department, shift, and unit has its own culture
- Those cultures mirror off of the leadership:
  - Station Lieutenants, Captains, Battalions
  - Nurse Managers, Clinical Coordinators
- Often NOT off the Primary FTO or Preceptors

Complications

- Documentation
  - Poor Quality
- Training Programs often create “pencil whip” mentality
  - Do not encourage quality feedback
  - End of shift apathy
  - Want them out the door
- Orientation Programs
  - Build on existing skills
  - NOT develop fundamentals

Complications

- Staffing
  - Limited
- Pressure to perform
  - Or is there…
  - How many critical calls does it take to make a medic?
- Pressure to pass through
  - “Warm body mindset”

Focus Today

- Operational Field Training
- Preparing the new Provider
  - Driver Training
  - Basic AIC
  - Advanced AIC
  - New Employee
- Most Techniques APPLY to Initial Certification Classes

Program Outline

- Beginning
- Middle
- End/New Beginning
- Final Evaluation
- Operational
- Continued mentoring and support

Developing Critical Thinking

- Habit and behavior versus standards of care
- Evaluating a situation holistically
- Making decision based on clinical judgment
- Situational Awareness
  - UNDERSTANDING and APPLYING
- Differential Diagnosis

Mentor Defined

- From Merriam-Websters Dictionary

- A trusted counselor or guide
- Tutor, Coach

Types of Candidates

- In Class/NOT credentialed
  - Enrolled in class
  - Wide variation
- Credentialed Rookie
  - Fresh out of class, newly minted card
  - SHOULD have completed skills
  - Need execution
- New Employee/Experienced
  - Agency Focused: “This is how WE do it”

In Class/Not Credentialed

- May not operate without supervision
- Skill depends on exposure
- Require specific experiences to complete class
- Motivation depends on role
  - Job related
  - Career seekers versus career advancement
- May have NO experience base
  - But then again

Intermediate to Paramedic Bridge

- Often Practicing ALS provider
  - Variable level of experience, but often a high level
  - Developed habits
- Require supervision of a Paramedic during clinical hours to provide equity to all students
  - Reality: require limited supervision
- Need support to complete program
- Often seek advice from greater experience, need the cerebral exposure

Credentialed Rookie

- Completed initial certification/licensure
  - Skill set developed, not refined
- Basic level of experience
  - Career advancement may provide motivation
  - Financial benefit
- Culture influenced
  - Will learn habits that stick
- May have blended process
  - Class experience supports agency process

New Employee/Experienced

- Credentialed, brings experience to agency
- Need orientation to department processes, possibly regional or agency protocols
- Developed habits and skills
  - Quality?
- Require basic orientation
- May need to orient with most experienced provider available

Clinical Skills Application

- Classes teach basics
- Limited integration into dynamic environment
  - Airway PLUS monitor PLUS IV access PLUS
- Limited Repetition
  - Limited application
- How many airways?
- How many IV's?
- How many meds?

Skill Development

- Muscle Memory requires THOUSANDS of repetitions
- Military: Basic Rifle Marksmanship
  - Focus on movements to achieve end result
  - Sight Picture, Posture, Hand placement
- EMS Skills
  - Intubation
  - Intravenous

Field Training Officer

- Role and Responsibilities
- Environment
- Expectations
- Compensation?
- What is the best title in EMS
  - Field Training Officer: relates to law enforcement and para-military
  - Preceptor: common medical role, relates to nursing

Choosing the right Preceptor

- Experience?
- Attitude?
- Reliability?
- Personality?
- Skill?

Motivation to be a FTO

- Developing new providers
  - Patent answer
- Reduces work load
- Money
  - ALS Benefits tied to preceptor/FTO requirement
- None at all
  - Handed a ride-along for the shift

Motivation

- Motivation is CONTAGIOUS!
- Motivation is DRIVING!

- A motivated preceptor and a motivated candidate WILL succeed
  - Rapidly
- You always remember the people who shape who you are and how you do things

Situations of Motivation

- Motivated Preceptor/Motivated Candidate
- UN-motivated Preceptor/Motivated Candidate
- Motivated Preceptor/UN-motivated Candidate
- UN-motivated Preceptor/UN-motivated candidate
  - Let's just stop this now…

What motivates you?

The "Rookie" Preceptor

- Limited experience base
- Usually eager for responsibility
- Often reflects own, more recent experience
- May teach the book
- Often assigned "Students"

The “Veteran” Preceptor

- Often utilized
- Large body of experience
- Teaches habits, street tricks
- Blends reality with “book” teachings
- Risk for burn-out from overuse

Requirements

- Instructor?
- Years of service?
- Advanced Practice Credentials?
- Officer?
  - Big problem in Fire Service
  - Experienced and motivated providers get promoted
  - Pulled out of line service where experience is needed

Responsibilities

- Set Example:
  - Clinician
  - Work Ethic
- Set Expectations
- Provide Resource
- Long-term mentor
  - Be the person people come back to

What works?

- Global willingness to support learning
  - Not just one station, shift, or preceptor
  - Agency involvement
- Preceptors lead by example; both clinical and professional behaviors
- Hands on experience
  - If not running calls, working with scenarios, skills, drills
- Follow up: review the day, what learned?
    - From Atkins, JEN 2007

Methods of Field Training

- Environment
  - Saturation
  - Opportunity
- Resources
  - Limited staffing
  - Structured
  - Designated FTO
  - Available staff

Field Training Environment

- Saturation
  - Every shift is a training shift
  - Down time focused on skills training
  - Often assigned to designated preceptor, or a familiar secondary
  - Structured beginning and end or process
  - Formalized ending

Field Training Environment

- Opportunity
  - Jump on incidents
  - Take advantage of critical situations, available resources
  - Limited structure
  - Multiple preceptors
  - Extends the time of process

Field Training Environment

- Limited staffing
  - Units must be available to respond
  - Legal dictates for minimum staffing
    - In Virginia, a transport unit requires an Advanced Life Support provider as AIC with an EMT attendant
  - "Precepting from the front"
    - Two ALS providers, with the senior or operational AIC monitoring from the front of the ambulance during transport
    - For critical calls, either attends the patient or requires additional help

Field Training Resources

- Structured
  - Specific unit and staffing assignments
  - Allocated resources: minimum three personnel
    - AIC/Preceptor
    - Candidate or Student
    - Vehicle operator
- Designated FTO
  - Senior, experienced personnel trained and compensated for the task

Field Training Resources

- Available Staff
  - Card carrying ALS provider
  - Usually assigned due to limited options
  - May not desire to function in the capacity
  - May not have experience or understanding to provide true training support

Field Training Resources

- Factors outside of the agency
  - Call volumes
  - Acuity
  - Personal factors

Key Points

- What blend are you dealing with?
  - People, situation, facilities, plan
- What works for your agency?
  - What worked or did not work in the past?
- What do you want to accomplish?
  - Set new standard?
  - Meet needs for community or agency?
    - Sometimes, ALS is not standard nor a priority

Learn to Engage

- New medics challenged to interact with patient
  - Assertiveness
  - Interaction
- Key Learning
  - Blend personal experiences with class knowledge
  - Easier to talk without “clinical” aspects
  - Interacting with patient and family at an emergency

Developing Patient Interaction

- Assume that students are ethical, professional, and want to help people.
- Explain to patient
- Touch with confidence. Be gentle, but not weak or hesitant.
- Accompany touch with verbal communication.
  - Applies to BP checks, 12 lead ECG, IV starts

Techniques for the FTO

- Setting Expectations
- Framing the process
- Feedback and Documentation
- Clinical Aspects
  - Critical thinking Flowsheets
  - Differential Diagnosis
  - Hands-on simulation versus real world implementation

Expectations

- Are they clear and concise?
- Enforceable
- Easily documented

Apply expectations:

- Program
- Preceptor
- Candidate

Setting Expectations

- Beginning:
  - Basics of Operations; Task functions
- Middle:
  - Coordination of “bread and butter” ALS calls
  - Recognition of “sick versus not-sick:
- Finishing/Completion of Process
  - Understanding of System
  - Competent Team Leader

Setting Expectations

- ***LEAD BY EXAMPLE!***
  - Street credentials…
- Watch, do, teach…
- When you teach;
  - Balance experiences with what is taught
- Apply experience to the new provider
- Behaviors mirror…

Setting Expectations

- Preceptor Questions, asked routinely
  - "Where are you in the process?"
  - "What do you want out of this?"
  - "What is your comfort zone?"
  - "What is outside your comfort zone?"

Setting Expectations

- Candidate questions, asked routinely
  - "What am I getting right?"
  - "What can I improve on?"
  - "What do I need to do next?"
  - "What is the expectation at completion?"

Setting Expectations

- Administrative Questions, from preceptor to the chain of command:
  - "Is there a schedule/agenda for the process?"
  - "What is the timetable for the process?
  - "What support do I have?"
    - Equipment?
    - Personnel: extra staff?
    - Simulator time?

Setting Expectations

- Daily Topics: Preceptor
  - "Let's talk about…."
- ESSENTIAL: the candidate needs to demonstrate initiative
  - "Tell me more about…"
  - "What about this…"

Framing the Process

- Beginning…Middle…Completion
- Crawl…Walk…Run
- Stair-step process
  - Gradual building

- Recognizes the candidates previous experiences
- Sets the individual and process up for success

Beginning

- Operational Tasks
  - Computers
- Observation
  - How “things” are done
- Skills
- BLS Calls
  - “Routine” emergencies
  - Documentation

Beginning

- Hazard Recognition
- Patient Interaction
  - Ability to talk to the patient
- Skills
  - BLS functions
  - Integration into ALS functions
- Limited ALS scene management
- Quality BLS scene management

Beginning Expectations

- Arrives Prepared
- Asks questions
  - Appropriate time and place
- Studies
- Learns the equipment
- Becomes comfortable in the Environment

Middle

- Skills integration
- Running “Routine” ALS calls
- Differentiate ALS versus BLS calls
- Quality patient interactions
  - Talking to the patient..
- Quality patient reports
  - Hospital turnover

Middle Expectations

- Operates as the Team Leader on most calls
- Complete comfort with equipment and reporting
- Demonstrates progressive improvement with skills
  - IV and ECG interpretation
  - Airway skills
    - Human and simulation

Completion/Cleared Provider

- Demonstrates comfort in majority of situations
- Demonstrates understanding of protocol and operations
- Functions as the Attendant-in-Charge

The Newly Cleared Provider

POSSESSES:

- Basic skills
- Fundamental grasp on clinical care
- Formal Knowledge

LACKS:

- Experience
- Critical Decision making
- Tacit Knowledge

Knowledge

- Formal: can be written down and clearly communicated
  - Factual
  - Drug doses, mechanisms of action
  - Rules, regulations
- Tacit: difficult to articulate or write down; networked and multi-dimensional
  - Depends on CONTEXT
  - Running a code or critical trauma

Process: How long should this take?

- Weeks, months, cycles??
- Key questions:
  - Where is the candidate?
  - Are they making progress?
  - What are the roadblocks?
- Long, drawn out processes burn out the candidate and the preceptor

How to wrap it up?

- Old School: get the card, good to go..
- Current Curricula increases expectations
  - Once completed, possesses formal knowledge
  - Function as "Entry level" Paramedic or EMT
- Bureaucratic process
  - Two step: finish the class, then the process
  - The "card" allows entry into the process

Finishing Process

- Complete the scripted process
  - Department specific
- Peer review
  - Scenarios simulating stress levels
- Holistic view
  - What has the candidate been exposed to?
  - What are their successes?
  - What are their difficulties?

Final Steps

- Operational Medical Director endorsement
- Support from management
  - Front line supervisors
  - Training staff
- Review
  - Establish follow up AFTER candidate operational
  - How are they doing?

Feedback and Documentation

- Class rotation forms
- Shift reports
- Employee Performance Memos
- Counseling Records
- After Action Reviews
- Group Critique
- Debriefings/Defusings

Feedback and Documentation

- What works?
- What do the different forms provide?
- How do you avoid the “pencil-whip” mentality?
- How do write a feedback report when no calls were run, or if “nothing significant” occurs

Feedback: PIES

- PIES
  - Proximity, Immediacy, Expectancy, Simplicity
  - Principles of treating psychiatric wounds in combat environment
  - Adapted to provided critical feedback
- Frames both positive and negative feedback
- General purpose counseling guide

PIES

- Proximity: provide feedback in station at end of shift, at hospital after critical calls
- Immediacy: Do not delay in providing feedback, positive or negative
- Expectancy: Clearly outline actions needed for improvement, or changes to be implemented; even “Keep up the good work!”
- Simplicity: Straight and to the point

Documentation

- “If you did not write it, it did not happen, “
  - Old principle of documentation
- Necessary:
  - Supports success
  - Reinforces areas of improvement
- Difficult
  - Requires separating emotion from objective performance

Rating Systems

- 1 to 5
- Unsatisfactory to Satisfactory
- Very…
- Unacceptable, Acceptable, Superior

What works for your department?

Weakness of the ratings

- Lack of critical events?
- What are the expectations?
  - On the first day of the process, how can the person get ranked either “Unacceptable” or “Superior”
- End of shift, get out of here:
  - All ratings “acceptable”

Performance Areas: How to rate?

- Appearance/Timeliness
- Attitude/Interpersonal Skills
- Equipment and Protocol Knowledge
- Patient Interaction and Physical Assessment
- Decision Making
- Clinical Skills (may be more specific)
- Enthusiasm

STARR Tool for Evaluations

- Situation
- Task
- Action
- Result
- Recommendation

  - From MSG Paul R. Howe, US Army Retired
    - ***Leadership and Training for the Fight***

Examples

- Candidate is on time, appears professional, answers all testing questions, but struggles to start IVs and engage in critical patients
- Candidate sits at table and reads protocol book all day, but does not ask questions
- Candidate responds to teaching probes with, "I got it, no problem."
- Candidate only intubates the mannequin once when its put in front of them

Documentation

- Write out statements
  - Active phrases versus passive voice
- Use bullet points
  - Break out key elements
  - Use short, factual statements

Simulation versus real world

- How much IS enough?
- Where/when/how/who trains?
- What does the simulator provide?
- What are its limitations?

Clinical Development

- Consistency
- Consideration
- Skill application

Remember: as the FTO, you are always watched!

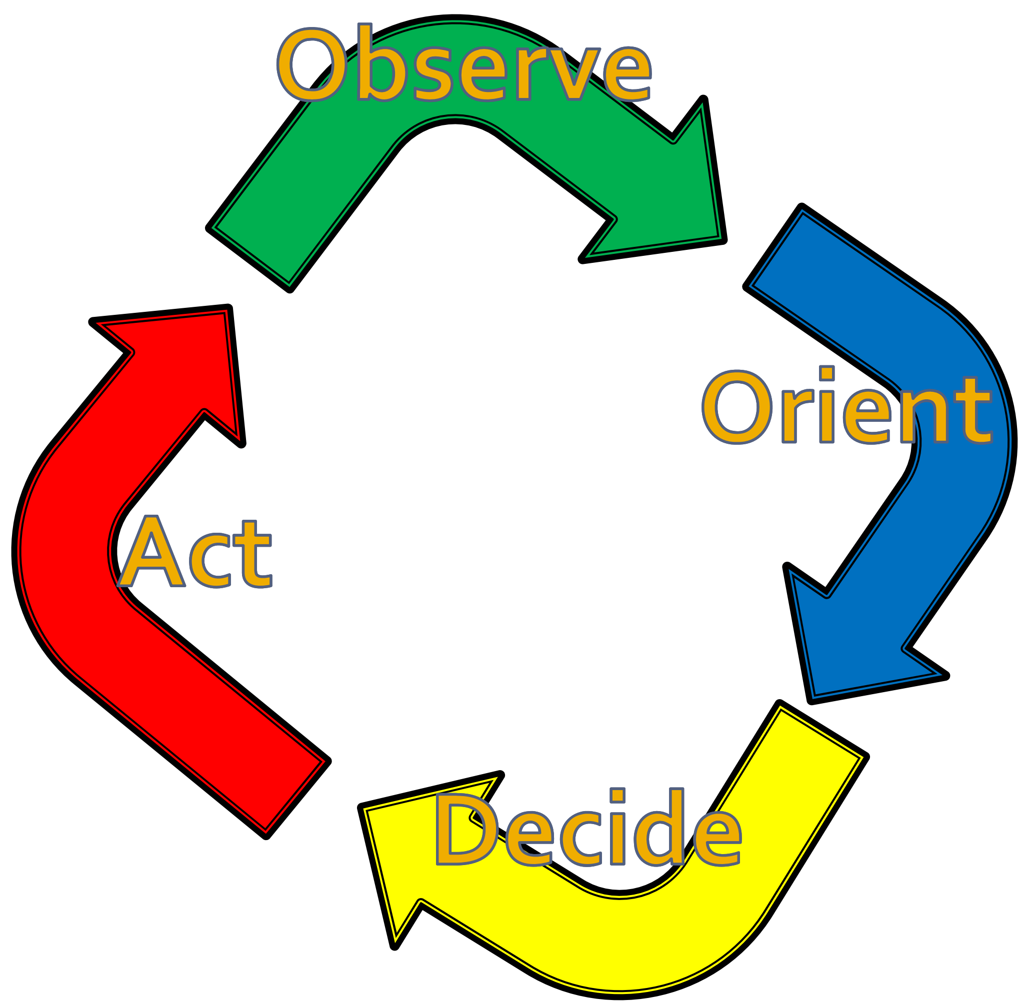
Critical Decision Making

- Boyd's Loop
  - Colonel John Boyd, USAF Fighter Pilot
  - "OODA Loop"

Observe
Orient
Decide
Act

Boyd's Loop

- Continuous
- Feedback
- Key:
  - Move through



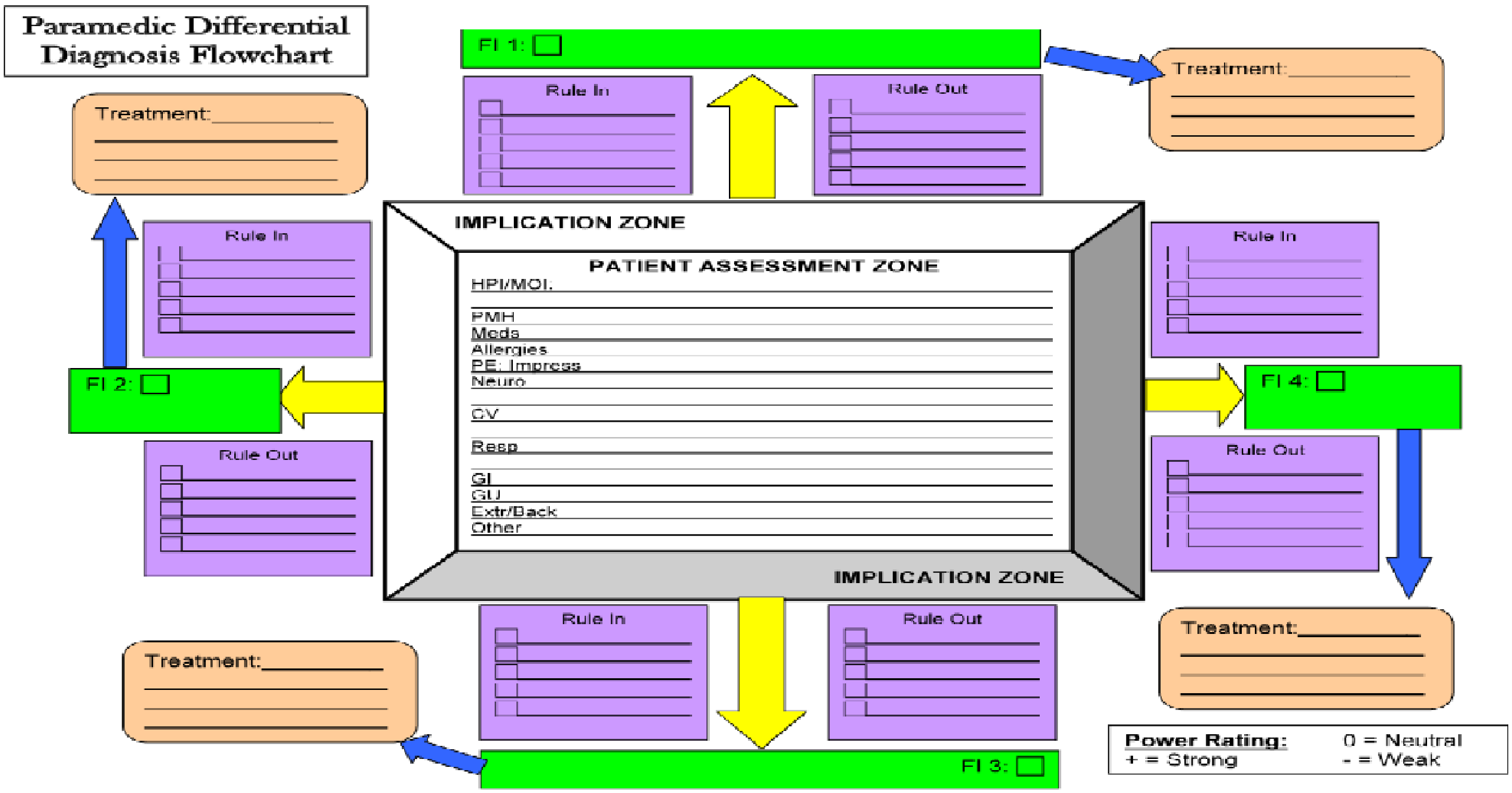
Situational Awareness

- Perception of Environment
  - Critical Elements
- Understanding
  - What is going on?
  - Implication
  - Anticipation
- Applying

Differential Diagnosis

- What could be?
- Balance: Overthinking versus Apathy

????????????????


Paramedic Differential Diagnosis Flowchart
FI 1:
Rule In
Rule Out
Treatment:
FI 2:
Rule In
Rule Out
Treatment:
IMPLICATION ZONE
PATIENT ASSESSMENT ZONE
HPI/MOI.
PMH
Meds
Allergies
PE: Impress
Neuro
CV
Resp
GI
GU
Extr/Back
Other
IMPLICATION ZONE
Rule In
FI 4:
Rule Out
Treatment:
Rule In
Rule Out
FI 3:
Treatment:
Power Rating:
0 = Neutral
+ = Strong
- = Weak

Preceptor Guidelines

- Develop skills
- Reinforce
- Lead them down the path, but do not walk it for them.
- Correct and move forward

The One Minute EMS Preceptor Skills:

John Todaro, from NAEMSE

- Get the student to commit to a decision and action plan for the patient
- Make the student provide supporting evidence: WHY choose a course of action?
- TELL student what went right with THEIR plan and positive effects
- TEACH the student the key features of the case
- Correct mistakes; discuss what went wrong and how to avoid errors in the future

Safety

- FTO holds ultimate responsibility for crew and patient

Challenges

- Precepting a supervisor
- At the end of the process, there was no progress…
- When is this going to be over?
- Precepting from the FRONT..

John Cotton Dana

"He who dares to teach must never cease to learn."

Personal Development

- Maintain high Ethical Standards
- Set personal standards, refine and maintain them
  - Balance expectations
  - Recognize limitations

Words of Wisdom:

- “When in doubt, develop the situation”
- “It is not reality unless it is shared”
- “Listen to the guy on the ground.”
- “Don’ get treed by a chihuahua”
- “Humor your imagination.”
  - LTC Pete Blaber, ***The Mission, the Men, and Me***

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