

Standard Operating Procedures Manual

City of Poquoson Fire and Rescue



City of Poquoson Fire and Rescue

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EMS OPERATIONS

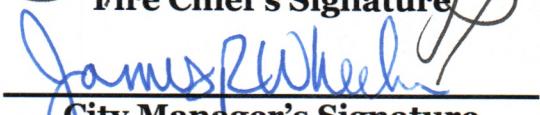
SOP#: EMS 4.00

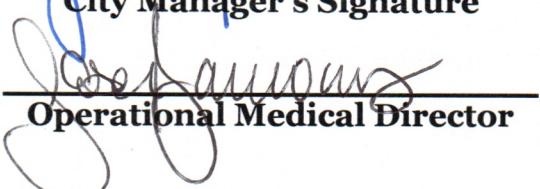
Title: Advanced Life Support
Preceptorship

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Robert J. Bellows
Fire Chief's Signature


James R. Wheeler
City Manager's Signature


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Operational Medical Director

ADVANCED LIFE SUPPORT PRECEPTORSHIP

I. PURPOSE

The goal of the Poquoson Fire/Rescue Dept. is for all Advanced Life Support Providers to be released medics. This policy outlines the ALS Field Preceptorship Program with steps to achieve that goal. The program allows newly certified/newly hired career and Volunteer Intermediates and Paramedics to integrate theory and skills learned in the classroom into actual practice in the field under the supervision of an experienced ALS provider. Upon successful completion of the preceptorship program, the candidate will be eligible for released status. The policy also provides for an entry program for those coming from other agencies.

This SOP is not all-inclusive and cannot encompass all situations that may be encountered.

II. APPLICABILITY

All Career and Volunteer ALS Personnel.

III. DEFINITIONS

Released Medic: A department member who is certified by the Commonwealth of Virginia as an Enhanced, Intermediate or Paramedic and who has successfully completed the Department's Preceptorship Program.

Trainee Medic: A department member who is certified by the Commonwealth of Virginia as an Enhanced, Intermediate or Paramedic and is currently undergoing his/her preceptorship phase. The minimum preceptorship shall be 90 days; however, members may only remain at this level for up to twelve months.

Medic Student: A department member who is currently certified by the Commonwealth of Virginia as an EMT and is enrolled in an Enhanced, Intermediate or Paramedic Training Program recognized by the Commonwealth of Virginia and the Poquoson Fire/Rescue Dept.

Preceptor: A medic who has been released in Poquoson for a minimum of three years and has been designated by the EMS Officer to help medic trainees gain experience and evaluate their skills for eventual release status.

IV. PROCEDURES

Advanced Life Support Preceptorship

- Each Medic Student and Trainee will meet with the EMS Officer. At this time, the member will have a Preceptor designated to act as a mentor during training and preceptorship. While in class, the student will interact with his/her mentor concerning class progress and to coordinate field training.
- A file shall be set up in the EMS Office on each trainee that is currently involved in training and/or a preceptorship.

- Following completion of class and certification as an EMT-E/I/P, the trainee medic shall meet with the EMS Officer. At this time, the EMS Officer will give the trainee medic a preceptorship packet and go over the procedures with the trainee medic.
- A Field Preceptor Evaluation Form shall be completed by the Preceptor assigned to the trainee and the trainee medic at the completion of each cycle. A copy of the form will be kept by the trainee medic and original form will go to the EMS Officer for placement in the trainee medic's file.
- The precept process will be divided into 3 phases of training. The first phase will be orientation/observation, the second phase will develop team assist and team lead skills, and the third phase will be team leader evaluation.
 - **Phase One** – This evaluation period is a minimum of 5 shifts (1 Cycle) and 10 calls. A Volunteer member will observe for a minimum of 40 documented hours or 10 calls. This phase is designed to provide the trainee an opportunity to familiarize themselves with the equipment on the medic unit and the members who will be evaluating their performance. During this time, the trainee will observe the preceptor and may be challenged with skills performance.
 - **Phase Two** – This evaluation period is a minimum of 10 shifts (2 Cycles) and is designed to evaluate the trainee's ability to successfully assess and care for both BLS and ALS patients. Successful trainees will complete the minimum competencies below to be considered for Phase 3. A Volunteer member will observe for a minimum of 40 documented hours and must meet the minimum competencies as well. During this period, the trainee will care for a minimum of 25 patients, of which 15 **must** be ALS in nature. The trainee will also complete all of the Department's protocol tests with a minimum score of 80% on each. While in phase two, the trainee may

perform all skills included in his/her scope of practice under the direction of the preceptor. The trainee should take a lead role in assessing the patient and developing a treatment plan for the patients they encounter when appropriate.

Phase 2 Minimum Competencies

Competency	Enhanced/Advanced	Intermediate/Paramedic
Medication Administration	5	5
Advanced Airway	1 Supraglottic *	1 Endotracheal *
IV Access	5	5
Ventilate Non-Intubated	1 *	1 *
Adult Assessment	10	10
Pediatric Assessment	2 *	5 *
Geriatric Assessment	2 *	5 *
OB Assessment	1 *	1 *
Trauma Assessment	5*	5
Psychiatric Assessment	1	1
Chest Pain	2 *	5
Respiratory Distress	2 *	5
Altered Mental Status	2 *	5 *
Team Leader	5	5
Asterisks (*) – Can be performed in a controlled lab if not seen in the field.		

- **Phase Three** – This evaluation period is a minimum of 15 shifts (3 Cycles) and is designed to evaluate the trainee's ability to successfully lead a team in caring for both BLS and ALS patients. Volunteer members will be

required to meet the minimum competencies and will not have a minimum time requirement for this phase.

Volunteer members must still complete **all** precepting steps prior to 1 year. During Phase Three, the OMD has granted the EMS Officer the authority to release a trainee under "Probationary" status after the Phase 2 competencies are met. A trainee must be a released Medic Unit Operator to achieve Phase 3. During this phase, the trainee will be a Probationary Released Medic and may act as the second crew member on a medic unit provided that their preceptor is the first crew member. If at any point the preceptor feels that the trainee did not provide the proper care and had to intervene, that transport will not count. The trainee will care for a minimum of 25 patients, of which **20 must** be ALS transports. The emphasis of this period is to evaluate the trainee's ability to assess, develop a treatment plan and direct the execution of the plan while serving in a lead role.

Phase 3 Minimum Competencies

Competency	Enhanced/Advanced	Intermediate/Paramedic
Medication Administration	10	10
Advanced Airway	1 Supraglottic *	1 Endotracheal *
IV Access	10	10
Ventilate Non-Intubated	1 *	1 *
Adult Assessment	15	15
Pediatric Assessment	5	5
Geriatric Assessment	5	5
OB Assessment	1 *	1 *
Trauma Assessment	5	5
Psychiatric Assessment	1	5

Chest Pain	5	5
Respiratory Distress	5	5
Altered Mental Status	5	5
Team Leader	10	20
Asterisks (*) – Can be performed in a controlled lab if not seen in the field.		

- The trainee medic shall be scheduled to ride with at least two (2) different preceptors prior to being released.
- The trainee will be responsible for completing all ePCRs. The preceptor is overall responsible for reviewing the reports for accuracy prior to transmitting them.
- There will be 3 personnel assigned to the unit during the first two phases. Until the beginning of Phase 3, it will not be acceptable to precept any personnel while only 2 members are assigned to the Medic. If due to low manpower, the trainee medic is the only available driver, those calls will not count towards their minimum requirements.
- The EMS Officer shall counsel with the trainee at regular intervals (no less than once per month) during his/her preceptorship regarding that trainee's progress.
- During the course of the preceptorship, the trainee medic shall interact with the Preceptor, who will interact with the EMS Officer, who will interact with the Operational Medical Director. At no time during the preceptorship shall the trainee medic approach the OMD. on matters involving his/her preceptorship without going through the aforementioned channels.
- At the conclusion of the Preceptorship, the two main Preceptors shall provide to Fire Administration either a written

recommendation for release of the trainee or written documentation for extending the preceptorship.

- The Trainee shall meet with the EMS Officer to review and finalize any details of the preceptorship. At this time, the EMS Officer shall make the decision whether to allow the trainee medic to continue on probationary status or to extend the preceptorship. This will allow the trainee to begin practicing as a released medic while awaiting the next available meeting with the OMD.
- The EMS Officer shall then meet with the Operational Medical Director and make the decision whether to release the trainee medic completely or to extend the preceptorship. The Operational Medical Director, the EMS Officer and the Preceptor(s) shall meet with the trainee medic at the next scheduled meeting and discuss the course of action decided upon.
- The trainee must reach Phase 3 **within** six (6) months. The trainee must **complete** the precepting process within twelve (12) months from the start date. Failure to meet these benchmarks will require the applicant to start this process again, from the beginning.

RECIPROCITY

A Poquoson Fire/Rescue member who is a released medic or equivalent in another ALS agency may apply for reciprocal privileges as a released medic in Poquoson. This should be done in the form of a written request. Each request will be evaluated on a case by case basis by the Operational Medical Director and the EMS Officer. The person applying for reciprocity may be required to complete part or all of the preceptorship program.

RETURNING TO DUTY FROM AN EXTENDED ABSENCE

When returning to full duty from an extended absence of longer than 90 days (this includes light duty assignments) the employee must be observed in the clinical setting to ensure they remain competent as a released provider. The employee will perform one full cycle (5 shifts) as the third provider on an ambulance. This will allow an opportunity to observe skill performance and ensure the employee is up to date on any changes which may have occurred during their absence.

Following the 5th shift, a recommendation for full release will be made to the EMS Officer by the employee's supervisor. Based on this recommendation, the EMS Officer will determine whether the employee must continue training or may be released. If it is determined that the employee needs continuing training, the OMD will be contacted and a training plan will be approved.

FIELD PRECEPTORSHIP EVALUATION

Name of Trainee _____

Name of Preceptor _____

Date _____

1. Demonstrates ability to obtain patient history appropriate to chief complaint.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

2. Performs physical assessment based on information obtained in history.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

Field Preceptorship Evaluation
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3. Demonstrates ability to be responsible for patient management including proper procedures and protocols

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

4. Demonstrates ability to clearly and accurately describe the scene and patient situation to medical control via radio.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

Field Preceptorship Evaluation
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5. Demonstrates accurate and legible completion of patient care report.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

6. Demonstrates the ability to accurately assess the scene, direct the team, delegate tasks and maintain scene control.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

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7. Demonstrates the ability to function independently in the majority of patient situations.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

8. Performs physical assessment on trauma victim per state EMT-B practical criteria.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

Field Preceptorship Evaluation
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9. Performs endotracheal intubation.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

10. Performs defibrillation/cardioversion.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

Field Preceptorship Evaluation
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11. Performs peripheral intravenous cannulation.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

12. Administer Medications via intravenous line.

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

Field Preceptorship Evaluation
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13. EKG interpretation / 12 lead

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

14. Other _____

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

Field Preceptorship Evaluation
Page Eight

15. Other _____

Trainee Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Trainee Comments: _____

Preceptor Completes

Performs Well	Needs Some Guidance	Remediation Necessary
9 8 7	6 5 4	3 2 1

Preceptor Comments: _____

Signature of Preceptor / Date

Signature of Trainee / Date