

# **Temple University EMS**

## **Field Training Program**

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<b>1.0 Mission</b>	<b>4</b>
<b>2.0 Description and Overview</b>	<b>4</b>
<b>3.0 Preceptee Training Program</b>	<b>5</b>
3.1 Preliminary Phases	5
3.1.1 Bike Training	5
3.1.2 Orientation Phase	6
3.1.2.1 Duties of a Preceptee:	7
3.2 Program Levels	7
3.2.1 Introduction	7
3.2.2 Level One: Observation	8
3.2.3 Level Two: Instruction	8
3.2.4 Level Three: Evaluation	9
<b>4.0 FTO Training Program</b>	<b>10</b>
4.1 Preliminary Phases	12
4.1.1 Orientation Phase	12
4.1.2 Observation Phase	12
4.2 Training	13
<b>5.0 FTO and Preceptee Training Evaluation</b>	<b>13</b>
5.1 Standardized Evaluation Process	13
5.2 Rating Behavior/Performance	14
5.3 Evaluation Process	14
5.4 Evaluation Frequency	14
<b>6.0 Training and Conduct Policy</b>	<b>14</b>
6.1 Training Policy	14
6.2 FTO/Preceptee Relationship	15
6.3 Violation of FTP Policy	16

<b>7.0 Termination Process</b>	16
7.1 Termination Procedure	16
<b>APPENDIX</b>	18

## **1.0 Mission**

The mission of the Temple University EMS (TUEMS) *Field Training Program* (FTP) is to continually enhance the knowledge and professionalism of all members of TUEMS by ensuring their competency as health care providers and understanding of all operational procedures. The FTP is overseen by the Field Training Officers (FTOs) and TUEMS Administration. TUEMS would like to extend its appreciation to the Bloomington Police Department, Indiana University's Police Department, and Good Fellowship Ambulance Club (GFAC) for their assistance in developing this training program.

## **2.0 Description and Overview**

The TUEMS Field Training Program is intended to ease an Emergency Medical Technician (EMT) into their new role as a member of TUEMS. The FTP is designed to benefit all new members to the organization, ranging from those who have just recently received their respective certification, to those who have a large amount of external Emergency Medical Services (EMS) experience. As mentioned in the mission statement, the two goals of this program are to ensure their competency as health care providers and their understanding of all organizational operations and procedures. Although a newly-certified EMT has completed a state-approved course and passed the corresponding exam, that individual cannot be expected to immediately function as an experienced emergency medical professional. New recruits must receive additional training in the field, where they can learn from more experienced members of the organization who have already gained a great deal of practical experience. Additionally, new recruits with previous experience in EMS will benefit from the exposure to and discussion of the patient population typically seen within the Temple University community. The Field Training Program introduces a new recruit to the personnel, procedures, policies, and purposes of the organization, as well as providing the initial formal and informal training pertaining to the day-to-day duties of its members.

In order to make the FTP as effective as possible, upon completion of the membership process, all new recruits begin their period of service with TUEMS in a "precepting" period, where they are labeled as a "preceptee." Each preceptee is assigned to a Field Training Officer (FTO) for each precepting shift they chose to work. A FTO is an experienced EMT specifically selected by TUEMS Administration to act as a supervisor and/or conduct this training. It is the responsibility of the FTO to thoroughly review the field training guide materials with the new recruit and to properly uphold all policies and demonstrate all procedures. A preceptee will be required to perform various duties under the guidance and supervision of their assigned FTO. A preceptee may also ask or be asked to practice various skills under the guidance and supervision of their assigned FTO. The preceptee's performance will be evaluated after each patient contact by the FTO via written Call Evaluation Forms (CEFs) (*Appendix page 11*) and monitored by TUEMS Administration.

Field training has a significant impact on the individual provider in terms of imprinting attitudes, style, values, and ethics that shape how he/she will carry out the duties of an emergency medical professional. Consequentially, it is arguably the greatest influence on the future direction of the organization. Therefore, TUEMS Administration must be certain that the FTP not only develops

necessary technical skills, but also reflects the philosophy of the organization and the community that it serves.

As part of the responsibility of shaping the future of the organization, the FTP must incorporate a training philosophy that insures every student is given the maximal opportunity to demonstrate his or her ability to perform his or her duties. In order to accomplish this, a positive learning environment must be promoted by both FTOs and preceptees alike, in which all providers are encouraged to perform to the best of their ability. Each FTO's educational approach will be unique, but must be fair, firm, friendly, and professional overall. A FTO must be aware of the example they are setting with the preceptee and as a representative of the organization. Evaluation of a preceptee's performance must be sincere and given in a straightforward manner which emphasizes both the positive and negative aspects of his or her performance. At no time should a preceptee be demeaned, ridiculed, or treated in a way that deprives them of their dignity, regardless of the speed of their progress. Every effort must be made to ensure that the potential stress felt by the preceptee in this new environment is caused by the nature of EMS and not from the words or actions of their FTO.

TUEMS Administration and the FTOs have a heightened responsibility to the community that they serve. This responsibility includes ensuring that TUEMS trains and retains only the most competent and proactive recruits. Not everyone has the capability to perform the demanding tasks required of an EMT, despite their ability to successfully complete the didactic portion of their training. If the field training staff has done all it can to train an individual, but he or she does not meet the acceptable standards of a member of TUEMS, the organization will reserve the right to terminate that individual.

Complete dedication and patience is required by both FTOs and preceptees to fulfill the mission statement of the FTP. The feeling of accomplishment will come in watching the preceptees succeed and/or in succeeding as a preceptee. Both FTOs and preceptees should look to this document as well as the Standard Operating Guidelines (SOGs) as a guide and a reference for their training. FTOs may also request the original *New Member Orientation Packet* to use as an additional reference or training aid. If any questions arise that cannot be answered by this document, the FTO or preceptee can approach TUEMS Administration with his/her question at any time.

## **3.0 Preceptee Training Program**

### **3.1 Preliminary Phases**

In order to participate in the FTP, the new member must possess active CPR and PA EMT certifications and complete the following preliminary phases:

#### **3.1.1 Bike Training**

In this phase, the new recruit must attend and successfully complete an IPMBA EMS Cyclist Course taught by Temple University Police Department (TUPD) and/or an external certifying body. If a member returns to the organization after a Leave of Absence and is placed in a limited

precepting period upon their return, and/or has recently increased their level of certification from EMR after previously completing bike training, they do not have to repeat the bike training.

### 3.1.2 Orientation Phase

In this phase, the new recruit must attend a mandatory orientation session held by TUEMS Administration. At the orientation session, recruits will be given a copy of the Standard Operating Guidelines (SOGs). The SOGs will be explained in a step-by-step fashion by the TUEMS Administration. The new recruits will be informed of TUEMS' expectations of its members and the Chain of Command within the organization. A radio training session will be conducted during orientation. If a member returns to the organization after an extended period of time (i.e. Leave of Absence) and is placed in a limited precepting period upon his/her return and/or has recently increased their level of certification from EMR *after previously completing orientation*, they do *not* have to repeat the mandatory orientation.

Upon completion of the preliminary phases, the new recruit will earn the status of "preceptee". The definition of a preceptee, as found in the Standard Operating Guidelines (*Section 27.2*), is as follows:

A preceptee is any member within the TUEMS organization, who is participating in field training, as outlined in the *Field Training Program*. A preceptee:

- Must be PA EMT or EMR certified.
- An undergraduate or graduate student of Temple University.
- Must have completed the New Member Process (See *Section 21.1: New Member Process*).
- Is any individual that is new to the organization or has been absent from the organization for an extended period of time. Individuals that fall into this category may include:
  - Newly certified EMTs/EMRs.
  - Students new to Temple University, who are already PA EMT/EMR certified.
  - Members that have taken a Leave of Absence.
  - Members that have resigned from TUEMS and are re-applying.

The New Member Process, as found in the Standard Operating Guidelines (*Section 21.1*), is as follows:

The following points summarize the steps required to become an active member of TUEMS:

- The applicant will complete an official online application and provide all required ID photocopies, online trainings, immunizations records, and certifications.
  - The online trainings should be completed through the PA TRAIN online portal. The required trainings will be listed in the New Member Process packet. TUEMS reserves the right to add any additional training requirements, as necessary.
  - The applicant must provide Temple University Student Health Services with his/her immunization record, such that SHS can enter his/her immunization information into the University Health Database (UHD). The UHD will screen for missing immunizations. Following the administration of any missing immunizations, the applicant will obtain an official SHS immunization record

printout, which must be submitted to TUEMS.

- After the applicant has submitted all required paperwork, he/she will be scheduled for a preliminary interview with a minimum of two officers.
  - One of the interviewing officers must be at the rank of Captain or higher.
- Following interview, the applicant will be notified of his/her acceptance, generally via email.
- The applicant will then be approved to participate in a modified IPMBA course sponsored by TUPD.
- After successful completion of the IPMBA course, the applicant will attend a new member orientation, during which the following topics will be covered:
  - SOGs
  - Field Training Program
  - All operational procedures
  - Radio usage procedures
  - Any extra educational material deemed necessary by TUEMS Administration and/or the TUEMS Medical Director.
  - Applicant questions, regarding any of the aforementioned topics and/or TUEMS administration.
- After attending the new member orientation, the applicant will become a preceptee, eligible to participate in the *Field Training Program*.

#### 3.1.2.1 Duties of a Preceptee:

The preceptee is mandated by the FTP to complete several duties, outside of the initial duty to learn. These duties include the following:

1. The preceptee will enter into the Field Training Program with full understanding of the program's expectations, requirements, and stages.
2. The preceptee will comply with the TUEMS SOGs and all PA BLS protocols.
3. The preceptee will be responsible for completing any assignments given to them by his/her supervising FTO and/or the TUEMS Administration.
4. The preceptee will ensure that he/she has all necessary equipment on his/her person during shift, including, but not limited to, a pen and a watch.
5. The preceptee will arrive **thirty minutes** prior to his/her scheduled shift.

## 3.2 Program Levels

The FTP will be divided into three levels, preceded by an introductory phase, of which the preceptee must successfully complete. The calls will be logged in a *Call Log* Form.

### 3.2.1 Introduction

In this phase, the preceptee will be instructed on shift related procedures within the organization (a member that is returning to the organization from a Leave of Absence and placed in a limited precepting period and/or a member who has recently increased their level of certification from EMR will typically begin their precepting in this phase as well). He or she will be required to complete the tasks/skills designated on the *EMT Field Training Checklist (Appendix, page 10)*.

The FTO may demonstrate/explain the required tasks/skills detailed in the checklist. Once the preceptee has completed and understood the specified procedure/task on the checklist, then the FTO will initial in the column adjacent to the task. TUEMS policies and procedures should be reviewed during this phase. The preceptee is encouraged to ask questions or express their concerns. The checklist must be completed in order for a member to attain precepted status; however, completion of the checklist is not a prerequisite for continuation onto the subsequent program levels. Preceptees may complete the checklist during their first shift or throughout the course of their field training experience. Before signing off, ensure the member completed each task to a **satisfactory level. The member must have completed the task, not just observed it!**

### 3.2.2 Level One: Observation

This level is strictly observational. The observation level is intended to acquaint the preceptee with TUEMS field operations. The preceptee will:

- Become familiar with the location of all equipment on the bikes.
- Observe the precepted crew during the course of an incident involving patient contact:
  - Scene safety
  - Patient assessment
  - Treatment
  - Transfer of care/Refusal
- Become familiar with routine communications with dispatch via radio.
- Observe the restocking of the bikes.
- Observe how the incident is documented.
- Assist in all operations, as directed by the precepted crew.

The preceptee will be required to observe at least 1 patient contact with a precepted crew. A *Preceptee Observation Phase Completion Form* must be completed by both members of the precepted crew, after the patient contact. Upon successful completion of this level, the preceptee will advance to the next level. Approval from the TUEMS administration is not required in order to graduate from Level 1.

### 3.2.3 Level Two: Instruction

This level is intended to allow the preceptee to perform all skills and assessments under the active supervision of the field instructor. The FTO may freely provide direction during incidents in order to help the preceptee manage the call efficiently and appropriately. It is expected that the preceptee become more independent as the level progresses. The preceptee will:

- Function as the primary caregiver, with guidance from the FTO.
- Operate communications via radio.
- Navigate to the incident location.
- Improve his/her assessment and treatment skills.
- Provide verbal transfer of care report(s) or conduct proper refusal(s).
  - Contact medical command, if necessary.
- Complete incident documentation under FTO supervision.
  - Patient Care Form (PCR)
  - EMS charts
  - Incident report (if applicable)
- Restock the bike(s).



The preceptee will be required to obtain at least 5 patient contacts with at least 2 FTOs. The preceptee is encouraged to consult with his/her FTO during the entirety of the incident. The FTO will evaluate the preceptee on their ability to competently manage the call from dispatch to transfer of care via the *Call Evaluation Form*. If the preceptee is consistently unable to perform adequately in level two, then the supervising FTO(s) may elect to move the preceptee back to the observation level (level one) for a predetermined number of patient contacts, all of which will be documented by the FTO(s) via CEFs. Upon completion of his or her additional patient contacts, the preceptee will then attempt to complete level two again. If a preceptee is unable to perform adequately after multiple attempts at level two, a meeting with the TUEMS administration will be arranged to discuss his/her progress and next steps. Upon successful completion of this level, the preceptee may advance to the next level with approval from the supervising FTO or TUEMS administration.

If two, level-two preceptees are under the supervision of one FTO for a given shift, then the preceptees will rotate positions between primary and secondary caregiver. Regardless of the position assumed, both level-two preceptees will receive the patient contact. If one, level-two preceptee and one, level-three preceptee are under the supervision of one FTO for a given shift, then the level-three preceptee will assume the position of primary caregiver, and the level-two preceptee will assume the position of secondary caregiver; however, both preceptees will receive the patient contact.

### 3.2.4 Level Three: Evaluation

This level is intended to allow the preceptee to function as the single primary caregiver during an incident. If two, level-three preceptees are under the supervision of one FTO for a given shift, then the preceptees will rotate positions as the single primary caregiver; the preceptee rotation pattern will be established before the patient contact. *Only the preceptee functioning as the primary caregiver will receive the patient contact.* The FTO will take a passive, observational role, only intervening if dictated by the situation. The rotating, non-primary, level-three preceptee will function as the secondary caregiver. The primary preceptee will:

- Function as the primary caregiver, with minimal guidance from the FTO.
- Operate all communications with:
  - Dispatch via radio
  - PFD via verbal transfer of care report(s)
  - MedComm via verbal report(s) over phone (if applicable)
- Navigate to the incident location.
- Complete incident documentation, with final review by FTO.
- Restock bike(s).

The preceptee will be required to obtain at least 4 patient contacts with at least 2 FTOs. The preceptee is encouraged to consult with his/her FTO before and after the incident. The FTO will evaluate the preceptee on their ability to competently lead the call from dispatch to transfer of care via the *Call Evaluation Form*. If the preceptee is consistently unable to perform adequately in level three, then the supervising FTO(s) may elect to move the preceptee back to the instruction level (level two) for a predetermined number of patient contacts, all of which will be documented by the FTO(s) via CEFs. Upon completion of his or her additional patient contacts, the preceptee will then attempt to complete level three again. If a preceptee is unable to perform adequately after multiple attempts at level three, a meeting with the TUEMS administration will

be arranged to discuss his/her progress and next steps. The supervising FTO(s) or TUEMS administration will approve the preceptee's successful completion of this level via the *Preceptee Training Graduation Form*. The preceptee will be notified of their graduation from the FTP by the TUEMS administration and will become a precepted member.

## **4.0 FTO Training Program**

A Field Training Officer is an experienced member of the organization, who performs all job-related skills and operational tasks with exceptional tact, courtesy, and firmness. The primary function of a Field Training Officer is to teach in accordance with the Preceptee Training Program, in order to produce prepared and competent EMTs. The following are the duties required of a FTO:

1. The FTO will possess a complete understanding of the TUEMS SOGs (most up-to-date version), organizational policy, and current PA BLS protocols.
2. The FTO will provide the preceptee with guidance and direction.
  - a. The FTO should share his/her EMS experiences and provide support, as needed.
  - b. The FTO will help to orient the preceptee to TUEMS operations.
  - c. The FTO will assist the preceptee in applying classroom knowledge to live, field operations.
3. The FTO will promote the highest quality of pre-hospital care.
4. The FTO will engage the preceptee in continuous learning efforts, such that the preceptee maintains a working knowledge of all job-related skills and procedures.
5. The FTO will fairly and objectively evaluate the general performance/behavior of his/her assigned preceptee(s) via CEFs after each patient contact and in a timely manner.
  - a. If the CEF is unable to be completed within 24 hours of the patient contact, due to unforeseen circumstances, then the FTO must contact the TUEMS Administration, and the CEF must be completed within three days of the original shift date.
6. The FTO must be capable of identifying deficiencies in a preceptee's performance and utilize a variety of teaching techniques to correct these deficiencies.
  - a. Under the direction of TUEMS Administration, the FTO may implement on-the-job training for preceptees and remedial training for members with performance deficiencies.
7. The FTO will participate in preceptee performance reviews for FTP graduation and approval/training of FTO applicants.
8. The FTO will attend all preceptee evaluation meetings.
  - a. The progress of his/her assigned preceptees will be discussed. The FTO may be asked to clarify the reasoning utilized in completing particular CEFs.
  - b. The TUEMS Administration may utilize these meetings to collect feedback from the FTO, review remedial training efforts, and discuss suggestions for future training options.
9. The FTO will seek out new information and/or training models that would assist the FTP in meeting its mission statement.
10. The FTO will assist the TUEMS Administration in the review, evaluation, and improvement of the FTP, as needed.

11. The FTO will assist in the development of any additional and/or remedial training programs for preceptees.

The requirements necessary to become a Field Training Officer, as found in the Standard Operating Guidelines (*Section 27.1*), are as follows:

Minimum level of certification: EMT

*A member does not have to hold an officer position to become an FTO.  
Conversely, a member holding an officer position is not automatically declared a FTO.*

The FTO will train new members in accordance with the *Field Training Program*.

To become a FTO:

- The member must be an undergraduate or graduate student of Temple University.
- The member must be a fully precepted EMT.
- The member must be in good standing with TUEMS and TUPD.
- The member must have accumulated at least 45 patient contacts in order to be eligible for FTO application.
- If the member has prior 911 EMS experience and is an active, primary member at a 911 EMS agency at the time of FTO application, then this member is eligible for FTO application after accumulating at least 35 calls.
  - The member must provide the TUEMS Administration with a letter of reference from an officer at the EMS agency where the additional experience was gained.
  - Working for a non-emergent medical transport company *does not* make the member eligible for this patient contact reduction.
- *Eligibility for FTO application does NOT guarantee acceptance into the FTO training program.*
- The member must submit a Field Training Officer Application to the TUEMS Administration.
- Once accepted into the FTO training program by the TUEMS Administration, the member must successfully complete the FTO training program.
  - The FTO training program is further detailed in the *Field Training Program* document.
  - The member must demonstrate proper patient care procedures within his/her scope of practice, as well as an understanding of TUEMS Operations.
  - The member will be evaluated by current FTOs and the TUEMS Administration.

If the member meets all of the requirements, then the Director, Associate Director, Chief of Operations, and Chief of Administration will review the member's file, and the FTO status will be *considered*. If FTO status is granted, it will go into effect immediately upon the receipt of the notification email from the appropriate

administrative officer. If FTO status is not granted, the member will be reconsidered for FTO status the following semester after initial application.

## **4.1 Preliminary Phases**

### **4.1.1 Orientation Phase**

Once FTO status has been granted to the applicant, he/she will attend an orientation session, consisting of both lecture-based and discussion portions. The TUEMS Administration will delegate the task of conducting FTO orientation to an experienced FTO. During the lecture portion, operational procedures and guidelines will be reviewed, such that the training FTO can properly communicate these procedures and guidelines to his/her preceptee(s). The following procedures/guidelines may be reviewed:

- The role of a FTO and its associated responsibilities.
- The preceptee training program.
- TUEMS SOGs.
- Shift-related procedures, such as:
  - Bike checks.
  - Radio review.
  - Online equipment forms.
- Primary response zone boundaries and important landmarks within such boundaries.
  - Knowledge of street names and block numbers within response zone.
- HIPAA.
- PCR Documentation.

The training FTO will be instructed on how to guide a preceptee through his/her shift, including the patient contact, and also on how to evaluate the preceptee via CEFs. During the discussion portion, the training FTO will be asked to contemplate various open-ended questions, such as those related to appropriate teaching styles, effective communication skills, FTO-preceptee relationship, and deficiency correction methods. Scenario-based incidents will be introduced, and the training FTO will be asked to share his/her thought process and plan of action, given the scenario. It is encouraged that the FTO conducting the orientation be heavily involved in the discussion, providing his/her thoughts and advice and sharing his/her experiences. The FTO conducting the orientation will be responsible for designing both the lecture and discussion portions and ensuring that all necessary material is included and discussed sufficiently. The training FTO is encouraged to ask questions, regarding material that may not have been included in the orientation session.

### **4.1.2 Observation Phase**

The training FTO will observe at least 1 patient contact with at least 1 supervising FTO. This phase allows for the FTO trainee to familiarize his/herself with the duties and responsibilities of a FTO. The FTO trainee is encouraged to ask questions and express concerns, regarding the supervising FTO's assessment of the situation, evaluation of the preceptees, and communication and teaching methods. The supervising FTO must complete the *FTO Observation Phase Completion Form*, once the FTO trainee has sufficiently observed at least 1 patient contact. After completion of the observation phase, the FTO trainee may advance onto the training phase.

## 4.2 Training

The FTO trainee must obtain at least 5 patient contacts under the supervision of at least 2 experienced FTOs. Only 1 FTO trainee is allowed per supervising FTO. It is encouraged that the supervising FTO take on a more instructive, teaching role during the initial patient contacts, and a passive role during the subsequent patient contacts. The FTO trainee will:

- Manage all pre and post shift-related procedures.
- Direct the call in the appropriate direction.
  - This should be done by providing appropriate guidance and instruction to the preceptees.
- Ensure the safety of the crew and the patient.
- Ensure that appropriate and quality BLS care is provided.
- Address any concerns and/or questions posed by the preceptee(s).
- Provide feedback/criticism to the preceptee(s) in an effective and respectful manner.
- Identify and address any deficiencies in preceptee performance.
- Evaluate the preceptee(s) fairly and objectively.
- Lead by example.

After 5 patient contacts, the supervising FTOs will evaluate the progress of the FTO trainee. If it is determined that the FTO trainee is not fully competent and/or proficient at the FTO level, then the supervising FTOs may elect to extend the number of patient contacts needed, such that the FTO trainee can obtain additional training. The supervising FTOs must specify the number of additional patient contacts needed, before reevaluation. If it is determined that the FTO trainee is ready to assume the FTO position, then the supervising FTOs will complete the *FTO Training Graduation Form*, and the FTO trainee will assume the position of FTO.

## 5.0 FTO and Preceptee Training Evaluation

Preceptees and FTO trainees will be guided throughout the entirety of their respective Field Training Programs. Their progress will be recorded via written evaluations: Call Evaluation Forms (CEFs). These evaluations must be objective and administered in such a manner that will promote performance improvement. The learning goals and performance objectives are unique to each training position and are listed in this document; they will serve as the basis for these evaluations, in addition to the competency level demonstrated in performing the job-related duties of an EMT. Preceptees and FTO trainees will have access to their CEFs and should internalize the critique provided in order to improve their skill set.

### 5.1 Standardized Evaluation Process

In order to promote standardization of the FTP evaluation process, the *Call Evaluation Form* will be utilized, specifically the *FTO Call Evaluation Form* for FTO trainees and the *Preceptee Call Evaluation Form* for preceptees. The CER contains both objective and subjective components in order to properly describe the training experience. A skills checklist functions as the objective component, and the comment section functions as the subjective component, used to provide the rationale for the marks given in the checklist.

## 5.2 Rating Behavior/Performance

If a designated skill has been performed by the preceptee or FTO trainee during a patient contact, the respective supervising FTO(s) will determine if the skill has been performed satisfactorily, for which the preceptee or FTO trainee will receive a mark in the “S” column. The supervising FTO should consider whether the applied skill was appropriate for the particular incident. If the FTO(s) determines that the skill was not performed satisfactorily or was not appropriate for the respective incident, then the preceptee or FTO trainee will receive a mark in the “Needs Improvement” (NI) column for that respective skill. If a skill detailed in the checklist was not applicable during a given patient contact, then the supervising FTO will produce a mark in the “Not Applicable” (NA) column for that particular skill.

The supervising FTO(s) must provide commentary in the “Comments” section as justification for the marks given in the checklist. This section should provide both positive reinforcement and constructive criticism. Commentary should be based on the preceptee’s or FTO trainee’s performance and behavior during the particular patient contact.

## 5.3 Evaluation Process

As a preceptee or FTO trainee advances through the training program, his/her progress will be recorded via CEFs. The CEFs should include commentary related to the preceptee’s successes and missteps, improvements and regressions, and attempts made to manage each of these occurrences. The CEFs will also track the utilization and performance quality of a preceptee’s or FTO trainee’s job-related skills, as well as his/her adherence to and understanding of TUEMS and PA BLS protocols. Honest evaluations are key to a preceptee’s or FTO trainee’s success in the training program.

The supervising FTO must complete physical copies of CEFs after each patient contact. These physical copies should be printed by the preceptee or FTO trainee and stored in a binder, provided by the preceptee or FTO trainee. The preceptee or FTO trainee should bring his/her FTP binder to each shift. The preceptee or FTO trainee is responsible for maintaining his/her own binder and keeping track of his/her progress. *If the preceptee or FTO trainee loses his/her FTP binder prior to completion of the program, he/she must restart the program.* Members are encouraged to scan/take photos of the evaluation forms. After completion of the FTP, TUEMS administration may elect to retain the FTP binders.

## 5.4 Evaluation Frequency

Each FTO must complete a *Call Evaluation Form (CEF)* after each patient contact with a preceptee or FTO trainee. The CEF must be completed shortly after each patient contact, unless extraordinary circumstances present themselves. The FTO is encouraged to review the completed CEF with the preceptee or FTO Trainee.

# 6.0 Training and Conduct Policy

## 6.1 Training Policy

FTOs and FTO trainees must commit themselves to the philosophy of teaching. The main priority of the FTP is education, and the secondary priority is evaluation. The supervising FTO



bears the responsibility of compensating for deficiencies in the preceptee's or FTO trainee's performance during the training period. The FTO must strive to control and/or correct factors that account for performance deficiencies in both preceptees and FTO trainees.

The supervising FTO should teach in accordance with the FTP philosophy: guiding and instructing the FTO trainee or preceptee in such a way that maximizes opportunities for success. The TUEMS Administration and FTOs must strive to create positive training atmospheres for preceptees and FTO trainees. Likewise, the preceptee or FTO trainee should provide an equivalent level of respect to his/her instructors and demonstrate a willingness to learn and participate in the program. The supervising FTO should aim to minimize the stress accompanying a preceptee's transition into a precepted role or a FTO trainee's transition into the FTO role.

FTOs must conduct themselves in a professional manner at all times, especially while demonstrating and teaching organizational and procedural policy. FTOs must possess an attitude in line with the mission statement of the TUEMS SOGs and FTP. FTOs must set an example for preceptees, FTO trainees, and the general membership, by virtue of their knowledge, behavior, and professional appearance. It is important to note that all training members will reflect that which is demonstrated to them. An FTO should attempt to excel in all aspects of his/her work as a TUEMS member and PA certified EMT. An FTO should also strive to maintain the highest level of BLS and job-related knowledge and skill.

## 6.2 FTO/Preceptee Relationship

The relationship between the FTO and preceptee should be similar to that of a teacher and a student, or a supervisor and a subordinate. Within this relationship, the following is expected:

- The hallmark of this relationship is mutual respect. The preceptee will be treated with respect at all times; likewise, he/she will be expected to provide an equal degree of respect to the supervising FTO by engaging in the learning process and following given instructions. The preceptee will not be harassed, intentionally embarrassed, or treated in a demeaning manner. Name-calling or the use of derogatory terms by the FTO is unacceptable. The FTO will manage any feelings of anger or frustration, even those that may have been induced by preceptee interaction, in private, not in the presence of the preceptee. The general phrase implied by this philosophy is "praise in public, correct in private."
- FTOs will not make any discriminatory or sexist remarks, as mandated by the university-wide sexual harassment policy, adopted by the TUEMS SOGs (*Section 2.2*).
- FTOs will not make any sexual remarks or advances towards preceptees.
- FTOs will not enter into any living or financial arrangements with preceptees.
- FTOs will not accept gifts from, or give gifts to, any preceptee.
- FTOs and preceptees must demonstrate the utmost degree of respect to all patients. At no time should a FTO or preceptee make any inappropriate remarks towards patients or behave in such a manner that causes discomfort.
- FTOs will not enter into romantic relationships with preceptees, throughout the duration of their precepting period. If a FTO is related to a preceptee, involved in a romantic relationship with a preceptee prior to FTP entrance, or feels that his/her relationship with the preceptee will affect his/her judgment of the preceptee, then the TUEMS

Administration must be advised. The TUEMS Administration will evaluate the nature of the relationship and either allow the FTO to evaluate the preceptee or place the preceptee with an FTO that does not possess an interfering relationship. This disclosure requirement serves to eliminate any allegations of potential bias by the FTO when evaluating the preceptee.

### **6.3 Violation of FTP Policy**

Violation(s) of any policy outlined in the FTP or SOGs may result in disciplinary action, as determined by TUEMS Administration. The TUEMS Administration reserves the right to remove a FTO, FTO trainee, or preceptee from their respective training programs for any violation(s) incurred or any serious, consistent performance deficiencies.

## **7.0 Termination Process**

If a preceptee is unable to complete each phase of his/her respective FTPs and has utilized all granted extension time, then TUEMS Administration will consider termination of the preceptee. Additionally, the TUEMS Administration will consider termination of the preceptee, if he/she exhibits any of the following behavioral patterns:

1. The preceptee is not responding to his or her field training, and any attempts to motivate the preceptee are unsuccessful.
2. Several documented incidents have occurred, during which the preceptee resorts to abusive or inappropriate language and/or behavior when dealing with patients, coworkers, or the public.
3. The preceptee is not progressing through the FTP at an acceptable rate. This should be measured against a general average progression rate of preceptees within his or her recruitment class who are completing or have completed the FTP.
4. The preceptee continually commits documented unsafe acts, medically or operationally, during his or her shift, placing the patient, coworkers, and/or the public in danger.

If a FTO trainee exhibits any of the following aforementioned behavioral patterns, they may either be immediately terminated or downgraded to precepted member status and unable to re-apply for the FTO position. This decision is at the discretion of the TUEMS Administration.

### **7.1 Termination Procedure**

If both the TUEMS Administration and all relevant, supervising FTOs conclude that a preceptee or FTO trainee should be recommended for termination, all Call Evaluation Forms (CEFs) must be gathered for consideration. A general meeting between the TUEMS Administration and the FTOs will be held to review the CEFs and discuss the positive and negative aspects of the preceptee's or FTO trainee's performance. All information to be discussed at this meeting will be held in strict confidence.

Although the FTO is encouraged to continually keep the preceptee or FTO trainee aware of his or her level of performance, it is not the FTO's responsibility to notify the preceptee of his or her potential termination. The decision to terminate will be made only after all CEFs are reviewed by the TUEMS Administration, and the preceptee or FTO trainee has been notified of his or her potential termination by the TUEMS Administration. While the termination decision is under consideration, the preceptee or FTO trainee should be removed from the field and given a "not



active” membership status. At no point should the preceptee or FTO trainee be allowed to work within the TUEMS organization until a decision has been made.

If after reviewing the CEFs and testimony, the TUEMS Administration agrees upon the decision to terminate the preceptee or FTO trainee, then the preceptee or FTO trainee must be notified immediately by the TUEMS Administration. The preceptee or FTO trainee should be informed of his or her right to speak with anyone in the Chain of Command regarding the termination. The preceptee or FTO trainee should be informed of the option to resign from the organization prior to termination. Regardless of his or her decision, all personal information, CEFs, and additional evaluation materials should be maintained in his or her file for future reference.

The preceptee’s or FTO trainee’s personal file is confidential and should only be reviewed by personnel directly involved with the FTP. Others requesting review of any such file must first secure approval from the Director or the Chief of Administration. Any agency that wishes to conduct a background check on a preceptee or FTO trainee must present a release signed by the preceptee or FTO trainee’s and the employer and must have the release approved by the Director of Chief of Administration before any access is granted.

# APPENDIX

EMT Field Training Checklist					
Preceptee:					
Access to supply room		TU-affiliated buildings within response zone		MedComm	
Equipment locations within supply room		Incident report form		Shiftplanning	
Online oxygen form		Online broken Equipment form		Chain of Command	
Replacement of O2 tank		Incident numbers		Decon/Disposal	
Bike check		EMScharts login		Supervisor phone	
Radio procedures		EMScharts chart writing		FTP	
Radio check		PA TRAIN login		Patient care forms (TOC, Refusal)	
Response zone boundaries		TUEMS website login			
Pre-shift equipment check		EMS registry login			

# Temple University EMS Call Evaluation Form

Preceptee:	
Field Training Officer:	
Nature of BLS Call:	
Date:	Level:
Incident Number:	

S-Satisfactory	NI-Needs Improvement	NA-Not Applicable	S	NI	NA
<b>SCENE SIZE UP</b>					
BSI					
Scene Safety					
Determines number of patients					
<b>PATIENT ASSESSMENT</b>					
Determines type (mechanism) of injury or nature of illness					
Identifies life threatening condition(s)					
Positions patient properly for suspected injury/illness					
Determines CAO, GCS					
Assesses vital signs: HR, BP, RESP, LS, Pupils, Skin					
<u>Number of vital signs taken:</u>					
Focused physical exam and/or detailed assessment:					
<input type="checkbox"/> Obtains SAMPLE					
<input type="checkbox"/> Obtains OPQRST					
Rapid physical exam (trauma)					
PMS check (if applicable)					
Makes transport decision:					
<input type="checkbox"/> PFD					
<input type="checkbox"/> Refusal with Medical Command					
<input type="checkbox"/> Refusal without Medical Command					
<input type="checkbox"/> PD					
<b>TREATMENTS PROVIDED</b>					
Oxygen:					
<input type="checkbox"/> NC					
<input type="checkbox"/> NRB					
<input type="checkbox"/> BVM					
<input type="checkbox"/> CPR mask					
Suctioning of airway					
Oral/nasal airway insertion					
Manual C-spine stabilization					

Cervical collar placement			
Splinting			
<input type="checkbox"/> SAM splint			
<input type="checkbox"/> Sling and swathe			
<input type="checkbox"/> Traction splint			
Bandaging/Bleeding Control:			
<input type="checkbox"/> Compression			
<input type="checkbox"/> Gauze and/or roller gauze			
<input type="checkbox"/> Hemostatic agent (i.e QuickClot, petroleum gauze)			
<input type="checkbox"/> Tourniquet application			
<input type="checkbox"/> Asherman chest seal			
Cold pack application			
CPR			
AED			
Properly assists with/administers medication			
<u>Name of medication:</u>			
Patient comfort ( <u>list action taken</u> ):			
Other:			
<b>COMMUNICATION SKILLS</b>			
Communicates appropriately and effectively with:			
<input type="checkbox"/> Crew			
<input type="checkbox"/> Patient			
<input type="checkbox"/> Family/Friends of patient and/or Bystanders			
<input type="checkbox"/> Other responders (i.e. PD, PFD)			
<input type="checkbox"/> Medical Command (if applicable)			
<input type="checkbox"/> Dispatch (via radio)			
Ability to work as member of a team (even when in charge of scene)			
Ability to control scene			
Appropriate assertiveness used in patient and responder interactions			
Transfer of patient care and information			
Paperwork obtained (i.e. signatures, badge numbers, etc.)			
Chart writing			

**COMMENTS (Strong points and improvement areas):**


The information on this evaluation form has been reviewed by the preceptee and Field Training Officer. The preceptee has been given an opportunity to share his/her feedback and concerns with the Field Training Officer.

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Field Training Officer Signature

**\*\*Print Name:**

# Temple University EMS

## FTO Call Evaluation Form

FTO Trainee:
Field Training Officer:
Nature of BLS Call:
Shift Date:
Shift Time:
Incident Number:

S-Satisfactory    NI-Needs Improvement    NA-Not Applicable	S	NI	NA
<b>PRE-SHIFT PROCEDURES</b>			
Arrives 30 minutes prior to shift start.			
Ensures that preceptees are properly prepared for shift.			
Oversees/assists with bike check. <div style="margin-left: 20px;"> <input type="checkbox"/> Instructs/assists preceptee(s) with restocking missing equipment, <i>if necessary</i>. </div>			
Instructs/Assists with radio procedures.			
Reviews primary zone boundaries, TU landmarks, street names, block numbers, etc., <i>if necessary</i> .			
Gauges baseline of preceptee via introductory conversation.			
Reviews call steps, <i>if necessary</i> .			
<b>SCENE SIZE UP</b>			
Ensures crew has applied all appropriate PPE.			
Ensures safety of crew throughout duration of call.			
<b>INSTRUCTION: PATIENT ASSESSMENT, TREATMENT, &amp; TRANSFER OF CARE</b>			
Ensures delegation of call-related tasks.			
Guides call in the appropriate direction.			
Ensures that appropriate assessment was made.			
Ensures that appropriate treatments were provided.			
Ensures that appropriate transport decision was made.			
Supervises transfer of care, if applicable. <div style="margin-left: 20px;"> <input type="checkbox"/> Ensures that appropriate signatures are obtained. </div>			
Intervenes on behalf of patient, if necessary.			
<b>COMMUNICATION SKILLS</b>			
Communicates appropriately and effectively with preceptees. <div style="margin-left: 20px;"> <input type="checkbox"/> Utilizes appropriate assertiveness. </div>			
Provides feedback/criticism to preceptees in an instructive and respectful manner.			

Engages with preceptees as a team member. <input type="checkbox"/> Encourages a cooperative, team-player environment.			
Does not micro-manage patient contact.			
Is able to the control scene.			
Completes CEF for each preceptee following patient contact. <input type="checkbox"/> Reviews CEF with preceptee.			
<b>POST-SHIFT PROCEDURES</b>			
Assists preceptee(s) with chart writing. <input type="checkbox"/> Ensures that all PCR's are completed correctly. <i>*Can be done during shift*</i>			
Assists preceptee(s) with calling out of service.			
Assists preceptee(s) with requesting incident numbers.			
Assists preceptee(s) with restocking bike equipment, <i>if necessary</i> .			
Assists preceptee(s) with decontaminating equipment, <i>if necessary</i> .			
Assists preceptee(s) with completing online equipment forms, <i>if necessary</i> .			
Ensures that preceptee(s) returns all borrowed equipment from supply closet.			
Ensures that copies are made of the appropriate forms.			
Ensures that the necessary forms are transferred to PD at 1801.			

**COMMENTS (Strong points and improvement areas):**

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The information on this evaluation form has been reviewed by the FTO trainee and the Field Training Officer. The FTO trainee has been given an opportunity to share his/her feedback and concerns with the Field Training Officer.

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Field Training Officer Signature

**\*\*Print Name:**

# Preceptee Observation Phase Completion Form

By signing this form, the precepted crew acknowledges that the preceptee has sufficiently observed at least 1 patient contact. The preceptee has been given an opportunity to share his/her feedback and concerns with the precepted crew. The preceptee has expressed that he/she feels comfortable advancing onto LEVEL 2.

Shift Date:
Shift Time:
Nature of Observed BLS Call:
Incident Number:

Preceptee Signature:

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Preceptee (Print Name):

---

Precepted Crew Member 1 Signature:

---

Precepted Crew Member 1 (Print Name):

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Precepted Crew Member 2 Signature:

---

Precepted Crew Member 2 (Print Name):

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# FTO Observation Phase Completion Form

By signing this form, the supervising FTO acknowledges that the FTO trainee has sufficiently observed at least 1 patient contact. The FTO trainee has been given an opportunity to share his/her feedback and concerns with the supervising FTO. The FTO trainee has expressed that he/she feels comfortable advancing onto the training phase.

Shift Date:
Shift Time:
Nature of Observed BLS Call:
Incident Number:

FTO Trainee Signature:

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FTO Trainee (Print Name):

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Supervising FTO Signature:

---

Supervising FTO (Print Name):

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# FTO Training Graduation Form

By signing this form, the supervising FTOs verify that this FTO trainee is at a proficient enough level to assume the FTO position. The supervising FTOs ensure that this FTO trainee demonstrates the necessary skills and attitude required of a FTO. The FTO trainee has expressed a desire and readiness to assume the FTO position and carry out its associated responsibilities/duties. The TUEMS Administration has been made aware of the FTO trainee's progress and approves of his/her graduation from FTO training.

Date:

FTO Trainee Signature:

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FTO Trainee (Print Name):

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Supervising FTO 1 Signature:

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Supervising FTO 1 (Print Name):

---

Supervising FTO 2 Signature:

---

Supervising FTO 2 (Print Name):

---

TUEMS Administration (Captain or higher) Signature:

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TUEMS Administration (Captain or higher) (Print Name):

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# Preceptee Training Graduation Form

By signing this form, the supervising FTOs verify that this preceptee is at a proficient enough level to assume the position of precepted member. The supervising FTOs ensure that this preceptee demonstrates the necessary skills and attitude required of a precepted member. The preceptee has expressed a desire and readiness to assume the precepted member position and carry out its associated responsibilities/duties. The TUEMS Administration has been made aware of the preceptee's progress and approves of his/her graduation from preceptee training.

Date:

Preceptee Signature:

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Preceptee (Print Name):

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Supervising FTO 1 Signature:

---

Supervising FTO 1 (Print Name):

---

Supervising FTO 2 Signature:

---

Supervising FTO 2 (Print Name):

---

TUEMS Administration (Captain or higher) Signature:

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TUEMS Administration (Captain or higher) (Print Name):

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# Preceptee Training

## LEVEL 2 Completion Form

By signing this form, the supervising FTOs acknowledge that the preceptee has completed LEVEL 2 to a proficient enough level. The supervising FTOs verify that the preceptee has acquired all skills required of a LEVEL 2 preceptee and met all objectives set forth within this level. The preceptee has been given an opportunity to review his/her progress and express his/her desire to advance onto LEVEL 3.

Date:

Preceptee Signature:

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Preceptee (Print Name):

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Supervising FTO 1 Signature:

---

Supervising FTO 1 (Print Name):

---

Supervising FTO 2 Signature:

---

Supervising FTO 2 (Print Name):

---

# Call Log

Name:

LEVEL:

Date Started:

	Date:	Incident Number:	Call Type	FTO Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				