

**County of Fauquier
Department of Fire, Rescue and
Emergency Management
Preceptor Program Guidelines**



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Fauquier County Fire & Rescue - Preceptor Program

Overview

The objective of Fauquier County Fire & Rescue Preceptor Program is to provide supervised clinical experience to all candidates (EMT, Advanced EMT, Intermediate, and Paramedic). The Preceptor Program will evaluate and prepare new providers to operate under the Fauquier County Operational Medical Director (OMD), those that have advanced their scope of practice, and approve participants to operate within the medical protocols approved by the Fauquier County OMD. The Preceptor Program is exclusively for active Fauquier County Department of Fire, Rescue and Emergency Management employees or volunteer EMS providers whose jurisdiction falls under the Fauquier County OMD and have successfully completed a Virginia Office of EMS approved course or obtained reciprocity with the Commonwealth of Virginia.

****The Preceptor program should NOT be confused with clinical internship, which is conducted before Precepting as part of the EMS student's course requirements and is managed in conjunction with OEMS requirements as well as the program director. ****

The Fauquier County Preceptor Program provides reality-based training specific to Fauquier County protocols and the Fauquier County OMD's requirements for providing emergency medical care within his/her jurisdiction.

Entrance into the Fauquier County Preceptor Program

Any member seeking to be released as an EMS provider within the EMS agencies that operate under the Operational Medical Director must complete the following application steps:

1. Must have successfully completed an approved OEMS EMT, Advanced EMT, Intermediate, or Paramedic program, or has been approved for reciprocity through the VA OEMS prior to consideration for entry. **Documentation that the "my I course" (All pertinent modules and skills) have been completed. <https://fauquieremsprotocols.myicourse.com>**
1. Acceptance into the Preceptor Program requires members to be considered "active" within an EMS agency that is under the responsibility of the OMD.
2. Must complete the "Application to Enter Precepting Program" FRF 957 form requesting to be enrolled and filed with your respective fire and EMS department as well as the Program manager. * *DFREM personnel will be assigned through General Orders and do not require an application.* *
3. Individuals wishing to enter the Preceptor Program must be assigned an approved Preceptor from their respective agency. If one is not available, permission must be obtained from the agency's Chief or Chief's representative. A formal request will then be sent to the Program Manager to determine Preceptor availability. This can be requested when completing the "Application to Enter Precepting Program" FRF 957 by indicating on the form you are requesting a Preceptor.

Scheduling of Precepting hours

1. While precepting with an approved DFREM Preceptor, scheduling of precepting hours will be done in accordance with OP 301. The requested hours must be approved by the Program Manager or his/her designee and must be reflected in Telestaff.
2. If the volunteer EMS agencies is managing the Preceptor / Preceptee scheduling and conducting all training in house (*not utilizing a DFREM Preceptor and training and ride time will be conducted with volunteer crews from their respective station*) and in accordance with this document. Then the scheduling shall be managed at the station level.

The Preceptor Responsibilities

The Preceptor will be responsible for the following:

1. Provide guidance for the administrative and documentation needs of the program.
2. Shall act as a mentor by guiding the Preceptee through Fauquier County specific medical treatment protocols and operating procedures.
3. Shall be responsible for identifying deficiencies in EMS care while providing appropriate feedback and training prior to release.
4. Preceptors must be role models for the type of behavior that is expected of our members in regards to patient care and scene management.

Preceptor requirement

1. Must hold a current Virginia OEMS certification and be released by the OMD at the level of the program candidate or higher for a period of two (2) years.
2. Be a member in good standing and released within Fauquier County DFREM, or a Fauquier County VFRA EMS Agency. Individuals must actively be providing care at the level the individual wishes to precept to (e.g. An EMT cannot precept an EMT-A).
3. Must complete an "Application to Become a Preceptor" FRF 959 and submit it to the Program Manager.
4. Complete the ALS Preceptor training program.
5. Receive approval for each level of Preceptor status from Fauquier County OMD and Agency Chief Officer or their designee. DFREM members wishing to be considered as a Preceptor, shall request permission from their assigned Officer, shift EMS Supervisor, and Battalion Fire Chief.
6. Maintain all training update requirements.
7. A Preceptor who wishes to precept at a new or higher level of certification must submit another application to precept at that level after serving one year (1) at their current level.
8. The Preceptor is, along with his or her Preceptee, responsible for proper documentation and record keeping throughout the program.

9. Preceptors must stay current with standards of EMS and must be familiar with the candidates' skills for their given certification level. The Preceptor is authorized to precept at any certification level at or below their current level.

The Preceptee's Responsibilities

The Preceptee will be responsible for the following:

1. Must understand that the Preceptor Program is designed to frame skills and knowledge *specific to Fauquier County Medical Protocols*. The Preceptee is expected to enter the program with the required knowledge obtained from successful completion of OEMS approved initial certification course or level of reciprocity granted by The Commonwealth of Virginia.
2. The Preceptee is required to be an active participant in the continuation of the EMS education that the Preceptor program is designed to provide. They must be in constant contact with their assigned Preceptor and actively progressing through the program. This will be reflected in the continued documentation throughout the program and the expectations will be discussed between the Preceptee and Preceptor prior to the start of the program. The parameters will be discussed and documented on the forms which will be discussed later in this document.
3. The Preceptee during the program, regardless of rank, will be considered that of a trainee and will not be considered within the rank structure of DFREM or VFRA. The Preceptee will directly report to assigned Preceptor. **This may only apply to individuals with rank who progress in their EMS certification for example from EMT to Paramedic.**
4. For Intermediate and Paramedic level Preceptees, the successful completion of ACLS and PALS prior to entry into the Preceptor program is required.

Preceptee Learning Objectives

1. Accurately relate a patient's medical complaint to pathophysiology or pharmacological effect, and discuss appropriate interventions based on condition and diagnosis.
2. Obtain a history from the patient, relatives, or bystanders in a systematic and timely fashion.
3. Conduct a thorough and appropriate patient assessment.
4. Function as a team leader.
5. Describe the anticipated effects of interventions, including side effects and undesirable reactions, with both personal interaction and medication procedures.
6. Safely and appropriately perform all pertinent medical skills within Fauquier County Protocol.
7. Perform skills utilizing equipment in a manner consistent with patient care priorities.
8. Exhibit professional behavior and concern when interacting with patients, family, or bystanders.
9. Explain procedures to the patient in a manner that the patient can understand.
10. Accurately and concisely document and report assessment findings and interventions creating a legal document to be placed in the patient's medical record.
11. Show respect for, and adherence to, the principles of patient confidentiality.
12. Act as a patient advocate when operating with healthcare systems.

Program Manager

The program manager is responsible for maintaining all Preceptee records within their jurisdiction. Once precepting is complete, the program manager will be responsible for obtaining the (OMD) signature on the *Authorization to Practice* form. Once the program has been completed, the program manager will keep all incident reviews and evaluations in the form of a digital copy on approved Fauquier County platform for example SharePoint. For Fauquier County DFREM members, the Assistant Chief will inform the department that they are cleared to practice in Fauquier County by way of General Order. Oversight of the Fauquier County Preceptor Program will be the responsibility of the Fauquier County Department of Fire and Rescue, specifically the designated precepting Program Manager and the Operational Medical Director. The Preceptee must utilize the chain of command by contacting their assigned Preceptor first and if it becomes necessary, to contact either the Program Manager or the OMD.

Pathway to release for Experienced Provider

Certified ALS providers from other areas wishing to practice in Fauquier County must meet the following criteria:

- A. Documentation of one (1) year of field experience with a community 911 system **and** successful completion of a release program, comparable to the Fauquier County Preceptor program.
- B. A letter of competency from the provider's previous/current OMD. The letter should state which ALS field skills the provider is qualified to perform.
- C. Documentation that the current Fauquier County Protocol training has been completed with successful completion of level appropriate skills from a qualified train the trainer.
- D. Successful completion of the Medical Protocol test with a score of 80% or better.
- E. For questions and detailed procedure regarding EMS Re-Entry please refer to OP 309.

All this information will be presented to the program manager and OMD for review and final determination will be made. When all the criteria have been met, the Fauquier County ALS Release Process may be abbreviated at the determination of the assigned Preceptor Fauquier county OMD and the program manager. *See abbreviated skills check off for ALS members progressing their certification.*

1. Certified and released ALS providers Advanced or intermediate who have progressed to Paramedic may be granted an abbreviated process for the skills requirements and only the Skills requirements there will be no change in the process of documentation and final release. Considering the preceptee has demonstrated proficiency with many of these skills based on previous precepting and current active participation at the ALS level. *See abbreviated skills check off for ALS members progressing their certification.*

Precepting Procedure

Field experiences are vital to the candidates' preparation to be a released provider and works to **reinforce** the concepts covered in the classroom, **NOT** provide initial instruction. This hands-on environment in which the candidate will be practicing, and the responsibility for safety of the crew and patient, will be guided by and the responsibility of, the Preceptor.

Generally, time spent in the field can be divided into **three phases**, the observation phase, participation phase, and the leadership phase. This allows the candidate to assume increasing responsibilities as the program progresses.

Observation Phase (Weekly Form)

Start of the program in which the new provider develops a relationship with the Preceptor. The Preceptee can watch the Preceptor function as AIC on calls. The Preceptee can participate at a level the Preceptor is willing to allow. This level of participation is ultimately dependent on safety of the patient and will be increased as the Preceptor becomes more comfortable with the Preceptee and more familiar with their learning style. In the Observation Phase, open dialogue and communication must be paramount to point out deficiencies and prepare the Preceptee for the subsequent phases of the program. During this phase, the Preceptee is not permitted to act as the "Lead Provider".

- Utilize the "Observation Phase" form **weekly** for documentation.

Participation Phase (Per Shift Form)

The Participation phase is the time when the Preceptee will be an engaged part of the crew. They are expected to utilize the skills they have learned in class appropriately. Although psychomotor skills are important in this phase, the importance of the clinical thought process for all levels is vital to the success in the accurate development of differential diagnosis and will assist the provider in overall medical care. The Preceptee can conduct all appropriate skills and assessments that they are trained and permitted to do. This permission is dependent on scope of practice for their EMS certification level as well as the comfort of the Preceptor. The Preceptee should be very familiar with the Fauquier County Medical Protocols and operating procedures. The Preceptee should be able to integrate in to the crew as an efficient and useful provider. They will be evaluated on the necessity or hindrance of their presence, at which point a consideration must be made as to the Preceptee's progression or regression through the program.

- Utilize the "Participation Phase" form for **daily** documentation.

Assessment Period (Periodic Form) to be completed between Phases

The Assessment Period is an evaluation of the Preceptee's progress. This form will be completed before the advancement between phases. Evaluations will be conducted and documented with

- 1) Recommendation on progression to the next phase,
- 2) Continuation of the current phase,
- 3) Assignment to a second Preceptor (at which point the program would be repeated), or
- 4) Complete discontinuation of the program (at which point the Preceptee would continue to

operate at their current certification level, BLS providers would not be qualified to operate under the Fauquier County OMD).

A Preceptee shall not continue beyond **six months** in this process without serious consideration from the Program manager and efforts to remedy issues that can be addressed. The six-month period for any Preceptee will have multiple Assessment period forms (minimum of 6) documenting improvements or lack of improvements. The Preceptor must utilize these documentation forms to create a pattern of behavior positive or negative within the Preceptee.

- Utilize “Preceptor Assessment Period” form for documentation.

Leadership Phase (Per Shift Form)

With the permission of the Preceptor, after successful completion of the Observation and Participation phase, the Preceptee may progress to the leadership phase of the program. In the Leadership Phase, Preceptees are expected to demonstrate proficiency (as evidenced by independent application of knowledge to patient assessment and treatment) under the direct supervision. The Preceptee is required to act in the role of lead provider, along with and never to supersede, the authority of the Preceptor. The Preceptor should allow, with minimal assistance, the Preceptee to make decisions and come to conclusions on his/her own, about the course of medical care. Medical protocols, patient, and crew safety are of ultimate concern and should always be considered by the Preceptor. Preceptees shall discuss their proposed course of treatment with the Preceptor prior to embarking upon it, performing any advanced skills or advanced interventions. If the Preceptor feels it is necessary to take over directing patient care, the candidate should function as a team member. This phase, and all phases during this program, the Preceptor is ultimately legally responsible for the actions of all crew members and is the highest level of certification.

- Utilize the “Leadership Phase” form for **daily** documentation.

Final Assessment Period (Final Approval Request FRF 958)

The Final Assessment Period begins when the Preceptor has determined the Preceptee is ready for release. A final evaluation of the Preceptee will be conducted and documented with recommendation on progression to “Final Release”, continuation of the Leadership Phase, assignment to a second Preceptor (at which point the program would be repeated), or complete discontinuation of the program (at that point the Preceptee would continue to operate at their current released level. BLS providers would not be qualified to operate under the OMD). The Final release cannot be attained before eight weeks for a completely new provider.

- Utilize the “Final Approval Request” FRF 958 to serve as the formal request for final evaluation. Submit the form to the training division and program manager. At this point coordination with the preceptee and the training division will allow for scheduling of the final approval process (below). Please have all documentation from your precepting process for review at the time of your final approval process.

Preceptee Final Approval Process

The Preceptee will be required to attend a final review with the Fauquier County DFREM training division and/or an EMS Supervisor, evaluation of all documentation will be conducted to include all phase forms, Incident tracking sheet, skills sheet and the “Final Approval Request” form FRF 958. This Final Approval Process will include a Fauquier County Medical Protocol exam for all providers and didactic (ALS only) evaluation that will be scenario based and challenge the Preceptee’s clinical thought process. This testing process will be administered by the EMS Supervisor and/or Training division EMS officer, be appropriate to the provider’s certification level, and shall not exceed the Preceptee’s scope of practice. The Preceptee will have two attempts to pass the written test with a score of >74% and two attempts to pass the didactic evaluation. Retest shall not be attempted sooner than three days of more than 30 days after initial test failure. If the preceptee were to fail on their second attempt, they will be placed back into the precepting process at the participation phase at the discretion of the Chief of the agency and the OMD.

Successful completion of the Final Approval Process will be documented utilizing the Final approval process written protocol exam and practical evaluation form. The form will include three signatures; the EMS supervisor or training division EMS officer (evaluator 1), an officer released by the OMD at the level of the candidate (evaluator 2) and the Preceptee testing candidate. This will precipitate completion of the permission to practice from by the Fauquier County OMD. This will give permission to operate, and for Intermediate and Paramedic providers, the necessary documentation to receive access to a narcotics locker ID code.

Conflicts of Interest

A Preceptor will not be permitted to precept immediate family members. This shall include, but is not limited to: parents, in-laws, siblings, and/or significant others. Reference RR 111 “Family and Consensual relationships” specific information.

Revocation of Preceptor Status

The EMS agency, along with the OMD, reserves the right to revoke the Preceptor’s status at any time. If a Preceptor is under investigation, the Preceptor status will be immediately suspended and/or revoked pending the outcome of the investigation. If the Preceptor is undergoing remediation or post-investigation, then the Preceptor status will be suspended during the time of remediation. The Preceptor status may be reinstated at the direction of the Program Manager and the OMD.

Revocation of Preceptee Status

The EMS agency along with the OMD reserves the right to deny, suspend, or terminate the precepting program at any time. If a Preceptee is under investigation, the Preceptee’s status will be immediately suspended and/or revoked pending the outcome of the investigation. The member can request to go through the program again by following the instructions for entrance into the Fauquier County Precepting Program.

Protected Health Information

The candidate is expected to safeguard all Protected Health Information (PHI) that they

encounter, in accordance to the state and federal privacy regulations as well as facility guidelines. Forms and copies of records submitted as part of the clinical documentation should not contain any PHI. Examples of PHI include, but are not limited to:

1. The patient's name
2. The patient's address and phone number
3. The patient's date of birth (however, the patient's age, e.g., 30 years, is not PHI).
4. The patient's social security number.

Any papers or forms containing PHI will not be accepted. Report copies must utilize the PHI protected print or PDF save option.

Dress code and Preceptee material

Uniform Policy- The following guidelines apply for all field rotations.

1. The Fauquier County DFREM employees shall refer to the Fauquier County DFREM RR127 and dress accordingly.
2. The Volunteer Preceptee will adhere to the specific agencies uniform policy which must include: blue pants, department t-shirt, black belt, black shoes (steel toe or safety toe).
3. Must always possess Photo Identification and EMS Certification card while precepting.
4. Have in their possession their Preceptor Manual and any required forms.
5. No cologne or perfume.
6. No loose jewelry. For example, loose hanging necklaces and hoop earrings.
7. No artificial nails.
8. Individuals must be groomed appropriately. This includes, but is not limited to: clean uniform, tucked in shirt, shoulder length hair (or longer) must be pulled back and off the collar. There will be zero tolerance for unprofessional appearance.
9. DFREM employees shall adhere to Fauquier County DFREM Uniform Policy, RR127.

**** The Preceptor has the right to send any Preceptee away who is not following these guidelines. If this occurs, the Preceptor shall immediately contact the on-duty Battalion Chief and the Fauquier County's Program Manager as soon as possible. ****

Activities and Expectations

The Preceptee is expected to:

1. Report to the assigned station at least 15 minutes prior to the start of the shift.
2. The Preceptee is expected to participate in unit checks and ensure that they are familiar with all equipment location and function.
3. Review this document with the Preceptor, while making certain that the Preceptee's role and precepting phase is defined and understood by all parties.
4. Conduct post-call review with the Preceptor after all patient contacts and incidents, specifically discussing the candidate's performance in areas such as: patient assessment, history taking, treatment decisions and priorities, interventions, and operational performance.
5. Observe and participate in the unit activities as directed by the Preceptor.
6. Fill out necessary paperwork as needed, obtain signatures, and upload all reports prior to the end of the shift.

Safety

Safety is the utmost concern during precepting. All personnel should exercise caution and comply with all requirements concerning safety.

Illness

Preceptees experiencing an illness shall not participate in rotations, for the safety of the crew and patients. If a candidate feels it is necessary to stay home from a rotation, and he/she is utilizing a DFREM preceptor then that individual would contact the Fauquier County sick leave line **(540) 422-8814** so that the absence can be recorded and necessary changes can be made to scheduling software. Fauquier County Fire and Rescue employees will utilize the sick leave line and follow OP 109 for requesting leave.

Injury

In the event of an injury, the Preceptee should obtain necessary and appropriate medical care. The Officer in Charge shall contact the nurse on call and complete and Industry Safe report in accordance with OP 703.

Exposures

In the event of an exposure to bodily fluids (e.g., needle stick) or airborne infection (e.g., tuberculosis). The Preceptee should immediately obtain necessary and appropriate medical care. The Infection Control Officer shall be notified and documentation shall be in accordance with OP 707.

Appendix

**OBSERVATION PHASE
WEEKLY EVAL. FORM DURING THE OBSERVATION PHASE**

Preceptee Name:	Date:
Unit / Preceptor:	

To be completed by Preceptor		
Category	Performance Evaluation	
1. Strengths		
2. Weaknesses		
Below to be completed by Preceptee		
3. Goals		
4. Concerns		
Preceptee's Name:	Preceptee's Signature:	Date:
Preceptor's Name:	Preceptor's Signature:	Date:

**PARTICIPATION PHASE
PER SHIFT EVAL. FORM DURING THE PARTICIPATION PHASE**

Preceptee Name:	Date:
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Unit / Preceptor:

***ALS ONLY: GREEN SHADED CATEGORIES**

Category		Performance Evaluation
1.	Scene Safety and Situational Awareness	
2.	Work Ethic, Attitude, and Professionalism	
3.	Communication Skills	
4.	Patient Assessment	
5.	Equipment Knowledge and Care	
6.	Driving Abilities, Safety, and Area Familiarization	
7.	Basic Life Support Knowledge and Skills	
8.	Attendant-in-Charge Capabilities	
9.	Medical Protocol / Operating Procedure Knowledge	
10.	Advanced Life Support Knowledge and Skills*	

Unit Supervisor(s)/Mentor(s) must provide a written summary of the intern's overall performance to

date:

Incident #'s	Reason for review

Preceptee's Name:	Preceptee's Signature:	Date:
Preceptor's Name:	Preceptor's Signature:	Date:

Precepting Assessment Period

This will be completed no later than 30 days and no sooner than two weeks into the program.

Preceptee Name:	Date:
Unit / Preceptor:	

	Category	Performance Evaluation
1.	<i>The Preceptee has shown improvement in the following areas:</i>	
2.	<i>The Preceptee has shown they are ready to move to the leadership phase of the program by demonstrating what? Site examples</i>	
3.	<i>Has the Preceptee demonstrated competency in appropriate skill level interventions? site examples</i>	
4.	<i>Has the Preceptee demonstrated knowledge of the local protocol and application when appropriate? Site examples</i>	
5.	<i>Does the Preceptee works in a way that create team unity and builds confidence among crewmembers? Site examples</i>	

Recommendation from Preceptor:

- | | |
|-------------------------------|----------------------------------|
| Continue to Leadership Phase | Continue the participation phase |
| Assignment to a new Preceptor | Discontinuation of the program |

Preceptee's Name:	Preceptee's Signature:	Date:
Preceptor's Name:	Preceptor's Signature:	Date:

**LEADERSHIP PHASE
PER SHIFT EVAL. FORM DURING THE LEADERSHIP PHASE**

Preceptee Name:	Date:
Unit / Preceptor:	

Category		Explanation ("No" must explained)
1.	<i>Does the Preceptee shows leadership ability? Yes No</i>	
2.	<i>The Preceptee is able to make decisions unprompted by the Preceptor. Yes No</i>	
3.	<i>The Preceptee shows a general knowledge of protocol. Yes No</i>	
4.	<i>Plan for improvement</i>	

Below to be completed by Preceptee

1.	<i>Goals</i>	
2.	<i>Strengths</i>	
3.	<i>Weaknesses</i>	

Preceptee's Name:	Preceptee's Signature:	Date:
Preceptor's Name:	Preceptor's Signature:	Date:

Basic Life Support

Basic Life Support				
Airway (15)	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
BVM *2 can be in scenario*				
NPA/OPA *2 can be in scenario*				
ETCO2 application & comprehension *MAX 5 ETCO2 applications*				
Nebulizer set-up				
King Airway insertion *2 can be in scenario*				
CPAP Application				
Cardiology	Document Date and Scenario or Incident #			
12-lead EKG application (10) *4 can be in scenario*				
Pharmacology	Document Date Medication and Incident #			
Medication Administration (10, within protocol)				
Trauma	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
1 - Full C-spine immobilization and 1 - Spinal Immobilization clearance *can be scenario*				
ALS Procedure Assist (5) *All may be Scenario*	Skill	Date	Scenario or Incident # (last four)	Preceptor or EMS Supervisor Initial
Intubation /King airway or RSI assist				
Ventilator Set-up				
Any ALS procedure assist determined by the ALS provider or EMS Supervisor				

Advanced

Airway Management- Non-invasive (5) *2 can be in scenario*	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
CPAP or Bi-level				
Nebulizer set up				
BVM ventilations				
ETC02 *Max 2 ETCO2 Application*				
Airway Management- Invasive(3) *2 can be in scenario*	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
King Airway Placement				
Airway Suctioning				
NPA/OPA				
IV Access (20) *Must be successful*	Document Date and Incident #			
Medication Administration (15) *IV/IO/IM/IN/SQ/PO/NEB*	Document Date Medication and Incident #			
CC Procedure Assist (3) *All CAN BE SCENARIO*	Skill	Date	Scenario or Incident # (last four)	Preceptor or EMS Supervisor Initial
Ventilator Set-up for the intubated patient *Supervisor/Paramedic Assist*				
R.S.I Preparation				
IV pump set up				
Blood Tubing and warrior system				
Ultrasound				

Advanced to Paramedic

Airway Management Non-invasive (5) *3 can be in scenario* CPAP or Bi-level BVM Ventilations ETCO2 application and interpretation	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
Airway Management Invasive (7) *2 can be in scenario* Intubation- video or traditional *2 live intubations required* Suctioning Airway Bougie use King Airway Other Advanced Airway within Protocol	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
Medication Administration and IV/IO Access IV/IO Access (5)	Document Date and Incident #			
ALS Medication Must be medications within the I / P Scope (10)	Document Date, Medication and Incident #			
EKG Interpretations (20) *10 may be didactic scenario for I to P*	Document Date and Incident # / Scenario			
CC Procedure Assist (3) *All CAN BE SCENARIO* Ventilator Set-up for the intubated patient *Supervisor/Paramedic Assist* R.S.I Preparation IV pump set up Blood tubing Warrior system	Skill	Date	Scenario or Incident # (last four)	Preceptor or EMS Supervisor Initial

Intermediate / Paramedic

Intermediate / Paramedic				
Airway Management Non-invasive (5) <i>*2 can be in scenario*</i>	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
CPAP or Bi-level				
BVM Ventilations				
ETCO2 application and interpretation				
Airway Management- Invasive (7) <i>*2 can be in scenario*</i>	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
Intubation- video or traditional <i>*2 live Intubations required*</i>				
Suctioning Airway				
Bougie use				
King Airway				
Other Advanced Airway within Protocol <small>*Surgical cricothyrotomy / Chest decompression / Nasal intubation / Magill forceps</small>				
Medication Administration and IV/IO Access	Document Date and Incident #			
IV/IO Access (25)				
Medication Administration (15)	Document Date Medication and Incident #			
EKG Interpretations (20)	Document Date and Incident #			
CC Procedure Assist (3) <i>*All CAN BE SCENARIO*</i>	Skill	Date	Scenario or Incident # (last four)	Preceptor or EMS Supervisor Initial
Ventilator Set-up for the intubated patient <i>*Supervisor/Paramedic Assist*</i>				
R.S.I Preparation				
IV pump set up				
Blood Tubing and warrior system				
Ultrasound				

Intermediate to Paramedic or abbreviated for experienced provider

ALS

Airway Management - Non-invasive (5) *3 can be in scenario* CPAP or Bi-level	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial	
Airway Management- Invasive (4) *3 can be in scenario* Intubation- video or traditional *Pediatric Scenario required* Suctioning Airway Bougie use King Airway Other Advanced Airway within Protocol	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial	
Medication Administration and IV/IO Access	Date completed		Signature of Preceptor		
IV/IO Access *Competency check*					
ALS Medication (5) Must be medications within providers scope	Document Date Medication and Incident #				
EKG Interpretations (5) *2 may be didactic scenario for I to P *	Document Date and Incident #				
CC Procedure Assist (3) *All CAN BE SCENARIO* Ventilator Set-up for the intubated patient *Supervisor/Paramedic Assist* R.S.I Preparation IV pump set up Blood Tubing and warrior system	Skill	Date	Scenario or Incident # (last four)	Preceptor or EMS Supervisor Initial	

Must apply and be approved for abbreviated experienced provider process

Abbreviated BLS for the experienced provider

Airway (5)	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
BVM *1 can be in scenario*				
NPA/OPA *1 can be in scenario*				
ETCO2 application & comprehension *MAX 2 ETCO2 applications*				
Nebulizer set-up				
King Airway insertion *1 can be in scenario*				
CPAP Application *1 can be in scenario*				
Cardiology	Document Date and Scenario or Incident #			
12-lead EKG application (4) *2 can be in scenario*				
Pharmacology	Document Date Medication and Incident #			
Medication Administration (4, within protocol)				
Trauma	Skill	Date	Scenario or Incident # (last four)	Preceptor Initial
1 - Full C-spine immobilization and 1 - Spinal Immobilization clearance *can be scenario*				
ALS Procedure Assist (5) *All may be Scenario*	Skill	Date	Scenario or Incident # (last four)	Preceptor or EMS Supervisor Initial
Intubation /King airway or RSI assist				
Ventilator Set-up				
Any ALS procedure assist determined by the ALS provider or EMS Supervisor				

Must apply and be approved for abbreviated experienced provider process

BASIC Life Support

Medical (10)

5 medical assessments can be completed as scenario training

Assessment	Incident Number	Call Type	Date	Scenario? Y/N	BLS Treatments Performed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

BASIC Life Support

Trauma (10)

5 trauma assessments can be completed as scenario training

Assessment	Incident Number	Call Type	Date	Scenario? Y/N	BLS Treatments Performed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Advanced Life Support

Advanced / Intermediate / Paramedic

Medical (30)

Include differential diagnosis and treatment plan 10 may be Scenario *

Assessment	Incident Number	Call Type	Differential	Date	ALS Treatments Performed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Assessment	Incident Number	Call Type	Differential	Date	ALS Treatments Performed
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Assessment	Incident Number	Call Type	Differential	Date	ALS Treatments Performed
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Advanced Life Support

Advanced / Intermediate / Paramedic

Trauma (20)

Include differential diagnosis and treatment plan 5 may be scenario*

Assessment	Incident Number	Call Type	Differential	Date	ALS Treatments Performed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Assessment	Incident Number	Call Type	Differential	Date	ALS Treatments Performed
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Intermediate upgrade to Paramedic

Or Abbreviated for experienced provider at any level

Patient Assessment

Medical (10)

*Include differential diagnosis and treatment plan **5 may be scenario***

Incident	Incident Number	Call Type Live or Scenario	Differential	Date	ALS Treatments Performed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Intermediate upgrade to Paramedic

Or Abbreviated for experienced provider at any level

Trauma (5)

*Include differential diagnosis and treatment plan **1 may be scenario***

Incident	Incident Number	Call Type Live or Scenario	Differential	Date	ALS Treatments Performed
1					
2					
3					
4					
5					

Final Approval Request

Name _____ Preceptor assigned to you _____

What level do you wish to be released at EMTB___ AEMT___ Intermediate___ Paramedic___?

Start date of Preceptor program _____ End Date of Preceptor program _____

Request for Final approval submitted on Date _____

Date of Final approval interview ALS only Date _____

By signing below you verify that the Preceptee under your supervision has completed the Preceptor program successfully and is competent and ready to move on to the final approval process.

Signatures

Preceptor Signature _____ Preceptee Signature _____

Date _____

Date _____

Application to enter the Preceptor Program

Providers Name _____ Current OEMS Certification # _____

Fauquier County Department or Agency affiliation _____

Providers Address _____ City _____

State _____ Zip _____ Phone # _____

Providers Email _____

Current Level of Certification within Fauquier County OMD jurisdiction. _____

Name of Preceptor _____

Are you requesting a Preceptor? Yes _____ No _____

By Submitting a request to enter the Precepting Program, I agree to;

1. Abide by all policies, procedures, rules, regulations and directives established by the Commonwealth of Virginia office of Emergency Medical services and the Fauquier County Department of Fire Rescue and Emergency Management.
2. During the Preceptor Program keep all continuing education requirements for certification current and sufficient to retain certification.

I understand that this application is subject to verification and review. I also understand that I may not practice at any level higher than that of my OEMS certification. I further understand that this application is only valid to precept and not act at the AIC.

Signatures

Preceptor if Know Signature _____ Date _____

Preceptee Signature _____ Date _____

Chief Officer or his/her designee. Print: _____

Sign: _____ Date _____

Please provide the following documents

- Copy of OEMS certification
- This Application

Application to Become a Preceptor

Name _____ Current OEMS Certification # _____

Active Years at current level _____

Fauquier County Department or Agency affiliation _____

Providers Address _____ City _____

State _____ Zip _____ Phone # _____

Providers Email _____

Current Level of Certification within Fauquier County OMD jurisdiction. _____

By Submitting a request to be a Preceptor, I agree to;

3. Abide by all policies, procedures, rules, regulations and directives established by the Commonwealth of Virginia office of Emergency Medical services and the Fauquier County Department of Fire Rescue and Emergency Management.
4. During the Preceptor Program keep all continuing education requirements for certification current and sufficient to retain certification.

I understand that this application is subject to verification and review. I also understand that I may not precept at any level higher than that of my OEMS certification.

Signatures

Preceptor Applicant: *Print* _____ *Sign* _____ *Date* _____

Chief Officer or his/her designee: *Print* _____ *Sign* _____ *Date* _____

Station Officer (DFREM): *Print* _____ *Sign* _____ *Date* _____

EMS Supervisor (DFREM): *Print* _____ *Sign* _____ *Date* _____

Please provide the following documents:

- Copy of OEMS certification
- This Application

FINAL PAGE