



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

Section 102 - Training

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| Training - 102.00 | | |
| S.O.P. # 102.01 | EMS Division Field Training Program | PAGE: 1 OF 5 |
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102.01.01 Purpose

To outline the policies and procedures regarding the field training program for new employees serving in the position of emergency medical technician or paramedic.

102.01.02 General

A comprehensive Field Training Program (FTP) is one of the most crucial links in the chain of providing high-quality medical care. New Hire Providers (NHP) or newly licensed providers (NP) come with a wide variety of life and EMS experience. Since the Charles County Department of Emergency Services (DES) is unique, additional training is always needed to orient and train NHP or NP to our system. Every NHP or NP must also be able to demonstrate they can perform to Charles County DES’s minimum standards and core competencies. While written and scenario testing is helpful, it does not show how new employees will perform in the field. Being observed in the field by experienced Field Training Officers (FTO) is the best way to ensure a NHP or NP can deliver competent patient care in a safe, effective, courteous, and timely manner.

Charles County DES broadly defines competency as the habitual and judicious use of communications, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.
Demonstration of mastery of a set of criteria forms the basis for qualification and the mark of a competent provider. Charles County DES EMS criteria is outlined in the Field Training Program.
(Defined by American College Emergency Physicians - Epstein, RM, Hundert, EM. Defining and assessing professional competence. JAMA 2002;287:226-35)

Charles County DES will make sure all NHP or NP are familiar with our high standards and instill good habits from the start, so they will have the best chance to perform well. A comprehensive Field Training Program covers our departmental policy, procedures, field operations, Maryland Medical Protocols, and all aspects of clinical care in the prehospital setting.

Consistency is what makes a Field Training Program most valuable. Training each NHP or NP with the same program, using consistent standards, ensures that all patients get a consistent level of high-quality service. Without a good Field Training Program, the way care is delivered can vary widely between NHP or NP. It is safer and more effective to identify gaps in knowledge or experience, with a quality field training program. Having a NHP or NP work with a FTO ensures that all patients will receive quality clinical care, regardless of the NHP or NP current abilities.



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A Field Training Program has an added benefit of increasing overall employee satisfaction and retention. High-performing employees like to know that they are working in an environment where performance matters. Recruiting and retaining high performers is obviously beneficial to Charles County DES and the community we serve.

The ability to serve in the role of a “Team Leader or Member” in the Charles County DES system requires experience with actual patients in an operational field setting. The orientation and field training program enable NHP or NP to build upon experiences that help develop and improve clinical decision-making. Orientation and field training provide the time a NHP or NP needs to achieve this goal, including functioning in the role of a “Team-Leader or Member.”

Time alone is not a valid criterion to determine the quantity of clinical education. More than any other phase of NHP or NP training, minimum amounts of patient contacts and frequency of skills or tasks performed must be achieved to gain the required knowledge to function in the Charles County DES system.

During orientation and field training, the assigned FTO will provide feedback on a regular basis. Feedback will be objective and based on individual needs from direct observation, indirect observation, or call report reviews. The types of feedback include; immediate verbal, verbal prompts, after call debrief/ review, or in the written form of a daily evaluation or Action Plan. *The FTO will provide a NHP or NP with some type of feedback after every call and at the end of each assigned shift.*

102.01.03 Definitions

1. New Hire Provider (NHP) - newly hired EMT or Paramedic.
2. New Provider (NP) - current employee that has successfully completed a paramedic program, obtained their Maryland Paramedic license and desires to be locally credentialed as a paramedic.
3. Field Training Officer (FTO) - an approved EMT or Paramedic that provides field training to a new hire employee. The FTO is considered an extension of the Training Division.
4. Team Leader/ Member - a provider that is part of an EMS Team working together to accomplish the vision and mission of Charles County DES.
5. Team Leader - a paramedic that provides overall guidance and leadership to the EMS Team, for the duration of a medical response.
6. Team Member - an EMT or paramedic that provides support to the EMS Team for the duration of a medical response. The EMT may serve as a Team Leader, once the medical response has been identified as not needing advanced life support or in the absence of a paramedic.
7. Feedback - information about reactions to a person's performance of a task, etc. which is used as a basis for improvement. Feedback may occur in verbal or written forms.
8. Competency - the habitual and judicious use of communications, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served. Demonstration of mastery of a set of criteria forms the basis for qualification and the mark of a competent provider.
9. Shift - hours that will be worked by a NHP. Full-time employees will be assigned to a platoon and work the regularly scheduled 24-hour shifts of that platoon. Part time providers may meet the time requirements by working a minimum of 12 hours at a time.



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102.01.04 Policy

1. **Program Oversight** - is accomplished by a partnership between Training and Operations. Training oversees the program and Operations manages the daily operations for the program. The Medical Duty Officer is considered the lead FTO and should manage all assigned NHP as needed and may make schedule changes to accommodate the needs of the system.
2. **Phase 1 - Rules and Observation** - is accomplished during shifts 1 - 2. This is the time where the FTO will meet with the NHP or NP and introduce the day-to-day operations of Charles County DES, operational areas, system navigation, Maryland Medical Protocols, and equipment. During this time period the NHP or NP should become more comfortable with equipment location/ operation, post/hospital locations, and day-to-day operations. The FTO and NHP or NP should utilize the daily task completion list/ outline as a guide.

During this phase the FTO will serve as the “team leader” and take on the role of the NHP, demonstrating what the NHP or NP will be expected to demonstrate while on a call. The NHP or NP is expected to observe and learn how to serve as a “team leader/ member” in the Charles County DES EMS system.

The FTO should strive to explain what is being done during each call and explain why, as operations in Charles County DES differ from other systems. During this phase the FTO should demonstrate how to be an effective “team leader/ member” in the Charles County DES system. It is expected the NHP or NP will be able to observe the FTO make critical decisions, perform skills, multitask, utilize available resources, and demonstrate good customer service. The NHP or NP will be expected to receive direction from the FTO and perform certain skills or tasks, while on a call. This should assist the NHP or NP in feeling more comfortable as part of the Charles County DES team.

At the end of Phase 1 the NHP or NP and FTO should both feel comfortable with moving to Phase 2. If both the FTO and NHP or NP do not feel comfortable with moving forward to Phase 2, the EMS Training Division will be notified, and an Action Plan will be utilized to correct identified issues.

The FTO will complete an approved field training evaluation for the NHP or NP after each shift. The field training evaluation is located in Operative IQ. The FTO should use this time to review the NHP or NP progress and provide recommendations for improvement. If needed, this is also the time to complete an action plan for remediation of any identified deficiencies. Additionally, the FTO should solicit feedback from the NHP or NP and seek their assessment of their own progress.

3. **Phase 2 - Instruction Phase** - is accomplished during month one (1) and month two (2). During the instructional phase the NHP will begin to serve as the Team Leader/ Member, managing all aspects of patient care at their appropriate certification level. The FTO will guide the NHP or NP through each call/ daily activity. While on the call/ daily activity the FTO will provide immediate “real-time” **prompts** or **verbal feedback**.

At the beginning of Phase 2 the FTO should expect to prompt and guide the NHP or NP with more frequency. The prompts should decrease as the NHP or NP progresses through Phase 2. The FTO should use the frequency of prompts required, for each NHP or NP, to help guide them in completing the Daily Evaluation Form. (i.e. frequent prompts should lower the score, because more guidance had to take place from the FTO for the NHP or NP to complete the call) The goal the FTO and NHP or NP should work toward, is reducing the number of prompts and guidance provided by the FTO, on a per call and overall daily basis.



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The FTO should monitor and be mindful of the total number of prompts given on each call and daily to each NHP or NP. Additionally, the FTO should consider the experience level of each provider when considering prompts.

After Shift 4 for a full-time NHP or ninety-six (96) hours for a part-time NHP (50% of Phase 2 time) repetitive prompts (more than one) for the same identified/ deficient behavior during the same shift should lower the numeric score for that specific area on the Daily Shift Evaluation. An Action Plan should be utilized for areas identified that require repetitive prompting.

4. **High Acuity Call Shifts** - will be used to ensure every NHP or NP has exposure to high acuity patients. The NHP or NP will be assigned with the Chase Unit for twelve (12) hours after Shift 4. During this time, the Chase Medic or MDO and NHP or NP will respond to high acuity level calls with the Chase Medic or MDO serving as the FTO. ***Schedule will be dependent on staffing availability and may vary, but will be accomplished before proceeding to Phase 3***

Phase 2 Duration - The length of time to complete Phase 2 may vary, based on the previous experience and progress displayed by the NHP or NP. The minimum time frame to complete Phase 2 will be one (1) month (8 shifts) for full time employees or one hundred and ninety-two (192) hours (at least 50% of which must occur between 0700 and 2300 hrs) for part time employees. Based on the documented observations and recommendation made by the assigned FTO, a NHP or NP may be allowed to transition into Phase 3 after completing one (1) month (8 shifts) or one hundred and ninety-two (192) hours of Phase 2 training.

Phase 2 training should not exceed two (2) months (16 shifts) in duration for full time employees, unless there is a documented good cause for an extension and approval by Training. Additionally, part time employees are given time and a half to complete Phase 2 training. Part time employees will be required to complete one hundred and ninety-two (192) hours within forty-five (45) days.

5. **Mid-Point Evaluation** - Upon completion of Phase 2, the NHP and FTO will meet with Training. During this evaluation meeting, the FTO will update Training on the progress of the NHP or NP. Training will also assess the progress of the NHP or NP, utilizing a standardized by interview and set of assessment questions. If the NHP or NP successfully completes the midpoint evaluation, then transition to Phase 3 will occur.
6. **Phase 3 - Evaluation Phase** - of the Charles County DES EMS Field Training Program is completed during month 2 or 3 thru month 5. During Phase 3, the NHP or NP will continue to function in the Team Leader/ Member. **The FTO is expected to observe and only provide prompts/ feedback during the call if there is a patient/ life safety issue.** Feedback should be completed at the end of every call. At this point the NHP or NP is expected to need fewer and fewer prompts and continue to show consistent progression towards successfully completing the Charles County DES EMS Field Training Program. Consistent progression shall be defined as a consistent minimum score of "meets standards" or (3) on daily field evaluations and positive feedback from their assigned FTO. During Phase 3 the NHP is expected to be able to consistently demonstrate the ability to provide patient care, as a Team Leader/ Member that is safe, effective, timely, appropriate, and within the Maryland Medical Protocols. The recommendation for completion of Phase 3 will be initiated by the assigned FTO via a memorandum and forwarded to Training.

Phase 3 Duration - The length of time to complete Phase 3 may vary, based on the previous experience and progress displayed by the NHP or NP. The minimum time frame to complete Phase 3 will be one (1) month (8 shifts) for full time employees or one hundred and ninety-two (192) hours (at least 50% of which must occur between 0700 and 2300 hrs) for part time employees. Based on the documented observations and recommendation made by the assigned FTO, a NHP or NP may



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be allowed to transition to the Phase 3 Final Evaluation after completing one (1) month (8 shifts) or one hundred and ninety-two (192) hours of Phase 3 training.

Phase 3 training should not exceed two (2) months (16 shifts or three hundred and eighty-four (384) hours) in duration for full time employees, unless there is a documented good cause for an extension and approval by the Training Division. Additionally, part time employees are given time and a half to complete Phase 3 training. Part time employees will be required to complete one hundred and ninety-two (192) hours within forty-five (45) days.

7. **Phase 3 - Final Evaluation** - The NHP or NP will be assigned 1 or 2 shift(s) with a FTO that has had limited interaction with the NHP or NP before. During these shift(s) the FTO will continue to evaluate the NHP or NP and confirm the recommendation of the NHP or NP assigned FTO.

Upon successful completion of Phase 3, the NHP or NP will be scheduled to meet with the Charles County EMS Operational Medical Director (OMD).

8. **Phase 4 - Interview with OMD (Paramedics)** - will be completed after successful completion of all phases of the Charles County DES EMS Field Training Program. The Training Division will schedule an interview with the OMD and NHP or NP. This interview with the Charles County DES EMS OMD provides the NHP or NP and OMD a time to formally meet. During this time the Charles County EMS OMD will assess the abilities of the NHP or NP and make the final decision to release the NHP or NP to clinically practice within the Charles County EMS system. Once released by the Charles County EMS OMD the NHP or NP will be released to Operations.
9. **Phase 4 - Interview with the Education Department (EMT)** - will be completed after successful completion of all phases of the Charles County DES EMS Field Training Program. An interview will be scheduled with the Education Group, assigned FTO, and NHP or NP. During this interview the Education Group will assess the abilities of the NHP or NP and make the decision to release the NHP or NP to clinically practice within the Charles County EMS system. Once released by Charles County EMS Training, the NHP or NP will be released to Operations.