



BLS PRECEPTOR PROGRAM

PURPOSE

The BLS preceptor program is available to agencies within the MLREMS system. Participation is optional and at the discretion of individual agencies.

PHILOSOPHY

The Monroe-Livingston Region desires to assist in the development and fostering of a cadre of experienced BLS providers to precept new BLS providers in the MLREMS region. As such, desired qualities of a BLS preceptor include:

1. A competent, experienced EMT dedicated to being a lifelong learner
2. Excellent interpersonal skills with a specific emphasis on coaching and mentoring
3. Demonstrated professionalism including high ethical standards, appropriate administrative ability, continuous development, consistent adherence to standards of care, and knowledge of quality assurance

RECOMMENDED PRECEPTOR ELIGIBILITY

1. Certified EMT provider actively practicing for a minimum of three years
2. Recommendation of agency training director or chief
3. Score of 85% or greater on the regional protocol exam taken no more than six months prior to the date of application
4. Completion of any required regional training as outlined by MLREMS or REMAC

PRECEPTOR TRAINING

1. Preceptor candidates will receive the following minimum initial training by attending a regional preceptor training class:
 - a. Skill development and evaluation of adult learners
 - b. Coaching and providing appropriate feedback
 - c. Interpersonal communication skills
 - d. Curriculum familiarity and stages of development
 - e. Administration of the learning process
 - f. Use of evaluation forms
 - g. Confidential feedback to agency
 - h. Professional behavior

MAINTAINING STATUS

1. Meet all required regional training as outlined by MLREMS, REMAC, or the regional medical director
2. No outstanding agency or regional quality assurance concerns

It is strongly recommended that agencies do not overburden preceptors by limiting their preceptor time to a maximum of 2/3 of their scheduled road time.



BLS PRECEPTOR PROGRAM

1. Three years as a cleared EMT (date of clearance_____)
2. Approval of agency training director or chief (signature_____)
3. Score of greater than 85% on protocol test (score_____)
4. Attend a regional preceptor training class (date of training_____)

Name _____

Agency: _____

Date of Application: _____

PROVIDE THIS COMPLETED CHECKLIST TO YOUR AGENCY TRAINING DIRECTOR