

Recommendations for EMS Onboarding Procedures

Created for Wisconsin EMS Board System Management and Development subcommittee.

Agency Leadership

- Agency leadership must understand the program and its intent.
- Agency leadership must empower and trust those involved in the program.
- Agency leadership must provide support (both leadership and financial).
- Medical Director should be involved in creation and oversight of program by:
 - Determining clinical competency requirements.
 - Being included in determination of successful completion of phases.

Program Overview

Purpose

- Provide framework of accountability:
 - Ensure competency of those EMS practitioners that successfully complete the field training program as designated by the program leadership.
 - Ensure EMS practitioners that are unable to successfully complete the field training program are aware of identified deficiencies and have been given opportunity to remediate.
Note: The framework can also be used for experienced employee remediation. If unable to successfully remediate, those candidates are removed from the program with adequate documentation.
 - Set clear expectations of designated new employee trainers (preceptor or field training officer (FTO))
 - Standardize requirements for serving as preceptor or FTO.
 - Refer to [DHS 110.51](#) for minimums.
 - Apply additional criteria based on individual service needs, if necessary.
 - Standardize expectations for serving as preceptors or FTO:
 - Exhibit a positive attitude
 - Be willing to accept feedback from new employees
 - Maintain clinical and operational proficiency
 - Set clear expectation of new employees:
 - Be able and willing to learn
 - Be able and willing to accept constructive feedback
 - Adhere to attendance standards.
 - Adhere to safety standards.
 - Create documentation of adequate training and oversight to reduce liability: Maintain documentation of all onboarding performance and practices based on local or agency legal recommendations.

Method

- Consider additional compensation and/or recognition for program leaders and participants.
- Identify a program leader who:
 - Meets minimum requirements of a preceptor or FTO.
 - Demonstrates willingness and ability to lead.
 - Is selected by multidisciplinary panel (Medical Director, Service Director, Quality Manager or designee).
- Develop selection process for preceptor or FTOs:
 - Avoid mandating preceptor or FTO status
 - Create policies that refer to determination of minimum requirements as above.
- Develop and adopt training program for preceptors or FTOs
 - Educate and train preceptors or FTOs on adult learning.

- Educate preceptors or FTOs on the legalities of a field training program.
- Educate preceptors or FTOs on how to provide meaningful feedback.
- Assess preceptors or FTOs for competency in the skills and topics they are teaching and follow designated procedures for documenting those items.
- Provide both initial and ongoing preceptor and FTO training and education.
- Determine essential job functions for new employees:
 - Identify key performance indicator's (KPIs) for new employees (quantity, skill level and methodology for evaluating proficiency).
 - Create handbook and check off sheets:
 - Check off sheets should cover both operational and clinical proficiency requirements.
 - Check off sheets should include attestation signatures from preceptor or FTO and the new employee.
 - Evaluate familiarity with written guidance such as:
 - Agency specific standard operating guidelines (SOG) and policies
 - Local medical oversight
 - State rule and statute
 - National regulations and guidance
- Create phases (examples):
 - Orientation (classroom)
 - Observation (time as additional team member)
 - Apprentice (practicing with guidance from preceptor or FTO)
 - Full Practice (periodic evaluation through normal QI process)
- Determine length necessary to achieve KPIs for each phase.
- Develop criteria to be evaluated each day (Daily Observation Report).
 - Determine scoring system for each criterion.
 - The scoring mechanism should provide objective feedback to the new employee, specifically identifying areas needing improvement and areas of strength.
 - Using a numerical scale with defined values for each score is recommended.
 - Lowest score should be reserved for performance requiring immediate remediation
 - Highest score should be reserved for mastery level performance (they could teach the subject)
 - Determine how to score.
 - Average score in each KPI for the shift: Score the new employee by considering the new employee's entire performance on a shift in a single KPI.
 - Worst performance in each KPI for the shift: Score the new employee by considering their worst performance in a single KPI during a shift.
 Example: A new employee drives an ambulance several times during the shift. In all cases but one, the ambulance is driven up to or better than standard. In one case, the new employee strikes a curb.
 - Using average scoring, the new employee would receive a score reflective of the average of all the driving.
 - Using worst performance scoring, the new employee would receive a score reflective of the curb strike alone.
 - Determine how to evaluate the daily observation report (DOR) scores at the end of each phase to identify successful completion.
 - Evaluate regularly items identified for remediation in each phase as subsequent phases occur.
 - Ensure that preceptor or FTOs are also evaluated daily.
 Develop questions that reflect the new employee's overall experience and quality of the feedback from the preceptor or FTO.

- Create schedule for regular check-ins by leadership.
 - At a minimum, after completion of each phase
 - If phases are long, consider regular interval (90 days, 180 days, etc.)
- Determine need for and create exams and/or test-out scenarios for phases.
Identify what tasks are appropriate for simulation, supervised performance in the field, and independent performance.

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WISCONSIN DEPARTMENT
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