



Guidelines for the AIC Preception Process

1. The entire preception process should be completed no earlier than 2 months and no later than 6 months from the date of promotion to Probationary Member.
 - What do we mean? - You can't be released in any less than 2 months, and you should try to be released within 6 months of promotion to probationary member.
 - If for some reason you aren't released within 6 months, or something prevents you from meeting this requirement, you will need to meet with the Clinical Review & Training Committee to discuss any areas you may be having trouble with.
2. You will be assigned a primary and secondary preceptor by your Crew Sergeant. Qualified preceptors are those members who are either ALS providers, or have been released as an AIC for a period of one year. Some special exceptions may be made on a case by case basis, but these must be approved through the Training Officer (Josh Hilton). All of the calls that you collect and/or have evaluated during preception should be completed with one of these two individuals.
 - Associate-Medical and Active-Reserve Life members may act as preceptors assuming that they run consistently with your crew and will be available to collect with you.
 - Please send an email to Josh Hilton (jah3m@virginia.edu) and let him know who your preceptors are.
3. You should collect and turn in the following types of calls. These calls are expected to be the best 20 calls that you have run as the Attendant-in-Charge. They should not represent the first 20 calls that you have run period.
 - **10 BLS Calls** – These are calls in which basic care is administered. You are expected to act as the AIC. You should be responsible for: overall scene management, direction of available resources, oversight and administration of patient care, a concise appropriate radio report, and documentation of the call on the PPCR.
 - **5 Backboard Calls** – These are calls in which the patient has suffered a traumatic injury. You are expected to act as the AIC. You should make the decision as to whether or not the patient will receive full spinal immobilization, and ensure that it is carried out appropriately. These calls only differ from the “BLS” calls in that immobilization is required. You are still expected to fulfill the responsibilities of the AIC.
 - **5 ALS Calls** – These are calls in which you assist a shock trauma technician and/or a medic on a call in which: an I.V. and/or medication is administered to a patient, or advanced airway skills are employed. EKG monitoring alone with no other intervention does not qualify as an ALS

call. You are not expected to write up the ALS call sheet, but a copy should be made, and a notation regarding what assistance you provided should be written by the preceptor on the reverse side. It may be necessary for you to run with someone other than your assigned preceptor to collect these calls. (assuming neither one of your preceptors is an ALS provider)

- **5 calls should be evaluated** by the preceptor who was present on that call. These calls should be chosen to represent a variety of situations and patient conditions indicating that you are proficient in various aspects of patient care.
 - You should make copies of all the calls that you have participated in and make a notation of what skills you used or what you learned (this can be done on the back of the call sheet). These calls do not need to be evaluated by your preceptor.
4. What are you supposed to do as the Attendant-in-charge (AIC)?
 - Make sure that your ambulance is stocked and decontaminated appropriately.
 - Ride to the call in the front passenger seat.
 - Operate the radio
 - Communicate with ECC (mark up when you respond, and when you arrive on scene)
 - Navigate your driver to the call
 - Be able to use all of the maps in the ambulance. (ADC, Dayton's Street Book, ...)
 - Be the primary care provider
 - Receive report from the first responders if applicable
 - Establish and maintain a rapport with the patient
 - Delegate duties as you see appropriate (vital signs, patient loading)
 - Give a patient report to the appropriate hospital by radio or telephone, and to the Nurse or Physician when you arrive.
 - Document the call on the PPCR
 - Have your preceptor read over it and co-sign.
 - Check to ensure that your ambulance has been restocked after each call.
 5. Complete the Map Training Program, and the Radio Operations Program.
 - These programs are Power Point Presentations. They are in electronic format on the upstairs computer (near the bunk rooms), on the website (www.carsrescue.org – “Documents you can Download”), and in paper format floating around the building in 3-ring binders.
 - Document that you have done the Map Program by taking the quiz associated with it (next to the computer).
 - I suggest that you complete these programs early on in the release process.
 6. Your preceptor(s) will write a brief letter of recommendation evaluating your strengths as a patient care provider. This letter will be turned into the Clinical Review & Training Committee when you are ready to be released.
 7. When you are gathering your paperwork to turn in to the committee, please try to organize it in a way that will make it easier for us to evaluate you. A stack of call sheets with a few evaluations tossed in is difficult to sort through.