

PURPOSE: The purpose of this Policy is to establish a process for approval the paramedic preceptors in San Joaquin County EMS system.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220 & 1798 et seq.

DEFINITIONS:

- A. "Paramedic Candidate" means an individual who has applied for initial accreditation, but has not completed the requirements listed in EMS Policy No. 2540, Paramedic Accreditation.
- B. "Paramedic Intern" means an individual who has been trained by an approved paramedic program and while under the supervision of an approved EMS Agency preceptor may provide ALS care as directed by local EMS medical control. The intern shall be supervised, trained, counseled, and evaluated by the designated preceptor and their affiliated training program.
- C. "Paramedic Preceptor" means a currently licensed and San Joaquin County accredited paramedic employed by a San Joaquin County approved advanced life support provider who provides supervision, education, mentorship, evaluation, and a constructive learning environment for paramedic interns and paramedic accreditation candidates.

POLICY:

- I. All paramedic interns who are precepted in San Joaquin County are only authorized to be placed with an approved San Joaquin County EMS Agency preceptor.
- II. Paramedic Preceptor:
 - A. Overall Responsibilities :
 - 1. The paramedic preceptor is responsible for direct supervision of the candidate/intern during all calls and shall provide education, evaluation, mentorship, creating a constructive learning environment and evaluation of the intern at all times; to intercede whenever, in the opinion of the preceptor, the intern's performance may be detrimental or substandard.
 - 2. Candidates/interns shall be evaluated objectively using current established evaluation criteria published by the California Paramedic Program Director's association.
 - 3. Preceptors are responsible for completing all paperwork and counseling prior to the completion of their shift.
 - 4. Preceptors will continually adhere to all EMS Agency Policies.
 - 5. Preceptors are ultimately responsible for patient care.

Effective: January 1, 2011
Supersedes:

Page 1 of 6

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

6. Preceptors shall not precept more than one (1) candidate/intern at a time, this includes EMT students.

B. Interns:

1. No intern shall be allowed in the back of the ambulance with a patient unless the preceptor is present, this include transfers and BLS patients.
2. Interns must have an assigned preceptor, and may not provide care without the assigned preceptor being present, this includes while the intern is waiting to give patient report at the emergency room.
3. Interns may be assigned to no more than two preceptors concurrently, and one preceptor must be designated as the primary.
4. The primary preceptor is responsible for coordinating educational activates and all evaluations.
5. Preceptors will ensure that interns are completing 100% of patient care records (PCR's) by the end of their 5th shift. The preceptor shall review all PCR's that are completed by the intern. If there are, any changes to be made the preceptor will explain why the changes are required and have the intern make the necessary corrections. The intern and the preceptor shall both sign the PCR prior to submission. It is the responsibility of the preceptor to instruct the intern on how to complete the PCR correctly and to provide remediation as necessary.
6. Interns will complete a preceptor evaluation upon completion of their last shift; this evaluation is to be sent directly to the EMS Agency.
7. Paramedic interns are only allowed to function as an intern during their assigned ride along time. Interns that are employed by the same company were there internship is being conducted are not permitted to utilize their ALS skills when working as an EMT-I, this includes if they are working with their preceptor. Any EMT-I caught performing ALS skills while not in the capacity of an intern shall be subject to disciplinary action.
8. The paramedic preceptor shall complete and maintain written documentation in accordance with the training program's established policies and ensure that the intern's paramedic training program is informed and aware of the intern's progress.
9. The paramedic preceptor shall immediately notify the intern's training program, the preceptor's service provider, and the EMS Agency of any clinical or field related incidents directly involving the intern, which results in patient harm, or threatens patient safety.
10. The presence of paramedic intern on the scene must not change the care provided to the patient.
11. If an accredited paramedic disagrees with a treatment plan or intervention of a paramedic intern, the preceptor shall make the final determination of what is the appropriate care for the patient.

Effective: January 1, 2011

Page 2 of 6

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

12. Preceptors shall directly observe the performance of all "Critical Skills" and must be located in a position to immediately assume control of the procedures. The preceptor shall not be functioning in any other capacity during these procedures:
 - a) Adult or pediatric endotracheal intubation. Paramedic interns shall be limited to one attempt,
 - b) Nasotracheal Intubation. Paramedic interns shall be limited to one attempt,
 - c) External cardiac pacing,
 - d) Nasogastric and gastric suction,
 - e) Needle Thoracostomy,
 - f) Needle Cricothyrotomy,
 - g) Intraosseous needle insertion,
 - h) Drug administration.
- C. Candidates:
 1. Accreditation:
 - a) Successful completion of a field evaluation is required for:
 - 1) Initial local accreditation conducted by the San Joaquin County EMS Agency.
 - 2) Reaccreditation for individuals whose accreditation has lapsed more than six (6) months.
 - 3) Requirements determined at the discretion of the EMS Agency Medical Director.
 - b) Candidates being evaluated by the same provider, with which they completed an internship, shall not have the same preceptor complete the accreditation evaluation.
 - c) Once the candidate paramedic has submitted an application, completed orientation, and passed the written examination, the paramedic employer will assign them to an approved paramedic preceptor.
 - d) Accreditation candidates shall not operate independently as a paramedic until they have completed the accreditation process and have been issued an accreditation card by the EMS Agency.
 - e) Candidates will demonstrate competence on at least seven (7), but no more than ten (10) ALS contacts. The following additional criteria shall be adhered to when rating a candidate:
 - 1) Repeated ratings indicating a lack of competence are grounds for terminating the evaluation.
 - 2) Any critical failure, which is defined as any act or omission that may have resulted in immediate harm to the patient will result in immediate termination of the evaluation.

Effective: January 1, 2011
Supersedes:

Page 3 of 6

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

- 3) ALS contacts shall be any call in which the candidate provides ALS level intervention (except cardiac monitoring) as the primary care provider from the arrival on scene throughout transport or other disposition (i.e., AMA field pronouncement).
- f) Candidates will complete a preceptor evaluation upon completion of their last shift; this evaluation is to be sent directly to the EMS Agency.
2. Unsuccessful Completion of Accreditation:
 - a) Provider will notify the EMS Agency immediately of all unsuccessful accreditation evaluations.
 - b) The EMS Agency Medical Director shall evaluate applicants who fail to successfully complete the accreditation process. The EMS Agency Medical Director may recommend further evaluation or training as required to ensure the paramedic is competent. After evaluation by the EMS Agency Medical Director the candidate may request a meeting with the EMS Agency Medical Director, EMS Agency Staff, preceptor and the provider to dispute his/her case. The EMS Agency Medical Director will make the final determination of the outcome.
 - c) After three (3) failed attempts, the EMS Agency Medical Director may refer the paramedic to the California EMS Authority for an evaluation of competency.

III. Preceptor Qualifications:

A. Minimum Standards:

1. Minimum of three (3) years full-time experience as a paramedic. The last year of experience must have been in San Joaquin County.
2. Paramedic licensure/accreditation in good standing.
3. Be currently employed by an approved San Joaquin County ALS emergency response provider.
4. Demonstrated professional attitude, appearance, and manner of dealing with people.
5. No pending disciplinary or clinical actions against accreditation, licensure, or employment.
6. No disciplinary or clinical actions against accreditation or licensure in the past 24 months.
7. Has not been required to complete a structured remediation planned for clinical deficiencies in the past thirty-six (36) months.

B. Successfully complete an eight (8) hours paramedic preceptor-training course conducted by the EMS Agency. Initial Approval Process:

1. Complete the Paramedic Preceptor/Evaluator Application.
2. Submit a copy of current Paramedic License and County Accreditation.

Effective: January 1, 2011
Supersedes:

Page 4 of 6

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

3. Successful completion of the San Joaquin County EMS Agency Paramedic Preceptor Training course.
 4. Successfully pass with a score of 80% or higher with a closed book examination of the San Joaquin County Policies which will be administered at the end of the PSR. (Refer to the Testing Procedures section of this policy for information on scores of below 80 %).
 5. Letter of recommendation from the applicant's employer recommending them for them to become a preceptor.
 6. Complete interview with EMS Agency Preceptor Approval Board and receive a positive recommendation.
- C. Current Preceptors:
1. Paramedics that are currently approved as preceptors, will not be required to complete items III. B. 3 – 5, if the paramedic can provide proof of preceptor training since January 1, 2009. The course completion certificate will have to be submitted with the Preceptor Application.
 2. Paramedics who have not attend preceptor training in that time frame will be required to meet all items listed in III. B.
- D. Continuous Approval Process:
1. Complete the Paramedic Preceptor/Evaluator Application.
 2. Submit a copy of current Paramedic License and County Accreditation.
 3. Attend the EMS Agency Paramedic Preceptor Refresher Training course, once every two (2) years.
 4. The EMS Agency will perform periodic audits. Preceptor status maybe revoked at anytime based on a recommendation from the provider agency, base hospital liaison, training institution, or EMS Agency staff.
 5. Preceptors are required to participate in the providers CQI process or peer reviews.

IV. Testing Procedures:

- A. An individual will be allowed to take the Accreditation/Policy examination a maximum of three (3) times:
1. First Attempt: During initial PAO course or PSR course.
 2. Second Attempt: May be scheduled after a one (1) week waiting period from the initial examination;
 3. Third Attempt: At least four (4) hours of remedial training shall be completed through the paramedic's employer relating to the San Joaquin County EMS Policies. The employer shall submit written documentation of such training prior to scheduling a third attempt for testing.
 4. For continuous accreditation, paramedics will be required to attend remedial training conducted by the SJCEMSA until such time the paramedic passes

Effective: January 1, 2011
Supersedes:

Page 5 of 6

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

the examination. If the paramedic's accreditation lapses during this time, the paramedic must meet the requirements in §III. Additionally, after three (3) failed attempts the EMS Agency Medical Director may refer the paramedic to the California EMS Authority for further evaluation.

Effective: January 1, 2011
Supersedes:

Page 6 of 6

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator