Loudoun County Emergency Medical Services Council, Inc.

EMS Policy #14

Preceptorship of Advanced Life Support Candidates
(Mentor – Preceptor Program)

Origin: 11/93
Revision: 05/13

1. PURPOSE

A. This program details:

i. The process for newly certified providers or those with less than a year of field experience to precept and become locally authorized to practice as a member of the Loudoun County EMS System. This applies to providers certified at the EMT-Enhanced (EMT-E), EMT-Intermediate (EMT-I), and EMT-Paramedic (EMT-P) level in the State of Virginia.

ii. The process for providers with ALS experience to precept and become locally authorized to practice as a member of the Loudoun County EMS system.

B. This program is designed to allow for maximum flexibility and benefit for the preceptee, their EMS agency's leadership, and the EMS system.

C. The preceptorship provides the Preceptee's Rescue Chief, the ALS Committee, and the Medical Director the ability to examine, through the work of a Mentor and Preceptors, the Preceptees skills and abilities.

D. Through this process, members of the EMS system can ensure that the Preceptee is adequately prepared to function independently and provide quality patient care.

2. GOALS OF THE ALS PRECEPTORSHIP

A. The preceptorship provides the Preceptee with the opportunity to display their knowledge and skills for the Medical Director.

B. Under the guidance of a Mentor and Preceptors the Preceptee can identify weaknesses and have the opportunity to improve their practice.

C. Based on the information provided by the Mentor and Preceptors, the Rescue Chief, the ALS Committee, and the Medical Director may make an informed decision on the local authorization of the Preceptee.

D. The Preceptor must have an understanding of this policy and the precepeting process so they may help the Preceptee progress into an independently functioning ALS provider.

E. Preceptors must operate several "steps ahead" of the Preceptee so they can anticipate the potential actions of the Preceptee and guide their actions.

F. Preceptors and Mentors will use the Guidelines and Elements as a yardstick to measure the performance of the Preceptee and to construct plans for the Preceptee's successful completion.

3. TERMINOLOGY AND JOB DESCRIPTIONS

A. **Candidate or Preceptee**– A recently certified and/or affiliated individual who has been authorized to function at their designated level in the field only under the on-site supervision of Preceptors within the Loudoun County EMS system.

i. Each Candidate will be assigned a Mentor.
ii. The Candidate is responsible for maintaining records of duty hours, calls run, and evaluation forms for their Mentor's review.

B. **Preceptorship** – A period during which a Candidate performs pre-hospital ALS treatments and therapies under the direct supervision of locally authorized Preceptors.

C. **Preceptor** – An individual who has completed a Preceptor course and been authorized by their Chief, the ALS Committee, and the Operational Medical Director to function as an ALS Preceptor at a designated level.

i. The Preceptor is responsible for the direct supervision of Candidates while on calls and to ensure the quality of care is maintained.

ii. The Preceptor is responsible for completing an evaluation form for each patient encountered on an incident and discussing it with the Candidate.

iii. The Preceptor is responsible for documenting any difficulties or deficiencies the Candidate may have encountered.

iv. For preceptors assigned a preceptee, they should be drilling and studying with their preceptee on a regular basis when not running calls.

D. Rescue Chief

i. The Preceptee's Rescue Chief or designee is responsible for determining if the Preceptee will be recommended to the ALS Committee and the Medical Director for participation in the ALS Challenge process.

ii. The Rescue Chief will recommend to the ALS Committee and the Medical Director which Precteptorship pathway new, inexperienced Preceptees should pursue.

iii. With the advice of the Mentor and Preceptors, the Rescue Chief will recommend Preceptees to the ALS Committee and the Medical Director for local authorization at the completion of their Preceptorship.

E. Medical Director

i. With the recommendation of the ALS Committee, the Medical Director will make the final determinations of a Preceptee's entry into the ALS Challenge process, their Preceptorship pathway, their progress through the program, and their local authorization to practice as an ALS Provider.

F. Mentor

i. Once the Medical Director has approved the Preceptee to participate in the ALS Challenge, the Preceptee will be assigned a Mentor by the ALS Committee.

ii. The Mentor will be the primary point of contact to guide the Preceptee through their preceptorship.

iii. The Mentor will review all patient care reports and Preceptor reports, provide direction for the Preceptee, and will provide monthly reports to the Preceptees Rescue Chief.

iv. The mentor will recommend to the preceptee's Rescue Chief when he or she feels that the preceptee is ready to be released.

G. **Review Committee** – A committee appointed by the ALS Committee.
   i. The Review Committee is responsible for the final evaluation of both the Candidate and the Mentor's performance during the Preceptorship.
   ii. The Review Committee shall review the recommendations provided by the Mentor and the Rescue Chief and ensure it is supported by the precepting sheet documentation.
   iii. The information provided must demonstrate the Candidate's abilities as listed
   iv. The Review Committee reports their findings to the ALS Committee in support of, or in opposition to, the Mentor and Rescue Chief's recommendations.
   v. In cases where the Review Committee's findings are not in favor of the recommendations presented, they must provide a detailed explanation of the reasons for denial, which will be forwarded to the ALS Committee for final resolution.
   vi. The Rescue Chief and Mentor shall be promptly notified of any deficiencies or problems.

H. **ALS Committee** – The Advanced Life Support Committee has been established by the Loudoun County EMS Advisory Council, Inc. It is comprised of representatives from Loudoun County agencies operating at the ALS level and works as an extension, and in support of, the Operational Medical Director.
   i. The ALS Committee is responsible for reporting the final disposition of Candidates to the Operational Medical Director upon successful completion of the program.

4. **INITIAL STEPS FOR ALL PRECEPTEES**
   A. All Preceptees wishing to become locally authorized must meet the following requirements:
      i. Hold current Virginia certification as an EMT-E, EMT-I, or EMT-P

      ii. Be a member of a Loudoun County EMS Agency

      iii. Have the approval of the Medical Director, their agency's Rescue Chief, and endorsement from the ALS Committee to begin the preceptorship process.

iv. Successfully complete the ALS Challenge process required for Preceptees who did not receive their certification training from LCFR and for experienced Preceptees that are new members of a Loudoun EMS agency.

5. **ALS CHALLENGE PROCESS**

A. Preceptees that are required to successfully complete the ALS Challenge must:

i. Be interviewed by the ALS Committee Advanced Life Support Interview Sub-Committee.

ii. Attend the required ALS Challenge Preparation Class

iii. Obtain a minimum score of 80% on the general knowledge examination and local protocols test for the appropriate level.

iv. One retest of the written is allowed.

v. If the preceptee does not pass the retest they are eliminated from the ALS Challenge process and must successfully complete an LCFR ALS refresher course prior to reentering the ALS Challenge process.

vi. Successfully complete a level-specific practical skills evaluation authorized by the Medical Director.

vii. Preceptees are allowed to retest up to three failed practical stations.

viii. If the Preceptee fails more than three stations or does not pass the retests they are eliminated from the ALS Challenge Process and must successfully complete an LCFR ALS refresher course prior to reentering the ALS Challenge process.

ix. Within 30 days of passing the written and practical examinations those candidates that did not complete their training with LCFR will be required to:

1. Spend 5 hours in the Emergency Department at Lansdowne Hospital and 5 hours in the Emergency Department at Cornwall Hospital as assigned by the LCFR Training Division.

2. Successfully intubate two (2) adult patients in the operating room at Lansdowne or either Emergency Department.

6. **PRECEPTORSHIP REQUIREMENTS**
   A. Evaluations are to be performed **only** for critical care incidents as identified and managed under the auspices of the Loudoun County Advanced Life Support Protocol Document.
   B. Only one Candidate per level shall be evaluated per given patient. The Preceptor may opt to only evaluate one Candidate per call.
   C. A Preceptorship Evaluation form (see Appendix) must be completed by a Preceptor for each eligible incident.
   D. Two copies of each completed form shall be made. One copy is to be given to the Mentor, and one copy retained for the Candidate's records.
   E. Review of specific information regarding precepting and evaluation is incorporated into EMT-E and EMT-/I/P "Basic" course instruction, the Challenge Exam Preparatory Course, and the Preceptor Training Course.

7. **PATHWAY SCHEDULE**

   A. The Rescue Chief of the Preceptee's agency will recommend to the ALS Committee and the Medical Director which preceptorship pathway the newly certified Provider should take and the Medical Director makes that determination.

   B. Graduated Pathway for Newly Certified and Limited Experience Preceptees
      i. Providers who have recently completed their education, training and certification or those with less than one year of experience as an active ALS provider and wish to preceptee on more gradual schedule.

      ii. Process

         1. The Preceptee becomes certified or joins a Loudoun ALS agency.

         2. The Preceptee receives approval from their Rescue Chief and the Medical Director to begin the preceptorship process and is assigned a Mentor by the ALS Committee.

3. If the Preceptee received training by an agency other than LCFR they must successfully complete the ALS Challenge to begin precepting.

4. The Preceptee precepts at the EMT-E level for a minimum of 90 days.

5. At the end of 90 days they may either be presented to the Medical Director for local authorization or their Rescue Chief may continue them in a preceptorship status.

6. If the Preceptee continues precepting past the initial 90 days the Mentor must formally review the Preceptee's progress and provide a written report for the Rescue Chief, the ALS Committee, and the Medical Director as to why the preceptorship will be extended.

7. The Mentor will continue to provide the Rescue Chief with a written progress report every 30 days thereafter.

8. The Preceptee may be presented for local authorization at any time after the initial 90 days.

9. The preceptorship will be a maximum of 180 days. An extension may be granted at the discretion of the Medical Director, refer to section 8. I of this document.

10. When the preceptorship has been successfully completed the Preceptee may be locally authorized by the Medical Director to practice as an EMT-E.

11. A newly certified Preceptee certified above the EMT-E level (intermediate/paramedic) and wishing to practice at the "medic" level of certification will complete the following after they are released as an EMT-E:

12. Function as a released EMT-E for no less than 365 days minus their preceptorship time or meet a year's equivalency criteria, before being considered eligible to participate in the next level of the challenge process.

13. Criteria for One year equivalency:

a. While practicing at the EMT-E level, serve on an EMS unit for 600 duty hours.

b. While practicing at the level of EMT-E, serve as a patient attendant for at least 30 ALS calls.

   i. The criteria for ALS Calls are:
      1. The EMT-E must either perform ALS skills and attend the patient during transport, or serve as the attendant-in-charge of the call.

      2. ALS skills are endotracheal tube placement, intravenous therapy, and medication administration.

      3. In order to be considered attending the patient the EMT-E must be in the patient compartment during transport.

      4. The EMT-E is not required to be the attendant-in-charge to receive credit for the call

      5. If the EMT-E is the attendant in charge, they may delegate skills performance and still receive credit for the call.

14. Once these criteria are completed the Preceptee may, with the recommendation of their Rescue Chief, the ALS Committee, and approval of the Medical Director, participate in the ALS Challenge process.

15. When the Preceptee successfully completes the ALS Challenge they will preceptee at the EMT-I level for a minimum of 90 days.

16. At the end of 90 days they may either be presented to the Medical Director for local authorization or their Rescue Chief may continue them in a preceptorship status.

17. If the Preceptee continues precepting past the initial 90 days the Mentor must formally review the Preceptee's progress and provide a written report for the Rescue Chief, the ALS Committee, and the Medical Director as to why the preceptorship will be extended.

18. The Mentor will continue to provide the Rescue Chief with a written progress report every 30 days thereafter.

19. The Preceptee may be presented for local authorization at any time after the initial 90 days.

20. The preceptorship will be a maximum of 180 days.

21. An extension may be granted at the discretion of the Medical Director, refer to section 8. I.

22. When the preceptorship has been successfully completed the Preceptee may be locally authorized by the Medical Director to practice as an EMT-I.

C. Direct Pathway for Newly Certified and Limited Experience Preceptees

i. The Direct Pathway is applicable to EMT-I and EMT-P preceptees only.

ii. The Direct Path for EMT-I's and EMT-P's:

1. The EMT-I or P becomes certified or joins a Loudoun ALS agency.

2. The EMT-I or P receives approval from the Medical Director, their Rescue Chief and endorsement from the ALS Committee to begin the preceptorship process and is assigned a Mentor by the ALS Committee.

3. If the EMT-I or P received certification training from an agency other than LCFR they must successfully complete the ALS Challenge process to begin precepting.

4. The EMT-I or P must complete a minimum of 75 ALS Incidents.
    a. These incidents must include at least three or more of the following:
        i. One cardiac arrest as the lead provider performing ALS skills.
        ii. One fly-out (or ground transport to a trauma center) as the lead provider performing patient care.
        iii. One STEMI patient that is identified by the provider and transported to a STEMI center.
        iv. Perform at least one advanced skill (cric, IO, decompression, intubation, defibrillation, cardioversion, pacing, etc.).
        v. Three 3 pediatric ALS incidents in which the preceptee performed an ALS skill.

    b. If the EMT-I or EMT-P reaches the end of the precepting period without completing the required skills or call types, the ALS Committee may approve simulations to replace one or more of the required skills or call types.

    c. Utilizing the Eureka Point Tracking, the EMT-I or P must show a 70% slope change to show IV competence. This could include hospital IV skills.

    d. The EMT-I or P must administer 35 doses of medications via various routes (e.g. the same medication can be given multiple times on the same incident).

    e. In exceptional situations, the ALS Committee may (with the approval of the Medical Director), recommend changes to call numbers and types to facilitate release of a preceptee.

5. The Mentor will continue to provide the Rescue Chief with a written progress report every 30 days after an extension has been granted.

6. The EMT-I or P may be presented for local authorization at any time after the initial 180 days if all other Direct Pathway requirements are met.

7. Preceptorship will be a maximum of 360 days.

8. An extension may be granted at the discretion of the Medical Director, refer to section 8. I.

9. When the preceptorship has been successfully completed the Preceptee may be authorized by the Medical Director to practice as an EMT-I or EMT-P.

D. Accelerated Pathway for Experienced Preceptees

i. ALS providers joining Loudoun EMS agencies that have more than one year of experience as an active ALS provider may pursue this preceptorship pathway with the recommendation of their agency's Rescue Chief and the approval of the Medical Director.

ii. The Medical Director will determine what documentation is required or establishing experience as an active ALS provider.

iii. The pathway for experienced Preceptees:

1. The Preceptee joins a Loudoun ALS agency.

2. The Preceptee receives approval from the Medical Director, their Rescue Chief and endorsement from the ALS Committee to begin the preceptorship process and is assigned a Mentor by the ALS Committee.

3. The Preceptee must successfully complete the ALS Challenge process to begin precepting.

4. The Preceptee will precept at their level of certification for a minimum of 60 days.

5. At the end of 60 days they may either be presented to the Medical Director for local authorization or their Rescue Chief may continue them in a preceptorship status.

6. If the Preceptee continues precepting past the initial 60 days the Mentor must formally review the Preceptee's progress and provide a written report for the Rescue Chief, the ALS Committee, and the Medical Director as to why the preceptorship will be extended.

7. The Mentor will continue to provide the Rescue Chief with a written progress report every 30 days thereafter.

8. The Preceptee may be presented for local authorization at any time after the initial 60 days.

9. The preceptorship will be a maximum of 180 days. An extension may be granted at the discretion of the Medical Director, refer to section 8. I of this document.

8. **SUCCESSFUL PRECEPTORSHIP**

A. Due to the variable nature of EMS, it is impractical to establish a rigid definition for what skills must be performed and what types of patients need to be encountered for a preceptorship to be declared successful.

B. These general guidelines establish a framework that aide the Rescue Chief, Mentor, and Preceptors in making recommendations to the Medical Director.

C. Preparation
   i. The Preceptee:
      1. Possesses adequate foundational knowledge to function independently.
      2. Arrives to every duty shift prepared to work as an ALS Provider.
      3. Ensures that vehicles, equipment, and crew are ready to respond.

D. Personal Conduct
   i. The Preceptee:
      1. Treats patients, families, and bystanders with respect.
      2. Regards coworkers, other public safety responders, and communications personnel as members of their team.
      3. Accepts input and constructive criticism.

E. Scene Management
   i. The Preceptee:
      1. Identifies hazards and complications that may be encountered upon dispatch and arrival on scene.
      2. Manages on scene resources, recognizes when additional resources are needed and calls for them.
      3. Delegates tasks appropriately.

F. Communication
   i. The Preceptee:
      1. Speaks clearly.

      2. Employs active listening practices.

      3. Informs the patient, and family when appropriate, of the treatment plan in language they can understand.

      4. Confirms the message when critical communications take place.

      5. Documentation is legible, thorough, and appropriate.

G. Patient Assessment
   i. The Preceptee:
      1. Performs thorough, appropriate patient assessments.

      2. Reassesses patients at appropriate intervals.

H. Clinical Ability
   i. The Preceptee:
      1. Possesses thorough knowledge of treatment protocols.

      2. Is adept at performing psychomotor skills.

      3. Can synthesize information to develop an appropriate treatment plan and execute that plan.

I. Preceptorship Extensions

   i. Preceptorship time extensions must be requested.

      1. The preceptee's mentor must request an extension in writing to the ALS Technician Review Committee (at least) one week prior to the meeting. This request must have the support of the agency's Rescue Chief.

      2. The ALS Technician Review Committee will review the preceptee's precepting and recommend (or not recommend) a preceptorship time extension to the ALS Committee.

         a. Preceptees are strongly encouraged to complete their precepting within the 180 day period.

b. If the preceptee completed at least 312 duty hours in the 180 day period, a preceptorship time extension of up to 90 days (i.e. month-to-month) may be issued.
c. If the preceptee did not complete at least 312 duty hours in the 180 day period, a preceptorship time extension of a mandatory 90 days will be issued.

3. The ALS Technician Review Committee will review the preceptee's precepting and recommend criteria for a successful extension. These recommendations may include:

   a. The need for additional advanced life support (ALS) incidents.
   b. The need to increase the "critical nature" of the incidents.
   c. The need for the candidate to take a stronger leadership role on incidents.

4. The ALS Committee will recommend to support (or deny) a precepting time extension to the Medical Director.

5. The Medical Director will approve or disapprove the extension.

ii. During the extension period, the Mentor is still required to provide the ALS Technician Review Committee with written reports every 30 days. If the preceptee is on the month-to-month extension, the Mentor can resubmit their candidate for release when the preceptee has met the recommended criteria for release.

iii. Any candidate on a precepting time extension must successfully complete a scenario-based practical examination in order to be considered for local authorization.

J. The preceptorship is successful when the Preceptee displays satisfactory behavior in the categories listed above and the minimum time requirements for the pathway have been met.

K. With the guidance of the Mentor and Preceptors the Rescue Chief may then recommend the Preceptee to the Medical Director for local authorization.

   i. The ALS Technician Release form (see Appendix J needs to be signed by the Mentor and the Rescue Chief.

   ii. The ALS Technician Release form, an electronic accounting of skills, duty hours, run hours, and copies of the precepting call sheets signed by the mentor and the Preceptee shall be forwarded to the Review Committee to ensure a well-rounded preceptorship.

9. SUSPENSION OF PRECEPTORSHIP

A. A preceptee may, through their Rescue Chief, petition the Medical Director to suspend their Preceptorship for a period not to exceed 180 days.

B. The Preceptee must provide written justification in order to suspend their Preceptorship.

C. The ALS Committee, at regular business meetings, will evaluate each request for extension.

D. Subsequent to this review, their agency's ALS Committee representative will notify the Candidate and his/her Rescue Chief with the disposition of their request.

E. At the conclusion of the suspension the Preceptee must successfully complete a scenario-based practical examination in order to continue their Preceptorship where they stopped.

F. If the Preceptee's examination is unsuccessful the Medical Director may:
   i. Direct to Preceptee to start their Preceptorship anew

   ii. Require the Preceptee to successfully complete an LCFR ALS refresher course prior to continuing or restarting their Preceptorship.

G. A preceptee may suspend their preceptorship only once.

10. UNSUCCESSFUL PRECEPTORSHIP

A. An preceptorship may be determined to be unsuccessful if:

B. The maximum time period has expired and the Preceptee has not displayed satisfactory behavior in the guidelines categories listed in section 8.

C. An extension or extensions have been granted by the medical director and the Preceptee still does not display satisfactory behavior.

D. The Preceptee withdraws from the Preceptorship Program prior to completion and does not request to suspend their Preceptorship as per section 9.

E. Actions for an unsuccessful Preceptorship:

i. The Medical Director may allow the Preceptee to begin a new Preceptorship.

ii. The Medical Director may require the Preceptee to successfully complete an LCFR ALS refresher course prior to starting another Preceptorship.

iii. The Medical Director may deny the Preceptee the ability to pursue another preceptorship within Loudoun County.

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