Lord Fairfax EMS Council, Inc.
Lord Fairfax Community College
ALS Preceptor Program Guidelines

April 2014 – Revised

February 2006 – Revised
December 2005 – Revised
June 1999 – Revised
December 1996 – Revised
February 1994 – Revised
July 1992 – Revised

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Lord Fairfax EMS Council, Inc. Advanced Life Support (ALS) Preceptor Program

The objective of the Lord Fairfax EMS Council, Inc. (LFEMSC) Advanced Life Support (ALS) Preceptor Program is to provide supervised field or clinical internship experience to ALS candidates (Advanced EMT, Intermediate, and Paramedic), to monitor and evaluate ALS providers who are new to the LFEMSC Region, and to familiarize both groups with operations and protocols within the region. For candidates, the field or clinical internship experience provides the reality component and application opportunity to satisfy mandated competencies.

Lord Fairfax Community College EMS Program Mission Statement

In conjunction with LFEMSC, the mission of the Lord Fairfax Community College EMS program (LFCC EMS) is to develop professionally minded, entry-level competent pre-hospital providers.

Oversight

Oversight of the LFEMSC ALS Preceptor Program is handled by the Council Medical Direction Board, made up of all Operational Medical Directors in the Region, the Council Training Committee, LFCC Curriculum Advisory Committee, and the Council Staff.

Regional Preceptor Assessment via the LFCC Assessment Program

Recognizing that the Lord Fairfax Community College (LFCC) has formed a partnership with the Council to provide accredited ALS training within the Region, the Council will receive feedback and assessments of preceptors who provide guidance to ALS candidates within the region via the LFCC Assessment Program. Candidates will be asked to assess the relevance and effectiveness of the Field Experience shift and the preceptor on the Daily Field Internship Shift Evaluation Report. The two-fold purpose of the candidate assessment will be to assess the ongoing appropriateness of the Field Site and the effectiveness of the preceptor. Where feedback/assessment indicates a preceptor is not providing effective feedback or experience to candidates, the Council, through its Training Committee, will provide direction and correction to the preceptor. Where there are repeated (three or more with intervening corrective actions) feedback/assessment reports on a preceptor indicating ineffectiveness in feedback, the Training Committee may remove the preceptor from the program.

Preceptors are role models for candidates. The purpose of training programs and preceptors alike are to produce professional ALS providers of the highest caliber reflecting the best standards of the profession. Preceptors must provide a model for the types of behavior we want our students to exhibit.

Another goal of the ALS Preceptor Program is to provide the ALS candidate with feedback on his/her progress toward integrating the knowledge, skills, and attitudes that will make the candidate an effective and compassionate field provider. Feedback should adhere to a standardized format via the Daily Field Internship Shift Evaluation Form provided by the candidate and approved for use in the Preceptor Program in conjunction with the joint LFEMSC/LFCC partnership.

Part 1:
Clinical Rotations

This manual will provide you with the necessary information to complete the clinical portion of your ALS training program. Clinical training is done in conjunction with classroom hours and must be completed according to the schedule in the student manual. Deviations from this schedule will be announced by the Program Director.

Requirements for Participating in Clinical Rotations

Students must meet any facility requirements prior to entering the clinical environment. Candidate requirements include but are not limited to:

1. Document MMR (measles/mumps/rubella) vaccination, titer, or disease history. Urine drug screen (UDS), FLU vaccination during flu season (September-April)
2. Document Varicella (chicken pox) vaccination, titer, or disease history.
3. Document Hepatitis B vaccination, titer, or signed waiver declining vaccination.
4. Have no felony convictions or convictions of crimes involving theft, drug offenses, or physical harm to another, as documented by a background check.
5. Successfully complete any orientation program required by each facility in which the candidate will be conducting rotations.

Approved Clinical Supervisors / Preceptors

Candidates must be supervised by an appropriate clinical supervisor/preceptor. Preceptors are chosen based on their experience and ability to provide a positive learning environment for the candidate.

Hospital Rotations

For hospital rotations, candidates must work with a Registered Nurse (RN), Nurse Practitioner (NP), Physician Assistant (PA), or physician (MD/DO) preceptor/supervisor. ***Patient Care Technicians, Licensed Practical Nurses (LPN), Certified Nursing Assistants (CAN), and/or other staff are not permitted to oversee candidate rotations.***

Conflict of Interest

A preceptor will not be permitted to precept immediate family members. This shall include but is not limited to: parents, in-laws, siblings, and/or spouse/significant other.

Release for Rotations and Skills

A thorough understanding of basic knowledge and skills is essential in meeting the requirements of the clinical objectives. In order to gain the most from the candidates' time in the clinical environment, the candidate will be released individually for rotations based on the class schedule and the candidates' competency demonstrated in each area. Release dates in the course schedule are the earliest possible dates that the candidate may be authorized to complete a rotation or skill; circumstances such as absences and quiz or exam failures may delay the release of the candidate and may limit the time available to complete a rotation.

The candidate is authorized to perform clinicals as part of the course only while enrolled in the course. Should the candidate be removed from the program for any reason (e.g., dismissal, resignation, etc.) the authorization to perform clinical skills and rotations will end. After the end of the course, you may not perform clinical skills or rotations.

If the candidate is an employee of or otherwise affiliated with any clinical site, remember that their participation in clinical rotations is done only as a candidate. The candidate is not authorized to perform any skills not explicitly allowed nor act in any other capacity during a rotation, regardless of another certification, license, affiliation, or employment. Additionally, the candidates' authorization to practice is valid only with approved preceptors during approved clinical rotations. The candidate may not perform any skills outside of the clinical or field environment without an approved preceptor present.

Paperwork and Evaluations

Clinical evaluation forms are to be completed by the preceptor and/or senior staff member responsible for supervising the candidates' clinical experience. Evaluation forms should be completed at or before the end of each clinical rotation.

All evaluations must be placed in an envelope and sealed by having the preceptor sign over the seal on the back of the envelope or as determined by the Program Director. Other forms (i.e., Skills Ttracking Form and the Candidate Feedback Form) *do not* need to be sealed. Evaluations not signed and sealed or clinical rotations, for which all paperwork has not been completed, will not be accepted, resulting in the student not receiving credit for the rotation (both hours and skills).

All paperwork from clinical and field experience must be submitted to the LFCC EMS Clinical Coordinator in an expeditious manner at his or her next class session. In the absence of extenuating circumstances (e.g., late calls, illness, etc.) approved by the program director or clinical coordinator, **all paperwork must be turned in at the next**

class immediately following the shift. This will allow the candidate too accurately and quickly track and report their progress.

Protected Health Information

The candidate is expected to safeguard all Protected HealthIinformation (PHI) that they come in contact with, in accordance to the state and federal privacy regulations as well as facility guidelines. Forms and copies of records submitted as part of the clinical documentation should not contain any PHI. Examples of PHI include, but are not limited to:

1. The patient's name.
2. The patient's address and phone number.
3. The patient's date of birth (however, the patient's age. e.g., 30 years, is not PHI).
4. The patient's social security number.

Any papers or forms containing PHI will not be accepted. It is suggested that the candidate photocopy the original sheet, mark through all PHI with a black marker, then photocopy the marked sheet. The original marked sheet should be disposed of according to facility requirements.

Dress Code and Candidate Material

Uniform Policy for Clinical Precepting

The following guidelines apply for all clinical rotations as far as appearance and candidate material:

1. The candidate will report to the host organization on time and in his/her respective uniform. Both the candidate and the uniform shall be presentable for duty.
2. The candidates' photo identification (ID) badge must be worn at all times. Facilities are to send a candidate home if they lack appropriate ID.
3. Have readily available the Clinical Handbook. Candidates are encouraged to keep an adequate supply of blank clinical forms with the Clinical Handbook at all times.
4. No excessive make-up, cologne, or perfume.
5. No jewelry except earrings that must not hang below ear lobe and plain wedding bands. Maximum: one earring per ear lobe.
6. No fingernail polish or fake nails.
7. All visible tattoos must be covered. This may require the student to wear a white long sleeved shirt.
8. No undergarments shall be visible at any time.
9. No ball caps are to be worn in the facilities.
10. All candidates will be groomed appropriately. This includes, but is not limited to: clean uniforms, tucked in shirts, and shoulder length hair (or longer) must be

pulled back at all times. There will be no tolerance for candidates appearing unprofessional.

11. No monitors, pagers, cellular phones, or radios should accompany the candidate on rotations.
12. Closed toe shoes **ONLY**!

** Each candidate will bring his/her internship binder with them to each rotation. In the very front is a list of skills the individual candidate has been cleared to perform and the date they were checked off. These are skills they should be performing under your supervision. It is your discretion and according to the policy of your department as to which skills you allow the candidate to complete under your direct supervision. **

THE BOTTOM LINE: You have the right to send any candidate home who is not following these guidelines. If this occurs, be sure that you send an email or call the LFEMSC Regional Field Coordinator and/or the LFCC EMS Clinical Coordinator as soon as possible.

Safety

Candidate Safety is the utmost concern during clinical rotations. Candidates should exercise caution and comply with all facility requirements concerning safety.

Illness

Candidates experiencing an illness should carefully consider their ability to participate in clinicals, keeping in mind they may be interacting with immuno-compromised patients. In the event that a candidate feels it is necessary to stay home from a rotation, he/she would advise the Clinical Coordinator. In the event that a candidate is unable to complete a rotation due to illness, he/she will inform the charge nurse or unit supervisor and inform the Clinical Coordinator as soon as possible.

Injury

In the event of an injury being sustained during clinical rotations, candidates should obtain necessary and appropriate medical care and contact the Program Director immediately thereafter.

Exposures

In the event of an exposure to bodily fluids (e.g., needle stick) or airborne infection (e.g., tuberculosis), candidates should immediately obtain necessary and appropriate medical care. The cost of all testing and treatment for exposures while enrolled in the EMS Program is the responsibility of the candidate and not of the clinical or field site, LFCC EMS program, nor Lord Fairfax EMS Council. Candidates should maintain their own health insurance to cover the cost of any illnesses or injuries. The candidate must also carry liability insurance. The Exposure Control Officer should be notified immediately.

Other Problems

If you encounter any problems during rotations, please contact the Clinical Coordinator as soon as possible to discuss the situation. In the event that the Clinical Coordinator is unavailable contact the Program Director.

Part 2:
Field Rotations

Field experience is vital to the candidates' preparation to be an ALS provider and works to reinforce the concepts covered in the classroom in a hands-on environment similar to which the candidate will ultimately be practicing in. Generally, time spent in the field can be divided into two phases, the learning phase and the leadership phase, allowing the candidate to assume increasing responsibilities as the course progresses.

Learning Phase

In the learning phase, candidates may assess patients, perform basic life support (BLS) skills, and perform advanced interventions that they have been released to perform at that point in time. Candidates will work with an approved preceptor, but are not expected to serve as the team leader or to make independent treatment decisions.

Candidates in the learning phase are expected to learn more by observation. They have not completed a sufficient amount of the course to demonstrate comprehensive understanding of the material and serve as a team leader. For the purposes of course completion, candidates in this phase are not permitted to serve as team leader.

Leadership Phase

Once a sufficient amount of coursework is completed, candidates may progress to the leadership phase of the course. In the leadership phase, candidates are expected to begin demonstrating proficiency (as evidenced by independent application of knowledge to patient assessment and treatment) of course material covered to date and serve as a team lead directing patient care *in limited circumstances* under the direct supervision of an approved preceptor.

While serving as a team leader, candidates are expected to, make decisions regarding patient care with minimal guidance or assistance from the preceptor.

A. Candidates should discuss their proposed course of treatment with the preceptor prior to embarking upon it or performing any advanced skills or interventions.
B. In the event that the preceptor feels it is necessary to take over directing patient care, the candidate should function as a team member.

Not every call will be appropriate for the candidate to act as a team leader on. Candidate preparation and comfort is dependent upon numerous factors, such as the candidates experience and knowledge of the specific patient's complaint/illness. The decision of who should act as team leader should be made jointly by the candidate and the preceptor, ensuring that patient care is not compromised.

Candidates must be approved for the leadership phase in order to count calls towards the "team lead" requirement. In the event that a candidate does *not* act as a team leader, the call should not be counted as a "team lead" call, regardless of whether the candidate is in the leadership phase of the program.

Internship Phase

Candidates in the internship phase are expected to have completed the entire didactic portion of the course. The general expectations of the leadership phase apply; however, candidates are expected to demonstrate increased mastery of *all* material and should be able to serve as a team leader on *all* calls with minimal assistance or intervention from the preceptor. Additionally, candidates are expected to demonstrate proficiency in all psychomotor skills prior to the beginning of the internship phase.

Field Preceptor Responsibilities

Preceptor Requirements in the Field

1. Hold current Virginia ALS certification at the level of precepting or higher for a period of one (1) recertification period.
2. Be a member in good standing with all EMS agencies in the LFEMSC region and practicing in one of those agencies at the level specified in #1 above.
3. Complete the regional ALS Preceptor training program.
4. Receive approval for each level of preceptor status from their Agency OMD and Agency Chief Operating Officer or their designee.
5. Attend any updates or updated training as required by the LFEMSC.
6. Maintain LFEMSC skills drill requirements.
7. Complete a Regional Preceptor Application, submit it to the LFEMSC.
8. Receive the approval of the Jurisdictional OMD, Agency Operations Chief or their designee, and the Jurisdictional Education Coordinator Representative.
9. A regional preceptor who wishes to precept at a new and higher level of certification must submit another application to precept at the higher level of certification after serving one year at the current level. Unless the applicant holds one of the following instructor designations: International Trauma Life Support (ITLS), Pediatric Trauma Life Support (ITLS), Pre-Hospital Trauma Life Support (NAEMT), Advanced Cardiac Life Support (AHA), Pediatric Advanced Life Support (AHA), Pediatric Education for Pre-Hospital Providers (PEPP), Virginia EMS Education Coordinator, or Virginia ALS Coordinator.
10. Correct any deficiencies identified via feedback received by the LFEMSC or LFCC EMS program in the Assessment Program.

11. Preceptors in the previous LFEMSC Precepting program continue as preceptors while they remain properly certified and members of regional agencies.
12. For experienced providers in precepting, the preceptor is responsible for forwarding the Preceptee Evaluation Forms completed during each shift to the Jurisdictional Education Coordinator Representative within seven (7) days of the run.
13. Provider must attend a Council sponsored Protocol Class before entering Preceptorship.
14. Sign the acknowledgement of the preceptor package so a copy can be maintained on file at by the Regional Field Coordinator for LFEMSC, the Program Director of the LFCC EMS programs, and the Jurisdictional Education Coordinator Representative.

** Preceptors need to stay abreast on current standards of EMS. You should be familiar with the candidates' skills for the certification levels you are authorized to precept (i.e. AEMT, Intermediate, and Paramedic). Refer to the Regional Patient Care Protocols for specifications. Please realize that the candidates may be from other jurisdictions. Therefore, if they are not completely familiar with your protocols, adjust your evaluation accordingly. **

Conflict of Interest

A preceptor will not be permitted to precept immediate family members. This shall include but is not limited to parents, in-laws, siblings, and/or spouse/significant other.

Revocation of Preceptor Status

The Lord Fairfax EMS Council along with the Jurisdictional OMD reserves the right to revoke the Preceptors status at any time.

If a preceptor is under investigation at any time your preceptor status will be immediately suspended and/or revoked pending the outcome of the investigation. If the preceptor is undergoing remediation, post-investigation, then the preceptor status will be suspended during the time of remediation. The preceptor status may be reinstated at the discretion of the Regional Field Coordinator, Agency OMD, and the Jurisdictional Education Coordinator.

The Lord Fairfax Community College program reserves the right to remove the preceptor from the approved preceptor list that they obtain from the LFEMSC at any time. The removal will be based on feedback from the evaluations given by the preceptees. In the event of an investigation by OEMS, the Program Director and Program Medical Director will be informed as soon as possible and will remain involved throughout the process.

Release for Rotations and Skills

A thorough understanding of basic knowledge and skills is essential in meeting the requirements of the field objectives. In order to gain the most from the candidates' time in the field environment, the candidate will be released individually for rotations based on the class schedule and the candidates' competency demonstrated in each area. Release dates in the course schedule are the earliest possible dates that the candidate may be authorized to complete a rotation or skill; circumstances such as absences and quiz or exam failures may delay the release of the candidate and may limit the time available to complete a rotation.

The candidate is authorized to perform field rotations as part of the course only while enrolled in the course. Should the candidate be removed from the program for any reason (e.g., dismissal, resignation, etc.) the authorization to perform field rotations will end.

If the candidate is an employee of or otherwise affiliated with any field site, remember that their participation in field rotations is done only as a candidate. The candidate is not authorized to perform any skills not explicitly allowed nor act in any other capacity during a rotation, regardless of another certification, license, affiliation, or employment. Additionally, the candidates' authorization to practice is valid only with approved preceptors during approved field rotations. The candidate may not perform any skills outside of the clinical or field environment without an approved preceptor present.

Paperwork and Evaluations

Evaluation forms are to be completed by the preceptor responsible for supervising the candidates' field experience. Evaluation forms should be completed at or before the end of each field rotation.

All evaluations must be placed in an envelope and sealed by having the preceptor sign over the seal on the back of the envelope. Other forms (i.e., Skills Tracking Form and the Candidate Feedback Form) do *not* need to be sealed. Evaluations not signed and sealed or field rotations for which all paperwork has not been completed, will not be accepted, resulting in the candidate not receiving credit for the rotation (both calls and skills).

All paperwork from clinical and field experience must be submitted to the LFCC EMS Clinical Coordinator in an expeditious manner. In the absence of extenuating circumstances (e.g., late calls, illness, etc.) approved by the Program Director or Clinical Coordinator, **all paperwork must be turned in at the next class immediately following the shift.** This will allow the candidate too accurately and quickly track and report their progress. The candidate will be provided with regular feedback regarding their progress toward meeting the clinical objectives of the course.

Protected Health Information

The candidate is expected to safeguard all Protected Health Information (PHI) that they come in contact with, in accordance to the state and federal privacy regulations as well as facility guidelines. Forms and copies of records submitted as part of the clinical documentation should not contain any PHI. Examples of PHI include, but are not limited to:

1. The patient's name.
2. The patient's address and phone number.
3. The patient's date of birth (however, the patient's age. e.g., 30 years, is not PHI).
4. The patient's social security number.

Any papers or forms containing PHI will not be accepted. It is suggested that the candidate photocopy the original sheet, mark through all PHI with a black marker, then photocopy the marked sheet. The original marked sheet should be disposed of according to facility requirements.

Dress Code and Candidate Material

Uniform Policy for Field Precepting

The following guidelines apply for all field rotations as far as appearance and candidate material:

1. The candidate will report to the host organization in his/her respective uniform. Both the candidate and the uniform shall be presentable for duty.
2. Your photo identification (ID) badge must be worn at all times. Facilities are to send a candidate home if they lack appropriate ID.
3. Have readily available the Clinical Handbook. Candidates are encouraged to keep an adequate supply of blank clinical forms with the Clinical Handbook at all times.
4. No excessive make-up, cologne, or perfume.
5. No jewelry except earrings that must not hang below ear lobe and plain wedding bands. Maximum: one earring per ear lobe.
6. No fingernail polish or fake nails.
7. All visible tattoos must be covered. This may require the student to wear a white long sleeved shirt.
8. No undergarments shall be visible at any time.
9. All candidates' will be groomed appropriately. This includes, but is not limited to: clean uniforms, tucked in shirts, and shoulder length hair (or longer) must be pulled back at all times. There will be no tolerance for candidates appearing unprofessional.
10. No monitors, pagers, cellular phones, or radios should accompany the candidate on rotations.
11. Closed toe shoes **ONLY**!

** Each candidate will bring his/her internship binder with them to each rotation. In the very front is a list of skills the individual candidate has been cleared to perform and the date they were checked off. These are skills they should be performing under your supervision. It is your discretion and according to the policy of your department as to which skills you allow the candidate to complete under your direct supervision. **

Activities and Routines

The candidate is expected to:

1. Report to the assigned station at least fifteen (15) minutes prior to the start of the shift.
2. If in the EMS program, the candidate must have and show binder to preceptor at the start of the shift.
3. Review the rules and operating procedures with the preceptor, making certain that the students' role is defined and understood by all members of the crew.
4. Review the candidates' objectives with the preceptor, discussing the activities to be performed/observed under supervision.
5. Conduct a post-call review with the preceptor after all patient contacts and incidents, specifically discussing the candidates' performance in areas such as patient assessment, history taking, treatment decisions and priorities, interventions, and operational performance.
6. Observe and participate in unit activities as directed by the preceptor.
7. Review with the preceptor all course material and skills as needed.
8. Fill out necessary paperwork as needed and obtain signatures.

Safety

Candidate safety is the utmost concern during clinical rotations. Candidates should exercise caution and comply with all facility requirements concerning safety.

Illness

Candidates experiencing an illness should carefully consider their ability to participate in rotations, keeping in mind they may be interacting with immunocompromised patients. In the event that a candidate feels it is necessary to stay home from a rotation, he/she would advise the Clinical Coordinator and attempt to notify the preceptor. In the event that a candidate is unable to complete a rotation due to illness, he/she will inform the preceptor and inform the clinical coordinator as soon as possible.

Injury

In the event of an injury being sustained during field rotations, candidates should obtain necessary and appropriate medical care and contact the Clinical Coordinator and Program Director immediately thereafter.

Exposures

In the event of an exposure to bodily fluids (e.g., needle stick) or airborne infection (e.g., tuberculosis), candidates should immediately obtain necessary and appropriate medical care. The cost of all testing and treatment for exposures while enrolled in the EMS Program is the responsibility of the candidate and not of the host agency or field site, LFCC EMS program, nor Lord Fairfax EMS Council. Candidates should maintain their own health insurance to cover the cost of any illnesses or injuries. The candidate must also carry liability insurance. The Exposure Control Officer for the program should be notified immediately.

Other Problems

If you encounter any problems during rotations, please contact the Clinical Coordinator as soon as possible to discuss the situation. In the event that the Clinical Coordinator is unavailable contact the Program Director.

Documentation

1.) Field Internship Evaluation – steps for completion:

a. The candidates have been instructed to give this form to you at the start of the rotation and orientate you as needed. Be sure your name, time-in, time-out, and appropriate date are filled in accurately and neatly at the top. Please carefully verify the times the candidate is with you.

b. On the back is a competency chart of the skills the candidate must obtain for certification purposes. You and the candidate should complete this section together. A "tick mark" should be placed in each appropriate box for each skill or assessment they perform correctly in the column for the appropriate age group. ***PLEASE DO NOT SIGN THIS OR ANY PAPERWORK UNTIL THE END OF THE SHIFT.*** Please write "N/A" in any section on the front that will be left blank.

c. Please summarize your observations of the candidates' performance during the rotation in the space provided. We encourage you to share this information with the candidate. If you need more space, please use a blank piece of paper with your name, the candidates' name, and date clearly written along with your signature. Once complete, sign BOTH sides of the form to verify comments and skills and seal the evaluation form in the LFCC envelope the candidate will provide you and sign across the seal.

d. The candidates do not need to, nor do they have the right, to photocopy this form once you have completed it. They are aware of this. If they ask and you do not mind letting them see your evaluation it is okay, but you reserve the right to keep your evaluation confidential.

e. We rely on your thoughts and assessments of the candidates' performance as an important tool in the educational process and as part of improving this program. We use your feedback to determine where a candidate needs more work and also

to see if deficiencies are throughout the group, or on an individual basis. Please take the time to give feedback, negative or positive.

Part 3:
Precepting After Certification

ALS Providers in Precepting after Certification – Policies

1. Calls utilized toward completion of the precepting requirements include those with Advanced Life Support (ALS) procedures such as: endotracheal intubation, placement of an advanced airway, intravenous (IV) therapy, cardiac monitoring (three-lead and twelve-lead), defibrillation, pacing, medication administration, etc. These types of calls should account for eighty percent (80%) of total calls submitted. The other twenty percent (20%) of calls may include those strictly Basic Life Support (BLS) in nature. ALS care is not effective without solid and appropriate BLS care as the foundation. BLS runs can show both understanding of the patient care process and the ability to perform skills that are necessary to support ALS procedures.
2. Only those calls precepted by LFEMSC and authorized ALS Preceptors with an LFEMSC agency will be accepted as approved precepted runs.
3. All candidates are responsible for making arrangements directly with the approved host agencies/organizations and preceptors.
4. At no time will the candidate be allowed to perform any skill outside of their scope of practice.
5. The candidate must notify the host organization and the preceptor as soon as possible in the event of an unforeseen schedule change. While in precepting activities, the candidate shall adhere to the host agencies/organization's policies and procedures, follow the Commonwealth of Virginia Emergency Medical Services (EMS) Regulations, and follow the LFEMSC Regional Standard Pre-Hospital Patient Care Treatment Protocols (Current Edition) at all times.
6. At all times, the candidate shall only perform advanced pre-hospital care while under the direct supervision of the ALS Preceptor.
7. No more than one (1) scenario may be substituted calls without the approval of the appropriate OMD.

The Jurisdictional Education Coordinator Representative will review all documentation at the conclusion of the tenth call via field preceptorship, summarize the candidates' call experience, and either request more calls to be precepted or submit a recommendation to the candidates' Agency OMD on whether the candidate should be granted ALS status within the LFEMSC region. The candidates' Agency OMD will make the final decision on granting the right to practice within the region.

Any candidate who does not successfully complete his/her preceptorship may be required to complete additional field precepting as determined by the candidates' Agency OMD in consultation with the Jurisdictional Education Coordinator Representative.

New Providers Precepting in the Field

1. Candidates' must attend a Protocol Course before entering preceptorship.
2. The candidate may only be precepted on an ALS transport unit.
3. All candidates' will report to each preceptor, their current status for precepting purposes such as AEMT, Intermediate, or Paramedic.
4. The preceptor has final authority over all treatment and patient care.
5. The candidate must serve as a third person on an ALS staffed and equipped certified unit.

At the completion of the required calls, the preceptor who observed the candidate on the majority of the precepted calls, or, if there is no single preceptor in this category, the preceptor who completed the tenth call observation, will complete a brief overall assessment of the candidates' skills and knowledge of LFEMSC protocols and recommend either continuance of the precepting experience or approval to function as a full ALS provider in the region. It is the responsibility of the preceptor to see that all completed observations and evaluations are forwarded to the Jurisdictional Educational Coordinator Representative for maintenance in the candidates' record. The preceptor will submit the Preceptor Run Evaluation forms of each of his/her calls to the Jurisdictional Education Coordinator Representative on a flow basis**.**

Precepting Field Experience for New Providers in the Region

ALS providers new to the LFEMSC region must complete a precepted field experience tenure before receiving approval to function at their ALS certification level. The provider must attend a Protocol Course before entering preceptorship. **ALS providers with two (2) years ALS experience or who hold instructor status in one of these: International Trauma Life Support (ITLS), Pediatric Trauma Life Support (ITLS), Pre-Hospital Trauma Life Support (NAEMT), Advanced Cardiac Life Support (AHA), Pediatric Advanced Life Support (AHA), or Virginia Education Coordinator may be exempt from precepting at the discretion of the Jurisdictional Coordinator and OMD.**

At the completion of the required calls, the preceptor who observed the provider on the majority of the precepted calls, or, if there is no single preceptor in this category, the preceptor who completed the fifth call observation, will complete a brief overall assessment of the providers skills and knowledge of LFEMSC protocols and recommend either continuance of the precepting experience or approval to function as a full ALS provider in the region. It is the responsibility of the preceptor to see that all completed observations and evaluations are forwarded to the Jurisdictional Educational Coordinator Representative for maintenance in the provider's record. The preceptor will submit the Preceptor Run Evaluation Forms of each of his/her calls to the Jurisdictional Education Coordinator Representative on a flow basis**.**

Part 4: Responsibilities of Jurisdictional Education Coordinator Representative

Jurisdictional Education Coordinator Representative

The Jurisdictional Education Coordinator Representative is responsible for maintaining all preceptee records within their jurisdiction. Once certification is complete, the Jurisdictional Education Coordinator Representative will be responsible for getting the Agency Operational Medical Directors' (OMD) signature on the Authorization to Practice form. This can be accomplished by the Jurisdictional Education Coordinator Representative or by sending it to the LFEMSC and the council will obtain the signature and send it back.

Once precepting has started the Jurisdictional Education Coordinator Representative will keep all incident reviews and evaluations. After the required number of successful calls has been completed it will be the responsibility of the Jurisdictional Education Coordinator Representative to inform the preceptee that they are clear to practice in the LFEMSC region.

All Jurisdictional Education Coordinator Representatives will be responsible for notifying the LFEMSC when a preceptor leaves the region or is no longer a preceptor within their jurisdiction.

Part 5: Responsibilities of Lord Fairfax EMS Council, Inc.

Preceptor Liaison (Regional Field Coordinator)

The LFEMSC Regional Field Coordinator serves as the Preceptor Liaison for the program. The Regional Field Coordinator is responsible for maintaining the records of preceptors and new providers.

Recordkeeping

The Council will maintain a list of ALS Preceptors by their principle agency. ALS Preceptors may precept candidates at any LFEMSC Agency in which they hold membership or employment. All Jurisdictional Education Coordinator Representatives will be responsible for notifying the LFEMSC when a preceptor leaves the region or is no longer a preceptor within their jurisdiction.

Preceptor Training Program

LFESMC will offer periodic on-site training for Preceptors to orient them to the program, review required competencies, and identify goals and objectives for the clinical and field experience rotations in the program. It is the goal of this program to eventually offer computer-assisted training via the Internet for all provider participants, ALS candidates, and ALS preceptors. ALS preceptors may either, attend on-site training offered by the Council or review this program package and all evaluation documents, then complete the preceptor training certification at the end of this package and submit it to the Jurisdictional Education Coordinator Representative who will then forward it to the LFEMSC Office. The LFEMSC Office will maintain the certification in the preceptor's ALS File.

This entire ALS Preceptor Program package will be posted to the Internet for ALS Preceptors and new Preceptor Training on the LFEMSC Website at **www.lfems.vaems.org.**

APPENDICES

180-1 Prosperity Drive
Winchester, VA 22602
540-665-0014
540-722-0094 (Fax)

Request to Enter the Precepting Program
Lord Fairfax EMS Council

Provider's Name _____ Current Cert #_____
Provider's Address _____
City _____ State _____ Zip _____
Provider's Phone Number: _____ _____
Day Evening
Provider's Email _____
Current Agency Affiliation _____
Current level of certification (Precepting Level):
_____ EMT-Enhanced _____ Intermediate _____Paramedic

By submitting a Request to Enter the Precepting Program, I agree to:

1. **Attend a Lord Fairfax EMS Council Protocol Review Session. This session will be conducted by the LFEMS Council or Jurisdictional Education Coordinator.**
2. **Complete the required ALS Provider Orientation Program administered through the Lord Fairfax EMS Council within the approved time frame from the Jurisdictional Education Coordinator.**
3. **Abide by all policies, procedures, rules, regulations, and directives established by the Commonwealth of Virginia Office of Emergency Medical Services and the Lord Fairfax EMS Council, Inc.**
4. **Keep my continuing education and skills current as required by the Commonwealth of Virginia Office of Emergency Medical Services and the Lord Fairfax EMS Council, Inc.**

I understand that this application is subject to verification and review by the Lord Fairfax EMS Council, Inc. and its various committees. I also understand that I may not practice at the ALS Level until I have attended a Protocol Review Session and have been approved by the local Operational Medical Director and the Jurisdictional Education Coordinator to begin precepting. I further understand that this application is only valid to precept and not act as attendant-in-charge (AIC).

Name_____ Signature_____
Date_____

Operational Chief or
Jurisdictional Coordinator Signature_____ Date _____
Operational Medical Director's Signature _____ Date _____
Protocol Class administered by _____ Date _____

Office Use only

Orientation start date _____ Date released _____
Orientation End Date _____ Notification letters sent _____

180-1 Prosperity Drive
Winchester, VA 22602
540-665-0014
540-722-0094 (Fax)

Preceptor Application and Training Certification

I have read Lord Fairfax EMS Council ALS Preceptor Program and agree to comply with its requirements, providing the best example possible of ALS care, and giving compassionate direction and guidance to students and new providers to improve health in the Lord Fairfax EMS Council Region.

_____ _____

Signature ***Date***

Print Name _____	**Current Certification _____** **Original Certification Date_____**
Request to Precept: **_____Paramedic** **_____Intermediate** **_____Advanced EMT** **_____EMT-Enhanced**	**List Instructor Status:** **_____CPR _____ACLS** **_____PALS _____ITLS** **_____PTLS _____AMLS** **_____GEMS _____PEPP** **_____VA Education Coordinator** **_____Other**
Principal Agency Affiliation:	
Home Mailing Address: **Street_____** **Apt._____** **City_____ State ___** **Zip_____**	**Phone _____** **Pager _____** **Cell _____** **EMAIL _____**

Approvals

Agency Chief Operating Officer **_____Signature** **_____Print Name** **_____Date**	**Agency OMD** **_____Signature** **_____Date**

PW on-time; Y / N Eval; Y / N Data on-time; Y / N Complete data Y / N

Lord Fairfax Community College Clinical Evaluation

Student Name: _____ Location: _____ Date: _____

Preceptor: _____ Time In:_____ Time Out:_____ Total Time:_____
(Printed)

Directions for Preceptor: Please complete at end of each clinical shift. If you have any problems, please contact the Clinical Coordinator – Randy Vick at randyvick@gmail.com or the Program Director – Vince McGregor at (540) 868-7189 or vmcgregor@lfcc.edu. Please place this in the envelope with your signature across the sealed flap and return to student.

Please indicate performance of each applicable objective: 2 = Competent, 1 = Need Improvement, 0 = Unsatisfactory, NA = Not Applicable

OBJECTIVE	SCORE	COMMENTS
Arrive on Time		
Personal Appearance		
Communication skills with staff		
Rapport with patient (s)		
Treatment was appropriate with assessment findings		
Accepted constructive criticism		
Worked well with team		
Patient Assessment Skills		
Identified signs and symptoms		
Ability to recognize and treat conditions		
Assessment of breath sounds		
Ability to manage airway (basic or advanced)		
Ability to initiate ***adequate*** IV access		
Ability to prepare and deliver medications		
Ability to identify indications, contraindications, side effects and doses on medications		
Ability to monitor EKG and interpret rhythms		
Ability to perform appropriate defibrillation, pacing and cardioversion		

Overall Comments (Pros and Cons):

_____

_____

_____

_____

_____

SKILL	PEDIATRIC (0-17)	ADULT (18-64)	GERIATRIC (65+)
Medication Administration (15) *IV or ET			
*PO or Neb			
*SQ, IM, or Transdermal			
Oral Intubation (1)			
IV Access (25)			
Ventilate Non-Intubated Patient (1)			
ASSESSMENTS (30,50,30)			
OB (10)			
Trauma (40)			
Psych (20)			
Chest Pain (30)			
Difficulty Breathing (20)			
Peds Respiratory (8)			
Syncope (10)			
Abdominal Complaint (20)			
Altered LOC (20)			

Preceptor: _____
(Signature)

Clinical Coordinator: _____

Revised September 2015

PW on-time; Y / N Eval; Y / N Data on-time; Y / N Complete data Y / N

Lord Fairfax Community College Field Internship Evaluation

Student Name: _____ Location: _____ Date: _____

Preceptor: _____ Time In:_____ Time Out:_____ Total Time:_____
(Printed)

Directions for Preceptor: Please complete at end of each clinical shift. If you have any problems, please contact the Clinical Coordinator – Randy Vick at randyvick@gmail.com or the Program Director – Vince McGregor at (540) 868-7189 or vmcgregor@lfcc.edu. Please place this in the envelope with your signature across the sealed flap and return to student.

Please indicate performance of each applicable objective: 2 = Competent, 1 = Need Improvement, 0 = Unsatisfactory, NA = Not Applicable

OBJECTIVE	SCORE	COMMENTS
Arrive on Time		
Personal Appearance		
Communication skills with staff		
Rapport with patient (s)		
Treatment was appropriate with assessment findings		
Accepted constructive criticism		
Worked well with team (delegation of needs)		
Patient Assessment Skills		
Identified priority of patient (s)		
Identified signs and symptoms		
Ability to recognize and treat conditions		
Transfer of patient information with other staff (med com, ED, nurse)		
Assessment of breath sounds		
Ability to manage airway (basic or advanced)		
Ability to initiate ***adequate*** IV access		
Ability to prepare and deliver medications		
Ability to identify indications, contraindications, side effects and doses on medications		
Ability to monitor EKG and interpret rhythms		
Ability to perform appropriate defibrillation, pacing and cardioversion		

Overall Comments (Pros and Cons):

SKILL	PEDIATRIC (0-17)	ADULT (18-64)	GERIATRIC (65+)
Medication Administration (60) *IV, IM, PO, SQ, NEB			
IV Access (25)			
Airway Management (50)			
Ventilate Non-Intubated Patient (20)			
Endotracheal Intubation (1 real patient) *any age group*			
ASSESSMENTS (120)			
Trauma (10 in each age group, preferably 1 each sub group in ped's)			
Medical (10 in each age group, preferably 1 each sub group in ped's)			
Cardiovascular distress (20)			
Respiratory distress (20)			
Altered Mental Status (20)			
Obstetrics; delivery (2)			
Neonatal assessment/care (2)			
Obstetrics Assessment (10)			
Team Leader (BLS max 30)			
Team Leader (ALS min 20)			

Preceptor: _____
(Signature)

Clinical Coordinator: _____

Revised September 2015

Return this Completed Form to:

Jurisdictional Education Coordinator Representative

New ALS Certification Preceptor Program

Incident Review

Date: Unit #	Incident # or Scenario:
Provider's Name:	Mentor's Name:
Driver Name:	**Preceptor must not be driver**

Rating Criteria

1: Fails to perform procedure in effective manner.
2: Inconsistent in performing procedure in an effective manner; needs/showing improvement
3: Consistently performs procedure in an effective manner.
4: Performs procedure in a highly skilled manner.
N/A: Not applicable or skill not observed during this review.

Management	Score	Comments
Enroute: Navigation, Radio Use, Planning		
Personal Safety: Recognizes Hazards, Scene Safety		
Infection Control: BSI, Ensures All Personnel Are Protected		
Patient Rapport: Establishes and Maintains Rapport, Professional Demeanor, Calm Behavior		
Leadership: Demonstrates Good Judgment, Uses Personnel Effectively, Performs Confidently		
Teamwork: Communicates, Accepts Feedback and Guidance		
Documentation: Accurate and Complete PPCR, PPCR Familiarity, Legible, Documented Patient Refusals		

Patient Assessment	Score	Comments
Primary Assessment: Initial Assessment, ABC's treated, correct priorities		
History: Obtains Pertinent Complete History, C/C, Prescriptions, and Allergies, Systematic Approach		
Focused Assessment: Appropriate Detailed and Focused Examination, V/S, Correct Treatment		
Protocols: Follows Protocols, requests orders		
Treatment Skills	**Score**	**Comments**
Airway Control		
BLS Care		
Cardioversion / Defibrillation		
Advanced Airway Techniques		
IV Therapy		
ECG Monitoring / 12-Lead		
External Pacing		
Drug Therapy		
Specialty: Labor and Delivery, Needle Thoracotomy, IO, etc.		
Operational Readiness	**Score**	**Comments**
Equipment Check: Mechanical, EMS Supplies		
Biomedical Equipment: ECG Monitor, Pulse Ox, Glucometer		
Equipment Inventory: Other Including Mounted and Portable		
Hospital Interaction: Patient Report, Supplies Exchanged, Drug Exchange, Cleaning		

Nature of Call:

_____

_____

Reviewed _____ _____

Provider's Signature **Preceptor's Signature**

Education Coordinator Representative's Name_____

(Provider should make a copy of this form prior to the preceptor forwarding it to the Jurisdictional Education Coordinator Representative)

Jurisdictional Education Coordinators Representative's Contact Information

Jurisdiction	Name	Email	Phone #	Address
Clarke County	P. Dean Grubbs	pdgrubbs@verizon.net	540-539-2334	9116 John Mosby Highway Boyce, Virginia 22620
Clarke County (Mount Weather)	Kristoffer McAlister Gregory Williams	Kristoffer.McAlister@fema.dhs.gov Gregory.Williams2@fema.dhs.gov	540-542-3986	19844 Blueridge Mountain Road Building 420 Mount Weather, Virginia 20135-2006
Frederick County	Larry Oliver	loliver@fcva.us	540-665-6388	1080 Coverstone Drive Winchester, Virginia 22602-4369
Page County	Jeffrey Hensley	jhensley@pagecounty.virginia.gov	540-743-4142	103 South Court Street Luray, Virginia 22835
Shenandoah County	William "Bill" Streett	bstreett@shenandoahcountyva.us	540-459-6167 540-481-6203	600 North Main Street, Suite 109 Woodstock, Virginia 22664
Warren County	Kevin Catlett	kcatlett@warrencountyfire.com	540-636-3830	200 Skyline Vista Drive, Suite 200 Front Royal, Virginia 22630
Winchester	James "JD" Orndorff	james.orndorff@winchesterva.gov	540-662-2298	231 East Piccadilly Street, Suite 330 Winchester, Virginia 22601-5039
Valley Medical Transport	David Miles	dmiles@valleyhealthlink.com	540-536-2743 757-334-3771	190 Prosperity Drive, Suite 4 Winchester, Virginia 22602

ALS Certification Program Clinical Hour and Competency Summary

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

AREAS	EMT to AEMT	AEMT to I Bridge	EMT to INTERMEDIATE	I to P Bridge	EMT to PARAMEDIC
CLINICAL REQUIREMENTS:					
Emergency Department[1]	12 hrs	6 hrs	12 hrs	12 hrs	24 hrs
Critical Care Area[2]	-	4 hrs	4 hrs	4 hrs	8 hrs
Pediatrics[3]	-	4 hrs	4 hrs	4 hrs	8 hrs
Labor & Delivery[4]	-	4 hrs	4 hrs	4 hrs	8 hrs
OR/Recovery	-	4 hrs	4 hrs	4 hrs	8 hrs
Other Clinical Settings[5]	prn	prn	prn	prn	prn
TOTAL MINIMUM CLINICAL HOURS[6]	**36 hrs**	**36 hrs**	**72 hrs**	**72 hrs**	**144 hrs**
ALS Medic Unit (Field Internship)	12 hrs	12 hrs	24 hrs	24 hrs	48 hrs
TOTAL MINIMUM FIELD/CLINICAL	**48 Hours**	**48 Hours**	**96 Hours**	**96 Hours**	**192 Hours**
TOTAL PATIENT CONTACTS[6]	**30**	**30**	**60**	**60**	**120**
COMPETENCIES:					
Trauma Assessment, pediatric[7]	**2**	**3**	**5**	**5**	**10**
Trauma Assessment, adult	**2**	**3**	**5**	**5**	**10**
Trauma Assessment, geriatric	**2**	**3**	**5**	**5**	**10**
Medical Assessment, pediatric[7]	**2**	**3**	**5**	**5**	**10**
Medical Assessment, adult	**2**	**3**	**5**	**5**	**10**
Medical Assessment, geriatric	**2**	**3**	**5**	**5**	**10**
Cardiovascular distress[8]	**5**	**5**	**10**	**10**	**20**
Respiratory distress	**5**	**5**	**10**	**10**	**20**
Altered Mental Status	**5**	**5**	**10**	**10**	**20**
Obstetrics; delivery	**-**	**-**	**-**	**2**	**2**
Neonatal Assessment/care	**-**	**-**	**-**	**2**	**2**
Obstetrics Assessment	**-**	**5**	**5**	**5**	**10**
Med Administration	**15**	**15**	**30**	**30**	**60**
IV Access[9]	**25**	**-**	**25**	**-**	**25**
Airway Management[10]	**20[8]**	**15[6]**	**25[10]**	**25[10]**	**50[20]**
Ventilate Non-Intubated Patient[9, 11]	**20**	**-**	**20**	**-**	**20**
Endotracheal Intubation[12]	**-**	**1 real Patient**	**1 real Patient**	**1 real Patient**	**1 real Patient**
Team Leader on EMS Unit[13]	**10 (6)**	**15 (8)**	**25 (15)**	**25 (15)**	**50 (30)**

[1] May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.
[2] CCU, ICU, CC xport team, Cath Lab, etc.
[3] PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.
[4] Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.
[5] Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients
[6] The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.
[7] The student should attempt to complete one in each age group: Neonate, Infant, Child, and Adolescent.
[8] Cardiac Arrest, Chest pain/pressure, STEMI, dysrythmia, etc.
[9] Although students in bridge programs do not have minimums, the program must ensure continued skill competency.
[10] Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation" http://coaemsp.org/Documents/Intubation%20Subcommittee%20FINAL%20revised%202013-02-1.pdf In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets.
[11] Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.
[12] AEMT –I: older than 12 years; Intermediate: older than 12 years; I-P: any age group, P: any age group.
[13] The number in parentheses is the maximum number of Team Leader calls that can be BLS. The program must establish, in writing, what constitutes an ALS call.

NOTE: The above listed clinical hours/competencies are minimum mandatory for courses beginning Fall 2013. Accredited Programs may set higher minimums or add to this list.

Virginia Office of Emergency Medical Services
www.vdh.virginia.gov/oems
EMS.TR.17A
Revised: July 2013