



23-07 Changes in MLREMS Preceptor Credentialing

To: All EMS Agencies and Providers

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At the October meeting of the Monroe-Livingston Regional Emergency Medical Committee, our REMAC voted unanimously to support revision of the regional ALS Preceptor Policy. The policy, which was last updated in 2018, was enhanced to facilitate both the online and in person educational requirements and clarify the application process.

Please see the attached policy for details. With any questions, please do not hesitate to contact this office.

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ALS PRECEPTOR POLICY

PURPOSE

To outline the requirements for designation as an ALS Preceptor.

POLICY

1. Although an ALS Preceptor must be recognized by MLREMS in order to meet the requirements of preceptor status as outlined in this policy, an agency is not obligated to use that provider as an ALS Preceptor. However, agencies must only use regionally approved ALS Preceptors to provide ALS skills field education to paramedic students and interns.
2. MLREMS desires to develop and foster a cadre of experienced paramedics to precept new paramedics. As such, desired qualities of an ALS Preceptor include:
 - a. An understanding of the educational process for the various levels of care.
 - b. Excellent interpersonal skills with a specific emphasis on coaching and mentoring.
 - c. The ability to apply an evaluation rubric in an objective manner to assist in learning.
 - d. Demonstrated professionalism including high ethical standards, appropriate administrative ability, continuous development, consistent adherence to standards of care, and knowledge of quality assurance.
3. ALS Preceptor Eligibility:
 - a. NYS certified paramedic actively practicing for a minimum of three years prior to the date of application.¹
 - b. Cleared as a paramedic, and actively practicing in the MLREMS system, for at least one year prior to the date of application.¹
 - c. Successful completion of the MLREMS Preceptor Training course.² This training includes, at a minimum:

¹ Candidates who do not meet the three year active practice or one year in the MLREMS system minimum may alternatively be submitted for consideration with the support of their Agency Medical Director.

² Agencies may choose to substitute their own preceptor or FTO training course in place of the “in-person” portion of the MLREMS Preceptor Training by requesting a waiver for this portion of the course, in writing, from the MLREMS Training and Education Committee. The Training & Education Committee will conduct an audit of the course, training materials, instructors, etc. and determine if the agency’s training meets or exceeds the objectives covered by the MLREMS Preceptor Training course. If the Training & Education Committee determines the agency’s course is adequate to replace the “in-person” portion of the MLREMS Preceptor Training, the committee chair will submit a motion at the next MLREMS Council meeting for approval of the waiver. MLREMS Council reserves the right to revoke a previously granted waiver at any time and require an agency’s providers to fulfill both the “in-person” and learning management system (LMS) portions of the MLREMS Preceptor Training course.



- i. Skill development and evaluation of adult learners
 - ii. Coaching and providing appropriate feedback
 - iii. Interpersonal communications skills
 - iv. Curriculum familiarity and stages of development
 - v. Administration of the learning process
 - vi. Use of evaluation forms
 - vii. Confidential feedback to educational institute or employee
 - viii. Professional behavior discussion
4. Preceptor Status
 - a. Upon meeting eligibility and completing the regional preceptor training course (or regionally approved agency-specific alternative), the preceptor candidate shall have their sponsoring agency submit an ALS Preceptor Recommendation Form to the Program Agency for review.
 - b. Upon the Program Agency confirming the candidate has met the requirements and has no outstanding QA/QI concerns, the Regional Medical Director (or Associate Regional Medical Director designee) shall review the candidate's recommendation and if all eligibility met, appoint the ALS Preceptor.
 - i. Upon ALS Preceptor Status, the Program Agency shall electronically notify the individual and the sponsoring agency.
 - ii. The Regional Medical Director (or designee) may refer any questions of eligibility to the REMAC Patient Safety Committee for decision.
 - iii. Any individual not receiving an appointment as an ALS Preceptor believing it to be in error may appeal to the REMAC Patient Safety Committee for review of their application.
5. Maintenance of Preceptor status
 - a. Once designated as an ALS Preceptor, providers must complete any ALS Preceptor continuing education as required by the MLREMS Council, REMAC, or Regional medical Director.
6. It is strongly encouraged that agencies do not overburden their ALS Preceptors by limiting their precepting time to a maximum of 2/3 of their scheduled road time.
7. An ALS Preceptor may have their status suspended or revoked by the Regional Medical Director independent of their ability to practice. Appeals of this decision can be made to the REMAC Regional Patient Safety Committee.



8. An ALS preceptor may request a Leave of Absence and voluntarily suspend their privileges for personal reasons (e.g. maternity leave, military deployment, temporary disability, etc.) by providing such a request in writing to the Program Agency. The Regional medical Director will confidentially review this request and determine an appropriate plan to allow the ALS Preceptor to be reinstated once the ALS Preceptor elects to return to active practice.