



Southeastern Massachusetts EMS Council, Inc

P.O. Box 686, Middleboro, MA 02346

(508) 946-3960

REGION V - PARAMEDIC MENTORING GUIDELINE

105 CMR 170.305, E: Staffing Section

Purpose:

In order to comply with the Massachusetts Office of Emergency Medical Services requirements set forth in 105 CMR 170.305, Region V has developed a guideline to establish minimum experience levels and skill competencies for each of its EMT-Paramedics, EMT-Intermediates and EMT-Basics working in EMT-Paramedic/Basic or EMT-Paramedic/Intermediate staffing configurations.

This document is meant to provide a minimum standard for departments operating within the region to comply with such standard. It does not prevent a department from exceeding such guideline if it is mutually agreed upon by the Ambulance Service Administrator (ASA) and the Affiliate Hospital Medical Director (AHMD). Any deviation from this policy shall be in writing and attached to the final document.

Any new employee/paramedic who has already completed an orientation with another department/agency in the region may provide documentation signed by the other department(s)/agency(s) department head and affiliate hospital medical director in lieu of completing the following guideline. Such decision must be agreed upon by the ASA and the AHMD.

Definitions:

Affiliate Hospital Medical Director (AHMD): A qualified physician assigned by the hospital, based on the hospital affiliation agreement, to oversee the components of the EMS system, including, without limitation, the Statewide Treatment Protocols, medical direction, training of and authorization to practice

Ambulance Service Administrator (ASA): Shall mean the department head, fire chief, or president of the company.

Department: Includes fire departments, private ambulance, 3rd service departments, or volunteer agencies.

Designee: An employee who works under the ASA or the AHMD who has the authority to make decisions as it relates to this guideline. (I.E. EMS coordinator, operations manager, Field training officer, Shift supervisor, Service Medical Director)

EMS Coordinator: EMS coordinators are often responsible to act as a liaison between the affiliate hospital medical director, the service medical director, the department head, and the EMS providers. EMS coordinators are also responsible for managing continuing education credits for EMS staff, training and development of new programs. The EMS Coordinator will work and supervisor all preceptors, FTO's and paramedics. The EMS Coordinator can act as a FTO or a preceptor.

Field Training Officer (FTO) / Paramedic Mentor (PM): The function of a field training officer / paramedic mentor is to provide mentoring and guidance to new EMT's/Paramedic within the department/agency for the purpose of ensuring a smooth transition into the department agency. The FTO can also be used to keep seasoned EMTs current and provides refresher and remedial training as needed. In addition to carrying out the routine duties of a paramedic, the field training officer also serves as a leader in his EMS team. The FTO usually reports to the EMS Coordinator and other department supervisors. In some departments the FTO/ PM may be the same position and in others they may be two distinct positions.

This individual is not the same as a preceptor used to comply with the Massachusetts OEMS paramedic curriculum regulations; however a qualified FTO meets the minimum requirements to also act as a preceptor.

Intern: Any new employee or new paramedic who has not worked within the department at the paramedic level.

Preceptor: Any paramedic who has been working as a paramedic for at least two years and is overseeing a paramedic student for the purpose of complying with the Massachusetts field internship requirements.

Provisional authorization to practice: Granted to an employee by the AHMD or a designee thereof, that allows a new paramedic to practice at the advanced life support level under the direct supervision of a FTO.

Permanent Authorization to practice: Granted to an employee who has fulfilled the requirements set forth by this document and AHMD and has been approved by the AHMD or their designee and the ASA or their designee. Such authorization shall allow a paramedic to practice without direct supervision of a FTO.

Service Medical Director: A qualified physician acting in official capacity, under the authority of the AHMD, to the EMS system or the purpose of direct medical direction, training of its members, and quality assurance and continuous quality improvement. Such director can act as a designee of the affiliate hospital medical director.

Prerequisites:

- All new employees shall provide the department with valid driver's license, EMT certification, CPR/HCP certification or equivalent, AHA ACLS certification or equivalent as required by the Office of Emergency Medical Services. Within 6 months new employees should have NIMS 700 certification and ICS 100 certification at a minimum.
- All new employees should provide the department with a current record of their vaccinations. This should include a recent TB test and either a Hepatitis B vaccination or declination thereof.
- All new employees shall undergo a written examination, administered by the AHMD or their designee on the Statewide Treatment Protocols and a 12 lead acquisition and interpretation examination to acquire their provisional authorization to practice
- Once testing is complete, the new employee shall obtain a valid provisional authorization to practice from either the departments AHMD or their designee, or a geographical regional agency authorized to administer such tests and authorization

New Employee Orientation:

All new employees/paramedic orientation shall include the following subject and will undergo an orientation which shall include the following:

- List of authorized FTOs
- Department's command staff
- EMS Coordinator
- Review Department Policies/Procedures
- Review Region V Policies/Procedures
- Review Statewide Treatment Protocols
- Review pertinent OEMS regulations and Administrative Requirements (A/R's)
- ALS/BLS interface course
- Hospital Destinations for routine transports;
 - o Trauma POE
 - o Cardiac POE
 - o Stroke POE
 - o Other POE
- Review Dispatch and radio communications & C-MED procedures
- Familiarization of ambulances and equipment
- Medication and Equipment stocking and restocking procedures/requirements

- Mandatory reporting requirements and documentation location.

Mentoring Policy:

All new employees/paramedics shall be precepted by a qualified FTO/PM at the ALS level for a minimum of three (3) months. During the three (3) month time frame the new employee shall act as the lead paramedic and assess a minimum of thirty (30) patients, with a least 75% being at the ALS level. All patient contacts run reports (PCR) shall be reviewed on a one on one basis by the ASA/designee and the AHMD/designee.

The new employee shall demonstrate sufficient experience and competency at the ALS level. In the event that the new employee's evaluations or the PCR's do not demonstrate sufficient experience or competency, the new employee shall be ordered to continue the mentoring processor and complete any remedial training as suggested by the AHMD/designee for an additional thirty (30) days intervals not to exceed (1) year. The new employee/paramedic must successfully complete the requirements within 1 year from the date of the initiation of the mentoring program. Any circumstances (I.E. Fire Academy, Illness, Injury) which allow mentoring to exceed the one year requirement shall mutually agreed upon by the AHMD and the ASA and documented.

In the event circumstances prevent the acquisitions of the above minimum thirty (30) patient assessments, the new employee shall continue the mentoring process for an additional thirty (30) day intervals not to exceed one (1) year from date of the initiation of the mentoring program. In lieu of patient contacts, the affiliate hospital medical director may allow a scenario based simulation lab assessment. Such decision must be mutual agreed upon by the affiliate hospital medical director and the ambulance service administrator. Such simulations shall be recorded so that all parties are able to review the performance of the individual.

Mentoring Responsibilities:

FTO Procedures:

- Be honest and objective
- Document intern hours
- Critique each call upon completion
- Complete all evaluation forms clearly and define strengths and weaknesses
- Address all clinical/performance deficiencies immediately and make necessary reporting/documentation requirements set forth by the department.

New Employee/Paramedic (Intern) Responsibilities.

- Must maintain all credentials as outlined in the prerequisites and/or department regulations.
- Shall never be assigned as a single paramedic on a shift and shall be assigned to a qualified FTO during the mentoring process.
- Shall continually review the Statewide Treatment protocols
- Shall participate in a daily evaluation with the FTO and understand their strengths and weaknesses.



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Date: _____

New Employee: _____ Cert #: _____

FTO: _____ Cert #: _____

Total # of Calls: _____ Total # of ALS: _____ Total # of BLS: _____

1 * Doesn't Meet Standard 2 – Satisfactory (will improve with experience) 3 – Proficient
** All "1" must be documented why this score was received. All deficiencies must be corrected and documented*

A. Appearance	1	2	3
Comments (Mandatory):			

B. Preparatory	1	2	3
Comments (Mandatory):			

C. Knowledge	1	2	3
Comments (Mandatory):			

D. Clinical Assessments:	1	2	3
Comments (Mandatory):			

E. Treatment	1	2	3
Comments (Mandatory):			

F. Communications	1	2	3
Comments (Mandatory):			

G. Documentation	1	2	3
Comments (Mandatory):			

Field Training Officer/EMS Coordinator Reviewed:

Print Name: _____ Signature: _____ Date: _____

Appearance:

1. **Does not meet standard:** The candidate routinely is unprepared for the shift. Personal hygiene is lacking, appearance does not meet expectations or department requirements, and personal equipment is missing. The employee's attitude is unprofessional and/or arrogant.
2. **Satisfactory:** The candidate routinely is prepared for the shift. The uniform is neat and meets departments guidelines, the employee demonstrates confidence and compassion; has all needed personal equipment.
3. **Proficient:** The candidate routinely is prepared for the shift and usually arrives early. The uniform is neat and meets departments guidelines, the employee demonstrates confidence and compassion; has all needed personal equipment.

Preparatory:

1. **Does not meet standard:** The candidate does not check for preparedness and readiness. Does not complete the daily check sheet completely. Does not ensure adequate supplies. Does not fill out or complete narcotic log. Does not report any deficiencies.
2. **Satisfactory:** The candidate does check unit for preparedness and readiness. Performs a complete daily check sheet. Ensures adequate supplies. Adequately identifies vehicle problems and corrects them or reports them. Cleans vehicle after each use and prepares it for next response.
3. **Proficient:** The candidate consistently exceeds standards by thoroughly checking all aspects of the unit for functionality and need. Thoroughly cleans the exterior and interior of the ambulance without directive. Prepares the unit for the next response in an efficient manner.

Knowledge:

1. **Does not meet standard:** The candidate demonstrates significant gaps in didactic and clinical knowledge. The candidate is unwilling to participate in the end of day critique and has an unwillingness to learn. Clinical skills are inefficient and/or ineffective. Does not have a working knowledge of the protocols. Does not perform adequate and consistent patient assessments.
2. **Satisfactory:** The candidate can effectively identify disease pathophysiology. Recognizes gaps in knowledge and takes steps to correct the deficiencies. Exhibits a desire to learn from FTO. Has a working knowledge of Statewide Treatment protocols and Point of Entry (POE) plans. Effective patient assessments.
3. **Proficient:** The candidate consistently exceeds standards by demonstrating a highly proficient knowledge of Emergency medicine. Has a good basis of EMS knowledge. Is always willing to listen and be advised by FTO. Recognizes self limitations and consistently works to overcome them. Has a thorough working knowledge of Statewide Treatment protocols.

Clinical Assessment

1. **Does not meet standard:** The candidate routinely improperly assesses the patient. Does not have a clear concept of differential disease processes, cannot differentiate between acute and non-acute patients. Cannot isolate the chief complaint. Consistently defies the FTO and questions his/her judgment.
2. **Satisfactory:** The candidate can effectively identify disease pathophysiology. Recognizes probable causes for patient's current condition. Is able to identify acute patients versus non acute patients. Respects FTO input and applies it in a constructive fashion.
3. **Proficient:** The candidate demonstrates keen assessment skills. Predominately is able to look at the elements of present illness and apply the findings to the working assessment. Demonstrates a keen ability to differentiate between an acute patient and a non-acute patient.

Treatment:

1. **Does not meet standard:** The candidate does not recognize treatment errors. Inappropriately delays treatment. Does not correct inappropriate actions. Does not follow Statewide Treatment Protocols, or is unable to justify deviations. Applies blanket treatment regardless of presenting conditions.
2. **Satisfactory:** The candidate can effectively treat the patient according to the patient's present condition and utilizing the Statewide Treatment protocols. Is able to identify incorrect treatments and correct them. If a deviation from protocols occurs, the candidate has either consulted medical control or is able to justify the action in the best interest of the patient. Is aware of consequences of treatment.
3. **Proficient:** The candidate treats the patient considering all consequences. Consistently is confident in treating in the best interest of the patient. Is able to multitask and process several events simultaneously. Interacts with medical control when appropriate.

Communication/Documentation

1. **Does not meet standard:** The candidate is unable to communicate current status of unit, patient, or call in a clear consistent fashion. Unable to provide a detail report to the receiving facility. Purposely deceives ED staff to support previous treatment. Unwilling to communicate difficulties to FTO. Documentation is unclear and lacks format and detail. Does not document patient responses to therapeutic interventions or purposely omits therapeutic responses requiring documenting.
2. **Satisfactory:** The candidate consistently is able to communicate current status of unit, patient, or call in a clear and concise fashion. Is able to "paint" a clear scenario to medical control and/or the receiving facility. The candidate has a good working knowledge of CMED and other means of communication. Consistently provides adequate documentation, always documents responses on PCR's.

3. **Proficient:** The candidate appropriately uses of all forms of EMS communication. Demonstrates a strong working knowledge of all Pre-Hospital communication. Documents all calls thoroughly and is well versed in the department's documentation procedures.