

100092.02 Teaching Staff

(a)

Each training program shall have a program medical director who is a physician currently licensed in the State of California, has experience in emergency medicine and has education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to the following: (1) Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy. (2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program. (3) Approval of hospital clinical and field internship experience provisions. (4) Approval of principal instructor(s).

(1)

Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

(2)

Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

(3)

Approval of hospital clinical and field internship experience provisions.

(4)

Approval of principal instructor(s).

(b)

Each training program shall have a program director who is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position, and have a minimum of three (3) years academic or clinical experience in prehospital care education. Duties of the program director shall include, but not be limited to the following:(1)

Administration, organization and supervision of the educational program. (2) In coordination with the program medical director, approve the principal instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation. (3) Ensure training program compliance with this chapter and other related laws. (4) Sign all course completion records. (5) Ensure the preceptor(s) are trained according to the curriculum in subsection (h)(4).

(1)

Administration, organization and supervision of the educational program.

(2)

In coordination with the program medical director, approve the principal instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional

objectives, and approve all methods of evaluation.

(3)

Ensure training program compliance with this chapter and other related laws.

(4)

Sign all course completion records.

(5)

Ensure the preceptor(s) are trained according to the curriculum in subsection (h)(4).

(c)

Each training program shall have a principal instructor(s), who is responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall meet the following criteria: (1) Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California. (2) Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E, herein incorporated by reference; and (3) Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree. (4) Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

(1)

Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.

(2)

Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education

Standards DOT HS 811 077 E, herein incorporated by reference; and

(3)

Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.

(4)

Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

(d)

A Principal Instructor may also be the program medical director or program director.

(e)

Each CCP training program shall have a principal instructor(s) who is either licensed in California as a physician with knowledge in the subject matter, a registered nurse knowledgeable in the subject matter, or a paramedic with current CCP certification or a flight paramedic (FP) certification from the International Board of Specialty Certification (IBSC) Board for Critical Care Transport Paramedic Certification (BCCTPC).

(f)

Each training program may have a teaching assistant(s) who has training and experience to assist with teaching the course. The teaching assistant(s) shall be supervised by a principal instructor, the program director and/or the program medical director.

(g)

Each training program may have a clinical coordinator(s) who is either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in

California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the program clinical coordinator shall include, but need not be limited to, the following: (1) The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as described in Section 100092.04. (2) Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contacts established by the program as required for continued CAAHEP accreditation. (3) The tracking of student internship evaluation and terminal competency documents.

(1)

The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as described in Section 100092.04.

(2)

Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contacts established by the program as required for continued CAAHEP accreditation.

(3)

The tracking of student internship evaluation and terminal competency documents.

(h)

Each paramedic training program shall have a field preceptor(s) who meets the following criteria: (1) Be a certified or licensed paramedic; and (2) Be working in the field as a certified or licensed paramedic for the last two (2) years; and (3) Be under the supervision of a principal instructor, the program director and/or the program medical director; and (4) Have completed a field preceptor training program approved by the LEMSA in accordance with CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency

Medical Services Professions (2015) which is hereby incorporated by reference. Training shall include a curriculum that will result in preceptor competency in the evaluation of paramedic students during the internship phase of the training program and the completion of the following: (A) Conduct a daily field evaluation of students. (B) Conduct cumulative and final field evaluations of all students. (C) Rate students for evaluation using written field criteria. (D) Identify ALS contacts and requirements for graduation. (E) Identify the importance of documenting student performance. (F) Review the field preceptor requirements contained in this Chapter. (G) Assess student behaviors using cognitive, psychomotor, and affective domains. (H) Create a positive and supportive learning environment. (I) Measure students against the standards of entry level paramedics. (J) Identify appropriate student progress. (K) Counsel the student who is not progressing. (L) Identify training program support services available to the student and the preceptor. (M) Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.

(1)

Be a certified or licensed paramedic; and

(2)

Be working in the field as a certified or licensed paramedic for the last two (2) years; and

(3)

Be under the supervision of a principal instructor, the program director and/or the program medical director; and

(4)

Have completed a field preceptor training program approved by the LEMSA in accordance with CAAHEP Standards and Guidelines for the Accreditation of Educational

Programs in the Emergency Medical Services Professions (2015) which is hereby incorporated by reference. Training shall include a curriculum that will result in preceptor competency in the evaluation of paramedic students during the internship phase of the training program and the completion of the following: (A) Conduct a daily field evaluation of students. (B) Conduct cumulative and final field evaluations of all students. (C) Rate students for evaluation using written field criteria. (D) Identify ALS contacts and requirements for graduation. (E) Identify the importance of documenting student performance. (F) Review the field preceptor requirements contained in this Chapter. (G) Assess student behaviors using cognitive, psychomotor, and affective domains. (H) Create a positive and supportive learning environment. (I) Measure students against the standards of entry level paramedics. (J) Identify appropriate student progress. (K) Counsel the student who is not progressing. (L) Identify training program support services available to the student and the preceptor. (M) Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.

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Conduct cumulative and final field evaluations of all students.

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Rate students for evaluation using written field criteria.

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Identify the importance of documenting student performance.

(F)

Review the field preceptor requirements contained in this Chapter.

(G)

Assess student behaviors using cognitive, psychomotor, and affective domains.

(H)

Create a positive and supportive learning environment.

(I)

Measure students against the standards of entry level paramedics.

(J)

Identify appropriate student progress.

(K)

Counsel the student who is not progressing.

(L)

Identify training program support services available to the student and the preceptor.

(M)

Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.

(i)

Each training program shall have a hospital clinical preceptor(s) who shall meet the following criteria: (1) Be a physician, registered nurse or physician assistant currently licensed in the State of California. (2) Have worked in emergency medical care services or areas of medical specialization for the last two (2) years. (3) Be under the supervision of a principal instructor, the program director, and/or the program medical director. (4) Receive training in the evaluation of paramedic students in clinical settings. Instructional tools may include, but need not be limited to, educational brochures, orientation, training programs, or training videos. Training shall include the following components of instruction:(A) Evaluate

a student's ability to safely administer medications and perform assessments. (B) Document a student's performance. (C) Review clinical preceptor requirements contained in this Chapter. (D) Assess student behaviors using cognitive, psychomotor, and affective domains. (E) Create a positive and supportive learning environment. (F) Identify appropriate student progress. (G) Counsel the student who is not progressing. (H) Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous material. (I) Instructors of tactical casualty care (TCC) topics shall be qualified by education and experience in TCC methods, materials, and evaluation of instruction.

(1)

Be a physician, registered nurse or physician assistant currently licensed in the State of California.

(2)

Have worked in emergency medical care services or areas of medical specialization for the last two (2) years.

(3)

Be under the supervision of a principal instructor, the program director, and/or the program medical director.

(4)

Receive training in the evaluation of paramedic students in clinical settings.

Instructional tools may include, but need not be limited to, educational brochures, orientation, training programs, or training videos. Training shall include the following components of instruction: (A) Evaluate a student's ability to safely administer medications and perform assessments. (B) Document a student's performance. (C) Review clinical preceptor requirements contained in this Chapter. (D) Assess student

behaviors using cognitive, psychomotor, and affective domains. (E) Create a positive and supportive learning environment. (F) Identify appropriate student progress. (G) Counsel the student who is not progressing. (H) Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous material. (I) Instructors of tactical casualty care (TCC) topics shall be qualified by education and experience in TCC methods, materials, and evaluation of instruction.

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Evaluate a student's ability to safely administer medications and perform assessments.

(B)

Document a student's performance.

(C)

Review clinical preceptor requirements contained in this Chapter.

(D)

Assess student behaviors using cognitive, psychomotor, and affective domains.

(E)

Create a positive and supportive learning environment.

(F)

Identify appropriate student progress.

(G)

Counsel the student who is not progressing.

(H)

Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous material.

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Instructors of tactical casualty care (TCC) topics shall be qualified by education and experience in TCC methods, materials, and evaluation of instruction.