

CALIFORNIA COMMUNITY PARAMEDIC EDUCATION STANDARDS

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EXECUTIVE SUMMARY

The *California Community Paramedic Education Standards* outline the minimum competencies for a new generation of community paramedics in California. These *Education Standards* have been designed to provide a baseline of knowledge and abilities to allow safe, effective practice while allowing for local development of curriculum and implementation based on the need of the agency or region in which community paramedics are deployed.

This document provides guidance to educators in developing effective and relevant curricula, as well as to local EMS Agencies (LEMSAs) responsible for reviewing and approving local educational programs.

The *Education Standards* are broken into five specific areas of focus. Within each standard are topic areas that must be covered in a comprehensive manner. While the community paramedic scope of practice is not different from the basic field paramedic, several topics will be new – and at times, challenging – for providers to acquire and understand as they transition to their new roles.

References for the standards are provided where possible. Additional resources are provided for educators to help develop meaningful and effective curricula in training the first generation of community paramedics in California. As it was with the dawn of modern EMS in the 1970s, community paramedic development will rely on interdisciplinary educators and subject matter experts to form the foundation of education needed for effective practice.

Finally, it is essential to note that emergency medical services continue to be, at its core, part of the safety net for health care to the California's most vulnerable populations. This document was developed when issues of diversity, equity and inclusion surfaced to the forefront of American society. It is critical that community paramedics recognize and understand how their professional practice is affected by their own bias and be motivated to help their future clients overcome intrinsic health care barriers and enjoy better physical and mental health.

The CALIFORNIA COMMUNITY PARAMEDIC EDUCATION STANDARDS was developed according to the provisions of Division 2.5, Chapter 13, Section 1830(a) of the Health and Safety code (AB 1544) and fulfills the requirement for minimum standards and curriculum for the development of community paramedic programs and program specialties. This document was drafted and reviewed by the advisory committee formed pursuant to Health and Safety Code section 1825.

INTRODUCTION AND HISTORY OF COMMUNITY PARAMEDICINE IN CALIFORNIA

The term “community paramedic” was first used in the United States in 2001 as a potential model of improving rural health care. By 2017 there were 129 community paramedicine programs in 34 states and the District of Columbia. Other states had been studying the feasibility of community paramedics through pilot projects. The California EMS Authority submitted its application to evaluate community paramedicine to the California Office of Statewide Health Planning and Development (OSHPD) in 2013. The pilot was approved in 2014, paving the way for twenty projects in 14 communities to operate and collect data about their effectiveness. The pilot projects evaluated seven different concepts for the practice of community paramedicine.

1. **Post-Discharge – Short-Term Follow-Up:** Provide short-term, home-based follow-up care to people recently discharged from a hospital due to a chronic condition (e.g., heart failure) to reduce their risk of readmission and improve their ability to manage their condition.
2. **Frequent EMS User:** Provide case management services to people who are frequent 911 callers and frequent visitors to EDs to identify needs that could be met more effectively outside of an ED, and assist patients in accessing primary care, mental health services, substance use disorder services and other services.
3. **Directly Observed Therapy for Tuberculosis:** In collaboration with a public health agency, provide directly observed therapy (DOT) to people with tuberculosis (i.e., dispense medications and observe patients taking them) to ensure effective treatment of tuberculosis and prevent its spread.
4. **Hospice:** In response to 911 calls made by or on behalf of hospice patients, collaborate with hospice agency nurses, patients and family members to treat patients in their homes according to their wishes instead of transporting them to an ED.
5. **Alternate Destination – Mental Health:** In response to 911 calls, offer people who have mental health needs but no acute medical needs transport directly to a mental health crisis center instead of to an ED with subsequent transfer to a mental health facility.
6. **Alternate Destination – Urgent Care:** In response to 911 calls, offer people with low-acuity medical conditions transport to an urgent care center for evaluation by a physician instead of to an ED.
7. **Alternate Destination – Sobering Center:** In response to 911 calls, offer people who are acutely intoxicated but do not have acute medical or mental health needs transport directly to a sobering center for monitoring instead of to an ED.

78 paramedics received education and training for their expanded roles through a pilot education program developed by the University of California Los Angeles Center for Prehospital Care. An analysis of the pilot projects was conducted by the University of California San Francisco concluded that Californians benefited from a workforce that was already in the community, was cost effective in providing novel forms of care, and did not displace any other health care providers in the process. There were no adverse effects to patients with any of the projects.

In 2020, Assembly Bill 1544 was signed into law by the California Governor, authorizing local EMS agencies to develop community paramedicine programs in accordance with regulations to be developed by the EMS Authority. Those regulations are expected to be in effect by the end of 2022.

ABOUT THE CALIFORNIA COMMUNITY PARAMEDICINE (CCP) EDUCATION STANDARDS

Given the wide-ranging scope of the CP Pilot Programs, it can be safely assumed that future CP programs will remain quite varied. This makes a statewide “one size fits all” approach to a CP educational program – i.e., a curriculum – limited in its effectiveness. The purpose of the *Education Standards* is to provide a framework for acquiring knowledge and abilities for the CP to be able to function effectively in an expanded practice environment. The CCPES will allow for diverse implementation methods to meet local needs.

INFLUENCES ON THE CCP EDUCATION STANDARDS

The field of community paramedicine is young and rapidly evolving. National level documents such as the *EMS Agenda 2050* and the *Revised National EMS Education Standards* point to the expanding role of community paramedics within the health care system. The National EMS Scope of Practice Model identifies the role of community paramedics in nontraditional practice areas. An Institute of Medicine report points to the role of EMS in rural public health. These reports form the underlying framework for the community paramedics of today and in the future.

The *Revised Education Standards* significantly expanded the depth and breadth of knowledge for paramedics in public health, behavioral health, and chronic disease management in anticipation of their evolving role and integration into the national health care system. Already licensed paramedics may have acquired knowledge about these topic areas through experience and continuing education.

The role and function of the CP is closely aligned with those of the community health worker (CHW), especially around assessment, client-centered practices and interacting with at-risk populations. As a result, this first generation of education standards has its roots in CHW education.

Other states such as Texas and Colorado have pioneered community paramedicine in their local healthcare systems and have developed education programs that prepare their EMS practitioners for their role as CPs. The CCP-ES draws upon their experience in training CPs.

The original UCLA community paramedic education pilot program also provided a basis for developing these education standards. The pilot program trained over 70 community paramedics to function in the CP pilot programs.

As community paramedicine continues to evolve, there may be a time when formal certification becomes a reality. At the time of these education standards, the International Board of Specialty Certifications (IBSC) hosts an evaluation process to certify community paramedics. While it is not clear if a national certification process will become reality, many of the IBSC domains of learning for community paramedic were incorporated into the CCP-ES.

CORE COMPETENCIES

The California Community Paramedic Education Standards provides a core framework of knowledge and abilities that each community paramedic should acquire before practicing in their new environment. There are five standards:

- *Standard I: Foundations of Community Paramedicine* encompasses the foundational knowledge on which the other education standards rest.
- *Standard II: Cultural Humility, Equity and Social Justice within Healthcare* provides the community paramedic the tools and perspectives necessary to sustain a successful practice within disadvantaged populations and communities.

- *Standard III: Interdisciplinary Collaboration and Systems of Care Navigation* prepares the CP to successfully integrate their role within an interdisciplinary care team and to navigate often complex systems of care.
- *Standard IV: Client-centered Care* provides the knowledge and tools needed by the CP to meet the client where they are and respect the environment in which they operate.
- *Standard V: Community and Public Health* prepares the CP to work collaboratively and effectively within the community and public health infrastructure.

Within each education standard are topic areas that are to be covered in an approved curriculum. How each topic is covered is the purview of the local educator tasked with developing a curriculum.

The California Community Paramedic Education Standards describes the behavioral competencies associated with the function of the community paramedic. The work that the CP performs is decidedly client-centered, as compared to provider-centered care that a basic paramedic provides during an emergency call. The CP also works within an interdisciplinary team of providers, which might include not only nurses and physicians, but also case managers, physical therapists, palliative care specialists mental/behavioral health providers, Adult Protective Services, payors, other social service providers.

Most importantly, the CP will serve the state’s most vulnerable populations in helping to manage their care. The CP must embody a foundational understanding of the principles of health equity, cultural humility, client advocacy and social justice to render services in an effective and meaningful way.

DIFFERENCES BETWEEN EDUCATION STANDARDS AND CURRICULA

Education standards describe the topic areas to be covered in a discipline, which enable the provider to perform the tasks in a competent manner. A curriculum prescribes how the information is to be disseminated, and how learning is assessed. Curricula contains the student learning outcomes, learning objectives, lesson plans and evaluation tools that the educator needs to teach the education standards.

This document explicitly avoids the limitations of incorporating a curriculum into state regulations. Doing so would potentially limit the fast-moving evolution of the discipline. As well, a “one size fits all” prescriptive curriculum would run the risk of not adequately covering the goals of a specific program that is not yet realized.

The lack of specific curricula may initially be frustrating to those seeking a simple solution. However, the education standards allow for the flexibility needed to ensure the right depth and breadth of information is provided to the CP so that they can practice effectively within that program. For example, the CP who is responsible for monitoring the weight and dietary intake of post-discharge congestive heart failure patients may need a simple breadth and depth understanding of behavioral health concerns that their patients may experience. Conversely, the CP who is working within an interdisciplinary team to manage a homeless population with multiple mental health diagnoses would require a more in-depth curriculum to perform a diagnostic mental health exam.

WHAT’S NOT ADDRESSED BY THE CCP EDUCATION STANDARDS

This document does not address certain issues that may be associated with community paramedicine. These include:

- Minimum entry requirements for community paramedics
- CP certification and accreditation requirements
- Continuing education requirements
- Required knowledge and skills specific to a local CP program

EDUCATION STANDARDS INFRASTRUCTURE

The Community Paramedic Education Standards are structured in the same way as the 2021 National EMS Education Standards, with modifications based on the roles and scope of practice of the community paramedic. Each section identifies a core competency, minimum content, supporting educational infrastructure necessary to achieve competency, and the elements of clinical education that undergird teaching and learning of community paramedics. The principles of health equity and social justice are threaded throughout the standards.

Health Equity Lens

The foundations of the community paramedic practice are health equity and social justice. The community paramedic recognizes that access to high quality healthcare and opportunities to achieve positive health outcomes are not equally distributed in society. Disparities in health outcomes based on race, age, language access, ability status, economic status, social class, region, mental health and sexual orientation, impact individuals and communities and have a detrimental effect on societal and economic prosperity. The community paramedic strives to achieve health equity through client-centered care (Standard IV) and community advocacy (Standard V). Community paramedics infuse cultural humility, the lifelong, self-reflective praxis of listening to clients and communities across cultural differences and involves the patient in care decisions (Standard II). Using a cultural humility framework also allows the community paramedic to consider implicit biases that may intrude into the assessment and management of clients and communities in the development of recommendations, education or care plans (Standard III).

Instructor Qualifications

Community paramedic educators must be from multiple disciplines because of the interdisciplinary nature of the practice. Instructors in a community paramedic program should be sufficiently trained through education and experience in evidence-based teaching methodologies and equity pedagogy as described in the next section. Subject matter experts from public and community health are essential instructors in approved programs as indicated in each of the five education standards.

Pedagogy

Much like the practice of the community paramedic is founded in equity, the educational methodology of the community paramedic program is founded in equity pedagogy. This takes into account learning differences among the students who are studying to become a community paramedic and empowers them to be advocates of clients and agents of social change. Equity pedagogy involves the use of cooperative learning groups, problem based/case based/simulation-based learning activities, and guided activities that promote self-regulated learning and long-term retention. Evidence-based education practices such as distributed (spaced) learning, interleaving, and retrieval practice should be employed in both assignments and evaluations of student learning. Students must also be able to evaluate and use available evidence and theory in their practice (praxis). Competency evaluations focus on the assessment of social and clinical reasoning skills as indicated in each one of the five community paramedic education standards.

Education Program Hours Versus Competency

While defining the length of a community paramedicine education program in hours may appear to be straightforward, deciding what those hours should be is much more complex. The number of participants, the number of assignments outside the classroom, and the access to specialist educators and clinical resources all play a factor in determining the number of hours needed to conduct a course. Educators look for achieving competency with the learning objectives and student learning outcomes, which are in turn informed by the education standards.

The UCLA community paramedicine education pilot required participants to complete approximately 150 hours to accomplish competency in the core program. Several pilot sites added additional hours specific to their program. This included pre-course assignments and homework. An analysis of a post class survey indicated that most participants thought that more time was needed. A review of community paramedic programs across the nation indicated a range of 120 – 250 hours or more.

A community paramedic core education program should be at least 150 hours in length. These hours can – and should be a combination of classroom hours, out of classroom assignments, standardized patient experiences, clinical experiences, and internship.

Clinical Education

The clinical education of the community paramedic is the capstone experience during which the student applies praxis in a medical social environment. This provides the opportunity for the student to put into action the shift from a medical model in the traditional role of a paramedic to the medical-social model of the community paramedic using a client-centered approach. The program will allow sufficient time and experience for the student to demonstrate basic competencies in client-centered assessment and management, community needs assessment, development of care plans and advocacy, using tools that reflect cultural humility and center around social justice.

CALIFORNIA COMMUNITY PARAMEDICINE EDUCATION STANDARDS

STANDARD I: FOUNDATIONS OF COMMUNITY PARAMEDICINE

Foundations of Community Paramedicine	
Education Standard	The roles and responsibilities of the community paramedic are informed by a foundational knowledge of provision of healthcare in the United States, and the impact of social determinants of health upon client care.
Elaboration of Knowledge	<ul style="list-style-type: none"> • Overview of the US and California healthcare systems and reimbursement • Overview of Public Health • Overview of community health • Effect of the Affordable Care Act on development of community paramedicine nationally and in California • Roles of the community paramedic • Community paramedic scope of practice • Legal and ethical issues in client- and community-centered care • Chronic disease management • Subacute disease management • Personal safety and wellness • IBSC certification • Research in evidence-based practice
Clinical Behaviors and Judgments	<ul style="list-style-type: none"> • Understand relationship of the system of care as a CP within public health • Advocate for client and the health care team through equity lens • Maintain a healthy workplace stressor balance
Education Infrastructure	<ul style="list-style-type: none"> • Public Health educator(s), epidemiologist(s), subject matter expert(s), community paramedic (experienced) • Instructional support material, evidence-based references

STANDARD II: CULTURAL HUMILITY, EQUITY, AND SOCIAL JUSTICE WITHIN HEALTHCARE

Cultural Humility, Equity, and Social Justice within Healthcare	
Education Standard	The community paramedic utilizes cultural humility, equity, and social justice as the foundation of client- and community-centered care.
Elaboration of Knowledge	<ul style="list-style-type: none"> • Social determinants of health • Biomedical ethics • History of discrimination in healthcare in the US • Equity versus equality • Implicit bias • Disparities in healthcare access and health outcomes by age, race, gender, ethnicity, language, ability status, socioeconomic status, mental health, and community • Cultural humility as a framework for public health and community paramedic practice • Roles of the culturally effective community paramedic • Trauma informed care
Clinical Behaviors and Judgments	<ul style="list-style-type: none"> • Critical self-reflection and self-critique to examine biases toward clients and/or communities • Application of evidence-based tools and models for practicing cultural humility in client-centered care • Connect with culturally diverse/aware community partners • Application of culturally effective community paramedic as community advocate • Access qualified interpreter services for language access and communication with clients and the community
Education Infrastructure	<ul style="list-style-type: none"> • Public Health educator with training and/or experience on equity, diversity and inclusion, EMS community paramedic educator, experienced community paramedic • Learning activities that promote self-reflection practices and mindset

STANDARD III: INTERDISCIPLINARY COLLABORATION AND SYSTEMS OF CARE NAVIGATION

Interdisciplinary Collaboration and Systems of Care Navigation	
Education Standard	The community paramedic cooperatively works within community systems of care to advocate for clients and/or participate in interdisciplinary efforts to ensure coordinated, client-centered care.
Elaboration of Knowledge	<ul style="list-style-type: none"> • Healthcare coordination • Systems of care navigation • Outreach and advocacy for target and at-risk populations • Client referral • Documentation across disciplines • Overview of: <ul style="list-style-type: none"> - Nutrition - Palliative care - Hospice care - End of Life care - Home health vs. home care - Mental health care
Clinical Behaviors and Judgments	<ul style="list-style-type: none"> • Collegial communications with interdisciplinary team members • Appreciative inquiry with care team partners • Interdependent relationships with team members • Recognizing strengths and limitations of a community paramedic within a care team • Appropriate referrals and system navigation
Education Infrastructure	<ul style="list-style-type: none"> • Appropriate interdisciplinary instructors. Examples include care coordinator, discharge team coordinator, hospitalist, pulmonologist, endocrinologist, nurse practitioner, community paramedic, hospice coordinator, emergency department care manager/social worker, or outreach coordinator • Teaching methods include presentations by appropriate representatives, field trips, review of client care records, assigned readings

STANDARD IV: CLIENT-CENTERED CARE

Client Centered Care	
Education Standard	The community paramedic assesses, formulates, and revises a client-centered health management plan.
Elaboration of Knowledge	<ul style="list-style-type: none"> • Client approach and the biopsychosocial assessment • Motivational interviewing • Interventional techniques • Crisis intervention • Client assessment, referral, and education • Creating a care plan • Implementing a care plan • Resources for client case management • Service coordination and client counseling • Documentation and follow up • Embedding cultural humility practices in client case management
Clinical Behaviors and Judgments	<ul style="list-style-type: none"> • Core proficiency in health assessment, referral, health education, service coordination, and client-centered counseling • Creates resource map and examines web of resources • Creates outreach strategies to connect client/community to resources
Education Infrastructure	<ul style="list-style-type: none"> • Community paramedic educator, program medical director or related physician resource • Resources specific to program mission, such as social services, behavioral health experts, case managers

STANDARD V: COMMUNITY AND PUBLIC HEALTH

Community and Public Health	
Education Standard	The community paramedic actively participates in protecting the health of the community through public health activities such as planning, response, and monitoring.
Elaboration of Knowledge	<ul style="list-style-type: none"> • Population based care • Health equity across populations • Epidemiology • Public Health mission • Community health/needs assessment • Public health disaster response • Prevention • Isolation and quarantine • Public education • Interagency communications
Clinical Behaviors and Judgments	<ul style="list-style-type: none"> • Engages in public health planning and implementation • Develops resources that aid in public health responses • Coordinates and implements mass events
Education Infrastructure	<ul style="list-style-type: none"> • Appropriate interdisciplinary instructors. Examples include representatives of appropriate public health agencies, public health educators, minority-serving clinics, epidemiologists. • Teaching methods include presentations, desktop exercises, ride-alongs, task training

GLOSSARY

Accreditation – granting approval by an official nongovernmental review board. Review is collegial and based on self and peer assessment.

Certification – issuing of a certificate by a private agency based upon competency standards adopted by that agency and met by the individual

Competency – expected behavior/knowledge to be achieved within defined practice.

Core Competency- set of intellectual, personal, social, and emotional proficiencies needed to engage in deep lifelong learning.

Cultural Humility- lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.

Curriculum – a course of study in a specialized field traditionally including detailed lesson plans.

EMS Agenda 2050- NHTSA document describes vision for evidence-based, data driven EMS that is integrated with the nation's healthcare system.

Equality – sameness; everyone is provided with the same resources, support, etc.

Equity – fairness and justice in opportunity and access; everyone is provided what is needed to succeed/achieve goal; recognizes that people do not start from the same place in society.

Equity pedagogy- multicultural education in the classroom thereby equipping students with skills which help them be facilitators for social change, i.e. healthcare.

National EMS Scope of Practice Model – defines the scope of practice of the various levels of EMS licensure.

OSHPD - office of Statewide Health Planning and Development. OSHPD improves access to quality healthcare for Californians. We ensure hospital buildings are safe, offer financial assistance to individuals and healthcare institutions, and collect and publish healthcare data.

Pedagogy - method and practice of teaching. Art, science, or profession of teaching.

Praxis - a form of critical thinking. Comprises the combination of reflection and action.

Revised National EMS Education Standards – NHTSA document that defines the education standards for each EMS licensure level.

Social Justice – goodness guiding the development of institutions that are social in nature and provide access to beneficial services from the standpoint of health and wellness.

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EDUCATION RESOURCES

RESOURCES MODULE I: FOUNDATIONS OF COMMUNITY PARAMEDICINE

Literature

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