

**Northwest Community Healthcare Paramedic Program
PATH TO LICENSURE COMPARRISONS - S2020**

We continue to get reports about inconsistent information being communicated to paramedic students – now Provisional Certificate Paramedic Apprentices. The fluid nature of what is needed this year and the number of people that must be on the same page, especially when we can be talking about the same thing and using very different language make it critically important that everyone understands the requirements the same way.

The major modifications allowed this year are explained in the **COVID-19 playbook and System memos 393 & 394** (posted to System website).

If requirements are still unclear, perhaps a side to side comparison chart will help. See below.

Let's start with this: Almost **nothing about previous paramedic student internships is the same this year due to the COVID-19 pandemic and newly authorized changes by IDPH, our Advisory Committee, the EMS MD, CoAEMSP, and NREMT.** Disregard previous requirements followed re: a Paramedic Field Internship.

All involved (nurse educators, PEMSCs, qualified partners, and Provisional Paramedics) must know and follow the instructions below or we will continue to have misunderstandings and graduation requirements will not be met in a timely manner.

Orientation	Still required
Orientation form complete and all initials/signatures present	Should have been done at beginning of Phase 1 in March before internships suspended
Completed ambulance inventory form (Drug & Supply List 1/11/20)	

OLD Requirements	NEW THIS YEAR ONLY
Each paramedic student intern requires one or more approved preceptors	Each expanded scope EMT or Provisional paramedic (PP) requires one or more approved qualified partners as defined in the COVID-19 playbook and System memo 393.
Total internship time: At least 300 hours between Phase 1 and 2 plus 8 hours for phase meetings	Total capstone time: At least one month (~10 shifts) riding as an expanded scope EMT and/or PP in a Capstone experience where competent leadership skills are developed and 8 acceptable real patient ALS team lead runs are completed. Time may be expanded per individual needs and call volumes.
Phase I: Progress Report and meeting	Eliminated
Critique forms and blinded (PHI redacted) ePCRs (completed by student) for a minimum 15 runs (10 ALS): At least one each category: respiratory, cardiac, medical, and trauma with ECG strips attached if applicable. Drug cards for prescription drugs pt taking.	Phase 1 eliminated as a prerequisite to Capstone experience. All real pt calls and skills completed during Phase I before internships were suspended may be logged into Fisdap to count toward Appendix G requirements. Submit blinded PCRs and Critique forms to Jen Dyer (per instructions) to ensure credit in Fisdap. No drug cards required this year No student was approved to act as a team leader during Phase I, thus NO leadership runs completed during Phase 1 are accepted. If student had completed Phase 1 and had been advanced to Phase 2 prior to internship suspension, leadership calls from that time are acceptable.
ePCR for actual or simulated Policy-related calls: ALS adult refusal; Behavioral emergency w/ restraints and Petition form; Relinquished newborn; Child Abuse w/ DCFS report; Critical peds.	Eliminated
Hours log: Required	Required: Must show # of hrs done in Phase 1 before internship suspended

PHASE II: Team Leader – OLD requirements	NEW: Capstone experience as an expanded scope EMT or Provisional Paramedic (PP) Apprentice
Critique forms and blinded (PHI redacted) ePCRs (completed by student) for a minimum of 20 patients (15 ALS) where student was team leader. At least one from each category: respiratory, cardiac, medical, and trauma w/ECG strips attached if applicable. Submit more runs than required to allow for EMSC/educator discretion in approved calls. Drug Cards required.	Critique forms and blinded (PHI redacted) ePCRs (completed by expanded scope EMT/PP) for a minimum of 8 approved complex real ALS patients requiring critical thinking and problem solving where Expanded Scope EMT or PP was team leader. Submit to assigned hospital EMSC/educator. No BLS, refusals, or triple zero calls will count toward the 8 required ALS team leads but will count towards Appendix G requirements. Submit ECG strips if applicable; NO DRUG CARDS All calls completed while an expanded scope EMT or PP may count toward Appendix G requirements. Log into Fisdap and submit PCRs and critique forms as instructed to Jen Dyer to get appropriate credit.

PHASE II: Team Leader – OLD requirements	NEW: Capstone experience as an expanded scope EMT or Provisional Paramedic (PP) Apprentice
ePCR for actual or simulated Policy-related calls: Critical trauma transport to Level I; Minor pt refusing transport; Override; Pt w/ POLST; pulse present; Significant exposure (needle stick)	Eliminated
Hours log required	Required for time riding as an Expanded Scope EMT and Provisional Paramedic Apprentice
Face to face Phase 2 completion meeting with student, preceptor and assigned nurse EMSC/educator	Face to face meeting or conference call with PP, qualified partner and assigned nurse EMSC/educator to discuss and approve 8 ALS team lead calls and determine/document entry level competency as a paramedic.
Phase II Progress Report form completed after all requirements met or internship discontinued. Form must be signed by HEMSC/educator, PEMSC, and preceptor.	Required after 8 fully acceptable ALS team lead calls are approved and determination is made that PP meets safe, entry-level paramedic requirements. Phase 2 Form used due to familiarity and inclusion of cognitive, psychomotor, affective, and leadership evaluations. If phone meeting, RN may get verbal permission from partner and agency PEMSC to sign form on their behalf.
Summative Field Internship Evaluation with all signatures present	Summative Capstone Experience Evaluation Required: Verbal permission may be obtained to sign for partner and PEMSC. EMS MD signature required.
Appendix G - Fisdap final report of patient care contacts and skill performance (generated by J. Dyer) is complete and fully meets requirements.	Required: Must have all minimum patient care contacts and skills logged to graduate. For expectations this year -see below.
Terminal competency form required with all signatures	Required with all signatures

Amended Capstone experience and Student Portfolio S2020: Each student must complete the following to graduate:

- 6 scripted self-videotaped ALS assessments graded as acceptable (done)
- 6 complex simulated ALS calls demonstrating leadership skills (final practical exam) with passing grade (done)
- 8 real-patient complex ALS calls demonstrating critical thinking and problem solving and entry-level competence as a PM plus team leadership skills. Will accept calls completed while working under EMT expanded scope privileges or a Provisional Paramedic Certificate.
- Successful completion of Appendix G (amended minimum numbers of skills, pt types and ages), and competencies tracked through the labs, clinicals and capstone field experience in Fisdap software. Minimums approved by EMS MD/endorsed by Advisory Committee), provided to students.

Completing Appendix G this year:

1. Expanded scope EMT/PP will participate in Capstone Apprenticeship activities with an ALS provider agency under the direct supervision of a qualified partner and functioning as the team leader for at least one month (10 shifts) and until the 8 real patient ALS Team Lead calls are complete and entry level competency as a PM has been demonstrated.
2. **All runs** completed during that time should be entered as real patients into Fisdap and logged as patient encounters by age, diagnosis, and skills performed.
3. When time and 8 leadership calls are accepted, assess Appendix G report to see if all contacts/skills are complete.

If shortfalls persist:

4. Complete outstanding assessments/skills that meet the needed age, condition, or skills in a complex simulated scenario.
5. **Options for simulation completion:**
 - a. May be done with the qualified partner observing the assessments/skills performed (this must include actual skill performance and not a verbal explanation of what they would do) and documenting completion on the Procedure Manual skill sheets and submitted to Jen Dyer or;
 - b. PPs may be videotaped per instructions given by Mike Gentile and the video submitted to him for scoring and documentation of completion of the skills performance record from the procedure manual.
6. **PPs:** Log all patient care contacts, ages, diagnoses, and/or skills into Fisdap. Enter high stakes simulations as “real” pt so it appears in Table 1. **For this year only: We are accepting simulated calls for “live” patient encounters as long as they have 8 solid real patient ALS team leads. The exception will be noted in each student’s file for future reference.**