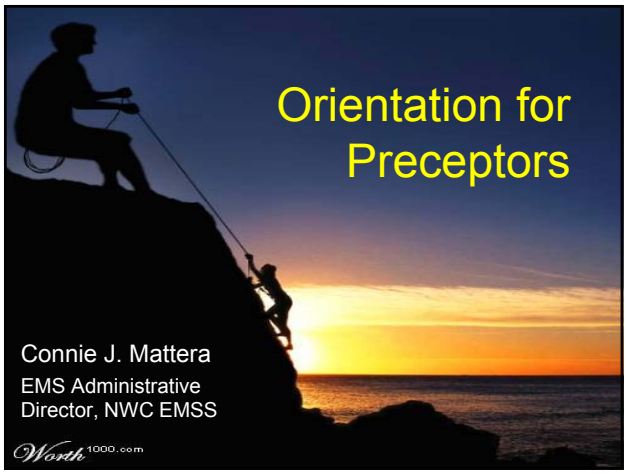
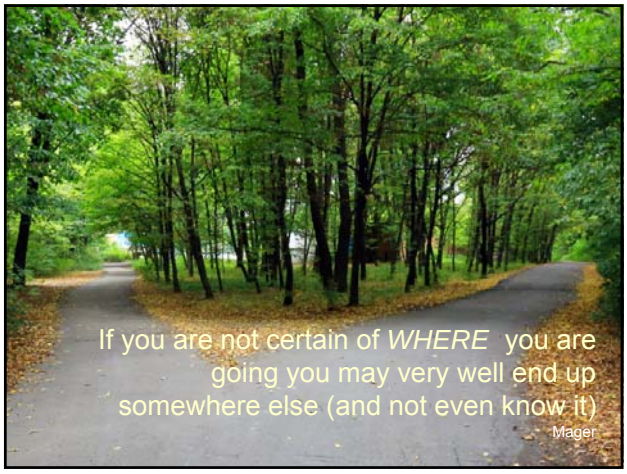


Preamble

Expectations and ground rules
Leave baggage at the door
All engaged & participate; thinking required!
Avoid distractions



Content

- Environment driving change in education & practice
- Our program of instruction; goals & objectives
- Adult learners and adult learning theory
- Learning contracts and outcome measures
- Methods for planning a learning experience
- Roles and responsibilities of the preceptor in general and specific situations
- Strategies for evaluating performance and giving feedback; criteria for evaluation; conflict resolution
- EMS 215: Sequencing, expectations, forms and documents

Environment driving change in education & practice

EMS 2050 AGENDA
Envision the Future

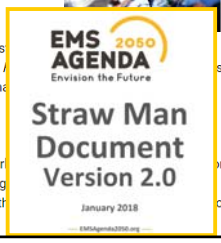
EMS Agenda 2050 is a collaborative and inclusive two-year project to create a bold plan for the next several decades. EMS Agenda 2050 will solicit feedback from members of the EMS community to write a new Agenda for the Future that envisions innovative possibilities to advance EMS systems.

History

Twenty years ago, pioneers and leaders in the EMS indus
and evidence-based systems in the *EMS Agenda for the*
worked tirelessly to fulfill the vision set out in that landm

What's Happening Now

Throughout 2017 and 2018, the EMS community will wor
the future of EMS. Community members, stakeholder org
encouraged to get involved in writing a new Agenda for t
the next thirty years of EMS system advancement.



What's driving changes in the System's strategic plan?

Home / Events / EMS 3.0 Summit

EMS 3.0 Summit

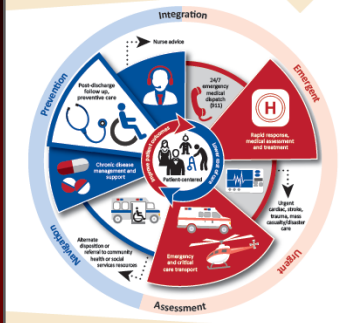
Tuesday, April 10, 2018 (full-day program with luncheon) – Hilton Crystal City, Arlington, Virginia

Learn strategies to navigate healthcare change. Integrated, value-based patient care is the cornerstone of our evolving healthcare system. To thrive, EMS agencies must expand their services to provide the full spectrum of out-of-hospital patient care – emergent, urgent and preventive.

This year's Summit will present "profiles in courage" case studies of EMS agencies that have expanded their services. Lessons learned including best practices, as well as pitfalls and challenges, will be discussed. Hear directly from EMS leaders who have made the 3.0 model work for their agencies and communities.

EMS 3.0

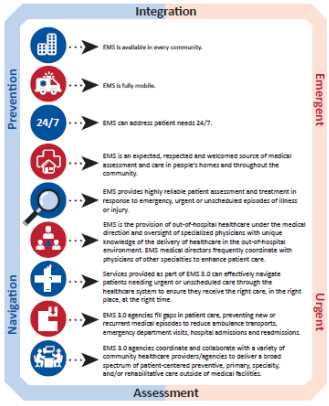
Our nation's healthcare system is transforming from a fee-for-service model to a patient-centered, and value and outcomes-based model, known as "Healthcare 3.0." Emergency Medical Services (EMS) can contribute to this transformation by filling gaps in the care continuum with 24/7 medical resources that improve the patient care experience, improve population health, and reduce healthcare expenditures – this is "EMS 3.0."



EMS is uniquely positioned to support our nation's healthcare transformation by assessing and navigating patients to the right care, in the right place, at the right time. EMS 3.0 can help our nation achieve its healthcare goals.

NAEMT

EMS 3.0 can help transform our nation's healthcare system by filling gaps in the care continuum with 24/7 medical resources that improve the patient care experience, improve population health, and reduce healthcare expenditures. Here's how:



National EMS Scope of Practice Model Revision Project

Expert Panel

Request for Feedback!

NATIONAL EMS SCOPE OF PRACTICE MODEL REVISION 2018

- **NASEMSO Press Release**: Request for Comments on Revised Portions in the 2007 National EMS Scope of Practice Model (12/12/17)
- **Download**: National EMS Scope of Practice Model Revision, Draft 2 (12/12/17)
- **Submit Comments**: Feedback should be submitted online. The comment period will conclude at **5:00 p.m. EST on Feb. 10, 2018**.

NHTSA to host March meeting at DOT Headquarters, Washington, D.C., to review findings of a systematic review of literature and conduct discussion on revising the National EMS Scope of Practice Model (SoPM)

(02/06/18) On Mar. 5-6, 2018, the National Highway Traffic Safety Administration (NHTSA) will host a meeting at DOT Headquarters in Washington, DC. This meeting represents the final in-person gathering of the subject matter expert panel for the revision of the 2007 National EMS Scope of Practice Model ("Model"). The goal of this meeting is to review the findings of the systematic review of the literature, public input gathered from two national engagement periods, and conduct discussions on revising the Model. More information on this project is available at www.emsscopeofpractice.org. Time will be set aside in the meeting to accept comments from the registered attendees. Due to space limitations, attendance at the meeting is limited to invited participants and those who register in advance. All attendees must bring government-issued identification to gain admittance to the DOT Building. Those who do not register in advance may

Sept. 15, 2017 (Falls Church, Virginia) The National Association of State EMS Officials (NASEMSO) announces the release of the **National Model EMS Clinical Guidelines, Version 2**. This set of clinical EMS guidelines is an updated and expanded version of the guidelines originally released in 2014. Version 2, completed Sept. 8, 2017, has undergone a comprehensive review and update of the original core set of 56 guidelines, and includes 15 new guidelines. (The list of 15 new guidelines can be found on page 7 of the document.) The effort was led by a core team from the NASEMSO Medical Directors Council, along with representatives from eight national EMS physician organizations, including: American College of Emergency Physicians (ACEP), National Association of EMS Physicians (NAEMSP), American College of Osteopathic Emergency Physicians (ACOEP), American Academy of Emergency Medicine (AAEM), American Academy of Pediatrics, Committee on Pediatric Emergency Medicine (AAP-COPEM), American College of Surgeons, Committee on Trauma (ACS-COT) and Air Medical Physician Association (AMPA). Co-Principal Investigators, Dr. Carol Cunningham and Dr. Richard Kamin, directed the 2017 project as well as the original 2014 endeavor. Countless hours of review and edits were contributed by subject matter experts and EMS stakeholders who responded with comments and recommendations during two public comment periods.

NATIONAL MODEL EMS CLINICAL GUIDELINES

The guidelines were created as a **resource** to be used or adapted for use on a state, regional or local level to enhance patient care. These model protocols are offered to any EMS entity that wishes to use them, in full or in part. The development of these guidelines was made possible by funding support from the National Highway Traffic Safety Administration, Office of EMS, and the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's EMS for Children Program. In addition, NASEMSO financially supported this undertaking, as did many project team members who volunteered their own time and talent to ensure this project was a success.

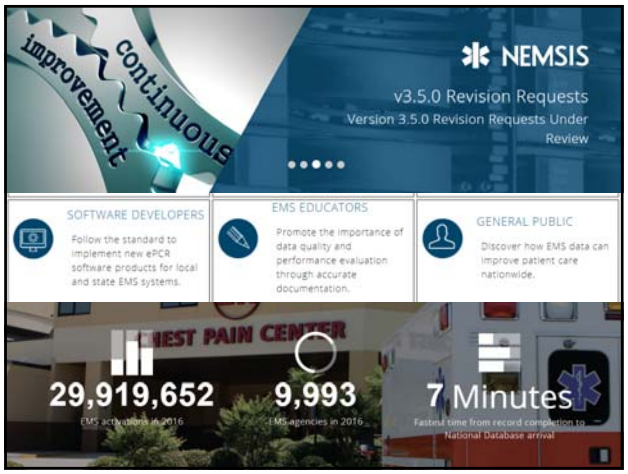
National Model EMS Clinical Guidelines, Version 2 Released Sept. 15, 2017

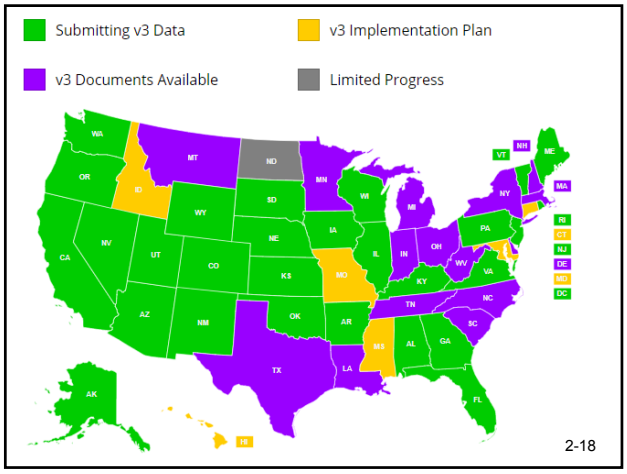
- The current version of the guidelines may be downloaded at National Model EMS Clinical Guidelines.
- Strategy for Integration (Sept. 15, 2017)
- NASEMSO Press Release (09/15/17)

The speed of technology expansion is exponential – moving faster than ever before in the history of mankind. Replacing generations of progress in months, weeks, and days.

www.ems.gov

Beyond EMS Data Collection: Envisioning an Information-Driven Future for Emergency Medical Services





What does this add up to?

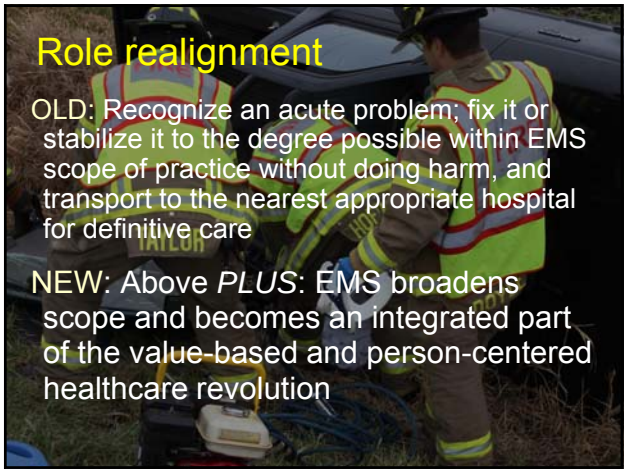
Paramedics are key links to bridge hospital and out-of-hospital care transitions

How are we preparing for this?

Coordinate care for all persons using multi-disciplinary teams including Mobile Integrated Healthcare (MIH) and Community Paramedics (CPs)


New paradigm in healthcare
Provide the **right care**, in the **right place**, at the **right time** based on **person needs & choice**, and at the **right cost**

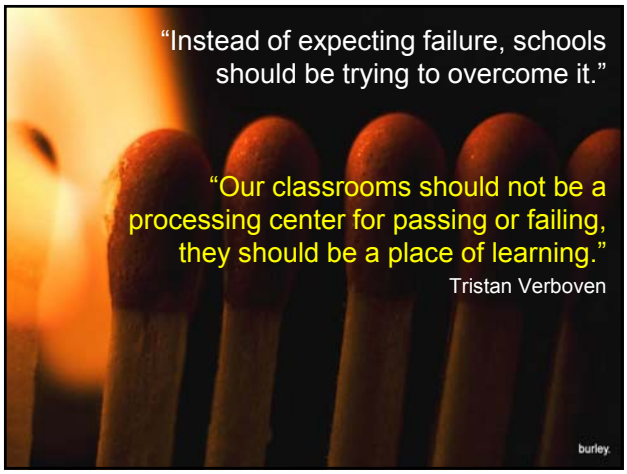

So, EMS education must change with the times and emphasize the integration of EMS within the overall health care system


Role realignment
OLD: Recognize an acute problem; fix it or stabilize it to the degree possible within EMS scope of practice without doing harm, and transport to the nearest appropriate hospital for definitive care
NEW: Above *PLUS*: EMS broadens scope and becomes an integrated part of the value-based and person-centered healthcare revolution


HUGE RESPONSIBILITY
Must be mentally, academically, physically, and emotionally prepared
Need strong knowledge & understanding of:
A&P; pathophysiology
Medications; complex procedures
Emotional support; ethics
Expected to think critically & make rapid judgments within scope of practice

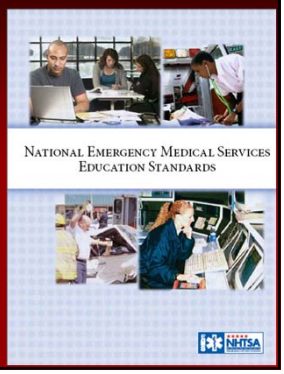

Our program of instruction: core classes, schedule by weeks; accreditations, 3 domains of learning; expected competencies of professional education


EDUCATION IS THE MOST POWERFUL WEAPON WE CAN USE TO CHANGE THE WORLD
- NELSON MANDELA



National Education Standards (2009)

- Pre- or co-requisites
- Guide program personnel in making decisions about material to cover
- Provides minimal terminal objectives for each level
- Clinical/field requirements



Our relationship with Harper College

Dual enrollment; taught at NCH; Harper credits
Certificate courses (38 credits); AAS degree

Instructional design

		Credit hours
EMS 110	EMT Education	9
Paramedic CERTIFICATE Program		
EMS 210	Preparatory (fall)	10
EMS 211	Med. Emerg I (fall)	5
EMS 212	Med. Emerg II (spring)	7
EMS 213	Trauma, special populations	6
EMS 217 & 218	Hospital Internship	3
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3
Total PM Certificate hours		38

In addition to EMS 110 and PM certificate coursework:
Required general education and support courses for the Associate in Applied Science (AAS) Emergency Medical Services Degree:

A grade of C or better in all BIO, EMS, (EMS 214 and EMS 215 with a grade of P), and NUR courses is required for all students.

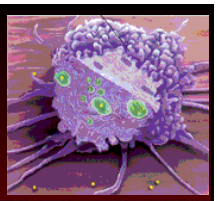
BIO 160	Human Anatomy	4
BIO 161	Human Physiology	4
Electives1		4
ENG 101	Composition	3
NUR 210	Physical Assessment	2
SOC 101+	Introduction to Sociology	3
SPE 101	Fund. of Speech Communication	3
Total credit hours for AAS degree		70

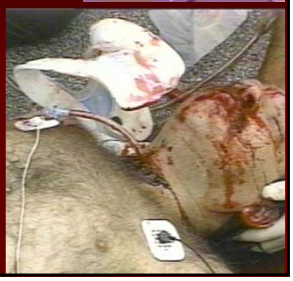
1Electives: BIO 130, CHM 100, HSC 104, or HSC 213
+ This course meets World Cultures and Diversity graduation requirement.

Core classes

EMS 210 - Preparatory

- EMS Systems
- Roles; professionalism
- Medical-legal; ethics
- Documentation
- Pathophysiology
- Fluids & electrolytes
- Assessment; airway, pharmacology, IV, drug administration





EMS 211 – Medical Emergencies

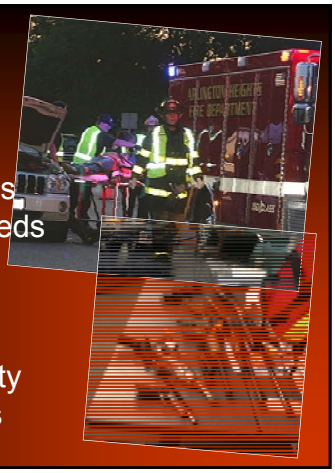
Acute & chronic respiratory
CV emergencies
ECG interpretation
Dysrhythmia & cardiac arrest management

EMS 212 – Medical emerg II

OB/Peds; elderly
Behavioral emergencies
Interpersonal violence
Endocrine; GI/GU
Med neuro
Hematopoietic system
Toxicology
Environmental
Infectious diseases

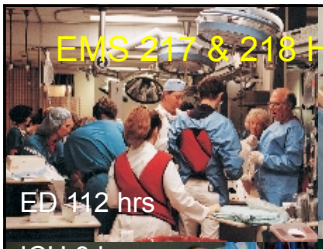
EMS 213

Kinematics
Shock
Trauma: all systems
Pts with special needs
Chronic illnesses
Death and dying
MPI management, haz mat; gun safety
Rescue awareness



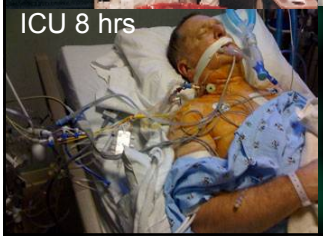
EMS 217 & 218 Hospital clinical

ED 112 hrs

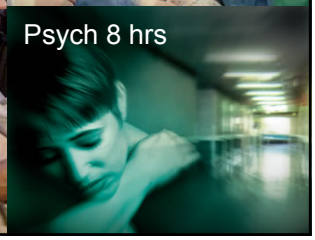


OR 16 hrs (5 tubes)

ICU 8 hrs

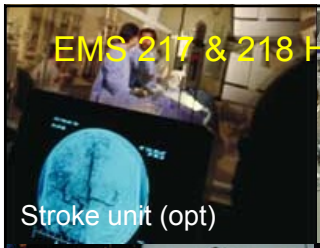


Psych 8 hrs



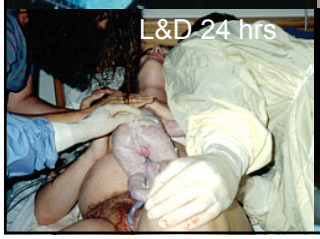
EMS 217 & 218 Hospital clinical

Stroke unit (opt)



Elective 8 hrs

L&D 24 hrs



Peds 24 hrs

EMS 215 – Field internship

Minimum 300 clock hours plus meetings
CoA prefers closer to 700 hours
Cannot begin until authorized in writing:
EMS 213 done
EMS 217 & 218 done except elective
Simulated PCRs done & approved
Preceptors approved: class, applications, agreements

EMS 216: Seminar

Class starts 3rd week in May

Prep for finals & NREMT practical

Program schedule by weeks

- Weeks 1-4: Classroom sessions
- Weeks 5-21: Class/clinical
- Week 21: Complete hospital clinical rotations
- Weeks 22-32: 3-2-18 Field internship
- Weeks 33-36: Paramedic seminar
- Week 37: Graduation! June 13, 2018

The Joint Commission

Higher Learning Commission North Central Association

Credible education is accredited

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

Accreditation evaluates programs relative to standards and guidelines developed by national communities of interest

Entry level competence assured by curricula standards, *national* accreditation, testing

CoAEMSP Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

The Northwest Community Healthcare Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs www.caahep.org upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.

CAAHEP Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP), verifies that the following program

Emergency Medical Services - Paramedic
Northwest Community Healthcare
Arlington Heights, IL

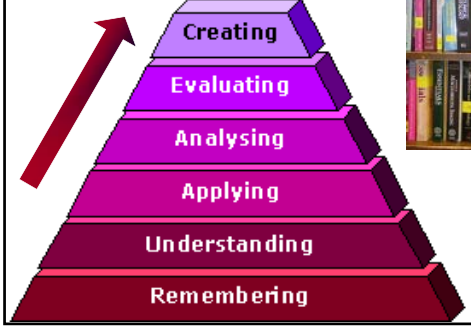
is judged to be in compliance with the nationally established standards and awarded initial accreditation on March 16, 2018, and expiring March 31, 2023.

Carolyn O'Daniel, EdD, RRT
President, CAAHEP

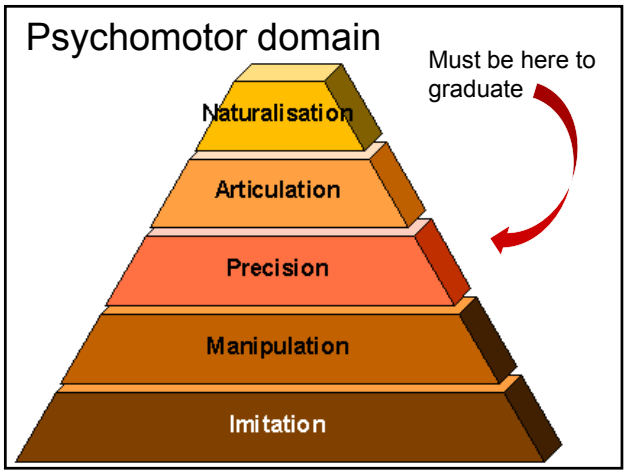
Thomas B. Brazelton III, MD, MPH, FAAP
Chair, CoA EMSP

Must show competency in 3 domains of learning

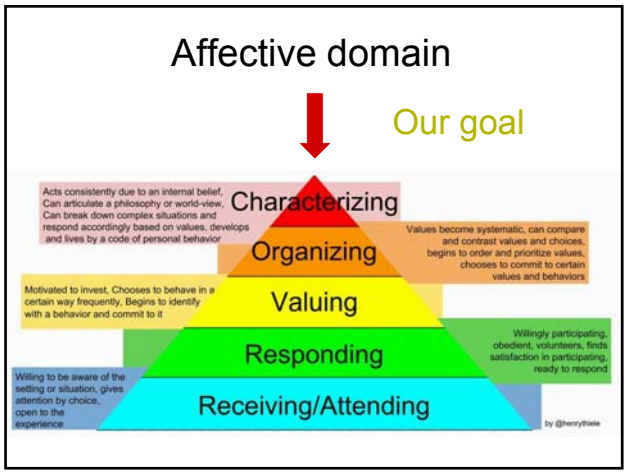
Cognitive domain



Psychomotor domain

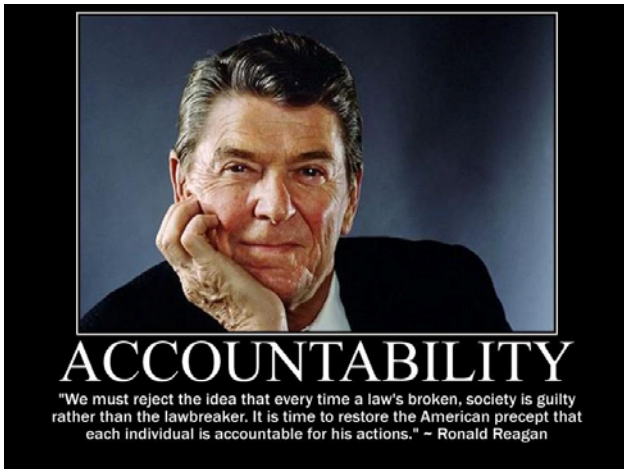


Affective domain



Professional behaviors

Professional identity
Ethical standards
Scholarly concern for improvement
Motivation for continued learning



Integrity

Very important!
Assumed by public
Honesty in all actions
What behaviors demonstrate integrity?

Ethics in patient care

Must prominently wear student ID

Pt may refuse to allow a student to perform a procedure

Limit # of invasive ALS skill attempts made by students

Emotional intelligence (EI)

Ability to recognize the meanings of emotions and their relationships and to reason and problem-solve on the basis of them
(Mayer, Caruso, & Salovey, 2000).

Goleman, 2002	Bar-on, 1997	Mayer-Salovey, 2000
Popular psychology Competency model • Self-awareness • Self-management • Social Awareness • Relationship mgt Exaggerated claims Unsubstantiated assertions Lacks empirical support Rock, 2012	Academic/commercial Mixed model of skills, competencies, & facilitators organized into 5-meta factors • Intrapersonal • Interpersonal • Stress management • Adaptability • General mood Lacks discriminate validity from Big 5 personality measures Uncorrelated to cognitive ability	Academic Ability model • Perceive emotion • Understand emotion • Manage emotion • Use emotions to facilitate thinking High reliability Good discriminate validity from Big 5 personality measures Correlated with cognitive ability

Value of EI to students

Self-assessment

Ability to perceive/understand emotions & motives in others and self-regulate own emotions

Improvement in non-verbal communication and listening skills

Pts must feel safe, secure, respected

Show sensitivity to those who are vulnerable

Ability to show empathy, consideration and care

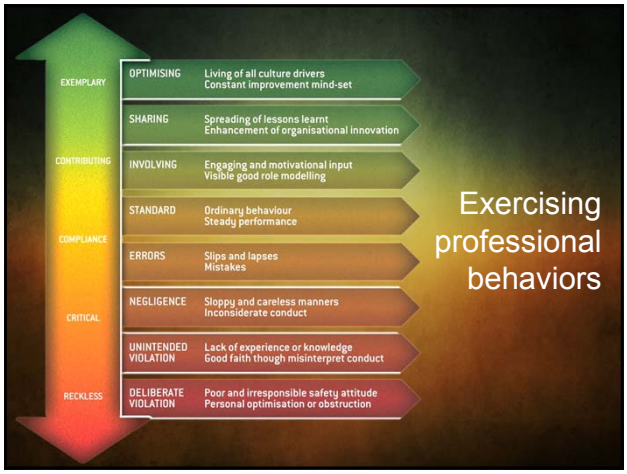
Patient advocacy

Defend patient's rights

Place patient's needs first unless safety threat

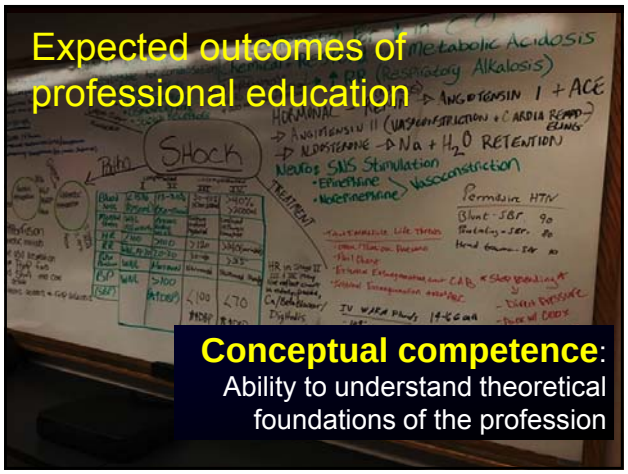
Disagree without being disagreeable

Protect confidentiality



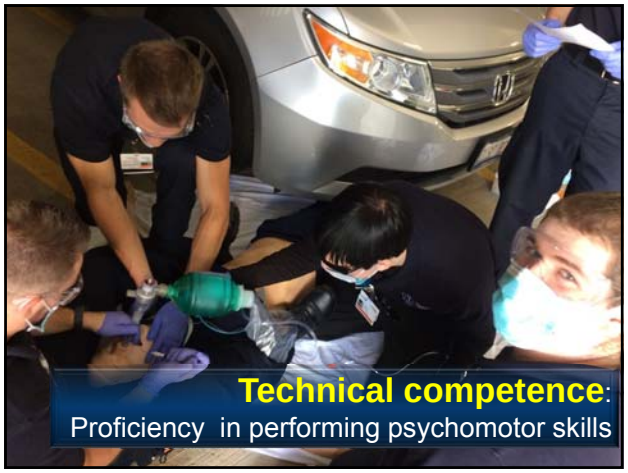
Outcome points for EMS Education:

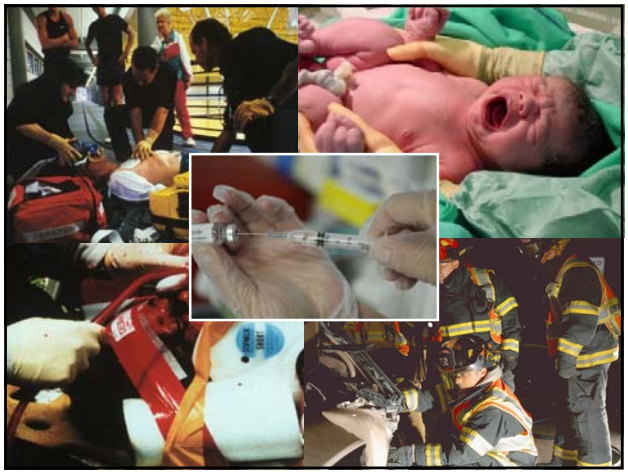
Graduates have achieved the competency in all three domains of learning required for practice that ensures the delivery of safe, timely, efficient, effective, equitable, compassionate and patient-centered care to serve the health care needs of the population.



Year Mod Exam ave. scores	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	EMS 213 Trauma Sp. Pop.	EMS 216 Seminar	Cum GPA written only
F15/S16 N=30	93.3	91.34	91.62	92.52	90.41	91.84
F16/S17 N=29-28	93	93.56	90.45	92.26	91.11	92.08
F17/S18 N 27	93.3	93.56	91.96			

Year Semester averages	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	EMS 213 Trauma Sp. Pop.	EMS 216 Seminar	Cum GPA
F15/S16 N=30	91.78	92.28	88.89	92.05	91.62	91.40
F16/S17 N=29-28	91.9	91.25	89.4	92.15	92.42	91.42
F17/S18 N 27	91.2	91.72	88.95			





Contextual competence:

Understand how EMS practice fits within greater whole of healthcare continuum

Ability to use conceptual and technical skills in right context, avoiding technical imperative

Integrative competence

Ability to take all other competencies and put them together to meld theory and practice

"Most importantly, I've learned that it takes more than knowing SOPs to be a proficient paramedic.

It takes being a good communicator and critical thinker.

We have to be good at interacting with several different individuals at once: dispatch, police, patients, family; filter through all of it and provide good patient care."

Adaptive competence: Ability to change with evolutions in EMS or in the care of one patient based on changing clinical presentations (move from 1 page of SOP to another)

Challenge for us all due to constant pace of change~

STANDARD OPERATING PROCEDURES/
STANDING MEDICAL ORDERS

NORTHWEST COMMUNITY EMS SYSTEM EDITION

Failure to adapt can have some serious consequences!

"It is much more difficult to come to a differential diagnosis than I thought it would be.

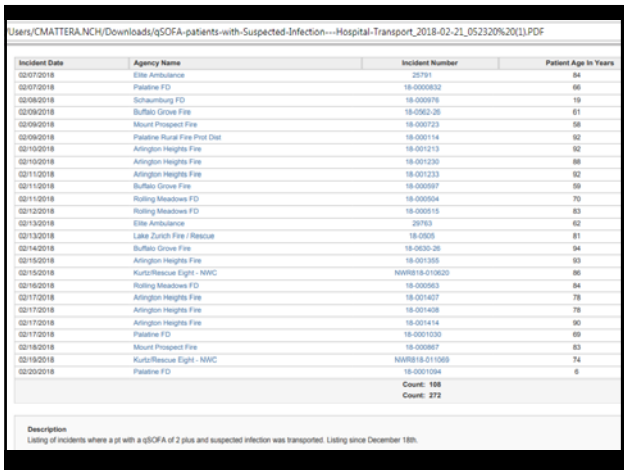
Patients do not follow the SOPs and you have to be able to switch between SOPs to treat them.

It could be very difficult to obtain a good history from patients."

Septic shock

2 or more qSOFA criteria (1st 3 points) plus points below should trigger a sepsis alert

- GCS < 15
- RR ≥ 22
- SBP ≤100
- EMS suspicion of infection
- $ETCO_2$ < 31


/Users/CMATTERA.NCH/Downloads/qSOFA-patients-with-Suspected-Infection---Hospital-Transport_2018-02-21_052320%20(1).PDF

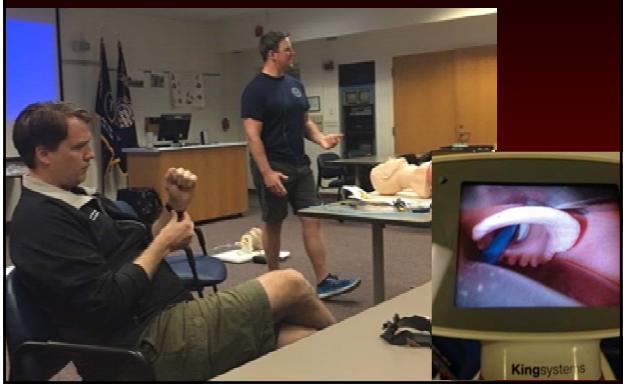
Incident Date	Agency Name	Incident Number	Patient Age In Years
02/07/2018	Elite Ambulance	25791	84
02/07/2018	Palatine FD	18-0000832	66
02/08/2018	Schaumburg FD	18-000976	19
02/09/2018	Buffalo Grove Fire	18-0562-26	61
02/09/2018	Mount Prospect Fire	18-000723	58
02/09/2018	Palatine Rural Fire Prot Dist	18-000114	92
02/10/2018	Arlington Heights Fire	18-001213	92
02/10/2018	Arlington Heights Fire	18-001230	88
02/11/2018	Arlington Heights Fire	18-001233	92
02/11/2018	Buffalo Grove Fire	18-000597	59
02/11/2018	Rolling Meadows FD	18-000504	70
02/12/2018	Rolling Meadows FD	18-000515	83
02/13/2018	Elite Ambulance	29763	62
02/13/2018	Lake Zurich Fire / Rescue	18-0505	81
02/14/2018	Buffalo Grove Fire	18-0630-26	94
02/15/2018	Arlington Heights Fire	18-001355	93
02/15/2018	Kurtz/Rescue Eight - NWC	NWR818-010620	86
02/16/2018	Rolling Meadows FD	18-000583	84
02/17/2018	Arlington Heights Fire	18-001407	78
02/17/2018	Arlington Heights Fire	18-001408	78
02/17/2018	Arlington Heights Fire	18-001414	90
02/17/2018	Palatine FD	18-0001030	69
02/18/2018	Mount Prospect Fire	18-000867	83
02/19/2018	Kurtz/Rescue Eight - NWC	NWR818-011069	74
02/20/2018	Palatine FD	18-0001094	6
		Count: 108	
		Count: 272	

Description
Listing of incidents where a pt with a qSOFA of 2 plus and suspected infection was transported. Listing since December 18th.

Drug changes

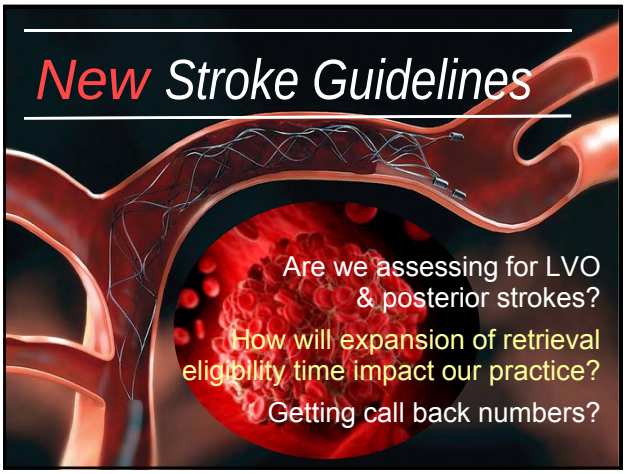
How well are we adapting to this one?

This one?



To these?

New Stroke Guidelines



Are we assessing for LVO & posterior strokes?

How will expansion of retrieval eligibility time impact our practice?

Getting call back numbers?

Teamwork and diplomacy

EMS is a team sport!

Must work well with others to achieve common goals

Team leader role crucial part of internship

Puts team success above own interest

Respect for all team members

Goals & objectives; learning contracts and outcome measures

General course objectives

Upon completion, graduates will demonstrate safe entry level competency in the following:
Assessing and observing appropriate safety precautions and triaging multiple patients.

Gaining patient access using a variety of tools and techniques.

Performing assessments.

Recognizing alterations from health.

Setting care priorities.

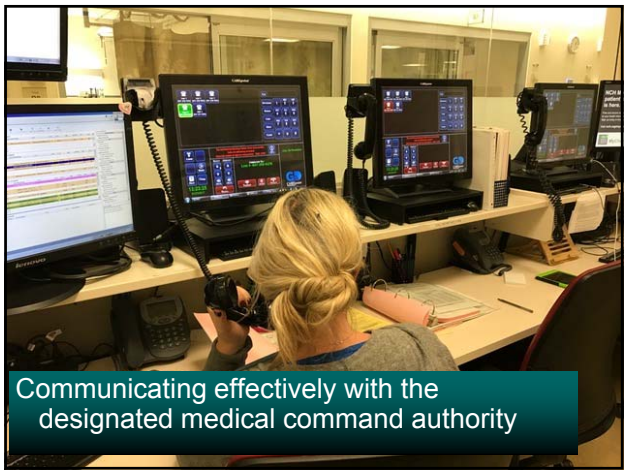
Coordinating efforts with other agencies.

Establishing rapport to decrease anxiety and meet emotional and physical needs.

General course objectives cont.

Providing care as prescribed by EMS MD.

Exercising critical judgment where OLMC has been delayed, interrupted or aborted.



Communicating effectively with the designated medical command authority

Giving interim reports as needed

Interhospital transfers:

- Obtaining medical record & transfer form
- Obtaining verbal report

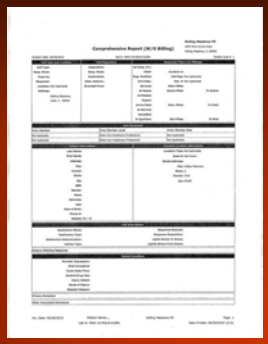
Documenting ***any*** delays

Effectively communicating with ***all*** involved

General course objectives cont.

Thoroughly documenting an ePCR using Image Trend software

Appropriately executing a Refusal of Service



General course objectives cont.

Maintaining inventories per Drug & Supply List.

Preparing equipment and supplies before and after each call.

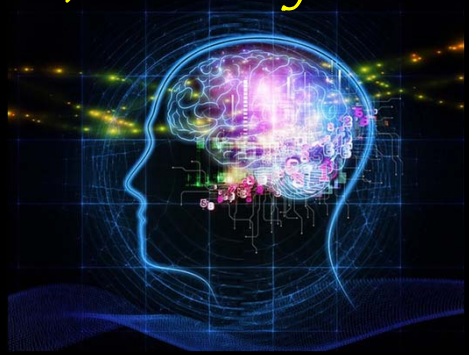
Adult learners and adult learning theory

Adult learners

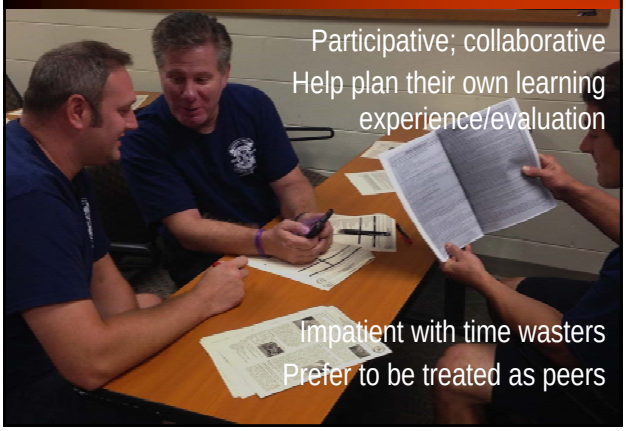
As the individual matures:

- Self concept moves from dependency to self-direction
- Growing reservoir of experience becomes a resource for learning
- Learning readiness becomes increasingly oriented to tasks of various social roles

We know what we are interested in knowing



Adult learner characteristics

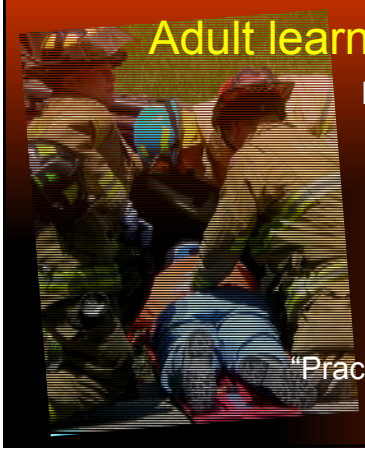


Need to know ***why*** they are being asked to learn something

Have them state consequences of not knowing

Clarify what they will be able to do better w/ knowing

Adult learners



Learning must be embedded in authenticity

Theory must have real world application

"Practice like we play"!

Experiential learning

Adult learners use "real world" experiences as a catalyst for learning

Benefits of experiential learning

Match new experiences with previous learning

Distill new values and knowledge

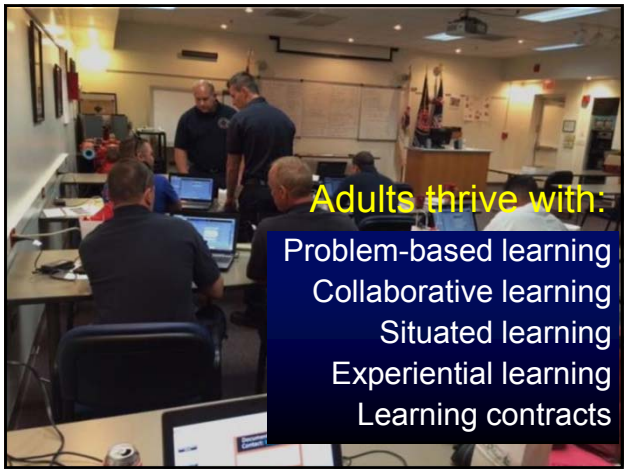
Try out new behaviors & acquire confidence and competence to do the job

How to use adult learning theory

Motivated to learn based on need

Involve in discovering value and relevance

Identify gaps in knowledge and skills



Adults thrive with:

Problem-based learning
Collaborative learning
Situated learning
Experiential learning
Learning contracts

Learning contracts (Knowles)

Building blocks to contract learning

- Syllabus communicates goals, objectives and outcome competencies to students & preceptors
- Objectives mapped to methods, materials, and outcome measures
- Students/preceptors sign agreements
- Achievement is evaluated & documented
- Validated by Terminal Competency forms
- Outcomes measured to determine if contracts fulfilled desired results

Outcome-based education Bridge to developing:

Lifelong learners
Knowledgeable persons with deep understanding
Complex thinkers
Creative persons
Active investigators
Effective communicators
Reflective and self-directed learners

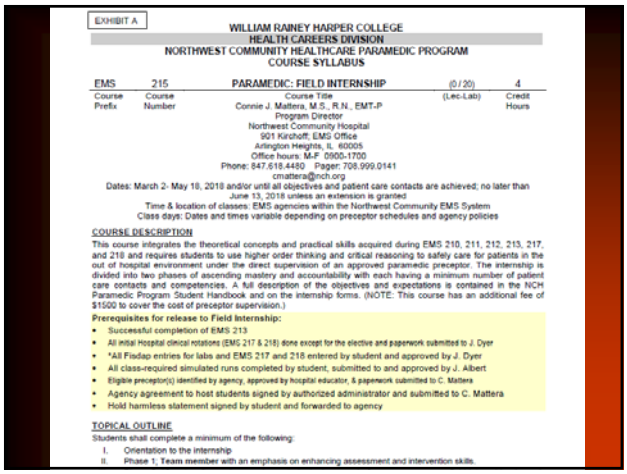


EXHIBIT A

WILLIAM RAINEY HARPER COLLEGE
HEALTH CAREERS DIVISION
NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM
COURSE SYLLABUS

EMS Course Prefix	215 Course Number	PARAMEDIC: FIELD INTERNSHIP Course Title	(0 / 20) (Lec-Lab)	4 Credit Hours

Connie J. Mattera, M.S., R.N., EMT-P
Program Director
Northwest Community Hospital
901 Kirchoff; EMS Office
Arlington Heights, IL 60005
Office hours: M-F 0800-1700
Phone: 847.618.4480 Pager: 708.999.0141
cmattera@nch.org

Dates: March 2- May 18, 2018 and/or until all objectives and patient care contacts are achieved; no later than June 13, 2018 unless an extension is granted
Time & location of classes: EMS agencies within the Northwest Community EMS System
Class days: Dates and times variable depending on preceptor schedules and agency policies

COURSE DESCRIPTION

This course integrates the theoretical concepts and practical skills acquired during EMS 210, 211, 212, 213, 217, and 218 and requires students to use higher order thinking and critical reasoning to safely care for patients in the out of hospital environment under the direct supervision of an approved paramedic preceptor. The internship is divided into two phases of ascending mastery and accountability with each having a minimum number of patient care contacts and competencies. A full description of the objectives and expectations is contained in the NCH Paramedic Program Student Handbook and on the internship forms. (NOTE: This course has an additional fee of $1500 to cover the cost of preceptor supervision.)

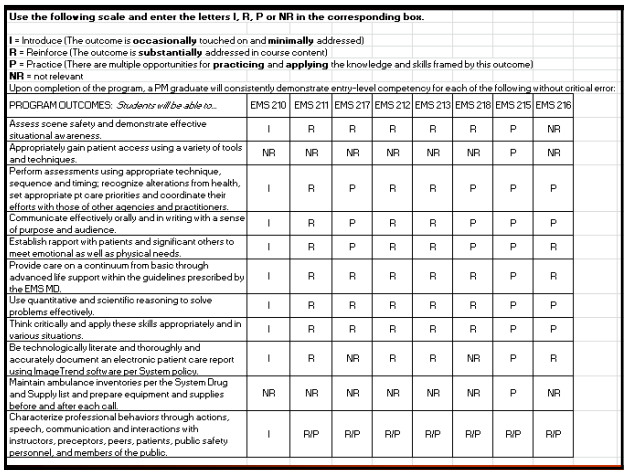
Prerequisites for release to Field Internship:

- Successful completion of EMS 213
- All initial Hospital clinical rotations (EMS 217 & 218) done except for the elective and paperwork submitted to J. Dyer
- *All Fisdap entries for labs and EMS 217 and 218 entered by student and approved by J. Dyer
- All class-required simulated runs completed by student, submitted to and approved by J. Albert
- Eligible preceptor(s) identified by agency, approved by hospital educator, & paperwork submitted to C. Mattera
- Agency agreement to host students signed by authorized administrator and submitted to C. Mattera
- Hold harmless statement signed by student and forwarded to agency

TOPICAL OUTLINE

Students shall complete a minimum of the following:

I. Orientation to the internship
II. Phase 1; **Team member** with an emphasis on enhancing assessment and intervention skills.

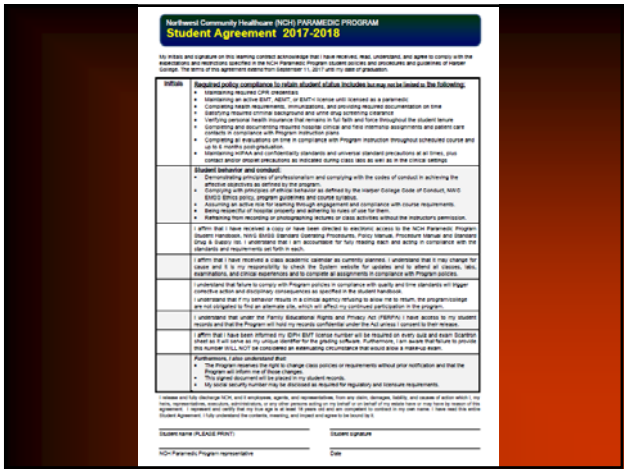


Use the following scale and enter the letters I, R, P or NR in the corresponding box.

I = Introduce (The outcome is **occasionally** touched on and **minimally** addressed)
R = Reinforce (The outcome is **substantially** addressed in course content)
P = Practice (There are multiple opportunities for **practicing** and **applying** the knowledge and skills framed by this outcome)
NR = not relevant

Upon completion of the program, a PM graduate will consistently demonstrate entry-level competency for each of the following without critical error:

PROGRAM OUTCOMES: *Students will be able to...*	EMS 210	EMS 211	EMS 217	EMS 212	EMS 213	EMS 218	EMS 215	EMS 216
Assess scene safety and demonstrate effective situational awareness.	I	R	R	R	R	R	P	NR
Appropriately gain patient access using a variety of tools and techniques.	NR	NR	NR	NR	NR	NR	P	NR
Perform assessments using appropriate technique, sequence and timing; recognize alterations from health, set appropriate pt care priorities and coordinate their efforts with those of other agencies and practitioners.	I	R	P	R	R	P	P	P
Communicate effectively orally and in writing with a sense of purpose and audience.	I	R	P	R	R	P	P	P
Establish rapport with patients and significant others to meet emotional as well as physical needs.	I	R	P	R	R	P	P	R
Provide care on a continuum from basic through advanced life support within the guidelines prescribed by the EMS MD.	I	R	R	R	R	R	P	R
Use quantitative and scientific reasoning to solve problems effectively.	I	R	R	R	R	R	P	P
Think critically and apply these skills appropriately and in various situations.	I	R	R	R	R	R	P	P
Be technologically literate and thoroughly and accurately document an electronic patient care report using Image Trend softw are per System policy.	I	R	NR	R	R	NR	P	R
Maintain ambulance inventories per the System Drug and Supply list and prepare equipment and supplies before and after each call.	NR	NR	NR	NR	NR	NR	P	NR
Characterize professional behaviors through actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.	I	R/P	R/P	R/P	R/P	R/P	R/P	R/P



Northwest Community Healthcare (NCH) PARAMEDIC PROGRAM
Student Agreement 2017-2018

My initials and signature on this training contract acknowledge that I have received, read, understand, and agree to comply with the expectations and restrictions specified in the NCH Paramedic Program student policies and procedures and guidelines of Harper College. The terms of this agreement extend from September 11, 2017 until my date of graduation.

Initials	
	Required policy compliance to retain student status includes but may not be limited to the following: • Maintaining required CPR credentials • Maintaining an active EMT, AEMT, or EMT-I license until licensed as a paramedic • Completing health requirements, immunizations, and providing required documentation on time • Satisfying Hospital criminal background and admitting screening clearance • Verifying personal health insurance that remains in full faith and force throughout the student tenure • Completing and documenting required hospital clinical and field internship assignments and patient care contacts in compliance with Program instruction plans • Completing all assignments on time in compliance with Program instruction throughout scheduled course and up to 6 months post-graduation • Maintaining HIPAA and confidentiality standards and universal standard precautions at all times, plus contact and/or droplet precautions as indicated during class labs as well as in the clinical settings
	Student behavior and conduct: • Demonstrating principles of professionalism and complying with the codes of conduct in achieving the effective objectives as defined by the program. • Complying with principles of ethical behavior as defined by the Harper College Code of Conduct, NWC EMSS Ethics policy, program guidelines and course syllabus. • Assuming an active role for learning through engagement and compliance with course requirements. • Being respectful of hospital property and adhering to rules of use for them. • Refraining from recording or photographing lectures or class activities without the instructors permission.
	I affirm that I have received a copy or have been directed to electronic access to the NCH Paramedic Program Student Handbook, NWC EMSS Standard Operating Procedures, Policy Manual, Procedure Manual and Standard Drug & Supply list. I understand that I am accountable for fully reading each and acting in compliance with the standards and requirements set forth in each.
	I affirm that I have received a class academic calendar as currently planned. I understand that it may change for cause and it is my responsibility to check the System website for updates and to attend all classes, labs, examinations, and clinical experiences and to complete all assignments in compliance with Program policies.
	I understand that failure to comply with Program policies in compliance with quality and time standards will trigger corrective action and disciplinary consequences as specified in the student handbook.
	I understand that if my behavior results in a clinical agency refusing to allow me to return, the program/college are not obligated to find an alternate site, which will affect my continued participation in the program.
	I understand that under the Family Educational Rights and Privacy Act (FERPA) I have access to my student records and that the Program will hold my records confidential under the Act unless I consent to their release.
	I affirm that I have been informed my EMTH EMT license number will be required on every quiz and exam Scantron sheet as it will serve as my unique identifier for the grading software. Furthermore, I am aware that failure to provide this number WILL NOT be considered an extenuating circumstance that would allow a make-up exam.
	Furthermore, I also understand that: • The Program reserves the right to change class policies or requirements without prior notification and that the Program will inform me of those changes. • This signed document will be placed in my student records. • My social security number may be disclosed as required for regulatory and licensure requirements.

I release and fully discharge NCH, and it employees, agents, and representatives, from any claim, damages, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this agreement. I represent and certify that my true age is at least 18 years old and am competent to contract in my own name. I have read this entire Student Agreement. I fully understand the contents, meaning, and impact and agree to be bound by it.

Student name (PLEASE PRINT): _____ Student signature _____

NCH Paramedic Program representative _____ Date _____

EXHIBIT B

Paramedic Student/Provider Agency
Memo of Understanding
EMS 215 Field Internship Student Attestations

Student name (PRINT): _____

Provider Agency: _____

The NCH Paramedic Program student agrees to abide by the following requirements while riding with the hosting provider agency during EMS 215 (Field Internship):

____ Adhere to provider agency rules and regulations regarding appearance, dress, hair style, body art and jewelry requirements/restrictions.

____ Comply with provider agency criminal background check requirements.

____ Comply with provider agency behavior/conduct rules and regulations.

____ Comply with provider agency student performance expectations throughout each phase of the internship. The student shall not drive nor operate an agency vehicle unless an employee of the agency.

____ Comply with provider agency procedures and policy related to preceptor assignment and intern sponsorship acceptance/denial criteria.

____ Comply with provider agency restrictions regarding ride time/visitor hours. Note: provider agency may restrict hours available to student based on station visitor policy, preceptor availability, special details, holidays, etc. The student intern may be restricted to riding between normal working hours or specific time slots.

____ Comply with any and all "Hold Harmless" agreements/contracts or liability waivers in place between NCH and the Provider Agency and others as required by the agency.

____ Review and comply with provider agency's Paramedic Job Description parameters.

Student initials indicate that requirements have been explained by the Provider Agency and understood by the student.

Student signature: _____

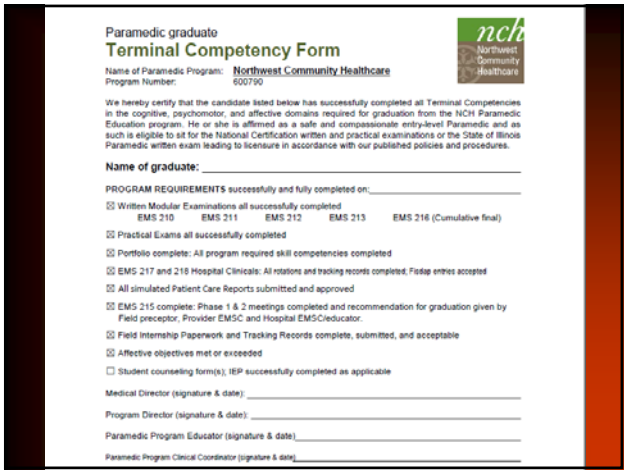
Agency representative name (PRINT): _____

Agency rep signature _____

Title: _____

Date: _____

CJM: 518



Paramedic graduate
Terminal Competency Form

Name of Paramedic Program: Northwest Community Healthcare
Program Number: 600790

We hereby certify that the candidate listed below has successfully completed all Terminal Competencies in the cognitive, psychomotor, and affective domains required for graduation from the NCH Paramedic Education program. He or she is affirmed as a safe and compassionate entry-level Paramedic and as such is eligible to sit for the National Certification written and practical examinations or the State of Illinois Paramedic written exam leading to licensure in accordance with our published policies and procedures.

Name of graduate: _____

PROGRAM REQUIREMENTS successfully and fully completed on: _____

☒ Written Modular Examinations all successfully completed
EMS 210 EMS 211 EMS 212 EMS 213 EMS 216 (Cumulative final)

☒ Practical Exams all successfully completed

☒ Portfolio complete: All program required skill competencies completed

☒ EMS 217 and 218 Hospital Clinicals: All rotations and tracking records completed; Fisdap entries accepted

☒ All simulated Patient Care Reports submitted and approved

☒ EMS 215 complete: Phase 1 & 2 meetings completed and recommendation for graduation given by Field preceptor, Provider EMSC and Hospital EMSC/educator.

☒ Field Internship Paperwork and Tracking Records complete, submitted, and acceptable

☒ Affective objectives met or exceeded

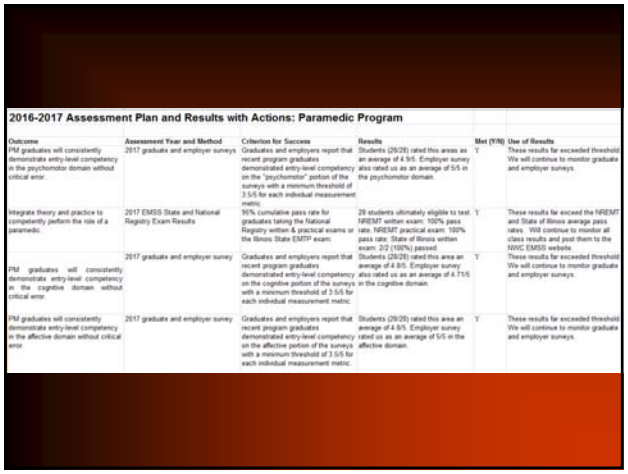
☐ Student counseling form(s); IEP successfully completed as applicable

Medical Director (signature & date): _____

Program Director (signature & date): _____

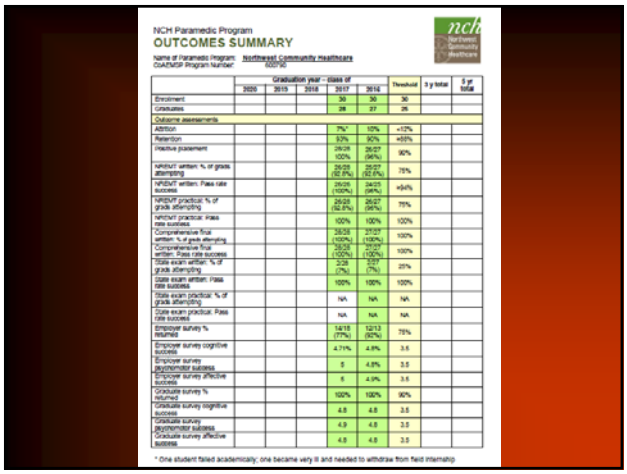
Paramedic Program Educator (signature & date): _____

Paramedic Program Clinical Coordinator (signature & date): _____



2016-2017 Assessment Plan and Results with Actions: Paramedic Program

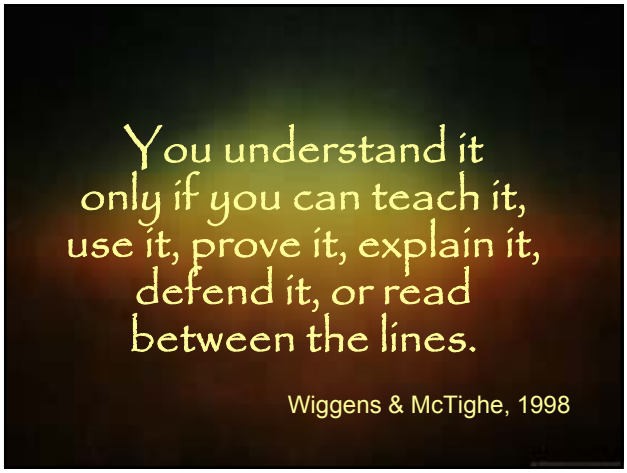
Outcome	Assessment Year and Method	Criterion for Success	Results	Met (Y/N)	Use of Results
PM graduates will consistently demonstrate entry-level competency in the psychomotor domain without critical error.	2017 graduate and employer surveys	Graduates and employers report that recent program graduates demonstrated entry-level competency on the "psychomotor" portion of the surveys with a minimum threshold of 3.5/5 for each individual measurement metric.	Students (28/28) rated this area as an average of 4.9/5. Employer survey also rated us as an average of 5/5 in the psychomotor domain.	Y	These results far exceed the NREMT and State of Illinois average pass rates. Will continue to monitor all class results and post them to the NWC EMSS website.
Integrate theory and practice to competently perform the role of a paramedic.	2017 EMSS State and National Registry Exam Results	95% cumulative pass rate for graduates taking the National Registry written & practical exams or the Illinois State EMTP exam.	28 students ultimately eligible to test. NREMT written exam: 100% pass rate. NREMT practical exam: 100% pass rate. State of Illinois written exam: 2/2 (100%) passed.	Y	These results far exceed the NREMT and State of Illinois average pass rates. Will continue to monitor all class results and post them to the NWC EMSS website.
PM graduates will consistently demonstrate entry-level competency in the cognitive domain without critical error.	2017 graduate and employer survey	Graduates and employers report that recent program graduates demonstrated entry-level competency on the cognitive portion of the surveys with a minimum threshold of 3.5/5 for each individual measurement metric.	Students (28/28) rated this area an average of 4.9/5. Employer survey also rated us as an average of 4.7/5 in the cognitive domain.	Y	These results far exceeded threshold. We will continue to monitor graduate and employer surveys.
PM graduates will consistently demonstrate entry-level competency in the affective domain without critical error.	2017 graduate and employer survey	Graduates and employers report that recent program graduates demonstrated entry-level competency on the affective portion of the surveys with a minimum threshold of 3.5/5 for each individual measurement metric.	Students (28/28) rated this area an average of 4.9/5. Employer survey rated us as an average of 5/5 in the affective domain.	Y	These results far exceeded threshold. We will continue to monitor graduate and employer surveys.

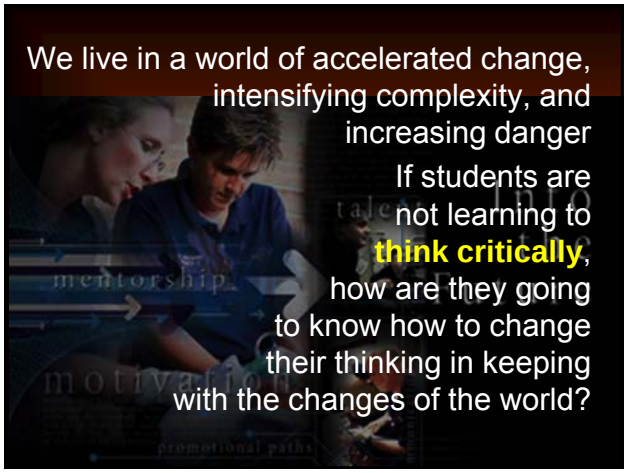

NCH Paramedic Program
OUTCOMES SUMMARY

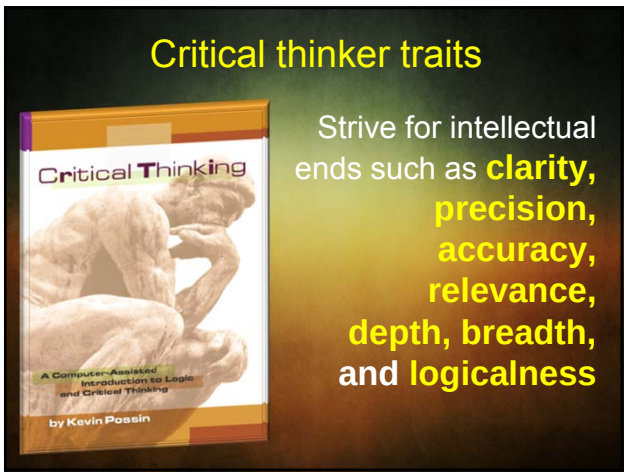
Name of Paramedic Program: Northwest Community Healthcare
CoAEMSP Program Number: 600190

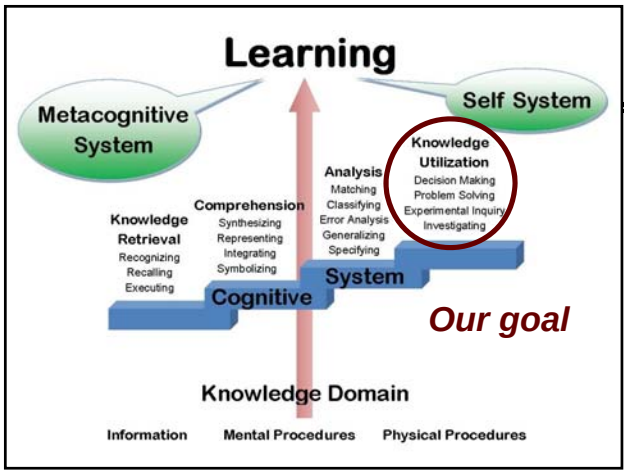
	Graduation year - class of							
	2020	2019	2018	2017	2016	Threshold	3 yr total	5 yr total
Enrollment				30	30	30		
Graduates				28	27	25		
Outcome assessments								
Attrition				7%*	10%	<12%		
Retention				93%	90%	>85%		
Positive placement				26/28 100%	26/27 (96%)	90%		
NREMT written: % of grads attempting				26/28 (92.8%)	25/27 (92.6%)	75%		
NREMT written: Pass rate success				26/26 (100%)	24/25 (96%)	>94%		
NREMT practical: % of grads attempting				26/28 (92.8%)	26/27 (96%)	75%		
NREMT practical: Pass rate success				100%	100%	100%		
Comprehensive final written: % of grads attempting				28/28 (100%)	27/27 (100%)	100%		
Comprehensive final written: Pass rate success				26/28 (100%)	27/27 (100%)	100%		
State exam written: % of grads attempting				2/28 (7%)	2/27 (7%)	25%		
State exam written: Pass rate success				100%	100%	100%		
State exam practical: % of grads attempting				NA	NA	NA		
State exam practical: Pass rate success				NA	NA	NA		
Employer survey % returned				14/18 (77%)	12/13 (92%)	75%		
Employer survey cognitive success				4.71%	4.8%	3.5		
Employer survey psychomotor success				5	4.8%	3.5		
Employer survey affective success				5	4.9%	3.5		
Graduate survey % returned				100%	100%	90%		
Graduate survey cognitive success				4.8	4.8	3.5		
Graduate survey psychomotor success				4.9	4.8	3.5		
Graduate survey affective success				4.8	4.8	3.5		

* One student failed academically; one became very ill and needed to withdraw from field internship

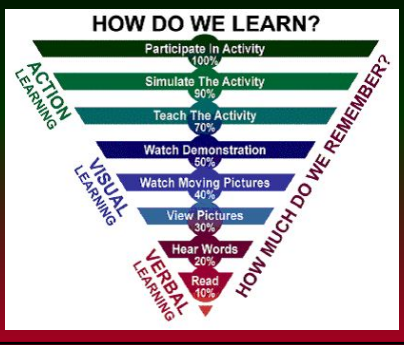








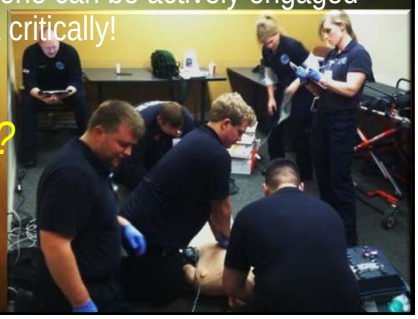
Use evidence-based, best practice models of effective education methods to achieve enduring learning



Challenge in education

Active engagement is necessary to critical thinking, but one can be actively engaged and not think critically!

Examples?



Laws of learning

Primacy: First impressions are lasting

Exercise: Neural pathways strengthened by repetition

Disuse: Use it or lose it!

Intensity: Dramatic experiences using all domains of learning and higher level thinking with triggered emotions are more likely remembered

Roles and responsibilities of a preceptor in general and specific situations

So, where do you come in?

"After 25 years of research and $60 million later, what really moves diverse learners forward is a masterful teacher who commits the necessary energy to: create a learning community; provide a learning apprenticeship; and makes plans or content explicit enough so that all (learners) are on the journey!"

Dr. Donald Deshler, Dir. Center for Research on Learning, U of Kansas

"Listen to every instructor, proctor, and hospital/field preceptor, even if they have conflicting suggestions. Medicine is a science, but talking with patients and how you present and carry yourself is an art and some things work for some people and not for others."

Intellectual work
State. Elaborate. Exemplify.

Ask student to summarize the main point:

- State it,
- Elaborate it
- Exemplify it in their own words (real English) with their own examples

What is your job?

Champion of excellence

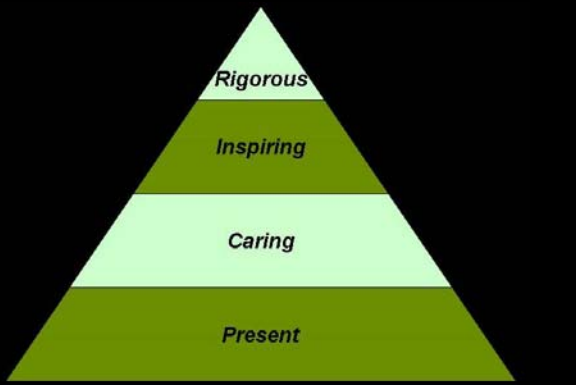
Learning coach

Build to practice excellence so student has best possible chance to succeed

How can you do this?

- Serve as role model
- Promote clinical and professional competency
- Provide opportunities to develop and refine skills
- Connect student with other providers
- Provide reality of work/life in real-world setting

Coach model



"A few minutes of attention is worth more than a day's worth of distractions"

Dr. Chris Nollette

Meetings and coaching at scheduled intervals help teach beyond what is in the books

Preceptor traits

- "Preceptors are expected to have the skills to be able to form an effective learning environment and facilitate a constructive clinical learning experience for students." NCBI
- Preceptors need more than experience to be effective (though having a wealth of it is a prerequisite)
- They also need to possess certain traits and talents

Since precepting is based on knowledge, skills, and relationships, what characteristics do a preceptor need to be successful?

What are your strengths?

PRECEPTOR SELF ASSESSMENT FORM

Instructions:

Use the following table to rate yourself in a manner that best represents your own attributes. Do not project an image of who you want to be. Give each attribute a ranking, from 1 to 5, based on the following rating scale:

Rating scale:

1= Never. Definitely not me
2= Rarely
3= Sometimes
4= Often
5= Always. This is who I am.

Personal attributes		Attitude attributes	
1. Warm		1. Enthusiastic	
2. Humorous		2. Respectful	
3. Mature		3. Supportive	
4. Self-confident		4. Concerned	
5. Charismatic		5. Patient	
6. Empathetic		6. Accepting	
7. Trustworthy		7. Nurturing	
8. Flexible		8. Effective in coping	
9. Accountable		9. Professional	
10. Experienced		10. Delegator	

Characteristics of an effective preceptor

- Desire to be a supporter/ teacher
- Competency in specialty; models desired behaviors
- Effective interpersonal and communication skills
- Teaching skills; motivated to teach
- Sensitive to learning needs of students
- Leadership skills
- Effective decision making and problem-solving skills; can articulate reasons for actions while performing them
- Positive attitude; shows genuine interest in others
- Interest in professional growth (self & others)
- Ability to provide effective feedback (students & faculty)
- Is accessible to student for completion of projects/obj

Because of your presence…

Students understand System expectations

Patients are safeguarded

You can *NEVER* condone sub-standard performance

What's wrong here?

Unleashing the learning potential

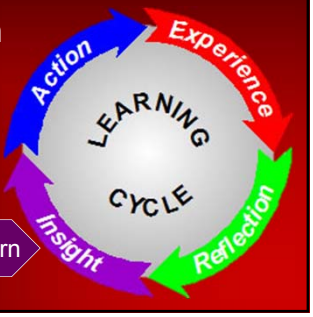
Learning = Interaction of principles/theory
+
Experience/practice

"It is when sparks jump between two poles – the general and the actual – that learning occurs. So you need both." - John Adair

Discuss patient calls, case studies, or simulations that require problem-solving activities

Create opportunities for guided reflection and analysis, & idea-sharing

Invite and respond to questions

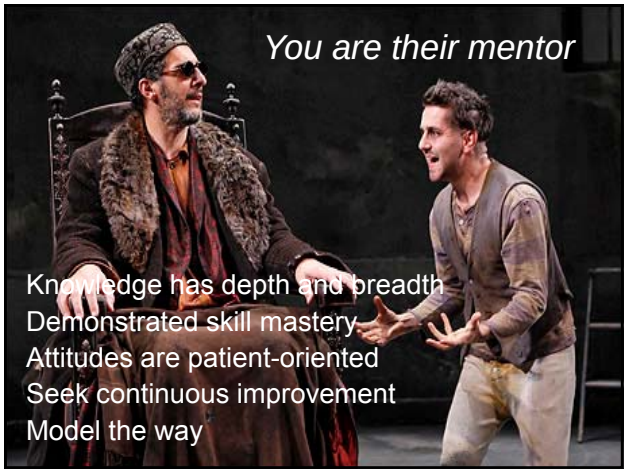


Learn/unlearn

Staging of skill acquisition

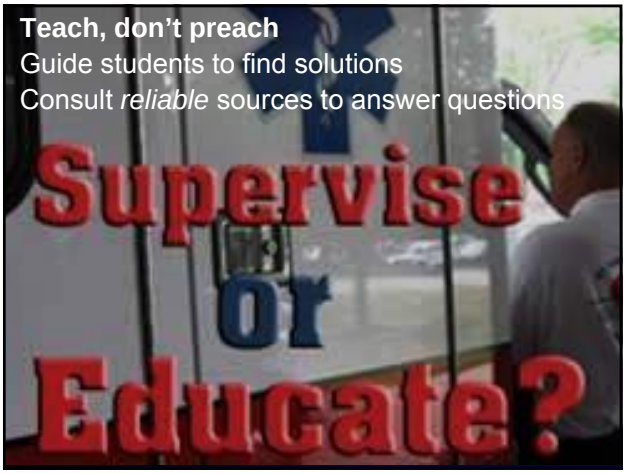
How do they get there?

You are their mentor



Knowledge has depth and breadth
Demonstrated skill mastery
Attitudes are patient-oriented
Seek continuous improvement
Model the way

Teach, don't preach
Guide students to find solutions
Consult *reliable* sources to answer questions



Preceptor responsibilities

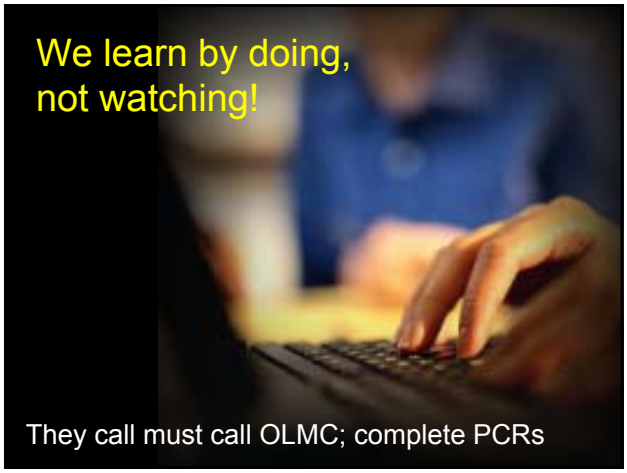
- Introduce student to clinical setting
- Demonstrate time management strategies and show how to establish priorities of care
- Discuss reasons for decisions with students
- Direct and supervise student activities, providing explanations for assignments
- Delegate care appropriate to student's skill level
- Evaluate student performance and compare behaviors to expected competencies

Strategies for success

Individualize instruction
Discuss goals for each shift
Coach them to competence – don't lecture to submission!
Ask probing questions to encourage problem solving
Use affirmation when possible
Provide timely feedback
Intervene early if not meeting objectives- use interim evaluation form

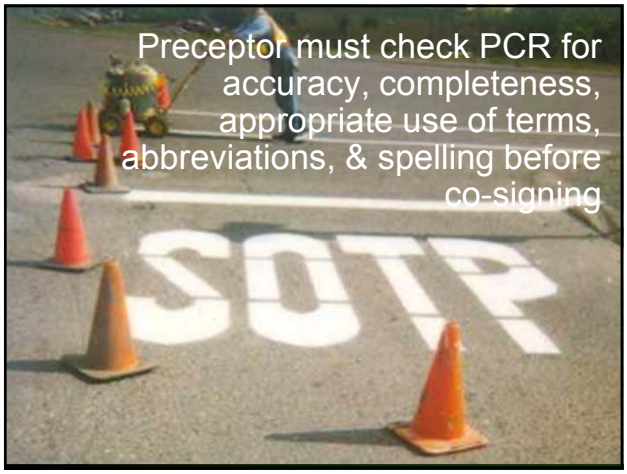
Individualized instruction cont.

Clarify objectives of each phase **before** it starts
Go over paperwork together
Discuss goals at the beginning of each shift
Apply theory to practice by having them perform assessments, interpret data, determine priorities; perform skills *with your supervision* unless pt's condition requires immediate interventions



"A 60 year old patient c/o of severe abdominal pain. The pain was located in the center of the patient's abdomen causing him extreme discomfort."

"A 60 y/o pt c/o severe midline abdominal pain proximal to the navel radiating to the back rated 9 on a 0-10 scale. The pt described pain as sharp & stabbing starting abruptly 15 min ago while resting. Abdomen has generalized guarding but no rigidity to light palpation in both upper quadrants."



Strategies for evaluating performance and giving feedback; criteria for evaluation; conflict resolution

"Research shows that less teaching plus more feedback is the key to achieving greater learning."

Grant Wiggins

Wiggins, G. (2012). Seven keys to effective feedback. *Educational Leadership, 70*(1), 10-16.

Providing feedback

Evaluate performance against standards & criteria, not your preferences
Determine issues that may impact performance
Eliminate barriers to communication
Be discrete; praise in public; correct in private

Focus as a preceptor

Use knowledge to build discourse with student
Show how to apply theory to patient situations
After calls, help student reflect on performance
As internship progresses, assist them to reapply knowledge to new problems, issues, experiences

Framework for preceptors

1. Make student commit: require their analysis of a clinical situation & proposed plan of care
2. Probe for supportive evidence; they should be able to defend their conclusions
3. Reinforce specifically what they did or described correctly
4. Correct mistakes, provide specific observations and recommendations for change

Preceptor framework

Step 1: Get a commitment

"What do you think is going on with this patient?"
"What other problems should you consider?"
"What assessments are needed?"
"What do you think we should do?"

Gain insight into student's reasoning

Step 2 Probe for supporting evidence

"What factors in the history and PE support your conclusions? Which do not?"

"Why choose that particular drug?"

"Why do you think it's important to do that assessment in this situation?"

Allows preceptor to observe skill of critical reasoning and assist student in improving

Be non-judgmental

Listen

Reflect

Avoid temptation to say, "Here is how I do it."

Lessen the frustration

Pausing

Paraphrasing

Inquiring

Probing

Extending

Step 3: Reinforce what was done well

Student may be unaware if they've done something well

Acknowledge their accomplishments

Be specific

Enhances self-esteem and reinforces behaviors you would like repeated

Provide praise

Don't assume excellence is expected so praise is unnecessary

Changing and maintaining new behavior requires praise

Praise, like criticism, should be well timed, well targeted and well said

Be specific about the behavior being praised

Poor:

"You're good at that."

Better:

"I like how you used layperson's terms to explain the procedure to the patient. They fully understood what you were going to do."

Reinforce what was done well

"Your diagnosis of probable pneumonia was well supported by your history and physical exam. You integrated them well in reaching the correct field impression."

"Your radio call-in was well organized. You clearly stated the chief complaint, Hx and PE findings as well as our interventions and ETA. Good job!"

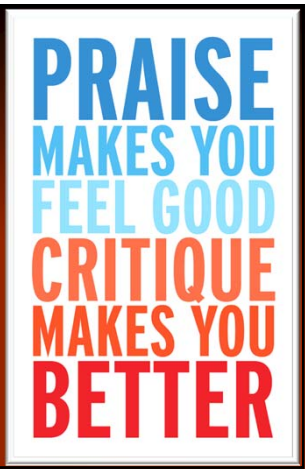
Reinforce what was done well

"You included important information about the scene size up in the comments section of the PCR that the hospital needs to know to get a complete picture of this call. Just what we're looking for!"

"Your suspicion of hypoglycemia was right on in this patient even though he presented with signs & symptoms of a stroke. Good pick up!"

Evaluation and feedback

Well timed, targeted and said corrective feedback can direct growth, motivate student and offer relief from confusion



4. Give corrective feedback

Good preceptors share thoughts and feelings directly, respect the person and *address behavior* rather than the student

Judge the person, and you risk the relationship

Judge the behavior, and you take the bite out of criticism

Why crucial?

If necessary criticism is withheld, preceptor-student relationship remains superficial

Lack depth and resiliency needed to tackle sensitive issues

Must be timely

Well-timed criticism should be delivered shortly after error

Longer you wait, less effective it will be

Be fair; don't drop a bomb and run off

Give student chance to respond

Timely feedback helps you too

Failure to confront problems as they arise may lead to aggressive behavior

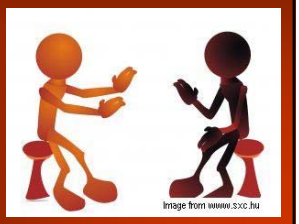
Unexpressed frustrations mount until a small error triggers an avalanche of pent-up criticism

Your preparation

Think through what you will say in advance

Don't talk when angry, tired, hungry or pressed for time

Right time,
place,
facts,
focus,
words



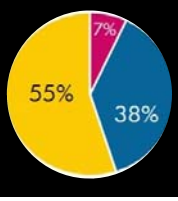
Student's preparation

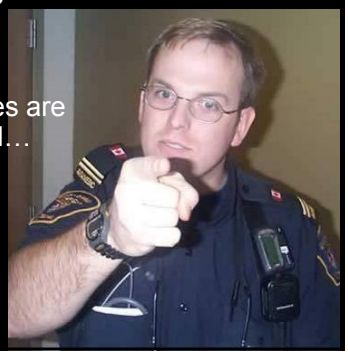
Assess readiness to receive information
"Is now a good time to talk?"

Elements of personal communication

55% body language
38% tone of voice
7% spoken words

Why e-mail messages are often misinterpreted…





Pace learning

Tailor feedback to a particular student performing a particular skill

Too much at once not helpful

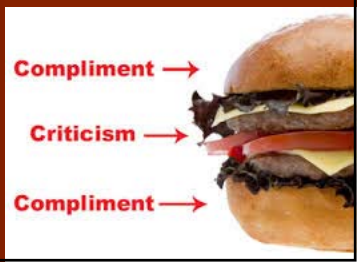
"What's the most important point right now?"

If badly timed, student will be too over-whelmed to hear the message even if criticism is valid

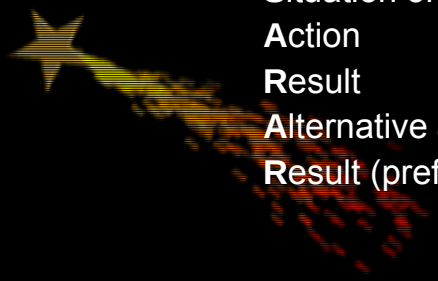
Student will keep a safe distance and all future praise will be received with suspicion

Don't use sandwich technique

Insincere praise shouldn't be used as a smoke screen to deliver bad news



Use STAR-AR approach



Situation or **T**ask
Action
Result
Alternative **a**ction
Result (preferred)

STAR-AR approach

Change-oriented feedback involves offering corrective, alternative behaviors to replace the problem behavior, or brainstorming solutions with the student

Focus on continuous improvement

"What would be a better approach next time?"

"What change in technique might be more successful?"

"What could we do better as a team next time?"

Giving feedback

Be specific

Avoid "always", "never," personal-assault words e.g. "lazy", "irresponsible"

Poor: "You never listen to patients."

Better: "I noticed you interrupted the patient 3 times when taking the history. How might that make them feel? What's a better strategy to get the information you need?"

Use “I” rather than “you” messages

Own feedback you give rather than saying, “People say X about you."

"When you raised your voice, I noticed the patient stepped back. It appeared that they felt threatened and shut down. What communication strategies would have been more effective in this case?"

Feedback re: errors & omissions

“In the radio report, you mentioned that the patient had crackles but didn’t tell the ECRN they were only in the right upper and middle lobes and the capnography waveform had a sharkfin appearance. This left her with the impression that the patient was in pulmonary edema rather than pneumonia. How could this be reported next time for clearer communication?”

Feedback re: errors & omissions

“This patient may not have chest pain, but they are a long standing diabetic and are complaining of severe weakness and shortness of breath. Why is a 12-lead ECG necessary for this person?”

Feedback re: errors & omissions

“People in pulmonary edema usually need CPAP, but the BP just dropped to 84/56 after the first NTG. What could C-PAP do to this patient?”

Teach a general principle

“Selecting a receiving hospital can be challenging. It depends on patient acuity, patient choice, predetermined destination policies, traffic conditions, and time of day. Let’s explore some examples…”

“If you don’t remember a drug dose or typical 12-lead changes with ischemia where can you find quick reminders?”

Conclusion of teaching encounter

Reclarify roles and expectations to facilitate further learning

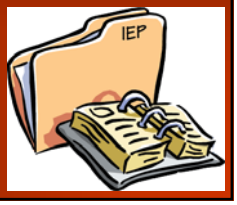
“I’ll restock the ambulance while you finish the CARS report. Come and get me when you are done so I can go over it with you before it is checked for validation and uploaded.”

Intervene early

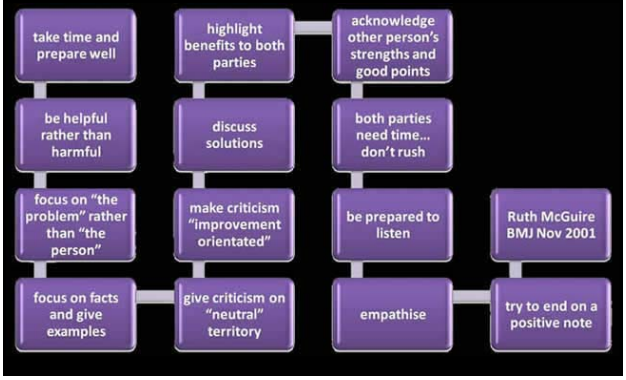
If student fails to meet objectives, don't allow them to fall hopelessly behind

Contact PEMSC & hospital EMSC/educator; design individualized education program to overcome gaps

You don't own responsibility for their learning... you are their coach

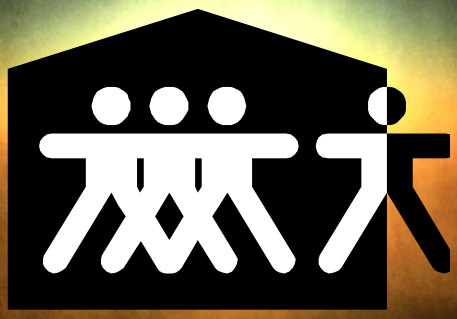


Good feedback model



Managing student behaviors that compromise learning

How should you deal with outliers?



Student 1

26 y/o f is riding with your agency

She tries to fit in but is sometimes better able to dish it out than take it.

Her skills are marginal but safe , but she dissolves into tears when she is teased and the crew members are not happy with her being there.

Action needed?

Student 2

27 y/o employee is preparing for medical school. He is very intelligent and challenges everything he believes is incorrect or inconsistent with what he read or was taught in class.

He sometimes teeters on crossing the line between disrespect and asking a heart question.

What's the best approach to this student?

Student 3

24 y/o employee has been an EMT-B with a private agency for 4 years

He is very quiet and usually stands in the background at every call. He must be told to do any ALS assessments or interventions, but performs competently when instructed.

How should you coach this student?

Student 4

32 y/o employee who's ticket finally came up and he had to come to PM class. Not happy about being here. He demonstrates a great deal of confidence and a take charge attitude, but instincts are not always correct and some skill techniques are marginal.

He becomes very defensive when you attempt to correct his errors

How should you coach this student?

Student 5

25 y/o male is riding with your agency

He has been late 3 times and has called off twice. Talks a good game, but seems to have significant knowledge gaps. Has a part time job at an area hospital. Does not follow through on paperwork as directed. When confronted about his behavior he claims frequent illness.

It's 4 weeks into the internship and he is not progressing in the affective objectives.

What is the best approach with this student?

Student 6

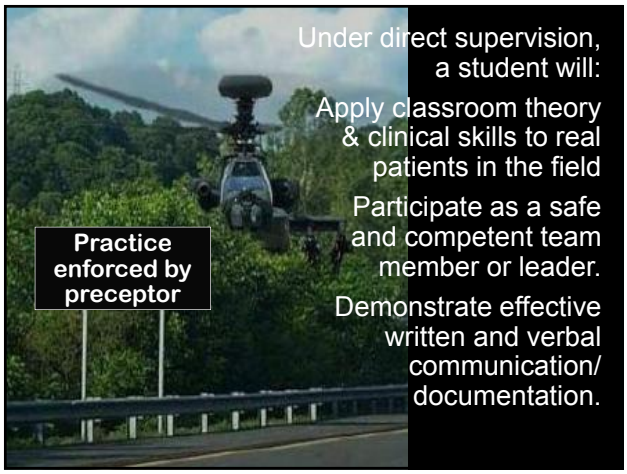
28 y/o rider is strongly motivated to become a PM

He is first out to the ambulance, volunteers to assist with cooking, housework, and is very respectful of agency members

He has minimal recall of class concepts and gets ECG rhythms totally confused. When asked what fentanyl is, he stares at you blankly.

What is the best approach with this student?

Sequencing of Field Internship
Expectations
Forms and documents



Under direct supervision, a student will:

- Apply classroom theory & clinical skills to real patients in the field
- Participate as a safe and competent team member or leader.
- Demonstrate effective written and verbal communication/ documentation.

Sequence – 2 phases

I: Team member – what role?
II: Team leader – what role?
How long will it take?

It depends...

Phase meetings

Who? Student, preceptor; PEMSC welcome; Hospital EMSC/educator

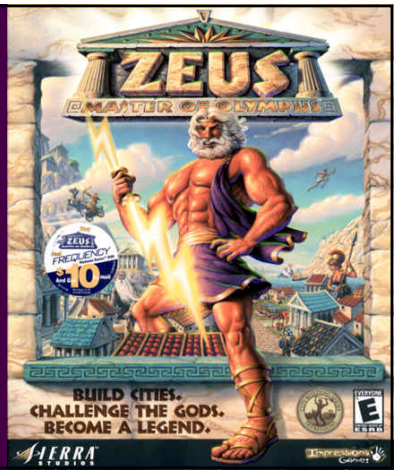
What? PCRs (care/ documentation), drug cards, ECGs discussed in detail

Time estimation:
Phase 1: 2-3 hrs
Phase 2: 3-4 hrs

Prepare in advance for phase meetings

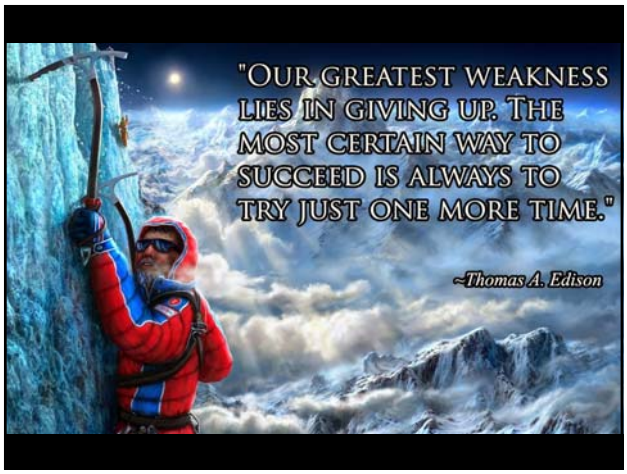
- Evaluate as you go!
- Complete/sign all paperwork that day; schedule meetings well *in advance*
- Submit Phase Eval form and all outstanding paperwork at least 1 week prior to meeting
- Quiz student on pathophys, drug profiles and EMS care
- Review calls so you all can explain deviations from SOPs, receiving hospitals, scene times, and ensure PCR is thoroughly documented

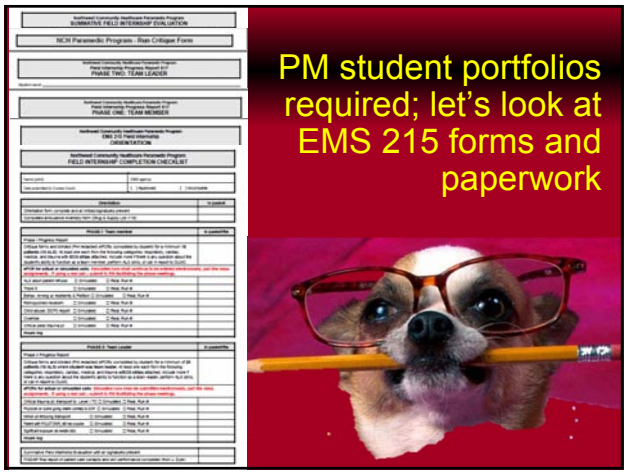
"Perfection belongs to the gods; the most we can hope for is excellence."
(Stoy, 1999)

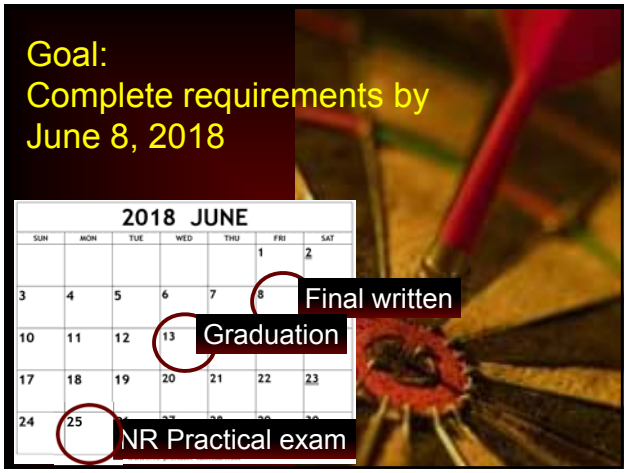


Phase 2 conclusion options

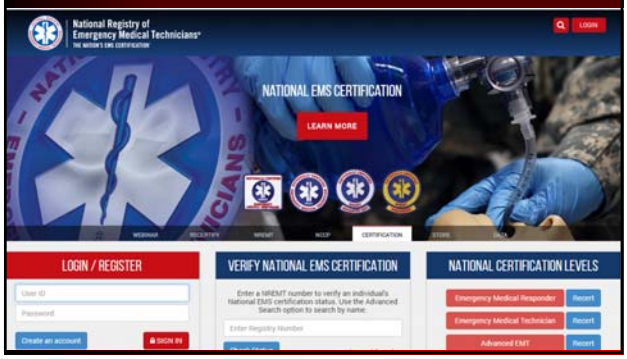
- ❑ Internship complete; graduate; allow to take credentialing exam; unrestricted license
- ❑ Graduate; allow to take credentialing exam; retain with preceptor
- ❑ Retain in Phase II (attach IEP)
- ❑ Terminate the internship; sponsorship withdrawn (attach documentation) or recommend to do over

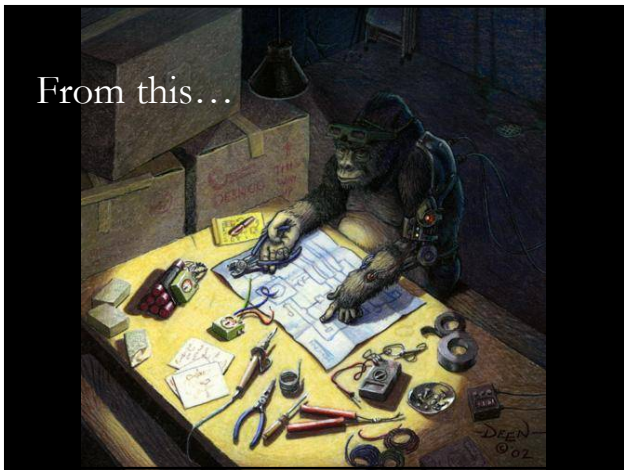






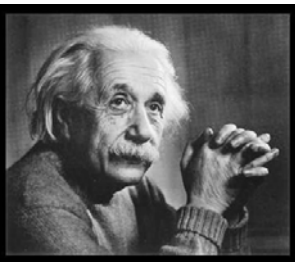
Our graduates may take the NREMT exams or the IDPH state exam





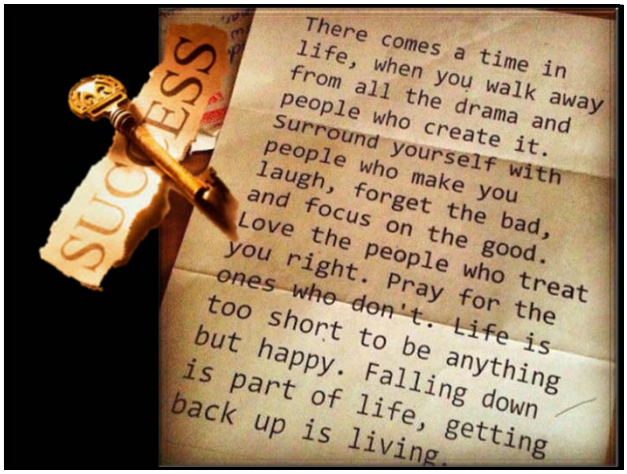
Keys to success

- **A** – Allow debate & challenge of ideas
- **D** – Demonstrate respect for student's opinions
- **V** – Value student as a resource
- **E** – Encourage student to share knowledge & ideas
- **N** – Notice the student's real world problems
- **T** – Treat student as an adult
- **U** – Use student's past experience
- **R** – Relate learning to goals, obj., standards
- **E** – Emphasize how to apply learning



"The world will not be destroyed by those who do evil, but by those who watch them without doing anything." – Albert Einstein

Do not pass a student until they have earned the title, paramedic!



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Questions?
Comments?
Concerns?
Suggestions?
Send me a note (e-mail)