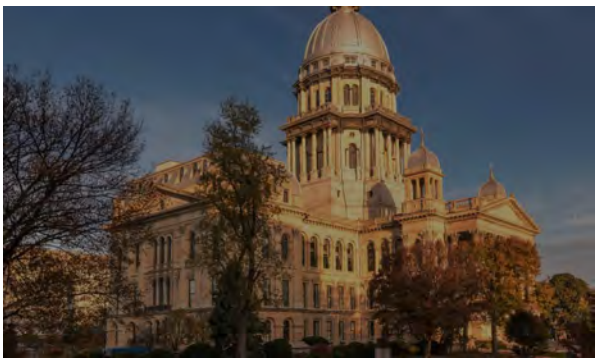
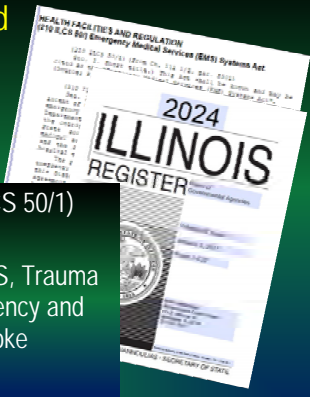


How EMS operates in Illinois



NWC EMSS 13

Current legislative and
Regulatory authority



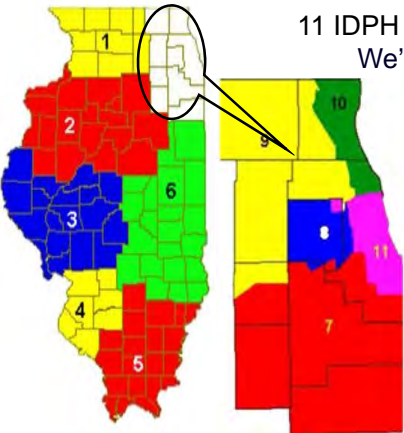
EMS Systems Act (210 ILCS 50/1)

77 Ill. Adm. Code 515

EMS and HW Safety; EMS, Trauma
Centers, Pediatric Emergency and
Critical Care Centers, Stroke
Centers Hospital Code

NWC EMSS 14

11 IDPH EMS Regions
We're in Region 9



- NWC EMSS
- Greater Elgin Area
EMSS (Sherman)
- Lutheran General
EMSS (Park Ridge)
- McHenry Western
Lake County EMSS
- St. Joseph Hospital
EMSS (Elgin)
- Southern Fox Valley
EMSS (Dellnor)

Regions 8, 9 & 10 Directory Created

EMS Regional and System Structure and Function in Illinois

- Illinois EMS Regions and System structure and lines of authority are unique
- 11 EMS Regions separate the state geographically
- 1-12 EMS Systems separate the state functionally
- The EMS Systems Act and Rules define the responsibilities of Regions separately from those of EMS Systems
- EMS Systems are assigned by IDPH to one of the EMS Regions
- EMS Systems are approved by IDPH. Each System is led by one Resource Hospital
- Within each EMS System, the EMS System Medical Director has complete authority and responsibility for the management of that System, including the enforcement of compliance with the System Program
- Participants within the System. This includes, but is not limited to: EMS governance, education, capital assessment and performance improvement activities, clinical practice, transport patterns, and local renewals of EMS agencies and ambulances within their System
- EMS Agencies, Associate and Participating Hospitals may choose the System(s) to which they belong based on parameters within the Rules
- EMS Governance is invested within a Region based on a high level of voluntary collaboration among Systems. EMS Systems have complete authority via the EMS System MD on an operational basis

There are no independent or unaffiliated hospitals or EMS agencies within the State. All must be affiliated with one or more EMS Systems and those lines of authority must be respected and followed

All Illinois hospitals must hold one of three EMS designations:

- 1. Resource (highest level): There are six (6) Resource Hospitals (EMS Systems) within Region 9 - All are discrete entities with their own authority and System members that affiliate with them. The NWC EMSS has authority over 1/6th of Region IX.
 - Northwest Community EMSS (NCH in Arlington Heights)
 - Greater Elgin Area EMSS (Sherman hospital in Elgin)
 - Lutheran General EMSS (Park Ridge)
 - McHenry Western Lake County EMSS (McHenry)
 - Saint Joseph Hospital EMSS (Elgin)
 - Southern Fox Valley EMSS (Dellnor hospital in Dellnor)
- 2. NS-EH (Advocate)
- 3. Advocate
- 4. Northwestern Medicine
- 5. Ascension
- 6. Northwestern Medicine

Available upon request

What's driving changes in EMS practice?

Politics,
medicine, &
money



Just out from the American
Hospital Association



Biggest challenges for healthcare

1. Workforce (personnel) shortages

2. Financial challenges

3. Behavioral health/addictions

4. Patient safety and quality

5. Governmental mandates

6. Access to care

7. Patient satisfaction

8. Physician-hospital relations

9. Technology

10. Population health mgt

11. Reorganization

1.8

2.8

5.2

5.9

5.9

6.0

6.6

7.6

7.7

8.6

8.7

The Advisory Board Company Health CEO survey

NWCEMSS 21

Top investment areas for the next 3 years

For Healthcare:

Data analytics

Care redesign efforts

Patient experience improvement

Care coordination

Recruitment and retention

NWC EMSS 22

EMS AGENDA 2050

A People-Centered Vision

ADAPTABLE AND INNOVATIVE

INHERENTLY SAFE AND EFFECTIVE

SUSTAINABLE AND EFFICIENT

INTEGRATED AND SEAMLESS

SOCIALLY EQUITABLE

RELIABLE AND PREPARED

/Vol. 88, No. 197/Friday, October 13, 2023/Notices

71081

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[DOT-NHTSA-2023-0037]

Emergency Medical Services Education Agenda 2050: Request for Information

AGENCY: National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation (DOT).

ACTION: Notice of Request for Information (RFI).

SUMMARY: This notice announces a RFI. The NHTSA Office of Emergency

Revisions coming to the National EMS Education Agenda for the Future Are we ready?

- The National EMS Information System data, evidence-based research, and practice analyses should be sourced in developing evidence-based guidelines and curriculum.
- Mobile Integrated Healthcare has received considerable attention from the EMS Community. This and other alternative community-based healthcare delivery models (of the future) should evoke an expanded foundational knowledge and critical thinking capabilities that will poise future EMS practitioners to be able to evolve with the changing healthcare system or rapidly adjust to emerging healthcare crises.
- EMS educators should begin a career in academia with expertise in adult learning, educational theory, curriculum development, and competency evaluation but also possess experiential knowledge in evidence-based care.

Progress on Evidence-Based Guidelines For Prehospital Emergency Care

FOUNDATION OF EDUCATION

HIGHLIGHTS of the 2020 AMERICAN HEART ASSOCIATION GUIDELINES FOR CPR AND ECC

NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS

NASEMSO National Model EMS Clinical Guidelines

VERSION 3.0

NATIONAL EMS SCOPE OF PRACTICE MODEL

NHTSA

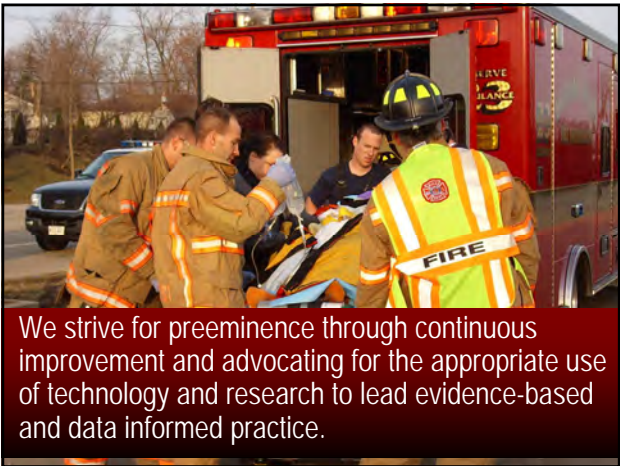
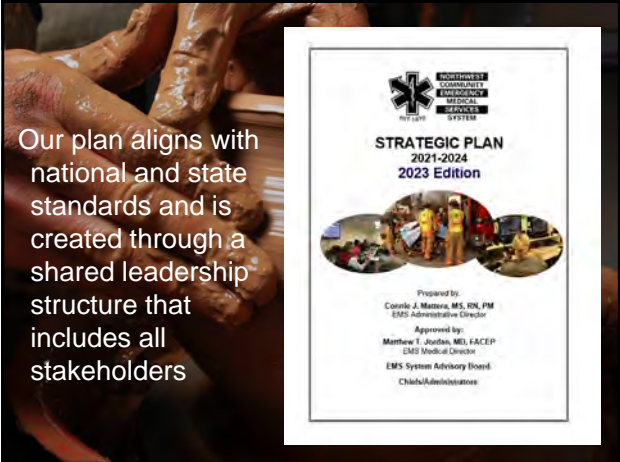
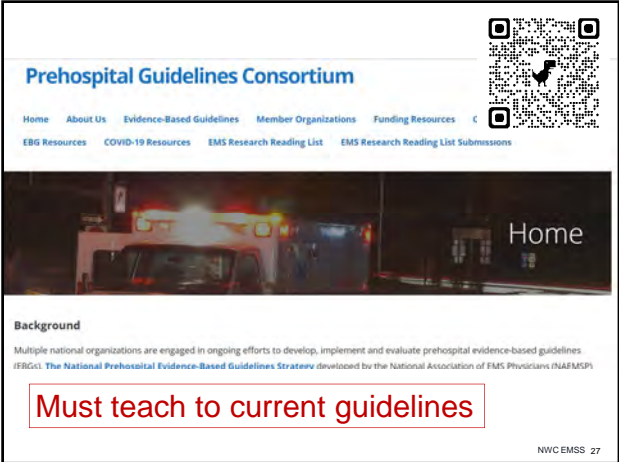
EMS Scope of Practice

Increased scope for EMRs & EMTs

Use all team members to top of license

2022 SOPs were updated to reflect Ntl. & State Scope of Practice models

3

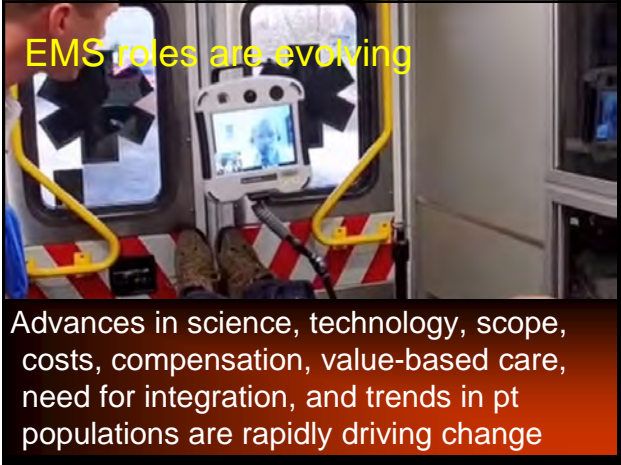




Core values set our compass

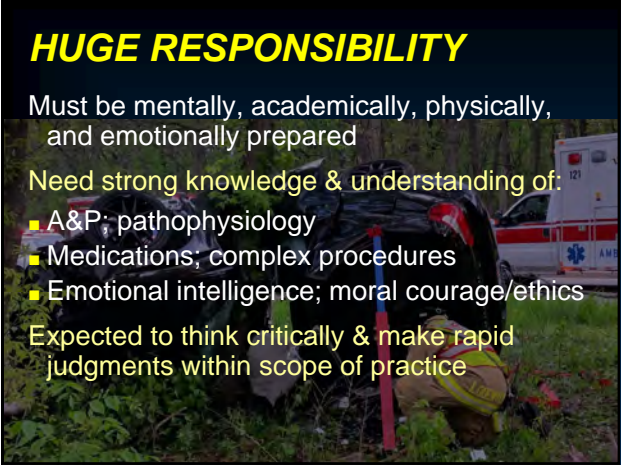
- Integrity
- Compassion; Commitment; Citizenship
- Accountability; Advancing knowledge
- Respect and Collaboration
- Excellence
- Justice

<https://www.peakpa.com/>



EMS roles are evolving

Advances in science, technology, scope, costs, compensation, value-based care, need for integration, and trends in pt populations are rapidly driving change



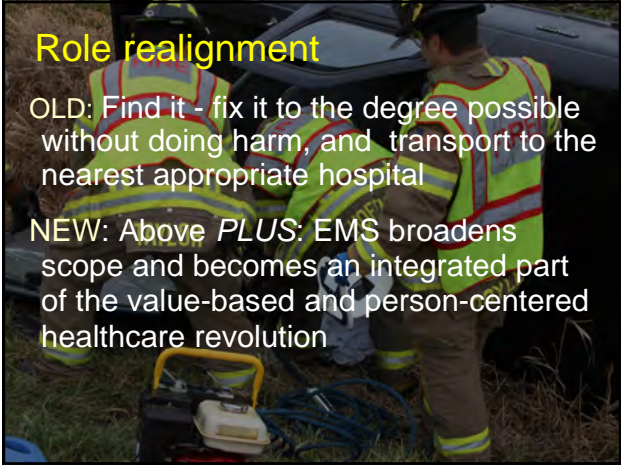
HUGE RESPONSIBILITY

Must be mentally, academically, physically, and emotionally prepared

Need strong knowledge & understanding of:

- A&P; pathophysiology
- Medications; complex procedures
- Emotional intelligence; moral courage/ethics

Expected to think critically & make rapid judgments within scope of practice



Role realignment

OLD: Find it - fix it to the degree possible without doing harm, and transport to the nearest appropriate hospital

NEW: Above PLUS: EMS broadens scope and becomes an integrated part of the value-based and person-centered healthcare revolution



So, is our goal to **INFORM** or **TRANSFORM?**

© 2022 NAEEMSE



EMS Education in the 21st century

How do we transform our world?

© 2022 NAEEMSE



We are a *learning community!*

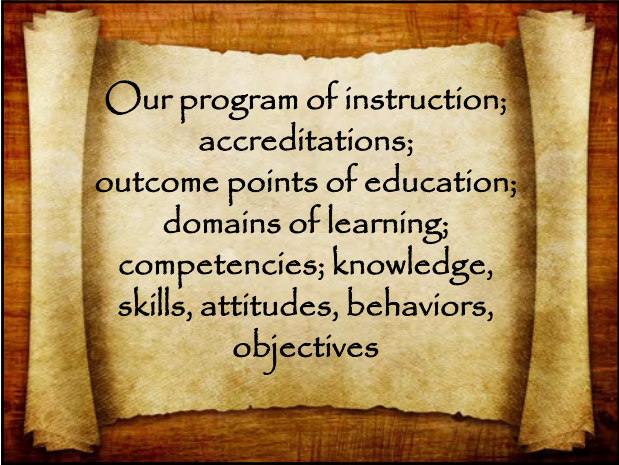
EDUCATION

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



Under duress

We do not rise to our **expectations**
We fall to the level of our preparation & **training**



Our program of instruction;
accreditations;
outcome points of education;
domains of learning;
competencies; knowledge,
skills, attitudes, behaviors,
objectives

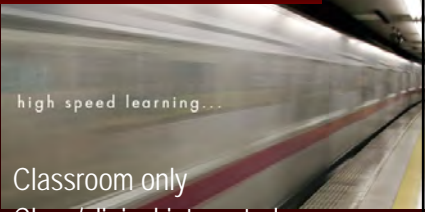
Affiliated with Harper College

Dual enrollment: NCH + Harper College
Certificate courses + AAS degree



Academic curriculum		
		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 Internships	4
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3
Total PM Certificate hours		39

Program schedule in weeks



high speed learning...

Weeks 1-2: Classroom only
Weeks 3-21: Class/clinical integrated
Weeks 22-33: 3-2-24 Field internship (if ready)
Weeks 34-38: Paramedic seminar
Graduation! June 12, 2024

In addition to EMT and PM certificates:

Required courses for Assoc. in Applied Science (AAS):

■ BIO 260 Human Anatomy	4
■ BIO 261 Human Physiology	4
■ Electives ¹	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	71

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



The Joint Commission



Higher Learning Commission




Commission on Accreditation
of Allied Health Education Programs
Emergency Medical Services - Paramedic
Northwest Community Healthcare
Northbrook, Illinois, IL

Credible education is accredited



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH. IMPROVING LIVES



Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions


Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, and 2023;
and effective 1/1/2024.

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

Endorsed by
American Academy of Pediatrics
American Ambulance Association
American College of Cardiology
American College of Emergency Physicians
American College of Surgeons
American Society of Anesthesiologists
International Association of Fire Chiefs
International Association of Fire Fighters
National Association of Emergency Medical Services Educators
National Association of Emergency Medical Services Physicians
National Association of Emergency Medical Technicians
National Registry of Emergency Medical Technicians

CAAHEP 2023 Education Committee, Inc.

NEW!



CoAEMSP INTERPRETATIONS OF THE CAAHEP 2023 STANDARDS AND GUIDELINES for the Accreditation of Educational Programs in the EMS Professions

This companion document contains the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions with CoAEMSP interpretations adopted by CoAEMSP through policies. The interpretations are NOT part of the CAAHEP Standards and Guidelines document and are subject to change by CoAEMSP. Policy revisions may occur often, so this document should be reviewed frequently to ensure the most current version. Please refer to the Glossary for the definition of terms which is available at www.coaemsp.org/policies. Questions regarding the interpretations can be directed to CoAEMSP. [Standards interpretations first approved by CoAEMSP February 2024.]

Description of the Profession (as per EMS Agenda for Future, NHTSA)
The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. "Stand-alone" EMT and Emergency Medical Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

**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

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 person-centered care** to serve the health care needs of the population

KCH Paramedic Program		nch							
OUTCOMES SUMMARY		Northwest Community Healthcare							
CASHES/SPR		Part of NorthwestBase							
		2016	2017	2018	2019	2020	2021	2022	2023
Admission	12,385	11,110	10,789	9,741	10,517	786	786	786	786
Enrollment	38	38	38	38	38	38	38	38	38
Graduation	12,385	11,110	10,789	9,741	10,517	786	786	786	786
Continued Education									
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MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
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MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
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MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412	20,000	18,621	17,591	18,621	17,591	18,621	17,591	18,621
MOCC/Community Coll. V-grad	100%	100%	100%	100%	100%	100%	100%	100%	100%
MOCC/Community Coll. V-grad	24,412								

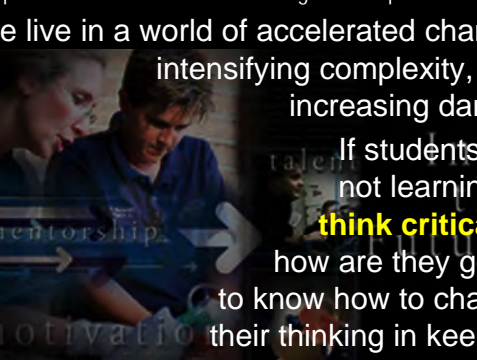
Educational outcomes must be congruent with expectations of consumers & providers



Competencies to be achieved

Ability to understand theoretical foundations
Measured through quizzes, exams, mind maps

We live in a world of accelerated change,
intensifying complexity, and
increasing danger

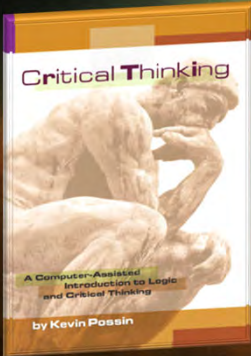


Use quantitative and scientific reasoning to solve problems quickly

We live in a world of accelerated change,
intensifying complexity, and
increasing danger

If students are
not learning to
think critically,
how are they going
to know how to change
their thinking in keeping
with the changes of the world?

Critical thinker traits




Strive for intellectual ends such as **clarity**, **precision**, **accuracy**, **relevance**, **depth**, **breadth**, and **logicalness**

Strive for intellectual ends such as **clarity, precision, accuracy, relevance, depth, breadth, and logicalness**



Technical competence:
Proficiency in performing psychomotor skills
Taught in labs/clinicals; tested in practical exams

Proficiency in performing psychomotor skills
Taught in labs/clinical; tested in practical exams



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

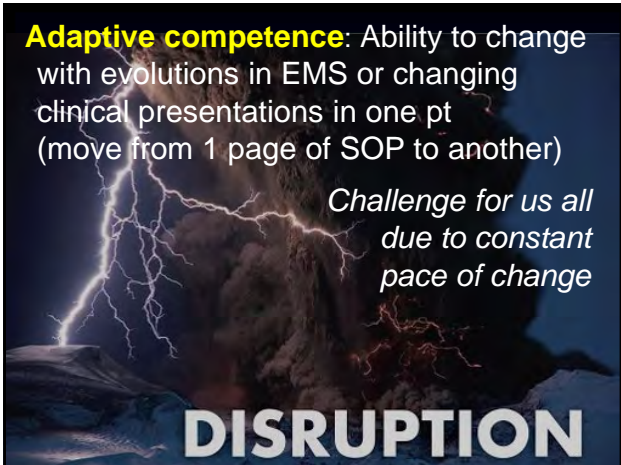
Ability to take all other competencies and put them together to mold theory and practice



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

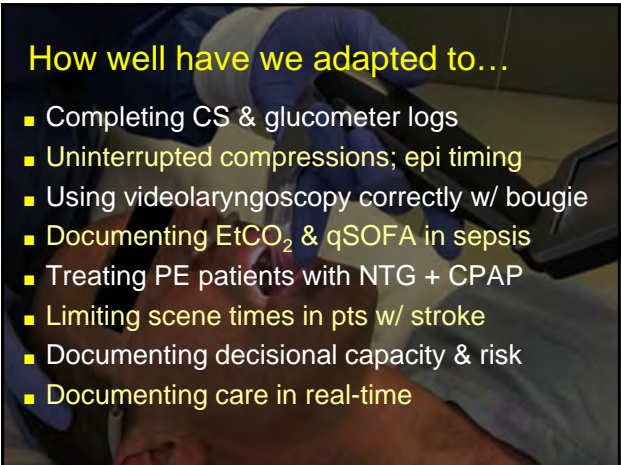
Challenge for us all due to constant pace of change

DISRUPTION




How well have we adapted to...

- Completing CS & glucometer logs
- Uninterrupted compressions; epi timing
- Using videolaryngoscopy correctly w/ bougie
- Documenting EtCO₂ & qSOFA in sepsis
- Treating PE patients with NTG + CPAP
- Limiting scene times in pts w/ stroke
- Documenting decisional capacity & risk
- Documenting care in real-time




Paramedic Class F23-S24



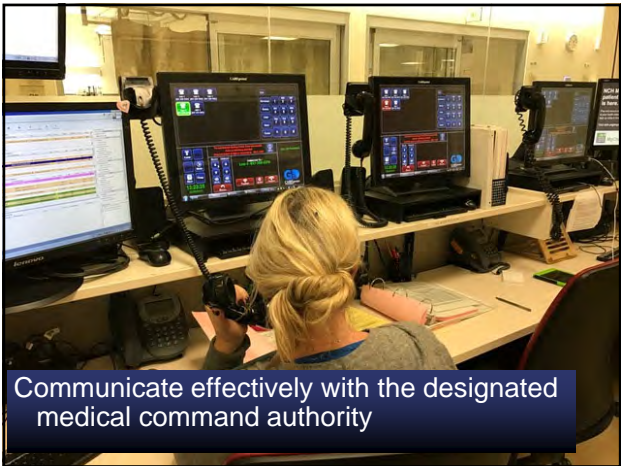
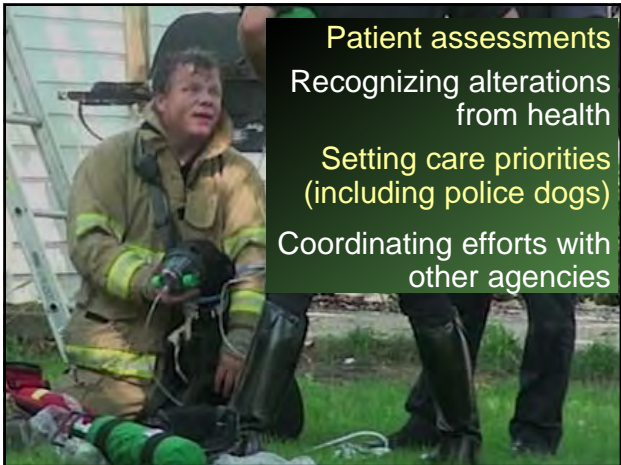
- 30 enrolled +2 returned
- All passed so far!
- Some academic concerns

Bravo Mike Gentile, Bill Toliopoulos, lab & hospital preceptors!

General course objectives



Upon completion, graduates will demonstrate entry level competency in the following:
Scene safety; situational awareness; safe pt. access



Handover report given in **00:30** seconds
Receiving RN calls, "EMS Time Out"

D	Demographics	Age, gender, name
M	Medical complaint	Chief complaint; HPI; PMH
I	Identified findings	Brief medical exam findings
S	Vital Signs	First set; significant changes; GCS, ECG, oximetry; glucose
T	Treatment	Tubes, lines (site & size), fluids, meds (response)

Pt will then be moved to hospital bed
Obtain signature for pt transfer of care

Be technologically literate: document an ePCR using Image Trend software

General course objectives cont.

Maintain inventories per Drug & Supply List

Prepare equipment and supplies before and after each call

Accepts responsibility

"We must reject the idea that every time a law's broken, society is guilty rather than the lawbreaker. It is time to restore the American precept that each individual is accountable for his actions." ~ Ronald Reagan

Stages of Accountability

Denial

Blame (shift the burden)

Excuses

Anxiety

Accountability


Own your moment!

Ethics in the internship

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



Patient advocacy

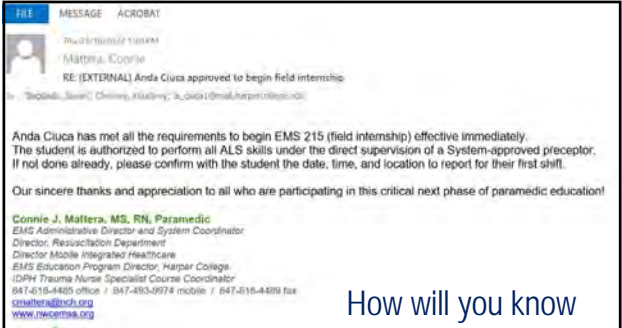
Defend patient's rights
Place patient's needs first unless safety threat
Disagree without being disagreeable
Protect confidentiality (HIPAA)

Field Internship
Expectations
Sequencing
Forms and documents
Phase meetings



Prerequisites to start
Field Internship

Pass EMS 213
EMS 218 done
(Outstanding units
scheduled & approved by Bill)
Platinum entries done; approved by Bill
Qualified Preceptors credentialed and approved
Agency hosting agreements signed by both parties



How will you know
they are released to
start the internship?



Practice enforced by preceptor

Rules of engagement

ALS vehicle in NWC EMSS plan
Temporary ALS privileges, not a staffing substitute
ALS care must be given under direct observation and supervision

Up to 24 hrs – 12 hrs rest before next shift;
max 1/3 hrs on nights



Developing
Evidence Based
Fatigue Risk Management
Guidelines
for Emergency Medical Services



Standard III.A.2. Clinical, Field Experience, and Capstone Field Internship Affiliations
For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint, and interventions in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

The clinical/field experience and capstone field internship resources must ensure exposure to, and assessment and management of the following patients and conditions: adult trauma and medical emergencies; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

Interpretation of Compliance with the Standard:
The clinical resources must ensure opportunities for the student to complete assessment and management of the following patients and conditions: adult trauma and medical emergencies; pediatric trauma and medical emergencies including assessment and management; and geriatric trauma and medical emergencies.

The program establishes minimum competency numbers for ages, skills, and patient contacts for each listed category. The minimum numbers must be approved by the Medical Director and reviewed by the Advisory Committee with documentation of these actions. There is periodic evaluation that the established minimums are adequate to achieve competency. For any group or subgroup, including each pediatric age subgroup, minimum competency number must be two or more. Two patient encounters in each pediatric subgroup are live and cannot be achieved through simulation.

Tracking documentation must show the established minimums and confirm that each student has met the requirement.

Phase 1 – Team Member

- Orient to agency
- Emphasis on improving assessments and skills as directed (10 ALS calls)
- **MAY NOT** serve as team leader until phase 1 meeting approves that transition

Phase 2: Capstone - Team Leader


Work with others to achieve goals
Team leader role crucial part of internship
Puts team success above own interest
Respect for all team members

PM student portfolios required;
let's look at EMS 215 forms
and paperwork

How long will it take?

Phase 1: 4 weeks or less
Phase 2: Min 300 hours + contacts
+ competency attestations
Cannot end before 5-17-24

It depends...




Phase meetings

Schedule early!
Submit documents at least 1 week in advance

Who? Student, preceptor(s), HEMSC/E;
PEMSC welcome, not required

What is discussed? PCR, drugs, ECGs

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

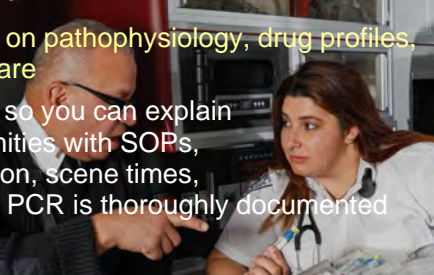


Prepare in advance for phase meetings

Evaluate as you go!
Complete Critique form skill evaluation right after each call

Quiz student on pathophysiology, drug profiles, and EMS care

Review calls so you can explain nonconformities with SOPs, pt. disposition, scene times, and ensure PCR is thoroughly documented



Endorsor Health Paramedic Program
Terminal Competency Form S24

Name of Paramedic Program: Northwest Community Healthcare
CDEP Site Code Number: 0000000000
Course Dates: September 11, 2023 to June 12, 2024

We hereby attest that the candidate listed below has successfully completed all of the Terminal Competencies required for graduation from the NCH Paramedic Education program affiliated with Northwest Community Healthcare (see below) that they are a competent candidate to enter the Paramedic profession (with EMS) as an efficient, effective, compassionate and patient-centered care upon successful completion of the National Registry examination. They will be recommended for paramedic licensure in the State of North Carolina upon successful completion of the exam.

Name of graduate: _____

PROGRAM REQUIREMENTS successfully and fully completed on: _____

1) Academic work: EMS 210, EMS 211, EMS 212, EMS 213, and EMS 218 cumulative written and practical final exams, and NCH Student Handbook for grades: _____

2) Student Minimum Competency Matrix (SMCM): (required minimum competencies, and better practice)

3) EMS 217 and 218 (local Clinical Rotations): Successfully completed all required areas and other testing criteria and competencies

4) EMS 219 (Capstone Field Internship): Successfully completed all required areas and other testing criteria and competencies

5) Paramedic and Supervisor Evaluations: completed, accepted, and in file

6) Capstone

7) Preceptor: All skill competencies completed

8) Graduate requirements report completed

9) Student monitoring and/or evaluation during term in file

10) Performance Improvement plan (PIP) and/or written warnings successfully completed and received as required: ☐ Not applicable

Notional Director (signature & date): _____

PM Program Director (signature & date): _____

PM Program Lead Instructor (signature & date): _____

No program use a local Director/Supervisor's title: _____

After graduation outcomes:

1) Licensure Exam: ☐ Passed ☐ Failed ☐ Pending ☐ Not applicable ☐ Pending ☐ Pending ☐ Pending

Candidate title: _____

State licensure number: _____

Employer (paramedic/paramedic): _____

Employer Survey completed at: _____

Graduate Survey completed at: _____

CDEP S-24

Goal: Done with EMS 215 by May 17, 2024

JUNE 2024

SUN	MON	TUE	WED	THU	FRI	SAT
26	27	28	29	30		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Final written (June 6, 7, 8)

Graduation (June 12, 13, 14)

NR Practical exam (June 20, 21, 22)

www.GrabCalendar.com

NCH grads have option of taking old exam (written + practical) right after graduation or take new expanded written exam only after 7-1-24

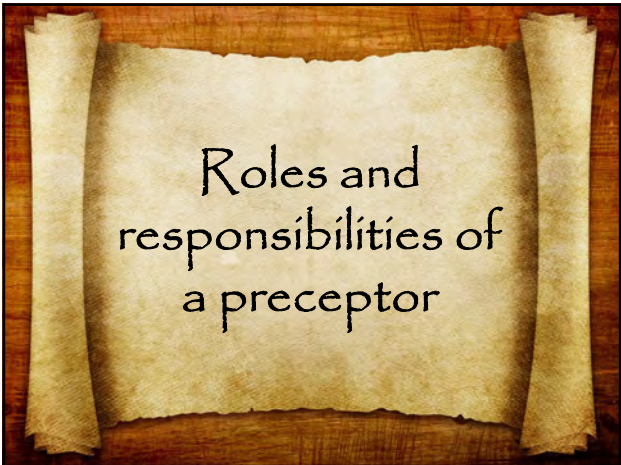
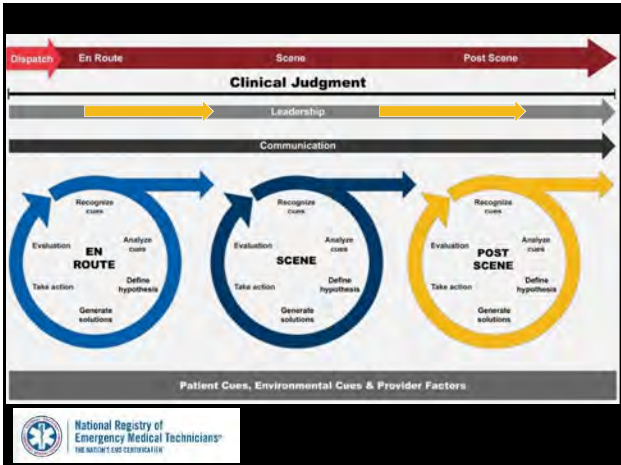
New Certification Examination For Paramedics and AEMTs Launches July 1, 2024

OCTOBER 06, 2023

IMPORTANT INFORMATION TO NOTE

- The new AEMT and Paramedic Certification Examinations will launch on July 1, 2024.
- All AEMT and Paramedic candidates will be required to take the new AEMT or Paramedic Certification Examination beginning on July 1, 2024.
- The existing psychomotor examination will remain available until June 30, 2024; after that date, all candidates must take the new examinations.

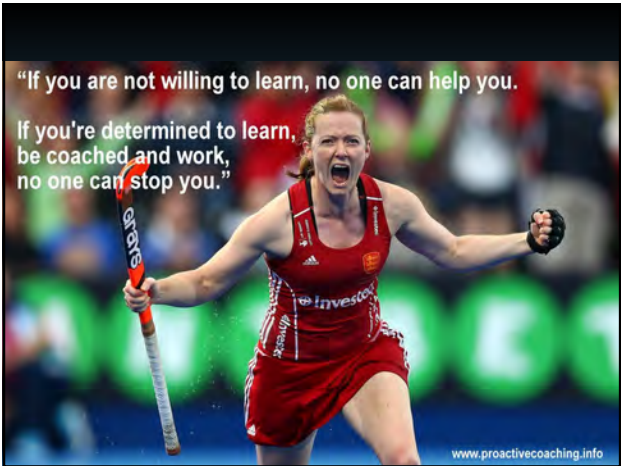
States will decide if they will require a local final practical w/ required skill stations



What is your job?

- Servant leader
- Champion of excellence
- Educator/teacher
- Coach/encourager
- Socializer/protector
- Evaluator/advocate
- Change agent

(Photo by Jamie Squire/Getty Images)



Because of your presence...

- Students understand System expectations
- Patients are safeguarded
- You can *NEVER* condone sub-standard performance

What's wrong here?

A photograph showing a paramedic in a blue uniform attending to a patient lying on a stretcher. The patient is wearing a white shirt and blue pants. The paramedic is wearing a blue cap and a white glove. The background shows other people and equipment.

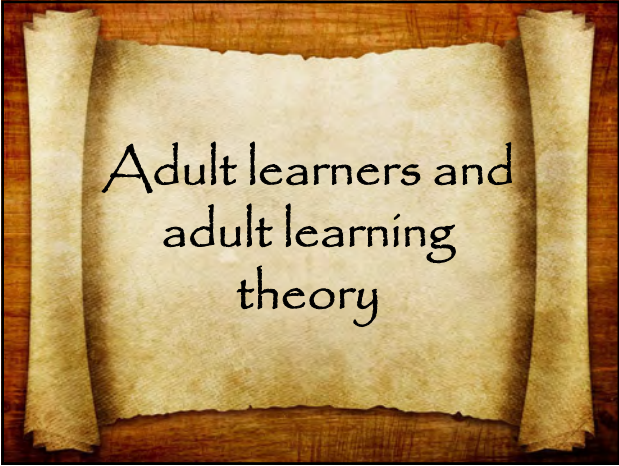
Characteristics of an effective preceptor

- Desire to be a supporter / teacher
- Competency in specialty; models desired behaviors
- Effective interpersonal and communication skills
- Good teaching skills
- 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.


Loyola University Chicago. © 2016 Cornerstone OnDemand

Northwest Community EMS System			
POLICY MANUAL			
Policy Title: PRECEPTOR: Paramedic/Prehospital RN students		No.	P - 1
Board approval: 3/14/19	Effective: 3/14/19	Supersedes: 7/1/10	Page: 1 of 3
<p>I. INTRODUCTION</p> <p>A. All paramedic and Prehospital RN (PHRN) students shall be directly supervised, mentored and evaluated by an approved preceptor.</p> <p>B. The preceptor shall act as a resource, facilitator and guide. This individual is valued not only as a teacher but serves as a role model exemplifying the standards of excellence in the NWC EMSS. Therefore, the preceptor must demonstrate thorough knowledge of the Northwest Community EMS System Policies, Procedures, and SOPs.</p> <p>II. POSITION DESCRIPTION: A Preceptor shall</p> <p>A. complete a preceptor orientation class given by the Resource Hospital prior to the first preceptor assignment and again once every two years if changes in practice or field internship processes have occurred.</p> <p>B. be responsible and accountable for decisions made regarding patient care when working with their student.</p> <p>C. orient, teach, and coach their assigned student during all supervised experience.</p> <p>D. complete sequential, objective, and fair evaluations which quantify achievement of the objectives and measure performance against System standards. Their judgment will be consulted and heavily relied upon when considering a candidate for licensure/recognition; therefore, areas of strengths as well as continued learning opportunities must be carefully documented on the evaluations.</p>			

Northwest Community EMS System			
POLICY MANUAL			
Policy Title: PEER EDUCATORS I-IV / IDPH Lead Instructors		No.	P - 7
Board approval: 5/11/23	Effective: 5/11/23	Supersedes: 9/12/19	Page: 1 of 6
<p>I. Definitions</p> <p>A. Scope of practice—Defined parameters of various duties or services that may be provided by a person with specific credentials. Whether regulated by rule, statute, or court decision, it represents the limits of services a person may legally perform. Since the legal authority to practice can be obtained only from the State, the State licensure process provides a means for States to stop unlawful practice by unlicensed people. This affords title protection to EMS personnel that comply with State regulations, and protection of the public from people who have not met minimum standards. (National EMS Scope of Practice Model)</p> <p>B. A person may only perform a skill or role for which that person is:</p> <ol style="list-style-type: none"> EDUCATED (has been trained to perform the skill or role), AND CERTIFIED (has demonstrated competence in the skill or role), AND LICENSED (has legal authority issued by the State to perform the skill or role), AND CREDENTIALLED (has been authorized by EMS MD to perform the skill or role). (National EMS Scope of Practice Model) <p>II. Policy</p> <p>A. An EMS education program shall only be conducted by an EMS System or an academic institution under the direction of the EMS System. The EMS MD shall attest on the application form that the education program will be conducted according to the national EMS education</p>			



Adult learner characteristics




- Participative; collaborative
- Dependent to self-directed
- Experience becomes a resource for learning
- Shifts from subject to problem-centered
- Impatient with time wasters; seeks immediate application



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



Staging of skill acquisition



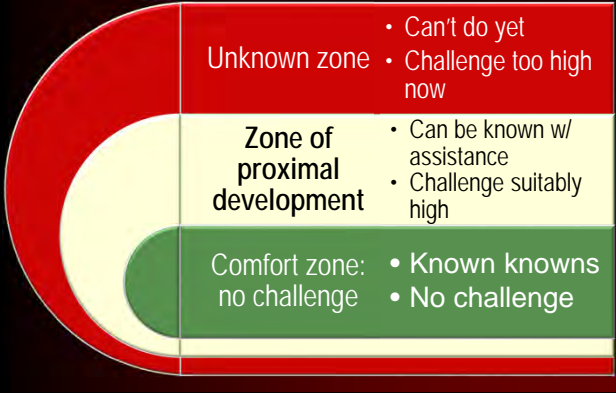
Motivated based on interest + perceived need
Involve in discovering value & relevance



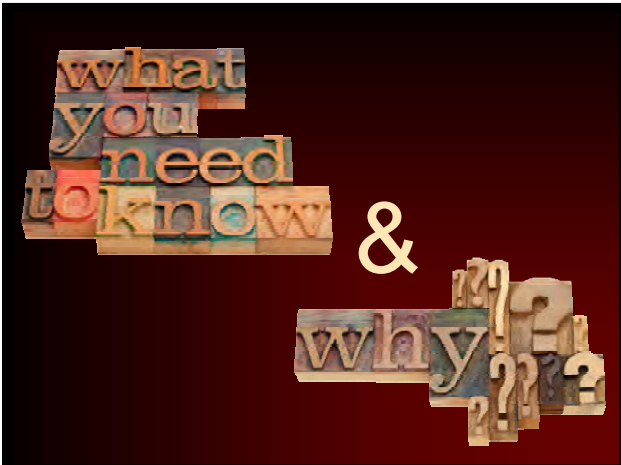
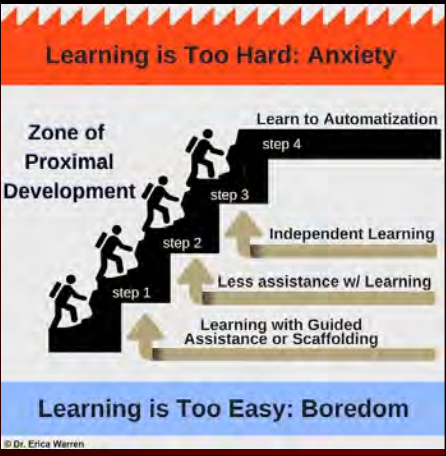
Guided assistance: Scaffolding



Don't push too hard, too far, or too fast!



Support while they try out new behaviors and acquire confidence and competence to do the job





Keys to success

- Individualize instruction
- Discuss goals for each shift
- Teach, don't preach**
- Guide to solutions; don't lecture to submission!
- Consult *reliable* sources
- Ask probing questions; encourage critical thinking
- Use affirmation when possible
- Provide timely feedback

6 Facets of Understanding

When we truly understand, we...

- Can explain (generalize, connect, provide examples)
- Can interpret (tell accessible stories, provide dimension)
- Can apply (use what we know in real contexts)
- Have perspective (see through critical eyes)
- Can empathize (walk in another's shoes)
- Have self-knowledge (know what we don't know, reflect on meaning of learning and experience)

Fijor, M. (2010) Understanding by design and technology. Arlington Hts School District 25, ICE 2010. Accessed on line: <http://www.slideshare.net/mfijor/understanding-by-design-and-tech-integration>

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

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

Invite and respond to questions

```

graph TD
    subgraph Learning_Cycle [LEARNING CYCLE]
        direction TB
        A[Action] --> E[Experience]
        E --> R[Reflection]
        R --> I[Insight]
        I --> LU[Learn/unlearn]
        LU --> A
    end
  
```

We learn by doing, not watching!

Have them perform assessments, interpret data, determine priorities; perform skills *with your supervision* unless immediate interventions required

They call must call OLMC; complete PCRs

Northwest Community EMS System
POLICY MANUAL

Policy Title: EMS Staffing Requirements during Conventional, Contingent, and Crisis operations; EMT-EMR staffing waiver
No. 9-3

Board approval:
Effective: 2-1-22
Supersedes: 3/27/20
Page: 1 of 8

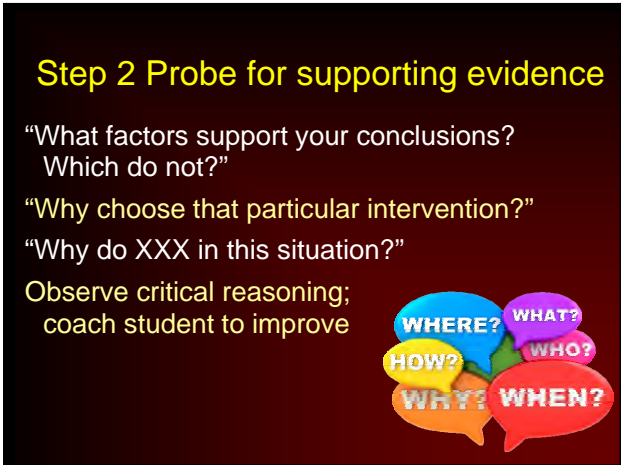
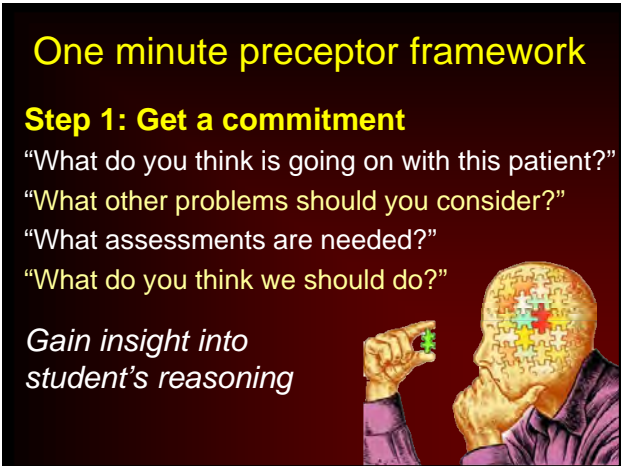
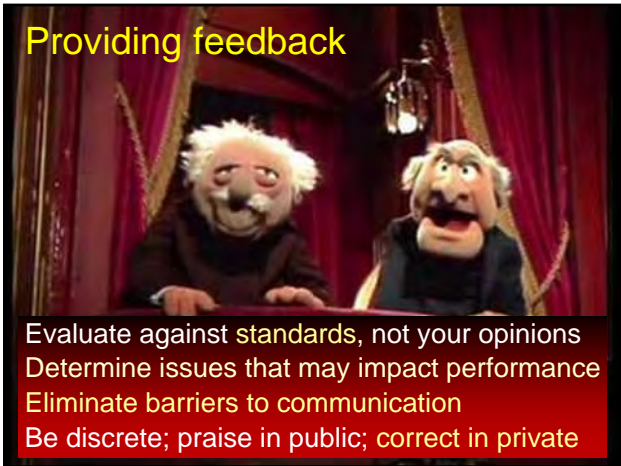
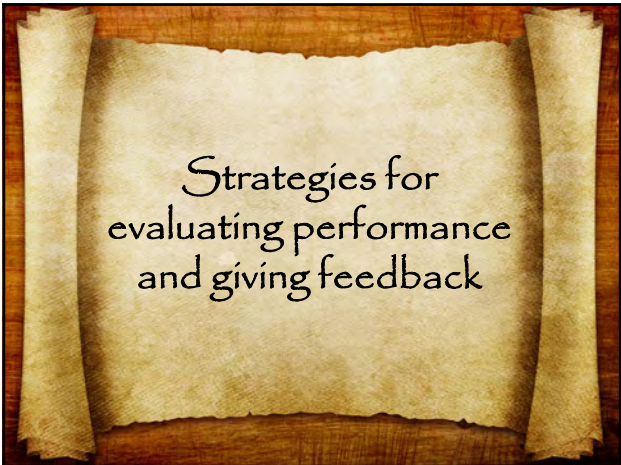
Requirements while operating under Conventional capacity: Personnel and staffing

A. It is assumed through this section that the spaces, staff, and supplies used are consistent with local and customary daily practices within the System fully meeting all laws, rules, guidelines, policies and procedures.

B. Each EMS provider, agency that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care

Who can sign the PCR?

- Depends on staffing requirement for call
- 2 licensed PMs if a critical, emergent, or unstable patient
- Student can sign as an EMT




Step 3: Reinforce what was done well

Student may not know what they've done well

Acknowledge accomplishments

Be specific

Enhances self-esteem and reinforces behaviors you want repeated




Provide praise

Don't assume excellence is expected so praise is unnecessary

Changing and maintaining new behavior requires praise

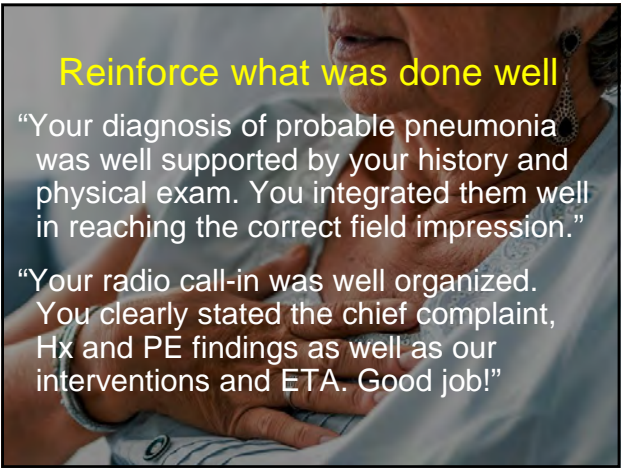
Praise, like criticism, should be well timed, well targeted and well said



Reinforce what was done well

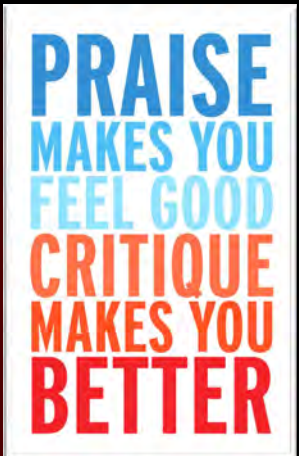
“Your diagnosis of probable pneumonia was well supported by your history and physical exam. You integrated them well in reaching the correct field impression.”

“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!”



Evaluation and feedback

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




4. Corrective coaching

Share thoughts and feelings appropriately, **address behavior**

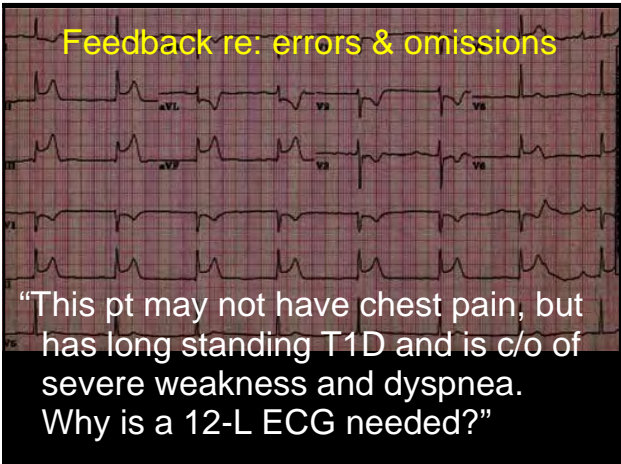
Judge the person, and you risk relationship

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



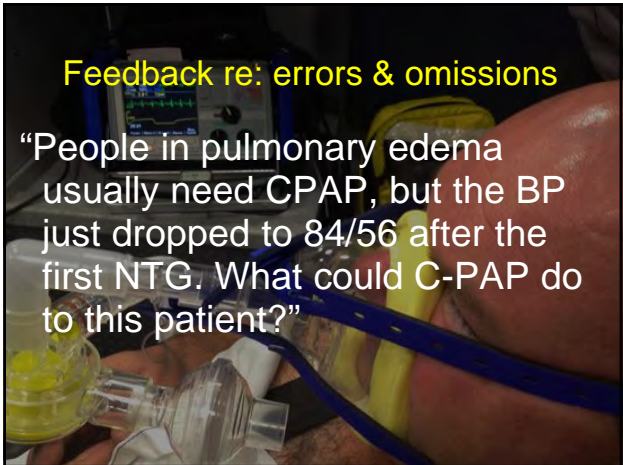
Feedback re: errors & omissions

“This pt may not have chest pain, but has long standing T1D and is c/o of severe weakness and dyspnea. Why is a 12-L ECG needed?”



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?”



Why crucial?

If withheld, student believes they are performing OK

Depth and resiliency needed to tackle critical or sensitive issues will be lacking



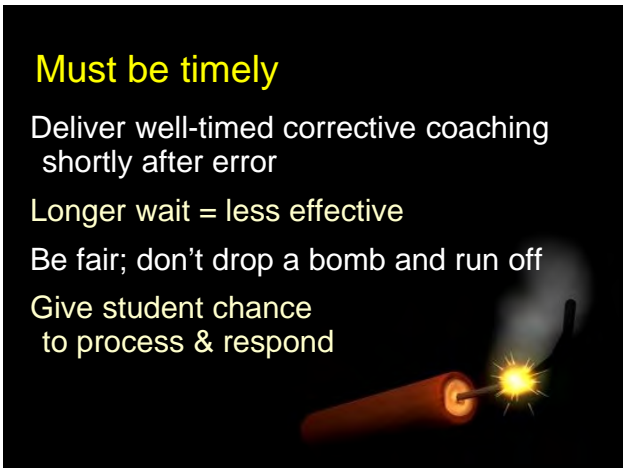
Must be timely

Deliver well-timed corrective coaching shortly after error

Longer wait = less effective

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

Give student chance to process & respond



Timely feedback helps you too

Failure to confront problems as they arise → capped volcano of emotions

Small frustrations → aggressive behavior & eruption of pent-up criticism

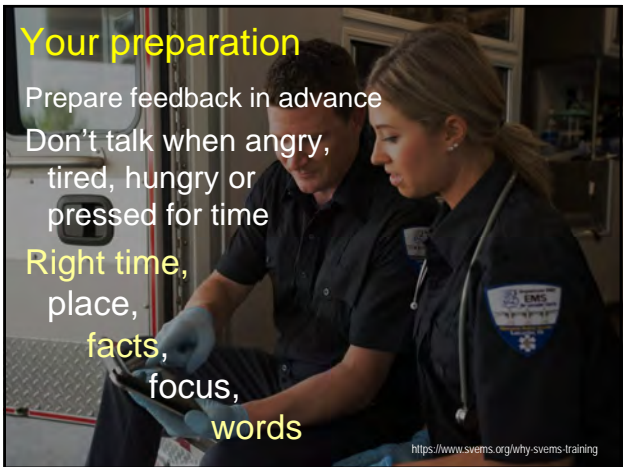


Your preparation

Prepare feedback 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?”



Pace feedback

Too much at once not helpful
 "What's the most important teaching point right now?"



Giving too much feedback at once, is like taking a drink from a fire hydrant

Elements of personal communication


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

Why e-mail messages are often misinterpreted...




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

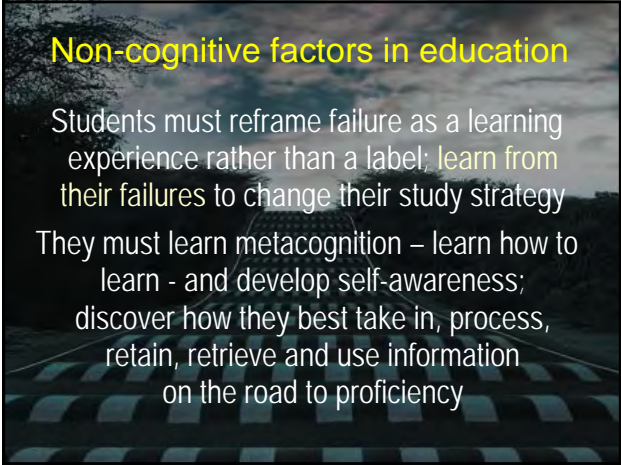
Student will keep a safe distance and all future praise will be received with suspicion



Non-cognitive factors in education

Students must reframe failure as a learning experience rather than a label: learn from their failures to change their study strategy

They must learn metacognition – learn how to learn - and develop self-awareness; discover how they best take in, process, retain, retrieve and use information on the road to proficiency

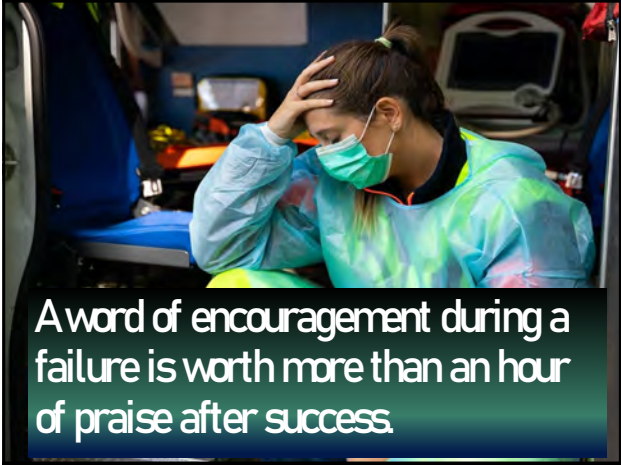


Yare NOT
 y**O**ur
FAILURES!

Reach for the stars, they are just beyond your grasp!



A word of encouragement during a failure is worth more than an hour of praise after success.



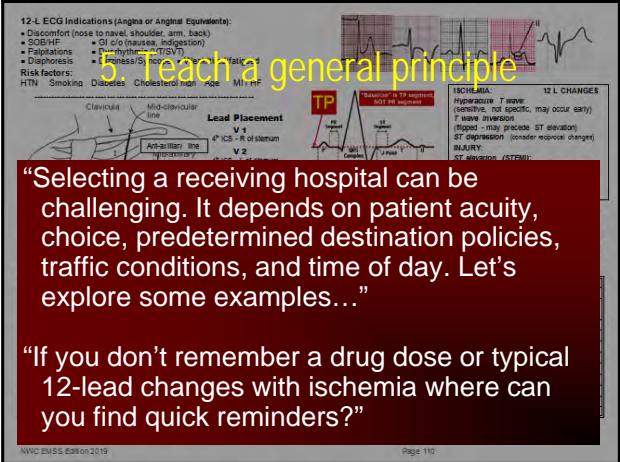
+ What worked well?

- What would be a better approach?
- What change in technique would be more successful?
- What could we do better as a team next time?
- What changes are needed to meet your career goals?

5. Teach a general principle

“Selecting a receiving hospital can be challenging. It depends on patient acuity, 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?”



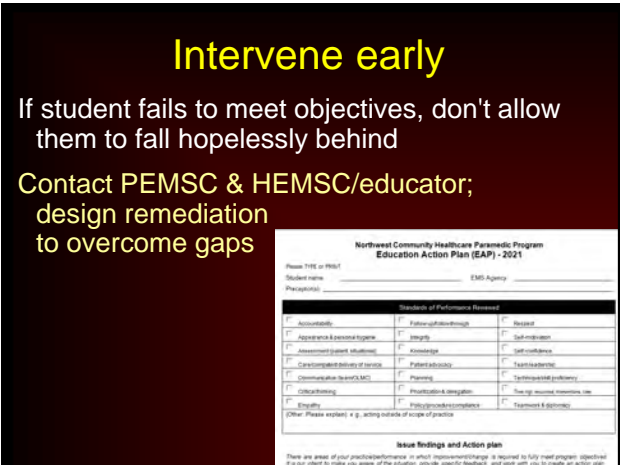
6. Conclusion of teaching encounter

- 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 & HEMSC/educator; design remediation to overcome gaps



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 is preparing for medical school. He is brilliant and frequently challenges what he believes is incorrect or inconsistent with what he read or was taught in class.

He sometimes borders on crossing the line between disrespect and asking a heart-felt question.

What's the best approach to this student?

Student 3

A 24 y/o has been an EMT 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 prompted.

How should you coach this student?

Student 4

32 y/o is forced to attend class for his job and is not happy about being here. He has 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 provide feedback.

How should you coach this student?

Student 5

25 y/o male has been late 3 times and has called off twice. Talks a good game, but seems to have significant knowledge gaps. He has a part-time job at an area hospital and does not follow through on paperwork as directed.

When confronted about his behavior he makes multiple excuses. It's 4 weeks into the internship and he is not meeting the affective objectives.

What is the best approach with this student?

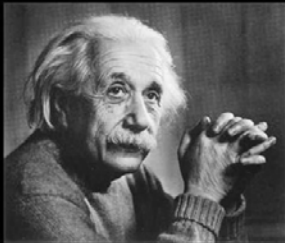
Student 6

28 y/o 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?





“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!

Outcomes & Recommendations

Signatures

Student NAME/ signature _____ Preceptor NAME/signature _____

Hospital EMSC/Educator signature _____ Provider EMSC NAME/signature _____

Date _____

Recommendation: ☐ Field Capstone (Phase 2) complete; all objectives met
☐ Retain in Phase 2 (attach Performance Improvement Plan)
☐ Terminate the internship; obj. not met; hosting agreement withdrawn (attach documentation)

Level of recommendation:

☐ We attest that the student has successfully completed all CAPSTONE objectives and has demonstrated their ability to perform as a minimally competent, entry-level, Paramedic in the cognitive, psychomotor, and affective learning domains with conceptual, technical, contextual, integrative and adaptive competence.

☐ The student has not achieved the CAPSTONE objectives. ☐ Hosting privileges withdrawn (attach documentation)

Student name	Agency
NAME/Signature preceptor	NAME/Signature EMS/EC
Signature of EMS/EC	Signature EMS MD

Northwest Community Healthcare Paramedic Program

Quality People. Quality Education. Quality Care

ABOUT US | STANDARDS OF PRACTICE | EDUCATION | SYSTEM ENTRY | MORE INFORMATION

Education

EMT

Paramedic

• Student Clinical Phase

• Field Internship Phase

• Paramedic Preceptor

ECR/EC

VNS

Continuing Education

Minnesota (CE)

Clinical Practice Alerts

Peer Educators

Illness, EMS Education

Committee

NCH 2023 Paramedic Program Outcomes Summary (updated 10/28/2023)

Paramedic Class

Paramedic Class Report

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

Commission on Accreditation of Allied Health Education Programs
727-230-2350
www.caahep.org

To contact CoAEMSP
214-703-8445
www.coaemsp.org

www.NWCEMSS.org

“Cooperation is working together for the good of all. It is the willingness to stand side by side and use the different gifts each of us have to offer. We seek common goals in service of a unified vision. We blend our abilities to create something none of us could achieve alone. Conflict and contention drain us. Cooperation can fuel our dreams. With cooperation, we help another to share the load. We willingly do tasks that others ask of us. We look for ways to be helpful and ask for help when we need it. We do not isolate or harbor our loneliness. Together, we accomplish greater things.”

- The Virtues Project

“The single biggest problem in communication is the illusion that it has taken place.” George Bernard Shaw

Questions?

cmattera@nch.org

www.nwcemss.org

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