Premergency's Community Paramedic Practitioner Education Program

Mission Statement

Premergency's Community Paramedic Training Program aims to prepare the paramedic to utilize their traditional skill set while practicing in a non-traditional environment, with the collaboration of health partners, for the betterment of health in the community; being accountable to the communities they serve.

Through evidence-based adult educational principles, the paramedic will develop critical thinking skills - including critical reflection and critical self-reflection -, appreciate current research, incorporate it into their practice, and promote further research.

Objectives

- Upon completion of the Community Paramedic Practitioner Training Program, the learner will be able to:
- Identify the health needs of the community in relation to chronic illness and ageing at home:
    - Participate in the community's health assessment as it applies to the population's needs*
- Define the role of a Community Paramedic and how they integrate into the healthcare system:
    - Increase community awareness of health prevention and promotion.
- Describe and contrast the types of healthcare delivery in the community, including aspects of social accountability:
    - Determine need for community resources (e.g., Mental health, substance abuse, public health, social services)
    - Identify social determinants affecting patient/client care (e.g., individual, community, transportation, economics, environment, social support)
    - Identify cultural variables affecting patient/client care (e.g., Language, Religion, Sexual Orientation, Ethnicity, Race)
- Describe, access, and understand the spectrum and structure of community-based care resources and rehabilitation services available for seniors within their province of training:
    - Develop a network of resources for patient/client.

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- Understand the structure of Continuing Care (e.g., placement, bed hubs, the role of committees, MDS, specialized units, standards of care):
    - Provide referrals to community resources (e.g., Mental health, substance abuse, public health, social services).
    - Refer for needs matched time appropriate care.
    - Understand the need to operate within the financial framework to provide healthcare.
- Develop and implement care plans collaboratively with interdisciplinary team members:
    - Participate in a plan of care to meet an individual's needs.
    - Collaborate with the healthcare team in the management of chronic disease (e.g., diabetes, asthma, Coronary Artery Disease).
    - Serve as a patient/client advocate (e.g., program enrollments, liaison with healthcare professionals).
- Communicate and implement the key components of appropriate care, transfer, or discharge plan using interdisciplinary team resources (e.g., accurate medication list, need for support services, plans for follow-up):
    - Coordinate health services for patients/clients.
    - Collaborate with health professionals to ensure the continued care of the patient/client.
    - Communicate with health professionals to ensure the continued care of the patient/client (e.g., condition, reaction to interventions, significant incidents).
    - Document patient/client visits and follow-up care in healthcare records Access patient/client electronic and/or paper medical records.
    - Evaluate related health records (e.g., lab results, medication list, most recent visit, maintain patient confidentiality summary).
- Identify and manage caregiver stress in the context of transitions of care.
- Recognize and action potential elderly abuse and failure to thrive:
    - Provide service with the local social service and ageing agencies (e.g., adult protection, child protection, senior services, housing).
- Identify the patient's ability to participate in health care planning:
    - Prepare patient/client to navigate the healthcare system independently.
- Communicate effectively with patients using both verbal, nonverbal and active listening skills.

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- Explain the importance of healthcare goal setting:
    - Consider motivational interviewing, educational theories and resources.
- Provide health education on:
    - Proper use of healthcare resources
    - Chronic disease
    - Medical condition
    - Community resources
    - Wellness and nutrition
    - Medications
- Gather and interpret important historical and examination points:
    - Perform initial comprehensive history and physical assessment exam.
    - Perform an ongoing comprehensive longitudinal history and physical assessment exam.
- Define and perform a cognitive assessment.
- Evaluate the basic and instrumental activities of daily living.
- Assess and evaluate falls, gait and balance:
    - Differentiate injury patterns associated with specific mechanisms of injury (e.g., falls, elder abuse).
- Identify, reduce and manage potential hazards for the patient at home:
    - Assess safety risks for the patient/client (e.g., disease, falls, environmental health hazards).
    - Perform a physical safety inspection (e.g., home, property, vehicle).
- Understand the care of the geriatric patient at home:
    - Monitor chronic diseases of the patient in the community.
- Discuss the treatments involving the geriatric patient:
    - Manage chronic diseases of the patient in the community.

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- Understand acute and chronic complications of geriatric emergency medicine.
- Describe the usual anatomical and physiological changes seen with ageing, understand the concept of frailty and its impact on disease in the elderly.
    - Consider medical variables affecting patient/client care (e.g., autism, physical disabilities, dementia, age).
- Explain the physiology and pathophysiology of common chronic diseases found in the community, such as CHF, COPD, and Diabetes.
- Explain the pathophysiology of common disease processes of the geriatric patient.
- Demonstrate the ability to recognize, evaluate, and manage typical and atypical presentations of common medical conditions and multi-system diseases.
- Screen for comorbidities:
    - Identify special needs variables affecting patient/client care (e.g., autism, abuse, neglect, malnutrition, PTSD, medical literacy).
- Work collaboratively with the patient's health care team to assist with structured medication modifications and reviews.
- Obtain a structured medication review that includes a list of all medications being taken, dosages, frequencies, indications, evidence of benefit, side effects, and adherence assessment.
- Identify potential drug-drug and drug-disease interactions with prescribing medications in the elderly.
- Describe pharmacological and non-pharmacological treatments for common medical conditions and multi-system diseases.
    - Educate about pharmacologic agents: Transdermal
    - Communicate with patient/client to ensure continued care (e.g., medication adherence, follow-up care)
- Outline the pharmacokinetic changes that commonly occur with ageing.
- Understand medication therapy that is most likely to cause adverse events in the elderly population, i.e., Drug-drug or drug-disease interactions.

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- Describe the physiology and pathophysiology of acute and chronic dementia, delirium and depression:
    - Identify mental health variables affecting patient/client care (e.g., cognitive disorders, substance disorders, schizophrenia and psychotic disorders, anxiety).
- Describe the monitoring, management and treatment of acute and chronic dementia, delirium and depression.
- Identify and monitor common end of life issues.
- Describe the physiology and pathophysiology of the palliative care patient.
- Describe the monitoring, management and treatment of the palliative care patient.
- Identify and evaluate relevant evidence and research.
- Understand the relevance of research as it pertains to community paramedicine.

Partially Adapted from:

Board for Critical Care Transport Paramedic Certification BCCTCP (2016). Certified community paramedic (CP-C) detailed content outline.

Charles, L., Triscott, J., Dobbs, B., McKay, R. (2014). Geriatric core competencies for family medicine curriculum and enhanced skills: Care of the elderly. Canadian Geriatric Journal, 17(2). DOI:http://dx.doi.org/10.5770/cgj.17.95.