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Kansas Emergency Medical Responder Transition Course

Needs Assessment and Gap Analysis Document

November 2009

Needs Assessment

The needs assessment for this course was determined by using the following mechanisms:

1. The curriculum designers reviewed the Kansas Emergency Medical Service (EMS) Scope of Practice document published in 2008 to determine the specific tasks to be included in the transition course.
2. To determine the specific knowledge, skills, and abilities tied to each of the tasks, the curriculum designers implemented four mechanisms to elicit feedback from Kansas EMS educators and current certified attendants at the first responder level.
 - a. We implemented an Emergency Medical Responder (EMR) survey of existing first responders and EMS educators in Kansas EMS using Survey Monkey, an Internet based survey tool. Educators included in this survey were Training Officer I, Training Officer II, and Instructor/Coordinator. One hundred and thirty five persons completed the EMR survey.
 - b. We held four (4) geographically distinct focus group sessions with Kansas EMS educators, certified attendants, and interested persons. Fifty-six (56) persons attended these focus group sessions. The breakdown of attendees is as follows.

Attendees	Wichita	Overland Park	Hoxie	Ellsworth
	July 17	July 24	July 25	August 11
Total	14	10	9	23
TO 1	3	3	1	7
TO 2	1	1	1	4
I/C	6	5	6	9
FR	1	0	0	0
EMT-B	3	0	1	0
EMT-I	2	3	6	7
MICT	8	7	2	16

- c. In addition to the responder and educator survey tool, we implemented a survey of EMS Medical Director physicians to obtain feedback regarding the transition objectives and implementation. Thirteen (13) Medical Directors responded to the Medical Director survey.
- d. We encouraged email and phone communication from stakeholders to give direct feedback regarding the EMR curriculum development process. We did not receive any communication directly regarding the EMR curriculum.

The needs assessment revealed the following:

Themes from the Medical Director Survey for EMR:

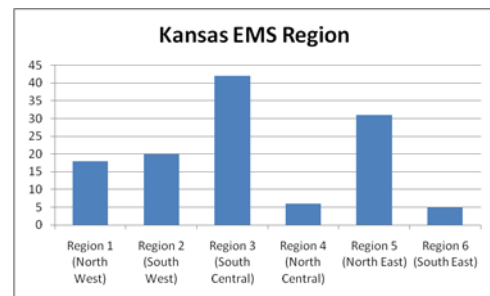
1. Need to know past the "numbers" (should have some background info), need to know "why, not just "how".
2. Need to demonstrate competency.
3. Need low pressure, high feedback, good coaching.
4. Need objective-based and consistent training.
5. Specific skills (such as glucose measurement, pulse oximetry, auto injector, newborn resuscitation) need to be emphasized in full.
6. Physicians care deeply about the people who volunteer for emergency medical service and want to balance the new scope requirements with not demanding unreasonable things.

Emergency Medical Responder Survey:

General Data:

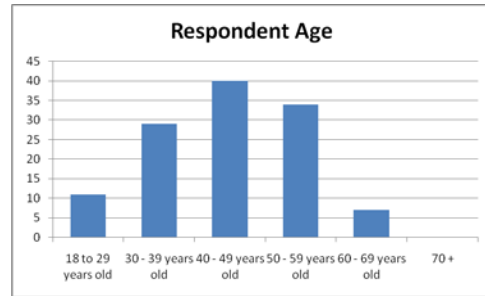
Kansas EMS Region

Region 1 (North West)	18
Region 2 (South West)	20
Region 3 (South Central)	42
Region 4 (North Central)	6
Region 5 (North East)	31
Region 6 (South East)	5



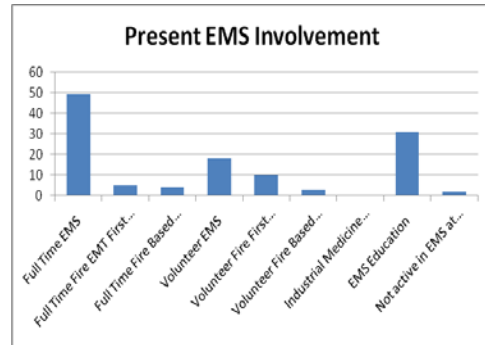
Respondent Age

18 to 29 years old	11
30 - 39 years old	29
40 - 49 years old	40
50 - 59 years old	34
60 - 69 years old	7
70 +	0



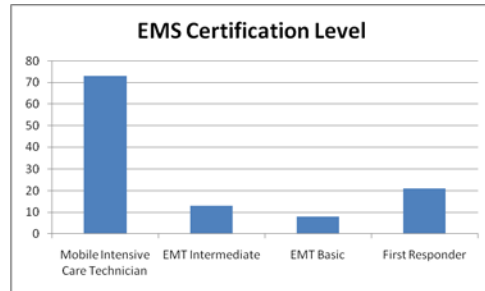
Present EMS Involvement

Full Time EMS	49
Full Time Fire EMT First Response	5
Full Time Fire Based EMS Provider	4
Volunteer EMS	18
Volunteer Fire First Responder	10
Volunteer Fire Based EMS Provider	3
Industrial Medicine EMS Responder	0
EMS Education	31
Not active in EMS at this time	2



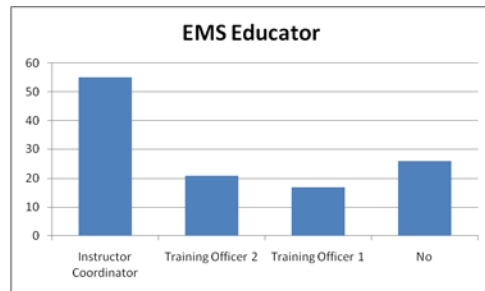
EMS Certification Level

Mobile Intensive Care Technician	73
EMT Intermediate	13
EMT Basic	8
First Responder	21



EMS Educator

Instructor Coordinator	55
Training Officer 2	21
Training Officer 1	17
No	26



Individual Task Needs Assessment

Each task was the focus of a survey question designed to elicit comfort levels and knowledge levels from existing first responders and instructors. In the responses below, green indicates a high level of knowledge currently, yellow a significant lack of knowledge currently, and red a critical lack of current knowledge.

AIRWAY & BREATHING I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Airway – Oral (Oropharyngeal)										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	1	1%	0	0%	0	0%	0	0%	1	5%
3 – Watched others do this skill	1	1%	0	0%	0	0%	0	0%	1	5%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	13	11%	2	4%	1	5%	2	12%	6	29%
6 – Full competency at this skill	106	87%	53	96%	20	95%	15	88%	12	57%
Airway – Nasal (Nasopharyngeal)										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	2	2%	0	0%	0	0%	0	0%	2	10%
3 – Watched others do this skill	6	5%	0	0%	1	5%	1	6%	4	19%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	16	13%	3	5%	5	24%	2	12%	4	19%
6 – Full competency at this skill	97	80%	52	95%	15	71%	14	82%	10	48%
Bag-valve-ETT/CombiTube® ventilation										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	2	2%	0	0%	0	0%	0	0%	2	10%
3 – Watched others do this skill	5	4%	0	0%	0	0%	0	0%	4	19%
4 – Assisted others in doing this skill	4	3%	0	0%	0	0%	0	0%	4	19%
5 – A working knowledge of when and how to apply this skill	10	8%	2	4%	2	10%	1	6%	4	19%
6 – Full competency at this skill	101	83%	53	96%	19	90%	16	94%	7	33%
Mouth-to-Mouth										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	1	1%	0	0%	0	0%	1	6%	0	0%
3 – Watched others do this skill	3	2%	1	2%	0	0%	0	0%	2	10%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	0	0%
5 – A working knowledge of when and how to apply this skill	10	8%	5	9%	1	5%	1	6%	2	10%
6 – Full competency at this skill	107	88%	49	89%	20	95%	15	88%	17	81%
Oxygen Therapy – Humidifiers										
1 – No knowledge	4	3%	0	0%	0	0%	0	0%	4	19%
2 – Heard of this skill	8	7%	0	0%	0	0%	0	0%	8	38%
3 – Watched others do this skill	3	2%	0	0%	0	0%	1	6%	1	5%
4 – Assisted others in doing this skill	4	3%	1	2%	0	0%	1	6%	2	10%
5 – A working knowledge of when and how to apply this skill	17	14%	6	11%	4	19%	3	18%	3	14%
6 – Full competency at this skill	86	70%	48	87%	17	81%	12	71%	3	14%

AIRWAY & BREATHING I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Oxygen Therapy – Partial Rebreather Mask										
1 – No knowledge	3	2%	0	0%	0	0%	0	0%	3	14%
2 – Heard of this skill	3	2%	0	0%	1	5%	0	0%	2	10%
3 – Watched others do this skill	3	2%	0	0%	0	0%	0	0%	3	14%
4 – Assisted others in doing this skill	3	2%	1	2%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	11	9%	4	7%	2	10%	1	6%	3	14%
6 – Full competency at this skill	99	81%	50	91%	18	86%	16	94%	9	43%

Oxygen Therapy – Simple Face Mask

1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	1	1%	0	0%	0	0%	1	6%	0	0%
3 – Watched others do this skill	0	0%	0	0%	0	0%	0	0%	0	0%
4 – Assisted others in doing this skill	4	3%	0	0%	0	0%	0	0%	3	14%
5 – A working knowledge of when and how to apply this skill	15	12%	6	11%	1	5%	1	6%	6	29%
6 – Full competency at this skill	102	84%	49	89%	20	95%	15	88%	12	57%

Oxygen Therapy - Blow-by delivery

1 – No knowledge	6	5%	0	0%	0	0%	0	0%	5	24%
2 – Heard of this skill	2	2%	0	0%	0	0%	0	0%	2	10%
3 – Watched others do this skill	2	2%	0	0%	0	0%	0	0%	2	10%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	10	8%	3	5%	1	5%	2	12%	3	14%
6 – Full competency at this skill	101	83%	52	95%	20	95%	15	88%	8	38%

Suctioning - Upper airway (nasal)

1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	9	7%	0	0%	1	5%	0	0%	8	38%
3 – Watched others do this skill	4	3%	0	0%	0	0%	0	0%	3	14%
4 – Assisted others in doing this skill	4	3%	1	2%	0	0%	1	6%	2	10%
5 – A working knowledge of when and how to apply this skill	13	11%	2	4%	4	19%	3	18%	3	14%
6 – Full competency at this skill	92	75%	52	95%	16	76%	13	76%	5	24%

Suctioning – Upper Airway (Soft & Rigid)

1 – No knowledge	1	1%	0	0%	0	0%	0	0%	1	5%
2 – Heard of this skill	5	4%	0	0%	1	5%	0	0%	4	19%
3 – Watched others do this skill	4	3%	0	0%	0	0%	0	0%	3	14%
4 – Assisted others in doing this skill	6	5%	0	0%	0	0%	1	6%	5	24%
5 – A working knowledge of when and how to apply this skill	9	7%	2	4%	1	5%	1	6%	3	14%
6 – Full competency at this skill	97	80%	53	96%	19	90%	15	88%	5	24%

Suctioning - Meconium aspiration (BULB SYRINGE)

1 – No knowledge	1	1%	0	0%	0	0%	0	0%	1	5%
2 – Heard of this skill	8	7%	0	0%	0	0%	0	0%	8	38%
3 – Watched others do this skill	5	4%	1	2%	1	5%	0	0%	2	10%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	23	19%	6	11%	6	29%	5	29%	4	19%
6 – Full competency at this skill	84	69%	48	87%	14	67%	12	71%	5	24%

Assessment I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Blood Glucose Monitoring										
1 – No knowledge	3	2%	0	0%	0	0%	0	0%	3	14%
2 – Heard of this skill	4	3%	1	2%	0	0%	0	0%	3	14%
3 – Watched others do this skill	6	5%	0	0%	0	0%	0	0%	5	24%
4 – Assisted others in doing this skill	6	5%	0	0%	0	0%	0	0%	6	29%
5 – A working knowledge of when and how to apply this skill	8	7%	4	7%	0	0%	2	12%	2	10%
6 – Full competency at this skill	95	78%	50	91%	21	100%	15	88%	2	10%
Pulse Oximetry										
1 – No knowledge	2	2%	0	0%	0	0%	0	0%	2	10%
2 – Heard of this skill	2	2%	1	2%	0	0%	0	0%	1	5%
3 – Watched others do this skill	3	2%	0	0%	0	0%	0	0%	3	14%
4 – Assisted others in doing this skill	4	3%	0	0%	0	0%	0	0%	3	14%
5 – A working knowledge of when and how to apply this skill	9	7%	4	7%	0	0%	1	6%	4	19%
6 – Full competency at this skill	102	84%	50	91%	21	100%	16	94%	8	38%
Using Glasgow Coma Scale (GCS)										
1 – No knowledge	5	4%	0	0%	0	0%	0	0%	5	24%
2 – Heard of this skill	5	4%	0	0%	0	0%	0	0%	4	19%
3 – Watched others do this skill	0	0%	0	0%	0	0%	0	0%	0	0%
4 – Assisted others in doing this skill	2	2%	0	0%	0	0%	0	0%	2	10%
5 – A working knowledge of when and how to apply this skill	33	27%	16	29%	6	29%	6	35%	4	19%
6 – Full competency at this skill	77	63%	39	71%	15	71%	11	65%	6	29%

Pharmacological Intervention - Routes of Medication Administration I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	FR %
Unit dose auto-injector for self, peer or patient care (i.e., MARK I or Epi-Pen)										
1 – No knowledge	4	3%	2	4%	0	0%	0	0%	2	10%
2 – Heard of this skill	8	7%	0	0%	0	0%	0	0%	7	33%
3 – Watched others do this skill	9	7%	0	0%	2	10%	0	0%	7	33%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	22	18%	7	13%	6	29%	6	35%	2	10%
6 – Full competency at this skill	78	64%	46	84%	13	62%	11	65%	2	10%
Oral Administration (PO)										
1 – No knowledge	5	4%	1	2%	0	0%	0	0%	4	19%
2 – Heard of this skill	5	4%	0	0%	0	0%	0	0%	5	24%
3 – Watched others do this skill	8	7%	0	0%	1	5%	0	0%	6	29%
4 – Assisted others in doing this skill	2	2%	0	0%	0	0%	0	0%	2	10%
5 – A working knowledge of when and how to apply this skill	15	12%	5	9%	3	14%	3	18%	2	10%
6 – Full competency at this skill	87	71%	49	89%	17	81%	14	82%	2	10%
Intramuscular Administration (IM)										
1 – No knowledge	6	5%	1	2%	0	0%	1	6%	4	19%
2 – Heard of this skill	11	9%	0	0%	2	10%	1	6%	7	33%
3 – Watched others do this skill	9	7%	2	4%	1	5%	0	0%	6	29%
4 – Assisted others in doing this skill	2	2%	0	0%	1	5%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	21	17%	9	16%	4	19%	3	18%	3	14%
6 – Full competency at this skill	73	60%	43	78%	13	62%	12	71%	0	0%

Pharmacological Intervention - Administered Medication I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
2-PAM (Pralidoxime Chloride)										
1 – No knowledge	34	28%	9	16%	3	14%	7	41%	14	67%
2 – Heard of this skill	27	22%	15	27%	4	19%	2	12%	5	24%
3 – Watched others do this skill	5	4%	0	0%	3	14%	0	0%	2	10%
4 – Assisted others in doing this skill	2	2%	1	2%	0	0%	0	0%	0	0%
5 – A working knowledge of when and how to apply this skill	25	20%	15	27%	5	24%	4	24%	0	0%
6 – Full competency at this skill	29	24%	15	27%	6	29%	4	24%	0	0%
Aspirin (ASA) for chest pain (ONLY W/ MEDICAL DIRECTION)										
1 – No knowledge	4	3%	1	2%	0	0%	0	0%	3	14%
2 – Heard of this skill	6	5%	0	0%	0	0%	1	6%	4	19%
3 – Watched others do this skill	9	7%	0	0%	3	14%	0	0%	6	29%
4 – Assisted others in doing this skill	3	2%	0	0%	1	5%	0	0%	2	10%
5 – A working knowledge of when and how to apply this skill	10	8%	3	5%	1	5%	2	12%	4	19%
6 – Full competency at this skill	90	74%	51	93%	16	76%	14	82%	2	10%
Atropine										
1 – No knowledge	10	8%	2	4%	0	0%	1	6%	7	33%
2 – Heard of this skill	12	10%	3	5%	0	0%	0	0%	8	38%
3 – Watched others do this skill	13	11%	1	2%	5	24%	2	12%	5	24%
4 – Assisted others in doing this skill	5	4%	2	4%	1	5%	1	6%	1	5%
5 – A working knowledge of when and how to apply this skill	8	7%	5	9%	2	10%	1	6%	0	0%
6 – Full competency at this skill	74	61%	42	76%	13	62%	12	71%	0	0%
Beta-agonist (Albuterol/Proventil/Ventolin, etc.)										
1 – No knowledge	12	10%	1	2%	0	0%	2	12%	9	43%
2 – Heard of this skill	4	3%	0	0%	0	0%	0	0%	4	19%
3 – Watched others do this skill	8	7%	0	0%	3	14%	0	0%	4	19%
4 – Assisted others in doing this skill	3	2%	0	0%	0	0%	1	6%	2	10%
5 – A working knowledge of when and how to apply this skill	10	8%	4	7%	3	14%	1	6%	1	5%
6 – Full competency at this skill	85	70%	50	91%	15	71%	13	76%	1	5%
Epinephrine 1:1,000										
1 – No knowledge	8	7%	1	2%	0	0%	1	6%	6	29%
2 – Heard of this skill	7	6%	1	2%	1	5%	0	0%	5	24%
3 – Watched others do this skill	13	11%	0	0%	4	19%	1	6%	7	33%
4 – Assisted others in doing this skill	6	5%	1	2%	1	5%	1	6%	3	14%
5 – A working knowledge of when and how to apply this skill	10	8%	5	9%	2	10%	2	12%	0	0%
6 – Full competency at this skill	78	64%	47	85%	13	62%	12	71%	0	0%
Oral Glucose										
1 – No knowledge	4	3%	1	2%	0	0%	0	0%	3	14%
2 – Heard of this skill	3	2%	0	0%	0	0%	0	0%	3	14%
3 – Watched others do this skill	5	4%	0	0%	0	0%	0	0%	5	24%
4 – Assisted others in doing this skill	7	6%	0	0%	1	5%	0	0%	5	24%
5 – A working knowledge of when and how to apply this skill	7	6%	2	4%	1	5%	1	6%	3	14%
6 – Full competency at this skill	96	79%	52	95%	19	90%	16	94%	2	10%

Emergency Trauma Care I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Eye Irrigation										
1 – No knowledge	1	1%	0	0%	0	0%	0	0%	1	5%
2 – Heard of this skill	3	2%	0	0%	0	0%	0	0%	3	14%
3 – Watched others do this skill	4	3%	1	2%	0	0%	0	0%	3	14%
4 – Assisted others in doing this skill	3	2%	0	0%	0	0%	1	6%	2	10%
5 – A working knowledge of when and how to apply this skill	24	20%	8	15%	3	14%	5	29%	7	33%
6 – Full competency at this skill	87	71%	46	84%	18	86%	11	65%	5	24%
Spinal Immobilization - Long board										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	0	0%	0	0%	0	0%	0	0%	0	0%
3 – Watched others do this skill	0	0%	0	0%	0	0%	0	0%	0	0%
4 – Assisted others in doing this skill	2	2%	0	0%	0	0%	0	0%	2	10%
5 – A working knowledge of when and how to apply this skill	10	8%	2	4%	1	5%	1	6%	5	24%
6 – Full competency at this skill	110	90%	53	96%	20	95%	16	94%	14	67%
Spinal Immobilization - Seated patient (KED, etc.) (Assist only)										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	0	0%	0	0%	0	0%	0	0%	0	0%
3 – Watched others do this skill	3	2%	0	0%	0	0%	0	0%	3	14%
4 – Assisted others in doing this skill	8	7%	1	2%	0	0%	0	0%	7	33%
5 – A working knowledge of when and how to apply this skill	9	7%	2	4%	1	5%	1	6%	4	19%
6 – Full competency at this skill	102	84%	52	95%	20	95%	16	94%	7	33%
Spinal Immobilization - Helmet stabilization or removal										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	4	3%	0	0%	0	0%	0	0%	4	19%
3 – Watched others do this skill	5	4%	0	0%	0	0%	0	0%	5	24%
4 – Assisted others in doing this skill	4	3%	0	0%	0	0%	0	0%	3	14%
5 – A working knowledge of when and how to apply this skill	14	11%	4	7%	3	14%	4	24%	3	14%
6 – Full competency at this skill	95	78%	51	93%	18	86%	13	76%	6	29%

Emergency Trauma Care I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Spinal Immobilization - Long board w/ patient supine or standing										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	1	1%	0	0%	0	0%	0	0%	1	5%
3 – Watched others do this skill	1	1%	0	0%	0	0%	0	0%	1	5%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	10	8%	2	4%	1	5%	1	6%	5	24%
6 – Full competency at this skill	109	89%	53	96%	20	95%	16	94%	13	62%
Splinting extremity - Vacuum										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	3	2%	0	0%	0	0%	0	0%	3	14%
3 – Watched others do this skill	7	6%	0	0%	0	0%	0	0%	7	33%
4 – Assisted others in doing this skill	5	4%	1	2%	0	0%	0	0%	3	14%
5 – A working knowledge of when and how to apply this skill	11	9%	3	5%	2	10%	3	18%	3	14%
6 – Full competency at this skill	96	79%	51	93%	19	90%	14	82%	5	24%
Hemorrhage Control - Pressure bandaging										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	0	0%	0	0%	0	0%	0	0%	0	0%
3 – Watched others do this skill	0	0%	0	0%	0	0%	0	0%	0	0%
4 – Assisted others in doing this skill	4	3%	0	0%	0	0%	0	0%	4	19%
5 – A working knowledge of when and how to apply this skill	11	9%	3	5%	1	5%	1	6%	5	24%
6 – Full competency at this skill	107	88%	52	95%	20	95%	16	94%	12	57%

Medical/Cardiac Care - Cardiac Care I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Cardiac monitoring - apply electrode										
1 – No knowledge	2	2%	0	0%	0	0%	0	0%	2	10%
2 – Heard of this skill	3	2%	0	0%	0	0%	0	0%	3	14%
3 – Watched others do this skill	6	5%	0	0%	2	10%	0	0%	4	19%
4 – Assisted others in doing this skill	11	9%	2	4%	1	5%	0	0%	7	33%
5 – A working knowledge of when and how to apply this skill	9	7%	3	5%	1	5%	2	12%	3	14%
6 – Full competency at this skill	91	75%	50	91%	17	81%	15	88%	2	10%
CPR - mechanical device										
1 – No knowledge	4	3%	0	0%	0	0%	0	0%	4	19%
2 – Heard of this skill	14	11%	5	9%	3	14%	2	12%	3	14%
3 – Watched others do this skill	7	6%	2	4%	0	0%	1	6%	4	19%
4 – Assisted others in doing this skill	3	2%	2	4%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	22	18%	7	13%	5	24%	5	29%	4	19%
6 – Full competency at this skill	72	59%	39	71%	13	62%	9	53%	5	24%
Defibrillation - Automated / Semi-Automated (AED/SAED)										
1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	1	1%	0	0%	0	0%	0	0%	1	5%
3 – Watched others do this skill	1	1%	0	0%	1	5%	0	0%	0	0%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	14	11%	3	5%	1	5%	1	6%	8	38%
6 – Full competency at this skill	105	86%	52	95%	19	90%	16	94%	11	52%

Medical/Cardiac Care - Medical I have ...

Assisted with the delivery of an infant

1 – No knowledge	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Heard of this skill	9	7%	0	0%	1	5%	1	6%	7	33%
3 – Watched others do this skill	15	12%	5	9%	3	14%	4	24%	2	10%
4 – Assisted others in doing this skill	8	7%	4	7%	1	5%	0	0%	3	14%
5 – A working knowledge of when and how to apply this skill	44	36%	19	35%	6	29%	8	47%	9	43%
6 – Full competency at this skill	46	38%	27	49%	10	48%	4	24%	0	0%

Ambulance Operations - Communications I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Consider patient for potential organ donation										
1 – No knowledge	13	11%	0	0%	0	0%	4	24%	9	43%
2 – Heard of this skill	19	16%	5	9%	2	10%	2	12%	9	43%
3 – Watched others do this skill	3	2%	1	2%	1	5%	0	0%	1	5%
4 – Assisted others in doing this skill	9	7%	4	7%	3	14%	1	6%	1	5%
5 – A working knowledge of when and how to apply this skill	36	30%	22	40%	6	29%	7	41%	0	0%
6 – Full competency at this skill	42	34%	23	42%	9	43%	3	18%	1	5%

Provide a report to receiving personnel of assessment findings and emergency care given

1 – No knowledge	4	3%	0	0%	0	0%	0	0%	4	19%
2 – Heard of this skill	0	0%	0	0%	0	0%	0	0%	0	0%
3 – Watched others do this skill	2	2%	0	0%	0	0%	0	0%	2	10%
4 – Assisted others in doing this skill	1	1%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	16	13%	5	9%	1	5%	2	12%	7	33%
6 – Full competency at this skill	99	81%	50	91%	20	95%	15	88%	7	33%

Ambulance Operations - Documentation I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Complete a prehospital care report										
1 – No knowledge	4	3%	0	0%	0	0%	0	0%	4	19%
2 – Heard of this skill	3	2%	0	0%	0	0%	0	0%	3	14%
3 – Watched others do this skill	0	0%	0	0%	0	0%	0	0%	0	0%
4 – Assisted others in doing this skill	2	2%	0	0%	0	0%	0	0%	1	5%
5 – A working knowledge of when and how to apply this skill	14	11%	6	11%	1	5%	1	6%	6	29%
6 – Full competency at this skill	99	81%	49	89%	20	95%	16	94%	7	33%

Out-of-Hospital Do Not Resuscitate (DNR) orders

1 – No knowledge	2	2%	0	0%	0	0%	0	0%	2	10%
2 – Heard of this skill	4	3%	0	0%	0	0%	0	0%	3	14%
3 – Watched others do this skill	0	0%	0	0%	0	0%	0	0%	0	0%
4 – Assisted others in doing this skill	2	2%	0	0%	0	0%	0	0%	2	10%
5 – A working knowledge of when and how to apply this skill	23	19%	8	15%	4	19%	1	6%	10	48%
6 – Full competency at this skill	91	75%	47	85%	17	81%	16	94%	4	19%

Patient Care Report completion

1 – No knowledge	3	2%	0	0%	0	0%	0	0%	3	14%
2 – Heard of this skill	3	2%	0	0%	0	0%	0	0%	2	10%
3 – Watched others do this skill	1	1%	0	0%	0	0%	0	0%	1	5%
4 – Assisted others in doing this skill	3	2%	0	0%	0	0%	0	0%	3	14%
5 – A working knowledge of when and how to apply this skill	13	11%	6	11%	1	5%	1	6%	5	24%
6 – Full competency at this skill	99	81%	49	89%	20	95%	16	94%	7	33%

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	FR	%
Perform unit dose auto-injectors for self or peer care (MARK I)										
1 – No knowledge	15	12%	2	4%	0	0%	1	6%	12	57%
2 – Heard of this skill	18	15%	7	13%	2	10%	3	18%	5	24%
3 – Watched others do this skill	8	7%	2	4%	2	10%	1	6%	3	14%
4 – Assisted others in doing this skill	2	2%	1	2%	1	5%	0	0%	0	0%
5 – A working knowledge of when and how to apply this skill	29	24%	16	29%	6	29%	6	35%	1	5%
6 – Full competency at this skill	50	41%	27	49%	10	48%	6	35%	0	0%

Comments received from the survey of currently certified first responders did not directly focus on the survey items. The themes in the comments section were:

1. Concern about the ability to complete the training and education in a location near the person’s home.
2. Concern about the ability to master the material.
3. Concern that large numbers of currently certified technicians will drop their certification.

Comments received from the survey of current instructor/coordinators and training officers fell into the following themes:

1. There must be a competency component to the curricula in order to ensure mastery.
2. Instructors are concerned about the ability of their peers to teach appropriately. This was stressed repeatedly in the survey and in the focus group sessions.
3. Instructors are concerned about the need for third party verification of both instruction and competency/mastery.

Focus Group Themes

Focus groups consisted predominantly of educators. The following themes emerged from the focus group sessions.

1. Adequate support materials are needed for classroom instruction and implementation of the new scope.
2. Buy-in must be achieved for both instructors and students.
3. Competency of instructors and students in skills and knowledge must be shown through independent testing.
4. Curriculum must be of quality and be flexible to allow instructors to meet local needs.
5. Need to insure that instructors are fully competent, ethical, and of quality.

Gap Analysis

The gap analysis needs the following clarification. The *n* in this survey was less than desired for the total number of certified first responders and instructors in the State of Kansas. However, we make the speculation that those who did respond are reflective of the larger group to some extent. Our survey revealed areas in which respondents reported less than full competency. These findings suggest that in the development of the curricula, increased attention will need to be given to some areas of the new scope of practice.

The data obtained from the survey tool reveals the following areas of gap between the desired level of knowledge for emergency medical responders and the current level of knowledge for certified first responders. When we identified a significant gap in knowledge, we did so because less than 70% of the respondents reported full competency. A critical gap indicates that less than 50% of the respondents reported full competency.

Areas identified to have a **significant** lack of knowledge among current first responders:

1. Oropharyngeal Airway
2. Simple Face Mask
3. Spinal Immobilization utilizing a Long Spine Board
4. Spinal Immobilization utilizing a Long Spine Board - Patient Standing
5. Hemorrhage Control - Pressure Bandaging
6. Defibrillation - Automated/Semi-Automated

Areas identified to have a **critical** lack of knowledge among current first responders:

1. Nasopharyngeal Airway
2. BVM with ETT/CombiTube® Ventilation
3. Oxygen Therapy with Humidifier
4. Oxygen Therapy with Partial Rebreather Mask
5. Oxygen Therapy with Blow By Delivery
6. Suctioning of Upper Airway (nasal)
7. Suctioning of Upper Airway with Soft or Rigid Tip
8. Suctioning of Meconium Aspiration with Bulb Syringe
9. Blood Glucose Monitoring
10. Pulse Oximetry
11. Glasgow Coma Scale
12. Unit Dose Auto Injector for self, peer, or patient care (Mark 1 or EpiPen®)
13. Intramuscular injection (IM)
14. Administration of 2-PAM
15. Administration of Aspirin
16. Administration of Atropine

17. Administration of Beta - Agonist
18. Administration of Epinephrine 1:1,000
19. Administration of Oral Glucose
20. Eye Irrigation
21. Spinal Immobilization with Seated Patient (KED Assist Only)
22. Spinal Immobilization with Helmet Stabilization or Removal
23. Splinting with Vacuum Splints
24. Application of Electrodes for Cardiac Monitoring
25. Use of CPR Mechanical Device
26. Assisting with the Delivery of an Infant
27. Consideration of Patients for Organ Donation
28. Providing a Report to Receiving Personnel
29. Completion of a Patient Care Report
30. Out of Hospital Do Not Resuscitate Orders

The survey revealed **significant** instructor lack of knowledge in the following areas:

1. Suctioning of Meconium Aspiration with Bulb Syringe (TO 2 only)
2. Glasgow Coma Scale (TO 1 only)
3. Unit Dose Auto Injector for self, peer, or patient care (Mark 1 or EpiPen® (TO 1 and 2 only)
4. Intramuscular injection (IM) (TO 2 only)
5. Administration of Atropine (TO 2 only)
6. Administration of Epinephrine 1:1,000 (TO 2 only)
7. Eye Irrigation (TO 1 only)
8. Use of CPR Mechanical Device (TO 1 only)

The survey revealed a **critical** instructor lack of knowledge in the following areas:

1. Administration of 2-PAM (All instructor levels)
2. Assisting with the delivery of an infant (All instructor levels)
3. Consideration of Patients for Organ Donation (All instructor levels)
4. Perform Unit Dose Auto-Injectors for Self or Peer Care (All instructor levels)

Feedback from the respondents indicates that in order to successfully implement the new criteria, the following areas need to be addressed:

1. Services need to work to promote buy in for both those who will transition and those who will teach.
2. Instructors need to show competency in skills before teaching.
3. A mechanism for showing competency that is valid and accountable must be developed.

Gap Summary

While the list of items necessary for first responders to bridge to the new scope is not lengthy, it does include a significant amount of information that the respondents did not know. The complexity of this information is not high; and, the ability of instructors to convey this information should be achieved easily. There is not a great deal of information that the instructors did not know. Some time will need to be spent on background information.

The transition to the new scope for EMR will require students who embrace the transition process and instructors who have the knowledge base and desire to ensure transfer of information that is legitimate. Instructors who have significant areas of weakness in the topics included in the transition need to gain understanding before teaching the curriculum. Some instructors may choose to forgo instruction of this transition curriculum - deferring instead to qualified and knowledgeable instructors.

Task List

Airway and Breathing

1. Demonstrate BVM Ventilation using an ETT or CombiTube[®] placed by a higher trained provider
2. Demonstrate Mouth to Mouth ventilation
3. Deliver Oxygen Therapy using a humidifier
4. Deliver Oxygen Therapy using a Partial Rebreather Mask
5. Deliver Oxygen Therapy using a Simple Face Mask
6. Deliver Oxygen Therapy using Blow By delivery
7. Perform Suctioning of the upper airway (nasal and oral)
8. Perform Suctioning meconium aspiration with a bulb syringe

Assessment

9. Perform blood glucose monitoring
10. Apply and assess pulse oximetry
11. Demonstrate use of the Glasgow Coma Scale

Pharmacological Intervention

12. Demonstrate use of BioChem auto injector (Mark 1 Kit with Atropine and 2-Pam)
13. Administer aspirin for chest pain
14. Administer oral glucose
15. Administer auto Injector Epinephrine for allergic reaction
16. Administer medicated inhaler - prescribed to patient
17. Perform eye irrigation

Emergency Trauma Care

- 18. Demonstrate spinal Immobilization using a long spine board, short spine board from a standing, seated, or supine/prone position
- 19. Demonstrate use of vacuum splints for extremity fractures
- 20. Demonstrate hemorrhage control via pressure bandage

Medical Care

- 21. Demonstrate application of cardiac electrodes (to assist setting up the monitor)
CPR using a mechanical device
- 22. Administer defibrillation using an automated or semi-automated defibrillator
- 23. Demonstrate assisting in a normal delivery of infant
- 24. Demonstrate the ability to evaluate patients for organ retrieval

Ambulance Operations

- 25. Provide a report to receiving medical providers via radio, verbal, and written
- 26. Provide written documentation of patient care.

Course Vision, Goals, and Objectives

Course Vision

The vision of this course is to improve the capabilities of responders in Kansas to ensure an appropriate response to medical emergencies in each community.

Course Goal

The goal of this course is to provide a bridge for existing first responders to gain certification as emergency medical responders who are competent in the knowledge, skills and abilities needed to practice at this new level of certification and within the new scope of practice.

1 Course Objectives

2
3 (C) - Cognitive Objective (P) - Psychomotor Objective (A) - Affective Objective
4 Each objective, terminal and enabling, has the corresponding Bloom's level indicated.
5

6 Airway and Breathing

8 Terminal Objective 1:

9
10 Given a patient who has been successfully intubated with an endotracheal tube
11 (ETT) or supraglottic airway (SGA) by an advanced level provider, the student
12 will demonstrate the ability to ventilate effectively using a bag-valve-mask (BVM),
13 as defined by tidal volume. *[Evaluating Level]*
14

15 Enabling Objectives 1:

17 Cognitive and Psychomotor

- 18
19 1.A: Given a patient with a successfully placed ETT or SGA, the student
20 will demonstrate an ability to ventilate the patient successfully
21 utilizing a BVM, as defined by sufficient tidal volume. *[Applying*
22 *Level]* [P]
23
24 1.B: While ventilating a patient with a successfully placed endotracheal
25 tube or supraglottic airway, the student will evaluate the
26 effectiveness of ventilations and adjust ventilation to successfully
27 ventilate the patient, as defined by sufficient tidal volume.
28 *[Evaluating Level]* [C/P]
29
30 1.C: While ventilating with a BVM through an ETT or SGA, the student
31 will demonstrate the ability to assess airway placement by
32 differentiating between correct placement and incorrect placement,
33 as determined by ability to ventilate. *[Analyzing Level]* [C/P]
34
35 1.D: While ventilating with a BVM through an ETT or SGA, the student
36 will understand how to troubleshoot ventilation issues and when to
37 request assistance from an advanced provider to troubleshoot
38 ventilation issues, as defined within the Kansas Scope of Practice
39 for EMR. *[Analyzing Level]* [C/P]
40

41 Affective

- 42
43 1.E: At the completion of this lesson, the student will be able to explain
44 the rationale for ventilation with an advanced airway as explained in
45 course materials. [A]

1
2 **Terminal Objective 2:**

3
4 Given a patient who is not breathing, the student will demonstrate the ability to
5 ventilate the patient successfully using mouth-to-mouth ventilation, as defined by
6 tidal volume. [Evaluating Level]

7
8 **Enabling Objectives 2:**

9
10 **Cognitive and Psychomotor**

11
12 2.A: Given airway and ventilation information in class, the student will
13 explain the indications and contraindications for mouth-to-mouth
14 ventilation of a non-breathing patient, with consideration of
15 infectious disease transmission and the availability of other
16 ventilation processes. [Analyzing Level] [C]

17
18 2.B: Given a simulated non-breathing patient, the student will
19 demonstrate the ability to ventilate the patient using mouth-to-
20 mouth ventilation with appropriate tidal volume and rate. [Applying
21 Level] [P]

22
23 2.C: Given a simulated non-breathing patient, the student will
24 demonstrate the ability to troubleshoot ventilation problems
25 successfully using standard practices. [Analyzing Level] [P]

26
27 **Affective**

28
29 2.D: At the completion of this lesson, the student will be able to explain
30 the rationale for ventilation with adjunct airway equipment before
31 the use of mouth-to-mouth ventilation as explained in course
32 materials. [A]

33
34 **Terminal Objective 3:**

35
36 Given a patient who is a candidate for supplemental oxygen, the student will
37 determine the appropriate device, rate of flow, and adjunct delivery device to
38 ensure appropriate oxygen delivery as defined by the patient's condition and the
39 student's evaluation of patient response. [Evaluating Level]

1 **Enabling Objectives 3:**

2
3 **Cognitive and Psychomotor**

4
5 3.A: Given a simulated patient, the student will demonstrate the use of a
6 partial rebreather mask ensuring proper oxygen flow rate, fit, and
7 assessment as defined by the device and patient response.
8 *[Evaluating Level]* [C/P]

9
10 3.B: Given a simulated patient, the student will demonstrate the use of a
11 simple facemask ensuring proper oxygen flow rate, fit, and
12 assessment as defined by the device and patient response.
13 *[Evaluating Level]* [C/P]

14
15 3.C: Given a simulated patient, the student will demonstrate the use of
16 blow-by oxygen delivery ensuring proper oxygen flow rate, and
17 assessment as defined by the route and patient response.
18 *[Evaluating Level]* [C/P]

19
20 3.D: Given a simulated patient, the student will demonstrate the use of
21 an oxygen humidifier during oxygen delivery ensuring proper
22 oxygen flow rate, fit, and assessment as defined by the device and
23 patient response. *[Evaluating Level]* [C/P]

24
25 **Affective**

26
27 3.E: Given class information, the student will understand the importance
28 of recognizing the oxygenation needs of patients and how the
29 choices made by the EMS provider regarding delivery devices
30 and flow rates determine patient outcomes. [A]

31
32 **Terminal Objective 4:**

33
34 Given a simulated patient with a compromised airway, the student will
35 demonstrate the ability to clear the airway using suction without procedural error
36 or contributing to the further desaturation of the patient's oxygen levels.
37 [Analyzing Level]

38
39 **Enabling Objectives 4:**

40
41 **Cognitive and Psychomotor**

42
43 4.A: Given a simulated patient with a compromised airway, the student
44 will demonstrate the ability to suction the oropharynx utilizing a rigid
45 or soft tip suction device without procedural error or further
46 desaturation of the patient's oxygen levels. *[Analyzing Level]* [C/P]

- 1
2 4.B: Given a simulated patient with a compromised airway, the student
3 will demonstrate the ability to suction the nasopharynx utilizing a
4 soft tip suction device without procedural error or further
5 desaturation of the patient's oxygen levels. *[Analyzing Level]* [C/P]
6

7 **Affective**
8

- 9 4.C: Given class information, the student will understand the importance
10 of recognizing the need for appropriate suctioning and how
11 suctioning influences patient outcomes. [A]
12
13

14 **Terminal Objective 5:**

15
16 Given a simulated newborn patient with a meconium-compromised airway, the
17 student will demonstrate the ability to suction the oropharynx and nasopharynx
18 utilizing a bulb syringe device without procedural error or further desaturation
19 of the patient's oxygen levels. *[Analyzing Level]*
20

21 **Enabling Objectives 5:**
22

23 **Cognitive and Psychomotor**
24

- 25 5.A: Given an simulated infant with a meconium-compromised airway,
26 the student will demonstrate the ability to suction the infant's
27 oropharynx utilizing a bulb suction device without procedural error
28 or further desaturation of the patient's oxygen levels. *[Evaluating*
29 *Level]* [C/P]
30

- 31 5.B: Given an simulated infant with a meconium-compromised airway,
32 the student will demonstrate the ability to suction the nasopharynx
33 utilizing a bulb suction device without procedural error or further
34 desaturation of the patient's oxygen levels. *[Evaluating Level]*
35 [C/P]
36

37 **Affective**
38

- 39 5.C: Given class information, the student will understand the importance
40 of recognizing the need for appropriate suctioning of infant's with
41 meconium aspiration and how appropriate suctioning influences
42 patient outcomes. [A]
43
44

ASSESSMENT

Terminal Objective 6:

Upon completion of this course, the student will demonstrate the ability to perform a blood glucose test on a patient and act appropriately to the findings without compromising the patient's care or safety. *[Analyzing Level]*

Enabling Objectives 6:

Cognitive and Psychomotor

- 6.A: Given case study descriptions, the student will be able to correctly identify those patients in need of blood glucose evaluation, without error. *[Knowing Level]* [C]
- 6.B: Given information regarding normal blood glucose levels and the role of glucose in the body, the student will be able to identify reasons for measuring a patient's glucose levels, as described in course materials. *[Knowing Level]* [C]
- 6.C: Given information regarding diabetes, the student will be able to define and explain diabetes as to the cause and general effect on the human body, as described in course materials. *[Comprehending Level]* [C]
- 6.D: Given information regarding diabetes, the student will be able to explain the role of insulin in the body and how it affects glucose utilization, as described in course materials. *[Comprehending Level]* [C]
- 6.E: Given the process of blood glucose assessment with a glucometer, the student will identify and correctly use body substance isolation practices and equipment that meet the standards of 29 CFR1910.1030 and the teaching agency. *[Applying Level]* [C/P]
- 6.F: Given blood glucometer information, the student will accurately demonstrate the proper use of the glucometer and related equipment needed for blood glucose testing, as defined in course materials. *[Applying Level]* [C/P]
- 6.G: Given in class scenarios, the student will demonstrate an understanding of the significance of blood glucose test results and apply appropriate treatment, as assessed by the protocols in use by the teaching agency. *[Applying Level]* [C/A]

- 1 6.H: Given classroom scenarios, the student will evaluate and
2 troubleshoot the complications associated with use of a glucometer,
3 as described in course materials. *[Evaluating Level]* [C/P]
4
5 6.I: Given examples of glucometer results that are in error, the student
6 will determine the source of the error and suggest appropriate
7 treatment action, as defined in course materials. *[Analyzing Level]*
8 [C/P]
9
10 6.J: Given case studies and contrived scenarios, the student will be
11 able to identify the consequences and implement appropriate
12 treatment for a patient with critical high or low blood glucose
13 values, as detailed in course materials. *[Evaluating Level]* [C/P]
14
15 6.K: Given in class scenarios, the student will demonstrate accurately
16 the proper disposal of all materials used in blood glucose testing,
17 adhering to standard safety practices. *[Demonstrating Level]* [C/P]
18

19 **Affective**

- 20
21 6.L: Given information on glucometers, the student will understand the
22 how effective glucometer use determines the proper care of
23 diabetic patients and their short term and long-term outcomes. [A]
24

25 **Terminal Objective 7:**

26
27 Upon completion of this course, the student will demonstrate the ability to utilize
28 a pulse oximeter in the care of a patient and act appropriately to the findings to
29 provide optimal patient care without compromising the patient's care or safety.
30 *[Analyzing Level]*
31

32 **Enabling Objectives 7:**

33 **Cognitive and Psychomotor**

- 34
35
36 7.A: Following review of reading and class materials, the student will
37 describe the signs and symptoms of respiratory compromise, as
38 outlined in the course material. *[Understanding Level]* [C]
39
40 7.B: Following review of reading and class materials, the student will
41 describe the process and importance of tissue perfusion, as
42 outlined in course materials. *[Understanding Level]* [C]
43
44 7.C: Given review, the student will describe how oxygen is carried in the
45 blood, as outlined in course materials. *[Understanding Level]* [C]
46

- 1 7.D: Given case studies and lab scenarios, the student will correctly
2 identify and explain the signs and symptoms of hypoxia and
3 interpret normal parameters of oxygen saturation levels as
4 appropriate or inappropriate. *[Understanding Level]* [C]
5
- 6 7.E: Given information in class, the student will correctly summarize the
7 technology used in pulse oximetry and explain how the device
8 functions. *[Understanding Level]* [C]
9
- 10 7.F: Given course information, the student will be able to describe the
11 relationship between oxygen saturation and partial pressure oxygen
12 as defined in course content. *[Understanding Level]* [C]
13
- 14 7.G: Given in class scenarios and case studies, the student will evaluate
15 the significance of the information provided by pulse oximetry with
16 90% accuracy. *[Evaluating Level]* [C/P]
17
- 18 7.H: Given in class scenarios, the student will appropriately demonstrate
19 use of pulse oximetry with adult patients as part of a complete
20 patient assessment, as defined by class information and
21 appropriate treatment actions by the student. *[Applying
22 Level]* [C/P]
23
- 24 7.I: Given in class scenarios, the student will appropriately demonstrate
25 use of pulse oximetry with pediatric patients, as defined by class
26 information and appropriate treatment actions by the student.
27 *[Applying Level]* [C/P]
28
- 29 7.J: Given class information, the student will correctly identify and
30 explain those conditions and situations that may affect the accuracy
31 of pulse oximetry readings. *[Analyzing Level]* [C/P]
32
- 33 7.K: Given in class information and scenarios, the student will
34 demonstrate the ability to troubleshoot the pulse oximeter device
35 and assessment process, as defined by the delivery of appropriate
36 care to the patient. *[Evaluating Level]* [C/P]
37
- 38 7.L: Given in class scenarios and case studies, the student will
39 demonstrate proper documentation of pulse oximetry monitoring
40 and interpretation as defined by current standards for
41 documentation in Kansas. *[Applying Level]*
42
43
44

1 **Affective**

2
3 7.M: Upon completion of this module, the student will recognize and
4 value pulse oximetry monitoring as an adjunct in the assessment of
5 the pre-hospital patient. [A]

6
7 7.N: Upon completion of this module, the student will demonstrate
8 appreciation for additional information in developing accurate field
9 impressions of the pre-hospital patient. [A]

10
11 7.O: Upon completion of this module, the student will understand the
12 limitations of pulse oximetry monitoring and the importance of
13 conducting a complete clinical assessment. [A]

14
15 **Terminal Objective 8:**

16
17 Upon completion of this course, the student will demonstrate the ability to utilize
18 the Glasgow Coma Scale (GCS) to assess a patient's mental status, as defined
19 by a 90% degree of accuracy in the use of the scale. *[Applying Level]*

20
21 **Enabling Objectives 8:**

22
23 **Cognitive and Psychomotor**

24
25 8.A: Given information in class, the student will explain the components
26 of the GCS and how they are evaluated, as defined in the course
27 materials. *[Analyzing Level]* [C]

28
29 8.B: Given course scenarios, the student will demonstrate the ability to
30 use the GCS with 90% or greater accuracy of results. *[Applying*
31 *Level]* [P]

32
33 8.C: Given GCS findings, the student will create and demonstrate a
34 treatment plan appropriate for the GCS findings and patient, as
35 appropriate to the scope of practice for an existing Kansas certified
36 first responder. *[Creating Level]* [C/P]

37
38 8.D: Given GCS findings, the student will correlate the findings with
39 patient triage (severity) and prognosis as defined in course
40 materials. *[Analyzing Level]* [C]

41
42 **Affective**

43
44 8.E: Upon completion of this module, the student will recognize and
45 value the GCS as an important tool for use in the assessment of
46 every patient. [A]

47

PHARMACOLOGICAL INTERVENTION

Terminal Objective 9:

Upon completion of this course, the student will demonstrate the ability to utilize the Mark 1[®] or Duodote[®] Auto Injector to treat themselves and co-workers in the event of exposure to chemical agents, without error as defined in course materials. *[Applying Level]*

Enabling Objectives 9:

Cognitive and Psychomotor

- 9.A: Given class information, the student will explain the class, indications, contraindications, dose, side effects, and adverse reactions to Atropine with 90% or greater accuracy. *[Analyzing Level]* [C]
- 9.B: Given class information, the student will explain the class, indications, contraindications, dose, side effects, and adverse reactions to Pralidoxime Chloride (2-Pam) with 90% or greater accuracy. *[Analyzing Level]* [C] [C]
- 9.C: Given class information, the student will specify the situations in which the Mark 1[®] or Duodote[®] Auto Injector should be used for self-care with 90% or greater accuracy. *[Evaluating Level]* [C]
- 9.D: Given class information, the student will specify the situations in which the Mark 1[®] or Duodote[®] Auto Injector should be used for buddy care with 90% or greater accuracy. *[Evaluating Level]* [C]
- 9.E: Given class scenarios and case studies, the student will identify the proper dose of Atropine and 2-Pam (number of Mark 1[®] or Duodote[®] kits) indicated, with 90% or greater accuracy. *[Remembering Level]* [C/P]
- 9.F: Given class scenarios, the student will demonstrate the ability to properly dose themselves and their co-workers with Mark 1[®] or Duodote[®] kits in simulated chemical contamination scenarios, with 90% or greater accuracy. *[Applying Level]* [C/P]
- 9.G: Given class scenarios, the student will develop and implement a treatment plan for themselves and co-workers following the administration of one or more Mark 1[®] or Duodote[®] Kits, as defined in class information. *[Creating Level]* [C/P]

1 **Affective**

2
3 9.H: Upon completion of this module, the student will recognize and
4 value the Mark 1[®] or Duodote[®] Kit as an important tool for use in
5 the treatment of contaminated EMS and public safety workers. [A]
6

7 **Terminal Objective 10:**

8
9 Upon completion of this course, the student will demonstrate the ability to
10 administer Aspirin to cardiac patients with a 95% or higher degree of accuracy.
11 *[Applying Level]*

12
13 **Enabling Objectives 10:**

14
15 **Cognitive and Psychomotor**

16
17 10.A: Given existing and class information, the student will identify those
18 patients for whom Aspirin is indicated, as specified by class
19 information. *[Understanding Level]* [C]
20

21 10.B: Given class information, the student will explain the class,
22 indications, contraindications, dose, side effects, and adverse
23 reactions to Aspirin with 90% or greater accuracy. *[Analyzing*
24 *Level]* [C]
25

26 10.C: Given class information, the student will designate those patients
27 who are candidates for Aspirin administration due to cardiac
28 suspected/related illness, with 95% or higher accuracy. *[Analyzing*
29 *Level]* [C]
30

31 10.D: Given in class scenarios and case studies, students will administer
32 Aspirin or withhold Aspirin depending upon the patient's
33 presentation and salient factors presented by the instructor, with a
34 95% or higher degree of accuracy. *[Applying Level]* [P]
35

36 10.E Given class information, the student will understand and
37 demonstrate the proper administration of Aspirin, as specified in the
38 class materials. *[Applying Level]* [C]
39

40 10.F: Given class information and instructor feedback, the student will
41 assess the effectiveness of Aspirin administration as defined in
42 class. *[Evaluating Level]* [C]
43

44 **Affective**

1 10.G: Upon completion of this module, the student will recognize and
2 value the need for and role of Aspirin in treating cardiac patients.
3 [A]
4

5 **Terminal Objective 11:**

6
7 Upon completion of this course, the student will demonstrate the ability to
8 administer Oral Glucose to diabetic patients with a 95% or higher degree of
9 accuracy. *[Applying Level]*

10
11 **Enabling Objectives 11:**

12
13 **Cognitive and Psychomotor**

14
15 11.A: Given existing and class information, the student will identify those
16 patients for whom Oral Glucose is indicated, as specified by class
17 information. *[Understanding Level]* [C]
18

19 11.B: Given class information, the student will explain the class,
20 indications, contraindications, dose, side effects, and adverse
21 reactions to Oral Glucose with 90% or greater accuracy. *[Analyzing*
22 *Level]* [C]
23

24 11.C: Given class information, the student will designate those patients
25 who are candidates for Oral Glucose administration due to diabetic
26 suspected/related illness, with 95% or higher accuracy. *[Analyzing*
27 *Level]* [C]
28

29 11.D: Given in class scenarios and case studies, students will administer
30 Oral Glucose or withhold Oral Glucose depending upon the
31 patient's presentation and salient factors presented by the
32 instructor, with a 95% or higher degree of accuracy. *[Applying*
33 *Level]* [P]
34

35 11.E Given class information, the student will understand and
36 demonstrate the proper administration of Oral Glucose, as specified
37 in the class materials. *[Applying Level]* [C]
38

39 11.F: Given class information and instructor feedback, the student will
40 assess the effectiveness of Oral Glucose administration as defined
41 in class. *[Evaluating Level]* [C]
42

43 **Affective**

44
45 11.G: Upon completion of this module, the student will recognize and
46 value the need for and role of Oral Glucose in treating diabetic
47 patients with low blood sugar. [A]

1
2 **Terminal Objective 12:**

3
4 Upon completion of this course, the student will demonstrate the ability to
5 administer Epinephrine to allergic reaction and anaphylaxis patients with a 95%
6 or higher degree of accuracy. *[Applying Level]*

7
8 **Enabling Objectives 12:**

9
10 **Cognitive and Psychomotor**

- 11
12 12.A: Given existing and class information, the student will identify those
13 patients for whom Epinephrine is indicated, as specified by class
14 information. *[Understanding Level]* [C]
15
16 12.B: Given class information, the student will explain the class,
17 indications, contraindications, dose, side effects, and adverse
18 reactions to Epinephrine with 90% or greater accuracy. *[Analyzing*
19 *Level]* [C]
20
21 12.C: Given class information, the student will designate those patients
22 who are candidates for Epinephrine administration due to allergic
23 reaction or anaphylaxis, with 95% or higher accuracy. *[Analyzing*
24 *Level]* [C]
25
26 12.D: Given in class scenarios and case studies, students will administer
27 Epinephrine or withhold Epinephrine depending upon the
28 patient's presentation and salient factors presented by the
29 instructor, with a 95% or higher degree of accuracy. *[Applying*
30 *Level]* [P]
31
32 12.E Given class information, the student will understand and
33 demonstrate the proper administration of Epinephrine, as specified
34 in the class materials. *[Applying Level]* [C]
35
36 12.F: Given class information and instructor feedback, the student will
37 assess the effectiveness of Epinephrine administration as defined
38 in class. *[Evaluating Level]* [C]
39

40 **Affective**

- 41
42 12.G: Upon completion of this module, the student will recognize and
43 value the need for and role of Epinephrine in treating allergic
44 reaction and anaphylaxis patients. [A]
45

1
2 **Terminal Objective 13:**

3
4 Upon completion of this course, the student will demonstrate the ability to
5 administer a patient prescribed medicated inhaler to patients with breathing
6 difficulties with a 95% or higher degree of accuracy. *[Applying Level]*
7

8 **Enabling Objectives 13:**

9
10 **Cognitive and Psychomotor**

11
12 13.A: Given existing and class information, the student will identify those
13 patients for whom a medicated inhaler is indicated, as specified by
14 class information. *[Understanding Level]* [C]
15

16 13.B: Given class information, the student will explain the class, dose,
17 indications and contraindications for common prescribed inhaler
18 medications with 90% or greater accuracy. *[Analyzing*
19 *Level]* [C]
20

21 13.C: Given class information, the student will designate those patients
22 who are candidates for medicated inhaler administration due to
23 respiratory distress, with 95% or higher accuracy. *[Analyzing*
24 *Level]* [C]
25

26 13.D: Given in class scenarios and case studies, students will administer
27 a medicated inhaler or withhold a medicated inhaler depending
28 upon the patient's presentation and salient factors presented by the
29 instructor, with a 95% or higher degree of accuracy. *[Applying*
30 *Level]* [P]
31

32 13.E Given class information, the student will understand and
33 demonstrate the proper administration of a medicated inhaler, as
34 specified in the class materials. *[Applying Level]* [C]
35

36 13.F: Given class information and instructor feedback, the student will
37 assess the effectiveness of a medicated inhaler as defined
38 in class. *[Evaluating Level]* [C]
39

40 **Affective**

41
42 13.G: Upon completion of this module, the student will recognize and
43 value the need for and role of the patient prescribed medicated
44 inhaler in treating respiratory distress patients. [A]
45
46

1 TRAUMA CARE

3 Terminal Objective 14:

5 Upon completion of this course, the student will demonstrate the ability to
6 perform eye irrigation a patient as specified in the class materials. *[Applying*
7 *Level]*

9 **Enabling Objectives 14:**

11 **Cognitive and Psychomotor**

- 13 14.A: Given existing and class information, the student will correctly
14 identify those patients for whom eye irrigation is indicated.
15 *[Understanding Level]* [C]
16
17 14.B Given course information, the student will understand the benefits
18 of eye irrigation in patients with eye contamination and the risks of
19 inadequate or complete lack of irrigation, as described in course
20 information. *[Understanding Level]* [C]
21
22 14.C Given course information and equipment, the student will
23 demonstrate the ability to irrigate the eye(s), as defined in the skill
24 task analysis. *[Applying Level]* [P]
25

26 **Affective**

- 28 14.D Given course information and lab practice, the student will
29 recognize and value the need for proper eye irrigation in patients
30 with eye contamination as it pertains to restoring or maintaining
31 eyesight. [A]
32

33 Terminal Objective 15:

35 Upon completion of this course, the student will demonstrate the ability to apply
36 spinal immobilization devices to patients found in common positions, as specified
37 in the course materials and task analysis. *[Applying Level]*

39 **Enabling Objectives 15:**

41 **Cognitive and Psychomotor**

- 43 15.A: Given course information, the student will correctly designate those
44 patients who should and who should not be treated with spinal
45 immobilization equipment, with 95% accuracy using the criteria in
46 the PHTLS spinal immobilization algorithm. *[Analyzing Level]* [C]

1
2 15.B: Given course information and scenarios, the student will correctly
3 apply a short spine board to patients found in seated positions,
4 without critical error as defined by the task analysis. *[Applying*
5 *Level]* [P]
6

7 15.C: Given course information and scenarios, the student will correctly
8 apply a long spine board to patients found in supine, prone,
9 standing, and seated positions, without critical error as defined by
10 the task analysis. *[Applying Level]* [P]
11

12 15.D: Given course information and scenarios, the student will correctly
13 demonstrate the process of rapid extrication using a long spine
14 board, without critical error as defined by the task analysis.
15 *[Applying Level]* [P]
16

17 15.E: Given observation and participation in scenarios, the student will
18 be able to detect those situations in which spinal integrity is
19 compromised during the spinal immobilization process, as defined
20 by course information. *[Analyzing Level]* [C, P]
21

22 **Affective**

23
24 15.F: Given course information and practice, the student will value and
25 practice the immobilization of patients as it relates to the reduction
26 of life-long complications [A]
27

28 **Terminal Objective 16:**

29
30 Upon completion of this course, the student will demonstrate the ability to apply
31 vacuum splint devices to patients who have potential fractures, as specified in
32 the course materials and task analysis. *[Applying Level]*
33

34 **Enabling Objectives 16:**

35 **Cognitive and Psychomotor**

36
37
38 16.A: Given course information, the student will correctly designate those
39 patients who should and who should not be treated with vacuum
40 splints, with 95% accuracy using the criteria from course
41 information and the task analysis. *[Analyzing Level]* [C]
42

43 16.B: Given course information, the student will correctly apply a vacuum
44 splint to a patient's forearm, as specified in course materials
45 and the task analysis. *[Applying Level]* [P]
46

1 16.C: Given course information, the student will correctly apply a vacuum
2 splint to a patient's lower leg, as specified in course materials
3 and the task analysis. *[Applying Level]* [P]
4

5 16.D: Given course information, the student will correctly assess the
6 patient's neurovascular status prior to and after application of a
7 vacuum splint, as specified in course materials and the task
8 analysis. *[Applying Level]* [P]
9

10 **Affective**

11
12 16.E: Given the course information, the student will value and use
13 vacuum splints to reduce the pain and damage associated with
14 fractures. [A]
15

16 **Terminal Objective 17:**

17
18 Upon completion of this course, the student will demonstrate the ability to apply a
19 pressure bandage to patients experiencing hemorrhage, as specified in the
20 course materials and task analysis. *[Applying Level]*
21

22 **Enabling Objectives 17:**

23 **Cognitive and Psychomotor**

24
25
26 17.A: Given course information, the student will correctly designate the
27 steps of hemorrhage control for external bleeding, as described in
28 course materials. *[Analyzing Level]* [C]
29

30 17.B: Given simulated external hemorrhage patients, the student will
31 demonstrate the use of escalating hemorrhage control methods, as
32 described in the task analysis. *[Applying Level]* [P]
33

34 17.C: Given course information, the student will correctly demonstrate the
35 use of a pressure bandage, as described in the task analysis.
36 *[Applying Level]* [P]
37

38 **Affective**

39
40 17.D: Given the use of methods and devices to control external
41 hemorrhage, the student will value the need for prompt and correct
42 hemorrhage control processes in stabilizing the patient. [A]
43

CARDIAC CARE

Terminal Objective 18:

Upon completion of this course, the student will demonstrate the ability to apply cardiac electrodes for the acquisition of a three or four lead ECG tracing, as specified in the course materials and task analysis. *[Applying Level]*

Enabling Objectives 18:

Cognitive and Psychomotor

18.A: Given course information, the student will understand the basic concept of ECG acquisition, as described in course materials. *[Understanding Level]* [C]

18.B: Given a simulated cardiac patient, the student will demonstrate the application of electrodes as appropriate to the device and as described in the task analysis. *[Applying Level]* [P]

Affective

18.C: Given the equipment and process for ECG acquisition, the student will value and act to apply electrodes for successful and clean ECG interpretation by advanced level providers and the role that this plays in the overall care of the patient. [A]

Terminal Objective 19:

Upon completion of this course, the student will explain the application and function of mechanical CPR devices, as specified in the course materials, literature and task analysis. *[Applying Level]*

Enabling Objectives 19:

Cognitive and Psychomotor

19.A: Given course information, the student will explain the physiological principles relevant to the process of mechanical CPR, as described in course materials. *[Understanding Level]* [C]

19.B: Given a simulated cardiac arrest patient, the student will demonstrate the application of a mechanical CPR device, as specified in the manufacturer's directions and course information. *[Applying Level]* [P] **OPTIONAL OBJECTIVE**

1 **Affective**
2

3 19.C: Given course information, the student will value the benefits and
4 drawbacks of mechanical CPR as they relate to the quality of BLS
5 provided to patients in cardiac arrest. [A]
6

7 **Terminal Objective 20:**
8

9 Upon completion of this course, the student will demonstrate the ability to utilize
10 an automated/semi-automated external defibrillator on patients suffering from
11 cardiac arrest, without critical error as specified in course materials,
12 manufacturer's literature and task analysis. *[Applying Level]*
13

14 **Enabling Objectives 20:**
15

16 **Cognitive and Psychomotor**
17

18 20.A: Given a simulated cardiac arrest patient, the student will determine
19 based on signs/symptoms whether a patient is in cardiac arrest,
20 without error. *[Applying Level]* [P]
21

22 20.B: Given course information, the student will explain the basic
23 pathophysiology of ventricular fibrillation cardiac arrest, as defined
24 in course materials. *[Analyzing Level]* [C]
25

26 20.C: Given course information, the student will explain what a
27 defibrillator does in cardiac arrest due to ventricular fibrillation, as
28 defined in course materials. *[Analyzing Level]* [C]
29

30 20.D: Given a simulated cardiac arrest, the student will demonstrate the
31 steps to apply the AED/SAED and use the appropriate protocol,
32 without critical error as defined in the task analysis and protocol.
33 *[Analyzing Level]* [P]
34

35 20.E: Given a simulated cardiac arrest patient, the student will
36 demonstrate proper care of the patient post defibrillation, without
37 critical error as defined in the task analysis and protocol. *[Analyzing*
38 *Level]* [P]
39

40 20.F: Given a simulated cardiac arrest patient, the student will
41 explain those situations in cardiac arrest that require deviation from
42 the defibrillation sequence, as defined in course materials.
43 *[Analyzing Level]* [C]
44

45 20.G: Given a simulated cardiac arrest patient, the student will
46 demonstrate the ability to integrate basic life support activities with
47 the process of defibrillation, without critical error as defined in the
48 task analysis and local protocol. *[Analyzing Level]* [P]

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Affective

20.H: Given course information, the student will value the need for timely and effective defibrillation in the treatment of sudden cardiac arrest. [A]

CHILDBIRTH

Terminal Objective 21:
Upon completion of this course, the student will demonstrate the ability to assist with the childbirth process, as specified in the course materials and task analysis. [Applying Level]

Enabling Objectives 21:

Cognitive and Psychomotor

21.A: Given course information, the student will understand the delivery process of a normal childbirth, as described in course materials. [Understanding Level] [C]

21.B: Given course information, the student will identify the equipment needed for assisting with the delivery process of a normal childbirth, as described in course materials. [Knowing Level] [C]

21.C: Given a simulated childbirth situation, the student will demonstrate the ability to assist an EMT or other advanced provider with the delivery of a normal childbirth, as described in course materials. [Understanding Level] [P]

21.D: Given course information, the student will understand the components of assessment of the newborn, as described in course materials. [Understanding Level] [C]

21.E: Given course information, the student will understand the post partum care needs of the mother, as described in course materials. [Understanding Level] [C]

Affective

21.F: Given course information, the student will understand and value the role of the emergency medical responder in assisting with childbirth situations. [A]

1 OPERATIONAL CAPACITY

3 Terminal Objective 22:

5 Upon completion of this course, the student will demonstrate an ability to identify
6 potential organ donation candidates for receiving facilities, as specified in the
7 course materials. *[Applying Level]*

9 Enabling Objectives 22:

11 Cognitive and Psychomotor

13 22.A: Given course information, the student will be able to explain the
14 process for evaluating patients from who organs may be retrieved
15 for use in donation, as described in course materials.
16 *[Understanding Level]* [C]

18 22.B: Given course information, the student will be able to identify those
19 patients who fit organ donation criteria, as described in course
20 materials. *[Applying Level]* [C]

22 Affective

24 22.C: Given course information, the student will understand and value the
25 role of the emergency medical responder in identifying and
26 communicating potential organ donation candidates to receiving
27 facilities. [A]

29 Terminal Objective 23:

31 Given course information, the student will demonstrate an ability to communicate
32 a patient report to receiving medical providers via phone, radio, or verbally, as
33 specified in the task analysis. *[Applying Level]*

35 Enabling Objectives 23:

37 Cognitive and Psychomotor

39 23.A: Given course information, the student will be able to identify the
40 components of a complete radio, phone, or verbal report to a
41 receiving medical professional, as specified in the task analysis.
42 *[Knowing Level]* [C]

44 23.B: Given class exercises, the student will demonstrate the ability to
45 construct and deliver a report to receiving medical providers via
46 phone, radio, or face-to-face verbal communication, as described in
47 task analysis. *[Applying Level]* [P]

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Affective

23.C: Given course information, the student will understand and value the importance of clear and complete communication about the patient to receiving medical providers and how this influences patient care in a positive manner. [A]

Terminal Objective 24:

Given course information, the student will demonstrate ability to document patient status and care, as specified in the task analysis. *[Applying Level]*

Enabling Objectives 24:

Cognitive and Psychomotor

24.A: Given course information, the student will be able to identify the components of a complete patient care report, as specified in course information and the task analysis. *[Knowing Level]* [C]

24.B: Given class exercises, the student will demonstrate the ability to construct a report that accurately documents patient condition and care, as specified in course information and the task analysis. *[Applying Level]* [P]

Affective

24.C: Given course information, the student will understand and value the importance of clear and complete documentation about the patient as it relates to their continued care and the protection of the EMS responders. [A]

1 **Instructional Methods Plan**

2
3 The instruction for this program will occur using a variety of techniques.

- 4
- 5 ▪ Pre-class reading
 - 6 ▪ Interactive Lecture
 - 7 ▪ Dialogue
 - 8 ▪ Case Study
 - 9 ▪ Role Play
 - 10 ▪ Individual and Group Assignments
 - 11 ▪ Written Assignments
 - 12 ▪ Skills labs
 - 13 ▪ Simulations
- 14

15 **Evaluation Plan**

16
17 The intent of this class is to educate existing Kansas certified first responders in
18 the tasks and knowledge of the new scope of practice for emergency medical
19 responder. The expectation of this course is that persons completing the course
20 will possess the knowledge and skills necessary to function in the capacity as a
21 Kansas certified emergency medical responder.

22
23 The evaluation of this material will not be facilitated by an outside agency unless
24 arrangements are made for this by the course coordinator/instructor. It is up to
25 the individual coordinator/instructor to determine locally what resources are
26 needed in order to ensure a fair and meaningful evaluation of the cognitive,
27 psychomotor, and affective domain information contained in this program.

28
29 It is the intent of this course to produce measurable results in the performance of
30 students in the cognitive, psychomotor, and affective domains. Therefore,
31 Kirkpatrick level 1 through 4 evaluation is indicated.

32
33 **Kirkpatrick Level 1 - Reaction**

34
35 Student reaction forms are used at the conclusion of each module in the
36 program. These will evaluate student reaction to course content, instruction,
37 methods, and materials. An average score of 4.0 or greater is the target point.

38
39 Comments regarding the module should be processed by the
40 coordinator/instructor and disseminated to the appropriate persons to ensure a
41 process of continual improvement.

42

1
2 **Kirkpatrick Level 2 - Learning**

3
4 Post course evaluation will have two components that must be successfully
5 completed in order to successfully complete the bridge program.

- 6
7 1. Pass the comprehensive written exam with a score of 70% or greater.
8 2. Completion of the student lab manual is required for successful completion of
9 the course. The lab manual requires multiple competency shows for each
10 skill set.

11
12 **Kirkpatrick Level 3 - Transfer**

13
14 Transfer of material into the field will be evaluated through a survey of service
15 based instructors and course coordinators to determine if skills taught in the
16 course are being used appropriately in the field.

17
18 **Kirkpatrick Level 4 - Results**

19
20 The desired result of the course is to successfully bridge existing first responders
21 to the new emergency medical responder classification and scope of practice.

22
23 To evaluate this intended result, the Kansas Board of EMS will monitor the
24 number of certified first responders making the transition from existing to new
25 certification and scope of practice. The target result is that active, engaged first
26 responders are able to successfully complete the bridge program.