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Kansas Emergency Medical Technician Transition Course

Needs Assessment and Planning Document

September, 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 EMT-B level.
 - a. We implemented an Emergency Medical Technician (EMT) survey of existing EMT-Basics and EMS educators in Kansas EMS using SurveyMonkey, an Internet based survey tool. Educators included in this survey were Training Officer I, Training Officer II, and Instructor/Coordinator. A total of 231 persons responded to the EMT 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 EMT curriculum development process. We did not receive any communication directly regarding the EMT curriculum.

The needs assessment revealed the following:

Themes from the Medical Director Survey for EMT:

- 1. Concern that adequate training be given for drug administration / pharmacology.
- 2. Need to demonstrate competency.
- 3. Advanced skills need physician input in the classroom setting.
- 4. Specific skills: Airway training, ventilator use and monitoring.

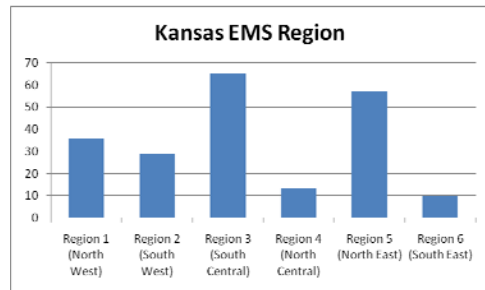
Emergency Medical Technician Survey:

General Data:

Kansas EMS Region

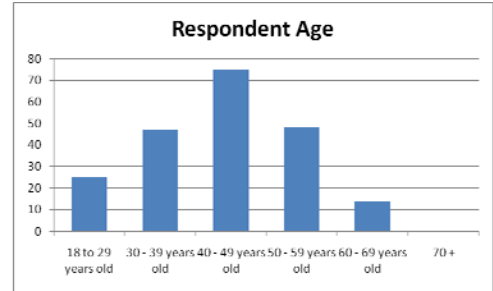
- Region 1 (North West)
- Region 2 (South West)
- Region 3 (South Central)
- Region 4 (North Central)
- Region 5 (North East)
- Region 6 (South East)

- 36
- 29
- 65
- 13
- 57
- 10



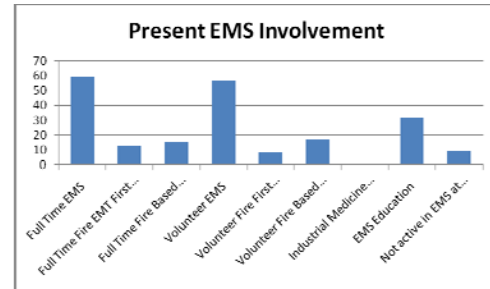
Respondent Age

18 to 29 years old	25
30 - 39 years old	47
40 - 49 years old	75
50 - 59 years old	48
60 - 69 years old	14
70 +	0



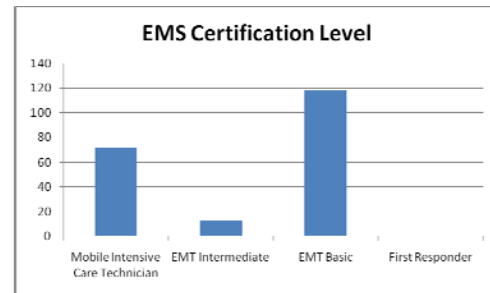
Present EMS Involvement

Full Time EMS	59
Full Time Fire EMT First Response	13
Full Time Fire Based EMS Provider	15
Volunteer EMS	57
Volunteer Fire First Responder	8
Volunteer Fire Based EMS Provider	17
Industrial Medicine EMS Responder	0
EMS Education	32
Not active in EMS at this time	9



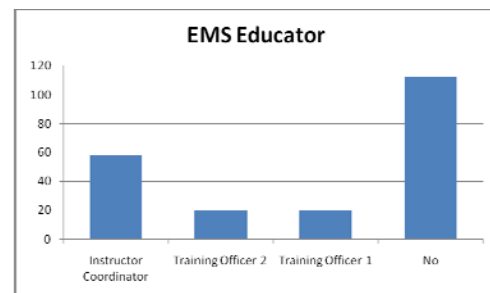
EMS Certification Level

Mobile Intensive Care Technician	71
EMT Intermediate	13
EMT Basic	118
First Responder	0



EMS Educator

Instructor Coordinator	58
Training Officer 2	20
Training Officer 1	20
No	112



Individual Task Needs Assessment

Each task was the focus of a survey question designed to elicit comfort levels and knowledge levels from existing EMT-Bs 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	%	EMT-B	%
Bag-Valve-Mask with in-line small volume nebulizer										
1 – No knowledge	19	9%	0	0%	1	5%	1	5%	18	15%
2 – Heard of this skill	31	15%	3	5%	1	5%	2	10%	26	22%
3 – Watched others do this skill	19	9%	1	2%	1	5%	2	10%	17	14%
4 – Assisted others in doing this skill	22	10%	5	9%	1	5%	2	10%	16	14%
5 – A working knowledge of when and how to apply this skill	36	17%	10	17%	3	15%	4	20%	19	16%
6 – Full competency at this skill	83	40%	39	67%	13	65%	9	45%	22	19%
Automatic Transport Ventilator										
1 – No knowledge	50	24%	2	3%	1	5%	4	20%	45	38%
2 – Heard of this skill	44	21%	5	9%	8	40%	2	10%	35	30%
3 – Watched others do this skill	28	13%	6	10%	0	0%	7	35%	16	14%
4 – Assisted others in doing this skill	14	7%	4	7%	2	10%	1	5%	7	6%
5 – A working knowledge of when and how to apply this skill	35	17%	14	24%	6	30%	3	15%	11	9%
6 – Full competency at this skill	39	19%	27	47%	3	15%	3	15%	4	3%
Manually Triggered Ventilator										
1 – No knowledge	48	23%	1	2%	1	5%	4	20%	43	36%
2 – Heard of this skill	56	27%	9	16%	7	35%	5	25%	41	35%
3 – Watched others do this skill	23	11%	2	3%	3	15%	4	20%	15	13%
4 – Assisted others in doing this skill	9	4%	1	2%	0	0%	0	0%	7	6%
5 – A working knowledge of when and how to apply this skill	43	20%	23	40%	9	45%	3	15%	9	8%
6 – Full competency at this skill	31	15%	22	38%	0	0%	4	20%	3	3%
Flow restricted oxygen powered ventilation device										
1 – No knowledge	36	17%	0	0%	1	5%	5	25%	32	27%
2 – Heard of this skill	49	23%	8	14%	8	40%	1	5%	38	32%
3 – Watched others do this skill	28	13%	2	3%	0	0%	6	30%	23	19%
4 – Assisted others in doing this skill	12	6%	1	2%	1	5%	1	5%	9	8%
5 – A working knowledge of when and how to apply this skill	43	20%	23	40%	6	30%	3	15%	10	8%
6 – Full competency at this skill	42	20%	24	41%	4	20%	4	20%	6	5%
Use of forceps to remove airway obstruction (Direct Visual)										
1 – No knowledge	33	16%	0	0%	1	5%	1	5%	32	27%
2 – Heard of this skill	47	22%	2	3%	3	15%	5	25%	43	36%
3 – Watched others do this skill	26	12%	7	12%	3	15%	0	0%	19	16%
4 – Assisted others in doing this skill	11	5%	0	0%	1	5%	1	5%	7	6%
5 – A working knowledge of when and how to apply this skill	28	13%	9	16%	4	20%	4	20%	13	11%
6 – Full competency at this skill	65	31%	40	69%	8	40%	9	45%	4	3%

AIRWAY & BREATHING I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	EMT-B	%
End Tidal CO2 Monitoring/Canometry										
1 – No knowledge	31	15%	0	0%	1	5%	0	0%	31	26%
2 – Heard of this skill	40	19%	2	3%	3	15%	5	25%	37	31%
3 – Watched others do this skill	25	12%	3	5%	2	10%	2	10%	18	15%
4 – Assisted others in doing this skill	20	10%	5	9%	3	15%	1	5%	13	11%
5 – A working knowledge of when and how to apply this skill	27	13%	11	19%	3	15%	5	25%	9	8%
6 – Full competency at this skill	67	32%	37	64%	8	40%	7	35%	10	8%

Gastric Decompression - NG Tube

1 – No knowledge	32	15%	1	2%	1	5%	2	10%	30	25%
2 – Heard of this skill	49	23%	4	7%	2	10%	1	5%	46	39%
3 – Watched others do this skill	29	14%	5	9%	3	15%	5	25%	18	15%
4 – Assisted others in doing this skill	14	7%	3	5%	3	15%	0	0%	7	6%
5 – A working knowledge of when and how to apply this skill	28	13%	13	22%	1	5%	5	25%	11	9%
6 – Full competency at this skill	58	28%	32	55%	10	50%	7	35%	6	5%

Gastric Decompression - OG Tube

1 – No knowledge	42	20%	1	2%	1	5%	3	15%	39	33%
2 – Heard of this skill	45	21%	4	7%	2	10%	3	15%	41	35%
3 – Watched others do this skill	32	15%	7	12%	5	25%	3	15%	19	16%
4 – Assisted others in doing this skill	14	7%	3	5%	3	15%	2	10%	5	4%
5 – A working knowledge of when and how to apply this skill	28	13%	14	24%	1	5%	4	20%	10	8%
6 – Full competency at this skill	49	23%	29	50%	8	40%	5	25%	4	3%

Assessment I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	EMT-B	%
Automatic Blood Pressure Device										
1 – No knowledge	3	1%	0	0%	0	0%	1	5%	3	3%
2 – Heard of this skill	7	3%	0	0%	1	5%	0	0%	7	6%
3 – Watched others do this skill	6	3%	1	2%	0	0%	0	0%	5	4%
4 – Assisted others in doing this skill	10	5%	1	2%	0	0%	1	5%	10	8%
5 – A working knowledge of when and how to apply this skill	41	20%	9	16%	2	10%	3	15%	30	25%
6 – Full competency at this skill	143	68%	47	81%	17	85%	15	75%	63	53%

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

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	EMT-B	%
Unit dose auto-injector for self, peer or patient care										
1 – No knowledge	13	6%	0	0%	1	5%	0	0%	13	11%
2 – Heard of this skill	14	7%	1	2%	1	5%	0	0%	12	10%
3 – Watched others do this skill	21	10%	0	0%	2	10%	2	10%	19	16%
4 – Assisted others in doing this skill	6	3%	0	0%	0	0%	0	0%	6	5%
5 – A working knowledge of when and how to apply this skill	49	23%	10	17%	4	20%	7	35%	33	28%
6 – Full competency at this skill	107	51%	47	81%	12	60%	11	55%	35	30%
Oral (PO)										
1 – No knowledge	8	4%	0	0%	1	5%	0	0%	8	7%
2 – Heard of this skill	7	3%	0	0%	0	0%	0	0%	7	6%
3 – Watched others do this skill	21	10%	0	0%	1	5%	1	5%	19	16%
4 – Assisted others in doing this skill	15	7%	0	0%	1	5%	1	5%	14	12%
5 – A working knowledge of when and how to apply this skill	39	19%	6	10%	1	5%	4	20%	29	25%
6 – Full competency at this skill	120	57%	52	90%	16	80%	14	70%	41	35%
Intramuscular (IM)										
1 – No knowledge	16	8%	0	0%	1	5%	1	5%	15	13%
2 – Heard of this skill	22	10%	0	0%	1	5%	1	5%	21	18%
3 – Watched others do this skill	48	23%	4	7%	4	20%	4	20%	42	36%
4 – Assisted others in doing this skill	6	3%	1	2%	1	5%	0	0%	5	4%
5 – A working knowledge of when and how to apply this skill	33	16%	9	16%	2	10%	3	15%	20	17%
6 – Full competency at this skill	85	40%	44	76%	11	55%	11	55%	15	13%
Nebulized										
1 – No knowledge	10	5%	0	0%	1	5%	0	0%	10	8%
2 – Heard of this skill	12	6%	0	0%	0	0%	0	0%	12	10%
3 – Watched others do this skill	26	12%	1	2%	1	5%	4	20%	23	19%
4 – Assisted others in doing this skill	19	9%	0	0%	1	5%	1	5%	17	14%
5 – A working knowledge of when and how to apply this skill	35	17%	7	12%	2	10%	5	25%	23	19%
6 – Full competency at this skill	108	51%	50	86%	15	75%	10	50%	33	28%
Sub-Lingual (SL)										
1 – No knowledge	11	5%	0	0%	1	5%	1	5%	10	8%
2 – Heard of this skill	17	8%	0	0%	0	0%	0	0%	17	14%
3 – Watched others do this skill	16	8%	0	0%	1	5%	1	5%	14	12%
4 – Assisted others in doing this skill	12	6%	0	0%	1	5%	2	10%	10	8%
5 – A working knowledge of when and how to apply this skill	37	18%	4	7%	2	10%	3	15%	30	25%
6 – Full competency at this skill	117	56%	54	93%	15	75%	13	65%	37	31%
Buccal										
1 – No knowledge	57	27%	1	2%	3	15%	3	15%	51	43%
2 – Heard of this skill	29	14%	4	7%	1	5%	3	15%	24	20%
3 – Watched others do this skill	17	8%	3	5%	2	10%	3	15%	14	12%
4 – Assisted others in doing this skill	4	2%	2	3%	0	0%	0	0%	2	2%
5 – A working knowledge of when and how to apply this skill	24	11%	7	12%	3	15%	2	10%	11	9%
6 – Full competency at this skill	79	38%	41	71%	11	55%	9	45%	16	14%

Pharmacological Intervention - Administered Medication I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	EMT-B	%
2-PAM Cl (Pralidoxime Chloride)										
1 – No knowledge	104	50%	15	26%	6	30%	7	35%	81	69%
2 – Heard of this skill	34	16%	14	24%	2	10%	4	20%	15	13%
3 – Watched others do this skill	14	7%	1	2%	3	15%	1	5%	9	8%
4 – Assisted others in doing this skill	4	2%	1	2%	0	0%	0	0%	3	3%
5 – A working knowledge of when and how to apply this skill	30	14%	15	26%	4	20%	5	25%	7	6%
6 – Full competency at this skill	24	11%	12	21%	5	25%	3	15%	3	3%
Activated Charcoal										
1 – No knowledge	4	2%	0	0%	1	5%	0	0%	4	3%
2 – Heard of this skill	21	10%	0	0%	0	0%	1	5%	20	17%
3 – Watched others do this skill	22	10%	1	2%	2	10%	3	15%	19	16%
4 – Assisted others in doing this skill	22	10%	0	0%	2	10%	2	10%	21	18%
5 – A working knowledge of when and how to apply this skill	52	25%	8	14%	5	25%	5	25%	37	31%
6 – Full competency at this skill	89	42%	49	84%	10	50%	9	45%	17	14%
Atropine										
1 – No knowledge	25	12%	1	2%	1	5%	1	5%	23	19%
2 – Heard of this skill	35	17%	2	3%	0	0%	4	20%	33	28%
3 – Watched others do this skill	42	20%	4	7%	4	20%	1	5%	33	28%
4 – Assisted others in doing this skill	17	8%	3	5%	1	5%	2	10%	14	12%
5 – A working knowledge of when and how to apply this skill	19	9%	4	7%	4	20%	2	10%	11	9%
6 – Full competency at this skill	72	34%	44	76%	10	50%	10	50%	4	3%
Atrovent										
1 – No knowledge	35	17%	2	3%	2	10%	2	10%	31	26%
2 – Heard of this skill	37	18%	5	9%	1	5%	6	30%	30	25%
3 – Watched others do this skill	32	15%	4	7%	4	20%	0	0%	24	20%
4 – Assisted others in doing this skill	14	7%	3	5%	1	5%	2	10%	11	9%
5 – A working knowledge of when and how to apply this skill	21	10%	3	5%	3	15%	2	10%	13	11%
6 – Full competency at this skill	71	34%	41	71%	9	45%	8	40%	9	8%
Aspirin (ASA) for chest pain										
1 – No knowledge	3	1%	0	0%	0	0%	1	5%	2	2%
2 – Heard of this skill	13	6%	0	0%	0	0%	1	5%	13	11%
3 – Watched others do this skill	20	10%	1	2%	2	10%	0	0%	17	14%
4 – Assisted others in doing this skill	14	7%	0	0%	0	0%	0	0%	14	12%
5 – A working knowledge of when and how to apply this skill	42	20%	4	7%	6	30%	4	20%	33	28%
6 – Full competency at this skill	118	56%	53	91%	12	60%	14	70%	39	33%

Pharmacological Intervention - Administered Medication I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	EMT-B	%
Beta-agonist (Proventil/Albuterol/Ventolin, et al)										
1 – No knowledge	18	9%	0	0%	1	5%	1	5%	17	14%
2 – Heard of this skill	12	6%	0	0%	0	0%	1	5%	12	10%
3 – Watched others do this skill	27	13%	1	2%	2	10%	3	15%	21	18%
4 – Assisted others in doing this skill	15	7%	1	2%	0	0%	1	5%	14	12%
5 – A working knowledge of when and how to apply this skill	33	16%	4	7%	3	15%	3	15%	25	21%
6 – Full competency at this skill	105	50%	52	90%	14	70%	11	55%	29	25%
Epinephrine										
1 – No knowledge	4	2%	0	0%	0	0%	1	5%	3	3%
2 – Heard of this skill	16	8%	0	0%	0	0%	1	5%	16	14%
3 – Watched others do this skill	40	19%	1	2%	3	15%	3	15%	34	29%
4 – Assisted others in doing this skill	21	10%	3	5%	1	5%	1	5%	18	15%
5 – A working knowledge of when and how to apply this skill	31	15%	3	5%	3	15%	3	15%	24	20%
6 – Full competency at this skill	98	47%	51	88%	13	65%	11	55%	23	19%
Nitroglycerin										
1 – No knowledge	2	1%	0	0%	0	0%	0	0%	2	2%
2 – Heard of this skill	7	3%	0	0%	0	0%	1	5%	7	6%
3 – Watched others do this skill	22	10%	1	2%	2	10%	2	10%	19	16%
4 – Assisted others in doing this skill	22	10%	2	3%	1	5%	0	0%	20	17%
5 – A working knowledge of when and how to apply this skill	42	20%	4	7%	3	15%	5	25%	30	25%
6 – Full competency at this skill	115	55%	51	88%	14	70%	12	60%	40	34%
Oral Analgesics										
1 – No knowledge	15	7%	1	2%	1	5%	0	0%	14	12%
2 – Heard of this skill	28	13%	3	5%	2	10%	2	10%	25	21%
3 – Watched others do this skill	31	15%	2	3%	3	15%	1	5%	25	21%
4 – Assisted others in doing this skill	17	8%	2	3%	1	5%	2	10%	15	13%
5 – A working knowledge of when and how to apply this skill	32	15%	9	16%	2	10%	4	20%	19	16%
6 – Full competency at this skill	87	41%	41	71%	11	55%	11	55%	20	17%
Oral Glucose										
1 – No knowledge	1	0%	0	0%	0	0%	0	0%	1	1%
2 – Heard of this skill	4	2%	0	0%	0	0%	1	5%	4	3%
3 – Watched others do this skill	14	7%	0	0%	0	0%	0	0%	14	12%
4 – Assisted others in doing this skill	15	7%	1	2%	1	5%	0	0%	13	11%
5 – A working knowledge of when and how to apply this skill	39	19%	4	7%	2	10%	3	15%	33	28%
6 – Full competency at this skill	137	65%	53	91%	17	85%	16	80%	53	45%

Emergency Trauma Care I have ...

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	EMT-B	%
Splinting - Pelvic Wrap										
1 – No knowledge	24	11%	0	0%	0	0%	1	5%	23	19%
2 – Heard of this skill	37	18%	8	14%	5	25%	1	5%	25	21%
3 – Watched others do this skill	17	8%	4	7%	3	15%	2	10%	10	8%
4 – Assisted others in doing this skill	15	7%	2	3%	1	5%	2	10%	11	9%
5 – A working knowledge of when and how to apply this skill	55	26%	16	28%	7	35%	5	25%	30	25%
6 – Full competency at this skill	62	30%	28	48%	4	20%	9	45%	19	16%

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

	All Data	%	Instructor Coordinator	%	Training Officer 2	%	Training Officer 1	%	EMT-B	%
Cardiac monitoring - apply electrodes										
1 – No knowledge	2	1%	0	0%	0	0%	0	0%	2	2%
2 – Heard of this skill	3	1%	0	0%	0	0%	0	0%	3	3%
3 – Watched others do this skill	15	7%	1	2%	2	10%	1	5%	15	13%
4 – Assisted others in doing this skill	25	12%	1	2%	0	0%	1	5%	24	20%
5 – A working knowledge of when and how to apply this skill	36	17%	3	5%	2	10%	2	10%	29	25%
6 – Full competency at this skill	129	61%	53	91%	16	80%	16	80%	45	38%

Cardiac monitoring - multi lead (acquire but non-interpretive)

1 – No knowledge	6	3%	0	0%	0	0%	0	0%	6	5%
2 – Heard of this skill	5	2%	0	0%	1	5%	0	0%	5	4%
3 – Watched others do this skill	29	14%	1	2%	2	10%	2	10%	29	25%
4 – Assisted others in doing this skill	36	17%	4	7%	2	10%	0	0%	31	26%
5 – A working knowledge of when and how to apply this skill	28	13%	5	9%	3	15%	2	10%	18	15%
6 – Full competency at this skill	106	50%	48	83%	12	60%	16	80%	29	25%

Medical/Cardiac Care - Medical I have ...

Capillary Blood Sampling

1 – No knowledge	38	18%	1	2%	1	5%	0	0%	36	31%
2 – Heard of this skill	26	12%	0	0%	1	5%	3	15%	24	20%
3 – Watched others do this skill	20	10%	1	2%	0	0%	1	5%	20	17%
4 – Assisted others in doing this skill	6	3%	2	3%	1	5%	0	0%	5	4%
5 – A working knowledge of when and how to apply this skill	20	10%	5	9%	4	20%	2	10%	10	8%
6 – Full competency at this skill	100	48%	49	84%	13	65%	14	70%	23	19%

Urinary Catheter Assessment and Monitoring (Not Inserting)

1 – No knowledge	35	17%	1	2%	1	5%	2	10%	32	27%
2 – Heard of this skill	35	17%	4	7%	2	10%	1	5%	33	28%
3 – Watched others do this skill	20	10%	3	5%	0	0%	2	10%	17	14%
4 – Assisted others in doing this skill	9	4%	1	2%	1	5%	1	5%	6	5%
5 – A working knowledge of when and how to apply this skill	28	13%	9	16%	5	25%	4	20%	12	10%
6 – Full competency at this skill	83	40%	40	69%	11	55%	10	50%	18	15%

Comments received from the survey of currently certified EMT Basic 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 near 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 repeatedly stressed in both 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 EMT Basic 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 less than full competency was reported by respondents. 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 EMT Basic responders and the current level of knowledge for certified EMT Basic 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 EMT Basic responders:

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

1. Automatic Blood Pressure Device

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

1. Bag-Valve-Mask with in-line small volume nebulizer
2. Automatic Transport Ventilator
3. Manually Triggered Ventilator
4. Flow Restricted Oxygen Powered Ventilation Device
5. Use of forceps to remove airway obstruction (Direct Visual)
6. End Tidal CO₂ Monitoring/Capnometry
7. Gastric Decompression - NG Tube
8. Gastric Decompression - OG Tube
9. Unit does auto-injector for self, peer, or patient care
10. Oral administration of medication
11. Intramuscular administration of medication
12. Nebulized administration of medication
13. Sub-Lingual administration of medication
14. Buccal administration of medication
15. Use of 2-PAM Cl (Pralidoxime Chloride)
16. Use of activated charcoal
17. Use of Atropine

18. Use of Atrovent
19. Use of Aspirin for chest pain
20. Use of Beta-Agonist
21. Use of Epinephrine
22. Use of Nitroglycerin
23. Use of Oral Analgesics
24. Use of Oral Glucose
25. Use of Pelvic Wrap Splinting
26. Application of cardiac monitoring electrodes for standard or multi-lead monitoring
27. Acquisition of multi-lead ECG (non-interpretive)
28. Capillary blood sampling
29. Urinary catheter assessment and monitoring (Not insertion)

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

1. Bag-Valve-Mask with in-line small volume nebulizer (TO 2 and I/C)
2. Use of forceps to remove airway obstruction (Direct Visual) (I/C only)
3. End Tidal CO₂ Monitoring/Capnometry (I/C Only)
4. Gastric Decompression - NG Tube (I/C and TO 2)
5. Gastric Decompression - OG Tube (I/C only)
6. Unit dose auto-injector for self, peer, or patient care (TO 1 and 2)
7. Intramuscular injection (TO 1 and 2)
8. Nebulized administration of medication (TO 1 only)
9. Sub-Lingual administration of medication (TO 1 only)
10. Buccal administration of medication (TO 2 only)
11. Use of activated charcoal (TO 2 only)
12. Use of Atropine (TO 1 and 2)
13. Use of aspirin for chest pain (TO 2 only)
14. Use of beta-agonist (TO 1 only)
15. Use of epinephrine (TO 1 and 2)
16. Use of nitroglycerin (TO 1 only)
17. Use of oral analgesics (TO 1 and 2)
18. Acquisition of multi-lead ECG (non-interpretive) (TO 2 only)
19. Capillary blood sampling (TO 2 only)
20. Urinary catheter assessment and monitoring (Not insertion) (All instructor levels)

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

1. Bag-Valve-Mask with in-line small volume nebulizer (TO 1 only)
2. Automatic Transport Ventilator (All instructor levels)
3. Manually triggered ventilator (All instructor levels)
4. Flow restricted oxygen powered ventilation device (All instructor levels)
5. Use of forceps to remove airway obstruction (Direct visual) (TO 1 and 2)

6. End Tidal CO₂ Monitoring/Capnometry (TO 1 and 2)
7. Gastric Decompression - NG Tube (TO 1 only)
8. Gastric Decompression - OG Tube (TO 1 and 2)
9. Buccal administration of medication (TO 1 only)
10. 2-PAM Cl (Pralidoxime Chloride) (All instructor levels)
11. Use of activated charcoal (TO 1 only)
12. Use of Atrovent (TO 1 and 2)
13. Use of Pelvic Wrap Splinting (All instructor levels)

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

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.
4. Hands on work with the new skills is critical.
5. EMTs need an in-depth understanding of the pharmacology. Not just what and when, but how it works, why we use it, when we don't use it, etc. Not to the depth of pharmacokinetics, but enough understanding to avoid mistakes.
6. Worried about the quality of education that will be given by the instructors.

Gap Summary

While the list of items necessary for EMTs to bridge to the new scope is not lengthy, it does include a significant amount of information that the respondents did not know. As well, there is significant information that the instructors do not know. Time on background will need to be spent to ensure a smooth transition not only with skills, but also with the knowledge to avoid mistakes.

The transition to the new scope for EMT 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 secure 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. BVM Ventilation using an in-line small volume nebulizer
2. Use of an Automatic Transport Ventilator
3. Use of a Manually Triggered Ventilator
4. Removal of foreign airway object with forceps (unaided visual inspection only)
5. Use of a nebulizer
6. End-Tidal CO₂ Monitoring/Capnometry
7. Gastric decompression with NG tube with any supra glottic device in scope
8. Gastric decompression with OG tube with any supra-glottic device in scope

Assessment

9. Automatic Blood Pressure acquisition with device

Pharmacological Intervention

10. Administration of BioChem auto injector (Mark 1 Kit with Atropine and 2-Pam)
11. Administration of oral analgesics
12. Administration of physician approved Over the Counter (OTC) medications
13. Administration of Aspirin for chest pain - medication carried on ambulance
14. Administration of Auto Injector Epinephrine for allergic reaction - medication carried on ambulance
15. Administration of Beta-agonist for respiratory distress - medication carried on ambulance
16. Administration of Glucagon auto injector - medication carried on ambulance

Emergency Trauma Care

17. Use of a pelvic wrap for splinting

Medical Care

18. Application of 3/4 Lead cardiac electrodes (to assist setting up the monitor)
19. Application of 12 Lead cardiac electrodes (to assist setting up the monitor)
20. Capillary blood sampling
21. Assessment and monitoring of urinary catheterization

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 Emergency Medical Technician - Basics to gain certification as Emergency Medical Technicians 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.

Course Objectives

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

Airway and Breathing

Terminal Objective 1:

Given an in-line, small-volume nebulizer, the student will integrate the use of the nebulizer and medication to deliver a therapeutic dose of medicine to a simulated patient without critical error, as defined by task analysis, check sheet and course information. *[Evaluating Level]*

Enabling Objectives 1:

Cognitive and Psychomotor

- 1.A: Given a nebulizer, the student will demonstrate the ability to assemble and use the nebulizer, without critical error as defined in the task analysis, check sheet, and course information. *[Applying Level]* [P]
- 1.B: Given a nebulizer, the student will explain the appropriate oxygen flow rates necessary for appropriate delivery of medication, as defined in the manufacturer's information. *[Analyzing Level]* [C]

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1.C: Given a simulated patient, the student will demonstrate the use of a nebulizer with appropriate PPE and infection control precautions, without critical error as defined in the task analysis, check sheet, and course information. *[Applying Level]* [P]

1.D: Given case studies and simulated patients, the student will evaluate the effectiveness of the nebulizer in the delivery of medication, with 90% or greater accuracy as defined by case study and scenario information. *[Evaluating Level]* [C/P]

1.F: Given a case studies and simulated patients, the student will specify whether the nebulizer should be used in a hand held fashion or in-line fashion with a Bag-Valve-Mask, with 90% or greater accuracy as defined by case study and scenario information and without critical error as defined by course check sheets. *[Evaluating Level]* [C/P]

Affective

1.G Given the information in this module, the student will value the role of nebulized (aerosolized) medication in the treatment of respiratory distress of an inflammatory nature. *[Valuing Level]* [A]

Terminal Objective 2:

Given course information, the student will explain the role and use of automatic transport ventilators in the care of patients transported by EMS, as defined by task analysis and course information. *[Understanding Level]*

Enabling Objectives 2:

Cognitive and Psychomotor

2.A: Given course information, the student will describe the indications for use of an automatic transport ventilator, as described in course information. *[Understanding Level]* [C]

2.B: Given course information, the student will describe the contraindications for use of an automatic transport ventilator, as described in course information. *[Understanding Level]* [C]

2.C: Given course information, the student will describe the advantages of an automatic transport ventilator, as described in course information. *[Understanding Level]* [C]

1 2.D: Given course information, the student will describe the
2 disadvantages of an automatic transport ventilator, as described in
3 course information. *[Understanding Level]* [C]
4

5 2.E: Given course information, the student will describe the
6 complications associated with the use of an automatic transport
7 ventilator, as described in course information. *[Understanding*
8 *Level]* [C]
9

10 2.F: Given course information, the student will describe the technique
11 for ventilating a patient with an automatic transport ventilator, as
12 described in course information. *[Understanding Level]* [C]
13

14 **Affective**

15
16 2.G: Given information about automatic transport ventilators, the student
17 will explain the role of the automatic transport ventilator and its
18 impact on patient care in the EMS environment. *[Valuing Level]* [A]
19

20 **Terminal Objective 3:**

21
22 Given course information, the student will explain the role and use of manually
23 triggered ventilators in the care of patients transported by EMS, as defined by
24 task analysis and course information. *[Understanding Level]*
25

26 **Enabling Objectives 3:**

27
28 **Cognitive and Psychomotor**

29
30 3.A: Given course information, the student will describe the indications
31 for use of a manually triggered ventilator, as described in course
32 information. *[Understanding Level]* [C]
33

34 3.B: Given course information, the student will describe the
35 contraindications for use of a manually triggered ventilator, as
36 described in course information. *[Understanding Level]* [C]
37

38 3.C: Given course information, the student will describe the advantages
39 of a manually triggered ventilator, as described in course
40 information. *[Understanding Level]* [C]
41

42 3.D: Given course information, the student will describe the
43 disadvantages of a manually triggered ventilator, as described in
44 course information. *[Understanding Level]* [C]
45

1 3.E: Given course information, the student will describe the
2 complications associated with the use of a manually triggered
3 ventilator, as described in course information. *[Understanding*
4 *Level]* [C]
5

6 3.F: Given course information, the student will describe the technique
7 for ventilating a patient with a manually triggered ventilator, as
8 described in course information. *[Understanding Level]* [C]
9

10 **Affective**

11
12 3.G: Given information about manually triggered ventilators, the student
13 will explain the role of the manually triggered ventilator and its
14 impact on patient care in the EMS environment. *[Valuing Level]* [A]
15

16 **Terminal Objective 4:**

17
18 Given a simulated foreign body airway obstruction patient, the student will make
19 use of a Magill or similar forceps to remove the obstruction (without the use of a
20 laryngoscope), as defined by task analysis and course information. *[Applying*
21 *Level]*
22

23 **Enabling Objectives 4:**

24 **Cognitive and Psychomotor**

25
26
27 4.A: Given scenarios and case studies on Foreign Body Airway
28 Obstruction, the student will explain those situations in which the
29 obstruction should be removed using direct visualization and a
30 Magill or similar forceps, as defined by course information and the
31 task analysis. *[Analyzing Level]* [C]
32

33 4.B: Given scenarios on Foreign Body Airway Obstruction, the student
34 will demonstrate the removal of a Foreign Body Airway Obstruction
35 by direct visualization with a Magill or similar forceps, as defined by
36 course information and the task analysis. *[Analyzing Level]* [P]
37

38 **Affective**

39
40 4.C: Given information about airway forceps, the student will modify their
41 care of obstructed airway to include appropriate use of forceps for
42 removal of foreign body airway obstructions that cannot be
43 removed by hand. *[Organization Level]* [A]
44

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2 **Terminal Objective 5:**
3

4 Given a simulated patient, the student will analyze information derived from end
5 tidal CO₂ monitoring to develop a treatment plan for the patient, as defined by
6 task analysis and course information. *[Analyzing Level]*
7

8 **Enabling Objectives 5:**
9

10 **Cognitive and Psychomotor**

- 11
- 12 5.A: Given course information, the student will explain the definitions
13 associated with end tidal CO₂ monitoring, to a level of 75% or
14 greater. *[Analyzing Level]* [C]
15
- 16 5.B Given course information on end tidal CO₂ monitoring, the student
17 will explain how the process works, as defined by both colorimetric
18 and electronic tool(s) being used in the classroom. *[Analyzing*
19 *Level]* [C]
20
- 21 5.C: Given end tidal CO₂ monitoring tools, the student will demonstrate
22 how the colorimetric and electronic tool(s) work, as defined by the
23 manufacturer and the course task analysis and check sheets.
24 *[Applying Level]* [P]
25
- 26 5.D: Given simulated patients who are being ventilated, the student will
27 demonstrate the ability to assess and interpret end tidal CO₂
28 results, as assessed by local protocol adherence and a minimum
29 70% proficiency. *[Analyzing Level]* [C]
30
- 31 5.E: Given simulated patients who are being ventilated, the student will
32 demonstrate the ability to assess and interpret end tidal CO₂
33 waveforms, at a minimum 70% proficiency. *[Analyzing Level]* [C]
34
- 35 5.F: Given a "malfunctioning" end tidal CO₂ monitoring device, the
36 student will analyze the device and readings to determine the
37 problem, as specified by the manufacturer and course information.
38 *[Analyzing Level]* [C]
39
- 40 5.G: Given end-tidal CO₂ monitoring values in case studies, the student
41 will analyze the readings and construct a treatment plan, as
42 assessed by the protocol being used in the classroom and without
43 critical error. *[Creating Level]* [C]
44

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2 5.H: Given course information on end tidal CO₂ monitoring, the student
3 will explain the different end tidal options available to include
4 capnography, as defined by the tool(s) being used in the
5 classroom. *[Analyzing Level]* [C]
6

7 **Affective**
8

9 5.I: Given information about end tidal CO₂ monitoring, the student will
10 integrate these devices into the care of their patients to effect
11 improved care and outcomes. *[Organization Level]* [A]
12

13 **Terminal Objective 6:**

14
15 Given a simulated patient with a supra-glottic airway in place, the student will
16 demonstrate the ability to perform gastric decompression using a nasogastric
17 (NG) tube, as defined by task analysis and course information. *[Analyzing Level]*
18

19 **Enabling Objectives 6:**
20

21 **Cognitive and Psychomotor**
22

23 6.A: Given course information, the student will explain gastric distention
24 and its effects on the ventilation of apneic patients, to a level of
25 75% or greater on written evaluations. *[Analyzing Level]* [C]
26

27 6.B: Given a simulated patient with a supra-glottic airway in place, the
28 student will specify the need for gastric insufflations using an NG
29 tube, as defined by course information, task analysis, and skill
30 check sheet. *[Evaluating Level]* [C]
31

32 6.C: Given course information, the student will explain the indications,
33 contraindications, advantages, disadvantages, complications,
34 equipment and technique for inserting a nasogastric tube, as
35 defined by course information, task analysis, and skill check sheet.
36 *[Analyzing Level]* [C]
37

38 6.D: Given a simulated patient with a supra-glottic airway in place, the
39 student will demonstrate the ability to select, insert and utilize an
40 NG tube to correct gastric distention, as defined by course
41 information, task analysis, and skill check sheet. *[Demonstrating*
42 *Level]* [P]
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Affective

- 6.E: Given information about nasogastric tubes, the student will identify the role of the nasogastric tube in care of the patient with gastric distention and implement them in the care that they render. *[Organization Level]* [A]

Terminal Objective 7:
Given a simulated patient with a supra-glottic airway in place, the student will demonstrate the ability to perform gastric decompression using an orogastric (OG) tube, as defined by task analysis and course information. *[Analyzing Level]*

Enabling Objectives 7:

Cognitive and Psychomotor

- 7.A: Given course information, the student will explain gastric distention and its effects on the ventilation of apneic patients, to a level of 75% or greater on written evaluations. *[Analyzing Level]* [C]
- 7.B: Given a simulated patient with a supra-glottic airway in place, the student will specify the need for gastric insufflations using an OG tube, as defined by course information, task analysis, and skill check sheet. *[Evaluating Level]* [C]
- 7.C: Given course information, the student will explain the indications, contraindications, advantages, disadvantages, complications, equipment and technique for inserting an OG tube, as defined by course information, task analysis, and skill check sheet. *[Analyzing Level]* [C]
- 7.D: Given a simulated patient with a supra-glottic airway in place, the student will demonstrate the ability to select, insert and utilize an OG tube to correct gastric distention, as defined by course information, task analysis, and skill check sheet. *[Demonstrating Level]* [P]

Affective

- 7.E: Given information about orogastric tubes, the student will identify the role they place in care of the patient with gastric distention and implement them in the care that they render. *[Organization Level]* [A]

Assessment

Terminal Objective 8:

Given course information, the student will discuss the use of automated blood pressure acquisition using an electronic device, as defined in course information and to a level of 75% minimum on evaluation. *[Understanding Level]*

Enabling Objectives 8:

Cognitive and Psychomotor

- 8.A: Given information about automated blood pressure devices, the student will discuss the benefits and risks of automated blood pressure monitoring as compared to manual blood pressure attainment, as defined in course materials and to a level of 75% minimum on evaluation. *[Understanding Level]* [C]
- 8.B: Given a lab with one or more automated blood pressure devices, the student will demonstrate the ability to utilize the device(s) to obtain an accurate blood pressure on live persons, without critical error as defined by course information, task analysis, and skill check sheet. *[Demonstrating Level]* [P]
- 8.C: Given a lab with one or more automated blood pressure devices, the student will demonstrate the ability to troubleshoot the device(s), without critical error as defined by course information, task analysis, and skill check sheet. *[Demonstrating Level]* [P]

Affective

- 8.D: Given information about automated blood pressure devices, the student will identify how best to integrate the use of these devices into the care of patients. *[Organization Level]* [A]

Pharmacological Intervention

Terminal Objective 9:

Given information in class and in reading assignments, the student will explain the role, formulary specifics, and use of Aspirin, to a minimum level of 75% on written exams and without critical error in lab application as defined by course materials and check sheets. *[Analyzing Level]*

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2 **Enabling Objectives 9:**
3

4 **Cognitive and Psychomotor**
5

6 9.A: Given information in class and through reading, the student will
7 identify the classification of Aspirin, as defined in course materials.
8 [*Knowing Level*] [C]
9

10 9.B: Given information in class and through reading, the student will
11 identify the actions of Aspirin, as defined in course materials.
12 [*Knowing Level*] [C]
13

14 9.C: Given information in class and through reading, the student will
15 identify the dosages of Aspirin for adult and pediatric patients, as
16 defined in course materials. [*Knowing Level*] [C]
17

18 9.D: Given information in class and through reading, the student will
19 identify the indications for administration of Aspirin, as defined in
20 course materials. [*Knowing Level*] [C]
21

22 9.E: Given information in class and through reading, the student will
23 identify the contraindications for administration of Aspirin, as
24 defined in course materials. [*Knowing Level*] [C]
25

26 9.F: Given information in class and through reading, the student will
27 identify the side effects of Aspirin, as defined in course materials.
28 [*Knowing Level*] [C]
29

30 9.G: Given information in class and through reading, the student will
31 identify the adverse reactions possible with Aspirin, as defined in
32 course materials. [*Knowing Level*] [C]
33

34 9.H: Given information in class and through reading, the student will
35 identify the different concentrations and packaging options for
36 Aspirin as used by EMTs in the field, as defined in course
37 materials. [*Knowing Level*] [C]
38

39 9.I: Given information in class and through reading, the student will
40 explain the use of Aspirin by EMTs in the field, as defined in course
41 materials. [*Analyzing Level*] [C]
42

43 9.J: Given lab simulations, the student will demonstrate the use of
44 Aspirin in treating simulated patients, as defined in course materials
45 and without critical error as defined by class check sheets.
46 [*Applying Level*] [C]
47

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2 9.K: Given information in class and through reading, the student will
3 assess the effectiveness of Aspirin in a simulated patient, as
4 defined in course materials and with a minimum of 75% on
5 evaluations. [*Evaluating Level*] [C]
6

7 **Affective**
8

9 9.L: Given information about Aspirin, the student will identify the
10 importance of proper use in order to facilitate improved patient
11 outcomes. [*Organization Level*] [A]
12

13 **Terminal Objective 10:**

14
15 Given information in class and in reading assignments, the student will explain
16 the role, formulary specifics, and use of Atropine, to a minimum level of 75% on
17 written exams and without critical error in lab application as defined by course
18 materials and check sheets. [*Analyzing Level*]
19

20 **Enabling Objectives 10:**

21
22 **Cognitive and Psychomotor**
23

24 10.A: Given information in class and through reading, the student will
25 identify the classification of Atropine, as defined in course
26 materials. [*Knowing Level*] [C]
27

28 10.B: Given information in class and through reading, the student will
29 identify the actions of Atropine, as defined in course materials.
30 [*Knowing Level*] [C]
31

32 10.C: Given information in class and through reading, the student will
33 identify the dosages of Atropine for adult and pediatric patients, as
34 defined in course materials. [*Knowing Level*] [C]
35

36 10.D: Given information in class and through reading, the student will
37 identify the indications for administration of Atropine, as defined in
38 course materials. [*Knowing Level*] [C]
39

40 10.E: Given information in class and through reading, the student will
41 identify the contraindications for administration of Atropine, as
42 defined in course materials. [*Knowing Level*] [C]
43

44 10.F: Given information in class and through reading, the student will
45 identify the side effects of Atropine, as defined in course materials.
46 [*Knowing Level*] [C]

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2 10.G: Given information in class and through reading, the student will
3 identify the adverse reactions possible with Atropine, as defined in
4 course materials. [*Knowing Level*] [C]
5

6 10.H: Given information in class and through reading, the student will
7 identify the different concentrations and packaging options for
8 Atropine as used by EMTs in the field, as defined in course
9 materials. [*Knowing Level*] [C]
10

11 10.I: Given information in class and through reading, the student will
12 explain the use of Atropine by EMTs in the field, as defined in
13 course materials. [*Analyzing Level*] [C]
14

15 10.J: Given lab simulations, the student will demonstrate the use of
16 Atropine in treating simulated patients, as defined in course
17 materials and without critical error as defined by class check
18 sheets. [*Applying Level*] [C]
19

20 10.K: Given information in class and through reading, the student will
21 assess the effectiveness of Atropine in a simulated patient, as
22 defined in course materials and with a minimum of 75% on
23 evaluations. [*Evaluating Level*] [C]
24

25 **Affective**

26
27 10.L: Given information about Atropine, the student will identify the
28 importance of proper use in order to facilitate improved patient
29 outcomes. [*Organization Level*] [A]
30

31 **Terminal Objective 11:**

32
33 Given information in class and in reading assignments, the student will explain
34 the role, formulary specifics, and use of Beta 2 Bronchodilators, to a minimum
35 level of 75% on written exams and without critical error in lab application as
36 defined by course materials and check sheets. [*Analyzing Level*]
37

38 **Enabling Objectives 11:**

39 **Cognitive and Psychomotor**

40
41
42 11.A: Given information in class and through reading, the student will
43 identify the classification of Beta 2 Bronchodilators, as defined in
44 course materials. [*Knowing Level*] [C]
45

- 1 11.B: Given information in class and through reading, the student will
2 identify the actions of Beta 2 Bronchodilators, as defined in course
3 materials. [*Knowing Level*] [C]
4
- 5 11.C: Given information in class and through reading, the student will
6 identify the dosages of Beta 2 Bronchodilators for adult and
7 pediatric patients, as defined in course materials. [*Knowing Level*]
8 [C]
9
- 10 11.D: Given information in class and through reading, the student will
11 identify the indications for administration of Beta 2 Bronchodilators,
12 as defined in course materials. [*Knowing Level*] [C]
13
- 14 11.E: Given information in class and through reading, the student will
15 identify the contraindications for administration of Beta 2
16 Bronchodilators, as defined in course materials. [*Knowing Level*] [C]
17
- 18 11.F: Given information in class and through reading, the student will
19 identify the side effects of Beta 2 Bronchodilators, as defined in
20 course materials. [*Knowing Level*] [C]
21
- 22 11.G: Given information in class and through reading, the student will
23 identify the adverse reactions possible with Beta 2 Bronchodilators,
24 as defined in course materials. [*Knowing Level*] [C]
25
- 26 11.H: Given information in class and through reading, the student will
27 identify the different concentrations and packaging options for Beta
28 2 Bronchodilators as used by EMTs in the field, as defined in
29 course materials. [*Knowing Level*] [C]
30
- 31 11.I: Given information in class and through reading, the student will
32 explain the use of Beta 2 Bronchodilators by EMTs in the field, as
33 defined in course materials. [*Analyzing Level*] [C]
34
- 35 11.J: Given lab simulations, the student will demonstrate the use of Beta
36 2 Bronchodilators in treating simulated patients, as defined in
37 course materials and without critical error as defined by class check
38 sheets. [*Applying Level*] [C]
39
- 40 11.K: Given information in class and through reading, the student will
41 assess the effectiveness of Beta 2 Bronchodilators in a simulated
42 patient, as defined in course materials and with a minimum of 75%
43 on evaluations. [*Evaluating Level*] [C]
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Affective

11.L: Given information about Beta 2 Bronchodilators, the student will identify the importance of proper use in order to facilitate improved patient outcomes. [*Organization Level*] [A]

Terminal Objective 12:

Given information in class and in reading assignments, the student will explain the role, formulary specifics, and use of Epinephrine, to a minimum level of 75% on written exams and without critical error in lab application as defined by course materials and check sheets. [*Analyzing Level*]

Enabling Objectives 12:

Cognitive and Psychomotor

12.A: Given information in class and through reading, the student will identify the classification of Epinephrine, as defined in course materials. [*Knowing Level*] [C]

12.B: Given information in class and through reading, the student will identify the actions of Epinephrine, as defined in course materials. [*Knowing Level*] [C]

12.C: Given information in class and through reading, the student will identify the dosages of Epinephrine for adult and pediatric patients, as defined in course materials. [*Knowing Level*] [C]

12.D: Given information in class and through reading, the student will identify the indications for administration of Epinephrine, as defined in course materials. [*Knowing Level*] [C]

12.E: Given information in class and through reading, the student will identify the contraindications for administration of Epinephrine, as defined in course materials. [*Knowing Level*] [C]

12.F: Given information in class and through reading, the student will identify the side effects of Epinephrine, as defined in course materials. [*Knowing Level*] [C]

12.G: Given information in class and through reading, the student will identify the adverse reactions possible with Epinephrine, as defined in course materials. [*Knowing Level*] [C]

- 1 12.H: Given information in class and through reading, the student will
2 identify the different concentrations and packaging options for
3 Epinephrine as used by EMTs in the field, as defined in course
4 materials. [*Knowing Level*] [C]
5
6 12.I: Given information in class and through reading, the student will
7 explain the use of Epinephrine by EMTs in the field, as defined in
8 course materials. [*Analyzing Level*] [C]
9
10 12.J: Given lab simulations, the student will demonstrate the use of
11 Epinephrine in treating simulated patients, as defined in course
12 materials and without critical error as defined by class check
13 sheets. [*Applying Level*] [C]
14
15 12.K: Given information in class and through reading, the student will
16 assess the effectiveness of Epinephrine in a simulated patient, as
17 defined in course materials and with a minimum of 75% on
18 evaluations. [*Evaluating Level*] [C]
19

20 **Affective**

- 21
22 12.L: Given information about Epinephrine, the student will identify the
23 importance of proper use in order to facilitate improved patient
24 outcomes. [*Organization Level*] [A]
25

26 **Terminal Objective 13:**

27
28 Given information in class and in reading assignments, the student will explain
29 the role, formulary specifics, and use of Glucagon, to a minimum level of 75% on
30 written exams and without critical error in lab application as defined by course
31 materials and check sheets. [*Analyzing Level*]
32

33 **Enabling Objectives 13:**

34 **Cognitive and Psychomotor**

- 35
36
37 13.A: Given information in class and through reading, the student will
38 identify the classification of Glucagon, as defined in course
39 materials. [*Knowing Level*] [C]
40
41 13.B: Given information in class and through reading, the student will
42 identify the actions of Glucagon, as defined in course materials.
43 [*Knowing Level*] [C]
44

- 1 13.C: Given information in class and through reading, the student will
2 identify the dosages of Glucagon for adult and pediatric patients, as
3 defined in course materials. [*Knowing Level*] [C]
4
- 5 13.D: Given information in class and through reading, the student will
6 identify the indications for administration of Glucagon, as defined in
7 course materials. [*Knowing Level*] [C]
8
- 9 13.E: Given information in class and through reading, the student will
10 identify the contraindications for administration of Glucagon, as
11 defined in course materials. [*Knowing Level*] [C]
12
- 13 13.F: Given information in class and through reading, the student will
14 identify the side effects of Glucagon, as defined in course materials.
15 [*Knowing Level*] [C]
16
- 17 13.G: Given information in class and through reading, the student will
18 identify the adverse reactions possible with Glucagon, as defined in
19 course materials. [*Knowing Level*] [C]
20
- 21 13.H: Given information in class and through reading, the student will
22 identify the different concentrations and packaging options for
23 Glucagon as used by EMTs in the field, as defined in course
24 materials. [*Knowing Level*] [C]
25
- 26 13.I: Given information in class and through reading, the student will
27 explain the use of Glucagon by EMTs in the field, as defined in
28 course materials. [*Analyzing Level*] [C]
29
- 30 13.J: Given lab simulations, the student will demonstrate the use of
31 Glucagon in treating simulated patients, as defined in course
32 materials and without critical error as defined by class check
33 sheets. [*Applying Level*] [C]
34
- 35 13.K: Given information in class and through reading, the student will
36 assess the effectiveness of Glucagon in a simulated patient, as
37 defined in course materials and with a minimum of 75% on
38 evaluations. [*Evaluating Level*] [C]
39

40 **Affective**

- 41
- 42 13.L: Given information about Glucagon, the student will identify the
43 importance of proper use in order to facilitate improved patient
44 outcomes. [*Organization Level*] [A]
45

1
2 **Terminal Objective 14:**
3

4 Given information in class and in reading assignments, the student will explain
5 the role, formulary specifics, and use of Pralidoxime Chloride (2-PAM), to a
6 minimum level of 75% on written exams and without critical error in lab
7 application as defined by course materials and check sheets. [*Analyzing Level*]
8

9 **Enabling Objectives 14:**

10
11 **Cognitive and Psychomotor**
12

- 13 14.A: Given information in class and through reading, the student will
14 identify the classification of Pralidoxime Chloride (2-PAM), as
15 defined in course materials. [*Knowing Level*] [C]
16
- 17 14.B: Given information in class and through reading, the student will
18 identify the actions of Pralidoxime Chloride (2-PAM), as defined in
19 course materials. [*Knowing Level*] [C]
20
- 21 14.C: Given information in class and through reading, the student will
22 identify the dosages of Pralidoxime Chloride (2-PAM) for adult and
23 pediatric patients, as defined in course materials. [*Knowing Level*]
24 [C]
25
- 26 14.D: Given information in class and through reading, the student will
27 identify the indications for administration of Pralidoxime Chloride (2-
28 PAM), as defined in course materials. [*Knowing Level*] [C]
29
- 30 14.E: Given information in class and through reading, the student will
31 identify the contraindications for administration of Pralidoxime
32 Chloride (2-PAM), as defined in course materials. [*Knowing Level*]
33 [C]
34
- 35 14.F: Given information in class and through reading, the student will
36 identify the side effects of Pralidoxime Chloride (2-PAM), as defined
37 in course materials. [*Knowing Level*] [C]
38
- 39 14.G: Given information in class and through reading, the student will
40 identify the adverse reactions possible with Pralidoxime Chloride
41 (2-PAM), as defined in course materials. [*Knowing Level*] [C]
42
- 43 14.H: Given information in class and through reading, the student will
44 identify the different concentrations and packaging options for
45 Pralidoxime Chloride (2-PAM) as used by EMTs in the field, as
46 defined in course materials. [*Knowing Level*] [C]

- 1
2 14.I: Given information in class and through reading, the student will
3 explain the use of Pralidoxime Chloride (2-PAM) by EMTs in the
4 field, as defined in course materials. [*Analyzing Level*] [C]
5
6 14.J: Given lab simulations, the student will demonstrate the use of
7 Pralidoxime Chloride (2-PAM) in treating simulated patients, as
8 defined in course materials and without critical error as defined by
9 class check sheets. [*Applying Level*] [C]
10
11 14.K: Given information in class and through reading, the student will
12 assess the effectiveness of Pralidoxime Chloride (2-PAM) in a
13 simulated patient, as defined in course materials and with a
14 minimum of 75% on evaluations. [*Evaluating Level*] [C]
15

16 **Affective**

- 17
18 14.L: Given information about Pralidoxime Chloride (2-PAM), the student
19 will identify the importance of proper use in order to facilitate
20 improved patient outcomes. [*Organization Level*] [A]
21

22 **Terminal Objective 15:**

23
24 Given in class scenarios and lab classes, the student will demonstrate the ability
25 to administer oral analgesic medications as directed by standing orders or direct
26 physician contact, without critical error as defined by course materials and check
27 sheets. [*Demonstrating Level*]
28

29 **Enabling Objectives 15:**

30 **Cognitive and Psychomotor**

- 31
32
33 15.A: Given information in class and through reading, the student will
34 explain the indications, contraindications, and process for
35 administering oral analgesic medications, as defined in course
36 materials. [*Comprehending Level*] [C]
37
38 15.B: Given a lab setting, the student will demonstrate the process for
39 administering oral analgesic medications, without critical error as
40 defined by course materials and check sheets. [*Demonstrating*
41 *Level*] [P]
42

1
2 **Affective**
3

- 4 15.L: Given information about oral analgesics, the student will identify the
5 importance of proper use under physician guidance and protocols
6 in order to facilitate improved patient outcomes. [*Organization*
7 *Level*] [A]
8

9 **Terminal Objective 16:**

10
11 Given information on pharmacology, the student will integrate the use of a Mark
12 1[®] or Duodote[®] kit into the care of a simulated nerve agent chemical exposure
13 patient, without critical error as defined by course materials and check sheets.
14 [*Evaluating Level*]
15

16 **Enabling Objectives 16:**

17
18 **Cognitive and Psychomotor**
19

- 20 16.A: Given information in class and through reading, the student will
21 identify the signs and symptoms of a nerve agent exposure, as
22 defined in course materials using the DUMBELS acronym.
23 [*Knowing Level*] [C]
24
- 25 16.B: Given information in class and through reading, the student will
26 explain the actions of nerve agents in the human body, as defined
27 in course materials. [*Knowing Level*] [C]
28
- 29 16.C: Given information in class and through reading, the student will
30 identify the indications for use of the Mark 1[®] or Duodote[®] kit, as
31 defined in course materials. [*Knowing Level*] [C]
32
- 33 16.D: Given information in class and through reading, the student will
34 demonstrate the ability to operate a Mark 1[®] or Duodote[®] kit, as
35 defined in the course check sheet. [*Applying Level*] [P]
36
- 37 16.E: Given class practice sessions, the student will demonstrate the
38 ability to assess a chemical nerve agent exposure patient for
39 improvement following administration of a Mark 1[®] or Duodote[®] kit,
40 as defined in course materials. [*Evaluating Level*] [P]
41
- 42 16.F: Given class practice sessions, the student will demonstrate the
43 ability to appropriately dispose of the Mark 1[®] or Duodote[®] injector
44 kit following administration, as defined in the course check sheet.
45 [*Applying Level*] [P]
46

1 16.G: Given information in class and through reading, the student will
2 specify those situations in which a repeat administration of a Mark
3 1[®] or Duodote[®] kit is indicated, as defined in course materials.
4 [Evaluating Level] [P]
5

6 **Affective**
7

8 16.H: Given information about Mark 1[®] or Duodote[®] kits, the student will
9 identify the importance of recognition and proper use in order to
10 facilitate the survival of nerve agent exposure patients.
11 [Organization Level] [A]
12

13 **Terminal Objective 17:**

14
15 Given information on pharmacology, the student will integrate the use of an
16 Epinephrine Auto Injector[®] kit into the care of a simulated anaphylaxis patient,
17 without critical error as defined by course materials and check sheets.
18 [Evaluating Level]
19

20 **Enabling Objectives 17:**

21
22 **Cognitive and Psychomotor**
23

24 17.A: Given information in class and through reading, the student will
25 identify the signs and symptoms of anaphylaxis, as defined in
26 course materials. [Knowing Level] [C]
27

28 17.B: Given information in class and through reading, the student will
29 explain the pathophysiology of anaphylaxis and how it is different
30 from allergic reaction in the human body, as defined in course
31 materials. [Analyzing Level] [C]
32

33 17.C: Given information in class and through reading, the student will
34 identify the indications for use of the Epinephrine Auto Injector[®] kit,
35 as defined in course materials. [Knowing Level] [C]
36

37 17.D: Given information in class and through reading, the student will
38 demonstrate the ability to operate an Epinephrine Auto Injector[®] kit,
39 as defined in the course check sheet. [Applying Level] [P]
40

41 17.E: Given class practice sessions, the student will demonstrate the
42 ability to assess an anaphylaxis patient for improvement following
43 administration of an Epinephrine Auto Injector[®] kit, as defined in
44 course materials. [Evaluating Level] [P]
45

1 17.F: Given class practice sessions, the student will demonstrate the
2 ability to appropriately dispose of the Epinephrine Auto Injector[®] kit
3 following administration, as defined in the course check sheet.
4 [Applying Level] [P]
5

6 17.G: Given information in class and through reading, the student will
7 specify those situations in which a repeat administration of an
8 Epinephrine Auto Injector[®] kit is indicated, as defined in course
9 materials. [Evaluating Level] [P]
10

11 **Affective**

12
13 17.H: Given information about Epinephrine Auto Injector[®] kit, the student
14 will identify the importance of recognition and proper use in order to
15 facilitate the survival of anaphylactic patients. [Organization Level]
16 [A]
17

18 **Terminal Objective 18:**

19
20 Given information on pharmacology, the student will integrate the use of an
21 Glucagon Auto Injector[®] kit into the care of a simulated hypoglycemic diabetic
22 patient, without critical error as defined by course materials and check sheets.
23 [Evaluating Level]
24

25 **Enabling Objectives 18:**

26 **Cognitive and Psychomotor**

27
28
29 18.A: Given information in class and through reading, the student will
30 identify the signs and symptoms of hypoglycemia, as defined in
31 course materials. [Knowing Level] [C]
32

33 18.B: Given information in class and through reading, the student will
34 explain the pathophysiology of diabetes related hypoglycemia, as
35 defined in course materials. [Analyzing Level] [C]
36

37 18.C: Given information in class and through reading, the student will
38 identify the indications for use of the Glucagon Auto Injector[®] kit, as
39 defined in course materials. [Knowing Level] [C]
40

41 18.D: Given information in class and through reading, the student will
42 demonstrate the ability to operate an Glucagon Auto Injector[®] kit,
43 as defined in the course check sheet. [Applying Level] [P]
44

1
2 18.E: Given class practice sessions, the student will demonstrate the
3 ability to assess a diabetic related hypoglycemic patient for
4 improvement following administration of an Glucagon Auto Injector[®]
5 kit, as defined in course materials. [*Evaluating Level*] [P]
6

7 18.F: Given class practice sessions, the student will demonstrate the
8 ability to appropriately dispose of the Glucagon Auto Injector[®] kit
9 following administration, as defined in the course check sheet.
10 [*Applying Level*] [P]
11

12 18.G: Given information in class and through reading, the student will
13 specify those situations in which a repeat administration of an
14 Glucagon Auto Injector[®] kit is indicated, as defined in course
15 materials. [*Evaluating Level*] [P]
16

17 **Affective**

18
19 18.H: Given information about Glucagon Auto Injector[®] kit, the student
20 will identify the importance of recognition and proper use in order to
21 facilitate the care of diabetic related hypoglycemic patients.
22 [*Organization Level*] [A]
23

24 **Terminal Objective 19:**

25
26 Given information on pharmacology, the student will integrate the use of a
27 nebulizer with a Beta 2 Bronchodilator into the care of a simulated respiratory
28 distress patient, without critical error as defined by course materials and check
29 sheets. [*Evaluating Level*]
30

31 **Enabling Objectives 19:**

32 **Cognitive and Psychomotor**

33
34
35 19.A: Given information in class and through reading, the student will
36 identify the signs and symptoms of respiratory distress with
37 bronchospasm, as defined in course materials. [*Knowing Level*] [C]
38

39 19.B: Given information in class and through reading, the student will
40 demonstrate the ability to auscultate and identify bronchospasm, as
41 defined in course materials. [*Applying Level*] [P]
42

43 19.C: Given information in class and through reading, the student will
44 explain the pathophysiology of bronchospasm in obstructive
45 pulmonary disease in the human body, as defined in course
46 materials. [*Analyzing Level*] [C]

1
2 19.D: Given information in class and through reading, the student will
3 identify the indications for use of the nebulizer with a beta 2
4 bronchodilator, as defined in course materials. [*Knowing Level*] [C]
5

6 19.E: Given information in class and through reading, the student will
7 demonstrate the ability to operate a nebulizer with a beta 2
8 bronchodilator, as defined in the course check sheet. [*Applying*
9 *Level*] [P]
10

11 19.F: Given class practice sessions, the student will demonstrate the
12 ability to assess a respiratory distress patient for improvement
13 following administration of a nebulizer with a beta 2 bronchodilator,
14 as defined in course materials. [*Evaluating Level*] [P]
15

16 19.G: Given class practice sessions, the student will demonstrate the
17 ability to appropriately dispose of the nebulizer following
18 administration, as defined in the course check sheet. [*Applying*
19 *Level*] [P]
20

21 19.G: Given information in class and through reading, the student will
22 specify those situations in which a repeat administration of a Beta 2
23 bronchodilator is indicated, as defined in course materials.
24 [*Evaluating Level*] [P]
25

26 **Affective**

27

28 19.H: Given information about the use of nebulized beta 2
29 bronchodilators, the student will identify the importance of
30 recognition and proper use in order to facilitate the care of patients
31 with restrictive airway disease processes. [*Organization Level*] [A]
32

33 **Terminal Objective 20:**

34
35 Given in class scenarios and lab classes, the student will demonstrate the ability
36 to administer approved over the counter (OTC) medications as directed by
37 standing orders or direct physician contact, without critical error as defined by
38 course materials and check sheets. [*Demonstrating Level*]
39

40 **Enabling Objectives 20:**

41 **Cognitive and Psychomotor**

42

43
44 20.A: Given information in class and through reading, the student will
45 explain the indications, contraindications, and process for
46 administering those OTC medications specified by local physician

oversight for the course, as defined in course materials.
[*Comprehending Level*] [C]

20.B: Given a lab setting, the student will demonstrate the process for administering locally approved OTC medications, without critical error as defined by course materials and check sheets.
[*Demonstrating Level*] [P]

Affective

20.C: Given information about locally approved OTC medications, the student will identify the importance of proper use under physician guidance and protocols in order to facilitate improved patient outcomes. [*Organization Level*] [A]

Terminal Objective 21:

Given course information regarding medication administration, the student will specify and demonstrate appropriate medication administration for the medications included in the EMT scope of practice, without error as defined in course critical criteria and check sheets. [*Evaluating Level*]

Enabling Objectives 21:

Cognitive and Psychomotor

21.A: Given information in class and through reading, the student will explain the six rights of medication administration, without error.
[*Analyzing Level*] [C]

21.B: Given a lab setting, the student will demonstrate appropriate BSI procedures for medication administration, without critical error as defined by course check sheets. [*Demonstrating Level*] [P]

21.C: Given course information and reading material, the student will explain the different types of medication orders, and determine how they apply to the EMT. [*Analyzing Level*] [C]

21.D: Given a lab setting, the student will demonstrate the procedure for verifying medication orders, as defined in course check sheets.
[*Demonstrating Level*] [P]

21.E: Given course information, the student will develop a workflow process that they can use to reduce and eliminate medication errors, as deemed appropriate by course materials, the instructor,

1 and demonstration of practice in lab sessions. [*Creating Level*]
2 [C/P]
3

4 21.F: Given a lab setting, the student will explain and demonstrate the
5 process of aerosolized medication administration, without critical
6 error and as defined in course materials. [*Analyzing Level*] [C/P]
7

8 21.G: Given a lab setting, the student will explain and demonstrate the
9 process of buccal medication administration, without critical error
10 and as defined in course materials. [*Analyzing Level*] [C/P]
11

12 21.H: Given a lab setting, the student will explain and demonstrate the
13 process of intramuscular medication administration via auto-
14 injector, without critical error and as defined in course materials.
15 [*Analyzing Level*] [C/P]
16

17 21.I: Given a lab setting, the student will explain and demonstrate the
18 process of oral medication administration, without critical error and
19 as defined in course materials. [*Analyzing Level*] [C/P]
20

21 21.J: Given a lab setting, the student will explain and demonstrate the
22 process of post medication administration patient assessment,
23 without critical error and as defined in course materials. [*Analyzing*
24 *Level*] [C/P]
25

26 **Affective**

27

28 21.K: Given information about medication administration, the student will
29 identify the importance of critical thinking combined with proper
30 technique in facilitating good patient outcomes. [*Organization Level*]
31 [A]
32

33 **Emergency Trauma Care**

34

35 **Terminal Objective 22:**

36
37 Given course information regarding suspected pelvic fractures, the student will
38 explain and demonstrate appropriate pelvic wrap splinting techniques, without
39 error as defined in course critical criteria and check sheets. [*Analyzing Level*]
40

41 **Enabling Objectives 22:**

42 **Cognitive and Psychomotor**

43
44

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2 22.A: Given information in class and through reading, the student will
3 explain the different methods of splinting pelvic fractures with a
4 wrap process (commercial and non-commercial, as defined in
5 course materials to a minimum of 75% or greater on evaluation.
6 *[Analyzing Level]* [C]
7

8 22.B: Given information in class and through reading, the student will
9 demonstrate the use of a commercial or non-commercial splinting
10 device to stabilize a pelvic fractures with a wrap process, as
11 defined in course materials and without critical error as defined by
12 course task analysis and check sheets. *[Demonstrating Level]* [P]
13

14 **Affective**

15
16 22.C: Given information and skills for applying a wrap splint to stabilize
17 pelvic fractures, the student will identify the importance of critical
18 thinking combined with proper technique in facilitating good patient
19 outcomes in suspected pelvic fracture patients. *[Organization Level]*
20 [A]
21

22 **Medical Care**

23 **Terminal Objective 23:**

24
25
26 Given course information regarding ECG monitor/defibrillators, the student will
27 demonstrate the ability to acquire and interpret 3 or 4 lead ECGs and acquire 12
28 lead ECGs, without critical error as defined in course materials and check sheets.
29 *[Demonstrating Level]*
30

31 **Enabling Objectives 23:**

32 **Cognitive and Psychomotor**

33
34
35 23.A: Given information in class and through reading, the student will
36 demonstrate and explain the ECG patch placement for 3/4 lead
37 acquisition, as defined by check sheet and without critical error.
38 *[Demonstrating Level]* [P]
39

40 23.B: Given information in class and through reading, the student will
41 demonstrate and explain the ECG patch placement for 12 lead
42 acquisition, as defined by check sheet and without critical error.
43 *[Demonstrating Level]* [P]
44
45

1 23.C: Given information in class and lab practice, the student will
2 demonstrate the ability to record a 3/4 lead or 12 lead ECG tracing,
3 as defined by check sheet and without critical error. [*Demonstrating*
4 *Level*] [P]
5

6 23.D: Given information in class and lab practice, the student will
7 demonstrate the ability to work the monitor/defibrillator so as to
8 allow for acquisition of an ECG tracing, as defined by check sheet
9 and without critical error. [*Demonstrating Level*] [P]
10

11 23.E: Given information in class and lab practice, the student will explain
12 the basic concept of how cardiac electrical activity is captured by
13 the ECG monitor, as defined by course materials and to a minimum
14 of 75% on evaluation. [*Understanding Level*] [C]
15

16 **Affective**

17

18 23.F: Given information about ECG monitoring and electrical intervention,
19 the EMT will identify the importance assisting advanced level
20 providers through facilitating the recording of ECG tracings.
21 [*Organization Level*] [A]
22
23
24

25 **Terminal Objective 24:**

26
27 Given course information regarding urinary catheterization, the student will
28 explain the process of monitoring urinary catheters during the transport of ill or
29 injured patients, to a minimum level of 75% as defined in course materials and
30 without critical error on check sheets. [*Analyzing Level*]
31

32 **Enabling Objectives 24:**

33 **Cognitive and Psychomotor**

34
35

36 24.A: Given information in class and through reading, the student will
37 explain the basic premise of urinary catheterization and monitoring
38 by clinical personnel, to a minimum level of 75% as defined in
39 course materials and check sheets. [*Analyzing Level*] [C]
40

41 24.B: Given information in class and lab scenarios, the student will
42 demonstrate the process of assessing the urinary catheter, as
43 defined by check sheet and without critical error. [*Analyzing Level*]
44 [P]
45

1 24.C: Given information in class and lab scenarios, the student will
2 demonstrate the ability to identify urinary catheter problems and
3 react appropriately, as defined by check sheet and without critical
4 error. *[Analyzing Level]* [C]
5

6 **Affective**
7

8 24.D: Given information about urinary catheterization and monitoring, the
9 EMT will identify the importance critical thinking and proper
10 technique in facilitating good patient outcomes and adherence to
11 their scope of practice. *[Organization Level]* [A]
12

13 **Terminal Objective 25:**

14
15 Upon completion of this course, the student will demonstrate the ability to
16 perform a blood glucose test on a patient and act appropriately to the findings
17 without compromising the patient's care or safety. *[Analyzing Level]*
18

19 **Enabling Objectives 25:**

20
21 **Cognitive and Psychomotor**
22

23 25.A: Given case study descriptions, the student will be able to
24 correctly identify those patients in need of blood glucose evaluation,
25 without error. *[Knowing Level]* [C]
26

27 25.B: Given information regarding normal blood glucose levels and the
28 role of glucose in the body, the student will be able to identify
29 reasons for measuring a patient's glucose levels, as described in
30 course materials. *[Knowing Level]* [C]
31

32 25.C: Given information regarding diabetes, the student will be able to
33 define and explain diabetes as to the cause and general effect on
34 the human body, as described in course materials.
35 *[Comprehending Level]* [C]
36

37 25.D: Given information regarding diabetes, the student will be able to
38 explain the role of insulin in the body and how it affects glucose
39 utilization, as described in course materials. *[Comprehending Level]*
40 [C]
41

42 25.E: Given the process of blood glucose assessment with a glucometer,
43 the student will identify and correctly use body substance isolation
44 practices and equipment that meet the standards of 29
45 CFR1910.1030 and the teaching agency. *[Applying Level]* [C/P]
46

- 1 25.F: Given blood glucometer information, the student will accurately
2 demonstrate the proper use of the glucometer and related
3 equipment needed for blood glucose testing, as defined in course
4 materials. *[Applying Level]* [C/P]
5
6 25.G: Given in class scenarios, the student will demonstrate an
7 understanding of the significance of blood glucose test results and
8 apply appropriate treatment, as assessed by the protocols in use by
9 the teaching agency. *[Applying Level]* [C/A]
10
11 25.H: Given classroom scenarios, the student will evaluate and
12 troubleshoot the complications associated with use of a glucometer,
13 as described in course materials. *[Evaluating Level]* [C/P]
14
15 25.I: Given examples of glucometer results that are in error, the student
16 will determine the source of the error and suggest appropriate
17 treatment action, as defined in course materials. *[Analyzing Level]*
18 [C/P]
19
20 25.J: Given case studies and contrived scenarios, the student will be
21 able to identify the consequences and implement appropriate
22 treatment for a patient with critical high or low blood glucose
23 values, as detailed in course materials. *[Evaluating Level]* [C/P]
24
25 25.K: Given in class scenarios, the student will demonstrate accurately
26 the proper disposal of all materials used in blood glucose testing,
27 adhering to standard safety practices. *[Demonstrating Level]* [C/P]
28

29 **Affective**

- 30
31 25.L: Given information on glucometers, the student will understand the
32 how effective glucometer use determines the proper care of
33 diabetic patients and their short term and long-term outcomes. [A]
34
35

1

2 **Instructional Methods Plan**

3

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

- 5
- 6 ▪ Pre-class reading
 - 7 ▪ Interactive Lecture
 - 8 ▪ Dialogue
 - 9 ▪ Case Study
 - 10 ▪ Role Play
 - 11 ▪ Individual and Group Assignments
 - 12 ▪ Written Assignments
 - 13 ▪ Skills labs
 - 14 ▪ Simulations
- 15
- 16

17 **Evaluation Plan**

18

19 The intent of this class is to educate existing Kansas certified Emergency
20 Medical Technician - Basics in the tasks and knowledge of the new scope of
21 practice for Emergency Medical Technician. The expectation of this course is
22 that persons completing the course will possess the knowledge and skills
23 necessary to function in the capacity as a Kansas certified Emergency Medical
24 Technician under the new scope of practice.

25

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

31

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

35 **Kirkpatrick Level 1 - Reaction**

36

37

38 Student reaction forms are to be collected at the conclusion of each module in
39 the program. These will evaluate student reaction to course content, instruction,
40 methods, and materials. An average score of 4.0 or greater is the target point.

41

42 Comments regarding the module should be processed by the
43 coordinator/instructor and disseminated to the appropriate persons to ensure a
44 process of continual improvement.

45

1
2 **Kirkpatrick Level 2 - Learning**
3

4 Post course evaluation will have two components that must be successfully
5 completed in order for a student to successfully complete the bridge program.
6

- 7 1. Pass the comprehensive written exam with a score of 75% 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 those interested
21 Emergency Medical Technician - Basic personnel to the new Emergency Medical
22 Technician classification.
23

24 To evaluate this intended result, the Kansas Board of EMS will monitor the
25 number of certified Emergency Medical Technician - Basic personnel making the
26 transition from existing to new certification and scope of practice. The target
27 result is that active, engaged Emergency Medical Technician - Basics are able to
28 successfully complete the bridge program.
29