

Dear Members of the Maine EMS Board,

Pursuant to Chapter 13 of the Maine EMS Rules (Waiver of Rules), I respectfully request a waiver and/or formal recognition that the following previously delivered Community Paramedicine education program satisfies the educational component required for Community Paramedicine Clinician (CP-C) licensure:

- Hennepin Technical College/United Training Center – Community Paramedicine Clinician (CP-C) Program
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I. Background

The Hennepin Technical College/United Training Center Community Paramedicine Clinician (CP-C) program was a structured, competency-based educational program developed to prepare paramedics for expanded community-based clinical roles.

This program included comprehensive didactic instruction, structured clinical experiences, competency validation, documentation training, public health integration, chronic disease management, care coordination, and medical oversight. At the time of delivery, the program was designed and conducted in accordance with nationally recognized Community Paramedicine standards and consistent with Maine EMS expectations then in place.

Participants completed this program in good faith reliance on its validity and professional recognition within the evolving Community Paramedicine framework.

II. Rule at Issue

Current Maine EMS licensure requirements for CP-C reference completion of Maine EMS-approved Community Paramedicine education aligned with the June 30, 2024 Education Standards, or education judged equivalent by Maine EMS.

Due to updated rule interpretation and reference standards, uncertainty has arisen as to whether graduates of this prior CP-C program automatically meet the educational component of CP-C licensure.

Absent Board action, affected providers may be required to repeat education that was comprehensive, competency-based, and substantively aligned with current standards.

III. Substantial Compliance with Current Standards

The prior Hennepin Technical College/United Training Center CP-C curriculum included instruction and competency validation in:

- Role of the Community Paramedicine Clinician within the healthcare system
- Public health integration and social determinants of health
- Comprehensive patient history and physical examination across the lifespan
- Chronic disease management (including heart failure, COPD, diabetes, hypertension, and related conditions)
- Laboratory and diagnostic interpretation
- Identification of clinical red flags and escalation pathways
- Care coordination and interdisciplinary communication
- Documentation standards (including SOAP/SBAR and structured reporting)
- Behavioral health considerations and psychological support
- Clinical experience with defined competency requirements
- Quality assurance and evidence-based practice

These core domains reflect the intent and substance of the current Maine EMS Community Paramedicine Education Standards.

There are no material educational gaps that would justify duplication of training solely due to a transition in reference standards.

IV. Chapter 13 Determining Factors

Chapter 13 permits the Board to waive a rule were doing so would avert a significant injustice while preserving public safety and the integrity of Maine's EMS system.

In this case:

Reasonable Steps to Comply

Training centers and participants complied with Maine EMS standards as they existed at the time of program delivery.

Reliance on Valid Program

Participants reasonably relied on the legitimacy and professional recognition of this program when completing their education.

Significant Harm if Not Recognized

Failure to recognize this program may:

- Create unnecessary barriers to licensure
- Undermine workforce development and retention
- Discourage advancement within Community Paramedicine

- Require duplication of education without a public safety benefit
- Increase financial burden on EMS services and individual providers who would be required to pay tuition, travel, time away from work, and administrative costs to repeat substantially similar education

Requiring repetition of compliant education would impose avoidable expenses on already resource-constrained EMS agencies and providers without measurable improvement in patient safety or competency.

Public Safety

Recognition of this program poses no health or safety risk. Graduates have practiced under medical direction, maintained licensure in good standing, and participated in ongoing continuing education and QA/QI processes.

Regulatory Integrity

Granting recognition or waiver would not weaken standards but would acknowledge substantial compliance and continuity during an evolving regulatory framework. It would preserve the intent of the standards while avoiding unnecessary duplication and expense.

V. Request

I respectfully request that the Maine EMS Board:

Formally recognize that the prior Hennepin Technical College/United Training Center CP-C program satisfies the educational component required for Community Paramedicine Clinician (CP-C) licensure;

Grant a waiver under Chapter 13 affirming that this program meets the educational requirement based on substantial compliance with current Maine EMS standards.

This request is made to ensure equitable application of standards, avoid unnecessary financial burden on EMS services and providers, preserve workforce stability, and maintain the continued advancement of Community Paramedicine services across Maine while fully protecting public safety.

Thank you for your consideration.

Respectfully submitted,

Amy Drinkwater, BS, EMTP, IC, CP-C

MAINE EMS - CHAPTER 13 WAIVER APPLICATION

1. Applicant Information

Name: Amy Drinkwater

Title: EMS Chief Stockton Springs Ambulance

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Date of Submission: February 26, 2026

2. Rule for Which Waiver Is Requested

Chapter 19 - Community Paramedicine Licensure Education Requirement (Completion of Maine EMS approved Community Paramedicine education aligned with the June 30, 2024, Education Standards or equivalent education.)

Programs for which recognition/waiver is requested:

- Hennepin Technical College - Community Paramedicine Program CP-C

3. Description of Relief Requested

The applicant respectfully requests that the Maine EMS Board:

Formally recognize that the above programs meet the educational component required CP-C licensure.

Grant a waiver under Chapter 13, affirming that these programs satisfy the educational requirement based on substantial compliance.

4. Basis for Waiver (Chapter 13 §1)

Granting this waiver would avert significant injustice while preserving public safety and the integrity of Maine's EMS system.

The referenced programs were competency-based and comprehensive. Requiring repetition of substantially equivalent education would not enhance patient safety.

5. Determining Factors (Chapter 13 §2)

A. Reasonable Steps to Comply

Training centers and participants complied with Maine EMS standards in effect at the time of program delivery.

B. Reliance on Valid Programs

Participants reasonably relied on the legitimacy and professional recognition of these programs.

C. Significant Injury or Harm if Not Waived

Failure to recognize these programs may create barriers to licensure and require duplication of substantially equivalent education.

Repetition would impose tuition costs, travel expenses, lost staffing hours, and administrative costs on EMS services and providers without a measurable public safety benefit.

D. Public Health and Safety Risk

Recognition poses no health or safety risk. Graduates have maintained licensure and practiced in accordance with Maine EMS requirements.

E. Regulatory Integrity

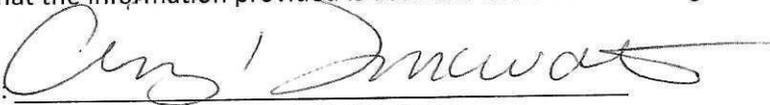
Granting this waiver would acknowledge substantial compliance while preserving regulatory intent.

6. Supporting Documentation Attached

Has been submitted to Maine EMS.

7. Certification

I certify that the information provided is accurate and submitted in good faith.

Signature: 

Printed Name: Amy Drinkwater, BS, EMTP, CP, IC

Date: 02/26/2026



Role of the Community Paramedic in the Health Care System

Goal

1. The Community Paramedic will understand and analyze their role in the health care system.

Objectives & Summary

- 1.1. The Community Paramedic will be able to define *Community Paramedic*.
 - 1.1.1. Definition of a Community Paramedic
 - 1.1.2. Members of a distinct community
 - 1.1.3. Navigates and establishes systems to better serve communities and clients
 - 1.1.4. Trained as direct service providers
 - 1.1.5. Mentors and empowers
- 1.2. The Community Paramedic will be able to discuss the history and future of their role.
 - 1.2.1. Rural and remote dilemma in the United States
 - 1.2.2. 2004 Rural and Frontier EMS Agenda of the Future
 - 1.2.3. Community Healthcare and Emergency Cooperative (CHEC)
 - 1.2.4. International Roundtable on Community Paramedics (IRCP)
- 1.3. The Community Paramedic will be able to explain the “scope of practice” to stakeholders.
 - 1.3.1. Driven by the system’s current paramedic scope of practice
 - 1.3.2. Assesses and identifies gaps between community needs and services
 - 1.3.3. Improves quality of life and health
 - 1.3.4. Services provided only where and when there are no others to provide them
 - 1.3.5. Navigates and establishes systems to better serve citizens
 - 1.3.6. Becomes advocate, facilitator, liaison and resource coordinator
 - 1.3.7. Provides expanded services
- 1.4. The Community Paramedic will be able to discuss the different relationship they will have with members of the healthcare team.
 - 1.4.1. EMS
 - 1.4.2. Nursing
 - 1.4.3. Social Worker
- 1.5. The Community Paramedic will be able to compare and contrast the strategies of advocacy and liaison work.
 - 1.5.1. Advocacy
 - 1.5.2. Liaison
- 1.6. The Community Paramedic will be able to identify common local, regional, state, and national organizations that can provide support for clients.
 - 1.6.1. Local
 - 1.6.2. Regional
 - 1.6.3. State
 - 1.6.4. National



Social Determinants of Health

Goal

2. The Community Paramedic will understand the social determinants of health.

Objectives & Summary

- 2.1. The Community Paramedic will be able to define the social ecology model and the determinants of health.
 - 2.1.1. Definition
- 2.2. The Community Paramedic will be able to describe the correlation between health status indicators and the individual characteristics.
 - 2.2.1. Age
 - 2.2.2. Gender
 - 2.2.3. Education level
 - 2.2.4. Economic status
 - 2.2.5. Race
- 2.3. The Community Paramedic will be able to identify social characteristics that are correlated with health status indicators.
 - 2.3.1. Race
 - 2.3.2. Ethnicity
 - 2.3.3. Relationship status
- 2.4. The Community Paramedic will be able to identify environmental determinants of health.
 - 2.4.1. Environmental Triggers
 - 2.4.2. Urban blight
- 2.5. The Community Paramedic will be able to identify the impact of organizational policies, societal regulations and laws on health behaviors.
 - 2.5.1. Drunk driving
 - 2.5.2. Seat belt use
 - 2.5.3. Influence of culture and spirituality on health status indicators
- 2.6. The Community Paramedic will be able to define social margin.
 - 2.6.1. High risk and high need population
 - 2.6.2. Factors that lead to inequalities of healthcare
- 2.7. The Community Paramedic will be able to describe the role documentation plays in assessing the gaps in patient's healthcare needs and in providing resources to the patient.
 - 2.7.1. Documentation



Public Health and Primry Care Role of the Community Paramedic

Goal

3. The Community Paramedic will understand their role in public health and primary care.

Objectives & Summary

- 3.1. The Community Paramedic will be able to describe health promotion activities in public health.
- 3.1.1. Health Risk Appraisals (HRAs)
 - 3.1.2. Biometric Screenings
 - 3.1.3. Immunizations
 - 3.1.4. Community Education
- 3.2. The Community Paramedic will be able to describe injury prevention activities in public health.
- 3.2.1. Primary and secondary injury prevention programs
 - 3.2.2. Examples of injury prevention efforts by lifestage
- 3.3. The Community Paramedic will be able to describe chronic disease management in public health.
- 3.3.1. Disease management programs
- 3.4. The Community Paramedic will be able to describe and apply the appropriate risk mitigation strategies based on the social determinants of health.
- 3.4.1. Individual level behavior modification
 - 3.4.2. Health Literacy
 - 3.4.3. Social risk reduction
 - 3.4.4. Environmental risk reduction
 - 3.4.5. Economic risk reduction
- 3.5. The Community Paramedic will be able to discuss financial impact of the Community paramedic upon healthcare payers.
- 3.5.1. Public and private insurance programs
 - 3.5.2. Common barriers to enrollment in public programs
 - 3.5.3. Assist in completing applications
 - 3.5.4. Other potential financial stakeholders
- 3.6. The Community Paramedic will be able to describe and apply the appropriate evaluation techniques to measure the success of a program.
- 3.6.1. Formative Evaluation
 - 3.6.2. Process Evaluation
 - 3.6.3. Outcome Evaluation
 - 3.6.4. Impact Evaluation



Developing Cultural Competence

Goal

4. The Community Paramedic will become culturally competent.

Objectives & Summary

- 4.1. The Community Paramedic will be able to provide a broad definition of culture.
 - 4.1.1. Culture
 - 4.1.2. Ethnic Group
 - 4.1.3. Acculturation
- 4.2. The Community Paramedic will be able to recognize the divide between culture and individual identity.
 - 4.2.1. Factors that affect an individual's experience with culture of origin
 - 4.2.2. Gauge degree of acculturation
- 4.3. The Community Paramedic will be able to describe how culture impacts health.
 - 4.3.1. Barriers to healthcare
 - 4.3.2. Stereotypes
- 4.4. The Community Paramedic will be able to recognize the risks of stereotyping.
 - 4.4.1. Patient as an individual
 - 4.4.2. Inappropriate conclusions
 - 4.4.3. Eroding trust
- 4.5. The Community Paramedic will be able to develop Cultural Competence.
 - 4.5.1. Developed as a process
 - 4.5.2. Race and Ethnicity
 - 4.5.3. Religion and Spirituality
 - 4.5.4. Sexual Identity
 - 4.5.5. Age
- 4.6. The Community Paramedic will be able to incorporate cultural competence into Community Paramedic work.
 - 4.6.1. Needs assessment
 - 4.6.2. Web of resources
 - 4.6.3. Referrals
- 4.7. The Community Paramedic will be able to discuss how culture can impact the use of EMS.
 - 4.7.1. Web of resources
 - 4.7.2. Outreach
 - 4.7.3. Individual
 - 4.7.4. Community



The Community Paramedic's Role Within the Community

Goal

5. The Community Paramedic will understand their role within the community.

Objectives & Summary

- 5.1. The Community Paramedic will be able to discuss a community needs assessment.
- 5.1.1. Definition
 - 5.1.2. Use
- 5.2. The Community Paramedic will be able to develop potential patient profiles based upon EMS call volume.
- 5.2.1. Use of EMS
 - 5.2.2. Populations
 - 5.2.3. Morbidity and mortality
 - 5.2.4. Perception
 - 5.2.5. Low acuity calls
 - 5.2.6. Client profiles
- 5.3. The Community Paramedic will be able to evaluate other needs of the community.
- 5.3.1. High-risk and high-need populations
 - 5.3.2. Societal and institutional gaps
 - 5.3.3. Develop profiles
- 5.4. The Community Paramedic will be able to discuss how mapping plays a role, as part of a community needs assessment.
- 5.4.1. GIS mapping and frequent use
 - 5.4.2. Create a map of unmet community needs
 - 5.4.3. Add to the map when you figure out the challenges in your service area
- 5.5. The Community Paramedic will be able to describe different types of safety nets.
- 5.5.1. Organizations
 - 5.5.2. Non-profit safety nets
 - 5.5.3. Private safety nets
 - 5.5.4. Public safety net systems
- 5.6. The Community Paramedic will be able to discuss the role financing plays on the types of clients an agency will serve and how to refer clients for assistance in applying for benefits.
- 5.6.1. Taking referrals
 - 5.6.2. Receiving referrals
 - 5.6.3. Evaluation and receipt of assistance



- 5.7. The Community Paramedic will be able to discuss the different types and levels of care available to address a client's health, mental health, substance abuse and social service needs.
 - 5.7.1. Medical Needs
 - 5.7.2. Mental Health Needs
 - 5.7.3. Substance Abuse Treatment Needs
 - 5.7.4. Social Services Needs
 - 5.7.5. Hospital based social services

- 5.8. The Community Paramedic will be able to create a resource map.
 - 5.8.1. Types of services
 - 5.8.2. Types of clients

- 5.9. The Community Paramedic will be able to discuss the web of resources.
 - 5.9.1. Definition
 - 5.9.2. Explanation

- 5.10. The Community Paramedic will be able to translate client/community need into a web of resources.
 - 5.10.1. Resources based on client profiles
 - 5.10.2. Types and trajectories of care

- 5.11. The Community Paramedic will be able to use pathways to care for clients.
 - 5.11.1. Levels of care
 - 5.11.2. Client Populations
 - 5.11.3. Assisting programs
 - 5.11.4. Follow-up on referrals

- 5.12. The Community Paramedic will be able to discuss the concept of negative consequences in working with clients.
 - 5.12.1. Parallel "Web of Resources"
 - 5.12.2. Behavioral paradigm
 - 5.12.3. Behavior change
 - 5.12.4. Utilization
 - 5.12.5. Client's situation
 - 5.12.6. Goal

- 5.13. The Community Paramedic will be able to apply negative consequences to modify behavior.
 - 5.13.1. Credibility
 - 5.13.2. Threat of negative consequences
 - 5.13.3. Use

- 5.14. The Community Paramedic will be able to discuss the types of resources needed to apply negative consequences as a means of modifying unhealthy behavior.
 - 5.14.1. Types of negative consequences

- 5.15. The Community Paramedic will be able to define outreach.
 - 5.15.1. Definition



- 5.16. The Community Paramedic will be able to conduct outreach to a variety of programs for the purpose of engaging their services into the web of resources.
- 5.16.1. Program Outreach
 - 5.16.2. Quid pro quo
- 5.17. The Community Paramedic will be able to structure a relationship with an agency that becomes part of the web of resources.
- 5.17.1. Establishing an ongoing relationship
 - 5.17.2. Structure the relationship
- 5.18. The Community Paramedic will be able to evaluate the effectiveness of the relationship with an agency.
- 5.18.1. Numbers of clients
 - 5.18.2. Difficulties
 - 5.18.3. Amount of assistance
- 5.19. The Community Paramedic will be able to discuss the purpose of community outreach.
- 5.19.1. Use
 - 5.19.2. How identified
 - 5.19.3. Stakeholders
- 5.20. The Community Paramedic will be able to translate a needs assessment into a community outreach strategy.
- 5.20.1. Evaluation
 - 5.20.2. Deployment
 - 5.20.3. Follow-up
 - 5.20.4. Interventions
- 5.21. The Community Paramedic will be able to identify the steps involved in individual outreach.
- 5.21.1. Case Finding
 - 5.21.2. Safely approaching a client
 - 5.21.3. Introductions
 - 5.21.4. The biopsychosocial assessment
 - 5.21.5. Identifying resources
- 5.22. The Community Paramedic will be able to discuss case finding for both housed and homeless clients.
- 5.22.1. Sources of information
 - 5.22.2. Homeless clients
 - 5.22.3. Housed Clients



- 5.23. The Community Paramedic will be able to discuss basic safety principles associated with individual outreach.
 - 5.23.1. Working alone
 - 5.23.2. De-escalation
 - 5.23.3. Staffing

- 5.24. The Community Paramedic will be able to approach a client and introduce them in a manner that sets the tone for effective outreach.
 - 5.24.1. Introduction
 - 5.24.2. Approaching a client

- 5.25. The Community Paramedic will be able to conduct a biopsychosocial assessment.
 - 5.25.1. Psycho- Psychological assessment
 - 5.25.2. Biopsychosocial assessment
 - 5.25.3. Bio- Medical assessment

- 5.26. The Community Paramedic will be able to identify resources that could address unmet or under met needs of a client.
 - 5.26.1. Unmet or under met needs
 - 5.26.2. Web of resources
 - 5.26.3. Resistance

- 5.27. The Community Paramedic will be able to discuss the HOME Team Interventional Technique.
 - 5.27.1. The Homeless Outreach and Medical Emergency (HOME)
 - 5.27.2. Purpose

- 5.28. The Community Paramedic will be able to apply the steps involved in the HOME Team interventional technique.
 - 5.28.1. Johnson Intervention
 - 5.28.2. Motivational interviewing
 - 5.28.3. Positive approach

- 5.29. The Community Paramedic will be able to use the web of resources to motivate clients to change.
 - 5.29.1. System Navigation
 - 5.29.2. Utilizing other sources of care

- 5.30. The Community Paramedic will be able to explain different forms of client referrals.
 - 5.30.1. Phone referral
 - 5.30.2. Written referral



- 5.31. The Community Paramedic will be able to discuss physical transportation of a client to resource provider.
- 5.31.1. Client's condition
 - 5.31.2. Safe transportation
 - 5.31.3. Structuring transports
 - 5.31.4. Receiving agencies
- 5.32. The Community Paramedic will be able to identify and provide medical interventions aimed at bridging the gap between the field and other sources of care.
- 5.32.1. Basis for
 - 5.32.2. Psychosocial concerns
 - 5.32.3. Length of time
 - 5.32.4. Specific types
- 5.33. The Community Paramedic will be able to provide adequate tracking and follow-up for a client.
- 5.33.1. Tracking clients
 - 5.33.2. Visit clients
 - 5.33.3. Follow-up
 - 5.33.4. Waiver
 - 5.33.5. Information sharing
 - 5.33.6. Memorandum of Understanding
 - 5.33.7. Moving the client
- 5.34. The Community Paramedic will be able to explain how to reconnect a client to the web of resources.
- 5.34.1. Reconnecting
 - 5.34.2. Assess
 - 5.34.3. Predetermine
- 5.35. The Community Paramedic will be able to discuss documentation used during a client contact.
- 5.35.1. Documenting contacts
 - 5.35.2. Appropriate documentation
 - 5.35.3. Documentation mechanism
 - 5.35.4. Research and tracking of trends
- 5.36. The Community Paramedic will be able to discuss the types of documentation to use when a client is contacted through the 911 system.
- 5.36.1. Planning with local and state EMS authorities
 - 5.36.2. Local protocol
- 5.37. The Community Paramedic will be able to structure documentation during an initial outreach contact.
- 5.37.1. During outreach
 - 5.37.2. Initial contact



- 5.38. The Community Paramedic will be able to conduct ongoing documentation for a client.
 - 5.38.1. Meetings
 - 5.38.2. Keeping notes

- 5.39. The Community Paramedic will be able to compare and contrast different types of documentation.
 - 5.39.1. Electronic documentation
 - 5.39.2. Paper documentation forms
 - 5.39.3. Data collection



The Community Paramedic's Personal Safety & Wellness

Goal

6. The Community Paramedic will understand the importance of balancing stress and wellness while ensuring their personal safety.

Objectives & Summary

- 6.1. The Community Paramedic will be able to define Key terms associated with wellness and safety.
- 6.2. The Community Paramedic will be able to discuss the components of well-being.
 - 6.2.1. Physical Well-Being
 - 6.2.2. Mental Well-Being
 - 6.2.3. Emotional Well-Being
 - 6.2.4. Spiritual Well-Being
- 6.3. The Community Paramedic will be able to discuss the physiological effects of stress.
 - 6.3.1. Hans Seyle, MD, PhD
 - 6.3.2. Causes of stress
 - 6.3.3. General adaptation syndrome
 - 6.3.4. Physiologic responses
 - 6.3.5. Physiological manifestations
 - 6.3.6. Reactions to Stress
- 6.4. The Community Paramedic will be able to discuss the concept of burnout.
 - 6.4.1. Unrelieved stress
 - 6.4.2. Development of
 - 6.4.3. Distress
 - 6.4.4. Beliefs
 - 6.4.5. Symptoms
 - 6.4.6. Guidelines
- 6.5. The Community Paramedic will be able to identify the warning signs of stress.
 - 6.5.1. Signs of burnout
- 6.6. The Community Paramedic will be able to identify strategies to manage stress.
 - 6.6.1. Ways to help manage stress
- 6.7. The Community Paramedic will be able to discuss wellness.
 - 6.7.1. Nutrition
 - 6.7.2. Exercise and relaxation
 - 6.7.3. Sleep
 - 6.7.4. Disease prevention
 - 6.7.5. Balance



- 6.8. The Community Paramedic will be able to discuss death and dying.
 - 6.8.1. Stages of grief
 - 6.8.2. Working with family members
 - 6.8.3. Dealing With a Grieving Child
 - 6.8.4. Working with the patient
 - 6.8.5. Patient reactions
 - 6.8.6. Anxiety
 - 6.8.7. Mental health problems
 - 6.8.8. Receiving unrelated bad news

- 6.9. The Community Paramedic will be able to discuss caring for critically ill and injured adult patients.
 - 6.9.1. Informing the patient
 - 6.9.2. Communication
 - 6.9.3. Orientation
 - 6.9.4. Refusal of care
 - 6.9.5. Allowing for hope
 - 6.9.6. Family members

- 6.10. The Community Paramedic will be able to discuss caring for critically ill and injured pediatric patients.
 - 6.10.1. Caring for a child
 - 6.10.2. Dealing with death of a child

- 6.11. The Community Paramedic will be able to identify actions that can reduce stressful situations during patient/family interactions.
 - 6.11.1. Professional demeanor
 - 6.11.2. Compassion
 - 6.11.3. Expressing fears and concerns
 - 6.11.4. Religious customs
 - 6.11.5. Death
 - 6.11.6. DNR

- 6.12. The Community Paramedic will be able to discuss professional boundaries that must be established with the client.
 - 6.12.1. Definition
 - 6.12.2. Characteristics
 - 6.12.3. Setting limits
 - 6.12.4. Negotiating boundaries
 - 6.12.5. Drawing the boundary line
 - 6.12.6. Preventing the crossing of boundaries

- 6.13. The Community Paramedic will be able to define key terms associated with personal safety.



- 6.14. The Community Paramedic will be able to defend personal Safety.
 - 6.14.1. Self-care
 - 6.14.2. Recognition of hazards
 - 6.14.3. Self-control

- 6.15. The Community Paramedic will be able to illustrate infectious disease and transmission.
 - 6.15.1. Spread of infectious diseases
 - 6.15.2. Transmission
 - 6.15.3. Immunity

- 6.16. The Community Paramedic will be able to discuss and implement OSHA Blood-Borne Pathogens standard.
 - 6.16.1. OSHA standard
 - 6.16.2. CDC
 - 6.16.3. Universal precautions
 - 6.16.4. Engineering controls
 - 6.16.5. Environmental controls
 - 6.16.6. Textiles and laundry
 - 6.16.7. Soiled patient care equipment
 - 6.16.8. Post-Exposure Management

- 6.17. The Community Paramedic will be able to identify how to minimize risks of infection.
 - 6.17.1. Preventive measures
 - 6.17.2. Respiratory hygiene/cough etiquette
 - 6.17.3. Communication
 - 6.17.4. Infection control routine

- 6.18. The Community Paramedic will be able to identify and mitigate hazards while working in a home visit environment.
 - 6.18.1. Work environment
 - 6.18.2. Physical hazards
 - 6.18.3. Sanitation hazards
 - 6.18.4. Violence
 - 6.18.5. Personal safety

- 6.19. The Community Paramedic will be able to discuss behavioral emergencies.
 - 6.19.1. Definition
 - 6.19.2. Description
 - 6.19.3. Evaluation

- 6.20. The Community Paramedic will be able to explain the safe movement and positioning of a patient.
 - 6.20.1. Potential injuries
 - 6.20.2. Training and practice
 - 6.20.3. Special techniques
 - 6.20.4. Body mechanics
 - 6.20.5. Special equipment



The Clinical Experience

Goal

7. The Community Paramedic will understand and provide the clinical care of the identified population.

Objectives & Summary

- 7.1. The Community Paramedic will be able to compile a history on a non-acute patient.
 - 7.1.1. Approach to the interview
 - 7.1.2. Interviewing techniques
 - 7.1.3. Sensitive topics
 - 7.1.4. Societal aspects
 - 7.1.5. Medication reconciliation
- 7.2. The Community Paramedic will be able to perform a comprehensive physical examination and document an appropriate patient history, using a standardized form, of a sub-acute, semi-chronic patient.
 - 7.2.1. Requirements of a physical examination
 - 7.2.2. Focused physical examination
 - 7.2.3. Comprehensive physical examination through a review of systems
 - 7.2.4. Documentation and reporting
- 7.3. The Community Paramedic will be able to recognize the clinical differences between the newborn, pediatric, adult, and geriatric populations.
 - 7.3.1. Newborn populations
 - 7.3.2. Pediatric populations
 - 7.3.3. Adult populations
 - 7.3.4. Geriatric populations
 - 7.3.5. Monitoring high risk populations
 - 7.3.6. End of life issues
 - 7.3.7. Assess for use of CAM and communication with primary medical doctor
- 7.4. The Community Paramedic will be able to interpret results and reports obtained through laboratory procedures and diagnostic imaging.
 - 7.4.1. Radiological testing
 - 7.4.2. Laboratory testing
 - 7.4.3. Health promotion studies
 - 7.4.4. Identifying red flags
- 7.5. The Community Paramedic will be able to obtain specimens and samples for laboratory testing.
 - 7.5.1. Regulation of point of care testing/CLIA
 - 7.5.2. Specimen collection techniques
 - 7.5.3. Utilization of bedside lab diagnostics
- 7.6. The Community Paramedic will utilize specialty equipment in the gathering of a history and physical of a sub-acute, semi-chronic patient.
 - 7.6.1. Digital equipment
 - 7.6.2. Cameras
 - 7.6.3. Computer
 - 7.6.4. Telemedicine
 - 7.6.5. Otoscope
 - 7.6.6. Bluetooth Stethoscope



- 7.7. The Community Paramedic will be able to demonstrate use of common home health equipment and devices.
 - 7.7.1. Medical equipment
 - 7.7.2. Ambulatory assist devices
 - 7.7.3. Commodes
 - 7.7.4. In home hospital beds
 - 7.7.5. Patient transfer devices and ergonomics

- 7.8. The Community Paramedic will be able to access and maintain proper care of ports, central lines, catheters, and ostomies.
 - 7.8.1. Port and central line care
 - 7.8.2. Ileostomy care
 - 7.8.3. Urinary catheter care
 - 7.8.4. Colostomy care
 - 7.8.5. Peg tubes

- 7.9. The Community Paramedic will be able to identify the need for *Psychological First Aid* (PFA) as it pertains to the individual experiencing a crisis situation.
 - 7.9.1. Definition
 - 7.9.2. Signs of stress
 - 7.9.3. Defense mechanisms
 - 7.9.4. Pre-existing conditions
 - 7.9.5. Development of the goals of PFA
 - 7.9.6. Providing PFA

- 7.10. The Community Paramedic will be able to assist patients and families with end-of-life issues.
 - 7.10.1. Hospice
 - 7.10.2. Palliative care

- 7.11. The Community Paramedic will be able to collaborate with other healthcare professionals to provide care within the public health system.
 - 7.11.1. Immunizations
 - 7.11.2. Transportation and access to resources
 - 7.11.3. Health promotion and injury prevention clinical opportunities
 - 7.11.4. Disease prevention activities

- 7.12. The Community Paramedic will be able to manage patients with common, chronic conditions that will be encountered in the community.
 - 7.12.1. Heart failure
 - 7.12.2. Asthma
 - 7.12.3. COPD
 - 7.12.4. Diabetes
 - 7.12.5. Neurological conditions
 - 7.12.6. Hypertension
 - 7.12.7. Wound care
 - 7.12.8. Infections
 - 7.12.9. Oral health
 - 7.12.10. Mental health

Maine Community Paramedic Fall 2014

ITV Course - Thursday - 5:30 pm - 9:30 pm (Eastern Time)
In Classroom @ Lewiston – Friday – 9:00 am to 5:00 pm

<u>DATE</u>	<u>TOPIC</u>	<u>FACULTY</u>
8/28/14	Introductions Class Expectations and D2L What is a Community Paramedic? Community Paramedics in the Community Clinicals	All Kai Hjermstad / Dennis Russell/Al Benney Dr. Mike Wilcox Dennis Russell Dennis Russell
9/4/14	Cultural Competency Community Assessment	Jonathon Stuart Dennis Russell
9/12/14 (Friday)	Clinical Assessment / Testing At United Ambulance Lewiston Base 9:00 am to 5:00 pm	Dr. Sholl / Dennis Russell
9/18/14	Pharmacology for the Community Paramedic	Dr. Mike Wilcox
9/26/14 (Friday)	Clinical Assessment / Testing At United Ambulance Lewiston Base 9:00 am to 5:00 pm Fisdap/MOA	Dr. Sholl / Dennis Russell Dennis Russell

10/02/2014	Pathophysiology for the Community Paramedic	Dr. Mike Wilcox
10/9/2014	Health Care Systems; Payor Sources; Plan of Care	Maine Presenter
10/16/2014	Social Determinants of Health Part I / II	Gina Adasiewicz
10/23/2014	Chronic Disease Part I	Dr. Marc Conterato
10/30/2014	Behavioral Health Social Services; Disease Prevention	Jonathan Bundt Maura Prescher
11/06/2014	Geriatrics Hospice & Palliative Care	Dr. Simon Mittal Dr. Mike Wilcox
11/13/2014	Chronic Disease II	Dr. Marc Conterato
11/20/2014	Special Needs Kids Pediatric Chronic Disease	Karen Hjermsstad Dr. Paula Fink Kocken
12/04/2014	Community Paramedic Wellness Immunizations; Public Health	Ken Betterton Gina Adasiewicz
12/11/2014	Presentations At United Ambulance Lewiston Base 5pm Start (Eastern Time)	Dennis Russell

Swi Teked



Student Expectations

- Every student will be expected to be on time for class.
- Unexpected absences and late starts must be communicated to the instructor for the class in advance.
- Students must attend a minimum of 80% of the classes to receive a final grade and pass the course.
- Students are responsible for the information provided in each class if a class is missed.
- All students are expected to actively participate in the class room discussions.
- All assignments must be completed on time unless directly negotiated in advance with the instructor grading or reviewing that assignment.
- Students are expected to be respectful of all opinions and keep an open mind.
- Communicate directly with the instructors and/or the course coordinator if there are any issues, concerns, or clarification needed.

Interactive TV Students

You will be contacted by the Hennepin Tech IT department with instructions on how to download necessary software. It is very important that you follow those directions so that you can connect to the classroom.

The role of the Community Paramedic

Community paramedics are members of a distinct community and by working in collaboration with the local Public Health agency, where possible, they play an important role by assessing and evaluating community services and systems in order to identify gaps in services between the community and healthcare systems and services. The CP navigates and establishes systems to better serve the citizens of their communities. They help individuals and communities overcome barriers that prevent them from accessing and benefiting from health services. They serve as advocates, facilitators, liaisons, community brokers and resource coordinators.

Community Paramedics are also trained as direct service providers, which will ensure basic and advanced levels of care appropriate to prevention, emergencies, evaluation, triage, disease management and basic oral and mental health. The CP will ensure the overall goal of mentoring and empowering citizens, communities and healthcare systems to achieve positive outcomes and to reach the optimal level of wellness for everyone.

The community paramedic receives standardized training – training that is consistent internationally yet can be modified and customized for each community, province, state and nation. The curriculum is designed to adapt to the needs of local communities through a standardized multi-module delivery model that will be applicable with international partners, and various states throughout America. This position will also be developed as a basic foundation with an established pathway, which will articulate into higher levels of Paramedic training and titles.

- A Medical Director, Nurse Practitioner or a Physician Assistant or their international counterparts will supervise Community Paramedics;
- Deliver care that is patient focused;
- Work in collaboration with the local Public Health agency to ensure the ten essential Public Health Services are established and implemented as the core foundation of the program;
- Work with current and future organizational and professionals understanding those boundaries and establishing a treat and refer system;
- Deliver the most appropriate care in the most appropriate place and/or ensure that the patient is referred to the most appropriate health and social care professional. Will not provide unnecessary transport;
- When working within an EMS setting will prioritize job to ensure emergency response;
- Provide appropriate healthcare advice and preventative services to both their patients and other relevant groups and individuals;
- Encourage patients to take responsibility for managing their own care and treatment where safe and appropriate to do so;
- Treat minor illness and injury in pre-hospital, primary care and acute and in-patient settings;
- Under physician direction will refer for radiological procedures;
- Ensure fewer hands-offs between health care professionals and enhance inter-professional communication throughout the patient pathway;

Assess and map the community to identify services available and gaps in service;

- Work with the local Public Health agency, where possible, to develop the community's health assessment as it applies to the population's needs;
- Develop a method to better serve the community's health care needs;
- Increase in community awareness of health prevention and promotion;
- Design and delivery of a collaborative health approach to the community;
- Utilize programs by the community to promote health and wellness to improve the overall health of the residents of the community;
- Develop safe treat and refer programs through policies and protocols;
- Provide follow-up services according to established care plan developed by supervisor and consult and recommend appropriate modifications as needed;
- Serve on the community multi-discipline team and assist in pandemic preparation for the community;
- Aware of the limits of their competence and determined to act within those limits.

Key Points of the curricula framework

The framework describes the level of responsibility that Community Paramedics will be expected to know in order to perform as a Community Paramedic. This framework establishes the core competencies to be met by all Community Paramedics.

Competencies

- The CP must be competent in the knowledge and skill required in defining the boundary of the CP position;
- The CP must be competent in the knowledge and skill required in defining the term "health" and the ability to recognize and teach the social determinants of health in their own community;
- The CP must be competent in the knowledge and skill required to identify services and inform the community on those services through various teaching methods and through partnerships;
- The CP must be competent in the knowledge and skill required to understand and perform community mapping and health assessments;

- The CP must be competent in the knowledge and skill required to develop strategies to identify community health needs and develop strategies to meet those needs and build community capacity;
- The CP must be competent in the knowledge and skills required to perform a variety of clinical interventions;
- The CP must be competent in the knowledge and skill to share public information that relates to EMS and Public Health specific prevention programs.

Outcomes of the Community Paramedic Program

Upon completion, the training program aims to produce CP's who have the competencies, knowledge, and professional skills to function as a Community Paramedic. Graduate students will receive a certificate through the credentialed College or University they attend. The College and the students upon graduation will be register with the NCEMSI. NCEMSI will provide a clearinghouse for job openings. The qualifications will be nationally and internationally recognized as an established system of care reaching rural and frontier communities.

Structure of the Community Paramedic Program

The structure of the Community Paramedic training is based on contact hours and clinical training hours, and is eligible for certification from the Minnesota EMS Regulatory Board. The program has established competencies and a framework, which lists the minimum core specifications in receiving a certificate.

Length of the Community Paramedic training

The length of the certificate-training program is 64 hours classroom, 48 hours online and 196 clinical hours. Two years of paramedic experience and a letter of recommendation from the medical director are required to enroll in the course.

Clinical experience of the training

Students will receive this training under the supervision of a Medical Director, Physician, Nurse Practitioner, Physician Assistant, or public health provider and be based on student qualities and past training.

Criteria for entry into the program, students will demonstrate skills as:

- Ample field/clinical experience to provide an adequate foundation for expanded learning;
- Expert communicators who are empathic in a manner appropriate to a healthcare profession;
- Aware of health inequalities and the challenges of working in a multicultural environment;
- Comfortable in the context of multi-professional working in a team environment;
- Capable and motivated lifelong learners continually engaged in active professional development;
- Understanding of the need to maintain and promote health and aware of their obligation with the community as well as to individuals;
- Encouraged by a community to serve as a Community Paramedic.

Hennepin Technical CollegeSM

Master Curriculum

Module 1

Role of the Community Paramedic in the Health Care System

The Community Paramedic will understand and analyze their role in the health care system.

Module 2

Social Determinants of Health

The Community Paramedic will understand the social determinants of health model.

Module 3

Public Health and Primary Care Role of the Community Paramedic

The Community Paramedic will understand their role in public health and primary care.

Module 4

Developing Cultural Competence

The Community Paramedic will become culturally competent.

Module 5

The Community Paramedic's Role Within the Community

The Community Paramedic will understand their role within the community.

Module 6

The Community Paramedic's Role Within the Community

The Community Paramedic will understand the importance balancing stress and wellness while ensuring their personal safety.

Module 7

The Clinical Experiences

The Community Paramedic will understand the clinical care of the population's health gaps

Syllabus

Course Information

Course Number:	EMSV 2000
Course Name:	Role Advocacy and Outreach
Course Location:	Eden Prairie
Course Credits:	2
Course Hours:	16 Classroom, 16 Online; 32 Total

Course Instructor Varies

Course Description

This is an introduction to the role and function of the Community Paramedic (CP). The student will learn about the CP's specific role and function as a member of the healthcare team and part of the community. The student will identify the components of the role, define it, and explain the "scope of practice" for the position of CP. Additionally, the student will learn about the role of the CP as an advocate for clients in the community.

Prerequisites

Currently certified as an Emergency Medical Technician Paramedic (EMT-P) and have two (2) years full-time service as an EMT-P, or its part-time equivalent.

HTC Learner Outcomes

- A. Oral and Written Communication

Course goals

1. Recognize the "scope of practice" of the CP
2. Explain the definition of health from a community perspective
3. Link communities with health and social service systems
4. Outline methods on how to use healthcare and social service systems
5. Articulate needs and perspectives of the community to health and social service systems
6. Describe how literacy levels can impact health
7. Identify social determinants of health
8. Develop a plan to address social determinants of health in the community

Course Information

Course Number: EMSV 2005
Course Name: Community Assessment
Course Instructor Varies

Description

This course is designed to introduce the role of the CP as a member of the healthcare team in community assessment. The student will map the community healthcare services, describe the demographics of the community and assess their impact on the health of the clients. Additionally, the student will gain understanding of the community health services in order to give advice on healthcare needs in the community.

Prerequisites

EMSV2000

HTC Learner Outcomes

A. Critical Thinking and Problem Solving

Course Goals

1. Map community healthcare systems
2. Understand community health services
3. Analyze community health resources
4. Document community health resources
5. Identify the health and social needs in underserved communities
6. Describe demographics of the community
7. Identify effects of demographics on the health of the community
8. Describe quantitative data as it relates to the health of the community

Course Information

Course Number:	EMSV 2010
Course Name:	Care and Prevention Development Strategies
Course Instructor	Varies

Description

This course will introduce the responsibilities of the CP for gathering appropriate patient/client information and maintaining accurate records, including documentation of encounters between the CP and the patient/client. The student will also learn about the CP's role in assessing healthcare needs and appraising healthcare conditions.

Prerequisites

EMSV2005

HTC Learner Outcomes

A. Critical Thinking and Problem Solving

Course Goals

1. Select culturally appropriate health information to provide to citizens and healthcare providers for promoting wellness
2. Assess a healthcare situation accurately
3. Complete appropriate documentation and recording
4. Explain health promotion and disease prevention
5. Appraise health conditions through health screenings and healthcare information
6. Recommend appropriate preventive services

7. Describe insurance programs and other special community programs specific to the CP's jurisdiction
8. Analyze communication between provider and citizens to improve quality of care
9. Apply legally-mandated reporting requirements
10. Develop effective strategies for communication between individuals/groups and the community healthcare system
11. Explain the liability of the CP position, jurisdiction or supervision and malpractice insurance

Course Information

Course Number: EMSV 2020
Course Name: Community Paramedic Clinicals
Description

This course will provide the student with clinical training under the supervision of a medical director, physician, nurse practitioner, physician's assistant or public health provider. The student will recommend appropriate health and/or social care professionals for the patient, prioritize jobs, and provide both advice and care. The student's placement in the clinical is based on qualifications and past training and experience.

Prerequisites

EMSV2010

HTC Learner Outcomes

- A. Critical Thinking and Problem Solving
- B. Technological Literacy

Course Goals

1. Provide patient-focused care
2. Evaluate care for appropriateness related to delivery location
3. Recommend the most appropriate health and/or social care professional for the patient
4. Prioritize jobs to ensure appropriate emergency response
5. Perform effective emergency procedures within an Emergency Medical Services (EMS) setting
6. Provide appropriate healthcare advice and preventative services to both patients and other groups and individuals
7. Provide treatment for minor illness and injury in pre-hospital, primary care and acute and in-patient settings
8. Provide follow-up services according to established care plan
9. Recommend appropriate modifications to care plan as needed
10. Determine need for radiological procedures under physician direction
11. Recognize limits of the CP's competence
12. Demonstrate competency in skill areas required for clinical interventions

13. Perform a variety of clinical interventions within the limits of the CPs competence
14. Develop safe treatment and referral programs through policies and protocols
15. Demonstrate competency needed to share public information related to EMS prevention programs
16. Explain the role of the CP in the community multi-disciplinary team
17. Assist in emergency preparedness for the community



Hennepin Technical CollegeSM

Clinicals

- Attire includes your Hennepin Technical College community paramedic shirt (from Aspen Mills), and paramedic pants.
- It is recommended that you bring a stethoscope.

Student Arranged Clinical Sites

- Every new site requires a Memorandum of Agreement (MOA). To obtain the MOA send the site name, address, phone number, email address, department(s), and preceptor(s) to Dennis Russell at dennis.russell@unitedambulance.net. Clinical cannot be scheduled without the MOA.

Creating your Fisdap Account

You will be provided a serial number to create your account (each serial number can only be used once).

1. Go to www.fisdap.net.
2. Click the **Create an Account** button.
3. Enter the serial number in the corresponding field and follow the prompts to activate your account. You do not need a "Product Code". Enter one year from the start of your class for "Graduation Date".

A Fisdap tutorial can be found at <https://vimeo.com/49312057>



SHIFTS

- If you select a shift that is available via a "green door" in the calendar you do not need to enter it into your account again.
- You are able to enter or delete your own shifts in addition to those that you select via the "green door" on the calendar.

SKILLS TRACKER

Each clinical shift must be entered into Fisdap. Details should include patient age, gender, chief complaint and plan of care.

At the end of each shift you must obtain a preceptor "signature". Hover over "Shifts" on Fisdap and select "Skills & Pt Care". You will see a pencil icon where the preceptor can sign off on that shift. Under "Evaluator Signoff" choose "Signature".

Also, after a shift you must document your clinical experience. Again under "Skills & Pt Care" select the shift you would like to add details for. Under patient contacts select "Assessment". Follow the directions to enter patient care and narrative.

Note: To see your selected shifts go to "Skills & Pt Care" to see shifts that you have selected. This is where you can choose "Map It" to get the address and map to clinical sites. Shifts can be traded at will but require approval to drop.

Recommended Clinical Hours

<i>Location/Area</i>	<i>Preceptor</i>	<i>Hours</i>
Varies per site	Medical Director	20
Skills	Medical Director	8
Primary Care	Clinic/Hospital Staff	40
Community Health/Hospice	In-Home Provider	40
Wound Care	Wound Care Staff	16
Behavioral/Mental Health	Hospital Staff	16
Cardiology	Clinic/Hospital Staff	16
Respiratory	Hospital Staff	16
Pediatrics	Hospital Staff	16
Flexible:		8

Simulation time can be used in any area for a maximum of 16 hours

Upon Course Completion

To find your grades at the end of the semester go to www.hennepintech.edu and log into your student services account. Your grades can be found here.

The Clinical Experience

Goals

1. Provide patient-focused care
2. Evaluate care for appropriateness related to delivery location
3. Recommend the most appropriate health and/or social care professional for the patient
4. Prioritize jobs to ensure appropriate emergency response
5. Perform effective emergency procedures within an Emergency Medical Services (EMS) setting
6. Provide appropriate health care advice and preventive services to both patients and other groups and individuals
7. Provide treatment for minor illness and injury in pre-hospital, primary care and acute and in-patient settings
8. Provide follow-up services according to established care plan
9. Recommend appropriate modifications to care plan as needed
10. Determine need for radiological procedures under physician direction
11. Recognize limits of the Community Paramedic's (CP's) competence
12. Demonstrate competency in skill areas required for clinical interventions
13. Perform a variety of clinical interventions within the limits of the CP's competence
14. Develop safe treatment and referral programs through policies and protocols
15. Demonstrate competency needed to share public information related to EMS prevention programs
16. Explain the role of the CP in the community multi-disciplinary team
17. Assist in emergency preparedness for the community

Objectives

1. Compile a history on non-acute patients.
 - a. Approach to the interview
 - b. Interviewing techniques
 - c. Sensitive topics
 - d. Societal aspects
 - e. Medication reconciliation
2. Perform a comprehensive physical examination and document an appropriate patient history, using a standardized form, of sub-acute, semi-chronic patients.
 - a. Requirements of physical examination
 - b. Focused physical examination
 - c. Comprehensive physical examination through a review of systems
 - d. Documentation and reporting
3. Recognize the clinical differences between the newborn, pediatric, adult and geriatric populations.
 - a. Newborn populations
 - b. Pediatric populations
 - c. Adult populations
 - d. Geriatric populations
 - e. Monitoring high risk populations
 - f. End of life issues
 - g. Assess for use of CAM and communication with primary medical doctor
4. Interpret results and reports obtained through laboratory procedures and diagnostic imaging.
 - a. Radiological testing
 - b. Laboratory testing
 - c. Health promotion studies
 - d. Identifying red flags
5. Obtain specimens and samples for laboratory testing.
 - a. Regulation of point of care testing/CLIA
 - b. Specimen collection techniques
 - c. Utilization of bedside lab diagnostics
6. Utilize specialty equipment in the gathering of a history and physical of sub-acute, semi-chronic patients.
 - a. Digital equipment
 - b. Cameras

- c. Computer
 - d. Telemedicine
 - e. Otoscope
 - f. Bluetooth stethoscope
7. Demonstrate use of common home health equipment and devices.
- a. Medical equipment
 - b. Ambulatory assist devices
 - c. Commodes
 - d. In home hospital beds
 - e. Patient transfer devices and ergonomics
8. Access and maintain proper care of ports, central lines, catheters and ostomies.
- a. Port and central line care
 - b. Ileostomy care
 - c. Urinary catheter care
 - d. Colostomy care
 - e. Peg tubes
9. Identify the need for Psychological First Aid (PFA) as it pertains to the individual experiencing a crisis situation.
- a. Definition
 - b. Signs of stress
 - c. Defense mechanisms
 - d. Pre-existing conditions
 - e. Development of the goals of PFA
 - f. Providing PFA
10. Assist patients and families with end-of-life issues.
- a. Hospice
 - b. Palliative care
11. Collaborate with other healthcare professionals to provide care within the public health system.
- a. Immunizations
 - b. Transportation and access to resources
 - c. Health promotion and injury prevention clinical opportunities
 - d. Disease prevention activities
12. Manage patients with common, chronic conditions that will be encountered in the community.
- a. Heart failure
 - b. Asthma
 - c. COPD
 - d. Diabetes
 - e. Neurological conditions
 - f. Hypertension

- g. Wound care
- h. Infections
- i. Oral health
- j. Mental health

Learning Objective for 1 – Compiling a Patient History

Develop comprehensive history gathering skills that lead to sound clinical decision making using therapeutic communication skills to interview patients prior to performing a physical examination. Integrate cultural, ethical, and societal considerations as part of history gathering activities.

Purpose

The purpose of this clinical experience is to build on the skills obtained during the lab session and transfer the knowledge to real clients and patients. The students will work closely with nurses, physicians, and other community paramedics.

Learning Objective for 2 – Comprehensive Physical Examination & Documentation

Perform a comprehensive physical examination and document an appropriate patient history, using a standardized form, of sub-acute, semi-chronic patients.

Purpose

The purpose of this clinical experience is to build on the skills obtained during the lab session and transfer the knowledge to real clients and patients. The students will work closely with nurses, physicians and other community paramedics.

Learning Objective for 3 – Age-Related Differences

The Community Paramedic will be able to recognize the clinical differences between the newborn, pediatric, adult, and geriatric populations.

Purpose

The purpose of this clinical experience is to develop comprehensive assessment skills that lead to sound clinical decision-making. Students will be expected to use expanded assessment skills to complete the physical examination on all types of clients/patients through the life cycle. The student will work with nurses and physicians to perform a comprehensive assessment and a physical examination. Students will be expected to determine the need for end of life services through the screening process.

Learning Objective for 4 – Interpreting Results & Reports

Interpret results and reports obtained through laboratory procedures and diagnostic imaging.

Purpose

The purpose of this clinical experience is to allow students to understand the different types radiological and laboratory of tests, reasons for ordering them, and expected results. It will also expose them to prevention screening activities at health fairs and senior centers. All of these will lead the student to identify red flags and when to alert the client/patient's medical provider.

Learning Objective for 5 – Obtaining Specimens & Samples

Obtain specimens and samples for laboratory testing.

Purpose

The purpose of this clinical experience is to allow the CP student to gain experience in obtaining different diagnostic laboratory tests using various types of equipment. They should learn the regulation and control tests required as well as how they should be stored.

Learning Objective for 6 – Specialty Equipment

Utilize specialty equipment for history and physical of sub-acute, semi-chronic patients.

Purpose

This clinical experience is to give the CP student exposure to different types of equipment that they might encounter, and be expected to use, in a home care setting. They should also be able to work with equipment manufactures to schedule training and providing policies for their use.

Learning Objective for 7 – Home Health Equipment

Demonstrate use of common home health equipment and devices.

Purpose

The purpose of this clinical rotation is to expose the CP student to different types of medical equipment used in the home care setting as well as how to use them. The CP student will also work with equipment manufactures to schedule training and provide usage policies.

Learning Objective for 8 – Ports, Lines, Catheters & Ostomies

Access and maintain care of ports, central lines, catheters, and ostomies.

Purpose

This clinical will allow the CP student the opportunity to learn about different types of ports, lines, catheters, and ostomies as well as how to use them. They will also work with equipment manufactures to schedule training and provide policies

Learning Objective for 9 – Psychological First Aid

Identify the need for *Psychological First Aid* (PFA) as it pertains to the individual experiencing a crisis situation.

Purpose

The student should attend a training session about screening and identifying patients for mental health illness. Then they will spend time with social worker or caseworker to see how they work with their clients/patients. This interaction should increase the student's knowledge and understanding about the different mental health resources in the community.

Learning Objective for 10 – End of Life Issues

Assist patients and families with end-of-life issues.

Purpose

To help the CP understand when and how to refer patients, they need to research the Hospice and Palliative Care agencies in their community and work with them to assist clients/patients during end of life visits.



Learning Objective for 11 – Public Health & Collaboration

Collaborate with other healthcare professionals to provide care within the public health system

Purpose

The Public Health clinical will give the CP student exposure to various areas and services to include:

- Immunizations
- Social Services
- Health Promotion Activities
- Disease Prevention and Control

Learning Objective for 12 – Chronic Conditions

The Community Paramedic will be able to manage patients with common, chronic conditions that will be encountered in the community.

Purpose

Clinical experiences could occur in the acute care facility or in a provider office, with a focus on learning more about these chronic diseases, their assessments, and management.



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Community Paramedic

**Role Advocacy
Care and Prevention
Overall Schedule
Fall 2014 Maine**

WEEK	TOPICS	PREP	ACTIVITIES
8/28	D2L overview, CPs in the Community	1. CDM Ch 6 2. RA Print handout	1. send Al an e mail from D2L 2. RA Discussion 1
9/4	Cultural Competency, Community Assessment		1. RA Discussion 2
*9/12	Clinical Assessment/Testing	1. CDM Ch 5	Chronic illness
9/18	Pharmacology		1. C&P Discussion 1 Care + prevention never up.
*9/26	Clinical Assessment/Training	1. Patho Ch 1-4, 8	
10/2	Pathophysiology for the CP	1. Bates Ch 1-4 2. RA Medicare 3. WL Ch 1-4, 6-8,10,13,22	1. C&P Quiz 1-4, 8 Oct 2-8th to do care + prevention average 99
10/9	Healthcare Systems, Payor Sources, Plan of Care	1. RA Social Determinates I, II	1. C&P Discussion 2
10/16	Social Determinates of Health I/ II	1. Patho Ch 5,6 2. CDM Ch 1,2,7 3. Bates Ch 12 DUE 23	1. RA Discussion 3, 4 DUE need to repond.
10/23	Chronic Disease I Diabetes	1. CDM Ch 12 2. Bates Ch 5 3. C&P Mental Health	1. C&P Quiz 5,6 2. RA Discussion 5 DUE 5pm 30m
10/30	Behavioral Health, Social Services,	1. CDM	1. C&P

Wounds +
Lacerations

DUE
need to
repond.

	Disease Prevention	Ch 10, 13 2. Bates Ch 20 3. C&P Geriatric	Discussion 3 <i>done</i>
11/6	Hospice and Palliative Care Geriatrics	1. Path Ch 7 2. CDM Ch 8,9 3. Bates Ch 8,9	1.C&P Discussion 5 <i>done</i>
11/13 12/4	Chronic Disease II CHF/COPD	1. Bates Ch 18 2. C&P Special Needs	1. C&P Quiz 7 2. C&P Discussion 4 <i>done 12/11 1/20</i>
11/20	Special Needs Kids Pediatric Chronic Disease		1. RA Discussion 6 <i>done 11/27</i>
11/27	No class	1. Patho Ch 9,10 2. CDM Ch 11 3. RA Print handout <i>W/L 11/27 for 11/4</i>	
12/4 11/13	CP Wellness Immunizations, Public Health		1. C&P Quiz 9,10 2. RA Discussion 7 <i>done 12/11</i>
12/11	Presentations		

Texts

Bates – Bates Pocket Guide to Physical Examination

Patho – Pathophysiology Paramedic

CDM – Chronic Disease Management

WL – Wounds and Lacerations

D2L

RA – Role, Advocacy and Outreach

C&P – Care and Prevention

Paper due (sent)

Also, after a shift you must document your clinical experience. Again under "Skills & Pt Care" select the shift you would like to add details for. Under patient contacts select "Assessment". Follow the directions to enter patient care and narrative.

Note: To see your selected shifts go to "Skills & Pt Care" to see shifts that you have selected. This is where you can choose "Map It" to get the address and map to clinical sites. Shifts can be traded at will but require approval to drop.

Recommended Clinical Hours

Location/Area	Preceptor	Hours
Varies per site	Medical Director	20
Skills	Medical Director	8
Primary Care	Clinic/Hospital Staff	40
Community Health/Hospice	In-Home Provider	40
Wound Care	Wound Care Staff	16
Behavioral/Mental Health	Hospital Staff	16
Cardiology	Clinic/Hospital Staff	16
Respiratory	Hospital Staff	16
Pediatrics	Hospital Staff	16
Flexible:		8

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Simulation time can be used in any area for a maximum of 16 hours

Upon Course Completion

To find your grades at the end of the semester go to www.hennepintech.edu and log into your student services account. Your grades can be found here.

Minnesota students:

Upgrading with the EMSRB

1. Go to the EMSRB website: www.emsrb.state.mn.us

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members

2. Click on "EMSRB Online" or "EMS Personnel Register here"
3. Log in to your account
 - a. If you've forgotten your User Name, click on "Retrieve my User ID"
 - b. If you've forgotten your Password, click on "Reset my Password"
4. Click on "EMS Personnel: EMT-Paramedic <your card number> under Manage-Renew Licenses
 - a. If you do not see that option, click on "Activate an Existing License"
5. Click on "Upgrade to Community Paramedic"
6. Complete the application using Hennepin Technical College as your training program
7. Contact Kai Hjermstad at kai.hjermstad@hennepintech.edu or 952.995.1331 so you can be approved by the college

The Clinical Experience

Goals

1. Provide patient-focused care
2. Evaluate care for appropriateness related to delivery location
3. Recommend the most appropriate health and/or social care professional for the patient
4. Prioritize jobs to ensure appropriate emergency response
5. Perform effective emergency procedures within an Emergency Medical Services (EMS) setting
6. Provide appropriate health care advice and preventive services to both patients and other groups and individuals
7. Provide treatment for minor illness and injury in pre-hospital, primary care and acute and in-patient settings
8. Provide follow-up services according to established care plan
9. Recommend appropriate modifications to care plan as needed
10. Determine need for radiological procedures under physician direction
11. Recognize limits of the Community Paramedic's (CP's) competence
12. Demonstrate competency in skill areas required for clinical interventions
13. Perform a variety of clinical interventions within the limits of the CP's competence
14. Develop safe treatment and referral programs through policies and protocols
15. Demonstrate competency needed to share public information related to EMS prevention programs
16. Explain the role of the CP in the community multi-disciplinary team
17. Assist in emergency preparedness for the community

Objectives

Presentations

1. Compile a history on non-acute patients.
 - a. Approach to the interview
 - b. Interviewing techniques
 - c. Sensitive topics
 - d. Societal aspects
 - e. Medication reconciliation
2. Perform a comprehensive physical examination and document an appropriate patient history, using a standardized form, of sub-acute, semi-chronic patients.
 - a. Requirements of physical examination
 - b. Focused physical examination
 - c. Comprehensive physical examination through a review of systems
 - d. Documentation and reporting
3. Recognize the clinical differences between the newborn, pediatric, adult and geriatric populations.
 - a. Newborn populations
 - b. Pediatric populations
 - c. Adult populations
 - d. Geriatric populations
 - e. Monitoring high risk populations
 - f. End of life issues
 - g. Assess for use of CAM and communication with primary medical doctor
4. Interpret results and reports obtained through laboratory procedures and diagnostic imaging.
 - a. Radiological testing
 - b. Laboratory testing
 - c. Health promotion studies
 - d. Identifying red flags
5. Obtain specimens and samples for laboratory testing.
 - a. Regulation of point of care testing/CLIA
 - b. Specimen collection techniques
 - c. Utilization of bedside lab diagnostics
6. Utilize specialty equipment in the gathering of a history and physical of sub-acute, semi-chronic patients.
 - a. Digital equipment
 - b. Cameras
 - c. Computer
 - d. Telemedicine
 - e. Otoscope
 - f. Bluetooth stethoscope
7. Demonstrate use of common home health equipment and devices.
 - a. Medical equipment
 - b. Ambulatory assist devices
 - c. Commodes

1/10/20
Presentations

- 2
- d. In home hospital beds
 - e. Patient transfer devices and ergonomics
 8. Access and maintain proper care of ports, central lines, catheters and ostomies.
 - a. Port and central line care
 - b. Ileostomy care
 - c. Urinary catheter care
 - d. Colostomy care
 - e. Peg tubes
 9. Identify the need for Psychological First Aid (PFA) as it pertains to the individual experiencing a crisis situation.
 - a. Definition
 - b. Signs of stress
 - c. Defense mechanisms
 - d. Pre-existing conditions
 - e. Development of the goals of PFA
 - f. Providing PFA
 10. Assist patients and families with end-of-life issues.
 - a. Hospice
 - b. Palliative care
 11. Collaborate with other healthcare professionals to provide care within the public health system.
 - a. Immunizations
 - b. Transportation and access to resources
 - c. Health promotion and injury prevention clinical opportunities
 - d. Disease prevention activities
 12. Manage patients with common, chronic conditions that will be encountered in the community.
 - a. Heart failure
 - b. Asthma
 - c. COPD
 - d. Diabetes
 - e. Neurological conditions
 - f. Hypertension
 - g. Wound care
 - h. Infections
 - i. Oral health
 - j. Mental health
- Presenta

Learning Objective for 1 – Compiling a Patient History

Develop comprehensive history gathering skills that lead to sound clinical decision making using therapeutic communication skills to interview patients prior to performing a physical examination. Integrate cultural, ethical, and societal considerations as part of history gathering activities.

Purpose

The purpose of this clinical experience is to build on the skills obtained during the lab session and transfer the knowledge to real clients and patients. The students will work closely with nurses, physicians, and other community paramedics.

Learning Objective for 2 – Comprehensive Physical Examination & Documentation

Perform a comprehensive physical examination and document an appropriate patient history, using a standardized form, of sub-acute, semi-chronic patients.

Purpose

The purpose of this clinical experience is to build on the skills obtained during the lab session and transfer the knowledge to real clients and patients. The students will work closely with nurses, physicians and other community paramedics.

Learning Objective for 3 – Age-Related Differences

The Community Paramedic will be able to recognize the clinical differences between the newborn, pediatric, adult, and geriatric populations.

Purpose

The purpose of this clinical experience is to develop comprehensive assessment skills that lead to sound clinical decision-making. Students will be expected to use expanded assessment skills to complete the physical examination on all types of clients/patients through the life cycle. The student will work with nurses and physicians to perform a comprehensive assessment and a physical examination. Students will be expected to determine the need for end of life services through the screening process.

Learning Objective for 4 – Interpreting Results & Reports

Interpret results and reports obtained through laboratory procedures and diagnostic imaging.

Purpose

The purpose of this clinical experience is to allow students to understand the different types radiological and laboratory of tests, reasons for ordering them, and expected results. It will also expose them to prevention screening activities at health fairs and senior centers. All of these will lead the student to identify red flags and when to alert the client/patient's medical provider.

Learning Objective for 5 – Obtaining Specimens & Samples

Obtain specimens and samples for laboratory testing.

Purpose

The purpose of this clinical experience is to allow the CP student to gain experience in obtaining different diagnostic laboratory tests using various types of equipment. They should learn the regulation and control tests required as well as how they should be stored.

Learning Objective for 6 – Specialty Equipment

Utilize specialty equipment for history and physical of sub-acute, semi-chronic patients.

Purpose

This clinical experience is to give the CP student exposure to different types of equipment that they might encounter, and be expected to use, in a home care setting. They should also be able to work with equipment manufactures to schedule training and providing policies for their use.

9

Presentations

Learning Objective for 7 – Home Health Equipment

Demonstrate use of common home health equipment and devices.

Purpose

The purpose of this clinical rotation is to expose the CP student to different types of medical equipment used in the home care setting as well as how to use them. The CP student will also work with equipment manufactures to schedule training and provide usage policies.

Learning Objective for 8 – Ports, Lines, Catheters & Ostomies

Access and maintain care of ports, central lines, catheters, and ostomies.

Purpose

This clinical will allow the CP student the opportunity to learn about different types of ports, lines, catheters, and ostomies as well as how to use them. They will also work with equipment manufactures to schedule training and provide policies

Learning Objective for 9 – Psychological First Aid

Identify the need for *Psychological First Aid* (PFA) as it pertains to the individual experiencing a crisis situation.

Purpose

The student should attend a training session about screening and identifying patients for mental health illness. Then they will spend time with social worker or caseworker to see how they work with their clients/patients. This interaction should increase the student's knowledge and understanding about the different mental health resources in the community.

Learning Objective for 10 – End of Life Issues

Assist patients and families with end-of-life issues.

Purpose

To help the CP understand when and how to refer patients, they need to research the Hospice and Palliative Care agencies in their community and work with them to assist clients/patients during end of life visits.

Learning Objective for 11 – Public Health & Collaboration

Collaborate with other healthcare professionals to provide care within the public health system

Purpose

The Public Health clinical will give the CP student exposure to various areas and services to include:

- Immunizations
- Social Services
- Health Promotion Activities
- Disease Prevention and Control

Learning Objective for 12 – Chronic Conditions

The Community Paramedic will be able to manage patients with common, chronic conditions that will be encountered in the community.

Presentations

Purpose

Clinical experiences could occur in the acute care facility or in a provider office, with a focus on learning more about these chronic diseases, their assessments, and management.



unlabeled



Community Paramedic
Objectives and Time Log:

**please refer to the United Training Center Community Paramedic Student Handbook for
 "Global Cognitive & Psychomotor Clinical Objectives"*

Student Name: _____

Hospital: _____

Preceptor Name: _____ Credentials: _____

Start Time: _____ End Time: _____ Total Hours: _____

Number of patient contacts: _____ Date: _____

Purpose:

The primary purpose of the Community Paramedic (CP) clinical experience rotation is for the CP student to build on the skills obtained during the course, lab session and transfer the knowledge to real clients and patients. The CP will work closely with nurses and physicians to gain proficiency in:

- Use expanded assessment skills to complete the physical examination on all types of clients/patients through the life cycle.
- Determine the need for end of life services through the screening process.
- Understand the different types of radiological and laboratory tests, reasons for ordering them and how to interpret normal and abnormal results.
- Identify red flags and when to alert the client/patients' medical provider.
- Gain experience in obtaining different diagnostic laboratory results using various types of equipment.. Learn the regulation and control tests required as well as how they should be stored.
- Learn about different types of ports, lines, catheters, and ostomies as well as how to use them.
- Focus on learning more about chronic diseases, and their assessments and management.

Community Paramedic students come to this rotation as experienced paramedics prepared to perform skills currently in a paramedic's scope or practice. Students have successfully completed the in-class portion of their program to develop these skills.

Skills may only be observed and practiced by the CP student under the direct supervision of the preceptor/mentor assigned in the department. Students have the lab knowledge and experience of the skill and will work the preceptor in the department to gain and demonstrate proficiency through observation, practice, demonstration and feedback.

Presentations

To be filled out by preceptor:

Comments:

Please check this box if you reviewed the clinical goals and objectives with the student as described on the front of this sheet and/or in the student clinical handbook.

Preceptor Signature: _____

Date: _____

Hours Completed: _____

*If you would prefer to mail
this evaluation, ask the
student for a self-addressed
stamped envelope.*

*United Training Center
Attn: Community Paramedic Clinical Coordinator
United Ambulance Service
192 Russell Street
Lewiston, ME 04240
Office: 207-782-8414
education@unitedambulance.net*

FISDAP Run ID #'s Associated With The Rotation:					

Form reviewed by Clinical Coordinator: _____

Name: _____

Date: _____

United Training Center: Community Paramedic

Presentations

Syllabus

Course Information

Course Number: EMSV 2005
Course Name: Community Assessment
Course Date: Feb 1-May 16, 2011
Course Day: Wednesday
Course Time: 6:00pm – 21:50pm
Course Location/Campus: BP/EP
Course Credits: 2
Course Hours: 16 Classroom; 16 online; 32 total

Course Instructor

PENDING

Description

This course is designed to introduce the role of the Community Paramedic (CP) as a member of the health care team in community assessment. The student will map the community health care services, describe the demographics of the community and assess their impact on the health of the clients. Additionally, the student will gain understanding of community health services in order to give advice on health care needs in the community.

Prerequisites

EMSV2000

HTC Learner Outcomes

A. Critical Thinking and Problem Solving

Course Goals

1. Map community health care systems
2. Understand community health services
3. Analyze community health resources
4. Document community health resources
5. Identify the health and social needs in underserved communities
6. Describe demographics of the community
7. Identify effects of demographics on the health of the community
8. Describe quantitative data as it relates to the health of the community



Mapping Your Community

Unit One – The Community

Assessment Tasks and Summary of subunits for this Unit

You are required to submit 7 brief sub-reports in unit 1. (In other units, you will only be required to submit 1 report) The details of all 7 sub reports are presented here for your convenience.

Please write a paragraph (no more than 300 words) on each of these questions. Remember to provide references for any images or direct quotes.

Unit 1a – Remote classification systems:

- Locate a map of the community you are studying. You will need to scan or copy and paste this map into a document as part of your sub-report. If you are having difficulties with the technical requirements of this or other tasks, please contact your instructor.
- How remote is your community? Justify your opinion with reference to your own observations.

Unit 1b – Climate and geography

- Does climate and geography have any impact on the health profile of your community or on the delivery of health services? How so?
- When is the health impact most extreme?
- Is it seasonal or is it subject to other influences (e.g. drought, cold)?

Unit 1c – Transport and communications:

- How do you think issues such as distance, transport and communication affect the way people use health services?
- What impact does this have on their health?

Unit 1d – History:

- In what way has the history of the community had impact on its health profile or on the delivery of health services?



Unit 1e – Socioeconomic issues:

- How does your community compare to the National trends?
- If there are differences, what explains them?
- How does the social-determinants and basic social-economic characteristics of your community apply locally?

Unit 1f – Community Infrastructure:

- How is community infrastructure changing and what is driving this?
- Is your community expanding or shrinking? Why?
- Have any key facilities or services closed in the last 12 months?
- What impact has this had on the community and the health of its population?

Unit 1g – Community decision making:

- What sense do you have regarding the cohesiveness of your community, is it divided on any issues?
- Do you get a sense that community decision-making in general is strong?
- Do you have any thoughts on why this is so?
- Is it okay for health professionals to get involved in social decision making? What are the up and down sides of that?
- Do you feel the community has any impact or input on healthcare or health issues in your community?

Social relations
task relations
perceived unity
emotions

Army





Mapping Your Community

Unit 2 – The People

Learning objectives for this unit:

At the end of this unit, you will be able to:

- Describe the demographics of your community and how this affects the health of your community.

Assessment task for this unit:

At the completion of this unity, you will provide a brief sub-report on your population: Please write a brief report answering the questions below.

- ✓ What is the total population of your community, including significant sub-groups? Describe the age-sex structure of the population (include a population pyramid if you can).
- ✓ What is the local population growth rate? Has it changed over time?
 - What is the birth rate (including issues for sub-populations)?
 - What is the life expectancy (including issues for sub-populations)?
- ✓ Comment on the ways in which your local population compares with the population profile of the health service/medical practice in which you work.
- ✓ Are there significant groups not reached by current health services?

The health of a community and the health services needed by the community are affected by the people in it, including their age, and ethnicity. (This is not exactly a profound or surprising insight). Rural communities have widely diverse demographics and there are many exceptions to the averages reported. The populations of local communities and therefore their health incidents can also change quite rapidly, mostly in response to the start up and shut down of an industry. This is why local knowledge is so important.

You may find it difficult to get local data. Even though data such as local births and deaths is collected locally and provided to State and County information systems, it is not always reported with local differentiation. This is frustrating if you are unable to find specific local data aligning to your community. The Minnesota Department of Health has a great data base to work off of as does the Census Bureau.

When presenting community data you should provide the comparable state or national statistic to make interpretation of data more meaningful. For instance, the average age of a community of 43 years will not mean much to the average reader unless they also know that the average age across the USA was 34 years in 2004.





14/16/14

Mapping Your Community

Deb

Unit 3: The Community's Health

Learning objectives for this unit:

At the end of this unit, you will be able to:

- Describe the health of your local community using indicators such as morbidity, mortality and such risk factors for preventable diseases.

Assessment task for this unit:

At the completion of this unit, you will provide a brief report on your community's health.

1. Risk Factors

What are the significant risk factors contributing to the burden of disease? Include demographics and lifestyle factors.

2. Morbidity

What is the distribution of disease in your population?

3. Mortality

Comment on the cause of death distribution in your community

4. Using "hard" data or informed impressions about local health status. How does local health status compare with the wider averages? What inferences can you draw from this?

5. Is there data which would be useful but is not accessible?

As we discussed in unit 1, the health of Americans tends to be poorer in rural communities than in metropolitan communities. Measuring this trend is difficult. Confounding factors include the demographics of the local community, including age, sex and ethnicity, but it appears that rurality itself may be an independent risk for health. While it is easy to assert that access to health services is the cause of this discrepancy, it is likely that the cause is much more complex and multi-factorial. Before this trend can be studied, it is important to define the health of the



community as a whole. Markers of health include mortality and morbidity data, which will be collected for this assessment task.





Mapping Your Community

Amy
10/30/14

Unit 4: Health Services

Learning objectives for this unit:

At the completion of this unit, you will be able to:

- Describe the health facilities in your area.
- Outline any factors that limit access to these services.
- Outline gaps in service provision with reference to your community's health needs and demographic profile.

Assessment task for this unit:

At the completion of this unit, you will provide a brief report on your communities available health services.

- A health services inventory
- A brief sub-report on access to health services.
- Are there any groups that do **not** utilize appropriate health services and if so, identify this group and why might this occur?





Mapping Your Community

Deb 10/30/14

Unit 5: The Health Workforce

Learning objectives for this unit:

At the completion of this unit, you will be able to:

- Describe the gaps in the health care workforce in your community
- Outline possible strategies to address these workforce needs

Assessment task for this unit:

At the completion of this unit, you will submit a brief report on the health workforce of your community:

- An assessment of perceived "gaps" in the medical and non-medical workforce
- A description of current and possible approaches to meeting health workforce needs
- An outline of the issues that arise in measuring health workforce.

Workforce is an important aspect of population health. America is experiencing a worsening workforce crisis and the impact of this will be felt especially hard in rural and remote areas. Workforce shortages affect all health professions and deficits in one area have ramifications for all professions and health services. For instance, According to the Minnesota State Demographic Center, the number of Minnesotans aged 85+ will increase by 90% over the next 30 years. The demand for nurses will increase by 43%, and the demand for primary caregivers will increase by 65% by 2030.

Workforce data can be difficult to collect and harder to interpret, especially when making comparisons with other locations and national averages and standards. Even working out workforce data can be quite complicated. For instance how does one quantify doctors per head of population? Again there are resources out there that you will need to explore and research to find the answers to the questions you may have.





COMMUNITY
PARAMEDIC

Mapping Your Community

11/6/14

BOTH

Unit 6: Recommendations

Once you complete your community assessment you will find gaps in your respective health care areas that the community paramedic may assist in. The recommendations section should outline the areas of weakness and what the community paramedic do to help close them gaps and weakness.

- Healthy food -



COMMUNITY
PARAMEDIC

Subj Nbr	Title	Course	Cr/Hr	Grade	Cr/Hr	Earned	GPA	Credit	GPA	Subj Nbr	Title	Course	Cr/Hr	Grade	Cr/Hr	Earned	GPA	Credit	GPA
----------	-------	--------	-------	-------	-------	--------	-----	--------	-----	----------	-------	--------	-------	-------	-------	--------	-----	--------	-----

Inst Name: Hennepin Technical College
 Award Name: Certificate
 Major: Community Paramedic
 Added on: 12/19/2014

**** Hennepin Technical College ****
 Fall 2014
 Major: Community Paramedic
 Freshman

EMSV 2000 Role Advocacy & Outreach 2.00 A
 EMSV 2010 Care & Prvnt Deve Strgcs 3.00 A
 EMSV 2005 Community Assessment 2.00 A
 EMSV 2020 Comm Paramedic Clinicals 5.00 A

President's List Achievement
 UNDG Term Att: 12.00 Earn: 12.00 GPA Crs: 12.00 GPA Pts: 48.00 GPA: 4.00
 **** Cum Att: 12.00 Earn: 12.00 GPA Crs: 12.00 GPA Pts: 48.00 GPA: 4.00

Career Undergrad Summary - Semester Hours
 Local: Att: 12.00 Earn: 12.00 GPA Crs: 12.00 GPA Pts: 48.00 GPA: 4.00
 Total: Att: 12.00 Earn: 12.00 GPA Crs: 12.00 GPA Pts: 48.00 GPA: 4.00

END OF ACADEMIC TRANSCRIPT

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In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to any party without written consent of the student. Explanatory legend and additional information information on back.



Julie Hilden, Registrar
 RAISED SEAL NOT REQUIRED
 This official college transcript does not require a raised seal.

VOID APPEARS ACROSS PAGE OR ENTIRE DOCUMENT WHEN PHOTOCOPIED. THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK.

H Hennepin Technical College™

February 5, 2015

Amy Marie Dyer-Kelley
20 Marsh Road
Belfast, ME 04915-

Dear Amy:

Congratulations on the successful completion of your certificate. I am pleased that you chose Hennepin Technical College as the place to pursue your educational and career goals. You are an important part of the college community.

I encourage you to stay connected with the college. As you progress in your career and seek additional learning opportunities, I invite you to return to HTC. Our goal is to provide educational opportunities that meet the needs of the changing work environment. With that in mind, we work closely with industry to design programs and courses that provide lifelong learning opportunities.

In addition to returning as a student, I welcome you to become involved with the college in other ways. Contact Jeanne Morphew in the Alumni Office at 763-488-2503 or jeanne.morphew@hennepintech.edu to discuss ways you can stay involved. We want to stay in touch with you with college updates and alumni activities. To update your contact information, including your email address, go to the college website www.hennepintech.edu and click on Alumni and Supporters to update your contact information.

A transcript showing completion of your certificate is enclosed. Your actual certificate will be mailed to you in 4-6 weeks. Please take a few minutes to complete the enclosed graduate follow-up questionnaire and return it in the the envelope provided. If you need assistance with finding employment in your field, please contact Cheryl Benkofske in the Career Services Office, at 763-488-2411.

On behalf of faculty, staff, and administration, I wish you continued success. If Hennepin Technical College can be of assistance to you in the future, please contact us.

Sincerely,



Cecilia Cervantes
President

CC/de

Enc.

Hennepin Technical College

This is to certify that the Board of Trustees of the Minnesota State Colleges
and Universities upon the recommendation of the
Faculty of Hennepin Technical College has conferred upon

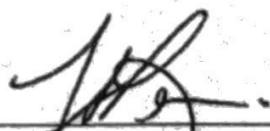
Amy Marie Dyer-Kelley

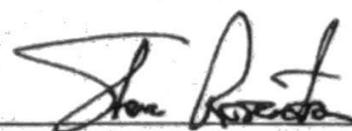
a Certificate in

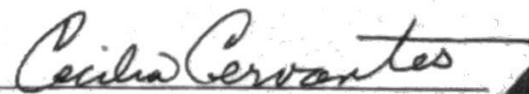
Community Paramedic

Given this 19th day of December, 2014.




Thomas Renier, Chair, Board of Trustees
Minnesota State Colleges & Universities


Steven J. Rosenstone, Chancellor
Minnesota State Colleges & Universities


Cecilia Cervantes, President
Hennepin Technical College