Justice Institute
BRITISH COLUMBIA

LEARNING THAT TAKES YOU BEYOND

Advanced Care Paramedicine (ACP) Advanced Diploma

Program Handbook

September 2026

Table of Contents

Territorial Acknowledgement

Situating JIBC's Campuses on traditional territories of First Peoples

The Advanced Care Paramedic program is offered at the JIBC's New Westminster campus. We respectfully acknowledge that the New Westminster campus is located on the unceded traditional territories of the Qiqéyt (Qayqayt), xʷməθkʷəy̓əm (Musqueam), and Coast Salish Peoples.

Acknowledging territory shows recognition of and respect for Indigenous Peoples of both Canada and the world. It is recognition of their presence both in the past and the present. Recognition and respect are essential for building healthy, reciprocal relations which is key to reconciliation with First Peoples. JIBC is committed to establishing healthy relations and supporting reconciliation, so we acknowledge the lands and traditional territories of Indigenous Peoples where our campuses are located.

Introduction

This handbook contains important information to help you prepare for the Advanced Care Paramedic program including academic requirements and the policies and procedures that guide us. It is your reference for information on assessment, competency tracking, as well as basic student expectations that contribute to a safe and engaging learning experience for everyone. Please refer to this document throughout your program, and don't hesitate to ask program staff if you have questions or are seeking additional clarification about any aspect of the program.

Program Format

The Advanced Care Paramedic (ACP) Program is a 20-month full-time program comprised of 70 credits split over three terms. Students will complete ten courses and three practice education placements as they progress through the program.

This program is delivered using a blended delivery approach through:

- Guided online learning activities
- Facilitated group discussions
- Independent study
- Synchronous online lectures
- Labs
- Practical workshops
- High-fidelity simulations

Students have practice education placements each term at hospitals and on ambulance rotations in major centres around the province.

All ambulance practice education shifts take place on BCEHS Advanced Life Support units with Advanced Care Paramedic Preceptors. This provides a valuable opportunity to learn and work within the BCEHS targeted response model.

Courses in this program

Term 1 courses:

PARA-3315 Professional Practice – Human Factors	PARA-3322 Foundations of Paramedic Practice
PARA-3351 Classic Cases 1 Cardiovascular & Respiratory	PARA-3392 Clinical Practice Education 1

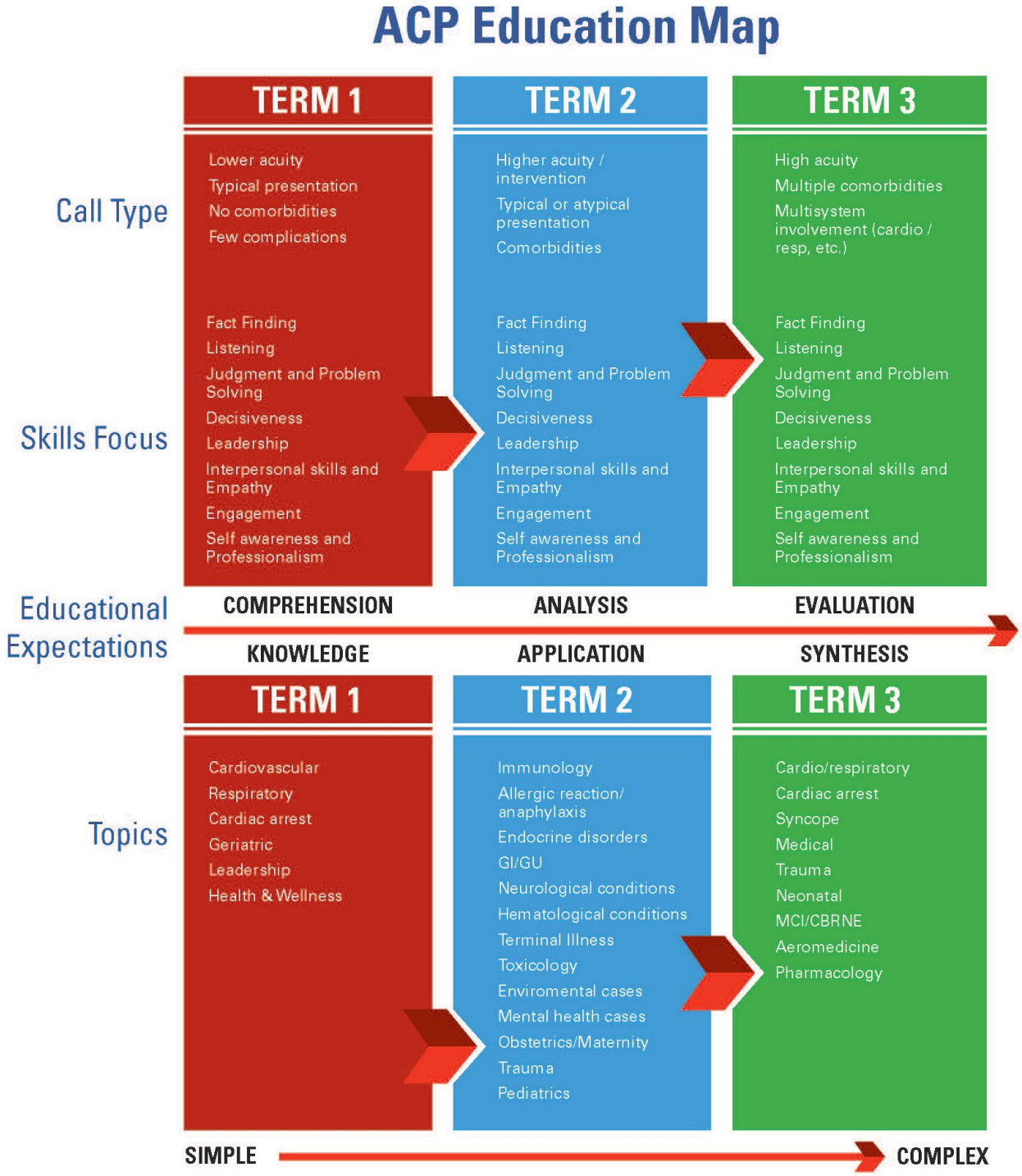
Term 2 courses:

PARA-3353A Classic Cases Trauma	PARA-3413 Health Care in Communities
PARA-3451A Classic ACP Cases 2	PARA-3491A Clinical Practice Education 2

Term 3 courses:

PARA-3452A Complex ACP Cases	PARA-3492A Clinical Practice Education 3

This ACP Education Map demonstrates the flow of how the material is delivered throughout the terms.



Program Contacts:

Program Manager:
Christa Renneberg
236.880.6629
crenneberg@jibc.ca

Program Administration:
604.528.5694
acp@jibc.ca

Lead Instructors:
Stephanie Smith
587.888.4922
stsmith@jibc.ca

Manager, Practice Education:
Kim Aubert
604.314.9611
kaubert@jibc.ca

JIBC's Paramedic Scheduling Team:
604.528.5823
604.528.5732
ParaScheduling@jibc.ca

Practice Education General Inquiries:
PracticeEd@jibc.ca

Practice Education Leads:

Ryan Casselman	778.233.6261	rcasselman@jibc.ca
Iku Yeh	604.218.9342	iyeh@jibc.ca
Chris Singh	604.306.0471	csingh@jibc.ca
Mathieu Desfosses	604.779.7227	mdesfosses@jibc.ca
Hayley Blackmore	250.619.6977	hnblackmore@jibc.ca

Student Learning Services:
https://www.jibc.ca/student-services/student-support

Writing Centre:
https://www.jibc.ca/student-services/student-support/writing-centre

JIBC Library:
https://www.jibc.ca/library

Office of Indigenization/Indigenous Student Services:
https://www.jibc.ca/student-services/indigenous-student-services

The JIBC Bookstore:
https://www.jibc.ca/student-services/jibc-store

JIBC Financial Aid & Awards Office:
https://www.jibc.ca/student-services/financial-aid

24-hour Practice Education Emergency Line: 1.604.528.5751

Should an **emergency** occur during a practice education shift (see examples listed below), please call this number for a Health Sciences Division representative. There is a representative available for emergency contact anywhere in the province 24 hours per day, 7 days per week.

Some examples of an emergency (this is not an exhaustive list) include:

- You have been involved in a motor vehicle accident while travelling to a practice education placement.
- You sustain a work-related injury that requires hospital admission.
- You are exposed to an infectious disease or biohazard and require urgent medial assessment or treatment.

Program Resources

The following is a list of resources used for the delivery of the program, followed by a brief description of each:

Platforms:

- Blackboard Learning Management System (LMS): Used to host the online ACP Student Campus (student campus) and individual program courses. The student campus will provide specific program information such as communications, program schedules, required textbooks, book and uniform order form, pre-reading, and study guides. Individual courses will be used to submit assignments and track course progress.

- CompTracker – Website and App: Used to record, track, evaluate, and report on a student's progress in obtaining competency requirements. The software is developed and hosted by Great Big Solutions Ltd. In Edmonton, Alberta. This software is used by paramedic training agencies across Canada. Any questions about the software program, hardware, or technical requirements can be addressed on their website or by calling Great Big Solutions a 1-866-432-3280. Helpline support is available Monday to Friday from 0800 to 1600 (MST).

Resources:

- BCEHS Treatment Guidelines
  This link is to the BC Emergency Health Services' treatment guidelines, and other related resources.

- National Occupational Competency Profile for Paramedics (NOCP)
  This link is to the Paramedic Association of Canada's (PAC) NOCPs. The primary purposes of the NOCPs are: (1) to create national standards for education programs, and (2) to provide a tool to assist paramedic regulators establish common workplace standards and enhance labour mobility.

- JIBC's Practice Education Resource Centre provides a variety of information for students, faculty, preceptors, and clinicians on practice education related requirements and processes.

Policies, Guidelines and Procedures

JIBC is dedicated to fostering a learning environment that is inclusive and respectful of all students, where individual differences are valued and honored. Discrimination or harassment of any form that undermines the dignity, self-esteem, or respect of students, employees, seconded staff, contractors, or volunteers is not condoned and will not be tolerated.

The Justice Institute of British Columbia (JIBC) and the Health Sciences Division are recognised for their commitment to educational excellence and high professional standards. This is essential as paramedic practice, whether in the public or private sector, requires strong leadership, effective teamwork, and unwavering adherence to ethical and professional principles. The standards outlined in this document serve as a guide for students to achieve academic excellence and professional success while upholding the reputation of the Justice Institute, the paramedic profession, and the expectations of the communities we serve.

Students are responsible for familiarizing themselves with all JIBC Policies and Program Guidelines. They are expected to consistently demonstrate professionalism and meet all program requirements. Ultimately, students are accountable for their own learning and are encouraged to seek assistance as needed to ensure they meet course or program expectations.

Justice Institute of BC notable policies:

- 3203: Harassment – Students
- 3205: Student Code of Conduct
- 3207: Student Academic Integrity
- 3213: Sexual Violence and Misconduct – Students
- 3209: Accommodation of Students with Disabilities

Health Sciences Division Guidelines:

The JIBC Health Sciences Division (HSD) follows all JIBC policies with the following approved exceptions:

Academic Progression Requirements

Students are required to:

- Achieve a final course mark of 75% in all courses
- Achieve a minimum of 75% on all formal evaluations and assignments
- Achieve a “pass” rating on all classroom and practice education requirements

Final Grade Appeal

If the student disagrees with the final grade awarded, they are to discuss their concerns first with the Program Manager, in an attempt to resolve their concerns informally within the program area and by agreement, before commencing a formal appeal. If agreement is not reached, students have the option of making a formal appeal in accordance with JIBC Final Grade Appeals Policy. A formal appeal must be initiated within 10 business days from receiving their final grade.

Academic Attendance
Students must maintain a 90% overall attendance per term during the in person and online classroom portion of the program and must be present for all examinations as well as specified learning activities, such as field trips or specialty days. Students may also be required to withdraw if they are unable to meet C (clinical setting) and P (field preceptorship) competencies due to missed practice education placements. Students must be available for placement in all practice education settings for the entire duration of the program. Further details on practice education placement policies can be found in the Practice Education Component section of this guide.

Student Withdrawal
A student who withdraws from the program will receive a course status of "Withdrew" for that course and subsequent courses in the program. After withdrawal, if the student wishes to complete the program, the student must re-apply to the program and must meet all admission requirements as outlined at the time of re application.

Tuition Refund
Tuition deposits ($500) and application fees are non-refundable and non-transferrable. If a student withdraws prior to the start of an ACP program term, they receive a 100% refund less deposit of that term's tuition. If a student withdraws within the first two weeks of an ACP program term, they will be eligible for 80% refund less deposit of that term's tuition. After this time there is no refund of tuition. Students are required to submit a request for withdrawal in writing to the Program Manager to qualify for the applicable tuition refund.

Transfer
Deposit payment is non-transferable and non-refundable in any circumstances. A new program application is required for each intake. Transfers will only occur at the discretion of the Program Manager in special circumstances.

Audit
Prior to re-entering the program, a student may request to audit one or more previously completed courses. Permission to audit will only be granted to students who have already been given permission to re-enter the program, after a withdrawal and only for courses the student has previously completed and obtained credit for. Auditing a course means that a student participates in the course, but learning is not evaluated for that student, and no credit is achieved for the course. The course will appear on the student's transcript with an "Audit" designation in place of a grade. The student is not required to submit any coursework or write exams. Attendance and participation in activities is to be mutually agreed upon by the Student and Lead Instructor. Audit students are expected to adhere to scheduled class times except as authorized by the Lead Instructor. Audit students must pay full course fees. Practice Education courses are not available for audit.

Advanced Care Paramedic Program Guidelines:

The Advanced Care Paramedic Program follows JIBC policy and Health Science Division guidelines with the following approved exceptions:

Academic Warning & Academic Probation
Students in the ACP program who may require additional learning support are identified through Global Rating Scale scores and outcomes of evaluation components scheduled throughout the program. Appropriate learning support includes:

- Instructor feedback
- Referral to JIBC Student Learning Support Services
- Assistance in development of an Education Plan

Retests
When a student does not demonstrate that they have met an acceptable standard in any program evaluation component, they may be provided an opportunity to retest. Students will be offered the opportunity to meet with program faculty to receive constructive feedback and support prior to completing a retest. The highest grade that a student can receive on a retest is the minimum passing grade of 75%. If unsuccessful in a retest, the student is required to withdraw from the program. The Program Manager will meet with the student to notify of academic withdrawal and to discuss options for re-application to the program. Further information about simulation-based retests can be found in the Didactic Learning Component section on Examinations.

Re-admission
Students that are required to withdraw may request to re-enter the program once without re-applying. Students must re-enter the program with the next cohort (approximately 1 year). This may be extended to the subsequent cohort with Program Manager approval. Students retaking a course must complete all components of that course, including attendance, course work, and evaluation components, whether or not these components were previously completed. Students who have been required to withdraw from a JIBC program for medical reasons may be required to demonstrate medical clearance before being re-admitted to the program. Students must contact the Lead Instructor (or designate) to develop an Education Plan. Once the Education Plan has been completed, the plan must be submitted to the Program Manager (or designate) for approval.

Tuition fees will apply.

Students who have been unsuccessful in all or a portion of the ACP Program twice, must obtain permission *prior* to re-applying. Students must send a written request, along with documentation of development completed to support the ability to successfully complete the ACP Program to acp@jibc.ca. Supportive documentation includes transcripts of formal education or training. If permission is granted, students may re-apply and must meet all admission requirements including the candidate selection process in place at that time. If the application is successful, the student will be required to retake the entire program from the start of Term 1.

Students withdrawn due to student misconduct will not be re-admitted to the program.

Program Timelines
The maximum length of time for ACP Program completion is 4 years from the initial start date of the cohort to which the student has been accepted.

Student Withdrawal
A student who withdraws from the program will receive a course status of "Withdrew" for that course and subsequent courses in the program. After withdrawal, if the student wishes to complete the program, the student must re-apply to the program and must meet all admission requirements as outlined at the time of re-application. See ACP Program re-admission guidelines.

Uniform
You are required to wear a JIBC uniform during all program activities including orientation day, on-campus classroom activities, and practice education placements. Appropriately professional attire should be worn for all online lectures and any décor that may be deemed offensive should be removed from the line of sight of online cameras. Additional uniform requirements for Practice Education placements can be found in the Practice Education Component section of this handbook.

Student Standards & Expectations

This document establishes the core principles of professional behaviour expected of JIBC paramedic students from the time of application to graduation. It outlines the minimum acceptable standards of conduct to foster a positive learning environment and aligns with the values of the paramedic profession. Instances of conduct deemed inconsistent with these standards may be investigated in accordance with the JIBC Student Code of Conduct Policy. Prior conduct and violations will be considered during the review process. Investigations may be resolved through informal or formal resolutions up to and including suspension and/or expulsion from the Institute (JIBC). A student who is found to have breached the Policy has a right to appeal.

1. Communication

Effective communication is essential for providing high-quality patient care and maintaining professional relationships. JIBC paramedic students are expected to:

1.1. Communicate respectfully with all individuals and groups regardless of their background, beliefs or socioeconomic status

1.2. Communicate in a professional and timely manner without the use of inappropriate, discriminatory or offensive language and tone

1.3. Actively listen when others speak and respect a person's right to be heard

1.4. Adapt communication based on the audience's understanding, needs and preferences

1.5. Demonstrate compassion and empathy when communicating

1.6. Display respectful and professional body language at all times

2. Professionalism

Professionalism is essential for paramedics because it fosters trust, promotes teamwork, and maintains the positive reputation of the profession. JIBC paramedic students are expected to:

2.1. Maintain a professional appearance at all times and adhere to the JIBC Paramedic Academy uniform or dress code requirements for their program of study

2.2. Arrive on time and prepared to participate in all aspects of their program of study

2.3. Contribute to the development and maintenance of a safe, inclusive and supportive learning environment

2.4. Adhere to all program, institution and clinical site safety guidelines and protocols, as applicable

2.5. Treat all individuals and groups, including patients and their families, colleagues, program faculty and staff, and members of the public, equitably and with dignity and respect

2.6. Act honestly and with integrity

2.7. Collaborate effectively with colleagues, peers, members of the multidisciplinary healthcare team and other responding agencies

2.8. Complete all program documentation accurately and within established timeframes

2.9. Treat and maintain simulation resources and other learning materials and facilities with care and with respect

2.10. Protect the confidentiality of all personal information disclosed to them by patients, classmates or any other individual

3. Personal and professional accountability

Accountability is essential for paramedics to protect patients, maintain public trust, uphold professional standards, and ensure that the paramedic profession continues to evolve and improve. JIBC paramedic students are expected to:

3.1. Be accountable to their peers for all group learning and assessment activities

3.2. Be accountable for their actions in both the academic and clinical environments, and take responsibility for the outcomes

3.3. Refrain from knowingly supporting or not reporting standards and expectations violations

4. Personal professional development

Continuous professional development and receptiveness to feedback are crucial components of paramedic education and clinical practice providing paramedics with the opportunity to learn from their experiences and develop their practice. JIBC paramedic students are expected to:

4.1. Actively seek feedback opportunities from peers, program faculty and clinical educators

4.2. Be receptive to constructive feedback recognising feedback is provided to support student development

4.3. Reflect upon and implement feedback received to support their ongoing professional development

4.4. Demonstrate commitment to their education program and ongoing professional development

4.5. Proactively engage with all learning opportunities in classroom and clinical environments and take responsibility for catching up on missed content and seeking further support

4.6. Recognise that feedback is experience based and will vary between faculty members

5. Mobile devices

Mobile devices, while essential for information access, can also cause distractions and potentially harm for both users and others. When in the classroom, online learning, or practice education environments JIBC paramedic students are expected to:

5.1. Place mobile devices on silent while in the educational environment or when in practice education

5.2. Refrain from using mobile devices except for clinical reference, research, study purposes or accessing competency tracking systems used by JIBC

5.3. Refrain from capturing any photographs or recordings (audio or video) without express written permission from JIBC and all individuals involved to protect the privacy of patients, students and others

6. Social media

Social media platforms have become integrated into modern life, offering opportunities for communication, networking, and information sharing. However, it is essential that paramedic students use social media responsibly to maintain their professional integrity and avoid compromising the public's trust in the paramedic profession. When using personal and professional social media platforms JIBC paramedic students are expected to:

6.1. Refrain from posting, sharing, following, reacting to or commenting on content that is or can be perceived as offensive, discriminatory, or harmful or content that promotes hate speech, violence, or illegal activities

6.2. Refrain from posting or sharing content that undermines other students, program faculty and staff, JIBC or the paramedic profession

6.3. Never disclose patient information or details about their clinical experiences

6.4. Maintain a professional online presence that reflects positively on the JIBC Paramedic Academy and wider paramedic profession

6.5. Refrain from posting content involving other students, JIBC faculty, or staff without explicit written permission from JIBC and all individuals included in the content

Preparing for Learning

The following information is meant to outline the information you need to prepare for attending the Advanced Care Paramedic program. It will provide a brief overview of the online learning environment and how to access essential information such as required textbooks, uniform ordering, recommended pre-reading, practice education requirements, and the program schedule.

Online Learning Environment

The ACP Program is delivered in a blended delivery approach including online synchronous lectures and discussions. This content is delivered through the Blackboard Ultra feature Collaborate. You can familiarize yourself with JIBC's online learning platforms through the JIBC Student Online Orientation.

myJIBC is the online portal where you will access the online learning environment. Your user ID to login is your student number (e.g. j0001234). The myJIBC portal is where you will access the following important resources:

- **ACP Cohort Student Campus**: provides specific program information such as communications, program schedules, required textbooks, book and uniform order forms, pre-readings, and study guides.
- **Individual Program Courses** (e.g. PARA-3315): used to submit assignments and track course progress.

- **ACP Cohort – SPECO:** used to submit required documentation prior to practice education placements and provides required training modules to attend practice education placements.

If you require any assistance to log on to myJIBC, please contact the Registration Office at 604.528.5590, toll free at 1.877.528.5591 or email register@jibc.ca.

Textbooks

The required textbook list and an order form for the JIBC Bookstore are located at:

- myJIBC > ACP Cohort Student Campus > Program Information > Required Textbook List

Uniforms

You are required to wear a JIBC uniform during all activities specified in the ACP Program Guidelines Uniform section. The uniform order form can be found at:

- myJIBC > ACP Cohort Student Campus > Program Information > Book and Uniform Order Form

Pre-readings

You can find a list of recommended pre-readings from the required textbooks at:

- myJIBC > ACP Cohort Student Campus > Program Information > Pre-reading Guide

Required readings during the program will be listed per module/unit and will be available at:

- myJIBC > ACP Cohort Student Campus > Term 1/2/3 > Study Guide PARA-XXXX

Many of the required readings are journal articles that are accessible through JIBC Library database subscriptions which can be directly accessed at:

- myJIBC > ACP Cohort Student Campus > Online Readings (ARES)

Required Equipment

You are required to have a tablet, either Apple iPad or Android, during the program for competency tracking in real time using the CompTracker competency management system. You will also require access to a microphone and camera for online synchronous classes and a stethoscope for simulation practice. You will be required to bring all equipment to the first week of class to ensure that you are able to connect to the online learning environment prior to the first online class.

Schedule

The ACP Program schedule can be found at:

- myJIBC > ACP Cohort Student Campus > Program Information > Program Schedule

Weekly topic schedules are released on a term-by-term basis and are subject to change based on instructor availability. They can be found at:

- myJIBC > ACP Cohort Student Campus > Term 1/2/3 > Term 1/2/3 Weekly Schedule

Didactic Learning Component

All JIBC, HSD, and ACP Program policies and guidelines apply to the classroom and online learning environment. During the program students are expected to come to class prepared and ready to fully engage in the classroom and online environment. Learning will be active and may include: role play, discussions, simulations, group work, research projects, case studies, group and individual presentations. Any required readings should be completed prior to attending didactic learning sessions.

Professionalism is a key component of the ACP program, and you are expected to demonstrate the leadership skills you bring into the program as well as those you learn: initiative, collaboration, problem-solving, critical thinking, a desired to continually improve, communication and interpersonal skills, conflict management skills, goal setting and project management skills.

In addition to the previously outlined Academic Attendance guideline, tardiness, including from breaks, will be documented and may affect student progression.

Study Guides

Study Guides for each course will be provided prior to the start of each Term on the Learning Management System (Blackboard). They can be found here:

- myJIBC > ACP Cohort Student Campus > Term 1/2/3 > Study Guide PARA-XXXX

Study Guides provide information related to each course, and outline learning objectives, topics, readings, assignments and evaluations to direct your reading and research as you progress through the course.

Required Readings

Required readings are outlined in each course Study Guide. Readings are sourced from the list of required program textbooks, online subscriptions, open-source articles, international and regional clinical practice guidelines, and online articles accessible through JIBC Library subscriptions.

Internet addresses or links to articles contained in Study Guides are for reference purposes only. Consistent access to required readings is maintained by the JIBC Library and is accessed through:

- myJIBC > ACP Cohort Student Campus > Online Readings (ARES)

Online Content

Online content is delivered through the Learning Management System, Blackboard. It can be accessed through:

- myJIBC > ACP Cohort Student Campus > Details & Actions menu bar (on the right-hand side of the screen) > Class Collaborate > Join session

Course rooms are typically opened 15 minutes prior to the scheduled start of the class. Please follow the prompted steps to ensure that your audio and video are in working order prior to the start of the class.

Extended menu options can be accessed by clicking on the purple tab in the bottom right-hand corner of the window. Should you need to adjust any of your camera or audio settings after logging in, you can access this in the extended menu by clicking on the gear icon

Documents requested by your instructor can be uploaded by entering the extended menu and clicking on the file icon and then the Share Files option. **Only images, PowerPoint, or PDF file formats are supported at this time**.

All online content is recorded. Recordings can be accessed through:

- myJIBC > ACP Cohort Student Campus > Details & Actions menu bar (on the right-hand side of the screen) > Class Collaborate > … > View all recordings

There will be an orientation to the Learning Management System during your first in-class week to ensure that you are able to access any online content during week 2.

Documentation and Competency Tracking

During the didactic component, students will be required to document simulation practice through the submission of a Classroom Simulation Record (CSR) using the online platform CompTracker. CSRs are to be treated similarly to patient care documentation and must be completed in a thorough, accurate, and timely manner. Appropriate documentation of all simulations and skills performed in the classroom environment must be submitted to the appropriate instructor **within 24 hours** through the CompTracker website. Any forms submitted outside of the 24-hour deadline will only be approved at the instructor's discretion. Any competencies that are outstanding due to late submissions will be the student's responsibility to obtain.

Didactic Progress and Feedback

Progress is continually monitored through use of the Global Rating Scale (GRS) tool, assignments, quizzes, and assessments throughout the classroom component. The use of the GRS tool during simulations in the classroom allows faculty to see trends and work with you to support your performance, prior to formal evaluations. Further information on the GRS can be found in the Examinations section of this guide and in Appendix A. Lead Instructors are always willing to meet with students who either request assistance, or who are showing a trend of difficulty in any domain in-between formal assessments.

Assignments

All assignments are posted in the assessment schedule on a term-by-term basis. The list can be found at:

- myJIBC > ACP Cohort Student Campus > Term 1/2/3 > Term X Assessment Schedule

Details relating to specific assignments will be located in the individual Blackboard course (e.g. PARA-3XXX). This is also where you will submit your assignments. Once marked, your grades and feedback will appear in My Grades in your Blackboard course.

Late Submissions

Any assignment which was not submitted prior to the deadline without an approved extension will receive a 10% penalty on the overall assignment for every day that it is submitted passed the deadline. Late assignments will still need to achieve an overall grade of at least 75% (late penalty included) in order to be deemed successful in accordance with academic progression guidelines.

Extensions

Extension requests for an assignment must be submitted by email to your Lead Instructor, or designate, no later than 48 hours before the submission deadline and copied to acp@jibc.ca. Extension requests are reviewed on a case-by-case basis. Extensions are a privilege, not a right, and are normally granted to students who have extenuating circumstances. Extenuating circumstances are defined as unusual circumstances beyond your control which make it impossible for you to complete an assignment on time. The length of extension will be determined on a case-by-case basis.

Unsuccessful Assignments

If you are unsuccessful in an assignment, you will be given the opportunity to submit a further attempt. The maximum mark awarded for a successful assignment following resubmission is 75%. Anyone who is unsuccessful in achieving the required passing mark after both attempts will be withdrawn from the course, and program.

All graded assignments are submitted through Blackboard under the course they are assigned to (e.g. PARA-3XXX) > Assignments

Artificial Intelligence

The responsible use of Artificial Intelligence (AI) in academic work must align with JIBC's Student Academic Integrity Policy. While AI tools can assist in learning – such as brainstorming ideas, summarizing content, or enhancing writing – they must be used ethically and with transparency. Submitting AI-generated work without proper acknowledgement may be considered a violation of academic integrity. At this time, no specific GenAI tools or software are officially endorsed for instructional or student use.

Examinations

The ACP Program exams are comprised of written exams and simulation-based assessments, including oral examinations. Each examination requires you to achieve a minimum of 75% to successfully pass. If unsuccessful, you may have the opportunity to undertake a retest. The maximum mark available if successful on the second attempt is 75%. Anyone who is unsuccessful in achieving the required passing mark after both attempts will be withdrawn from the course and program.

Simulation-based Examinations

For simulation-based examinations, the ACP Program as adopted the Global Rating Scale (GRS). The GRS form is used throughout the program in classroom simulations and practice education to identify trends in performance and areas for improvement that can be used to guide the student's further learning, development and practice. Examinations will assess the student's ability to manage patients who will present on a spectrum from *classic cases* (Term 1) to *classic cases with increasing complexity* (Term 2) and *highly complex case presentations* (Term 3) as defined below.

1. *Classic Cases* (may include the following elements):
    a. Single system illness or injury, without complicating factors.
    b. Clear call information that is easy to obtain.
    c. Patient presentations defined by classic features.
    d. Minimal cognitive loading with limited interruptions
    e. Typical, clear, and prompt responses to appropriate treatments
    f. Absence of anatomic or physiologic predictors of difficulty (intubation, treatment, etc.)
2. *Classic Cases with Increasing Complexity* (may include the following elements):
    a. Blended case scenarios, which may include elements of classic cases (as defined above) and complex cases (as defined below).
    b. Increasing complexity and complication of previously explored cases.
    c. New case presentations with more complex pathology and symptomology.
    d. Special patient populations (physical impairment, pediatric, bariatric, obstetrical, mentally ill, etc.)
3. *Complex Cases* (may include the following elements):
    a. Multi-system illness or injury, with complicating factors.
    b. Comorbidities and/or concomitant disease processes.
    c. Limited or difficult to obtain, information.
    d. Atypical or subtle patient presentations.
    e. Frequent interruptions (difficult bystanders, complex extrications, inter-agency dynamics, etc.)
    f. Atypical, slow, or absent responses to appropriate treatments.
    g. Anatomic or physiologic predictors of difficulty (intubation, treatment, etc.)
    h. Special patient populations – complex cases (pediatric, neonatal, obstetrical, mentally ill, etc.)

i. Infrequently encountered disease processes or presentations

In Terms 1 & 2 simulation-based examinations are comprised of two thirty-minute practical scenarios and two thirty-minute oral scenarios. In Term 3 students will be evaluated on four practical scenarios. Students will be provided with background information and will rotate through each station. Scenarios may be high or low fidelity and use a combination of real (actors) or simulated patients. Each domain on the GRS form will be evaluated on each scenario or will receive a score of not observed.

It is expected that the student talks through each step and provide verbal context as to what they are looking for as they progress through their scenario.

Oral Examinations
During each simulation, evaluators will ask 7 set questions to assign a GRS score. Outside of the set questions, examiners may ask clarifying questions to help inform the process. These are questions arising from the simulation and are only asked if needed to clarify a student's intentions. Oral examinations are not meant to be prescriptive but rather to facilitate a high-level discussion between the student and examiner regarding the student's applied knowledge and reasoning in the context of an ACP call.

Marking Criteria
During simulation-based examinations, the student's performance will be levelled against the GRS to ensure competence and safe patient care across all dimensions. On the GRS form, competent performance – which involves being "ready for independent practice or progression" – is denoted by the score of 5 or higher. However, as the GRS form is used to grade against the same standard throughout the program, the score of 4 denoting marginal is also acceptable in Terms 1 and 2. A student who is deemed successful must meet the following criteria:

- Terms 1 and 2: a combination of mainly 4 and 5 scores
- Term 3: no more than three scores of less than 5 in a single dimension or scenario
- An overall grade of 75%
- Any score of 1 or 2 on any scenario will trigger a review and will require remediation

Examination grades are determined using a calculation specifically developed for use with the GRS tool. The percentage will differ between terms to reflect the different expectations of competence as outlined above.

Unsuccessful Examinations
If a student is deemed unsuccessful following the normal review process, the Lead Instructor and/or Program Manager will review the student's GRS exam forms and will review trends from previous GRS scores from classroom and/or practice education placements to determine if this is a documented trend. Any student who does not meet the above criteria for successful completion will be required to do some form of remediation which may include a clinical discussion, paper, skill station, or full retest.

Students can request an external review of their performance by an experienced instructor not involved in the initial exam process.

Following review, if a full retest is indicated the student will be given the opportunity to retest a similar call. As standard practice, all retests are completed by an alternate examiner or will be reviewed.

Following the retest, if the student is still unsuccessful, they will be withdrawn from the course of which the examination is a part and, following academic progression guidelines, will be withdrawn from the program.

If successful in a retest, the maximum mark will be 75%.

Practice Education Components

A hallmark of the ACP Program is the clinical application of the concepts and knowledge gained through independent study, didactic workshops, immersive simulations, and clinical opportunities. The program is best described as an applied science, where theory is continuously integrated into practice. As a student, your role is essential in developing the skills and competencies required to advance through your ACP training. Clinical opportunities serve as a vital bridge between the didactic learning environment and real-world practice. It is our goal that students achieve competency as ACPs more efficiently and with reduced stress when the practice environment is structured in a "ladder" format: progressively introducing greater complexity as the student demonstrates readiness to advance.

Student Resources

Practice Education Lead

Prior to your Term 1 practice education placement, you will be assigned a Practice Education Lead (PEL). Their role is to support and guide you through your ambulance and hospital practice education placements. They will advocate for you while also providing you with constructive feedback as you progress through the various stages of the program.

Practice Education Resource Centre

The JIBC Practice Education Resource Centre at https://pe.jibc.ca/paramedicine/ provides information to assist you during ambulance and hospital placements.

The Student Resources section of the Practice Education Resource Centre provides information on processes and expectations, and guides to assist you during ambulance and hospital placements. It includes processes and forms for:

- Reporting a Student Absence during an Ambulance Placement
- Reporting a Student Absence during a Hospital Placement
- Reporting an Injury or Exposure during an Ambulance Placement
- Reporting an Injury or Exposure during a Hospital Placement
- Reporting a Critical Incident
- Reporting a Patient Care or Safety Concern
- Reporting a Concern about a Clinical Practice Educator
- Reporting a Concern about a Preceptor
- ACP Student Practice Education Learning Plan
- ACP Program Handbook
- Student Perspective of Operating Room Placements

You are required to read and understand all process documents and guides prior to attending practice education placements. If you have any questions about these documents, please connect with your PEL or Lead Instructor.

Student Expectations

Uniform, Appearance and Hygiene

- Students must be in full uniform with a visible JIBC name badge. JIBC uniform and dress standards include polished boots, pressed pants, pressed shirt with JIBC student identifying crests/patches and black JIBC jacket with crest/patches.
- No BCEHS identifying uniform items are to be worn by a student.
- *Observation Only* card must be visible at all times during ambulance observation placements.
- Students are expected to be well groomed and practicing good personal hygiene habits.
- Long hair must be tied back and off the shoulders
- Students must always be clean shaven where the N95 respirator (or other approved respirator) seals to the skin on the face.

Required Equipment

- Stethoscope, watch, pens, notebook, and JIBC safety vest
- Valid EMALB student license
- Valid Fit Test Card
- BCEHS PeopleSoft Student ID number

Student Conduct

- All JIBC, HSD, and ACP Program policies and guidelines apply to student conduct while in the Practice Education environment.
- Students must also abide by the applicable privacy policies established by JIBC's practice education partners such as BCEHS and BC health authorities, as outlined in SPECO learning modules.
- It is a student's responsibility to understand and practice within their student licensure scope of practice.
- Be punctual and reliable.
- Be polite and courteous to staff and patients.
- Maintain patient confidentiality.
- Respect patient privacy, dignity, and beliefs.
- In the event of emergency (e.g. when a student is injured during practice education) students should call the 24-hour emergency line 604.528.5751. This number is NOT to be used for scheduling issues.

Documentation

Students are responsible for completing and submitting Clinical Worksheets (CWS) and Patient Care Records (PCR) through the CompTracker website or app. Documentation must clearly support all claimed competencies and accurately reflect actions performed. If patient care is not documented, it is presumed not to have occurred. A separate form is required for each patient contact. Forms must be submitted to the applicable clinician or preceptor **within 24 hours** of the completion of your shift. Any forms submitted after this time will be approved at the discretion of the clinician or preceptor.

During practice education students are also required to submit accurate attendance of all clinical and precepting shifts through CompTracker to the applicable clinician or preceptor.

PELs are available to assist with CompTracker sign offs in the OR and other specialty shifts where established processes for competency verification exist (e.g. scanned Competency Cards).

CWS and PCRs are considered legal documents and may be called upon for use during court proceedings.

Scheduling

- In accordance with the HSD Academic Attendance guideline, students must be available for placements in all practice education settings for the entire duration of the program.
- Practice education schedules will be communicated to students from ParaScheduling@jibc.ca as soon as practicable based on shift allocation from BCEHS scheduling and other clinical placement sites.
- Due to the complexity of student practice education, shifts may be cancelled with short to no-notice. The Practice Education Team will notify students by phone or email as soon as they are made aware of the shift cancellation.
- Rescheduling or cancellation of any assigned dates will only be permitted for emergency situations and must be approved by the Program Manager.
- In the event of illness, injury or exceptional circumstances students are required to contact their Practice Education Lead as soon as possible. Students are required to follow the absence process, which can be found on the Practice Education Resource Centre website. Please complete all necessary documentation required outlined in the absence process. Where an absence lasts for more than five days, a student must provide a medical certificate from a physician.
- Students who fail to follow the absence process, and do not show up for their practice education placement may incur a $300 fee per placement.
- Students should refrain from making any scheduling requests directly to ParaScheduling@jibc.ca, instead, scheduling requests should be communicated to their Practice Education Lead, and they will relay the information to the Practice Education Team.
- Students are not permitted to schedule their own placements, doing so may result in removal from the program.
- Whenever possible, practice education placements will be scheduled in the student's region of residence. However, students will be expected to travel to other regions for placements where capacity is available.
- If placement shortages occur, travel expenses are the student's responsibility. Practice education expenses include, but are not limited to, travel costs, accommodation, meals, and other living expenses.
- Students who remain flexible and available, and are willing to travel, are better positioned to complete their placement requirements within the practice education timelines of the program.
- Excessive lack of availability for practice education shifts or absence from scheduled shifts may result in an incomplete program.

Practice Education Evaluation

The ACP program uses Global Rating Scale (GRS) for the assessment of paramedic clinical competence. GRS will be used to determine if the student has successfully passed each term's ambulance practice education requirements. Scoring requirements can be found in each Clinical Practice course below.

NOCPs

The Health Sciences Division uses the Paramedic Association of Canada's (PAC) definition of competency to determine that a student has successfully completed all program competencies. Competence involves the demonstration of skills, knowledge, and abilities in accordance with the following principles:

- Consistency: the ability to repeat practice techniques and outcomes
- Independence: the ability to practice without assistance from others

- Timeliness: the ability to practice in a time frame that enhances patient safety
- Accuracy: the ability to practice utilizing correct techniques and to achieve the intended outcomes
- Appropriateness: the ability to practice in accordance with clinical standards and protocols outlined within the practice jurisdiction

PAC considers "consistency" to mean that students should perform each specific competency more than once in the required performance environment. Competencies are evaluated in the following performance environments: academic (A), simulation (S), clinical or hospital environment (C), and field preceptorship (P).

The ACP Program requires that you meet, or in some cases, exceed, the PAC competency requirements. Each competency must be demonstrated proficiently a minimum of two times. The required number of a given competency can be found on the competency tracking software, CompTracker. All claimed competencies must be validated (signed) by a faculty member which may include an instructor, clinician, or paramedic preceptor. The following evaluation rating is used to sign-off competencies:

Evaluation Rating	
Code	**Definition**
A	Approved, completes objective competently (according to PAC definition of competency)
B	Requires prompting/assistance to complete objective
C	Fails to complete objective
D	Not observed/lack of volume
NB:	Comments are required for any non-approved competency (graded as B, C or D)

You will connect with your Practice Education Lead every four shifts to review your practicum experience and documentation, discuss difficult or challenging situations, and provide feedback, as needed. They will monitor your submissions through CompTracker for trends that may indicate you need additional support in a particular area.

At the end of each Term, the PEL will review your CompTracker file for completeness and accurate documentation. Competencies that have been claimed in error or are not supported in the documentation will be withdrawn, and you will be notified.

Prior to the end of the program, a full audit of all the competencies claimed will be conducted. If a student has not satisfactorily met requirements, they will be required to attend up to another four shifts and then a further review is undertaken of student progress. If any competencies are still incomplete, you will be required to demonstrate competence in the approved environment within the program timeframe or risk being deemed incomplete in the ACP program.

The full list of the required NOCP competencies and the required completion environment for ACPs can be found on the Paramedic Association of Canada website under Competencies > NOCPs

Clinical Practice Education I

The primary focus for this term is on developing proficiency in procedural skills, cardiac arrest management, and integrating the ACP patient assessment model. This includes the assessment and treatment of classic cardiovascular and respiratory cases.

Term 1 Hospital Focus

The objectives of the clinical opportunities in Term 1 are to support students to apply a broad range of new skills and techniques in the clinical setting. The focus of this practicum placement should be:

- Performing systems-based patient assessments, including history gathering and physical examinations on patients in the hospital setting.
- Safely performing technical skills under direct supervision
- Demonstrating interpersonal skills and professionalism, including effective communication and the ability to give and receive feedback.
- Participating in additional clinical learning opportunities as they arise.
- Applying and operating a cardiac monitor.
- Interpreting and discussing ECG findings.

Sample Hospital Education Plan – Term 1

Your clinical practice educator (nurse clinician) will develop and review a training plan with you to clarify expectations. Your plan may include:

- ACP core skills
- Applying, operating, and troubleshooting the cardiac monitor, defibrillation, transcutaneous pacing, and synchronized cardioversion
- Landmarking electrode placement and interpreting 3-lead and 12-lead ECGs
- Assessing and linking vital signs to patient presentations
- Reviewing interesting patient cases as they become available
- Preparing and administering ACP medications
- Managing the airway, ventilation and oxygenation needs particular to the patient
- Performing physical assessments (including primary and secondary surveys), and reporting your findings to your clinician
- Recording findings and treatments on the patient report form
- Accurately self-evaluating your performance
- Seeking out, and receiving feedback in a professional manner

Term 1 Ambulance Focus

At the beginning of the ambulance practicum, students will be introduced to the application of the ACP patient assessment model of history taking and physical examination. Under supervision, students are expected to perform systems-based patient assessments aligned with the patient's chief complaint.

During the first (observation) block of the practicum, the focus should be on observing how the preceptor conducts patient histories, formulates clinical impressions, and demonstrates leadership in patient care.

Students are expected to perform the ACP core skill components for classic case cardiovascular and respiratory calls, as well, as cardiac arrest calls (please note that complex cardiac arrest management is not an expectation during Term 1). However, overall patient management remains the responsibility of the preceptor.

The focus of your Term 1 practicum should be on:

- Developing systems-based patient assessment skills, including thorough history taking and physical examination.
- Incorporating ACP core skills into field calls.
- Performing all physical skills when instructed
- Directing and implementing a treatment plan for classic cardiac arrests.
- Demonstrating strong interpersonal skills, including effective communications and the ability to receive and apply feedback.
- Applying and operating the cardiac monitor (3 and 12-lead) and interpreting ECGs
- Performing fundamental psychomotor skills (e.g. IV insertion, vital signs, medication preparation and administration)

Sample Ambulance Education Plan – Term 1
Your participation should include:

- Stocking and cleaning the ambulance kits and equipment with preceptor supervision at the start of each shift and as needed throughout the shift(s)
- Apply and operate the cardiac monitor, including troubleshooting, manual defibrillation, and synchronized cardioversion
- Interpreting 3 and 12-lead ECGs
- Assess and interpret vital signs
- Prepare and administer ACP medications
- Manage airway, ventilation and oxygenation based on patient needs
- Perform a basic patient history and systems-based physical assessment (including primary survey), following the patient assessment model taught in the didactic portion of the program
- Report your patient assessment findings clearly to your preceptor
- Accurately document patient findings and treatments on the patient care report
- Participate in formulating and implementing a treatment plan for an uncomplicated cardiac arrest
- Accurately self-evaluate your performance
- Actively seek out and receive feedback in a professional manner

Term 1 Global Rating Scale Requirements
GRS scores will be used to determine if the student has successfully passed each term's ambulance practice education requirements. For Clinical Practice Education I, a minimum of two thirds (10) of the student's earned scores on their 15 most recent Classic Case I calls (i.e. uncomplicated cardiovascular, respiratory, or cardiac arrest) must be at the competence (5) level. None of the 15 most recent scores earned must indicate an unsafe (1) practice.

Clinical Practice Education II

By the end of the Term 2 practicum, students are expected to assume the full role of an ACP on all classic cases. Preceptor intervention in patient assessment and in the formulation and implementation of the treatment plan should be infrequent. It is anticipated, however, that you will continue to rely on your preceptor for support with overall call management, including scene management, organization, and the control and delegation of tasks to first responders, family members, bystanders, and other responding crews.

Term 2 Hospital Focus

The Term 2 hospital practicum focuses on the assessment, diagnosis, and management of classic patient presentations. During this term, students are expected to develop and apply advanced clinical reasoning skills across a broad range of medical and traumatic conditions. Clinical exposure in Term 2 includes the diagnosis and management of conditions related to toxicology, mental health, endocrine and immune system disorders, anaphylaxis, GI/GU, hot and cold environmental cases, drowning and submersion injuries, burns, and other trauma injuries or illnesses.

In addition, students will have completed classroom instruction in Obstetrics/Maternity and Pediatrics, which should be integrated into their clinical practice when appropriate. By this stage of the program, students are expected to demonstrate a higher level of leadership, clinical judgement, and decision-making, particularly in call management and patient care coordination.

Sample Hospital Education Plan – Term 2

Your plan may include:

- Determine a patient's chief complaint
- Investigate cases using LOTARP/PQRST
- Repeated practice of an established patient assessment model
- Build a differential diagnosis and working provisional diagnosis based on chief complaint, history, and physical exam findings
- Perform a system's based functional inquiry
- Perform a handover bedside report to your clinician
- Describe the patient's priority problem list and the treatment plan to your clinician
- Present cases to the clinician and fellow students for feedback
- Focus on the links between your patient assessment and the underlying pathophysiology
- Exposure to other clinical opportunities as they arise

Term 2 Ambulance Focus

The Term 2 ambulance practicum is a dynamic period characterized by progressively increasing responsibilities. You will build on your Term 1 practicum where you focused on the assessment, diagnostics, and management of classic cardiovascular, and respiratory presentations. Term 2 provides opportunities to further apply this foundational knowledge within the prehospital environment. During Term 2, students will expand their clinical exposure to include the assessment and management of toxicological emergencies, mental health presentations, endocrine and immune system disorders, anaphylaxis, GI/GU conditions, hot and cold environmental cases, drowning and submersion injuries, burns and other trauma related injuries or illnesses.

Sample Ambulance Education Plan – Term 2

During practicum, students must be supervised and provided opportunities to apply all ACP skills within the ambulance environment including:

- Determination of a patient's chief complaint
- Thoroughly investigating a chief complaint with an appropriate framework
- Investigating cases using LOTARP/PQRST
- Staying focused on the patient assessment model
- Taking a history from a relative or bystander through an appropriate line of questioning to elicit missing information
- Performing a functional inquiry

- Building differential diagnoses and a working provisional diagnosis
- Calling for medical orders as required
- Developing a priority problem list
- Formulating a treatment plan2
- Implementing and delivering a treatment plan (including the performance of ACP skills)
- Communicating the treatment plan to the patient and/or family
- Manage/organize/control/delegate scene responders, family, and bystanders
- Organize and direct transport
- Conduct a triage report
- Give a handover report

Term 2 Global Rating Scale Requirements
For Clinical Practice Education II completion, a minimum of two thirds (10) of the student's earned scores on their 15 most recent Classic Case I & II calls (i.e. uncomplicated cardiovascular, respiratory, cardiac arrest, trauma or medical) must be at the competence (5) level. None of the 15 most recent scores earned must indicate an unsafe (1) practice.

Clinical Practice Education III

In Term 3 students are expected to demonstrate increasing independence and clinical leadership consistent with the ACP role. Students will achieve independent clinical leadership for patient assessment, decision-making, patient management, and scene coordination for all calls including complex medical and trauma calls, as well as special patient populations.

Term 3 Hospital Focus
During Term 3 hospital practicum, expectations advance to emphasize integration and application of previously learned skills. The student is expected to demonstrate proficiency in all competencies achieved in Terms 1 and 2. The primary focus shifts from skill acquisition to application of knowledge and clinical reasoning in real-world settings. The student will conduct comprehensive assessments and management of patients with multi-system dysfunction. The student will participate in the assessment and care of maternity, neonatal, and pediatric patients. The student will competently assess, organize and present non-complex and complex cases.

Term 3 Ambulance Focus
Term 3 classroom and practice education shifts focus towards the assessment and management of complex patient presentations, requiring higher-level clinical reasoning, prioritization, and integration of ACP skills. Precepting in Term 3 represents a time of significant transition from student to entry-level practitioner. This period may be challenging and, at times, tumultuous. Students are encouraged to remain patient, focus on foundational principles, and deliberately return to the rigorous assessment process as a teaching and grounding strategy when managing complex or overwhelming calls.

Sample Education Plan – Term 3
During Term 3 precepting, students are expected to focus on the following competencies:

- Demonstrated proficiency in all Term 1 and 2 competencies
- Determining an appropriate differential diagnosis and clearly identifying a provisional diagnosis on complex medical and trauma calls
- Developing a comprehensive priority problem list

- Formulating a safe, evidence-informed treatment plan
- Implementing and delivering a treatment plan effectively
- Demonstrating clinical leadership by providing clear direction to responding crews and other agencies
- Providing sound clinical guidance, patient management, and scene coordination with infrequent or minimal preceptor intervention

Term 3 Global Rating Scale Requirements
For Clinical Practice Education III completion, a minimum of two thirds (10) of the student's earned scores on their 15 most recent calls must be at the competence (5) level. At least 3 of the included calls must be deemed "complex". None of the 15 most recent scores earned must indicate an unsafe (1) practice.

Program Feedback

JIBC will seek your feedback throughout the program. Surveys will be conducted at the conclusion of each term's Classroom and Practice Education components. Your participation in these surveys is important - only you can tell us about the quality of the program, its instruction, and the value of your field experience.

Additionally, you will have access to an ACP General Feedback Survey which is located in your online student campus. This enables you the opportunity to provide feedback on any aspect of your ACP Program at any time.

Personal information, specifically the survey questions and your answers, are collected under the authority of the Colleges and Institute Act and the Freedom of Information and Protection Privacy Act for statistical research and administrative purposes. JIBC reports your responses without identifying information to provide confidentiality and protect your privacy.

Appendix A

SOCIETY FOR PREHOSPITAL EDUCATORS OF CANADA

GLOBAL RATING SCALE for the ASSESSMENT OF PARAMEDIC CLINICAL COMPETENCE

Candidate: _____ Rater: _____

Case Description: _____ Date: _____

Rating Label	Definition
1 Unsafe	Not performed as required. Performance compromised patient care / safety; serious remediation is required, unsuitable for supervised practice or progression.
2 Unsatisfactory	Performance indicated cause for concern. A potential for compromised patient care / safety exists; considerable improvement is needed. Not ready for supervised practice or progression.
3 Poor / Weak	Inconsistently performed, and/or performance does not meet the standard, improvement is needed. More training / practice is needed before consideration for supervised practice or progression.
4 Marginal	Occasionally performance is to standard, and/or performance meets minimum standards, improvement is recommended; suitable for supervised practice or progression with some remediation.
5 Competent	Often performed to standard, and/or performance is safe and to standard. Some areas could be improved. Ready for independent practice or progression with only minor concerns if any.
6 Highly Competent	Consistently performs to standard, and/or performance is safe and to standard. Occasionally exceeds the standard. Little improvement needed if any; ready for independent practice or progression.
7 Exceptional	Consistently demonstrates a high standard of performance, and/or consistently exceeds the standard enhancing patient safety; could be used as a positive example for others; highly recommended for independent practice or progression.

Situation Awareness	1	2	3	4	5	6	7
	UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL

Refers to the individual's overall ability to consider and integrate environmental, scene, resources and patient condition cues into the overall interaction, management and safety plan. This includes observing whole environment (all available data sources), anticipating likely events, discriminating between relevant and irrelevant data and avoiding tunnel vision (inappropriately focusing on elements to the exclusion of others). The individual is expected to demonstrate examples of situation awareness throughout the interaction and updating actions as necessary.

History Gathering	1	2	3	4	5	6	7
	UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL

Refers to the individual's overall ability to effectively and thoroughly gather an appropriate history (includes history of present illness and medical history) which is organized, appropriately structured, timed and focused according the clinical situation and level of urgency (context). This Includes interpreting and evaluating findings while discriminating between relevant and irrelevant findings. Also, refers to a demonstrated ability to include a consideration for differential diagnosis, while working toward a working diagnosis.

Patient Assessment	1	2	3	4	5	6	7
	UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL

Refers to the individual's overall ability to select and perform a physical exam and investigation of signs and/or symptoms that is organized and appropriate given the clinical situation and level of urgency. This includes interpreting and evaluating findings while discriminating between relevant and irrelevant findings. Also, refers to a demonstrated ability to continue appropriate reassessment / detailed assessment as needed. Finally, this also includes a consideration for differential diagnosis, while working toward a working diagnosis.

GRS for the ASSESSMENT OF PARAMEDIC CLINICAL COMPETENCE

SOCIETY FOR PREHOSPITAL EDUCATORS OF CANADA

GRS for the ASSESSMENT OF PARAMEDIC CLINICAL COMPETENCE

Decision Making	1	2	3	4	5	6	7
	UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL

Refers to the individuals overall ability to select an appropriate, safe, and effective management plan and/or strategy. Decisions should be based on and supported by findings, consideration of risks, benefits and differential diagnosis. This involves having adequate information for decisions made (i.e., avoiding premature closure) and ensuring decisions are appropriately prioritized, and timed. This also includes selecting an appropriate management device, method, or technique based on evidence (i.e., situation awareness, patient condition, resources etc) and context.

Resource Utilization	1	2	3	4	5	6	7
	UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL

Refers to the individual's overall ability to identify and use resources effectively to accomplish goals and maximize care. This includes the delegation of tasks, the coordination of efforts, selecting appropriate members (e.g., allied agencies, patients etc) for a given task, ensuring effectiveness and requesting additional resources as necessary. This also includes ability to function as a team with appropriate leadership.

Communication	1	2	3	4	5	6	7
	UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL

Refers to the individuals overall ability to clearly and accurately exchange information with the team, patient and/or bystander for optimal patient care and team effectiveness. This includes the use of concise and appropriate language, ensuring statements are directed at appropriate individuals and that messages are heard / received (i.e., closes the loop). This also includes demonstrating effective listening skills, demonstrating empathy, responding appropriately to statements by the team, patient or bystander. Actions are appropriately communicated with team, patient and bystander. Verbal and non-verbal are appropriate and congruent.

Procedural Skill	1	2	3	4	5	6	7
	UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL

Refers to the individuals overall ability to complete psychomotor or procedural skills or tasks effectively, appropriately and to standard. This involves a familiarity with equipment used, ensuring appropriate and safe application while completing tasks to standard and avoiding commission or omission errors. This also involves adaptability to failures / problems (as necessary) and ensuring team, patient and bystander safety while performing these procedures; includes appropriate execution, properly sequenced, and evaluating / reevaluating effectiveness.

Overall Clinical Performance							
UNSATISFACTORY			SATISFACTORY				
1	2	3	4	5	6	7	
UNSAFE	UNSAT	POOR/WEAK	MARGINAL	COMPETENT	HIGHLY COMPETENT	EXCEPTIONAL	

Rater Signature: _____

GRS for the ASSESSMENT OF PARAMEDIC CLINICAL COMPETENCE