JIBC

School of Health, Community & Social Justice
Paramedic Academy


# Primary Care Paramedic (PCP) Program

# Program Handbook

August 2026

# Table of Contents

# Land Acknowledgement

JIBC has campuses located throughout British Columbia and we respectfully acknowledge that JIBC is situated on traditional, unceded and treaty territories of First Peoples.

- In New Westminster, the campus is located on the unceded Traditional Territories of the Qiqéyt (Qayqayt), xʷməθkʷəy̓əm (Musqueam), and Coast Salish Peoples.
- Our Chilliwack campus is located on the unceded Traditional Territories of the Stó:lō Peoples.
- The Okanagan campus is located on the unceded Traditional Territories of the Syilx Okanagan Peoples.
- Our Vancouver Island campus is located on the Traditional Lands of the Lekwungen-speaking Peoples, the Songhees and Esquimalt Nations.

# Introduction

Welcome to the Justice Institute of British Columbia (JIBC)'s Certificate in Primary Care Paramedicine - Extended (PCP) program. This handbook is a valuable resource containing crucial information about academic requirements, policies and procedures, competency tracking, and student expectations. Please use this document as a reference throughout your program.

## Student Acknowledgement and Declaration

By enrolling in the PCP Program, students acknowledge that they are responsible for reading, understanding, and complying with the requirements, policies, procedures, and expectations outlined in this Program Handbook. Students are expected to refer to the Program Handbook throughout their program to ensure they remain informed of current requirements and expectations.

Students are responsible for ensuring they are aware of any updates or changes to program requirements communicated by the PCP Program.

## Program Model

The Emergency Medical Assistants (EMA) Regulation was revised in 2022 (and subsequently in August 2024) to include a significant increase in the scope of practice for all EMAs graduating from recognized programs across the province. The EMA Licensing Board's (EMALB) legal authority for EMA training is contained in the EMA Regulation Part 2, Section 2 (1) (c) (i): The licensing board may issue a licence in a category to a person who provides evidence, satisfactory to the licensing board, that the person has completed the training program recognized by the licensing board for the category.

In response to the expanded scope of practice outlined in the 2022 EMA Regulation and consultation with BCEHS and the industrial sector, the Health Sciences Division (HSD) has substantially revised the PCP Program to incorporate the expanded scope.

The program employs guided independent study, collaborative and classroom-based learning activities, expert presentation, skill and procedural-based stations, procedural and more immersive/high-fidelity simulations, clinician-supported clinical practice, and preceptor-supported field practicum components. The overall structure builds from simple to complex through scaffolded learning activities set in authentic practical/simulation environments using actual or simulated tools and equipment. Learning activities are grounded in professional practice through extensive use of case-based activities, problem-based approaches, and an extensive range of simulation-based methods. Following the Paramedic Association of Canada (PAC) national competency learning domains model (PAC, 2011), learners master core skills and procedures, integrate these with foundational clinical sciences through increasingly complex simulation environments, and then apply and extend their learning in controlled clinical environments before transitioning to application and integration in field practicum placements.

## Program Goals and Outcomes

Upon successful program completion, learners will be able to:

- Assess and manage patient encounters in paramedic practice settings.
- Apply core paramedic skills and procedures in a practice setting.

- Complete assessments and management of common injuries and conditions in paramedic practice settings.
- Utilize primary care level scope of practice knowledge, skills and procedures in the practice environment.
- Demonstrate professional behaviours and attitudes in relationships with partners, patients, bystanders and other personnel in all practice environments.
- Apply an organized and prioritized patient assessment, and employ knowledge of anatomy, physiology, pathophysiology and pharmacology to identify the causes and a range of differentials, perform a focused patient assessment, infer a provisional diagnosis, and implement an appropriate management plan using PCP treatment guidelines.

## Program Delivery

The program is designed to be completed in 12 months, delivered over three terms, with cohort-based intakes in the fall and winter. Program content is typically scheduled during the daytime Monday-Thursday with Friday designated for self-study, but there may be times where sessions need to be scheduled over an evening or weekend due to specialist instructor availability. Courses are delivered as follows:

| | |
|---|---|
| **Term 1** | PARA-1101 – Anatomy and Physiology<br>PARA-1110 – Fundamentals of Paramedic Care 1<br>PARA-1109 – Fundamentals of Paramedic Care 2 |
| **Term 2** | PARA-1112 – Classic Medical Cases 1<br>PARA-1113 – Classic Medical Cases 2<br>PARA-1114 – Classic Trauma Cases<br>DRIV-1271 – Emergency Vehicle Driving Regulation |
| **Term 3** | PARA-1114 – Classic Trauma Cases continued<br>PARA-1115 – Complex Cases<br>PARA-1116 – Clinical Applications |

## Program Contacts

**Program Manager:**
Thomas Kidney
250.414.4544
tkidney@jibc.ca

**Program Administration**:
pcp@jibc.ca

**Regional Training Coordinators:**

**Chilliwack**:
Charlotte (Charlie) Muth
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**New Westminster**:
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**Vancouver Island**:
Paul Bradley
604-528-5912
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**Manager, Practice Education**:
Kimberley Aubert
604.528.5572
kaubert@jibc.ca

**General Inquiries:**
PracticeEd@jibc.ca

**JIBC's ParaScheduling Team:**
604.528.5823 (NW and CH)
604.528.5732 (VI and OK)
ParaScheduling@jibc.ca

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

**Office of Indigenization:**
Indigenization@jibc.ca

**The JIBC Bookstore:**
jibcstore@jibc.ca

**JIBC Financial Aid & Awards Office:**
financialaid@jibc.ca

**Technical Support**
Help Desk and Tech Support

Studenthelp@jibc.ca

**24-hour Practice Education Emergency contact number: 1.604.528.5751**

In case of an **emergency** during a practice education shift (examples listed below), please call the Health Sciences Division representative at this number. A representative is available for emergency contact throughout the province 24 hours a day, 7 days a 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 medical assessment or treatment.

## Program Resources

Here is a listing of resources used for the delivery of the program, followed by a brief description of each:

### Platforms:

- **Blackboard Ultra Learning Management System (LMS)**: This platform hosts the online program campus and individual program courses. The Program Campus offers program-specific details, including communications, schedules, required textbooks, uniform order forms, pre-reading materials, and study aids. Individual courses allow for assignment submissions and progress tracking. 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).

- **Respondus LockDown Browser**: This tool is integrated into Blackboard and ensures exam integrity by offering a distraction-free interface during online written evaluations.

- **CompTracker – Website and Student App** (www.studentlogbook.com): Used to record, track, evaluate, and report on classroom, hospital, and ambulance competency obtainments.

- **Practice Education Resource Centre** (https://pe.jibc.ca/paramedicine/): provides a variety of information for students, faculty, preceptors, and clinicians on practice education related requirements and processes.

### Resources:

**Internal**

- **Program Campus in Blackboard** – This will be your main source of information and communication throughout the program. The campus will contain information related to learning objectives, topics, and schedules. You will find the following resources posted there:

    - **Assessment Handbook -** This handbook is located in your student campus as an online PDF and is designed to serve as a comprehensive resource outlining the expectations and requirements for all types of assessments within the PCP program. The Assessment Handbook provides clear guidance on assignments and course work to ensure consistency and transparency in academic standards.

    - **Guide to Performing and Facilitating Simulations** - This manual will introduce the simulation template, along with some classroom practices that will support learning.

    - **Patient Assessment Card** – This is a quick reference card for assessing Medical and Trauma patients.

    - **Skills Checklists** – Contains the step-by-step process on how to complete each skill.

- **NOCP Documentation Guidelines (for classroom and field)** – These guidelines provide details on documentation requirements for successful approval of competency obtainment.

- **NOCP Appendix 4B (PCP)** - This listing is a guideline and outlines the illnesses, conditions, and injuries of which basic knowledge is recommended for practitioners to achieve the competencies defined in Competency Area 4.

**External**

- **BC Emergency Health Services (BCEHS) Handbook** – This is an external link to BCEHS' Clinical Practice Guidelines, Drug Monographs, and Clinical Resources https://handbook.bcehs.ca/

- **National Occupational Competency Profile for Paramedics (NOCP)** – The Paramedic Association of Canada's NOCPs are available online at (https://pe.jibc.ca/wp-content/uploads/NOCP.pdf). 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.

- **Cultural Safety and Humility** – Familiarize yourself with the First Nations Health Authority's Policy Statement on Cultural Safety and Humility https://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf

# Accreditation and Competency Tracking

Accreditation ensures the effectiveness of educational programs for paramedic health professions, enhancing the competency of graduates and the quality of patient care in Canada. It relies on evidence-informed practices that prioritize academic quality, emphasizing the integration of didactic and clinical education components to support students in achieving competence. Accredited educational programs must demonstrate that their curricula, learning environments, and resources adequately prepare students to deliver competent, safe, and effective practice upon entry into their chosen profession.

## The National Occupational Competency Profile (NOCP) for Paramedics

The Paramedic Association of Canada (PAC) is responsible for setting national competencies of paramedic practice. PAC does not determine the provincial scope of practice, i.e. what a paramedic is licensed to do in each province. In BC, scope of practice is defined by legislation, in the Emergency Medical Assistants Regulation.

The PAC – NOCP skills are defined by practitioner levels, i.e. Emergency Medical Responder (EMR), Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP), and Critical Care Paramedic (CCP). Competencies are specific to the practitioner's level and are cumulative.

Competencies are evaluated in the following settings and represented by a single letter: academic (A), simulation (S), clinical or hospital environment (C), and on-car practice education (P).

**PAC considers "consistency" to mean that students should perform each specific competency more than once in the required performance environment.**

The PCP program requires that you meet, or in some cases exceed, the PAC competency requirements; you must demonstrate proficiency a minimum of two times. Your faculty (instructor, clinician, or preceptor) must validate (sign) your claimed competencies.

See ***Appendix 1: S, C, and P Competency List*** for a listing of the program's classroom, clinical, and ambulance competencies, and ***Appendix 2: NOCP Medications for PCP*** for detailed medications pertaining to PCPs.

## Competency Management Software (CompTracker®)

JIBC uses a competency management software called CompTracker® to track students' progress in meeting competency requirements. Access is through the internet or the CompTracker app. The software is developed and hosted by Great Big Solutions Ltd., in Edmonton, Alberta. This software is widely used by paramedic training agencies across Canada.

For questions about the software program, hardware, or technical requirements, visit the website http://www.studentlogbook.com or contact Great Big Solutions at support@studentlogbook.com or 1-866-432-3280 ext. 0. Help line support is available Monday to Friday from 0800 to 1600 hours (MST).

# Policies, Guidelines and Student Standards and Expectations

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.

Students are responsible for familiarizing themselves with all JIBC policies and PCP 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.

## JIBC Policies

- Harassment – Students http://www.jibc.ca/policy/3203
- Student Code of Conduct http://www.jibc.ca/policy/3205
- Student Academic Integrity http://www.jibc.ca/policy/3207
- Sexual Violence and Misconduct – Students http://www.jibc.ca/policy/3213
- Accommodation of Students with Disabilities - https://www.jibc.ca/policy/accommodation-students-disabilities
- Other JIBC policies can be found at: http://www.jibc.ca/about-jibc/governance/policies

## Program Guidelines

The JIBC Health Sciences Division (HSD) follows JIBC policy with the following approved exceptions, detailed in these program guidelines, for the Primary Care Paramedic program.

### Academic Progression

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.

Students in the PCP program are continuously monitored by program faculty to identify opportunities for additional learning support to foster student success. Students who are unsuccessful in any formally assessed component of the PCP program will be offered the opportunity to meet with program faculty to receive constructive feedback and support prior to completing a retest. All students who are successful in a retest will be required to meet with program faculty to develop an individual education plan to support their ongoing development.

Student performance in the practical components of the PCP program is continuously assessed. Students demonstrating trends of unsatisfactory or marginal performance are identified and supported to develop with individualized education plans to support their ongoing development and preparation for formal program assessments.

Students who do not receive the minimum passing grade 75% on their retest will receive a grade of Fail for this course and will not be able to progress in the program and will be withdrawn from the cohort. Students wishing to continue in the program should refer to the re-admission program guideline.

## Retests

When a student does not demonstrate that they have met an acceptable standard in any formal program evaluation component, they may be provided with a single opportunity to 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 will receive a grade of Fail for this course and will not be able to progress in the program and will be withdrawn from the cohort.

Program faculty will meet with the student to notify of academic withdrawal and to discuss options for re-application to the program.

## 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.

A grade will only be reopened for review if a specific, documented procedural or administrative error is identified and verified through the informal appeal process, as outlined in JIBC's Final Grade Appeals Policy (3303). Otherwise, the mark will remain unchanged.

## Academic Attendance

Students are expected to maintain a 90% overall attendance per course during the 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. Any student who misses any program component must inform the program as soon as possible, ideally prior to the session. Students are expected to take responsibility for developing a plan to catch up on missed content and should contact program faculty for support to identify content areas and resources.

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.
(see Practice Education section below for more details)

## Student Withdrawal

Withdrawals made after the final withdrawal deadlines will result in a failing grade. Specific withdrawal dates can be found on the JIBC academic calendar. https://www.jibc.ca/academic-calendar

A student who withdraws from one course will be withdrawn from the entire term.

Students wishing to continue in the program should refer to re-admission program guideline.

## Refunds

JIBC Refund Procedure for Term Courses: Classroom and Online applies:

1. If a student withdraws prior to the start of the course, they receive a 100% refund less any required deposit or commitment fee.
2. If a student withdraws within the first two weeks of class, they will be eligible for 80% refund less any required deposit or commitment fee with no notation on their transcript.
3. After the second week of classes there is no refund for semester-based courses.

**Compassionate Withdrawal**

To apply for a compassionate withdrawal, students must first notify the program of their intention to withdraw and formally complete the withdrawal process. Once they have been formally withdrawn, they may then submit their compassionate withdrawal appeal.

JIBC refund policy is available at https://www.jibc.ca/procedure/refunds for more information on refunds and compassionate withdrawals.

## 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.

## Re-admission

Students who choose to or are required to withdraw from the PCP program may apply to re-enter the program once. Students must notify the program of their intention to re-enter a minimum of three months prior to their re-entry date; this date will be provided to students as part of the withdrawal process.

Students will re-enter the program with the next available cohort at their original campus. Upon return, students may request to join another campus, subject to availability and Program Manager approval. With Program Manager approval, re-entry may also be deferred to the subsequent cohort.

Returning students will not be required to retake courses in which they have previously passed all assessments and met all requirements. However, they will be provided the opportunity to audit these courses for a fee.

Students retaking a course must complete all components of that course, including course work and evaluation components, whether these components were previously completed. Past completed components will not be accepted.

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 who have been unsuccessful in all or a portion of the PCP 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 this program, to pcp@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 application is successful, these students will be required to retake the entire program from the start of Term 1.

Students withdrawn due to student misconduct under any of the JIBC policies listed below will not be re-admitted to the program.

- Policy 3205 *Student Code of Conduct*
- Policy 3207 *Student Academic Integrity*
- Policy 3213 *Sexual Violence and Misconduct*
- Policy 3203 *Harassment – Students*

## Program Timelines

The PCP program must be completed within three years of the original cohort start date. Re-entry into a later cohort does not reset this three-year timeline. Students who exceed the three-year completion period will be required to reapply and restart the program from the beginning.

## Practice Education Timelines

Practice education timelines are dependent on preceptor availability and may therefore extend beyond the anticipated completion timeframe.

The practice education component must be completed within 12 months of the student's initial start in practice education. If an extension is granted, the student may be required to pay for and audit PARA-1115.

SPECO and all post-admission requirements, including immunizations and a criminal record check, must be completed prior to starting practice education, along with all classroom competencies. Students with outstanding requirements will be unable to enter practice education or progress in the program.

Students who do not complete and obtain sign-off for all CompTracker and SPECO requirements within 30 days of completing the in-classroom component will be withdrawn from the program and required to re-enter and audit PARA-1115.

## Practice Education Guidelines

Students must be available for placement in all practice education settings for the entire duration of the program. All information and processes on paramedic practice placements can be found at https://pe.jibc.ca.

Rescheduling or cancellation of any assigned dates will only be permitted for emergency situations and must be approved by the Regional Training Coordinator.

Students are required to be punctual, in uniform with JIBC student photo ID (digital ID not accepted) and EMALB student license for all practice education placements.

Practice education placements are scheduled in partnership with Provincial Health Services Authority (PHSA) Provincial scheduling and by the Health Sciences Division Practice Education Team. Students are not permitted to schedule their own placements, doing so may result in removal from the program.

Where possible practice education placements will be scheduled in the student's training region. However, students will be expected to travel to other regions for placements where capacity is available.

In the event of illness, injury or exceptional circumstances students are required to contact their Regional Training Coordinator as soon as possible. Students are required to follow the Student Reporting Absence process, which can be found at https://pe.jibc.ca/paramedicine/student-resources/ . Please complete all necessary documentation required, as outlined in the absence process. Where an absence lasts for more than five days, a student must provide a medical certificate from a physician.

In the event of emergency (e.g. you sustain a work-related injury during practice education that requires hospital admission), students should call the 24-hour emergency line 604.528.5751. This number is NOT to be used for scheduling issues.

It is a student's responsibility to understand and practice within their student licensure scope of practice.

## Practice Education Evaluation

The Health Sciences Division at JIBC uses the Paramedic Association of Canada (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. The PCP program requires students to meet the PAC competency requirements. The student must demonstrate each competency a minimum of two times.

Completion of all appropriate documentation is required to achieve a passing grade. However, a student who has completed all practice education requirements and obtained the required CompTracker sign-offs may still be subject to a review of their completion status based on preceptor feedback or concerns regarding their clinical practice.

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.

While on practice education placements students must adhere to JIBC's Policy 3205 *Student Code of Conduct*, HSD Student Standards and Expectations, and applicable privacy policies established by JIBC's practice education partners such as BCEHS and Fraser Health Authority.

## Student Standards and Expectations

The Justice Institute of British Columbia (JIBC) and the Health Sciences Division Paramedic Academy 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. These standards 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.

Instances of conduct deemed inconsistent with these standards may be investigated in accordance with the JIBC Student Code of Conduct Policy.

## 1.0 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

## 2.0 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

## 3.0 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

## 4.0 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

## 5.0 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

## 6.0 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 and communication 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.

# Preparation for Learning Components

## Preparing for the Program – Checklist

- ☐ **Orientation**: Work through the JIBC Student Online Orientation, in particular Unit 3: Educational Technologies to familiarize yourself with the learning platform. You will also find answers to many of your questions about the services and support available to you as a JIBC student. These include information on online learning technologies, the Writing Center, Office of Indigenization, Financial Aid, and the Student Union.

- ☐ **JIBC Portal:** Log into myJIBC**:** This online portal grants you access to your Program Campus and online components of your courses, and your student account. Your user ID is your student number (e.g. j0001234). For assistance logging into myJIBC, reach out to Student Services at 604.528.5590 or toll-free at 1.877.528.5591, or email register@jibc.ca.

- ☐ **Program Campus**: Review the layout and content of your Program Campus. This platform serves as your central hub for program-related information, including schedules, study guides, and readings.

- ☐ **Textbook**: Purchase your textbook. The required textbook list and an order form for the JIBC Store are located on our website under Tuition and Fees heading.

- ☐ **Uniform**: Purchase your uniform and sew on patches. You must wear a JIBC uniform for all program activities, including orientation day, classroom sessions, and practice education placements. Uniform requirements and a Uniform Order Form for the JIBC Store can be found on our website under the Tuition and Fees section.

- ☐ **Tablet or Laptop Requirement**: To support the use of the online activities, written exams, and the competency tracking system, you must have either a laptop or tablet throughout the program. For optimal experience with these online systems check your browser requirements here: Browser Checker

- ☐ **Post Admission Requirements**: Complete your post admission requirements as specified in the . SPECO course, which is an available when you log into myJIBC.

- ☐ **Learning Supports**: If you think you may have a disability that affects your learning, reach out early for help. Contact the Manager of Student Learning Supports at https://www.jibc.ca/student-services/student-support/disability-services.

- ☐ **Awards and Bursaries**: Contact the Financial Aid Office to inquiry about what might be available to you at financialaid@jibc.ca.

- ☐ **JIBC Indigenous Resources:** To learn more about what services and supports are available, visit https://www.jibc.ca/student-services/indigenous-student-services .

- ☐ **Program Contacts**: PCP program staff are available to help with any aspect of your program preparation. If you require any assistance, please contact us at pcp@jibc.ca.

# Preparing for the Classroom (Online and On Campus)

The classroom component of the program will be split into on campus and online facilitated sessions. A detailed schedule will be provided to you on the first day of class and posted in your program campus. You are required to wear your uniform for all face-to-face program activities. There is no need to wear your uniform for online classes however you are expected to present yourself in a professional manner.

The documents you need to prepare for online and classroom sessions can be accessed in your program campus and individual courses.

- **Weekly Training Schedule:** Review the schedule posted in your Program Campus which references the course, module and units covered including readings and learning objectives.
- **Assessment Schedule:** Refer to the assessment schedule in the weekly training schedule for assignment deadlines and exam dates.
- **Assignments**: Assignment details, marking rubrics and deadlines are posted in each course. Use the individual courses to submit your assignments and evaluations and to receive your grades and feedback.

## Preparing for Online Learning

Preparing for online learning involves creating an environment and mindset conducive to focus, professionalism, and effective communication. Here are some suggestions to assist you:

**Set Up a Quiet, Distraction-Free Space**

- Choose a dedicated study space: Select a quiet area away from distractions like TV, family members, or noisy environments. A corner of a room or even a separate room can be ideal.
- Minimize background noise: Consider using noise-canceling headphones if there are unavoidable background sounds.
- Lighting matters: Ensure your space has good lighting, preferably natural light. If not, use a desk lamp positioned in front of you to brighten your face (not from behind you to avoid a silhouette).

**Dress Professionally**

- Consider the impression you're making: Remember that although you're learning from home, you are still participating in an educational setting. Dressing casually but professionally shows you're serious about your studies and helps maintain focus during classes.
- Avoid overly casual attire: Choose something that helps you feel alert and prepared for learning, such as a neat shirt or a simple sweater.

**Ensure Good Technology Setup**

- Test your equipment: Before class, ensure that your microphone, camera, and internet connection are working well. Run a test call to check sound and video quality.
- Check software updates: Make sure your learning platform is up to date to avoid technical glitches during class.
- Have backup plans: Keep your phone handy in case your internet goes out or your device has an issue. If possible, use an ethernet cable for a more stable connection.

**Follow Online Etiquette**

- Mute your microphone when not speaking: This reduces background noise and ensures a clear communication channel for everyone. Unmute when you want to contribute.
- Keep your camera on at all times: . To support engagement, participation, and effective communication
- Wait for your turn to speak: Avoid interrupting others. Use the "raise hand" feature or wait for the teacher to call on you.
- Be mindful of your background: If possible, use a virtual background if your environment is cluttered or not professional. Otherwise, ensure your real background is tidy.

**Stay Focused and Engaged**

- Avoid multitasking: Resist the urge to check your phone or browse the internet during class. Give your full attention to the lesson.
- Take notes: Just like in a physical class, taking notes helps retention. Use a digital notebook or traditional pen and paper.
- Participate actively: Engage in class discussions, ask questions, and respond to prompts. Active participation will help you retain the material better and make the class more enjoyable.
- Use the chat function in a respectful and professional manner: Misuse of the chat function will be considered a conduct issue.

**Maintain Time Management**

- Follow a schedule: Stick to the timetable for online classes and deadlines. Plan your day around the class timings to avoid being late.
- Prepare in advance: Review the course materials before the class to be prepared for discussions. This can help you feel more confident when participating.

**Practice Professionalism**

- Be punctual: Log in to the class a few minutes early to avoid technical delays and show respect for the instructor and classmates.
- Use appropriate language: Always communicate respectfully, whether in the chat or when speaking. Avoid slang or informal language unless it's the tone of the class.
- Show respect for others: Allow classmates to speak without interruption, and don't dominate discussions.

**Keep Breaks in Mind**

- Take breaks: Online learning can feel intense. Make sure to take short breaks in between classes to stretch, hydrate, and refresh your mind.

**Mind Your Energy and Health**

- Stay hydrated and eat well: Eating nutritious meals and drinking water can help maintain your energy levels.
- Posture matters: Set up your workstation so you can sit comfortably with good posture to avoid strain on your back and neck.

By following these tips, students can create an environment that encourages productivity and professionalism, while also ensuring that they remain engaged and focused during their online learning sessions.

We recommend all students review our Library Resources at JIBC Library, especially the section on Cite and Write. There are excellent resources available to assist you in preparing for the learning environment.

We encourage you to explore your learning style and select the resources that best suit your needs. The JIBC Library offers many services and support options, so be sure to check them out at JIBC Student Support.

## Preparing for Classroom Learning

Professionalism is a key component of being a paramedic. Our patients, colleagues, and peers always expect professionalism. Students are required to be in full student uniform and have all necessary supplies on day one of the program. For details on uniform expectations, please refer to the PCP webpage under the sections Tuition & Fees, Textbooks & Supplies, and *Preparing for the Classroom - Uniform Requirements* in your Blackboard online program campus under the Student Information tab.

As a paramedic, you are expected to demonstrate and develop leadership skills, including initiative, collaboration, problem-solving, critical thinking, a desire to learn and develop, communication and interpersonal skills, cultural competency and sensitivity, conflict management, goal setting, and project management.

Throughout the program, always be respectful, thoughtful, and considerate in all your activities.

## Instructor-to-Student Ratios

The PCP program uses an instructional model that integrates lectures and simulation-based learning to achieve the best student learning outcomes. It ensures that there are enough faculty members available to teach all scheduled courses for each cohort. Before each cohort begins, the necessary number of faculty members is scheduled based on the type of instructional activity and the number of students in the class.

Please refer to the following table for instructor-to-student ratios.

| Activity | Ideal Instructor: Student Ratio |
|---|---|
| Didactic Lecture | 1:32 |
| Simulation/Supervised Practice | 1:8 – 1:16 (content dependent) |
| Ambulance Practicum | 1:1 (preceptor/student) |
| Hospital Practicum | 1:4 (ER clinician/student) |
| Practical Evaluation | 1:5 – 1:6 (complexity dependent) |

# Practice Education – Practicum

The PARA-1116 Clinical Applications course is a clinical practicum-based course, where students will put into practice the skills, knowledge and judgment acquired during all previous courses in the PCP program.

This practicum-based course is dependent on preceptor availability and is therefore subject to extension.

## Learning Outcomes

Students will be able to demonstrate competence in:

- The use of core PCP skills and procedures in a clinical environment.
- The assessment and management of common injuries and conditions in a clinical environment.
- The use of core PCP skills and procedures in the field.
- The use of PCP procedures, treatments and protocols in the field.
- The assessment and management of common injuries and conditions in the field.
- The professional behaviours, skills, judgement, and knowledge with interprofessional and interoperable practice in the clinical environments.
- The use of an organized and prioritized patient assessment, and knowledge of anatomy, physiology, pathophysiology and pharmacology to identify the causes and range of differential diagnosis to inform a focused patient assessment and infer a provisional diagnosis.
- Develop and implement an appropriate management plan using PCP treatments and protocols.

Students should be aware that not all items from the expanded scope of practice have currently been incorporated into clinical practice by BCEHS. Students are only legally permitted to operate within the scope of practice of their preceptor, so students must not perform actions outside of their preceptor's scope even if they have been signed off in them by JIBC.

## Delivery Format

| **PARA-1116 Clinical Applications** | |
|---|---|
| Ambulance shifts | (16) 192 hours |
| Hospital shifts (if available) | (2) 16 hours |
| **Please note:**<br>In the event that Emergency Department shifts are unavailable, students will be scheduled additional ambulance shifts as an alternative. | |

## Supporting Documentation while on Practicum Placements

The following documentation may be requested for viewing while on practice education, so please always have these with you during placements:

- FIT test card
- EMALB student license
- JIBC student photo ID worn on uniform always (digital student ID will not be accepted)
- BCEHS student PeopleSoft ID number (will be required for ambulance placements)

## Practice Education Placement Expectations

**PCP Skills and Competencies**

PCP students will have been exposed to the Table 1 list of skills in a simulated environment prior to **PARA-1116** placements:

**Table 1**

PCP Skills and Competencies which have been practiced prior to practice education placements

- Lifts and patient transfers (sheet slide, stand and pivot, fore and aft, use of slider board)
- Donning and doffing of PPE
- Oxygen administration (nasal cannula, simple face mask, non-rebreather mask)
- Management of ABCs including: OPA, NPA, jaw thrust, Extraglottic Device insertion, ventilation with BVM, CPR and hemorrhage control.
- Vital signs and interpretation
- Medication administration by PO, SL, IM, SC, IN, IV push and inhaled routes
- IV initiation and maintenance
- Fracture management including splinting
- Simple wound care (Cleaning, dressing, bandaging of basic wounds)
- Catheter care (Emptying the bag, observing the contents for what is normal/abnormal. NO catheter insertion or removal)
- Personal care – Brief changes, wash and dress patients, help with toileting
- ECGs – 3 and 12 lead – basic interpretation
- Patient assessments – Head to toe and functional inquiry on stable trauma and medical patients
- Cardiac Arrest Management
- Burn Management
- Vehicle Extrication & patient recover
- Crime Scene Management
- Styles of verbal and non- verbal communication
- Entry level clinical decision making
- Introduction to Reflective practice
- End-tidal carbon dioxide monitoring
- Point-of-care testing
- Electrocardiogram acquisition
- Maintenance of non-invasive positive pressure airway devices

**Note: students have not had experience with "live" IV starts and "live" medication administration. Students have been taught the techniques for peripheral IV access, detailed use of IV catheters and medication administration on advanced training arms, as well as have incorporated skills into simulation practice.*

**Table 2**

Medical case management for conditions and special populations related to:

- Cardiac
- Respiratory
- Abdominal
- Endocrine
- Allergies & anaphylaxis
- Overdose & poisoning
- Neurological
- Obstetrics
- Pediatrics
- Environmental
- Palliative care
- Abuse & assault
- Geriatrics
- Disturbance of behaviour
- Other medical & complex cases Trauma management – stable & unstable
- Mass casualty incidence
- Glucometer testing and interpretation
- Focused assessments and vital sign interpretation of more acute patients
- Formation of treatment plans
- Provisional diagnosis/hypothesis generation based on key features and differentials
- Collaborate communication with patients, health care team, and others
- Independent clinical decision making
- Reflective practice

**Expectations**:

- Work within the full scope of the BCHES clinical guidelines, under the supervision of a trained PCP preceptor.
- Students must not participate in physical interventions involving an escalated patient/client and must be deferred to BCEHS staff.
- When an incident of violence occurs during preceptorship, students must disengage and stage in a safe place until further directions are given by BCEHS staff or police.
- Documentation & Sign-off. The expectation, based on BCEHS call volume, is to have approximately four patient contacts per shift.
    - Document exact hours of attendance (including overtime) into CompTracker.
    - Document **each** patient contact on a PCR
    - Submit **one** Job Dimension form to your preceptor on CompTracker for each shift completed.
    - All forms must be submitted on CompTracker within 24 hours of the shift's completion.

See ***Appendix 3: Clinical Practice Educator Guidelines***

## Electronic Forms and Submission of Documentation

The PCP program uses the following electronic forms in CompTracker to track attendance and completion of competencies:

| Form Type | Classroom Environment | Clinical (Hospital) Environment | Ambulance Environment |
|---|---|---|---|
| Attendance form | | (per shift) | (per shift) |
| Skills Checklists | (Classroom) | | |
| Ambulance Skills Checklists | | | Max 5 of each |
| Classroom Patient Care Record | (C-PCR) | | |
| Hospital Patient Care Record | | (H-PCR) | |
| Ambulance Patient Care Record | | | (A-PCR) |
| Job Dimensions | | Hospital (per shift) | Ambulance (per shift) |
| | | | |
| Progress Report Form | | Submitted to RTC or Delegate<br>• After first 4 shifts<br>• after final Block 2 shift | |

Students are responsible for completing and submitting these forms, which may include claiming NOCP competencies when applicable, after every skill station, full call simulation, or patient contact. Faculty evaluate and coach students on integrating theoretical components into practical application throughout the program and are required to confirm competency completion according to PAC guidelines.

Documentation must accurately reflect the data for claimed competencies and the actions performed. If patient care is not documented, it will be assumed that the care was not provided. A separate form must be completed for each simulation or patient contact.

### Submission of Attendance and Forms

During the classroom component, student attendance is tracked by the instructor. Attendance during practice education is the responsibility of the student, who must submit it using CompTracker.

The program expects students to submit attendance and forms promptly, in real-time, during any component of the program. If immediate submission is not feasible, students must submit them within 24 hours after the session or shift ends.

If students submit competencies and job dimensions significantly after the program's timeframe, Preceptors and Clinicians may choose to "not approve" them due to late submission. In such cases, attendance will only be approved if the preceptor or clinician can confirm the student's presence during the shift placement.

## Evaluation Rating

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) |

# Progress Reviews

Students must undergo at least two separate progress reviews during the practicum component. The reviews aim to ensure that claimed competencies are accurately documented and completed.

In the first review, students can assess their performance and documentation to date, making any necessary corrections for future improvement. The final review confirms whether the student has fulfilled all program requirements.

## Scheduling the Progress Reviews

In CompTracker, students are required to schedule two separate progress reviews within the PARA-1116 Clinical Applications timeframe with the RTC, LI, or delegate, as outlined below:

- First, students should submit a Progress Report Form to the RTC, LI, or delegate after completing the first block of ambulance shifts and documentation. Following this submission, students will receive confirmation of a date and time for a review session to discuss their experience and receive feedback on documentation and other processes. Additionally, CompTracker submissions will be reviewed to ensure successful documentation integration.

- Second, students must submit another Progress Report Form to arrange a final review upon completion of the required minimum number of shifts and patient contacts per environment.

# Practice Education – Processes

The Practice Education Resources Centre, located at https://pe.jibc.ca/paramedicine/, offers information on processes, expectations, and requirements to support students, preceptors, and clinical educators during ambulance and hospital placements.

Various processes are available to assist individuals in any special circumstances that may arise during practice education. Students must familiarize themselves with all process documents found in the Student Resources section of the online resource center.

If you have any questions regarding the language or components of these processes, please reach out to your Regional Training Coordinator (RTC).

## Availability for Practicum Placement Shifts

The PCP Program has specific timelines for completing both the classroom and practice education components. Students are required to be available for placement in all practice education settings for the entire duration of the program.

Barriers to completion may include:

- Incomplete availability (less than 100%)
- Failure to respond to email communications from ParaScheduling and/or RTC
- Insufficient number of patient contacts submitted (based on expected call volume of station)
- Inadequate number of NOCPs attached to each A-PCR and H-PCR
- Poor documentation
- Delay in arranging Progress Reviews

Excessive unavailability for practice education shifts or absence from scheduled shifts may lead to an incomplete program.

Students who are deemed not to be progressing due to missing documentation or a lack of online CompTracker submissions will receive one warning. If there is no improvement following the warning, the student will be removed from practicum, and their shifts will be cancelled until a conduct warning is in place and all outstanding documentation has been completed.

Any documentation submitted to preceptors more than 14 days after the required submission date will be automatically declined by RTCs.

## Shift Allocation Process

The PCP Program will prioritize scheduling practice education placements based on student availability and willingness to travel.

**Students are not allowed to directly contact preceptors for ambulance practice education shifts or clinical practice educators/hospitals for hospital practice education shifts.** Doing so will result in the

competencies for the arranged shift not being recognized, and the student will be in violation of the Student Code of Conduct.

## Placement Checklists

**Before Scheduled Shift**

- Review schedule and additional information posted in email sent from ParaScheduling
- Confirm that the preceptor or clinical practice educator is accessible in CompTracker
- Review the processes under Student Resources on the Practice Education Resource Centre https://pe.jibc.ca/ for attending each placement
- Confirm an understanding of PCP program documentation requirements and CompTracker submissions, as outlined in this document
- Prepare student uniform, safety vest, and additional items required for placement

**During Scheduled Shift**

- Complete each Ambulance Skills Checklist, A-PCR and H-PCR in full, "in real time" where possible. Follow guidelines and requirements within this document for expectations.

**After Scheduled Shift**

- Ensure all CompTracker attendance, patient contact, and Job Dimensions submissions are completed "in real time," or within 24 hours from the shift.

## Cancelled Shifts

Due to the complexity of student practice education, shifts may be cancelled with short or no notice. ParaScheduling will notify students via email, or phone if it is short notice, as soon as they are aware of the shift cancellation.

If students arrive at a scheduled shift and find the preceptor or clinical practice educator is absent, please refer to the Attending Placements processes on the Practice Education Resource Centre at https://pe.jibc.ca/paramedicine/student-resources/

## Communication During Practicum Placements

The RTC must be included in all communication related to a student's practice education.

ParaScheduling will contact students directly via email, or by phone in the case of short notice changes. Students are responsible for ensuring their contact information is current, and they are actively receiving communications from ParaScheduling.

Students should not send placement inquiries or requests directly to ParaScheduling. All such communication must be directed to the ParaScheduling Team through the RTC.

Examples of communication that should be directed to the RTC include:

- Changes to the student's availability
- Preceptor or Clinical Practice Educator not appearing in CompTracker
- Student being relocated from one station to another
- Student is missing a shift or a shift being cancelled
- Anticipated need for additional shifts
- Urgent feedback from the student regarding a Preceptor or Clinical Practice Educator

# Program Feedback

Throughout the program, JIBC will request your feedback. Surveys will be sent via email at the conclusion of each term. We kindly ask that you take a few minutes to complete these surveys when you receive them. Your participation is crucial as only you can provide insights into the program's quality, instruction, and the value of your field experience.

Students are encouraged to complete JIBC's practice education survey. Your feedback is anonymous and allows JIBC to improve student experience while on practice education placements. A link to the practice education survey will be emailed to students at the conclusion of the program.

Additionally, you will have access to a PCP General Feedback Survey located in your online Program Campus. This allows you to provide feedback on any aspect of your PCP Program at any time.

Please note that personal information, including survey questions and your answers, is 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 maintain confidentiality and protect your privacy.

# Appendices

# Appendix 1: S, C, and P NOCP Competency List

## Classroom

| National Occupational Competency Profile for Primary Care Paramedic (Classroom) | | |
|---|---|---|
| **Environments:** | S = Classroom | C = Hospital P = Ambulance |
| **Area 1: Professional Responsibilities** | | |
| S | 1.7.a | Collaborate with law enforcement agencies in the management of crime scenes. |
| S | 1.7.b | Comply with ethical and legal reporting requirements for situations of abuse. |
| **Area 2: Communication** | | |
| S | 2.1.a | Deliver an organized, accurate and relevant report utilizing telecommunication devices. |
| S | 2.3.a | Exhibit effective non-verbal behaviour. |
| S | 2.4.g | Exhibit conflict resolution skills. |
| **Area 3: Health & Safety** | | |
| S | 3.2.c | Transfer patient using emergency evacuation techniques. |
| S | 3.3.c | Conduct basic extrication. |
| S | 3.3.d | Exhibit defusing and self-protection behaviours appropriate for use with patients and bystanders. |
| **Area 4: Assessment & Diagnostics** | | |
| S | 4.1.a | Rapidly assess an incident based on the principles of a triage system. |
| S | 4.3.f | Conduct obstetrical assessment and interpret findings. |
| S | 4.3.g | Conduct gastrointestinal system assessment and interpret findings. |
| S | 4.3.h | Conduct genitourinary system assessment and interpret findings. |
| S | 4.3.i | Conduct integumentary system assessment and interpret findings. |
| S | 4.3.k | Conduct assessment of the ears, eyes, nose and throat and interpret findings. |
| S | 4.3.l | Conduct neonatal assessment and interpret findings. |
| S | 4.3.m | Conduct psychiatric assessment and interpret findings. |
| S | 4.4.e | Measure blood pressure by palpation. |
| S/P | 4.5.m** | Conduct 3-lead electrocardiogram (ECG) and interpret findings. |
| S | 4.5.n | Obtain 12-lead electrocardiogram and interpret findings. |
| **Area 5: Therapeutics** | | |
| S | 5.1.b | Suction oropharynx. |
| S | 5.1.d | Utilize oropharyngeal airway. |
| S | 5.1.e | Utilize nasopharyngeal airway. |
| S | 5.1.f | Utilize airway devices not requiring visualization of vocal cords and not introduced endotracheally. |
| S | 5.1.i | Remove airway foreign bodies (AFB). |
| S | 5.3.b | Administer oxygen using low concentration mask. |
| S | 5.3.e | Administer oxygen using pocket mask. |
| S | 5.5.a | Conduct cardiopulmonary resuscitation (CPR). |
| S | 5.5.b | Control external hemorrhage through the use of direct pressure and patient positioning. |
| S | 5.5.f | Utilize direct pressure infusion devices with intravenous infusions. |
| S | 5.5.i | Conduct automated external defibrillation. |
| S | 5.5.o | Provide routine care for patient with urinary catheter. |

| National Occupational Competency Profile for Primary Care Paramedic (Classroom) | | |
|---|---|---|
| **Environments:** | S = Classroom | C = Hospital P = Ambulance |
| S | 5.6.b | Treat burn. |
| S | 5.6.c | Treat eye injury. |
| S | 5.6.d | Treat penetration wound. |
| S | 5.6.e | Treat local cold injury. |
| S | 5.6.f | Provide routine wound care. |
| S | 5.7.a | Immobilize suspected fractures involving appendicular skeleton. |
| S | 5.8.c | Administer medication via subcutaneous route. |
| S | 5.8.d | Administer medication via intramuscular route. |
| S | 5.8.h | Administer medication via sublingual route. |
| S | 5.8.i | Administer medication via the buccal route |
| S | 5.8.k | Administer medication via oral route. |
| S | 5.8.n | Administer medication via intranasal route. |
| **Area 6: Integration** | | |
| S | 6.1.d | Provide care to patient experiencing signs and symptoms involving genitourinary / reproductive systems. |
| S | 6.1.h | Provide care to patient experiencing signs and symptoms involving immunologic system. |
| S | 6.1.i | Provide care to patient experiencing signs and symptoms involving endocrine system. |
| S | 6.1.j | Provide care to patient experiencing signs and symptoms involving the eyes, ears, nose or throat. |
| S | 6.1.k | Provide care to patient experiencing toxicologic syndromes. |
| S | 6.1.l | Provide care to patient experiencing non-urgent problem. |
| S | 6.1.m | Provide care to a palliative patient. |
| S | 6.1.n | Provide care to patient experiencing signs and symptoms due to exposure to adverse environments. |
| S | 6.1.q | Provide care to obstetrical patient. |
| S | 6.2.a | Provide care for neonatal patient. |
| S | 6.2.d | Provide care for physically-impaired patient. |
| S | 6.2.e | Provide care for mentally-impaired patient. |
| **Area 7: Transportation** | | |
| S | 7.1.c | Utilize all vehicle equipment & vehicle devices within ambulance. |
| S | 7.2.a | Utilize defensive driving techniques. |
| S | 7.2.b | Utilize safe emergency driving techniques. |
| S | 7.2.c | Drive in a manner that ensures patient comfort and a safe environment for all passengers. |
| S | 7.4.a | Prepare patients for air medical transport. |
| **Area 8: Inter-professional Practice** | | |
| *Puberty is defined as the development of genital or underarm hair and/or breasts for girls.<br>** This competency can be gained in a Classroom or Ambulance setting. | | |

## Hospital

| National Occupational Competency Profile for Primary Care Paramedic (Hospital) | | |
|---|---|---|
| **Environments:** | S = Classroom | C = Hospital P = Ambulance |
| **Area 1: Professional Responsibilities** | | |
| **Area 2: Communication** | | |
| **Area 3: Health & Safety** | | |
| C | 4.3.n | Conduct pediatric assessment and interpret findings. |
| C | 4.4.c | Conduct non-invasive temperature monitoring. |
| C | 4.4.f | Measure blood pressure with non-invasive blood pressure monitor. |
| C | 4.5.a | Conduct oximetry testing and interpret findings. |
| **Area 5: Therapeutics** | | |
| C | 5.1.a | Use manual maneuvers and positioning to maintain airway patency. |
| C | 5.3.a | Administer oxygen using nasal cannula. |
| C | 5.3.d | Administer oxygen using high concentration mask. |
| C | 5.4.a | Provide oxygenation and ventilation using manual positive pressure devices. |
| C | 5.5.c | Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives. |
| C | 5.5.d | Conduct peripheral intravenous cannulation. |
| C | 5.8.b | Follow safe process for responsible medication administration. |
| C | 5.8.m | Administer medication via inhalation. |
| **Area 6: Integration** | | |
| C | 6.2.b | Provide care for pediatric patient. |
| C | 6.2.c | Provide care for geriatric patient. |
| **Area 7: Transportation** | | |
| **Area 8: Inter-professional Practice** | | |
| *Puberty is defined as the development of genital or underarm hair and/or breasts for girls. | | |

## Ambulance

| National Occupational Competency Profile for Primary Care Paramedic (Ambulance) | | |
|---|---|---|
| **Environments:** | S = Classroom | C = Hospital P = Ambulance |
| **Area 1: Professional Responsibilities** | | |
| P | 1.1.a | Maintain patient dignity. |
| P | 1.1.b | Reflect professionalism through use of appropriate language. |
| P | 1.1.c | Dress appropriately and maintain personal hygiene. |
| P | 1.1.d | Maintain appropriate personal interaction with patients. |
| P | 1.1.e | Maintain patient confidentiality. |
| P | 1.1.i | Behave ethically. |
| P | 1.1.j | Function as patient advocate. |
| P | 1.3.a | Comply with scope of practice. |
| P | 1.3.c | Include all pertinent and required information on ambulance call report forms. |
| P | 1.4.a | Function within relevant legislation, policies and procedures. |
| P | 1.5.a | Work collaboratively with a partner. |
| P | 1.5.b | Accept and deliver constructive feedback. |
| P | 1.6.a | Employ reasonable and prudent judgment. |
| P | 1.6.b | Practice effective problem-solving. |
| P | 1.6.c | Delegate tasks appropriately. |
| **Area 2: Communication** | | |
| P | 2.1.b | Deliver an organized, accurate and relevant verbal report. |
| P | 2.1.c | Deliver an organized, accurate and relevant patient history. |
| P | 2.1.d | Provide information to patient about their situation and how they will be cared for. |
| P | 2.1.e | Interact effectively with the patient, relatives and bystanders who are in stressful situations. |
| P | 2.1.f | Speak in language appropriate to the listener. |
| P | 2.1.g | Use appropriate terminology. |
| P | 2.2.a | Record organized, accurate and relevant patient information. |
| P | 2.3.b | Practice active listening techniques. |
| P | 2.3.c | Establish trust and rapport with patients and colleagues. |
| P | 2.3.d | Recognize and react appropriately to non-verbal behaviours. |
| P | 2.4.a | Treat others with respect. |
| P | 2.4.b | Employ empathy and compassion while providing care. |
| P | 2.4.c | Recognize and react appropriately to persons exhibiting emotional reactions. |
| P | 2.4.d | Act in a confident manner. |
| P | 2.4.e | Act assertively as required. |
| P | 2.4.f | Exhibit diplomacy, tact and discretion. |
| **Area 3: Health & Safety** | | |
| P | 3.1.e | Exhibit physical strength and fitness consistent with the requirements of professional practice. |
| P | 3.2.a | Practice safe biomechanics. |
| P | 3.2.b | Transfer patient from various positions using applicable equipment and / or techniques. |
| P | 3.2.d | Secure patient to applicable equipment. |
| P | 3.3.a | Assess scene for safety. |
| P | 3.3.b | Address potential occupational hazards. |
| P | 3.3.f | Practice infection control techniques. |

| National Occupational Competency Profile for Primary Care Paramedic (Ambulance) | | |
|---|---|---|
| **Environments:** | S = Classroom | C = Hospital P = Ambulance |
| P | 3.3.g | Clean and disinfect equipment. |
| P | 3.3.h | Clean and disinfect work environment. |
| **Area 4: Assessment & Diagnostics** | | |
| P | 4.2.a | Obtain list of patient's allergies. |
| P | 4.2.b | Obtain patient's medication profile. |
| P | 4.2.c | Obtain chief complaint and / or incident history from patient, family members and / or bystanders. |
| P | 4.2.d | Obtain information regarding patients past medical history. |
| P | 4.2.e | Obtain information about patient's last oral intake. |
| P | 4.2.f | Obtain information regarding incident through accurate and complete scene assessment. |
| P | 4.3.a | Conduct primary patient assessment and interpret findings. |
| P | 4.3.b | Conduct secondary patient assessment and interpret findings. |
| P | 4.3.c | Conduct cardiovascular system assessment and interpret findings. |
| P | 4.3.d | Conduct neurological system assessment and interpret findings. |
| P | 4.3.e | Conduct respiratory system assessment and interpret findings. |
| P | 4.3.j | Conduct musculoskeletal assessment and interpret findings. |
| P | 4.3.o | Conduct geriatric assessment and interpret findings. |
| P | 4.4.a | Assess pulse. |
| P | 4.4.b | Assess respiration. |
| P | 4.4.d | Measure blood pressure by auscultation. |
| P | 4.4.g | Assess skin condition. |
| P | 4.4.h | Assess pupils. |
| P | 4.4.i | Assess level of consciousness. |
| P | 4.5.c | Conduct glucometric testing and interpret findings. |
| P/S | 4.5.m** | Conduct 3-lead electrocardiogram (ECG) and interpret findings. |
| **Area 5: Therapeutics** | | |
| P | 5.2.b | Utilize portable oxygen delivery systems. |
| P | 5.6.a | Treat soft tissue injuries. |
| P | 5.7.b | Immobilize suspected fractures involving axial skeleton. |
| **Area 6: Integration** | | |
| P | 6.1.a | Provide care to patient experiencing signs and symptoms involving cardiovascular system. |
| P | 6.1.b | Provide care to patient experiencing signs and symptoms involving neurological system. |
| P | 6.1.c | Provide care to patient experiencing signs and symptoms involving respiratory system. |
| P | 6.1.e | Provide care to patient experiencing signs and symptoms involving gastrointestinal system. |
| P | 6.1.f | Provide care to patient experiencing signs and symptoms involving integumentary system. |
| P | 6.1.g | Provide care to patient experiencing signs and symptoms involving musculoskeletal system. |
| P | 6.1.o | Provide care to trauma patient. |
| P | 6.1.p | Provide care to psychiatric patient. |
| P | 6.3.a | Conduct ongoing assessments based on patient presentation and interpret findings. |
| P | 6.3.b | Re-direct priorities based on assessment findings. |
| **Area 7: Transportation** | | |
| P | 7.1.a | Conduct vehicle maintenance and safety check. |
| **Area 8: Inter-professional Practice** | | |

| National Occupational Competency Profile for Primary Care Paramedic (Ambulance) | | |
|---|---|---|
| **Environments:** | S = Classroom | C = Hospital P = Ambulance |
| P | 8.1.c | Work collaboratively with other members of the health care community. |
| P | 8.2.a | Work collaboratively with other emergency response agencies. |
| *Puberty is defined as the development of genital or underarm hair and/or breasts for girls.<br>** This competency can be gained in a Classroom or Ambulance setting. | | |

# Appendix 2: NOCP Medications for PCP

| NOCP Appendix 5 Medications for PCP | | |
|---|---|---|
| This list is marked with an "X" to indicate the groups of pharmacologic agents with which Primary Care Paramedics should be familiar.<br>The technical skill of medication administration is included in the profile as General Competency 5.8.<br>**The administration of any medication by a paramedic is at the sole discretion of the respective Medical Director.** | | |
| **A. Medications affecting the central nervous system.** | | |
| A.1 | Opioid Antagonists | X |
| A.2 | Anaesthetics | |
| A.3 | Anticonvulsants | |
| A.4 | Antiparkinsonism Agents | |
| A.5 | Anxiolytics, Hypnotics and Antagonists | |
| A.6 | Neuroleptics | |
| A.7 | Non-narcotic analgesics | X |
| A.8 | Opioid Analgesics | |
| A.9 | Paralytics | |
| **B. Medications affecting the autonomic nervous system.** | | |
| B.1 | Adrenergic Agonists | X |
| B.2 | Adrenergic Antagonists | |
| B.3 | Cholinergic Agonists | |
| B.4 | Cholinergic Antagonists | |
| B.5 | Antihistamines | |
| **C. Medications affecting the respiratory system.** | | |
| C.1 | Bronchodilators | X |
| **D. Medications affecting the cardiovascular system.** | | |
| D.1 | Antihypertensive Agents | |
| D.2 | Cardiac Glycosides | |
| D.3 | Diuretics | |
| D.4 | Class 1 Antidysrhythmics | |
| D.5 | Class 2 Antidysrhythmics | |
| D.6 | Class 3 Antidysrhythmics | |
| D.7 | Class 4 Antidysrhythmics | |

| NOCP Appendix 5 Medications for PCP | | |
|---|---|---|
| This list is marked with an "X" to indicate the groups of pharmacologic agents with which Primary Care Paramedics should be familiar.<br>The technical skill of medication administration is included in the profile as General Competency 5.8.<br>**The administration of any medication by a paramedic is at the sole discretion of the respective Medical Director.** | | |
| D.8 | Antianginal Agents | X |
| | | |
| **E. Medications affecting blood clotting mechanisms.** | | |
| E.1 | Anticoagulants | |
| E.2 | Thrombolytics | |
| E.3 | Platelet Inhibitors | X |
| **F. Medications affecting the gastrointestinal system.** | | |
| F.1 | Antiemetics | |
| **G. Medications affecting labour, delivery and postpartum hemorrhage.** | | |
| G.1 | Uterotonics | |
| G.2 | Tocolytics | |
| **H. Medications used to treat electrolyte and substrate imbalances.** | | |
| H.1 | Vitamin and Electrolyte Supplements | |
| H.2 | Antihypoglycemic Agents | X |
| H.3 | Insulin | |
| **I. Medications used to treat / prevent inflammatory responses and infections.** | | |
| I.1 | Corticosteroids | |
| I.2 | NSAID | |
| I.3 | Antibiotics | |
| I.4 | Immunizations | |
| **J. Medications used to treat poisoning and overdose.** | | |
| J.1 | Antidotes or Neutralizing Agents | |
| | | |

Note: PCP's in BC are trained to also give antiemetics (Gravol/Dimenhydrinate) & an antifibrinolytic (TXA/Tranexamic Acid)

# Appendix 3: Clinical Practice Educator Guidelines

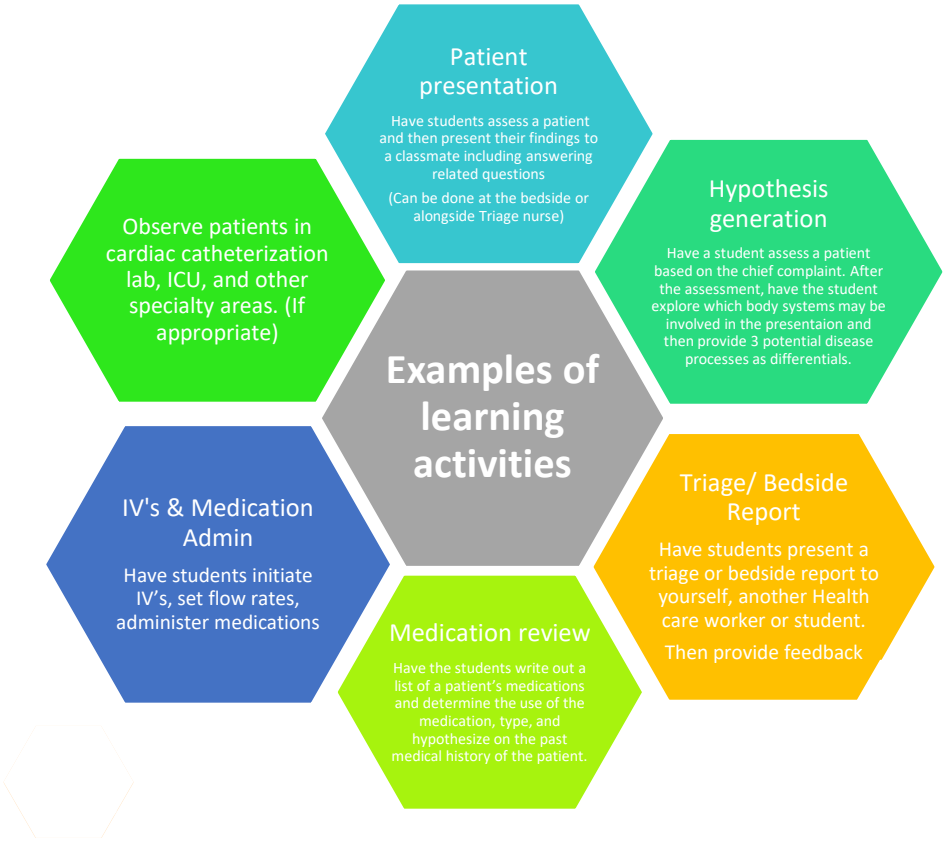
**Shift Orientation (~30 minutes)**

The goal of the shift orientation is to ensure students are aware of the areas they will be working, specific safety precautions or site information, and expectations for the shift.

1. Orientation needs to include:
    - Hospital codes
    - Fire exits and muster points
    - Washrooms
    - Eye wash stations
    - Personal protective equipment location and expectations
    - Where to store personal items and take breaks
2. Expectations for the shift need to be determined for both students and for Clinical Practice Educators
    - Understanding what competencies are required as well as how far into the practicum students are is important to understand.
    - All forms must be submitted by students in real time, or within 24 hours of the shift ending.
    - Clinical Practice Educators should review student documentation within 48 hours of submission.

**Shift Wrap up (~45 minutes)**

Ample time should be provided for students to complete their appropriate documentation and receive your review and feedback.


Patient presentation
Have students assess a patient and then present their findings to a classmate including answering related questions
(Can be done at the bedside or alongside Triage nurse)
Hypothesis generation
Have a student assess a patient based on the chief complaint. After the assessment, have the student explore which body systems may be involved in the presentaion and then provide 3 potential disease processes as differentials.
Observe patients in cardiac catheterization lab, ICU, and other specialty areas. (If appropriate)
Examples of learning activities
IV's & Medication Admin
Have students initiate IV's, set flow rates, administer medications
Triage/ Bedside Report
Have students present a triage or bedside report to yourself, another Health care worker or student.
Then provide feedback
Medication review
Have the students write out a list of a patient's medications and determine the use of the medication, type, and hypothesize on the past medical history of the patient.

**Assessment and Evaluation of students**

| Areas of assessment | Examples of where to assess |
|---|---|
| Technical skills | Clinical practice educator could ask student to verbally walk-through skill prior to attempt<br>During the skill, the steps taken could be assessed<br>After the skill is complete the clinical practice educator could ask the student to reflect on their performance |
| Interactions with patients, families, and allied healthcare providers | During interactions with different groups<br>During stressful situations<br>After interactions, the clinical practice educator could ask the student to reflect on their communication |
| Thought process | Prior to an assessment the clinical practice educator could assess for the student's understanding<br>Ask the student to support their rational for actions taken or not taken<br>The clinical practice educator could ask the students about what they think the underlying pathogenesis of presentation is |

During the 'Evaluation' step, your role is to assess and signoff on the skills, interactions and care provided by the student using forms submitted in CompTracker.

**Expectations of Clinical Practice Educator role**

Seek out and encourage opportunities for students to **meet program objectives** and National Occupational Competency Profile skills.

Provide **feedback to students** related to their skills, interactions with patients, families and other health care providers.

Supervise, **coach** and evaluate paramedic students during their practice education shifts.

Provide boundaries to create a **safe and welcoming** learning environment.

Integrate **teaching opportunities** into your daily work experiences.

**Review student documentation** of competencies.

Complete a Job Dimension form with **actionable feedback**.