



**Justice  
Institute**  
BRITISH COLUMBIA

LEARNING THAT TAKES YOU BEYOND

# Primary Care Paramedic

## Program Handbook

August 2024



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## Territorial Acknowledgement

Situating JIBC's Campuses on traditional territories of First Peoples

JIBC, along with many Canadian institutions, organizations, and governments, acknowledge the First Peoples on whose traditional territories we are situated.

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.

### JIBC CAMPUSES

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), x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), and Central Coast Salish Peoples.
- Our **Chilliwack** campus is located on the unceded traditional territories of the Stó:lō Peoples.
- The **Kelowna** campus is located on the unceded traditional territories of the Syilx Okanagan Peoples.
- Our **Victoria** campus is located on the traditional and treaty territory of the Songhees, Esquimalt and WSÁNEĆ Peoples.

### RURAL PCP TRAINING LOCATIONS

- **Campbell River** – our training location is situated on the unceded traditional territory of the Ligwiłda'xw people; the We Wai Kai, Wei Wai Kum, and Kwiakah First Nations Peoples.
- **Dawson Creek** – our training location is situated within/on the traditional and Treaty 8 territory of the Dunne-za Peoples and the Michif Piyii (Metis) Peoples.
- **East Kootenay** - our training location is located on the unceded traditional territories of the Ktunaxa and Kinbasket Peoples.
- **Fort St. John** – our training location is situated within/on Treaty 8 traditional territory of the Doig River First Nation, Halfway River First Nation, Prophet River First Nation, Blueberry River First Nation, Saulteau First Nation, West Moberly First Nation, and Fort Nelson First Nation.
- **Kamloops** – our training location is situated on the unceded traditional territory of the Tk'emlúps te Secwépemc Peoples.
- **Port Alberni** – our training location is situated on the unceded traditional territory of the Tseshaht and Hupačasath First Nations.
- **Prince George** – our training location is situated on the unceded traditional territory of the Lheidli T'enneh.
- **Terrace** – our training location is located on the unceded traditional territories of the Kitselas and Kitsumkalum First Nations, Tsimshian Peoples.
- **Trail** – We acknowledge and appreciate that the land on which we gather is the converging, traditional and unceded territory of the Syilx, Secwepemc, Sinixt and Ktunaxa Peoples, as well as the Metis Peoples, whose footsteps have also marked these lands.



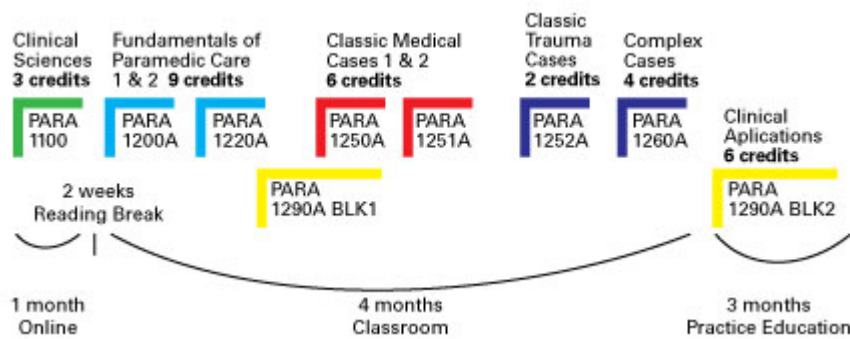
## Program Handbook

Welcome to the Justice Institute of British Columbia (JIBC)'s Primary Care Paramedic (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.

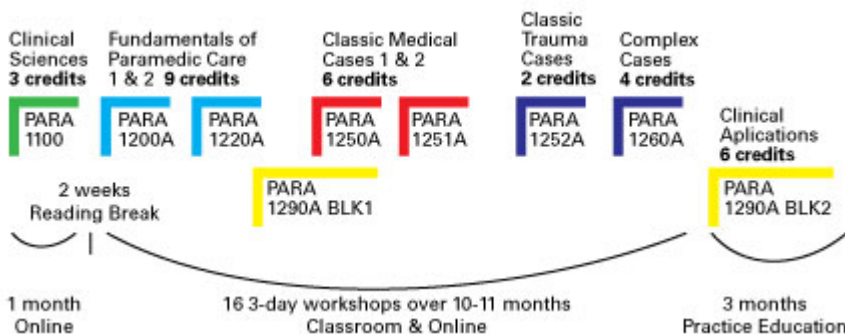
### Program Delivery Models

The PCP program provides a strong foundation to prepare you for employment opportunities as a paramedic across various paramedical environments. This program offers two delivery models. The graphic below illustrates the course progression and duration within the program.

#### Full-time study model



#### Part-time study model





## Program Contacts

### **24-hour 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.

Examples of an emergency, (but not an inclusive list) are:

- o You have a family emergency and need to leave your shift before it is complete.
- o You have suffered a work-related injury and are admitted to hospital.
- o You have been exposed to an infectious disease or biohazard and require emergent care.

**Program Manager, PCP Program:**

Michelle Finlay  
604.528.5996  
[mfinlay@jibc.ca](mailto:mfinlay@jibc.ca)

**Program Administration:**

[pcp@jibc.ca](mailto:pcp@jibc.ca)

**Regional Training Coordinators:****Chilliwack Delivery:**

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**Manager, Practice Education:**

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**General Inquiries:**

[PracticeEd@jibc.ca](mailto:PracticeEd@jibc.ca)

**Paramedic Scheduling – JIBC:**

[parascheduling@jibc.ca](mailto:parascheduling@jibc.ca)

**Student Learning Services:**

Senior Manager, Student Learning Supports and Disability Services  
Sam Matychuk  
604.528.5884  
[smatychuk@jibc.ca](mailto:smatychuk@jibc.ca)

**Office of Indigenization:**

[Indigenization@jibc.ca](mailto:Indigenization@jibc.ca)

**The JIBC Bookstore:**

[jibcstore@jibc.ca](mailto:jibcstore@jibc.ca)

**JIBC Financial Aid & Awards Office:**

[financialaid@jibc.ca](mailto:financialaid@jibc.ca)

## Program Resources

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

### Platforms:

- **Blackboard Learning Management System (LMS) with LockDown Browser:** This platform hosts the online student campus and individual program courses. The PCP200 Student Campus offers program-specific details, including communications, schedules, required textbooks, uniform order forms, pre-reading materials, study guides, and access to online textbooks. Individual courses allow for assignment submissions and progress tracking. The LockDown Browser tool ensures exam integrity by offering a distraction-free interface during online written evaluations.  
[MYJIBC Portal](#)
- **CompTracker – Website and Student App ([www.studentlogbook.com](http://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:

- **Course Study Guides** – Each study guide provides information related to the specific course, and outlines information relating to learning objectives, topics, assignments, and evaluations and can be used to direct your reading and research as you progress through the program.
- **Training Treatment and Protocol Manual** - The TT&P is specifically designed to help clinicians identify and manage the common conditions and injuries managed in a pre-hospital setting, giving practical guidance on treatments options and drug therapy.
- **Guide to Performing and Facilitating Simulations** - This manual will introduce the simulation template, along with some classroom practices that will support learning.
- **Practical Evaluation Marking and Grading Guide** - This guide provides the marking and grading criteria for conducting the competency-based practical evaluations associated with certification. The overarching goal is to establish standardized, fair, and objective evaluations for all students.
- **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.
- **Competency and Job Dimensions Tracking Record** – This tracker is for students' use in tracking progress of obtainment of competencies.



- **Schedule of Competencies per day** – This reference provides the overview of when skills will be covered and what competency are expected to be achieved.
- **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.
- **National Occupational Competency Profile for Paramedics (NOCP)** (<https://pe.jibc.ca/wp-content/uploads/NOCP.pdf>)  
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 Policies and PCP Program 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.

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

Links to the JIBC policies:

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

It is important that students understand and abide by all these policies. The links can also be found on the PCP200 Student Campus in Blackboard.

PCP Program Procedures are found in the PCP200 Student Campus and at the following link:  
<https://www.jibc.ca/sites/default/files/2022-08/HSD-Program-Guidelines-and-Procedures.pdf>



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## 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 student’s 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 1-866-432-3280. Help line support is available Monday to Friday from 0800 to 1600 hours (MST).





## Preparation for Learning Components

### Preparing for the Program – Checklist

- Visit the [JIBC Student Online Orientation webpage](#) to find answers to many of your questions about the services and supports 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.
- Log into myJIBC:** This online portal grants you access to your online PCP200 Student Campus, the digital aspect 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](mailto:register@jibc.ca).
- Get to know the layout and content of your PCP200 Student Campus. This platform serves as your central hub for program-related information, including schedules, study guides, and readings.
- Purchase your textbooks. The required textbook list and an order form for the JIBC Store are located on our [website](#) under Tuition and Fees heading.
- 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.
- To support the use of the E-textbook, online written exams, and the competency tracking system, you must have either a laptop or tablet throughout the program. Please note: For optimal experience with these online systems, it is recommended to use an Apple iPad if you opt for a tablet, as Chromebooks may not be supported.
- Attend the five PCP Virtual Orientation Sessions.
  - Session 1: PCP Pre Program Checklist
  - Session 2: PCP Student Services & Support
  - Session 3: PCP PARA-1100 Clinical Sciences Orientation – day 1 of online class
  - Session 4: Research and APA Workshop
  - Session 5: Writing Centre Review

These sessions are designed to help and prepare you for the program, providing valuable information and an opportunity to ask questions about each topic. If you cannot attend the live sessions, we record them and post the recordings under Announcements in your PCP200 Student Campus.



- Complete your SPECO requirements. SPECO is an online course available when you log into myJIBC. Here, you will find the requirements you need to complete to participate in the Practice Education component of your PCP program. Pay attention to the deadlines provided in your Welcome Letter.
- 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>
- 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](mailto:financialaid@jibc.ca).
- Indigenous Resources: To learn more about what services and supports are available, visit <https://www.jibc.ca/student-services/indigenous-student-services> .
- PCP program staff are also available to help with any aspect of your program preparation. If you require any assistance, please contact us at [pcp@jibc.ca](mailto:pcp@jibc.ca).

## Textbook and Online Access trouble shooting

**IMPORTANT:** Please follow instructions provided by JIBC on your PCP200 Student Campus course. **E-Book activation** must be done using the instructions found under the "Textbook Activation and Support" heading on the main course menu bar in PCP200 Student Campus. If you access the e-book through any other method, you will not have the correct access to the course material and learning resources, and you will need to purchase a new code.

## Preparing for the Classroom (Online and On Campus)

Each program cohort will have an online PCP200 Student Campus. This is where you will find detailed information about your program, including a link to the program's online textbook resource, weekly schedules, surveys, and other valuable links to JIBC student services.

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

- **Weekly Training Schedule:** Review the schedule posted in your PCP200 Student Campus which references the course, module and unit covered each day.
- **Student Study Guides:** Review the study guides for each course, organized into modules and units as referenced in your weekly training schedule. These guides include the readings, learning objectives, and NOCPs.



- **Readings:** Required readings are found in your study guide. It is expected that you complete your readings and come to class prepared. Additional readings are posted in the PCP200 Student Campus under online readings (Ares). Instructors may also provide additional readings and activities.
- **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.

### Online

The first course in the PCP program, PARA-1100 – Clinical Sciences, is delivered online.

Before the PARA-1100 online course starts, ensure you join your JIBC-JB Learning instructor-led course. To do this, go to the "Textbook Activation and Support" link on the PCP200 Student Campus in Blackboard and carefully follow the provided instructions.

We recommend all students review our Library Resources at [JIBC Library](#), especially the section on Writing & Study Help. There are excellent resources available to assist you in preparing for the online learning environment, including:

- Study Skills
- Online Student Success
- Netiquette
- eLearning

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](#).

### Reading Break (2 weeks) - Preparation for face-to-face

Following the PARA-1100 course, you will have a two-week reading break. During this period, you are encouraged to do pre-reading for the upcoming topics in PARA-1200B - Fundamentals of Paramedical Care 1 and PARA-1220A - Fundamentals of Paramedical Care 2. This pre-reading is recommended to optimize your learning and help you effectively implement the objectives and knowledge integrated throughout these two fundamental courses. A suggested daily schedule for these readings is included in the weekly training schedule.

### *Classroom*

**PARA-1200B – Fundamentals of Paramedical Care 1** is the first face-to-face classroom day.

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 1 of the classroom component. For details on uniform expectations, please refer to the [PCP webpage](#) under the sections Tuition & Fees, Textbooks & Supplies, and Preparing for Classroom at PCP Program - JIBC.

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
Didactic Simulation	1:8 – 1:16 (content dependant)
Ambulance Practicum	1:1 (preceptor/student)
Hospital Practicum	1:4 (ER clinician/student)
Practical Evaluation	1:5 – 1:6 (complexity dependant)



## Practice Education – Practicum

### Learning Outcomes

Student will be able to demonstrate competency in:

- The use of core ambulance skills and procedures in a clinical setting.
- The assessment and management of common injuries and conditions in a clinical setting.
- The use of core ambulance 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 and attitudes in relationships with partners, patients, bystanders and other personnel in the field, and
- The use of an organized and prioritized patient assessment, and knowledge of anatomy, physiology, pathophysiology and pharmacology to identify the causes and range of differentials, describe a focused patient assessment, infer a provisional diagnosis, and develop an appropriate management plan using PCP treatments and protocols.

### Delivery Format

#### **PARA-1290A – Clinical Applications (minimum requirements)**

**Block 1 consists of:**

- Two (2) Ambulance Observation Shifts – 24 hours in an ambulance environment
- One (1) Clinical (Hospital) shift – 8 hours in a hospital environment
  - If the student did not attend recommended allotment of shifts in PARA-1290A Block 1, they will be made up in PARA-1290A Block 2.

**Classroom consists of:**

- 1 full classroom day at the beginning of the PARA-1290A course to prep for Block 2

**Block 2 consists of:**

- Two (2) Clinical (Hospital) shifts – 16 hours in a hospital environment
- 12 Ambulance Shifts with BCEHS preceptors – minimum of 144 hours

The PCP program and Practice Education Team utilize the three-month duration allocated for PARA-1290A Clinical Applications to ensure students meet the minimum requirements for practice education.



## 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:

- ‘Observation Only’ card (for ambulance observation placements only)
- FIT test card
- EMALB Student License
- JIBC Student ID (worn on uniform always)
- BCEHS Student People Soft ID (will be required for ambulance placements)

## Practice Education Placement Expectations

PCP students attend two separate blocks of practice education during the Clinical Applications course (PARA-1290A - Block 1 and PARA-1290A - Block 2).

### Block 1

#### **NOCP PCP Skills and Competencies**

PCP students will have been exposed to the Table 1 list of skills in a simulated environment prior to **Block 1** placement:

**Table 1**

NOCP PCP Skills and Competencies which have been practiced prior to Block 1 Practice Education

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Lifts and patient transfers (sheet slide, stand and pivot, fore and aft, use of slider board)</li> <li>• Donning and doffing of PPE</li> <li>• Oxygen administration (nasal cannula, simple face mask, non-rebreather mask)</li> <li>• Management of ABCs including: OPA, NPA, jaw thrust, Extraglottic Device insertion, ventilation with BVM, CPR and hemorrhage control.</li> <li>• Vital signs and interpretation</li> <li>• Medication administration by PO, SL, IM, SC, IN, IV push and inhaled routes</li> <li>• IV initiation and maintenance</li> <li>• Fracture management including splinting</li> <li>• Simple wound care (Cleaning, dressing, bandaging of basic wounds)</li> <li>• Catheter care (Emptying the bag, observing the contents for what is normal/abnormal. NO catheter insertion or removal)</li> </ul> | <ul style="list-style-type: none"> <li>• Personal care – Brief changes, wash and dress patients, help with toileting</li> <li>• ECGs – 3 and 12 lead – basic interpretation</li> <li>• Patient assessments – Head to toe and functional inquiry on stable trauma and medical patients</li> <li>• Cardiac Arrest Management</li> <li>• Burn Management</li> <li>• Vehicle Extrication &amp; patient recover</li> <li>• Crime Scene Management</li> <li>• Styles of verbal and non- verbal communication</li> <li>• Entry level clinical decision making</li> <li>• Introduction to Reflective practice</li> </ul> |
|---|--|

*\*Note: Block 1 students have not had experience with “live” IV starts and “live” medication administration. Student will 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.

*\*Note: Block 1 students may not understand pathophysiology and necessary care plan for conditions but will have assessment skills.*

### **Block 1 - BCEHS Ambulance Shifts**

- Two ambulance observation shifts with a BCEHS PCP paramedic crew.

Expectations:

- Observation Only - This is an observation **ONLY** placement.
- You will be required to wear an “Observation Only – no patient contact” badge at all times.
- **PCP student observers are NOT** to take part in any patient care or paramedic related work. This includes patient assessment or treatment, lifting or transferring a patient, carrying, or moving equipment.
- Observation shifts provide students a better understanding of the profession and increased motivation to continue in their chosen career.

Attendance:

- You are required to submit an attendance record to your RTC in CompTracker for each completed ‘Observation Shift.’

Documentation & Sign-off:

- No documentation required and no competencies can be claimed during the observation shifts.

### **Block 1 Clinical Placement**

- One 8-hour clinical placement with a JIBC Clinical Practice Educator, if available. If the student does not attend a clinical placement during PARA-1290A Block 1, they will be scheduled for an additional clinical placement during PARA-1290A Block 2.

Documentation & Sign-off

- Document exact hours of attendance (including overtime) into CompTracker
- Document **each** patient contact on an H-PCR
- Submit a Job Dimension form to your clinician on CompTracker for each shift completed.
- All forms must be submitted on CompTracker within 12 hours of the shift’s completion



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## Block 2

### NOCP PCP Skills and Competencies

**Table 2**

NOCP PCP Skills and Competencies which have been practiced prior to Block 2 Practice Education, in addition to Table 1

- 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

### Block 2 - BCEHS Ambulance Shifts

- Minimum of 12 BCEHS ambulance shifts totalling a minimum of 144 hours with a trained PCP preceptor

Expectations:

- Work to the full scope of your training within the Primary Care Paramedic Program, under the supervision of a trained PCP preceptor.

### Documentation & Sign-off

- Document exact hours of attendance (including overtime) into CompTracker
- Document **each** patient contact on an A-PCR
- Expectation based on BCEHS call volume is to have at minimum four patient contacts per shift.
- Submit **one** Job Dimension form to your preceptor on CompTracker for each shift completed.
- All forms must be submitted on CompTracker within 12 hours of the shift's completion.



### Block 2 Clinical Placement

- Two 8-hour clinical placements with a JIBC Clinical Practice Educator. If a student did not attend a clinical placement during PARA-1290A Block 1, they will be scheduled for an additional clinical placement during PARA-1290A Block 2.

#### Documentation & Sign-off

- Document exact hours of attendance (including overtime) into CompTracker
- Document **each** patient contact on an H-PCR
- Submit a Job Dimension form to your clinician on CompTracker for each shift completed.
- All forms must be submitted on CompTracker within 12 hours of the shift's completion

See **Appendix 3: Clinical Practice Educator Guidelines** for Clinical Educator details.

## 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)		
PARA-1290A 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 <ul style="list-style-type: none"> <li>• After first 4 shifts</li> <li>• after final Block 2 shift</li> </ul>	

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 12 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-1290A Block 2 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

### Processes

The Paramedic 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, as listed below.

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.

For more information on student processes regarding 'Absence during Hospital Placements' and 'Absence during Ambulance Placements,' visit the Practice Education site: <https://pe.jibc.ca/paramedicine>. Additional details can be obtained from the RTC.

Barriers to completion may include:

- Incomplete availability (less than 100%)
- Failure to respond to email communications from Parascheduling and/or RTC/Lead Instructor
- 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



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

## 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 site: <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 12 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 the scheduled shift and find the preceptor or clinical practice educator unavailable or absent, please refer to the specific instructions outlined on the Practice Education site: <https://pe.jibc.ca/>

## Communication during Practicum Placements

The RTC and Lead Instructor are to be included in all communication regarding student’s practice education.

JIBC Parascheduling will directly contact students via email, or phone if there's short notice. It's important for students to ensure they have provided up-to-date contact information and are receiving emails from: [parascheduling@jibc.ca](mailto:parascheduling@jibc.ca)

Please avoid sending inquiries or requests directly to [parascheduling@jibc.ca](mailto:parascheduling@jibc.ca). Instead, all inquiries should be directed to the scheduling team through the RTC.

Examples of necessary communication to the RTC may 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 missing a shift, or a shift being cancelled
- Anticipation of needing additional shifts
- Urgent preceptor or clinician feedback from the student

## Program Feedback

Throughout the program, JIBC will request your feedback. Surveys will be sent via email at the conclusion of your Online, Classroom, and Practice Education components. 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.

Links to JIBC's ambulance and hospital practicum surveys will also be included in the email containing your monthly practice education schedules. Students are welcome to submit feedback for both ambulance and hospital placements as frequently as they wish during practice education.

Additionally, you will have access to a PCP General Feedback Survey located on your online PCP200 Student 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.

### **BCEHS Preceptor Surveys**

JIBC and BCEHS collaborate to facilitate a seamless transition for students as they embark on practice education shifts. A link to the confidential BCEHS Preceptor Survey will be provided in the email containing students' practice education schedules. Additionally, the survey link can be found in the PCP Student Campus on Blackboard and in the Practice Education Resource Centre. We encourage students to take the opportunity to offer honest and constructive feedback after each preceptor experience. Your feedback enables BCEHS to evaluate preceptor performance and allows preceptors to enhance their skills further.



# Appendices



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

### Classroom

National Occupational Competency Profile for Primary Care Paramedic (Classroom)		
<b>Environments:</b>	S = Classroom	C = Hospital      P = Ambulance
<b>Area 1: Professional Responsibilities</b>		
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.
<b>Area 2: Communication</b>		
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.
<b>Area 3: Health &amp; Safety</b>		
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.
<b>Area 4: Assessment &amp; Diagnostics</b>		
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.
<b>Area 5: Therapeutics</b>		
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.
<b>Area 6: Integration</b>		
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.
<b>Area 7: Transportation</b>		
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.
<b>Area 8: Inter-professional Practice</b>		
*Puberty is defined as the development of genital or underarm hair and/or breasts for girls.		
** This competency can be gained in a Classroom or Ambulance setting.		





Hospital

National Occupational Competency Profile for Primary Care Paramedic (Hospital)		
<b>Environments:</b>	S = Classroom	C = Hospital
		P = Ambulance
<b>Area 1: Professional Responsibilities</b>		
<b>Area 2: Communication</b>		
<b>Area 3: Health &amp; Safety</b>		
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.
<b>Area 5: Therapeutics</b>		
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.
<b>Area 6: Integration</b>		
C	6.2.b	Provide care for pediatric patient.
C	6.2.c	Provide care for geriatric patient.
<b>Area 7: Transportation</b>		
<b>Area 8: Inter-professional Practice</b>		
*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)		
<b>Environments:</b> S = Classroom            C = Hospital            P = Ambulance		
<b>Area 1: Professional Responsibilities</b>		
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.
<b>Area 2: Communication</b>		
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.
<b>Area 3: Health &amp; Safety</b>		
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.



<b>National Occupational Competency Profile for Primary Care Paramedic (Ambulance)</b>		
<b>Environments:</b> S = Classroom                    C = Hospital                    P = Ambulance		
P	3.3.g	Clean and disinfect equipment.
P	3.3.h	Clean and disinfect work environment.
<b>Area 4: Assessment &amp; Diagnostics</b>		
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.
<b>Area 5: Therapeutics</b>		
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.
<b>Area 6: Integration</b>		
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.
<b>Area 7: Transportation</b>		
P	7.1.a	Conduct vehicle maintenance and safety check.
<b>Area 8: Inter-professional Practice</b>		



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.		
** This competency can be gained in a Classroom or Ambulance setting.		



## Appendix 2: NOCP Medications for PCP

<b>NOCP Appendix 5 Medications for PCP</b>		
<p>This list is marked with an “X” to indicate the groups of pharmacologic agents with which Primary Care Paramedics should be familiar.</p> <p>The technical skill of medication administration is included in the profile as General Competency 5.8.</p> <p><b>The administration of any medication by a paramedic is at the sole discretion of the respective Medical Director.</b></p>		
<b>A. Medications affecting the central nervous system.</b>		
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>B. Medications affecting the autonomic nervous system.</b>		
B.1	Adrenergic Agonists	X
B.2	Adrenergic Antagonists	
B.3	Cholinergic Agonists	
B.4	Cholinergic Antagonists	
B.5	Antihistamines	
<b>C. Medications affecting the respiratory system.</b>		
C.1	Bronchodilators	X
<b>D. Medications affecting the cardiovascular system.</b>		
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.

The technical skill of medication administration is included in the profile as General Competency 5.8.

**The administration of any medication by a paramedic is at the sole discretion of the respective Medical Director.**

D.8	Antianginal Agents	X
<b>E. Medications affecting blood clotting mechanisms.</b>		
E.1	Anticoagulants	
E.2	Thrombolytics	
E.3	Platelet Inhibitors	X
<b>F. Medications affecting the gastrointestinal system.</b>		
F.1	Antiemetics	
<b>G. Medications affecting labour, delivery and postpartum hemorrhage.</b>		
G.1	Uterotonics	
G.2	Tocolytics	
<b>H. Medications used to treat electrolyte and substrate imbalances.</b>		
H.1	Vitamin and Electrolyte Supplements	
H.2	Antihypoglycemic Agents	X
H.3	Insulin	
<b>I. Medications used to treat / prevent inflammatory responses and infections.</b>		
I.1	Corticosteroids	
I.2	NSAID	
I.3	Antibiotics	
I.4	Immunizations	
<b>J. Medications used to treat poisoning and overdose.</b>		
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

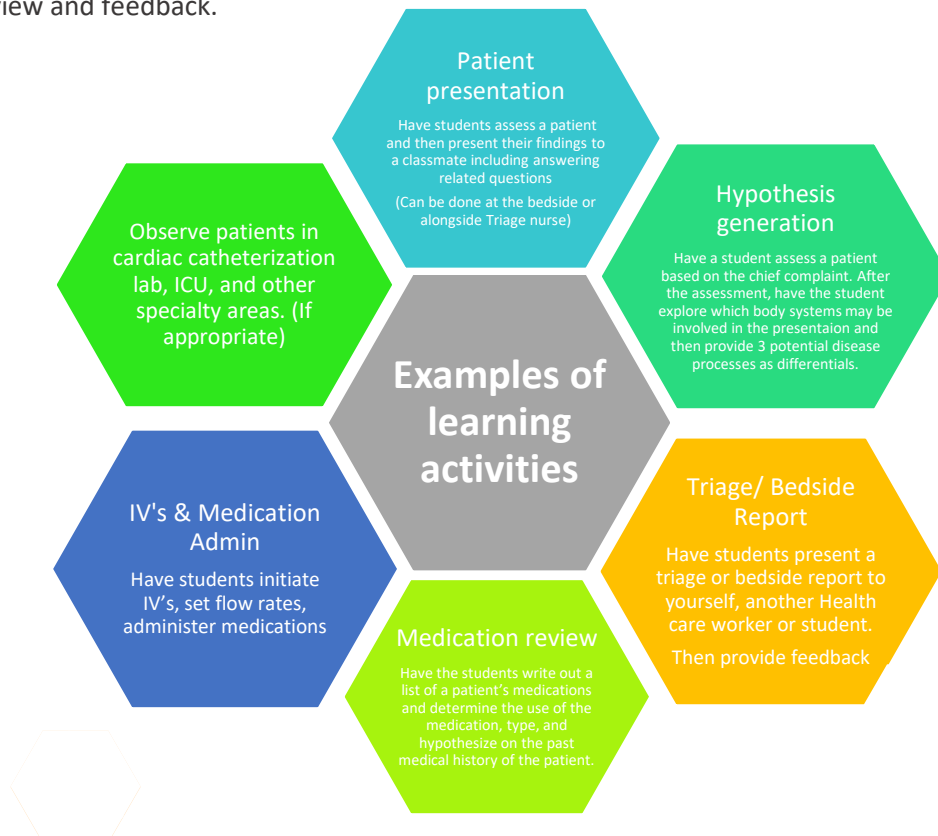
### Shift Orientation (~30 minutes)

The goal of the 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:
  - Fire exits
  - Washrooms
  - Eye wash stations
  - Personal protective equipment location and expectations
  - Exits and muster points
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 paramedic program the student has progressed is important to understand.
  - All forms submitted in real time or with in no more that 12 hours following shift.

### Shift Wrap up (~45 minutes)

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





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 During the skill, the steps taken could be assessed 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 During stressful situations 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 Ask the student to support their rational for actions taken or not taken 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**.