

Professional Requirements / Terminal Competencies

Paramedic Program Goals as Defined by CAAHEP/CoAEMSP

To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

WSU Paramedic Program - Professional Requirements

In order to be recommended for certification to the State of Utah Bureau of Emergency Medical Services or the National Registry of Emergency Medical Technicians, a graduate of the WSU program must meet these **Emergency Medical Technician-Paramedic Professional Requirements** ("terminal objectives").

The EMT-P provides prehospital emergency care under medical command authority to acutely ill and/or injured patients and/or transports patients by ambulance or other appropriate emergency vehicle. The Paramedic shall demonstrate at 100 percent competency:

- An awareness of abilities and limitations;
- The ability to relate to people; and
- The capacity to make rational patient-care decisions under stress.

To fulfill the role of the Paramedic, you must be able to demonstrate full competency in your abilities to:

1. Recognize a medical emergency; assess the situation; manage emergency care and, if needed, extricate; coordinate efforts with those of other agencies that may be involved in the care and transportation of the patient; and establish rapport with the patient and significant others to decrease their state of anxiety.
2. Assign priorities to emergency treatment data for the designated medical command authority, or assign priorities of emergency treatment.
3. Record and communicate pertinent data to the designated medical command authority.
4. Initiate and continue emergency medical care under medical control, including the recognition of presenting conditions and initiation of appropriate treatments, including traumatic and medical emergencies, airway and ventilation problems, cardiac dysrhythmias, cardiac standstill, and psychological crises, and assess the response of the patient to that treatment, modifying medical therapy as directed.

5. Exercise personal judgment and provide such emergency care as has been specifically authorized in advance, in cases where medical direction is interrupted by communication failure or in cases of immediate life threatening condition.
6. Direct and coordinate the transport of the patient by selecting the best available method(s) in conjunction with medical command authority.
7. Record, in writing or dictation, the details related to the patient's emergency care and the incident.
8. Direct the maintenance and preparation of emergency care equipment and supplies.

"Description of the Profession" from the Committee on Accreditation of Educational Programs for EMS Professions 1989 Standards.

Specific WSU Paramedic Performance (Terminal) Objectives per NSC-99, ACLS/PALS 2010 and the 2010 National EMS Education Standards.

In order to receive an endorsement/recommendation to test and certify at the conclusion of the didactic, clinical and field internship portions of the paramedic program, **AT A MINIMUM** a basic entry level student will be expected to demonstrate at 90% competency (without assistance) the ability to:

1. Perform basic life support according to the standards established by the American Heart Association maneuvers as necessitated by the situation
2. Administer basic emergency skills including, but not limited to: splinting, bandaging, hemorrhage control, and cold application
3. Establish a therapeutic patient relationship
4. Communicate verbally and in writing, using fundamental medical terminology
5. Obtain a history from a communicative patient including chief complaint, pertinent history of the present illness, past medical history, and mechanism of injury
6. Conduct a comprehensive physical assessment (initial and detailed) on a minimum of:
 - 30 pediatric patients (**3 minimum** in each category; newborn, infants, toddlers, preschool, school age, adolescent)
 - 50 adult patients
 - 30 geriatric patients

AND include the following pathologies and complaints:

- 10 obstetric patients
- 30 trauma patients
- 20 psychiatric patients
- 30 chest pain patients
- 20 adult respiratory distress patients

- 8 pediatric patients in respiratory distress
 - 10 patients with syncope
 - 20 patients with abdominal complaints
 - 20 patients with altered mental status
7. Properly record and report findings, including pertinent negatives
 8. Maintain sterile techniques in situations which require such activity
 9. Identify and select the correct intravenous solution from the drug box as ordered
 10. Competently initiate an IV infusion on a minimum of:
 - 25 patients in various age groups
 11. Calculate and regulate the flow rate for an IV infusion given the volume, drop factor, and time frame
 12. Re-establish an IV infusion that becomes compromised
 13. Remove air from IV tubing
 14. Discontinue an IV infusion
 15. Apply and inflate the MAST while evaluating the patient's response to the procedure
 16. Calculate the volume of medication to be administered when given an ordered dosage
 17. Read drug container labels, and identify components (i.e. name, concentration, expiration date, etc.)
 18. Withdraw solutions from ampoules and vials with an appropriate size syringe
 19. Assemble a preloaded syringe (e.g., Bristoject, Abbojet, preload cartridges, etc.)
 20. Correctly administer an IV push medication to a minimum of 15 patients in various age groups
 21. Administer IM injections: dorsogluteal, ventrogluteal, vastus lateralis, and deltoid sites to 5 patients (minimum) in various age groups
 22. Administer subcutaneous injections to 5 patients (minimum) in various age groups
 23. Calculate, mix, and administer an IV medication infusion using micro drip tubing
 24. Maintain the patient's airway and/or provide ventilations using the:
 - a. Oropharyngeal airway
 - b. Nasopharyngeal airway
 - c. Pocket mask
 - d. Bag-valve-mask
 - e. Positive pressure ventilator
 - f. Endotracheal tube and
 - g. Laryngeal mask assemblyon a minimum number of patients to include:

- 15 live patients for ET
- 20 patients for all other airway adjuncts

25. In step by step fashion, describe the generic procedure of rapid sequence intubation

26. Perform the suctioning technique in the following situations:

- Oropharyngeal
- Endotracheal
- Nasopharyngeal
- Tracheostomy

27. Obtain an ECG:

- Equipment set-up
- ECG electrode application site
 - (1) Standard limb leads
 - (2) Modified chest leads
 - (3) Standard 12 lead placement
- Utilize the Quick-look feature or "combo pad" type application

28. State the area of myocardial infarct or ischemia based on a 12 lead EKG tracing

29. Select and administer the appropriate drug for an identified dysrhythmia according to local protocol and evaluate the patient's response to the therapy

1. Recognize and provide proper treatment for the following dysrhythmias:

- Normal Sinus Rhythm
- Sinus arrhythmia
- Sinus arrest
- Sinus bradycardia
- Sinus tachycardia
- Atrial tachycardia
- PAC's
- PJC's
- PVC's
- SVT/PSVT
- First degree block
- Second-degree, Type 1 (Wenckebach)
- Second-degree, Type 2
- Third-degree block
- Ventricular tachycardia and TDP
- Ventricular fibrillation
- Asystole
- AIIP
- Pulseless electrical activity (PEA)
- Pacemaker rhythm

30. Instruct the patient to accomplish the Valsalva maneuver
31. Safely establish transcutaneous pacing, defibrillate or cardiovert as indicated
32. Accomplish venipuncture using vacuum collection tubes
33. Determine a blood sugar using a Dextrostix or equivalent chemical testing device
34. Employ safety precautions while controlling and restraining a violent patient
35. Intervene in a situation using fundamental crisis intervention techniques
36. Objectively observe and report nonverbal behaviors
37. Catheterize the urinary bladder of a male or female patient
38. Perform nasogastric intubation
39. Assign a neurological score utilizing the Glasgow coma scale
40. Estimate percentage of burns using the Rule of Nines
41. Monitor of the patient in labor and decide when birth is imminent
42. Manage an uncomplicated delivery, including the resuscitation of the neonate
43. Assess and assign an APGAR score for the neonate
44. Apply primary injury prevention techniques at opportune moments
45. Recognize basic terms utilized in EMS research
46. State techniques that will preserve a crime scene
47. Demonstrate the ability to triage in mass casualty events using both START and military triage
48. State the basic functions of incident command using the National Incident Management Systems (NIMS) terminology and concepts.
49. State the considerations and PPE needed for both HAZMAT and terrorism events
50. Upon speaking to the lay public, be able to communicate basic concepts of wellness to include, nutrition, stress, alcohol, smoking and illegal drugs
51. Demonstrate the ability to team lead in a variety of prehospital situations on a minimum of **50 ALS patients** in various emergency responses
52. Possess the ability to perform patient transfer techniques commonly practiced pre-and intra-hospital
53. Maintain the ability to perform all skills required of the EMT
54. Maintain certification at the EMT level
55. Demonstrate affective domain standards that include but are not limited to:
 - a. integrity
 - b. empathy
 - c. self-motivation

- d. appearance-personal hygiene
- e. communications
- f. time management (punctuality)
- g. teamwork and diplomacy
- h. respect
- i. patient advocacy
- j. careful delivery of care

56. In field internship a student must complete a minimum of 480 hours **and** successfully be team leader on **50 ALS calls**.

Additional requirement:

In order to be recommended to test for the National Registry, the student must prove they have applied to the WSU Graduation Office for either the Institutional Certificate or AAS Degree. No student will be cleared to test until proof of that requirement has been met.

Certification Exam Disability Accommodation

WSU's Paramedic Program is dedicated to providing an outstanding education to all students and will diligently work with Disability Services in providing that education. However, prospective students should recognize that testing for certification and licensure is done by the National Registry of EMT's. Should a student have any concerns about disability testing accommodations it is the student's responsibility to contact the Utah Bureau of EMS, health.utah.gov/ems or the National Registry at nremt.org.