

NRPM 101: Introduction to Emergency Medical Care Syllabus

[Semester and year]



Instructor information

Instructor	Email Address	Office location and hours
Paula Johnson	Paula.johnson@princetonrescue.com	Vary

General information

Description

In addition to showing proficiency in basic life support skills, students will integrate comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.

Expectations and goals

Upon Successful completion of this course, students will be able to:

- Successfully perform the following skills without critical error:
 - Glucometer reading
 - CPAP
 - Supine Back boarding
 - Seated Back boarding
 - Joint Splinting
 - Long bone splinting
 - Traction splinting
 - Hemorrhage control
 - AED
 - CPR 1 & 2 Rescuer (Adult, Child, Infant)
 - Foreign body airway obstruction (Infant, Adult)
 - Bag Valve Mask ventilation (Adult, Children)
 - King airway insertion
- Describe the roles and responsibilities of paramedics in the EMS system.
- Discuss the concept of wellness and its benefits, components of wellness, and the role of the paramedic in promoting wellness.
- Explain the research principles to interpret literature and advocate evidence-based practice in emergency medical care.
- Discuss the incidence, morbidity, mortality, and impact of unintentional and alleged unintentional injuries.
- Differentiate the legal, ethical, and moral responsibilities of pre-hospital professionals.

Course Delivery Method: Hybrid

Course materials

Required materials

Computer with Internet capabilities to access:

- <https://CourseSites.com>
- <https://www.platinumplanner.com/>

Optional materials

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Required text

- Nancy Caroline's Emergency Care in the Streets; 8th edition, 2013 by Elling and Smith; Publisher Jones and Bartlett. ISBN: 978-1-284-13718-7

Course schedule

Week	Topic	Pre-Class Assignment	Class Session	Reflective Assignment <i>(DUE: Friday after class session)</i>
1	EMS Systems	<ul style="list-style-type: none"> • Video Lecture: EMS Systems • Self Reflective Essay - Why I want to be a paramedic <i>Both videos are due before class on week 2.</i>	Team Building Exercises/Coop. Learning	<ul style="list-style-type: none"> • Historical Timeline of EMS • Quiz: EMS Systems
2	<ul style="list-style-type: none"> • Research • Workforce Safety & Wellness 	<ul style="list-style-type: none"> • Video Lecture: Research • Video Lecture: Wellness <i>Due before class on week 2</i>	<ul style="list-style-type: none"> • Evidence Base Analysis (Case) -Facilitated Group Discussion • Wellness Project (self-reflection) • 	<ul style="list-style-type: none"> • Quiz: Workforce & Wellness • Virtual Patient Encounter (video case based learning)
3	Medical/Legal & Ethics	Video Lecture: Med/Legal (Video #: 1-5) <i>Due before class on week 3</i>	<ul style="list-style-type: none"> • Ethics/Values Project (I CARE), • Med/Legal/Ethics Scenarios (case based learning) 	<ul style="list-style-type: none"> • Virtual Patient Encounter (video based case), • Med/Legal Definitions, • Quiz: Med/Legal
4	Skill Lab Session		<ul style="list-style-type: none"> • Glucometer reading • CPAP • Supine Back boarding • Seated Back boarding • Joint Splinting • Long bone splinting • Traction splinting • Hemorrhage control • AED • CPR 1 & 2 Rescuer (Adult, Child, Infant) 	Reflective Video Analysis

			<ul style="list-style-type: none"> • Foreign body airway obstruction (Infant, Adult) • Bag Valve Mask ventilation (Adult, Children) • King airway insertion 	
				SUMMATIVE Written exam NRPM 101

Procedures for Evaluation

- A. *Students must complete each NRPM course with a grade point average of at least 70%. Any student who does not have a 70% average at the completion of an NRPM course will not be allowed to continue in the program. The student’s academic standing will be discussed with the student periodically throughout the program.
- B. If a student scores below a 70% on a NRPM Cumulative examination, the student will be required to retake the examination until a score of 70% is attained; however, the original score will stand as the recorded score.
- C. Individual skills that comprise a skill lab are mandatory per the National Registry of EMT’s. A student must complete each skill with the minimum points required AND the established number of SUCCESSFUL attempts meeting those minimum point standards. A grade will be issued to the student based on their participation in lab sessions and their reporting in platinum planner.

***NOTE:** NRPM 202 is the exception to this policy. In this course, you must successfully complete each sub-specialty based on the criteria from each governing agency. The final grade issued for this course will be a “pass/fail.” If the student is unable to receive a passing grade for this class, the student will NOT be allowed to continue in the Paramedic Program.

Grading Components and Weights:

The Paramedic Program Student’s Class Assessment grade will be the sum of the weighted scores comprising the parameters of course work outlined below.

Didactic	Skill Lab
80% <i>Coursework</i> <ul style="list-style-type: none"> • Homework/Special Projects - 5% • Quizzes - 5% • Case Studies/Objectives/Skill - 20% • Exams/Platinum Documentation - 50% 	Skill Lab: Pass/Fail (<i>minimum points required per skill mandated based on NREMT - PPCP criteria</i>)
20% <i>Monthly Behavioral Evaluations</i>	

Grading Scale:

100-90 = A 89-80 = B 79-70 = C 69-60 = D <59 = F

All students must maintain a C average in each course to continue throughout the program.

Attendance Policy

All material is important to your success; therefore, students absent more than 5% of the course without a valid excuse will be dismissed from the program of study.

There are two types of absences recognized as a “valid excuse” by Princeton Rescue Squad’s Education Department: (1) absence resulting from participation in an activity where you are officially representing the Education Department; and (2) absence caused by unforeseeable and unavoidable circumstance which is beyond your control. All other absences are considered willful and will not count as excused. It is your responsibility to provide your instructor with a proper explanation and documentation of these valid absences. It is the responsibility of the student to make up any work or testing missed. The missed (comparable) coursework and exams must be completed within 72 hours of the absence and prior to the last date of the class.

Online Video course Lectures associated with “Hybrid” classes are required to be completed by 10am on the morning of the deadline listed. These deadlines are typically due weekly and attendance will be taken based on your submission of these Lectures. If you fail to submit the Lecture when due, you will be marked absent for that week’s hybrid class.

Tardiness will not be tolerated. Any student who shows up later than 15 minutes into the beginning of a course or leaving a class session 30 minutes or more before the end of the class day will result in the mark of tardy on his/her record. An accumulation of 5 tardies will result in an unexcused absence.

Students may withdraw from the course at any time. Any student that misses more than two (2) consecutive class sessions without contacting the course instructor will be considered to have withdrawn from the course.

Student Advisory and Evaluation

Faculty will routinely discuss student progress throughout the program of study at regular intervals (increments no longer than 25% of the program) to provide learners with adequate chances to take corrective actions. During these mandatory meetings with a student item(s) or subject(s) of concern to discuss may include, but are not limited to:

Excessive absences and tardiness, failure to turn in assignments / clinical rotations on time, classroom / clinical behavior concerns, plagiarism, cheating, struggling or failure to maintain a GPA of 70%, etc.

A Student Advisory Form will be filled out and signed by both the Faculty member addressing the concern, and the student. Once the concern has been documented, the Program Instructor and student will discuss possible resolutions to the problem and a proposed action plan will be written on the Advisory Form. The student may use the Advisory Form to record a rebuttal against the initial concern or proposed action plan. The instructor will then mark the form “unresolved” and forward it to the Education Director who investigate the matter and make a determination on a second Advisory Form. Copies of these completed Advisory Forms are available to the student; however, originals must and will be retained by the Education Program.

Standards of Conduct Regarding Cell Phone Use

As adults, you are permitted to retain your cellular devices unless during testing. At that time, all cell phones must be placed in a bag away from your testing area or given to your instructor until the testing is complete. It is common during lecture for students to utilize their cell phones to look up information regarding topics discussed in the class session, and this practice is permitted. However, if the instructor or other member of the instructional or administrative staff see that cell phones are being used for other purposes (ie: facebook, messenger, etc.) during lecture, lab, or any other designated course activity then the following discipline policy will take place:

- First offense - verbal warning
- Second offense - written warning
- Third offense - dismissal from the program

Academic Dishonesty

As a student and pre-hospital professional, you are expected to adhere to a professional code of conduct and not engage in plagiarism, cheating, falsifying information or records, or any other such activity. Failure to adhere to this code of conduct will result in disciplinary action up to and including dismissal from the program.

Grounds For Dismissal

A student may be dismissed from the program for the following reasons:

1. Absenteeism greater than 1 unexcused class.
2. Receiving a “D” or “F” as a cumulative grade for the course.
3. Insubordination (in class, lab, or in clinical)
4. The conviction and/or known use of, distribution of, or possession of illegal drugs, or controlled substances.
5. Failure to accomplish clinical assignments and objectives
6. Unprofessional or unethical conduct
7. Cheating in related or professional EMS courses or in clinical documentation.

NRPM 101 Course Objectives:

1. List key developments in the history of EMS.
2. List the five main types of services that provide emergency care.
3. Discuss the processes of licensure and certification.
4. Define reciprocity, and explain its relevance to the practice of emergency care.
5. Discuss the role of the National Scope of Practice and the *National EMS Education Standards* as they relate to the levels of EMS education.
6. Discuss the critical points, required components, and system elements of EMS.
7. Describe the levels of EMS education in terms of skill sets needed for each of the following: EMR, EMT, AEMT, and paramedic.
8. Describe various types of transports the paramedic may perform, including transports to specialty centers and interfacility transports.
9. Discuss the paramedic’s role in working with other health care providers and public safety agencies.
10. Discuss initial paramedic education and the importance of continuing education.
11. Describe the attributes that a paramedic is expected to possess.
12. Describe the roles and responsibilities of the paramedic.
13. Discuss issues relating to the appropriate method of transport, as well as nontransport situations.
14. Describe how medical direction of an EMS system works and the paramedic’s role in the process.
15. Characterize the EMS system’s role in prevention and public education in the community
16. Discuss the purpose of the EMS continuous quality improvement (CQI) process.
17. Discuss examples of how errors can be prevented when providing EMS care.
18. Discuss the importance of medical research and its role in refining EMS practices.

19. Define peer-reviewed literature, and describe how this relates to a practicing paramedic.
20. List and define types of research and subtypes within each category.
21. Discuss ethical considerations relating to conducting medical research.
22. Discuss evidence-based medicine and how to incorporate this concept into everyday paramedic practice.
23. State the steps that contribute to wellness and their importance in managing stress.
24. Understand the physiologic, physical, and psychologic responses to stress.
25. Describe reactions to expect from critically ill and injured patients and how you can effectively work with patients exhibiting a range of behaviors
26. Discuss techniques for working at particularly stressful situations, such as multiple-casualty scenes or the death of a child.
27. Describe posttraumatic stress disorder (PTSD) and steps that can be taken, including critical incident stress management, to decrease the likelihood that PTSD will develop.
28. Describe issues concerning care of the dying patient, death, and the grieving process of family members.
29. Define “infectious disease” and “communicable disease.”
30. List various routes of disease transmission.
31. Understand the standard precautions that are used to prevent infection when treating patients.
32. Describe the steps to take for personal protection from airborne and bloodborne pathogens.
33. Explain postexposure management when exposed to patient blood or body fluids, including completing a postexposure report.
34. Discuss the importance of ambulance cleaning and disinfection.
35. Describe the steps necessary to determine scene safety and to prevent work-related injuries at the scene.
36. List the various types of protective clothing you may need to wear to protect yourself from a variety of hazards.
37. Discuss the different types of protective clothing worn to prevent injury.
38. Recognize the possibility of violent situations and the steps to take to deal with them.

Affective-

1. Assess personal practices relative to the responsibility for personal safety, the safety of the crew, the patient, and bystanders.
 2. Serve as a role model for others relative to professionalism in EMS.
 3. Value the need to serve as the patient advocate inclusive of those with special needs, alternate life styles and cultural diversity.
 4. Defend the importance of continuing medical education and skills retention.
 5. Advocate the need for supporting and participating in research efforts aimed at improving EMS systems.
 6. Assess personal attitudes and demeanor that may distract from professionalism.
 7. Value the role that family dynamics plays in the total care of patients.
 8. Advocate the need for injury prevention, including abusive situations.
 9. Exhibit professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service.
 10. Advocate the benefits of working toward the goal of total personal wellness.
 11. Serve as a role model for other EMS providers in regard to a total wellness lifestyle.
 12. Value the need to assess his/ her own lifestyle.
 13. Challenge his/ herself to each wellness concept in his/ her role as a paramedic.
 14. Defend the need to treat each patient as an individual, with respect and dignity.
 15. Assess his/ her own prejudices related to the various aspects of cultural diversity.
 16. Improve personal physical well-being through achieving and maintaining proper body weight, regular exercise and proper nutrition.
 17. Promote and practice stress management techniques.
 18. Defend the need to respect the emotional needs of dying patients and their families.
 19. Advocate and practice the use of personal safety precautions in all scene situations.
 20. Advocate and serve as a role model for other EMS providers relative to body substance isolation practices.
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1. Define public health and explain the goal of the public health field.

2. List the major public health laws, regulations, and guidelines in place in the United States, and list the purpose of each.
3. Explain the paramedic's role in promoting public health, both in terms of illness and injury.
4. Define primary prevention and secondary prevention, and give examples of each.
5. Explain why EMS providers are in a unique position to promote public health.
6. Discuss the detrimental effects of injuries as related to public health.
7. Define intentional injuries and unintentional injuries.
8. Discuss the principles of injury prevention, including education, enforcement, engineering/environment, and economic incentives.
9. Discuss the concept of injury surveillance and how it relates to EMS.
10. List ways a paramedic can promote injury prevention in his or her community.
11. Discuss pediatric injuries and risk factors for them.
12. Describe the steps involved in organizing a community prevention program.
13. Define and explain the relevance of a teachable moment in EMS.

1. Differentiate between laws and ethics.
2. Describe medical ethics and discuss the implications for paramedics.
3. Discuss the legal system in the United States and how it affects paramedics.
4. Differentiate between civil and criminal law relevant to the paramedic.
5. Describe the process of a typical EMS lawsuit.
6. Discuss the legal and ethical accountability of paramedics.
7. Discuss legislation that affects the practice of paramedics.
8. Differentiate between licensure and certification as they apply to the paramedic.
9. Explain the importance and necessity of patient confidentiality and the standards for maintaining patient confidentiality that apply to the paramedic.
10. Discuss the legal and ethical issues surrounding patient transport.
11. Describe the actions that the paramedic should take to preserve evidence at a crime or crash scene
12. Explain the reporting requirements for special situations, including abuse, drug-related injuries, childbirth, suicide, and crime scenes.
13. Differentiate among expressed, informed, implied, and involuntary consent.
14. Describe the processes used by paramedics to determine consent or valid refusal, especially relative to the patient's decision-making capacity.
15. Identify the steps to take if a patient refuses care, and when to transport a patient against his or her will.
16. Identify methods for obtaining consent for minors, including exceptions for emancipated minors.
17. Discuss the legal ramifications of patient restraint, both physical and chemical, for patient and practitioner safety
18. Discuss the ethical implications of the allocation of resources and triage dilemmas.
19. Describe the four elements that must be present in order to prove negligence: duty, breach of duty, proximate cause, and harm
20. Discuss abandonment as it relates to the paramedic.
21. Discuss patient rights, including autonomy, end-of-life decisions, and the moral and ethical implications of DNR orders and other advance directives.
22. Identify situations in which ceasing resuscitation efforts or not initiating resuscitation efforts would be appropriate for the paramedic in the field.
23. Discuss the responsibilities of the paramedic relative to resuscitation efforts for patients who are potential organ donors.
24. Discuss common defenses to litigation, including contributory negligence.
25. List and describe forms of legal immunity that can apply to paramedics.
26. Discuss employment legislation regarding sexual harassment, discrimination, disabilities, FMLA, OSHA law, and other legislation that applies to paramedic practice.

Affective-

1. Advocate the need to show respect for the rights and feelings of patients.
2. Assess his/ her personal commitment to protecting patient confidentiality.
3. Given a scenario involving a new employee, explain the importance of obtaining consent for adults and minors.
4. Defend personal beliefs about withholding or stopping patient care.

5. Defend the value of advance medical directives.
 1. Value the patient's autonomy in the decision-making process.
 2. "Defend the following ethical positions:
 3. The paramedic is accountable to the patient.
 4. The paramedic is accountable to the medical director.
 5. The paramedic is accountable to the EMS system.
 6. The paramedic is accountable for fulfilling the standard of care.
 7. Given a scenario, defend or challenge a paramedic's actions concerning a patient who is treated against his/ her wishes.
 8. Given a scenario, defend a paramedic's actions in a situation where a physician orders therapy the paramedic feels to be detrimental to the patient's best interests.

Items Required for skill Lab	Minimum Points Required	Total Items required in Peer Review	Total Instructor Review
Glucometer	32	2	
CPAP	64	1	
Supine Backboard	34	1	
Seated Backboard	36	1	
Joint Splinting	24	2	
Long Bone Splinting	26	2	
Traction Splinting	30	1	
Hemorrhage Control	24	1	
AED	Per AHA Guidelines	1	
CPR 1 & 2 Rescuer Adult		1	
CPR 1 & 2 Rescuer Children		1	
CPR 1 & 2 Rescuer Infant		1	
FBAO adult		1	
FBAO infant		1	
BVM ventilation Adult		1	
BVM ventilation Pediatric		1	
Supraglottic (King) airway insertion		38	2

Overview of Semester Class Schedule:

	NRPM 101	NRPM 102	NRPM 102L	NPRM 103	NRPM 104	NRPM 104L	NRPM 106	NRPM 106L	Total hrs/day
WEEK #									
1	5				2.5	0.83			8.33
2	5				2.5	0.83			8.33
3	5				2.5	0.83			8.33
4	5				2.5	0.83			8.33
5		2	3		2.5	0.83			8.33
6		2	3		2.5	0.83			8.33
7		2	3		2.5	0.83			8.33
8		2	3		2.5	0.83			8.33
9		2	3		2.5	0.83			8.33
10				2.2	2.5	0.83	1.2	1.6	8.33
11				2.2	2.5	0.83	1.2	1.6	8.33
12				2.2	2.5	0.83	1.2	1.6	8.33
13				2.2	2.5	0.83	1.2	1.6	8.33
14				2.2	2.5	0.83	1.2	1.6	8.33
15				2	2.5	0.83	1.4	1.6	8.33
16				2	2.5	0.85	2	1	8.35
17				2	2.5	0.85	1	2	8.35
18				2	2.5	0.85	0.6	2.4	8.35
	20	10	15	19	45	15	11	15	150

Course Legend:	Classes will meet on Tuesdays		
	Req. Hrs:	Start Time	End Time
NRPM 101: Introduction to Emergency Medical Care	20	1300	1800
NRPM 102: Medical Math and Pharmacological Principles	10	1300	1500
NRPM 102L: Pharmacological Techniques	15	1500	1800
NRPM 103: Introduction to Clinical Medicine & Assessment	19	1300	1515
NRPM 104: Anatomy & Physiology for Emergency Medical Care	45	900	1130
NRPM 104L: Anatomy & Physiology for Emergency Medical Care Lab	15	1130	1230
NRPM 106: Airway and Injury Management in the Field	11	1515	1630
NRPM 106L: Airway and Injury Management in the Field Lab	15	1630	1800
	150		