



COMMUNITY PARAMEDICINE
CORE COMPETENCY: OBJECTIVES

I. Core Competency

Goal: At the end of this unit the student will understand how to be an advocate, facilitator, liaison, and resource coordinator by evaluating the situation in which the patient exists and addressing factors that impact the patient's ability to achieve optimal health that are within the providers capacity. The provider will also recognize factors that are not within their capacity to address and will understand their responsibility to inform the appropriate resources of the recognized barriers to optimal health.

A. Scope and Role

Goal: The student will understand the extent and limits of their scope of practice and the regulatory process that enables this practice, be able to better care for patients with these or need of these procedures.

The student will:

- 1.1 Understand the education requirements, levels, and specialties of MIH and CP. (Cognitive)
- 1.2 Understand the process for obtaining and maintaining CP licensure. (Cognitive)
- 1.3 Understand the roles and responsibilities of CP vs. MIH. (Cognitive)
- 1.4 Identify the scope of practice of CP vs. MIH. (Cognitive)
- 1.5 Identify the minimum competencies CP vs. MIH. (Cognitive)
- 1.6 Understand EMS law and its relation to scope of practice. (Cognitive)
- 1.7 Understand the strategies of advocacy and liaison work. (Cognitive)
- 1.8 Understand the laws that govern CIP. (Cognitive)
- 1.9 Define specific state and local protocols. (Cognitive)
- 1.10 Discuss the history and evolution of MIH-CP nationally and internationally (Cognitive)
- 1.11 Explain the process and indications for activating an emergency response. (Cognitive)
- 1.12 Team
 - 1.12.1 Identify potential internal and external resources. (Cognitive)
 - 1.12.2 Identify potential members of the healthcare team (Cognitive)
 - 1.12.3 Understand their specific roles and responsibilities of the healthcare team members. (Cognitive)
- 1.13 Telemedicine
 - 1.13.1 Define telemedicine and virtual visits. (Cognitive)
- 1.14 Documentation
 - 1.14.1 Identify the essential elements of patient assessment, care and outcome documentation. (Cognitive)
 - 1.14.2 Define the parameters for documenting a transfer of care to EMS or other services. (Cognitive)



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1.14.3 Demonstrate documentation of home safety and non-clinical factors contributing to patient wellbeing. (Cognitive)

1.15 Transfer of Information

1.15.1 Understand the general concept of the Health Insurance Portability and Accountability Act (HIPAA). (Cognitive)

1.15.2 Identify situations that may arise while acting in a CP role that are not frequently encountered in the 9-1-1 system, to which HIPAA would apply. (Cognitive)

1.15.3 Understand the general concept of the Health Information Technology for Economic and Clinical Health (HITECH) Act. (Cognitive)

1.15.4 Identify situations that may arise while acting in the role of MIH-CP that are not frequently encountered in the 9-1-1 system, to which the HITECH Act would apply. (Cognitive)

B. Home Safety

Goal: The CP will be able to recognize and help avert unsafe situations within the home.

The student will:

2.1 Understand the implications of a safe home environment to patient health and wellness. (Cognitive).

2.2 Identify the components of a home assessment including both the basic life necessities as well as other safety hazards in the environment. (Cognitive)

2.3 Recognize signs of substance abuse inside the home environment. (Cognitive)

2.4 Describe the relevance of interpersonal relationships inside the home environment. (Cognitive)

2.5 Describe the process for reporting abuse and neglect according to state regulations. (Cognitive)

2.6 Discuss the medical cost of fatal and nonfatal falls in older adults. (Cognitive)

C. Medication Review & Diversion Prevention

Goal: The CP will be able assist the patient in ensuring they are taking the correct medications and dosages as prescribed and that only the person to whom the medications are prescribed are taking these medications.

The student will:

3.1 Understand the implications of medication compliance, non-compliance, and adherence to medication administration instructions. (Cognitive)

3.2 Describe the importance of reconciling all components of wellness. (Cognitive)



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- 3.3 Describe variations in medication reconciliation based on availability of physician orders, discharge instructions, medication plans, or medications on hand. (Cognitive)
- 3.4 Define medication diversion. (Cognitive)
- 3.5 Recognize signs of medication diversion either by or from a patient. (Cognitive)
- 3.6 Describe actions taken in response to identified medication diversion per local policy. (Cognitive)
- 3.7 Define process for appropriate disposal of medications. (Cognitive)

D. Social Determinants of Health

Goal: The CP will be able to help the patient achieve optimal health by recognizing and addressing factors that present barriers to this.

The student will:

- 4.1 Define social determinants of health. (Cognitive)
- 4.2 List place based social determinants of health. (Cognitive)
- 4.3 Compare and contrast absolute and relative poverty. (Cognitive)
- 4.4 Identify common social determinants and the overall local health impact. (Cognitive)
- 4.5 Identify local resources available to the community health integration process. (Cognitive)
- 4.6 Identify the process for bridging the available appropriate resources to the patient. (Cognitive)
- 4.7 Identify common environmental determinants and the overall local health impact. (Cognitive)
- 4.8 Develop a care plan focusing on social and environmental determinants in relation to available community resources. (Cognitive)

E. Cultural Competencies

Goal: The CP will be able to take cultural differences into account when assisting the patient in obtaining optimal health.

The student will:

- 5.1 Understand why cultural competence is crucial for CIP. (Cognitive)
- 5.2 Gain a basic understanding of various religions. (Cognitive)
- 5.3 Gain a basic understanding of racial ethnicities. (Cognitive)
- 5.4 Gain a basic understanding of sexual orientation and identities. (Cognitive)
- 5.5 Understand how culture effects health care barriers and management. (Cognitive)



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F. Communications

Goal: The CP will be able to determine and carry out the best form of communication to discuss and influence the healthcare of the patient.

The student will:

6.1 Identify various communication methods necessary for special populations. (Cognitive)

6.2 Identify and develop plans for assessing comprehension based on specific patient requirements. (Cognitive/Psychomotor)

6.3 Understands communication plans may include patient, family, and health care professions, and includes patient improvement goals. (Cognitive)

6.4 Define specific aspects of HIPAA as related to CIP and patient confidentiality. (Cognitive)

6.5 Define motivational interviewing. (Cognitive)

G. Home Medical Devices

Goal: The CP will be able to assist in ensuring safety in the home involving durable medical equipment.

The student will:

7.1 Will understand basic DME utilized in the home. (Cognitive)

7.2 Discuss the processes for addressing concerns involving DME. (Cognitive)

H. Provider Safety

Goal: The CP will keep themselves safe while working alone.

The student will:

9.1 Identify, respond to and/or mitigate personal hazards while working in the home. (Cognitive/Psychomotor)

9.2 Discuss the importance of situational awareness when working alone. (Cognitive)

9.3 Describe verbal de-escalation techniques. (Cognitive)



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CORE COMPETENCY: INSTRUCTIONAL GUIDELINES & RESOURCES

I. Core Competency

A. Scope and Role

Instructor: SOM-BETP Representative

Time: 1.5 hours

1. Differences between MIH & CP
2. Education program requirements
2. Agency requirements
3. Vehicle requirements
4. Personnel requirements
5. Protocols (weight of the law)
6. Medical direction
4. PA 368
5. Administrative Rule
8. Scope of practice with documented education and corresponding protocols.
9. Patient care outside of the 9-1-1 system
10. Patient consent
11. Denial of services vs. a refusal in the 9-1-1 -system
12. Advocacy and liaison work
13. Significance of outreach connections
14. Out-clause for every program and situation
15. International and national programs, education and membership groups, and certifying boards.
16. Protocol components for enrollment or intake
17. Protocol requirements for scheduled visits
18. Protocol requirements for unscheduled home visits
19. Protocol requirements for end-of-care or disenrollment visits
20. Potential team members
21. Roles, responsibilities, and limitations of team members
22. Telemedicine availability
23. HIPPA
24. HITECH <https://www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act-enforcement-interim-final-rule/index.html>
25. Consent
26. Documentation



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CORE COMPETENCY: INSTRUCTIONAL GUIDELINES & RESOURCES

B. Home Safety

Instructor: SME (PT/OT, Matter of Balance, Social Worker, Injury Prevention)

Time: 1 hour

1. Home safety potential to prevents injuries, 9-1-1 calls, death, and disability
2. Varieties of home safety assessments but they should all have certain things in common
3. Environmental safety
4. Basic needs
5. Abuse, neglect and exploitation
6. Consequences of abuse, neglect, and exploitation
7. Mandated reporter responsibilities and procedures.
8. [MDHHS Accidental Fall Hospitalizations](#)

C. Medication Review & Diversion Prevention

Instructor: SME (Pharmacy)

Time: 1.5 hours

1. The importance of therapeutic levels & medication regiments
2. Medication interactions including OTC medications and homeopathic supplements.
3. Dangers of self-medicating
4. Interactions of medications, nutrition, and physical activity
5. Drug and alcohol interactions with medications
6. List comparison reconciliation
7. Advanced reconciliation (to be covered in specific disease competencies)
8. Process for correcting discrepancies
9. Process for reporting suspected medication diversion
10. Educating patients on how to avoid medication diversion
11. Local resources and processes for medication disposal
12. Where not to dispose of medications
13. Substance abuse and medication diversion
14. Safe storage and disposal of medications

D. Social Determinants of Health

Instructor: SME (SW, Case Manager, CHW)

Time: 4 hours

1. Religion, culture, age, relationship status, social and economic status
2. Social exclusion



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CORE COMPETENCY: INSTRUCTIONAL GUIDELINES & RESOURCES

3. Social margin
4. Absolute and relative poverty
5. Research, interview, and evaluations
6. Cultural practices, environment, and influence
7. Environmental determinants
8. Community resource capacity assessment
9. Outreach services
10. Web or resources
11. Safety net programs
12. CDC

<https://www.cdc.gov/socialdeterminants/index.htm>

13. Place based SDOH

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

E. Cultural Competencies

Instructor: SME (SW, Case Manager, CHW)

Time: 0.5 hour

1. Cultural competency
2. Demographic shifts
3. Culture definition
4. Cultural practices
5. Cultural influence
6. Cultural environment
7. Over-attribution

F. Communications

Instructor: SME (SW, Case Manager, CHW)

Time: 1.5 hours

1. Meeting the patient where they are – assessing comprehension before teaching
2. Closed loop communication, teaching the teacher
3. Auditory, visual, kinesthetic learning
4. Checking the retention of information
5. Opinions and beliefs of patient may differ from provider
6. Emotional appeal, inducing guilt
7. Power distance
8. Discussion conflict styles
9. Learning styles



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CORE COMPETENCY: INSTRUCTIONAL GUIDELINES & RESOURCES

10. Health literacy
11. Selection of education tools
12. HIPAA consideration when working within the home with other family members present
13. Motivational interviewing techniques
14. De-escalation

G. Home Medical Devices

Instructor: IC or SME

Time: 0.5 hours

1. How home medical devices end up in a patient's home (prescription vs. yard sale)
2. Minimum education a patient receives from medical equipment distributors
3. Process for assisting patients with home medical devices.
4. Standards for what pieces of home medical equipment should or should not be used by providers

H. Provider Safety

Instructor: IC

Time: 30 minutes

1. BBP & PPE
2. Working alone
3. Environmental hazards
4. Situational hazards
5. Professional boundaries
6. Body mechanics
7. De-escalation
8. Situational awareness



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II. Procedures

Goal: At the end of this unit the student will know within their scope of practice, how to help care for patients in various capacities, whom have or require these procedures.

A. Feeding Tubes

Goal: The student will be able to troubleshoot feeding tubes.

a. Feeding Tubes

The student will:

- 1.1 Describe how feeding tubes are named in relation to anatomical placement and function. (Cognitive)
- 1.2. Discuss anatomical and physiological causes for placement of feeding tubes. (Cognitive)
- 1.3 Understand the principles behind why some oral medications are not compatible with some feeding tubes. (Cognitive)
- 1.4 Discuss the process for assuring medications ordered are appropriate for administration through the type of feeding tube at hand. (Cognitive)

b. Percutaneous Endoscopic Gastronomy (PEG)

The student will:

- 1.5 Describe the anatomical placement of PEG tubes.
- 1.6 Differentiate between PEG tubes and other types of feeding tubes
- 1.7 Name specific feeding tubes that are considered PEG tubes

c. Nasogastric (NG)

The student will:

- 1.8 Identify the indications for NG insertion. (Cognitive)
- 1.9 Identify the contraindications for NG insertion. (Cognitive)
- 1.10 Describe the indications for NG tube removal. (Cognitive)
- 1.11 Describe techniques for troubleshooting NG tube. (Cognitive)
- 1.12 Demonstrate competency with NG tube insertion. (Psychomotor)
- 1.13 Demonstrate competency with removal of NG tube. (Psychomotor)
- 1.14 Demonstrate ability to confirm proper NG tube placement. (Psychomotor)
- 1.15 Demonstrates proper flushing techniques of NG tubes. (Psychomotor)
- 1.16 Demonstrate proper techniques for troubleshooting NG tubes. (Psychomotor)

d. Nasojejunal (NJ), Nasoduodenal (ND):

The student will:



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- 1.17 Describe patent NJ and ND tubes. (Cognitive)
- 1.18 Identify complications with NJ and ND tubes. (Cognitive)
- 1.19 Understand the steps of flushing NJ and ND tubes. (Cognitive)
- 1.20 Describe various techniques of troubleshooting NJ and ND tubes. (Cognitive)
- 1.21 Demonstrates proper flushing techniques of NJ and ND tubes. (Psychomotor)
- 1.22 Demonstrates proper techniques for troubleshooting NJ and ND tubes. (Psychomotor)

e. Gastric/Gastrostomy (G), Gastrojejunal (GJ), Jejunal (J) :

The student will:

- 1.23 Describe patent G, GJ, and J tubes. (Cognitive)
- 1.24 Identify complications with G, GJ and J tubes. (Cognitive)
- 1.25 Understand the steps of flushing G, GJ or J tubes. (Cognitive)
- 1.26 Describe various techniques of troubleshooting G, GJ, or J tubes. (Cognitive)
- 1.27 Demonstrates proper flushing techniques of G, GJ, or J tubes. (Psychomotor)
- 1.28 Demonstrates proper techniques for troubleshooting G, GJ, and J tubes. (Psychomotor)

B. Urinary Catheters

Goal: The student will be able to troubleshoot urinary catheters.

a. Indwelling Urethral Catheters

The student will:

- 2.1 Describe patent indwelling urethral catheter tubes. (Cognitive)
- 2.2 Identify complications with indwelling urethral catheter tubes. (Cognitive)
- 2.3 Describe various techniques of troubleshooting. (Cognitive)
- 2.4 Demonstrate proper insertion techniques. (Psychomotor)
- 2.5 Demonstrate proper removal techniques. (Psychomotor)
- 2.6 Demonstrate sterile insertion techniques. (Psychomotor)

b. Indwelling Suprapubic Catheters

The student will:

- 2.7 Describe patient indwelling suprapubic catheter. (Cognitive)
- 2.8 Identify complications of indwelling suprapubic catheter. (Cognitive)
- 2.9 Understand the steps of flushing an indwelling suprapubic catheter. (Cognitive)



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- 2.10 Describe various techniques of troubleshooting an indwelling suprapubic catheter. (Cognitive)
- 2.11 Demonstrate proper sterile technique for replacing an indwelling suprapubic catheter. (Psychomotor)
- 2.12 Demonstrate proper flushing techniques for an indwelling suprapubic catheter. (Psychomotor)
- 2.13 Demonstrate proper troubleshooting techniques for an indwelling suprapubic catheter. (Psychomotor)

c. Straight Catheter

The student will:

- 2.14 Describe sterile insertion of a straight catheter. (Cognitive)
- 2.15 Demonstrate proper insertion of a straight catheter. (Psychomotor)

C. Ostomies

Goal: The student will be able to troubleshoot ostomies.

a. Colostomy, ileostomy, and urostomy

The student will:

- 3.1 Describe the various ostomy products available (Cognitive)
- 3.2 Identify different sites of ostomies. (Cognitive)
- 3.3 Understands proper techniques of ostomy product placement. (Cognitive)
- 3.4 Identify associated complications of ostomy care. (Cognitive)
- 3.5 Demonstrates proper sizing of ostomy equipment. (Psychomotor)
- 3.6 Demonstrates proper application of ostomy products. (Psychomotor)

D. Wound Care

Goal: The student will be able to assess and care for simple wounds.

The student will:

- 4.1 Describe wound types. (Cognitive)
- 4.2 Describe the assessment of wound types. (Cognitive)
- 4.3 Describe the staging of wounds. (Cognitive)
- 4.4 Demonstrate the competent use of wound dressing. (Psychomotor)
- 4.5 Describe the principles of vacuum-assisted closure (VAC).
- 4.6 Will have a working knowledge of wound VACs, drains and wound management devices. (Cognitive)
- 4.7 Will be able to educate the patient in wound/pressure ulcer prevention, complications and/or changes. (Cognitive/Psychomotor)



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- 4.8 Explain the criteria for suture removal. (Cognitive)
- 4.9 Demonstrate suture removal. (Psychomotor)

E. Testing, Collection and Diagnostics

Goal: The student will be able to perform limited and CLIA waived specimen collection and testing.

The student will:

- 5.1 Describe the procedure for labeling, handling, and transporting laboratory samples. (Cognitive)
- 5.2 Describe the appropriate techniques for obtaining the following samples (Cognitive)
 - a. Swab
 - b. Sputum
 - c. Stool
 - d. Urine
 - e. Wound
- 5.3 Describe the appropriate technique for obtaining the following types of blood samples (Cognitive)
 - a. Capillary
 - b. Venous
 - c. Cultures
 - d. Central
- 5.4 Describe the appropriate technique for obtaining a preliminary breath test. (Cognitive)
- 5.5 Describe the appropriate storage and maintenance for available point of care tests. (Cognitive)
- 5.6 Describe and demonstrate obtaining available point of care tests. (Cognitive)
- 5.7 Describe available point of care results. (Cognitive)
- 5.8 Describe action taken for point of care results based on protocol or advanced practice provider orders. (Cognitive)
- 5.9 Describe patient conditions in which utilization of a doppler would be appropriate. (Cognitive)
- 5.10 Demonstrate the procedure of utilizing a doppler. (Psychomotor).
- 5.11 Describe patient conditions in which utilization of a portable ultrasound would be appropriate. (Cognitive)

F. Immunizations and Vaccinations



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Goal: The student will be able to educate, coordinate and administer regarding immunizations and vaccinations.

The student will:

- 6.1 Understand how to coordinate with local health department procedures and processes. (Cognitive)
- 6.2 Describe site selection and methods of administration of various vaccinations. (Cognitive)
- 6.3 Identify contraindication for common immunizations. (Cognitive)
- 6.4 Describe minimum spacing between routinely used vaccinations. (Cognitive)
- 6.5 Recommended practices for administering vaccines. (Cognitive)
- 6.6 Implement disease detection and preventative health care services. (Cognitive)

G. Dialysis

Goal: The student will be able to assess dialysis patients and assess the process of peritoneal dialysis.

The student will:

- 7.1 Discuss the general procedures of hemodialysis. (Cognitive)
- 7.2 Discuss the general procedure and components of the peritoneal dialysis system. (Cognitive)
- 7.3 Compare and contrast hemodialysis and peritoneal dialysis. (Cognitive)
- 7.4 Demonstrate proper techniques for troubleshooting the peritoneal dialysis system. (Cognitive)
- 7.5 Describe the criteria of a hemodialysis shunt which would prompt consultation or alert to a health care team member with a higher level of training or expertise. (Cognitive)

H. Central Venous Catheters (CVC)

Goal: The student will be able to evaluate and access central lines.

The student will:

- 8.1 Compare and contrast the three common types of central venous catheters: tunneled central venous catheter, a peripherally inserted central catheter (PICC) and a subcutaneous (implanted) port. (Cognitive)
- 8.2 Explain the principles of central line maintenance. (Cognitive)



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- 8.3 Explain the principles of accessing central lines. (Cognitive)
- 8.4 Explain the principles of flushing central lines. (Cognitive)
- 8.5 Describe various techniques of troubleshooting central lines. (Cognitive)
- 8.6 Explain how to properly administer medications in a central line following proper technique (Cognitive)
- 8.7 Demonstrate proper technique for accessing commonly used central lines. (Psychomotor)

I. Nasal Packing

Goal: The student will be able to insert and remove nasal packing.

The student will:

- 9.1 Explain the criteria for placing nasal packing. (Cognitive)
- 9.2 Explain the criteria for removing nasal packing. (Cognitive)
- 9.3 Demonstrate proper technique for inserting and removing nasal packing. (Psychomotor)

J. Cardiovascular Adjuncts

Goal: The student will troubleshoot a ventricular assist device (VAD) and wearable defibrillator.

a. Ventricular Assist Device (VAD)

The student will:

- 10.1 Describe the different types of VADs that exist. (Cognitive)
- 10.2 Describe the components and working process of a Left Ventricular Assist Device (LVAD). (Cognitive).
- 10.3 Describe the populations likely to be utilizing LVAD in the out of hospital setting. (Cognitive)
- 10.4 Discuss the alarms, causes of, and course of action for LVAD.

b. Wearable Defibrillator

- 10.5 Describe the components and working process of a wearable defibrillator. (Cognitive)
- 10.3 Discuss the populations likely to be utilizing a wearable defibrillator in the out of hospital setting. (Cognitive)
- 10.4 Discuss alarms, causes of, and course of action for wearable defibrillators. (Cognitive)



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K. Trach Care – Advanced and non-emergency

Goal: The student will demonstrate the ability to evaluate and care for trachs in a nonemergency situation.

The student will:

- 12.1 List the pieces of a trach. (Cognitive)
- 12.2 Describe the anatomy and physiology changes with a trach. (Cognitive)
- 12.3 Describe the steps in evaluation of a trach that is not functioning properly. (Cognitive).
- 12.4 Explain the course of action for findings of an abnormally functioning trach. (Cognitive)
- 12.5 Demonstrate the corrective actions that may be attempted for an abnormally functioning trach. (Psychomotor)

L. Medication Pumps

Goal: The student will have a working knowledge of insulin pumps and be able to identify situations that need immediate attention by a higher level or specialized health care provider.

The student will:

- 13.1 Describe various types of medication pumps found in homes. (Cognitive)
- 13.2 Understand how insulin pumps work. (Cognitive)
- 13.3 Discuss the types of insulin pumps available. (Cognitive)
- 13.4 Name the parts of an insulin pump. (Cognitive)
- 13.5 Describe the evaluation of an insulin pump. (Cognitive)
- 13.6 Discuss the criteria and decision-making process for consulting a higher level or specialized practitioner for insulin pump questions or concerns. (Cognitive)

M. Medication Assisted Therapy

Goal: The student will demonstrate the ability to evaluate, monitor, and conduct prescribed medication assisted therapies.

The student will:

- 14.1 Define Medication Assisted Therapy (MAT). (Cognitive)



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- 14.2 Describe the physiological changes that take place with Opioid Used Disorders (OUDs). (Cognitive)
- 14.3 Discuss conditions and medications that commonly utilize MAT. (Cognitive).
- 14.4 Describe the pharmacodynamics and pharmacokinetics of medications used in MAT for opioid use. (Cognitive)
- 14.5 List the procedural steps required for MAT. (Cognitive)

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COMMUNITY INTEGRATED PARAMEDICINE
PROCEDURES: INSTRUCTIONAL GUIDELINES & RESOURCES

II. Procedures

A. Feeding Tubes

Instructor: SME (CP or RN with experience)

Time: 3 hours (2 hours didactic, 1 hour psychomotor)

1. Patient conditions requiring feeding tube placement that the MIH-CP is likely to encounter
2. Duration of feeding tube placement
3. Frequency of feeding tube replacement
4. Common uses and prohibited uses of feeding tubes
5. Components of feeding tubes
6. Anatomical placement of feeding tubes
7. Signs of non-patent feeding tubes
8. Accessing, placing, and replacing feeding tubes
9. Anatomical and situational contraindications for NG tube placement/replacement
10. Discerning problems that the provider can troubleshoot vs. problems that need a consultation or a transport.
11. Perform in the lab insertion, removal, and confirmation of placement and flushing of NG tube.

B. Urinary Catheters

Instructor: SME (RN with experience)

Time: 3 hours (2 hours didactic, 1 hour psychomotor)

1. Patient conditions requiring indwelling catheter placement that the MIH-CP is likely to encounter
2. Duration of indwelling catheter placement
3. Frequency of indwelling catheter replacement
4. Common uses and prohibited uses of indwelling catheters
5. Components of indwelling catheters
6. Anatomical placement of indwelling catheters
7. Signs of non-patent indwelling catheters
8. Placing or replacing indwelling catheters.
9. Anatomical and situational contraindications for indwelling catheter placement/replacement
10. Discerning problems that the provider can troubleshoot vs. problems that need consultation or a transport.
11. Advantages, disadvantages, and complications of suprapubic vs. indwelling urethral catheters



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12. Perform in the lab insertion, removal, and confirmation of placement and flushing of indwelling catheter.

C. Ostomies

Instructor: SME (RN with experience – ostomy specific, LTC)

Time: 1 hour (0.75 hours didactic, 0.25 hours psychomotor)

1. Patient conditions requiring ostomy placement that the MIH-CP is likely to encounter
2. Duration of placement
3. Frequency for replacement
4. Common uses and prohibited uses of ostomies
5. Components of the ostomy
6. Anatomical placement
7. Signs of a non-patent ostomy
8. Ostomy complications

D. Wound Care

Instructor: SME (RN with wound care certification)

Time: 3 hours (2 hours didactic, 1 hour psychomotor)

1. Types and stages of wounds
2. Comprehensive assessment of a wound
3. Types of wound dressing for specific types of wounds
4. Pathophysiology of wounds and complicating factors
5. Mortality and morbidity of wounds
6. Indications and contraindications of suture removal

E. Testing, Collection and Diagnostics

Instructor: SME (CP, MA, RN, LPN)

Time: 1.5 hours (1.5 hours didactic)

1. Timelines for obtaining and keeping samples
2. PPE, BBP, and proper labeling and transportation
3. Pediatric considerations in obtaining samples
4. Collection techniques
9. PBT considerations including orders for and HIPPA considerations

F. Immunizations and Vaccinations

Instructor: SME (CP, MA, LPN, RN)

Time: 0.5 hour (0.5 hour didactic)



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1. Childhood vs. Adult immunizations
2. Typical schedules for immunizations
3. Documenting immunizations

G. Dialysis

Instructor: SME (Dialysis RN)

Time: 1 hour (0.75 hours didactic, 0.25 hours psychomotor)

1. Criteria for hemodialysis vs. peritoneal dialysis
2. Differences between hemodialysis and peritoneal dialysis
3. Parts of the home peritoneal dialysis system
4. Frequency and duration of peritoneal dialysis

H. Central Venous Catheters

Instructor: SME (ICU RN, Long Term Acute Care RN, Infusion RN)

Time: 1.5 hours (1 hour didactic, 0.5 hours psychomotor)

1. Patient conditions requiring central line placement that the MIH-CP is likely to encounter.
2. Duration of central line placement
3. Frequency for replacement
4. Common uses and prohibited uses of central lines
5. Components of the line
6. Anatomical placement of the central line
7. Situations the MIH-CP is likely to be assessing or accessing central line in the field
8. Sterile techniques for accessing
9. Types/manufacturers commonly used in the area
10. Perform accessing and flushing in the lab

I. Nasal Packing

Instructor: TBD

Time: 1 hour (0.5 hour didactic, 0.5 hour psychomotor)

J. Cardiovascular Adjuncts

Instructor: TBD

Time: 1 hour (1 hour didactic)



COMMUNITY INTEGRATED PARAMEDICINE
PROCEDURES: INSTRUCTIONAL GUIDELINES & RESOURCES

- K. Trach Care – Advanced and non-emergency
Instructor: TBD
Time: 1 hour (0.5 hour didactic, 0.5 hour psychomotor)
- L. Medication Pumps
Instructor: TBD
Time: 1 hour (0.5 hour didactic, 0.5 hour psychomotor)
- M. Medication Assisted Therapy (MAT)
Instructor: SME (MAT approved Physician, PA, NP)
Time: 1 hour (1 hour didactic)
1. Commonly used MAT medications
 2. Types of MAT used nationally and within Michigan
 3. SUD vs. OUD
 4. Physiology and psychology of addiction
 5. Stigma
 6. Orders for MAT
 7. Legality of MAT
- N. Miscellaneous – this is a placeholder for additions
Instructor:
Time: 2 hours (1 hour didactic, 1 hour psychomotor)



COMMUNITY PARAMEDICINE
POPULATIONS: OBJECTIVES

III. Populations

Goal: At the end of this unit the CP will be able to better care for patients of the selected populations outside of emergency situations.

**NOTE – objectives 1-25 for each population are identical – additional objectives in any section have been highlighted.

A. Chronic Obstructive Pulmonary Disease (COPD)/Asthma

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a COPD/Asthma patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

- 1.1 Describe the monitoring and management for the COPD/Asthma patient. (Cognitive)
- 1.2 Recognize and prioritize patient education topics for the COPD/Asthma patient. (Cognitive).
- 1.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the COPD/Asthma patient. (Cognitive)
- 1.4 Perform a comprehensive assessment on a COPD/Asthma patient. (Psychomotor)
- 1.5 Differentiate between care provided in home vs. in-patient for the COPD/Asthma patient. (Cognitive)
- 1.6 Describe a care plan for a COPD/Asthma patient. (Cognitive)
- 1.7 List medications commonly utilized by COPD/Asthma patients. (Cognitive)
- 1.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the COPD/Asthma patient. (Cognitive)
- 1.9 Demonstrate a medication reconciliation for a COPD/Asthma patient. (Psychomotor)
- 1.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the COPD/Asthma patient by the CP. (Cognitive).
- 1.11 Discuss Point of Care (POC) testing commonly utilized for COPD/Asthma patients. (Cognitive)
- 1.12 Describe normal lab values for the COPD/Asthma patient. (Cognitive)
- 1.13 Describe the elements of a follow-up call for a COPD/Asthma patient. (Cognitive)
- 1.14 Document a follow-up call, for a COPD/Asthma patient. (Psychomotor)
- 1.15 Describe the impact on Activities of Daily Living (ADLs) cause by COPD/Asthma. (Cognitive)



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POPULATIONS: OBJECTIVES

- 1.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the COPD/Asthma patient.
- 1.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the COPD/Asthma patient home. (Cognitive)
- 1.18 Recognize the need for additional resources for the COPD/Asthma patient. (Cognitive)
- 1.19 Discuss how to connect the COPD/Asthma patient with additional resources. (Cognitive)
- 1.20 Explain the criteria for treating a COPD/Asthma patient encountered outside of a scheduled visit. (Cognitive)
- 1.21 Describe the criteria for transporting a COPD/Asthma patient to a destination other than an Emergency Department. (Cognitive)
- 1.22 Describe the additional resource navigation required for COPD/Asthma patients encountered outside of a scheduled visit. (Cognitive)
- 1.23 Describe the physician involvement required when treating COPD/Asthma a patient encountered outside of a scheduled visit. (Cognitive)
- 1.24 Describe additional documentation elements required for COPD/Asthma patients encountered outside of a scheduled visit. (Cognitive)
- 1.25 Demonstrate in a scenario based setting the assessment and care for a COPD/Asthma patient encountered outside of a scheduled visit. (Psychomotor)
- 1.26 Discuss the National Asthma Educator Certification Board (NAECB). (Cognitive)
- 1.27 Describe the Asthma Initiative of Michigan (AIM). (Cognitive)

B. Cardiac: Congestive Heart Failure (CHF)/Post Myocardial Infarction (MI)/Hypertension (HTN)

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a cardiac patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

- 2.1 Describe the monitoring and management for the cardiac patient. (Cognitive)
- 2.2 Recognize and prioritize patient education topics for the cardiac patient. (Cognitive).
- 2.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the cardiac patient. (Cognitive)
- 2.4 Perform a comprehensive assessment on a cardiac patient. (Psychomotor)
- 2.5 Differentiate between care provided in home vs. in-patient for the cardiac patient. (Cognitive)



COMMUNITY PARAMEDICINE POPULATIONS: OBJECTIVES

- 2.6 Describe a care plan for a cardiac patient. (Cognitive)
- 2.7 List medications commonly utilized by cardiac patients. (Cognitive)
- 2.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the cardiac patient. (Cognitive)
- 2.9 Demonstrate a medication reconciliation for a cardiac patient. (Psychomotor)
- 2.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the cardiac patient by the CP. (Cognitive)
- 2.11 Discuss Point of Care (POC) testing commonly utilized for cardiac patients. (Cognitive)
- 2.12 Describe normal lab values for the cardiac patient. (Cognitive)
- 2.13 Describe the elements of a follow-up call for a cardiac patient. (Cognitive)
- 2.14 Document a follow-up call, for a cardiac patient. (Psychomotor)
- 2.15 Describe the impact on Activities of Daily Living (ADLs) cause by cardiac conditions. (Cognitive)
- 2.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the cardiac patient.
- 2.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the cardiac patient home. (Cognitive)
- 2.18 Recognize the need for additional resources for the cardiac patient. (Cognitive)
- 2.19 Discuss how to connect the cardiac patient with additional resources. (Cognitive)
- 2.20 Explain the criteria for treating a cardiac patient encountered outside of a scheduled visit. (Cognitive)
- 2.21 Describe the criteria for transporting a cardiac patient to a destination other than an Emergency Department. (Cognitive)
- 2.22 Describe the additional resource navigation required for cardiac patients encountered outside of a scheduled visit. (Cognitive)
- 2.23 Describe the physician involvement required when treating a cardiac patient encountered outside of a scheduled visit. (Cognitive)
- 2.24 Describe additional documentation elements required for cardiac patients encountered outside of a scheduled visit. (Cognitive)
- 2.25 Demonstrate in a scenario based setting the assessment and care for a cardiac patient encountered outside of a scheduled visit. (Psychomotor)
- 2.26 Recognize the importance of cardiac rehabilitation services. (Cognitive)
- 2.27 Describe the criteria and process for facilitating the use of cardiac rehabilitation services. (Cognitive)



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2.28 Describe caring for a patient with a ventricular assist device (VAD).
(Cognitive)

2.29 Describe caring for a patient with a wearable defibrillator (LifeVest).
(Cognitive)

C. Respiratory Infection/Pneumonia

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a respiratory infection/pneumonia patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

3.1 Describe the monitoring and management for the respiratory infection/pneumonia patient. (Cognitive)

3.2 Recognize and prioritize patient education topics for the respiratory infection/pneumonia patient. (Cognitive).

3.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the respiratory infection/pneumonia patient. (Cognitive)

3.4 Perform a comprehensive assessment on a respiratory infection/pneumonia patient. (Psychomotor)

3.5 Differentiate between care provided in home vs. in-patient for the respiratory infection/pneumonia patient. (Cognitive)

3.6 Describe a care plan for a respiratory infection/pneumonia patient.
(Cognitive)

3.7 List medications commonly utilized by respiratory infection/pneumonia patients. (Cognitive)

3.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the respiratory infection/pneumonia patient.
(Cognitive)

3.9 Demonstrate a medication reconciliation for a respiratory infection/pneumonia patient. (Psychomotor)

3.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the respiratory infection/pneumonia patient by the CP.
(Cognitive).

3.11 Discuss Point of Care (POC) testing commonly utilized for respiratory infection/pneumonia patients. (Cognitive)

3.12 Describe normal lab values for the respiratory infection/pneumonia patient. (Cognitive)

3.13 Describe the elements of a follow-up call for a respiratory infection/pneumonia patient. (Cognitive)



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- 3.14 Document a follow-up call, for a respiratory infection/pneumonia patient. (Psychomotor)
- 3.15 Describe the impact on Activities of Daily Living (ADLs) cause by respiratory infection/pneumonia. (Cognitive)
- 3.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the respiratory infection/pneumonia patient.
- 3.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the respiratory infection/pneumonia patient home. (Cognitive)
- 3.18 Recognize the need for additional resources for the respiratory infection/pneumonia patient. (Cognitive)
- 3.19 Discuss how to connect the respiratory infection/pneumonia patient with additional resources. (Cognitive)
- 3.20 Explain the criteria for treating a respiratory infection/pneumonia patient encountered outside of a scheduled visit. (Cognitive)
- 3.21 Describe the criteria for transporting a respiratory infection/pneumonia patient to a destination other than an Emergency Department. (Cognitive)
- 3.22 Describe the additional resource navigation required for respiratory infection/pneumonia patients encountered outside of a scheduled visit. (Cognitive)
- 3.23 Describe the physician involvement required when treating a respiratory infection/pneumonia patient encountered outside of a scheduled visit. (Cognitive)
- 3.24 Describe additional documentation elements required for respiratory infection/pneumonia patients encountered outside of a scheduled visit. (Cognitive)
- 3.25 Demonstrate in a scenario based setting the assessment and care for a respiratory infection/pneumonia patient encountered outside of a scheduled visit. (Psychomotor)

D. Orthopedic Surgical Intervention

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for an orthopedic surgical intervention patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

- 4.1 Describe the monitoring and management for the orthopedic surgical intervention patient. (Cognitive)
- 4.2 Recognize and prioritize patient education topics for the orthopedic surgical intervention patient. (Cognitive).



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- 4.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the orthopedic surgical intervention patient. (Cognitive)
- 4.4 Perform a comprehensive assessment on an orthopedic surgical intervention patient. (Psychomotor)
- 4.5 Differentiate between care provided in home vs. in-patient for the orthopedic surgical intervention patient. (Cognitive)
- 4.6 Describe a care plan for an orthopedic surgical intervention patient. (Cognitive)
- 4.7 List medications commonly utilized by orthopedic surgical intervention patients. (Cognitive)
- 4.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the orthopedic surgical intervention patient. (Cognitive)
- 4.9 Demonstrate a medication reconciliation for an orthopedic surgical intervention patient. (Psychomotor)
- 4.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the orthopedic surgical intervention patient by the CP. (Cognitive).
- 4.11 Discuss Point of Care (POC) testing commonly utilized for orthopedic surgical intervention patients. (Cognitive)
- 4.12 Describe normal lab values for the orthopedic surgical intervention patient. (Cognitive)
- 4.13 Describe the elements of a follow-up call for an orthopedic surgical intervention patient. (Cognitive)
- 4.14 Document a follow-up call, for an orthopedic surgical intervention patient. (Psychomotor)
- 4.15 Describe the impact on Activities of Daily Living (ADLs) cause by orthopedic surgical intervention. (Cognitive)
- 4.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the orthopedic surgical intervention patient.
- 4.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the orthopedic surgical intervention patient home. (Cognitive)
- 4.18 Recognize the need for additional resources for the orthopedic surgical intervention patient. (Cognitive)
- 4.19 Discuss how to connect the orthopedic surgical intervention patient with additional resources. (Cognitive)
- 4.20 Explain the criteria for treating an orthopedic surgical intervention patient encountered outside of a scheduled visit. (Cognitive)



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- 4.21 Describe the criteria for transporting an orthopedic surgical intervention patient to a destination other than an Emergency Department. (Cognitive)
- 4.22 Describe the additional resource navigation required for orthopedic surgical intervention patients encountered outside of a scheduled visit. (Cognitive)
- 4.23 Describe the physician involvement required when treating an orthopedic surgical intervention patient encountered outside of a scheduled visit. (Cognitive)
- 4.24 Describe additional documentation elements required for orthopedic surgical intervention patients encountered outside of a scheduled visit. (Cognitive)
- 4.25 Demonstrate in a scenario based setting the assessment and care for an orthopedic surgical intervention patient encountered outside of a scheduled visit. (Psychomotor)
- 4.26 Discuss the importance of wound care for orthopedic surgical intervention patients. (Cognitive)

E. Diabetes Mellitus (DM)

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a DM patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

- 5.1 Describe the monitoring and management for the DM patient. (Cognitive)
- 5.2 Recognize and prioritize patient education topics for the DM patient. (Cognitive).
- 5.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the DM patient. (Cognitive)
- 5.4 Perform a comprehensive assessment on a DM patient. (Psychomotor)
- 5.5 Differentiate between care provided in home vs. in-patient for the DM patient. (Cognitive)
- 5.6 Describe a care plan for a DM patient. (Cognitive)
- 5.7 List medications commonly utilized by DM patients. (Cognitive)
- 5.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the DM patient. (Cognitive)
- 5.9 Demonstrate a medication reconciliation for a DM patient. (Psychomotor)
- 5.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the DM patient by the CP. (Cognitive).
- 5.11 Discuss Point of Care (POC) testing commonly utilized for DM patients. (Cognitive)



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- 5.12 Describe normal lab values for the DM patient. (Cognitive)
- 5.13 Describe the elements of a follow-up call for a DM patient. (Cognitive)
- 5.14 Document a follow-up call, for a DM patient. (Psychomotor)
- 5.15 Describe the impact on Activities of Daily Living (ADLs) cause by DM. (Cognitive)
- 5.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the DM patient.
- 5.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the DM patient home. (Cognitive)
- 5.18 Recognize the need for additional resources for the DM patient. (Cognitive)
- 5.19 Discuss how to connect the DM patient with additional resources. (Cognitive)
- 5.20 Explain the criteria for treating a DM patient encountered outside of a scheduled visit. (Cognitive)
- 5.21 Describe the criteria for transporting a DM patient to a destination other than an Emergency Department. (Cognitive)
- 5.22 Describe the additional resource navigation required for DM patients encountered outside of a scheduled visit. (Cognitive)
- 5.23 Describe the physician involvement required when treating a DM patient encountered outside of a scheduled visit. (Cognitive)
- 5.24 Describe additional documentation elements required for DM patients encountered outside of a scheduled visit. (Cognitive)
- 5.25 Demonstrate in a scenario based setting the assessment and care for a DM patient encountered outside of a scheduled visit. (Psychomotor)
- 5.26 Describe the function of Diabetes Self-Management Education (DSME). (Cognitive)

F. Sepsis Identification

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a sepsis patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

- 6.1 Describe the monitoring and management for the sepsis patient. (Cognitive)
- 6.2 Recognize and prioritize patient education topics for the sepsis patient. (Cognitive).
- 6.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the sepsis patient. (Cognitive)
- 6.4 Perform a comprehensive assessment on a sepsis patient. (Psychomotor)



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- 6.5 Differentiate between care provided in home vs. in-patient for the sepsis patient. (Cognitive)
- 6.6 Describe a care plan for a sepsis patient. (Cognitive)
- 6.7 List medications commonly utilized by sepsis patients. (Cognitive)
- 6.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the sepsis patient. (Cognitive)
- 6.9 Demonstrate a medication reconciliation for a sepsis patient. (Psychomotor)
- 6.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the sepsis patient by the CP. (Cognitive).
- 6.11 Discuss Point of Care (POC) testing commonly utilized for sepsis patients. (Cognitive)
- 6.12 Describe normal lab values for the sepsis patient. (Cognitive)
- 6.13 Describe the elements of a follow-up call for a sepsis patient. (Cognitive)
- 6.14 Document a follow-up call, for a sepsis patient. (Psychomotor)
- 6.15 Describe the impact on Activities of Daily Living (ADLs) cause by sepsis. (Cognitive)
- 6.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the sepsis patient.
- 6.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the sepsis patient home. (Cognitive)
- 6.18 Recognize the need for additional resources for the sepsis patient. (Cognitive)
- 6.19 Discuss how to connect the sepsis patient with additional resources. (Cognitive)
- 6.20 Explain the criteria for treating a sepsis patient encountered outside of a scheduled visit. (Cognitive)
- 6.21 Describe the criteria for transporting a sepsis patient to a destination other than an Emergency Department. (Cognitive)
- 6.22 Describe the additional resource navigation required for sepsis patients encountered outside of a scheduled visit. (Cognitive)
- 6.23 Describe the physician involvement required when treating a sepsis patient encountered outside of a scheduled visit. (Cognitive)
- 6.24 Describe additional documentation elements required for sepsis patients encountered outside of a scheduled visit. (Cognitive)
- 6.25 Demonstrate in a scenario based setting the assessment and care for a sepsis patient encountered outside of a scheduled visit. (Psychomotor)
- 6.26 Explain the necessity and mechanisms for early recognition of sepsis (Cognitive)



COMMUNITY PARAMEDICINE
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6.27 Describe the criteria and process for moving patients out of CP care and into emergency care when sepsis is suspected. (Cognitive)

G. Neurological Conditions (stroke, trauma, organic)

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a neurological condition patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

- 7.1 Describe the monitoring and management for the neurological condition patient. (Cognitive)
- 7.2 Recognize and prioritize patient education topics for the neurological condition patient. (Cognitive).
- 7.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the neurological condition patient. (Cognitive)
- 7.4 Perform a comprehensive assessment on a neurological condition patient. (Psychomotor)
- 7.5 Differentiate between care provided in home vs. in-patient for the neurological condition patient. (Cognitive)
- 7.6 Describe a care plan for a neurological condition patient. (Cognitive)
- 7.7 List medications commonly utilized by neurological condition patients. (Cognitive)
- 7.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the neurological condition patient. (Cognitive)
- 7.9 Demonstrate a medication reconciliation for a neurological condition patient. (Psychomotor)
- 7.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the neurological condition patient by the CP. (Cognitive).
- 7.11 Discuss Point of Care (POC) testing commonly utilized for neurological condition patients. (Cognitive)
- 7.12 Describe normal lab values for the neurological condition patient. (Cognitive)
- 7.13 Describe the elements of a follow-up call for a neurological condition patient. (Cognitive)
- 7.14 Document a follow-up call, for a neurological condition patient. (Psychomotor)
- 7.15 Describe the impact on Activities of Daily Living (ADLs) cause by neurological condition. (Cognitive)



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7.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the neurological condition patient.

7.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the neurological condition patient home. (Cognitive)

7.18 Recognize the need for additional resources for the neurological condition patient. (Cognitive)

7.19 Discuss how to connect the neurological condition patient with additional resources. (Cognitive)

7.20 Explain the criteria for treating a neurological condition patient encountered outside of a scheduled visit. (Cognitive)

7.21 Describe the criteria for transporting a neurological condition patient to a destination other than an Emergency Department. (Cognitive)

7.22 Describe the additional resource navigation required for neurological condition patients encountered outside of a scheduled visit. (Cognitive)

7.23 Describe the physician involvement required when treating a neurological condition patient encountered outside of a scheduled visit. (Cognitive)

7.24 Describe additional documentation elements required for neurological condition patients encountered outside of a scheduled visit. (Cognitive)

7.25 Demonstrate in a scenario based setting the assessment and care for a neurological condition patient encountered outside of a scheduled visit. (Psychomotor)

H. Substance Use Disorders (SUD)

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a SUD patient with the goal of reducing the likelihood of readmission or complications of the disease process.

The student will:

8.1 Describe the monitoring and management for the SUD patient. (Cognitive)

8.2 Recognize and prioritize patient education topics for the SUD patient. (Cognitive).

8.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the SUD patient. (Cognitive)

8.4 Perform a comprehensive assessment on a SUD patient. (Psychomotor)

8.5 Differentiate between care provided in home vs. in-patient for the SUD patient. (Cognitive)

8.6 Describe a care plan for a SUD patient. (Cognitive)

8.7 List medications commonly utilized by SUD patients. (Cognitive)



COMMUNITY PARAMEDICINE POPULATIONS: OBJECTIVES

- 8.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the SUD patient. (Cognitive)
- 8.9 Demonstrate a medication reconciliation for a SUD patient. (Psychomotor)
- 8.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the SUD patient by the CP. (Cognitive).
- 8.11 Discuss Point of Care (POC) testing commonly utilized for SUD patients. (Cognitive)
- 8.12 Describe normal lab values for the SUD patient. (Cognitive)
- 8.13 Describe the elements of a follow-up call for a SUD patient. (Cognitive)
- 8.14 Document a follow-up call, for a SUD patient. (Psychomotor)
- 8.15 Describe the impact on Activities of Daily Living (ADLs) cause by SUD. (Cognitive)
- 8.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the SUD patient.
- 8.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the SUD patient home. (Cognitive)
- 8.18 Recognize the need for additional resources for the SUD patient. (Cognitive)
- 8.19 Discuss how to connect the SUD patient with additional resources. (Cognitive)
- 8.20 Explain the criteria for treating a SUD patient encountered outside of a scheduled visit. (Cognitive)
- 8.21 Describe the criteria for transporting a SUD patient to a destination other than an Emergency Department. (Cognitive)
- 8.22 Describe the additional resource navigation required for SUD patients encountered outside of a scheduled visit. (Cognitive)
- 8.23 Describe the physician involvement required when treating a SUD patient encountered outside of a scheduled visit. (Cognitive)
- 8.24 Describe additional documentation elements required for SUD patients encountered outside of a scheduled visit. (Cognitive)
- 8.25 Demonstrate in a scenario based setting the assessment and care for a SUD patient encountered outside of a scheduled visit. (Psychomotor)
- 8.26 Define addiction. (Cognitive)
- 8.27 Explain how SUD as a chronic disease. (Cognitive)
- 8.28 Identify the barriers SUD stigma creates. (Cognitive)
- 8.29 Describe life span treatment of recovery as a chronic health condition. (Cognitive)
- 8.30 Discuss SUD focused CP programs in Michigan. (Cognitive)



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I. Behavioral Health/Mental Health (BH/MH)

Goal: At the end of this unit the provider will be able to follow a plan to provide follow-up care for a BH/MH patient with the goal of reducing the likelihood of readmission or complications of the disease process

The student will:

- 9.1 Describe the monitoring and management for the BH/MH patient. (Cognitive)
- 9.2 Recognize and prioritize patient education topics for the BH/MH patient. (Cognitive).
- 9.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the BH/MH patient. (Cognitive)
- 9.4 Perform a comprehensive assessment on a BH/MH patient. (Psychomotor)
- 9.5 Differentiate between care provided in home vs. in-patient for the BH/MH patient. (Cognitive)
- 9.6 Describe a care plan for a BH/MH patient. (Cognitive)
- 9.7 List medications commonly utilized by BH/MH patients. (Cognitive)
- 9.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to the BH/MH patient. (Cognitive)
- 9.9 Demonstrate a medication reconciliation for a BH/MH patient. (Psychomotor)
- 9.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the BH/MH patient by the CP. (Cognitive).
- 9.11 Discuss Point of Care (POC) testing commonly utilized for BH/MH patients. (Cognitive)
- 9.12 Describe normal lab values for the BH/MH patient. (Cognitive)
- 9.13 Describe the elements of a follow-up call for a BH/MH patient. (Cognitive)
- 9.14 Document a follow-up call, for a BH/MH patient. (Psychomotor)
- 9.15 Describe the impact on Activities of Daily Living (ADLs) cause by BH/MH. (Cognitive)
- 9.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the BH/MH patient.
- 9.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the BH/MH patient home. (Cognitive)
- 9.18 Recognize the need for additional resources for the BH/MH patient. (Cognitive)
- 9.19 Discuss how to connect the BH/MH patient with additional resources. (Cognitive)



COMMUNITY PARAMEDICINE
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- 9.20 Explain the criteria for treating a BH/MH patient encountered outside of a scheduled visit. (Cognitive)
- 9.21 Describe the criteria for transporting a BH/MH patient to a destination other than an Emergency Department. (Cognitive)
- 9.22 Describe the additional resource navigation required for BH/MH patients encountered outside of a scheduled visit. (Cognitive)
- 9.23 Describe the physician involvement required when treating a BH/MH patient encountered outside of a scheduled visit. (Cognitive)
- 9.24 Describe additional documentation elements required for BH/MH patients encountered outside of a scheduled visit. (Cognitive)
- 9.25 Demonstrate in a scenario based setting the assessment and care for a BH/MH patient encountered outside of a scheduled visit. (Psychomotor)
- 9.26 Describe resources for additional training in BH/MH first aid. (Cognitive)
- 9.27 Describe legal implications of BH/MH care. (Cognitive)

J. Mother/Baby/Prenatal/Postpartum

Goal: At the end of this unit the provider will be able to follow a plan to provide care for the mother/baby population with the goal of reducing the likelihood of readmission or complications.

The student will:

- 10.1 Describe the monitoring and management for mother/baby/prenatal/postpartum. (Cognitive)
- 10.2 Recognize and prioritize patient education topics for mother/baby/prenatal/postpartum. (Cognitive).
- 10.3 Differentiate between acute and chronic complications, complaints, and exacerbations for the mother/baby/prenatal/postpartum. (Cognitive)
- 10.4 Perform a comprehensive assessment on mother/baby/prenatal/postpartum. (Psychomotor)
- 10.5 Differentiate between care provided in home vs. in-patient for mother/baby/prenatal/postpartum. (Cognitive)
- 10.6 Describe a care plan for mother/baby/prenatal/postpartum. (Cognitive)
- 10.7 List medications commonly utilized by mother/baby/prenatal/postpartum. (Cognitive)
- 10.8 Discuss the pharmacokinetics and pharmacodynamics of the drugs commonly prescribed to mother/baby/prenatal/postpartum. (Cognitive)
- 10.9 Demonstrate a medication reconciliation for the mother/baby/prenatal/postpartum (Psychomotor)



**COMMUNITY PARAMEDICINE
POPULATIONS: OBJECTIVES**

- 10.10 List the indications, contraindications, dosing, side effects, interactions, pharmacodynamics, and pharmacokinetics of medications commonly administered to the mother/baby/prenatal/postpartum by the CP. (Cognitive).
- 10.11 Discuss Point of Care (POC) testing commonly utilized for the mother/baby/prenatal/postpartum. (Cognitive)
- 10.12 Describe normal lab values for the mother/baby/prenatal/postpartum. (Cognitive)
- 10.13 Describe the elements of a follow-up call for the mother/baby/prenatal/postpartum. (Cognitive)
- 10.14 Document a follow-up call, for the mother/baby/prenatal/postpartum. (Psychomotor)
- 10.15 Describe the impact on Activities of Daily Living (ADLs) cause by the mother/baby/prenatal/postpartum. (Cognitive)
- 10.16 Describe the additional elements of an environmental scan, beyond the basic home safety assessment, that may be beneficial to the mother/baby/prenatal/postpartum. (Cognitive)
- 10.17 Discuss the use and safety of Durable Medical Equipment (DME) that may be found in the mother/baby/prenatal/postpartum. (Cognitive)
- 10.18 Recognize the need for additional resources for the mother/baby/prenatal/postpartum. (Cognitive)
- 10.19 Discuss how to connect the mother/baby/prenatal/postpartum with additional resources. (Cognitive)
- 10.20 Explain the criteria for treating a mother/baby/prenatal/postpartum patient encountered outside of a scheduled visit. (Cognitive)
- 10.21 Describe the criteria for transporting a mother/baby/prenatal/postpartum patient to a destination other than an Emergency Department. (Cognitive)
- 10.22 Describe the additional resource navigation required for mother/baby/prenatal/postpartum patients encountered outside of a scheduled visit. (Cognitive)
- 10.23 Describe the physician involvement required when treating a mother/baby/prenatal/postpartum patient encountered outside of a scheduled visit. (Cognitive)
- 10.24 Describe additional documentation elements required for mother/baby/prenatal/postpartum patients encountered outside of a scheduled visit. (Cognitive)
- 10.25 Demonstrate in a scenario based setting the assessment and care for a mother/baby/prenatal/postpartum patient encountered outside of a scheduled visit. (Psychomotor)



COMMUNITY PARAMEDICINE

POPULATIONS: INSTRUCTIONAL GUIDELINE

III. **Populations**

A. **Chronic Obstructive Pulmonary Disease (COPD)/Asthma**

Instructor: SME (Respiratory Therapist, Asthma Educator, RN Specialty Management, Advanced Practice Provider)

Time: 3.5 hours (3 hours didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of COPD/Asthma
2. Long term monitoring and management of COPD/Asthma
3. Consequences and complications of unmonitored and unmanaged aspects of COPD/Asthma
4. Specialized history and physical assessment for COPD/Asthma
5. Differentiating between exacerbation and expected progression of COPD/Asthma
6. Elements of a care plan for COPD/Asthma
7. Maintenance and short-term medications for COPD/Asthma
8. Diagnostics including point of care testing, along with expected values for patients at various stages of COPD/Asthma
9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
11. When and how to transport patients to an alternate destination, including required permissions and documentation.
12. [NAECB](#) education
13. [Asthma Initiative of Michigan \(AIM\)](#)
14. [MATCH](#)
15. [Asthma Surveillance](#)
16. Pediatric Asthma
17. CP Asthma module (how to become an asthma educator)

B. **Cardiac: Congestive Heart Failure (CHF)/Post Myocardial Infraction (MI)/Hypertension (HTN)**

Instructor: SME (Respiratory Therapist, RN Specialty Management, Advanced Practice Provider, Cardiac Rehab RN, Advanced Level Provider *[MSCVPR discussed](#))

Time: 3.5 hours (3 hours didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of CHF



COMMUNITY PARAMEDICINE

POPULATIONS: INSTRUCTIONAL GUIDELINE

2. Long term monitoring and management of CHF
 3. Consequences and complications of unmonitored and unmanaged aspects of CHF
 4. Specialized history and physical assessment for CHF
 5. Differentiating between exacerbation and expected progression of CHF
 6. Elements of a care plan for CHF
 7. Maintenance and short-term medications for CHF
 8. Diagnostics including point of care testing, along with expected values for patients at various stages of CHF
 9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
 10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
 11. When and how to transport patients to an alternate destination, including required permissions and documentation.
1. Pathophysiology and progression of HTN
 2. Long term monitoring and management of HTN
 3. Consequences and complications of unmonitored and unmanaged aspects of HTN
 4. Specialized history and physical assessment for HTN
 5. Differentiating between exacerbation and expected progression of HTN
 6. Elements of a care plan for HTN
 7. Maintenance and short-term medications for HTN
 8. Diagnostics including point of care testing, along with expected values for patients at various stages of HTN
 9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
 10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
 11. When and how to transport patients to an alternate destination, including required permissions and documentation.

C. Respiratory Infection/Pneumonia

Instructor: SME (RN Specialty Management, Advanced Practice Provider)

Time: 1.5 hours (1 hour didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of pneumonia
2. Long term monitoring and management of pneumonia



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POPULATIONS: INSTRUCTIONAL GUIDELINE

3. Consequences and complications of unmonitored and unmanaged aspects of pneumonia
4. Specialized history and physical assessment for pneumonia
5. Differentiating between exacerbation and expected progression of pneumonia
6. Elements of a care plan for pneumonia
7. Maintenance and short-term medications for pneumonia
8. Diagnostics including point of care testing, along with expected values for patients at various stages of pneumonia
9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
11. When and how to transport patients to an alternate destination, including required permissions and documentation.

D. Orthopedic Surgical Intervention

Instructor: SME (RN with rehab experience, PT/OT, Ortho RN)

Time: 2.5 hours (2 hours didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of hip/knee arthroplasty
2. Long term monitoring and management of hip/knee arthroplasty
3. Consequences and complications of unmonitored and unmanaged aspects of hip/knee arthroplasty
4. Specialized history and physical assessment for hip/knee arthroplasty
5. Differentiating between exacerbation and expected progression of hip/knee arthroplasty
6. Elements of a care plan for hip/knee arthroplasty
7. Maintenance and short-term medications for hip/knee arthroplasty
8. Diagnostics including point of care testing, along with expected values for patients at various stages of hip/knee arthroplasty
9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
11. When and how to transport patients to an alternate destination, including required permissions and documentation.



COMMUNITY PARAMEDICINE

POPULATIONS: INSTRUCTIONAL GUIDELINE

E. Diabetes Mellitus (DM)

Instructor: SME (DSME, RN with Diabetes experience, Advanced Level Provider, nutritionist)

Time: 3.5 hours (3 hours didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of DM
2. Long term monitoring and management of DM
3. Consequences and complications of unmonitored and unmanaged aspects of DM
4. Specialized history and physical assessment for DM
5. Differentiating between exacerbation and expected progression of DM
6. Elements of a care plan for DM
7. Maintenance and short-term medications for DM
8. Diagnostics including point of care testing, along with expected values for patients at various stages of DM
9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
11. When and how to transport patients to an alternate destination, including required permissions and documentation.

F. Sepsis Identification

Instructor: SME (Advanced Level Provider, RN with Sepsis Specialty).

Time: 2.5 hours (2 hours didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of sepsis
2. Long term monitoring and management of sepsis
3. Consequences and complications of unmonitored and unmanaged aspects of sepsis
4. Specialized history and physical assessment for sepsis
5. Differentiating between exacerbation and expected progression of sepsis
6. Elements of a care plan for sepsis
7. Maintenance and short-term medications for sepsis
8. Diagnostics including point of care testing, along with expected values for patients at various stages of sepsis
9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.



COMMUNITY PARAMEDICINE

POPULATIONS: INSTRUCTIONAL GUIDELINE

10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
11. When and how to transport patients to an alternate destination, including required permissions and documentation.

G. Neurological Conditions (stroke, trauma, organic)

Instructor: SMEs (Neuro Specialty RN, LTC RN, PT/OT, Advanced Level Provider).

Time: 2.5 hours (2 hours didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of neurological conditions
2. Long term monitoring and management of neurological conditions
3. Consequences and complications of unmonitored and unmanaged aspects of neurological conditions
4. Specialized history and physical assessment for neurological conditions
5. Differentiating between exacerbation and expected progression of neurological conditions
6. Elements of a care plan for neurological conditions
7. Maintenance and short-term medications for neurological conditions
8. Diagnostics including point of care testing, along with expected values for patients at various stages of neurological conditions
9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
11. When and how to transport patients to an alternate destination, including required permissions and documentation.

H. Substance Use Disorders (SUD)

Instructor: SME (Peer Support Specialist, Recovery Coach, CHW, Social Work, CMH, Harm Reduction specialist, Behavioral Health, Clinical Therapist, Counselor, Psychologist, Psychiatrist)

Time: 2.5 hours (2 hours didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of SUD
2. Long term monitoring and management of SUD
3. Consequences and complications of unmonitored and unmanaged aspects of SUD



COMMUNITY PARAMEDICINE

POPULATIONS: INSTRUCTIONAL GUIDELINE

4. Specialized history and physical assessment for SUD
 5. Differentiating between exacerbation and expected progression of SUD
 6. Elements of a care plan for SUD
 7. Maintenance and short-term medications for SUD
 8. Diagnostics including point of care testing, along with expected values for patients at various stages of SUD
 9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
 10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
 11. When and how to transport patients to an alternate destination, including required permissions and documentation.
- I. Behavioral Health/Mental Health (BH/MH)
- Instructor:** SME (Peer Support Specialist, Recovery Coach, CHW, Social Work, CMH, Harm Reduction specialist, Behavioral Health, Clinical Therapist, Counselor, Psychologist, Psychiatrist)
- Time:** 2.5 hours (2 hours didactic, 0.5 hours psychomotor)
1. Pathophysiology and progression of BH/MH
 2. Long term monitoring and management of BH/MH
 3. Consequences and complications of unmonitored and unmanaged aspects of BH/MH
 4. Specialized history and physical assessment for BH/MH
 5. Differentiating between exacerbation and expected progression of BH/MH
 6. Elements of a care plan for BH/MH
 7. Maintenance and short-term medications for BH/MH
 8. Diagnostics including point of care testing, along with expected values for patients at various stages of BH/MH
 9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
 10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
 11. When and how to transport patients to an alternate destination, including required permissions and documentation.



COMMUNITY PARAMEDICINE

POPULATIONS: INSTRUCTIONAL GUIDELINE

K. Mother/Baby/Prenatal/Postnatal

Instructor: SME (Physician/NP/PA, L&D experienced RN, NICU RN)

Time: 1.5 hours (1 hour didactic, 0.5 hours psychomotor)

1. Pathophysiology and progression of prenatal and postnatal for mother and baby.
2. Monitoring and management of prenatal and postnatal for mother and baby.
3. Consequences and complications of unmonitored and unmanaged aspects of prenatal and postnatal for mother and baby.
4. Specialized history and physical assessment for prenatal and postnatal for mother and baby
5. Differentiating between exacerbation and expected progression of prenatal and postnatal for mother and baby.
6. Elements of a care plan for prenatal and postnatal for mother and baby.
7. Maintenance and short-term medications for prenatal and postnatal for mother and baby.
8. Diagnostics including point of care testing, along with expected values for prenatal and postnatal for mother and baby at various stages.
9. Criteria for encountering patients from the 9-1-1-systems, outside of a scheduled visit.
10. Navigation of resources and care when encountering patients from the 9-1-1 system or outside of a scheduled visit.
11. When and how to transport patients to an alternate destination, including required permissions and documentation.



COMMUNITY PARAMEDICINE
CLINICAL COMPETENCY: OBJECTIVES

Goal: The CP will have opportunities to interact with populations and demonstrate procedures outside of the emergency setting. Students will develop and demonstrate the ability to differentiate between situations that require emergency care and those that can safely be handled by a CP outside of the emergency department.

I. Core Competency

Classroom Unit Goal: At the end of this unit the student will understand how to be an advocate, facilitator, liaison, and resource coordinator by evaluating the situation in which the patient exists and addressing factors that impact the patient's ability to achieve optimal health that are within the providers capacity. The provider will also recognize factors that are not within their capacity to address and will understand their responsibility to inform the appropriate resources of the recognized barriers to optimal health.

Clinical Goal: The CP will be able to assess a patient and their situation and be able to know when and how to intervene or pass on information dependent on the situation and instructions for each unique situation. When they don't know they will know where to seek guidance.

The student will:

- 1.1 Demonstrate and document an assessment including social determinants of health. (Cognitive/Psychomotor)
- 1.2 Demonstrate and document an assessment including effective communication. (Cognitive/Psychomotor)
- 1.3 Demonstrate and document an assessment including medication review. (Cognitive/Psychomotor)
- 1.4 Demonstrate an assessment and subsequent care plan for three patients. (Cognitive/Psychomotor)

II. Procedures

Classroom Unit Goal: At the end of this unit the student will know within their scope of practice, how to help care for patients in various capacities, whom have or require these procedures.

Clinical Goal: The student will demonstrate the ability to critically evaluate, communicate findings and perform medical procedures in non-critical situations involving CP patients.



COMMUNITY PARAMEDICINE
CLINICAL COMPETENCY: OBJECTIVES

The student will:

- 2.1 Visually inspect and discuss an in-place feeding tube. (Cognitive/Psychomotor)
- 2.2 Evaluate, verbally describe and document an encounter in which there is a suspected problem with a feeding tube. (Cognitive/Psychomotor)
- 2.3 Flush a feeding tube. (Psychomotor)
- 2.4 Visually inspect and discuss an in-place indwelling urinary catheter. (Cognitive/Psychomotor)
- 2.5 Evaluate, verbally describe and document an encounter in which there is a suspected problem with an indwelling urinary catheter. (Cognitive/Psychomotor)
- 2.6 Flush an indwelling urinary catheter. (Psychomotor)
- 2.7 Remove and indwelling urethral catheter. (Psychomotor)
- 2.8 Place or replace an indwelling urethral catheter. (Psychomotor)
- 2.9 Visually inspect and discuss an in-place ostomy. (Cognitive/Psychomotor)
- 2.10 Evaluate, verbally describe and document an encounter in which there is a suspected problem with an ostomy. (Cognitive/Psychomotor)
- 2.11 Assess, verbally describe and document a care plan for two patients with chronic wounds. (Cognitive/Psychomotor)
- 2.12 Visually inspect, verbally describe and document the findings of a vacuum-assisted closure device. (Cognitive/Psychomotor)
- 2.13 Demonstrate the ability to utilize CLIA waived point of care testing equipment. (Cognitive/Psychomotor)
- 2.14 Visually inspect, verbally describe and document a properly functioning hemodialysis shunt. (Cognitive/Psychomotor)
- 2.15 Demonstrate proper technique for accessing a central line. (Psychomotor)
- 2.16 Evaluate, verbally describe and document an encounter in which there is a suspected problem with a trach. (Cognitive/Psychomotor)
- 2.17 Demonstrate corrective actions for an abnormally functioning trach. (Psychomotor)
- 2.18 Document the evaluation of 2 patients undergoing MAT. (Cognitive/Psychomotor)

III. Populations

Classroom Unit Goal: At the end of this unit the CP will be able to better care for patients of the selected populations outside of emergency situations.

Clinical Goal: The student will demonstrate the ability to critically evaluate, communicate findings and treat patients in non-critical situations involving CP patients.



COMMUNITY PARAMEDICINE
CLINICAL COMPETENCY: OBJECTIVES

The student will:

- 2.1 Document the interaction or care of two (2) patients from each of the population competency categories in this document.
- a. Chronic Obstructive Pulmonary Disease (COPD)/Asthma
 - b. Cardiac: Congestive Heart Failure (CHF)/Post Myocardial Infarction (MI)/Hypertension (HTN)
 - c. Respiratory Infection/Pneumonia
 - d. Orthopedic Surgical Intervention
 - e. Diabetes Mellitus (DM)
 - f. Sepsis Identification
 - g. Neurological Conditions (stroke, trauma, organic)
 - h. Substance Use Disorders (SUD)
 - i. Behavioral Health/Mental Health (BH/MH)
 - j. Mother/Baby/Prenatal/Postpartum

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COMMUNITY PARAMEDICINE
CLINICAL: INSTRUCTIONAL GUIDELINES & RESOURCES

- I. Core Competency
Instructor: SME (CM, CHW, SW, CP)
Time: 16 hours
1. Spend time with case management or equivalent observing how to assess the whole person including all physical, emotional, and psychological components of their being.
 2. Develop a care plan focusing on social and environmental determinants in relation to available community resources.
- II. Procedures
Instructor: SME
Time: 26 hours
1. Spend time in settings which will provide time for observation, participation and demonstration of procedures.
- III. Populations
Instructor: SME
Time: 30 hours
1. Spend time in settings which will provide time for observation, interaction and demonstration of care and documentation for the various populations.

CP Education Program
Recommended Hours

	A	B	C	D	E	F	G
1			Lecture	Psychomotor	Total Classroom	Clinical	Total Module Hours
2		I. CORE COMPETENCY	11	0	11.00	16	27.00
3	A.	Scope and Role	1.5	0	1.50		
4	B.	Home Safety	1	0	1.00		
5	C.	Medication Review and Diversion Prevention	1.5	0	1.50		
6	D.	Social Determinants of Health	4	0	4.00		
7	E.	Cultural Competencies	0.5	0	0.50		
8	F.	Communication	1.5	0	1.50		
9	G.	Home Medical Devices	0.5	0	0.50		
10	I.	Provider Safety	0.5	0	0.50		
11							
12			Lecture	Psychomotor	Total Classroom	Clinical	Total Module Hours
13		II. PROCEDURES	11.5	6	19.50	26	45.50
14	A.	Feeding Tubes	2	1	3.00		
15	B.	Urinary Catheters	2	1	3.00		
16	C.	Ostomies	0.75	0.25	1.00		
17	D.	Wound Care	2	1	3.00		
18	E.	Testing/Collection/Diagnostics	1	0.5	1.50		
19	F.	Immunizations and Vaccinations	0.5	0	0.50		
20	G.	Dialysis	0.75	0.25	1.00		
21	H.	Central Venous Catheters (CVC)	1	0.5	1.50		
22	I.	Nasal Packing	0.5	0.5	1.00		
23	J.	Cardiovascular Adjuncts	1	0	1.00		
24	K.	Trach Care - Advanced and non-emergency	0.5	0.5	1.00		
25	L.	Medication Pumps	0.5	0.5	1.00		
26	M.	Mediation Assited Therapy (MAT)	1	0	1.00		
27							
28							
29			Lecture	Psychomotor	Total Classroom	Clinical	Total Module Hours
30		III. POPULATIONS	21	5	26.00	30	56.00
31	A.	COPD/Asthma	3	0.5	3.50		
32	B.	Cardiac: CHF/Post MI/Hypertension	3	0.5	3.50		
33	C.	Pneumonia/Respiratory Infection	1	0.5	1.50		
34	D.	Orthopedic Surgical Intervention	2	0.5	2.50		
35	E.	Diabetes Mellitus	3	0.5	3.50		
36	F.	Sepsis Identification	2	0.5	2.50		
37	G.	Neurological Conditions (stroke, trauma, organic)	2	0.5	2.50		
38	H.	Substance Use Disorder	2	0.5	2.50		
39	I.	Behavioral Health/Mental Health	2	0.5	2.50		
40	J.	Mother/Baby/Prenatal/Postpartum	1	0.5	1.50		
41							
42			Lecture	Psychomotor	Total Classroom	Clinical	Total Program Hours
43		CP TOTAL PROGRAM HOURS	43.5	11	54.50	72	126.50