



**Community Healthcare Emergency Cooperative (CHEC)
Community Paramedic Training Program
Updated 11/2010**

This document has been developed as a result of the work of the Community Healthcare and Emergency Cooperative (CHEC). The CHEC is interested in developing and implementing a curriculum which will identify and train Community Paramedics as a new international health care provider.

The objectives of the CHEC Advisory Council are:

1. To finalize the curriculum framework for Community Paramedics and copyright it by the North Central EMS Institute (NCEMSI). The framework will include:

- Professional and educational values
- The curriculum structure
- Entry criteria into the program
- Assessment
- Qualification and registration issues
- Quality assurance issues
- Clinical experience and location
- Provide a need rationale for this model

2. To identify and agree on detailed competencies of the position.

3. Establish an international registry of student graduates through the NCEMSI.

4. As part of this process the CHEC advisory council will continue to monitor developments in the position and update the competencies as appropriate.

CHEC will:

- Review the competencies and learning outcomes from the first cohort of students that will take place fall of 2008 as a pilot.
- Once the position is implemented, perform a gap analysis of the Pilot Projects.
- Review whether the educational program is achieving the required outcomes of educating and training Community Paramedics, with reference to the agreed competences of the role.

5. Establish a standard for job placements

- Reviewing of competencies
- Standards of record keeping and documentation
- Identify and sharing of best practices with stakeholders

6. Will work to establish State, National and International Standards.
7. Make the curricula available to accredited colleges and universities internationally. Define for, and assist with, the definition and identification of “accredited” acceptable colleges and universities internationally.

Introduction:

1. Definition of the Community Paramedic Project

One-fourth of America’s populations live in rural areas which cover 80 percent of the landscape. Access to health care is becoming an increasing challenge, and communities are facing critical shortages of health care professionals and services, especially in the remote areas. Compared to urban dwellers, rural residents have higher poverty rates, a larger percentage of elderly population and their health tends to be poorer. To address the critical shortages of health care professionals and services in rural and remote areas, the Community Healthcare and Emergency Cooperative (CHEC) is proposing a response to work with communities. This response is the opportunity to train and place alternative health care professionals in these remote communities. The Community Paramedic (CP) will not replace existing health care services, but would fill the gaps revealed by examining each community. By working in collaboration with the local Public Health agency, where possible, the CP will identify the needs with these underserved communities and develop a method to better serve them, ultimately improving the quality of life and health of citizens of rural and remote areas.

2. The role of the Community Paramedic

Community Paramedics are members of a distinct community and by working in collaboration with the local Public Health agency, where possible, they play an important role by assessing and evaluating community services and systems in order to identify gaps in services between the community and healthcare systems and services. The CP navigates and establishes systems to better serve the citizens of their communities. They help individuals and communities overcome barriers that prevent them from accessing and benefiting from health services. They serve as advocates, facilitators, liaisons, community brokers and resource coordinators. Community Paramedics also trained as direct service providers which will ensure basic and advanced levels of care appropriate to prevention, emergencies, evaluation, triage, disease management and basic oral and mental health. The CP will ensure the overall goal of mentoring and empowering citizens, communities and healthcare systems to achieve positive outcomes and to reach the optimal level of wellness for everyone.

The community paramedic will receive standardized training – training that is consistent internationally yet can be modified and customized for each community, province, state and nation. The curriculum is designed to adapt to

the needs of local communities through a standardized multi-module delivery model that will be applicable with our international partners, and various states throughout America. This position will also be developed as a basic foundation with an established pathway which will articulate into higher levels of Paramedic training and titles.

- CPs will be supervised by a Medical Director, Nurse Practitioner or a Physician Assistant or their international counterparts.
- Deliver care that is patient focused
- Work in collaboration with the local Public Health agency to ensure the ten essential Public Health Services are established and implemented as the core foundation of the program.
- Work with current and future organizational and professionals understanding those boundaries and establishing a treat and refer system.
- Deliver the most appropriate care in the most appropriate place and/or ensure that the patient is referred to the most appropriate health and social care professional. Will not provide unnecessary transport.
- When working within an EMS setting will prioritize job to ensure emergency response.
- Provide appropriate healthcare advice and preventative services to both their patients and other relevant groups and individuals.
- Encourage patients to take responsibility for managing their own care and treatment where safe and appropriate to do so.
- Treat minor illness and injury in pre-hospital, primary care and acute and in-patient settings.
- Under physician direction will refer for radiological procedures.
- Ensure fewer hands-offs between health care professionals and enhance inter-professional communication throughout the patient pathway.
- Assess and map the community to identify services available and gaps in service. Work with the local Public Health agency, where possible, to develop the community's health assessment as it applies to the population's needs.
- Develop a method to better serve the communities health care needs.
- Increase in community awareness of health prevention and promotion.
- Design and delivery of a collaborative health approach to the community.

- Utilize programs by the community to promote health and wellness to improve the overall health of the residents of the community.
- Develop safe treat and refer programs through policies and protocols.
- Provide follow-up services according to established care plan developed by supervisor and consult and recommend appropriate modifications as needed.
- Serve on the community multi-discipline team and assist in pandemic preparation for the community.
- Aware of the limits of their competence and determined to act within those limits

3. Key Points of the curricula framework

The Framework describes the level of responsibility that Community Paramedics will be expected to know in order to perform as a Community Paramedic. This framework establishes the core competencies to be met by all Community Paramedics.

Competencies:

- A. The CP must be competent in the knowledge and skill required in defining the boundary of the CP position.
- B. The CP must be competent in the knowledge and skill required in defining the term “health” and the ability to recognize and teach the social determinants of health in their own community.
- C. The CP must be competent in the knowledge and skill required to identify services and inform the community on those services through various teaching methods and through partnerships.
- D. The CP must be competent in the knowledge and skill required to understand and perform community mapping and health assessments.
- E. The CP must be competent in the knowledge and skill required to develop strategies to identify community health needs and develop strategies to meet those needs and build community capacity.
- F. The CP must be competent in the knowledge and skills required to perform a variety of clinical interventions.
- G. The CP must be competent in the knowledge and skill to share public information that relates to EMS and Public Health specific prevention programs.

4. Outcomes of the Community Paramedic program

Upon completion, the training program aims to produce CP’s who have the competencies, knowledge, and professional skills to function as a Community Paramedic. Graduate students will receive a certificate through the credentialed College or University they attend. The College and the students upon graduation

will be register with the NCEMSI. NCEMSI will provide a clearinghouse for job openings. The qualifications will be nationally and internationally recognized as an established system of care reaching rural and frontier communities.

5. Structure of the Community Paramedic Program

The structure of the Community Paramedic training will be based on contact hours and clinical training hours, and will be dependent on the State, Nation or educational institution running it. The program has established competencies and a framework which lists the minimum core specifications in receiving a certificate.

6. Length of the Community Paramedic training

The length of the certificate training program will be dependent on the level of the student entering the program. The estimated hours for the CP foundational skills are approximately 50 hours. The estimated hours for the clinical foundation of the CP will be based on the past training of each individual and will be based on a 1:32 ratio for each clinical credit hour. This could overall range from 15 to 146 hours, averaging 100 hours. A lack of prior emergency medical services training will be a factor in determining course length.

Some programs may choose to follow the standard semester pattern. Others may offer a more prolonged “blended learning” type of course. Either way a CP should be able to complete the curriculum within a semester timeline.

7. Clinical experience of the training

- Students will receive this training under the supervision of a Medical Director, Physician, Nurse Practitioner, Physician Assistant, or public health provider and be based on student qualities and past training.

8. Criteria for entry into the program, students will demonstrate skills as:

- Ample field/clinical experience to provide an adequate foundation for expanded learning
- expert communicators who are empathic in a manner appropriate to a healthcare profession
- aware of health inequalities and the challenges of working in a multicultural environment
- comfortable in the context of multi-professional working in a team environment
- capable and motivated lifelong learners continually engaged in active professional development
- understanding of the need to maintain and promote health and aware of their obligation with the community as well as to individuals
- encouraged by a community to serve as a Community Paramedic

9. Entry pathways or routes

The intent of the training which makes it very universal is that students can enter at different levels of the training. Entry levels could include but are not limited to; Community Health Workers who have training in community development but no clinical skills. It could be an existing paramedic who has some clinical skills but no skills related to community development. As the Community Paramedic position becomes better known, this may include other healthcare or social service professions looking for a change in career.

As a consequence Higher Education Institutions offering the Community Paramedic training program should look at graduates from degrees or other programs as well as considering a more direct of entry into Community Paramedic training program.