

Mississippi Special Populations Transitional Block (Paramedic) 2012 – 2014



2012 Mississippi Paramedic Transitional Training Curriculum- Special Populations

Introduction

This material provides the statewide training framework for Paramedic Special Population Transitional Training. Special Populations is to include Obstetrics, Neonatal, Pediatric, Geriatrics, Abuse and Assault, and Patients with Special Challenges. Development of this material is contingent with content from current national as well as state approved paramedic training curricula. **The scope of knowledge covered in the transitional refresher does not imply scope of practice in Mississippi. Each block/session will include information about cognitive and psychomotor objectives removed from the previous curriculum. Paramedics must adhere to state and local protocols.**

Organizational Guidelines

Special Populations transitional training requires a minimum of 8 clock hours of instruction provided by approved community colleges within the state. The transitional training consists of 6 separate training sections that are 8 clock hours each. Participants may take sessions independently of each other from any approved instructional site with proof of successful training completion issued by the training location individually.

Training Materials

The community college offering transitional training may choose to require participant textbooks. Any required textbooks should be stated in sufficient time prior to the beginning of transitional section to allow participants to obtain mandatory textbook(s).

Evaluation

Special Populations transitional training sessions will require cognitive as well as pertinent related psychomotor skill completion. Participants are required to obtain a minimum of 75% as well as successfully completing all critical evaluation criteria on cognitive and psychomotor evaluations. Failure to successfully complete cognitive and/or psychomotor skills evaluation(s) will result in unsuccessful transitional session completion. Following remediation in area(s) of deficiency, the participant may attempt to complete evaluation(s) for a second time on that date. Two additional attempts at remediated material evaluations are allowed by participants either on the same date as transitional training or return at a later date at the discretion of the transitional instructor. Failure to complete mandatory cognitive and/or psychomotor evaluation(s) by any course participant will result in failure to complete the Special Population transition training

section, and will require the participant to attempt the Special Population transition training again at the time and/or location of choice.

Course Size Limitation

Current instructor/student participant ratio must adhere to the following standard:

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|---|------|
| Lecture/Cognitive Objective Instruction | 1:35 |
| Lab/Psychomotor Evaluations | 1:10 |

Medical Transition Training Approval

The Mississippi State Department of Health, Bureau of Emergency Medical Services will approve prospective medical transitional training prior to the beginning of the session. To receive approval, the session sponsor must submit the following:

- Course Request/Instructor Verification Form (30 days prior to training)
- Copies of the Lead Instructor/Course Coordinator's Credentials

The Mississippi State Department of Health, Bureau of Emergency Medical Services will provide notification of approval for transitional training and an approval course number.

Training Documentation

The lead instructor is responsible for supplying to the Mississippi State Department of Health, Bureau of Emergency Medical Services the following document within two weeks of transitional session conclusion:

- Final Course Roster

Lead instructors are also responsible for providing to course participants, and maintaining documentation for a minimum of five years following session conclusion, the following documents:

- Handbook/Syllabi
- Transitional Training Schedule(s)
- Lesson Plans/Training Outlines

Cognitive and/or Psychomotor Evaluations

Remediation Documentation as necessary

Special Populations Transitional Training Learning Outcomes as Correlated to National EMS Educational Standards for Paramedic

1. Integrates comprehensive knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.
2. Integrates complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
3. Integrates scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
4. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with special needs.

Cognitive Objectives

1. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan to include:
 - a. Transport mode
 - b. Destination decision
2. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for an obstetrical patient:
 - a. Prepartum Care

- b. Stages of Labor and Delivery
- c. Postpartum Care
- d. Complications of Pregnancy to include:
 - a. Bleeding
 - b. Placental Problems
 - c. Hyperemesis Gravidarem
 - d. Herpes
 - e. Hypertensive Disorders
 - f. High Risk Pregnancy
 - g. Complications of labor
 - h. Complications of delivery
 - i. Postpartum complications
- 3. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a neonatal patient:
 - a. Initial care of the neonate
- 4. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a pediatric patient:
 - a. Anatomical and physiological differences between pediatrics and adults
 - b. Growth and development
 - c. Pediatric assessment
 - d. Specific pathophysiology, assessment, and management:
 - a. Respiratory distress
 - b. Shock
 - c. Neurology
 - d. Gastrointestinal
 - e. Toxicology
 - f. Sudden Infant Death Syndrome

g. Pediatric trauma

5. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a geriatric patient:
 - a. Anatomical and physiological changes and pathophysiology:
 - a. Cardiovascular system
 - b. Respiratory system
 - c. Neurovascular system
 - d. Gastrointestinal system
 - e. Genitourinary system
 - f. Endocrine system
 - g. Musculoskeletal system
 - h. Toxicological emergencies
 - i. Sensory changes
6. Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with Special Challenges:
 - a. Abuse and Neglect
 - b. Homelessness and Poverty
 - c. Bariatric patients
 - d. Technology assisted/dependent
 - e. Hospice and terminally ill
 - f. Tracheostomy care

- g. Sensory deficits
- h. Homecare
- i. Patients with developmental disabilities

Psychomotor Objectives

1. Demonstrate the ability to obtain a history and patient assessment and prioritize patients.
2. Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with obstetrical emergency.
2. Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the neonate patient with an emergency.
3. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the pediatric patient with a medical or traumatic emergency.
4. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the geriatric patient with a medical or traumatic emergency.
5. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the specially challenged patient with a medical or traumatic emergency.
6. Demonstrate the use of protective equipment appropriate to the environment and scene.

Reference List

1. 2011 Mississippi Paramedic Curriculum
2. 2009 National EMS Education Standards Gap Analysis Template
3. 2009 National Emergency Medical Services Educational Standards: Paramedic Instructional Guidelines
4. Dalton A., *Advanced Medical Life Support*, 4th Edition
5. Gould B., *Pathophysiology for Health Professions* 4th Edition
6. Martini, *Anatomy & Physiology for Emergency Care* 2nd Edition
7. McNeil B., *Emergency Care, and Transportation of the Sick and Injured Case Studies*
8. Bledsoe B., *Essentials of Paramedic Care* 2nd Edition Update