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2016 PAC Minutes, Advanced Care Paramedic

Christa Nassar
Fanshawe College of Applied Arts and Technology

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Chair: Ryan Hall
Vice Chair: Bill Lewis

Currently we do not have quorum.

Mark suggests act as if quorum. Will follow up in next PAC meeting

Intro to Brad McArthur – new coordinator of Advanced Care Paramedic

Attendance:
Bill Lewis, Ryan Hall, Mark Hunter, Lawrence Mullen, Jeff Bilyk, Brad McArthur, Dugg Steary
John Guyruan

Regrets:
Matt Davis, Dan Douglas, Ron Hawkins, Steve Turner, Neal Roberts

Recorder: Jana Ashbury

Agenda: Approved seconded by John Guyruan

2.4 – one senior level student ( remove )

School of public Safety Update:

- Recognized that educating Public Safety graduates in silos and pulled the groups together (Police, Law, Paramedics), starting with 8 programs in 2014.
- Reducing entry to practice gaps- The School of Public Safety can deliver entry to practice
- New initiative to provide additional training to those already employed in the field
- The School of Public Safety has more programs launched in one year than other schools
- New wellness center to be located where J was (new 3 story facility)
- 8 million dollar new facility to open September 1st 2016
- The most up to date state of the art Paramedic lab – 6 mock ambulances & simulation lab
- Plans are to relocate staff to C
- Center for academic excellence
School of Public Safety is now under Pam Maclaughlan - Health Sciences

New programs launching in September:
- First advanced Fire inspection program in Ontario
- Advanced Ergonomics studies
- Community paramedic – Continuing ed. Clients assigned 911 calls decreased by 98%

Feedback from Stakeholders: (Jeff Bilyk)

- Frustrating – coming in day one and having every day mapped out, to adhere to the outline. Sticking more to the schedule would prevent these frustrations. Biggest critique from a preparation stand point
- The simulation, didactic and scenarios were well planned.
- Would be beneficial to have a general calendar, and then follow up with monthly calendars
- An electronic calendar would be great as it can be updated dynamically

Mark: Investigate scheduling and calendar options

- Exceptional experience: Faculty are fantastic, hospital stuff, the best aspect is pediatric emerg. Not every ACP program offers. Physician shifts, we were treated like residents. Going beyond critical thinking
- Time has developed rapport and trust for ACP’s in physician shifts (time has changed)
- What is there needs to stay, currently in place, add some more ICU shifts

Dugg: Traditionally we have had 10 ER nursing shifts, worth looking at 8 nurse shifts and 2 physicians extra, now that entering in the program you are already IV certification.

Mark: we have some connections in the pediatric emerge and we can explore those.

Ryan: do you have access to midwives? Assessments while out and about, great exposure. Midwife clinic at Victoria.

Dugg: after 2 cohorts, a lot of Ventolin. Not going to the Respiratory Therapy group

Student Feedback:

Really enjoyed Guelph anatomy lab- able to see 3d anatomy and even was able to teach anatomy students intubation.

Sim MAN is a great experience

Lack of consistency with teachers (previous students)

This year seeing a lot of consistency

Negative - 14 people in class 3 sets of bags- will be sporadic. Need consistency in standardization packing of the bags. Lawrence Mullen volunteers

Mark to capital request for Bags
Ryan/Bill to look into Bags for ACP – Ryan to bring Black backpacks

Brad: we need to create a template for the standard outline of the bags the more you engage in the SIM the more you get out of it.

Dugg: How is video debriefing?

It’s neat to see yourself doing the work.

Huron County- ACP under review due to municipal budgets

Ryan: National Mandate less of an appetite in this area, ACP is needed. Haven’t done a lot of outside advertising as wasn’t necessary, but the interest for the program is there.

There is no council commitment to the ACP – waterloo

ACP quality of student has increased as they are not funded. They want to improve their education knowing that it will take 4 years to financially see difference

Jeff: the integrity of the program is maintained by the entrance exam. The requirements help maintain this as well.

Mark: this will not be changing our admissions criteria. That experience requirement is an essential

Dugg: the standard is the standard. It has worked thus far.

Mark: Lawrence, how would you feel going into this program 6 months after graduating PCP.

Lawrence: you really develop your focus to the questions. You need the experience

Brad: It’s important to have those fundamentals in place before taking the ACP

John: its job specific social skills. I think the 4000 hours are great.

Lawrence: you want people to take it serious as well, I feel young doing the ALS. You need the life experience.

Mark: High quality programming and WE WILL stay true to that mandate and not deviate.

John Guyruan update:
Proposed:
• Initial certification education sub-committee – provincial thing- work in progress- college rep
• Renee Lepierre sitting in with base hospital
• 3 streams identified as process to move forward
• College collaboration – 7 scenarios
• Collab with base hospitals
• Remote – scenarios are videotaped and immediately sent to rater/evaluator

LND medical directive migrating from BLS to ALS – effect on educational curriculum
New staff at SWORBHP:

John Guyruan - interim basis
Deb Jenson - New coordinator for QA
Cindy Harrison/Mike rumble - Pre-hospital
Matt Davis - Medical Director

Feedback - the reputation is out there, base hospital knows it. Fanshawe runs a quality program.

ACP Previous PAC meeting:

- Degree audit change – very modular based chronological format. Program was restructured. We took out anatomy physiology course and dropped it into respiratory.
- First month is foundational, getting brought up to speed. Sign off PCP competencies, patient assessment.
- ACP now do a research foundations Fundamentals course, research project all year. Jeff’s group took on the scope of removal of fentanyl and why it’s beneficial.
- Partnership-spotlighting. Students graduate base hospital certified and turnkey job ready. Medical director is now attached to base hospital
- Ex. When Jeff graduated he was able to work as an ACP the next day.
- Entrance Exam, offered free courses in the past. Offering it through Cont. Ed. As a prep course. Register, People pay, take the course
- General format is the same Monday & Tuesday – Monday class Tuesday didactic
- Funding allows for both people to be there both todays for consistency in the education students are receiving
- ACP occupying a few different places. Challenges due to new space development.
- New space, resources will be all together.
- New space will be wired with technology
- Only thing not there is hospital space. Can be mimicked with hospital beds.

Utilizing the fact that we have ambulances on site. We start doing scenarios in the back of the truck and driving around campus utilizing go pros and technology. To get perspective of the student and review through the debrief.

Go pro can stream to the i-pad to added realism.

IOS is mandatory for ACP Program

- Open access readings online, practice cases.
- Nearpod technology.
- Big change in the program is that we don’t have a formative textbook list anymore.
- Online resources are available online without use of textbooks.
- Big focus on building the culture of seeking out research and innovative ways to learn the material.

Unique Base hospital relationship – emerg volunteer (Lauren) assists with debriefing and is now going to be creating scenarios.
Mark: Info constantly going back and forth between Fanshawe paramedic programs and base hospital. Base hospital physicians assisting in Evaluations.

Culture in collaborative (not like it used to be) as the future generation collaboratively works together. The ability to want to work together.

Lawrence: As a working paramedic it’s a good feeling to have a positive relationship with base hospital and to put faces and names to the calls.

No supplemental for practical testing – generally not an issue for the ACP program

Accreditation:
Accreditation site visit Trauma and treatment weekend – October accreditation Committee would like to talk to members of the PAC – teleconference available. Leaded questions. Before next PAC Meeting.
Report is listed for one year after recommendations

Item 36. Purchase new bags currently going through capital budget

Item 38. Research literacy

Item 43. Standardized patients to enhance realism

Acting students (T.A students) would love to be involved in the scenarios (logistical issues)

Pilot project – Additional Roles within the program. Pilot projects

C- Renovations to be functional Sept 1st.

Ryan: SIM man and space potentially to utilize for ACP program lab rooms from June-Sept 2016

Insert information pertaining to the C-Renovations teaching resources are stored in the “morgue drawer” storage door access outside to not disrupt classes when you get equipment.

ORNGE: indicated a direction to move out of the educational role. Advancing in developing program. Would be first and only in its kind outside of ORNGE

Next meeting to be determined by electronic mail.

Big changes – grad banquet. Want to take the opportunity to spotlight and celebrate the people who are leaving from base hospital.