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2016 PAC Minutes, Paramedic

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Present:

Recorder: Jana Ashbury

Regrets:
Alisson Crossett, Dr. Matt Davis, Dan Douglas, Julie Jeffrey, Mike Kennedy, Neal Roberts, Steve Turner

2.0 Election of New Chair
- Responsibilities to keep moving meeting ahead
- Help facilitate through program advisory committee
- Ryan hall selected

Election of New Vice Chair
- Bill Lewis selected

3.0 Approval of Agenda
- Motion carried to approve agenda as submitted

4.0 Terms of Reference:
- Division to change to School of Public Safety
- Membership changes as we evolve, it is outlined in terms
- Maintain relationship with field office - reach out to
- Suggest change to paramedic services vs. owner/operator (language inaccurate) change to management
- Emergency room rep still needed.
- 2.1.02 – change language to stake holder municipalities to include working relationships
- Chair of Health Sciences needs to change to Chair of Public Safety
- Reporting structure committee under 4.6.1- no new name for structure as it is currently restructured. To be updated by mark.
- 4.7 same change to Chair of Public Safety
5.0 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 initiation 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%

6.0 Important feedback from stakeholders:

Ryan Hall, Oxford County EMS:
- What sets Fanshawe apart every student has experience and practice with symptom relief and defibrillator protocols. Fanshawe Paramedic students have confidence in protocols. The IV certification is unique for the province and gives grads a boost for hiring. The Fanshawe reputation is out there.
- As per marketability – local (top 3) – those people stay, gives a 4 month job interview vs just a placement. Preceptors want a student from Oxford County so they stay in Oxford County to work. Not wanting to train for other services. Roughly 75% of my preceptors want this.
- Dugg Steary: consideration for lottery placement, easy to implement.

Al Hunt, Middlesex-London EMS:
- You can tell who Fanshawe students are in a group as they are professional and way above. What are you doing to prepare the students in the first weeks of January as they are last to go out to services
- Dugg Steary: Delays due to in house orientation. We bring in students for overview and prep sessions for a week to ensure they are ready to go out in the field. We go over situational stuff, communication, professionalism, discussions of expectations, and ensure all students are up to speed on changes. The big focus within the prep for preceptorship is to know the roles and expectations and what they are to do. They are taught to consider themselves as paramedics instead of blanketed in the role of student.
- Paige Mason: We learn about ways to approach our preceptors and how to ask proper questions, the class empowers us to deal with situations between paramedics.
- **Will Johnston:** The classes prior to preceptorship set what your expectations are and set timelines to when we should be able to do things, benchmarks, relieves pressure.
- Psychological testing prior to entrance to the Paramedic program would be ideal.
- **Dugg Steary:** Sept 2017 considering bringing HOAE exam to determine if mentally right fit for program. (Respiratory Therapy program is currently testing this now)
- **Mark Hunter:** it’s allowed, the college is opening more into pre-program screening as it has proven beneficial to students. We are also offering more robust open houses to really get the straight up answers to help the students make an informed decision.
- **Bill Lewis:** Mental health - pre-screening could be seen as discriminatory, adapting more of an information based system with risks of continuing such as Lambton and Conestoga.
- **Mark Hunter:** Would mental health first aid certification be appealing to those in the field as a requisite for graduation from the program?
- **Jay Loosley:** personal gain for students and improves liability. Fanshawe scores high on marketability. Not having to provide didactic is great. All about marketability.
- An Email needs to be sent to students regarding base hospital audits on the students with signatures. Will students get SWORBHP reports after?
- **John Gyruan:** They are delegated by us just like paramedics, they would be part of the investigation (fact finding) if more info is necessary student will also have input, will be treated like a part of the precepting crew. There will be something coming out very shortly. Students will be getting a unique identifier, feedback can get to colleges unsure if it can be provided to services.

**Ron Hawkins, Middlesex-London EMS:**
- Fanshawe students have maturity and are well spoken, well behaved, wanting to do more in the field. To have them practice IV while consolidation in the field would be great but the Ambulance act limits it.

**Jay Loosley, Middlesex-London EMS:**
- It would be great to see students raise mental health awareness- coping skills, prevention, strategies, and address symptoms. New hires don’t seem to have that coping mechanism.
- A Preceptor workshop would prove helpful. A Course on delivering feedback, online refresher for all as some preceptors struggle with giving feedback to the students.

**Reid Doyle, London Fire Department:**
- What are the current success rates after graduation from the Paramedic program?
- **Mark Hunter:** All students have post-secondary education prior to come in to program due to high volume of applicants. The program currently has a 10 percent attrition. Majority of attrition is not based on academic grades, as we lose more students due to lifting requirements than academics.

**Bill Lewis, Huron County EMS:**
- There are some complications with 4 preceptors, who are not willing to take Fanshawe students not due to students themselves, but the logistics of paperwork and the input required from preceptor.
- **Ryan Hall:** College expectation of preceptors would assist with this.
• **Dugg Steary:** Once preceptors are assigned they are sent a package, if sent via email they can have proof of knowledge to enforce preceptors to watch. Being kept in the loop doesn’t have to be directed to management. The preceptor is obligated to provide feedback to the student.

• **Ryan Hall:** Is there a way for preceptor comments to be seen by services? Seems unfair to students that they are potentially getting a bad report without even knowing it because the preceptor doesn’t deliver proper truthful constructive feedback.

• **Mark Hunter:** Confidentiality would have to be looked at.

• **Paige Mason:** we have discussions of where we are going, the problem with sending to management and students not seeing it is as a student I wouldn’t want hiring managers to see me when I am not doing well.

• I want to see the deficit, I want an employee who can see where they are wrong. Would be good to see a standard report end of precept for hiring purposes or 6 month new hire evaluations.

• **Dugg Steary:** Evaluations are available to be seen by services, packages are created. At this moment we don’t release all information as some students have not consented. Are you looking for one off or full view of evaluations?

• **Ryan Hall:** one off if situations arise.

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**John Gyruan, SWORBHP:**

- I will look into preceptor course through base hospital and using CME points as reward. Guidelines are needed for the preceptors/ element of professionalism.
- **Bill Lewis:** Delegated medical acts. Easily accessible point for all colleges. Standardized
- **Mark Hunter:** For preceptor education we need to collaborate with base hospital and utilize the learning management system already in place, this solves logistical issue.
- **Dugg Steary:** Standard preceptor package – local variance. Uniqueness to each school, building an effective product. Medial directives are a small part of it

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**Mark Hunter, Chair of the School of Public Safety:**

Key points to be taken from the above discussion:

- Mental Health first aid
- Program fit alignment
- Language around self-select informed choices for students (other colleges)
- Investigate/critical look at preceptorship, communication with services, timing, enhance workshops
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

**Dugg:** Partnered with you for instructor training done in house – on site- need to book sooner than later-
Helped facilitate annual instructor training.

Ryan: Hosting a “Namsey” course – Toronto did it.

PAC committee eases the process of bringing things forward

**7.0 strongly believe in the encouragement and opportunities that are available to the Fanshawe students**
- Volunteer project – “to promote or better the profession in the community” stuff the bus as example. Better utilized to be completed in 1st year or 2nd semester
- Reflection on importance of volunteering would be better set, difficult to match schedules with others this time of year.
- Research project- great that its beginning in first year, extensions to march lost sight of goal prefer to keep presentations in December
- Didn’t feel lengthened, more stress due to balancing time with precepting.

Mark: The original intent of this project is to create a lifestyle of volunteering while working. **Possible to revisit.**
Jay: beneficial to engage service while volunteering
Paige: mental health readiness, wings of change peer support model or road to readiness, leadership models. Crisis intervention class was very helpful.

Mark: Fanshawe has applied for a research grant for using an app to help first responders with mental health.

**Jay:** if you need help for testing please let us know
Will: build a culture of research within the program, development of a student journal club. Opens discussions and promotes research.

- Helps improve appreciation of research (research literate)
- Restructure lab days, assessment days would be ideal.
- Full lab on cardiovascular, coupling with making courses line up.
- All cardiac evaluations and treatments in classes.
- Easier to draw the ideas together. Modular blocks.
- Earlier selection for candidates to make a better paramedic

Dugg: programs are designed that way, every few years we revisit to ensure they realign. We will have to revisit. **We have looked into an interview process to seek a better fit for the program. Training or tests must be provided within 100kms radius. Pre admission testing must be within an hour’s drive**

Mark: interviews don’t necessarily improve attrition. Opportunity to look at the grading system. Best previous indicator is previous educational success.

Dugg: **policy could be changed if research is proven**

Will: potentially to be built in for physical testing requirements instead of doing a separate test.

Al- Ability works- we go with outside sources for lift testing because all colleges are different. Current testing is standardized. All students have to be treated the same.

Bill: our service states that you do ability works or equivalent. If fit test is certified.

Ryan: something to look into what our service industry standards are

Dugg: could argue that students go on placement for 4 months with current lifting standards.

Jay: letters stating competency and completion of standards is something to look into. “Student meets and exceeds standards”

Al: Chiefs need to agree across the province on standard wide

Jay: A proposal can be put forward for the Fanshawe Standard.

Mark: it is in the scope of possibility, what would the baseline be to be successful in the program. Pre-admission would be a challenge.

Al: I think it’s a good idea, I can bring it forward to our chief.

Dugg: some of the challenges in creating a standard is that there is currently no standard as we are in the 90<sup>th</sup> percentile lifting 210, whereas Toronto would be lifting 170.

Jack: as a first year, the younger students with pre health or undergrad, struggling with the workload. Spring/Summer program for prep to come to the program with better mindsight. Arranging and prioritizing life to get ready for the program.

Mark: is there some way to make it more desirable to those who really need it.

Will: what if the first week is like a “hell week” built into the first week, it gives students the opportunity to withdraw... Can a sample study week/volunteer hours/day in the life be put up?

Mark: best idea to make information more available such as workloads and demands. To those who don’t choose to come that’s their own personal choice.
Dugg: intent was boot camp to start in July, moving forward it will be from August-July. A consideration was a day in the life of a paramedic video.

Jack: Pre lab instruction would be good to have ahead of time. It would be helpful to have literature, text or video. It would be beneficial to have these so that we can fully utilize our 6 hours in class.

- Clinical/field liaisons to be more available - More support for the team to be in the field.
- Brad McArthur has taken over workload for ACP
- Request to have more driving training – increased now at 5 driving instructors
- 3 ambulances
- Formal obstacle course in-house
- Simulator time in house
- All experiences have been enhanced to include driving instructors put them in a car and see where they are for driving.
- Second years are currently doing driving due to a faculty member falling ill
- Mark Dwyer has joined for driving instructor

Mark: having a driving track would be ideal.

By moving medical terminology into patient care it allows for communications class to focus more on written and verbal communications in the communications class.

- As we expand into a 3 year program, we will be strategizing communication further
- Flip classroom – concepts are do your homework beforehand through various sources and we reinforce concepts in class. No lecture. Small group work problem based discussions.

Will: it’s very effective I like it. Forces you to be prepared. Forces you to go seek out more information as curiosity comes from the questions in class, will apply to work life. Able to navigate the avenues

Paige: It keeps you invested in your own learning.

- Doing research, retention rate has increased 11% using the flip classroom model. No one has failed their final exam in the past 2 years since implementing.
- A lot of technology is being utilized, bring your own IOS device to partake in discussion.
- Near pod is utilized in class to receive back answers in the classroom. We have been nominated for apple innovation award for the program.
- The i-Simulate can alter scenarios win the midst of the scene. Displaying accurate stats, 12 leads, pictures. There are no more supplemental practical exams.
- New model is 7 scenarios, 7 raters, grs based evaluations. 12 min scene 8 min setup/restart’s Sit as a team and write objectives. We have previously used retesting, with a week remittal then retest. If they fail majority of 7 rooms, they are unable to learn the material within the week.
- Looking into 3 year program for 2018, 4 year degree potential in 2020.

Jay: just need to consider the people who want to bridge
Ron: how do the students feel regarding a 4 year program?
Will: spend more time on concepts, time for balance.
Ryan: it lends credibility
Bill: cautious of committing 4 years to a degree for an industry that only has 4 part time positions.
Mark: the things that are looking marketability, robust academic background. We are doing an inadequate job at providing students best success.

Ryan: it allows for more mature graduates in the industry.

Bill: it becomes hard pressed when it comes to lower tax dollars putting higher experienced

Ron: would you consider rolling an ACP into the 4 year model

Dugg: it’s not in the current model. The rest of the schools are moving to a 3 year model.

Will: there may not be as many paramedic positions, although research roles are available

Ryan: Telephone pole – we are taught to do one thing only branch out is educator or management.

John: Degree model is a great idea.

Launched a Public Safety leadership program. 1 year grad certificate. In supervisory roles or headed that way. Agreement with Athabasca working on laddering with Rhoads

Bill: Fanshawe is ahead of the curve, uses Fanshawe as an example.

- I-medic- provided to us, currently being taught to faculty, while be implemented in September 2016

- Working with vendors –new technologies

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.

Dugg:

- Suggested to the chair that we schedule next meeting electronically. As quorum is not currently available.

On behalf of Oxford thank you so much for your involvement with Joe Pember’s funeral.