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Committee on Accreditation

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Curriculum: Does Sequencing Matter?

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Paramedic education consists of a vast amount of medical and related content relevant to the assessment and management of patients in the prehospital setting. The best, or most appropriate, method to sequence that content is more complex than it might first appear. Many programs offer between 35 - 45 college credit hours for just this specific content: not including anatomy and physiology or other general education courses offered through the college. Contact hour numbers vary widely but commonly fall between 1100 – 1500 hours. In addition, paramedic programs include four primary components: classroom or didactic; skills laboratory; clinical setting; and field internship experience. The amount of time required for program completion can vary from an accelerated, full-time format of six-months to 18 – 24 months. In addition, prerequisites vary from none (no experience as an EMT) to a minimum of one year experience as an EMT. Some programs have developed discrete content blocks into the traditional college two, three, or four hour credit hour courses. This approach has many advantages, including providing a mechanism for a student-content area to be able to repeat just the necessary course (for example pharmacology). The traditional college credit course approach also provides easier access to articulation of credits as the individual moves through the higher education process. Whatever your format or prerequisites, programs must determine how to sequence that content to maximize the development of competent, entry-level graduates.

How do you analyze sequencing? The National Standard Curriculum provided a general road map for progression that many programs followed. The National EMS Education Standards open the opportunities for more creative sequencing. The challenge is what content is required before other topics? This subject alone can provide animated, heated discussion among educators. A common sense approach is required to determine what works best for your institution and the schedule you follow: for example, does the class meet for three or four hours per session or all-day eight hour classes? And how often do classes meet each week?

But perhaps the larger question is how are the clinical (hospital, clinics, or other sources of 'clinical' experience) and the field internship integrated into the overall program? Unfortunately, some programs schedule clinical and field hours based on availability and convenience rather than how prepared the students are based on medical content already mastered in the classroom and skills labs. For example, how valuable is a hospital clinical in a pediatric setting if the student has not completed the pediatric course content? The clinical rotations should provide an opportunity to perform assessments on all types

of patients and to practice skills after the student has satisfactorily completed the relevant course content.

In the field of medicine an internship follows completion of medical school. In other words, the individual has the core information necessary to apply the practical skills already gained, yet the individual is not ready for licensure. The intent of the field internship in the paramedic program is to provide the opportunity to assess and manage all types of calls and develop experience team leading. In other words, to pull the experience learned in the classroom, skills lab, and clinical areas together to assess, manage, and treat all types of patients in the prehospital setting. Per the Guideline in the *Standards and Guidelines*, “Enough of the field internship should occur following the completion of the didactic and clinical phases of the program to assure that the student has achieved the desired competencies of the curriculum prior to commencement of the field internship. Some didactic material may be taught concurrent with the field internship.” Content that is concurrent with the field internship should not be core content but may be case reviews and case presentations, research presentations by students, completion of standardized courses (i.e. PHTLS or PALS), and other supportive content such as preparing resumes, interviewing for positions, etcetera.

A further challenge is how long should the field internship be? Internship is not only about hours, but must also consider the length of the shifts, the volume and types of patients encountered, and the opportunities for the student to meet all of the terminal competencies and objectives for graduate entry level competency. Another factor that significantly impacts the quality of the field internship is the structure of the preceptor/student experience. Ideally, the student should be assigned to a single preceptor for the duration of the field internship to provide optimal opportunity to develop a relationship of trust that promotes honest, objective assessment of the student and the maximum opportunity for the student to function as team lead. A second preceptor is also acceptable when scheduling issues provide challenges. In the preceptor de jour approach, this climate of familiarity and trust is typically lost and the rotations lose value.

Some programs choose to schedule field shifts throughout the program. Early on, these experiences are often observational only or with some assessment and skill opportunities. These rotations should be considered field experience and may not be included as field internship since it does not meet the definition/requirements of an internship. Carefully consider what part of your field hours actually meets the definitions/requirements of an internship.

Try taking your curriculum apart and putting it back together again. Assemble your faculty and medical director and: chunk objectives and course content into logical components; list specific clinical rotations; and identify types of field experiences. Write each one on a sticky note and arrange on a white board. Continue to move around until you have a logical progression. Or find another creative way to approach the process of assessing your curriculum. But always keep the goals and objectives of the four components of the program at the fore. Trial the revised format and evaluate and repeat the process until you are confident that your students are receiving the very best experience possible.

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