Tracking Patient Encounters

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One of the challenges for Paramedic programs, and students, continues to be the tracking/documentation of patient encounters and skill events. The CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* requires that "The program must track the number of times each student successfully performs each of the competencies required for the appropriate exit point according to patient age, pathologies, complaint, gender, and interventions." Unfortunately, adequate tracking, documentation, and the ability to produce summary reports are a common citation at the time of the site visit.

But to start at the beginning, why is tracking and documentation required? Isn't this supposed to be an outcome-based process? Can't a program just intuitively decide a student is competent based solely on positive feedback from instructors and preceptors? The short answer is that good feedback only provides part of the evaluation. Obviously, Paramedics encounter every patient type, chief complaint, age, and gender so the skill set must be equally extensive to cover them all. In order to insure graduates are competent entry-level paramedics, it is the responsibility of the program to adequately prepare and evaluate the student over this spectrum. However, the clinical and field internship periods in Paramedic programs are relatively short. One method of adding to the competency evaluation process is to identify complaints, ages, and skills that are part of the Paramedic scope and quantify the number of times the student should successfully 'perform' the assessment, management, and use of appropriate skills in each category.

Then comes the hard part, what numbers are 'enough'? After how many (or what types) of encounters is a student competent in that area? In the days of the DOT Curriculum, suggested numbers were provided. Were these scientifically determined and evidence based decisions? No, the numbers were averages from a sampling of program practices. Interestingly, many programs that adopted these recommendations found that, indeed, graduates were typically competent across the spectrum, and programs continue to use this framework.

With the implementation of the *National Education Standards*, recommendations for numbers of encounters are no longer provided. CoAEMSP allow programs to establish their own minimum requirements, but, achieving competency should always be the goal, not simply achieving the determined numbers. Some caveats:

- The minimum requirement must be determined by the communities of interest based on the outcome (i.e. all graduates are competent entry level Paramedics in all domains).

- The minimum requirement is not determined by what is available: just because you don't have a good pediatric rotation does not mean it is OK to set low requirements.

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- And in that vein, one is never enough of anything.

Another area of confusion is the terminology of **goal** vs. **requirement**. Some tracking software use the word *goal* and Paramedic programs interpret this to mean that the number is just a target and not all students have to reach it to successfully complete the program. CoAEMSP requires that **every** graduating student has achieved the minimum number set in **every** category.

This leads to the necessity for programs to have an efficient, user-friendly tracking system for all patient encounters. Comprehensive commercial products are available that have been designed to meet the program and student needs. Some education programs choose to develop an in-house database. Some systems are entirely electronic, others entirely paper, and still others a combination. The technology is evolving to make these tasks less laborious but there is still a considerable amount of time and attention to detail required.

No matter which type of system you select, it is only a tool and instructional faculty and students must be thoroughly familiar with how to operate the tool. It is not an uncommon scenario for a program to find at the end of the internship that not all students were entering their data correctly or not entering all the data and that the next CoAEMSP site visit is scheduled in a month – and your records will be reviewed. Also, for programs that assign students to enter their own data, faculty must audit a percentage to verify accuracy.

Once all the data is gathered, how is it organized and presented? Program faculty must monitor student progress towards meeting requirements on a regular basis and may need to adjust clinical or field internship sites and shifts to assist the student in obtaining the necessary experiences. There should be an ongoing dialog between the clinical coordinator and student regarding progress. Documentation should clearly show the minimums and requirements for each student. A summary report is also required that lists each student in the cohort, each required 'event,' the minimums in each category, and the total number achieved by each student in each category. This is required for the site visitors to be able to easily determine that all graduates met the requirement. Remember to remove students from the summary report who dropped or did not complete the program for any reason, otherwise it will appear that students graduated that did not meet program requirements. Note that some programs also track when a student 'observes' an assessment or skill but this cannot count toward the required minimums.

Which brings us back to the question: "If the education process is outcome-based, why do we have to track numbers?" Good point and the process is definitely imperfect, but it is the best compromise we have available in the world of high-level of responsibility for managing a wide variety of emergent patient situations and a short clinical training period for students. In the medical model, internship and residency are long, offering extensive direct observation and evaluation of students by faculty over time and types of situations. This process in not available in Paramedic education and we must continue to rely on numbers of encounters/experiences and skills. However, we must continue to study and answer the question of "How many is enough?"