

# The Pulse

by SCoP

Saskatchewan College of Paramedics newsletter



February 2020



Photo:  
Crestvue Ambulance  
Service, Yorkton

## IN THIS ISSUE:

South Sask Advanced Airway Symposium	Page 2	2020 AGM date announcement	Page 7
Vent Needs Assessment complete	Page 4	How much do you know about COPR?	Page 8
PSP Wellbeing Course provides more support	Page 4	Professional Conduct Committee update	Page 10
Documentation Guidelines	Page 5	Call for photographs	Page 10
Call for resolutions	Page 7	Sask Health Information Resources	Page 10
5th Annual SCoP Award	Page 7	Program (SHIRP)	

# South Saskatchewan Advanced Airway Symposium

by Dan Lewis, ACP

The idea for the *Advanced Airway Day*, as it came to be known, came from Critical Care Paramedic, Chris Fay. His interest in airway management as well as how paramedics were doing at managing airways gave him a desire to create a way for all paramedics to do better. The airway is one of the most important aspects of patient care. If the patient can't breathe or cannot be ventilated/oxygenated properly, the rest won't matter for long.

Chris approached the Quality Assurance and Education branches of EMS Regina to see how we could better manage airways. The need for collaboration and help from the experts was recognized, so with the blessing of our Medical Advisor Dr. Brad Jamison, the Dilawri Simulation Centre and STARS were approached and asked to partner with Regina EMS in creating this day of learning.

The goal in creating the day was



South Saskatchewan Advanced Airway Symposium

twofold - improve the basic management of airways and decrease adverse events in airway management. The protocols for managing the patient's airway are in place, so we wanted to incorporate the newer science and techniques from the airway experts we listen to

and see online, through FOAM Ed posts and podcasts.

STARS does this type of learning constantly and are a tremendous partner for the content of the education day. The Dilawri Simulation Centre also decided to study how well the learners could improve their intubation first pass success and decrease adverse events through this training. The study is ongoing and results are expected to be shared at PACE 2021.

And so was born the Southern Saskatchewan Advanced Airway Symposium.

The day starts with a half hour showing the specifics of why the day was created, then it is all hands on deck for **skill stations**. Skill stations are interactive and are filled with discussion and hands-on practice.

There is a **medication resuscitation skill station** with the opportunity to practice drawing up the medications you would use.



South Saskatchewan Advanced Airway Symposium



South Saskatchewan Advanced Airway Symposium

There is an **epiglottoscopy station** where the skill of intubating is broken down into its various segments and practiced.

The other two stations deal with a **soiled airway**, which means learning the limitations of our portable suction, and lastly a station on **proper Bag Valve Mask techniques** for success when bagging.

Those stations of learning and practice take up the morning. The afternoon consists of **three high-fidelity scenarios** that cover **pediatric, soiled airway and MFI situations**. Not everyone has to lead a scenario but everyone is involved in the scenarios.

It is a day of learning; there is no test. It is fun, informative and interactive. The feedback has been great!

“Very well run. Will look forward to getting more in depth next year.”

“Pre-course material A+. Tons of feedback, constructive.”

“Kept it light and to the point.”

“Practical and scenario based.”

“Very relaxed atmosphere.”

When asked, “What aspect of the course was most beneficial?” We received the following answers which seem to be repeated in various ways by many:

- ✓ “Every aspect, BVM, SALAD, MFI, Intubation, ALL OF IT.”
- ✓ “Using a common set system for consistency.”
- ✓ “Found it relaxed and informative.”
- ✓ “Practicing with the various kinds of laryngoscopes.”
- ✓ “SALAD technique practice, dosing and preparedness.”
- ✓ “Hands on team work and training with STARS.”

Paramedics from Regina, Moose Jaw, Fort Qu’Appelle, Weyburn, and Saskatoon attended this year. You can see we have no specific border for the term “southern”. We will accept paramedics from anywhere in Saskatchewan and there is no cost to take the course.

Three more days have been scheduled and are waiting for you! **April 2, 23, 30, 2020**. Each day is limited to 16 ACP and 6 PCP and is approved for 10 SCoP CME credits. Register early to reserve yourself a spot. Contact Dan Lewis to sign up at: [Daniel.Lewis@saskhealthauthority.ca](mailto:Daniel.Lewis@saskhealthauthority.ca)

## Vent Needs Assessment complete

The Paramedic Practice Committee has ended the *Needs Assessment for Transporting Chronically Ventilated, Stable Patients*.

Thank you to those that completed the needs assessment form!

## PSP Wellbeing Course provides more support

As part of the Government of Canada's National Action Plan on Posttraumatic Stress Injuries, PSPNET is offering and evaluating an Internet-delivered cognitive behaviour therapy pilot project, also known as ICBT, specifically tailored for current and former Public Safety Personnel (PSP). This course is for paramedics as well as call centre operators/dispatchers, firefighters, border security agents, correctional workers, and police.

Called the PSP Wellbeing Course, this 8-week online treatment program, offered with optional weekly therapist support, is designed to improve depression, anxiety and posttraumatic stress injuries.

This work is being conducted by the PSPNET team based at the University of Regina as part of the Canadian Institute for Public Safety Research and Treatment (CIPSRT).

The team is led by Dr. Heather Hadjistavropoulos, one of Canada's leading scholars on ICBT and also the Executive Director of the Online Therapy Unit.

This new online course is designed to provide free education and guidance on simple but effective techniques for managing depression, anxiety and/or post-traumatic injuries for public safety personnel.

The PSP Wellbeing Course helps people with thoughts, behaviours and physical symptoms of depression, anxiety and post-traumatic stress.

## Participants needed for research survey

Dr. Heather Hadjistavropoulos, Dr Jody Burnett, and Angelo Sison (Psychology Honours student) want to know if you are interested in learning more about Internet-delivered Cognitive Behaviour

Therapy (ICBT) for first responders and other Public Safety Personnel.

They have recently developed an ICBT program for Public Safety Personnel, including first responders such as paramedics, firefighters, police officers, border services, correctional workers, and public safety communications officials (e.g., call centre operators/dispatchers).

Your participation would involve completing background questions, reviewing information about ICBT, and then responding to questions about your perceptions of ICBT. Your responses are anonymous and it should take 15-20 minutes.

To participate, please click on the link.

[https://uregina.eu.qualtrics.com/jfe/form/SV\\_3mHsWzwPPMOZjFz](https://uregina.eu.qualtrics.com/jfe/form/SV_3mHsWzwPPMOZjFz)

You can also forward this information to other public safety personnel who may have an interest in participating.

For more information, contact 306-337-7233 or email

[jody.burnett@uregina.ca](mailto:jody.burnett@uregina.ca) .

This study has been reviewed and received approval through the Research Ethics Board, University of Regina.



Medavie Health Services West, Saskatoon

# Documentation Guidelines

This guideline outlines the expectation of patient care documentation for Emergency Medical Responders (EMR) and all Paramedics. Your documentation provides a key form of communication between other health care providers. It communicates the evidence to support the decision making and care provided to the patient. In cases of investigation or legal or disciplinary hearings, the documentation is a primary piece of evidence in determining that appropriate care was provided given the circumstances<sup>1</sup>.

All Emergency Medical Services (EMS) use the same provincial form. However, paramedics working outside an EMS service may have different forms to use. Documentation guidelines remain the same regardless of the form used. The term patient care record will be used throughout these

guidelines as a single term and is not meant to reference a single type of document. Employers may have additional documentation requirements and should develop their own policies regarding documentation.

The patient care record (PCR) is a *legal document* which describes all assessment findings (may be either present or absent findings, i.e. pertinent negatives) as well as the treatments offered and provided by the EMR or Paramedic, or those that are refused by the patient. If you are unsure about whether something should be noted within the documentation, write it down. It is always better to have more information than not enough. Remember: if it isn't documented, it didn't happen. The supplemental PCRs should be used whenever necessary to capture all appropriate patient information.

All patient care records should be maintained in accordance with the applicable privacy legislation. For more information on privacy please refer to the Office of the

Saskatchewan Information and Privacy Commissioner at [www.oipc.sk.ca](http://www.oipc.sk.ca).

The term patient care record, or PCR, is used frequently throughout this document. This should be accepted as a broad term regarding documentation of any patient care activities whether in EMS, in facility or elsewhere.

A good test to evaluate whether the documentation is well written is to answer the question: if another

practitioner (e.g. nurse or physician) had to step in and take over the care of this patient, does the record provide sufficient information for the seamless delivery of safe and competent care? <sup>1</sup>

**Do NOT** generalize in your documentation. Phrases such as “stable”, “status unchanged”, or “small amount” are vague and should be avoided.

**Do NOT** document unfounded conclusions. For example unless you witnessed the patient fall, it



Gilbert Maraboto, Wakaw EMS

<sup>1</sup> Healthcare Insurance Reciprocal of Canada (HIROC). (August 2017). *Strategies for Improving Documentation Lessons from Medical-Legal Claims. A*

*guide for healthcare providers and administrators.* Retrieved from <https://www.hiroc.com/getmedia/9b3d1ed1-b2e1-45fc-ae18->

[bfc998177d15/Documentation-Guide-2017.pdf.aspx](https://www.hiroc.com/getmedia/9b3d1ed1-b2e1-45fc-ae18-bfc998177d15/Documentation-Guide-2017.pdf.aspx)

should be documented as found patient on the floor or Paramedics were told by bystander that the patient fell from a standing position. Instead of writing patient was drunk, document what you directly observed. For example, noted a smell of alcohol on patient's breath and their speech was slurred.

**DO** include direct quotes when appropriate. These must be indicated using quotation marks. The speaker should be identified using bystander, patient's daughter or similar descriptors.

**DO** write in ink (black or blue).

**DO** ensure it is legible.

**DO** complete your patient care documentation as soon as possible following the patient interaction.

**DO** use the 24-hour clock when documenting time.

A separate documentation form must be used for each patient encountered by the EMR or Paramedic, even when multiple patients are assessed and/or cared for during the same call for service.

As part of the permanent patient record, a copy of the document (ex. PCR) must be left at the receiving facility, or if the EMS crew is called out before completing the PCR, as soon as possible after.

Abbreviations should be used cautiously. Ensure you are using approved abbreviations for your organization. The Institute for Safe Medication Practices ([www.ismp.org](http://www.ismp.org)) has a list of abbreviations that should not be used. This may not be a complete list; ensure you follow your organization's recommendations.

PCRs should never be thrown out or shredded. Errors should be crossed out with a single line drawn through it and initialed by the writer. The correct information should be written in the next available line with the writer's initials, date and time

recorded with it. If for some reason a new PCR must be started, a line should be drawn through the initial PCR and VOID written across the PCR in block letters. This PCR should be attached to, and kept with, the second PCR.

Late entries, items that are entered at a time outside of chronological order, should be recorded as such with the time and date of the entry and the date and time that the assessment, treatment or other item was done (approximations of time should be identified). Ensure you initial the late entry.

The EMR or Paramedic attending to the patient during the call is responsible for completing the PCR. The second attendant must sign the PCR themselves once the PCR is completed. This indicates that they agree to the information contained within the PCR. No one else should sign a PCR on behalf of either attendant(s). Students or other health care providers who may have been involved in the care of the patient (i.e. an RN who accompanies the paramedics on an interfacility transfer) should print and sign their name on the PCR.

In summary, from the Canadian Medical Protective Association's Good Practices Guide<sup>2</sup>:

## Key Concepts

- Medical records are legal documents.
- Medical records are used to show the thought process leading to a diagnosis and plan of care.
- Medical records are a means to communicate with other caregivers, whether concurrent or subsequent.
- Patients have the right to see the content of their medical record, subject to certain exceptions.

## Good Practices

- Take care to document every patient encounter.
- Record the interaction as soon as reasonably possible.
- Include all relevant information.
- Indicate your reasoning and intentions.
- Write legibly.
- Use only accepted abbreviations.
- State the facts using clear and simple language.
- Consider what a patient would think if reading your notes.
- When making corrections, be sure to date them and indicate the reason for the correction.
- Never erase an original entry.
- Don't alter a medical record after receiving a complaint, threat of legal action, or legal action.

### References

Association of Registered Nurses of Newfoundland and Labrador. (2010). *Documentation Standards for Registered Nurses*. (2010). Retrieved from [https://arnnl.ca/sites/default/files/documents/ID\\_Documentation\\_Standards.pdf](https://arnnl.ca/sites/default/files/documents/ID_Documentation_Standards.pdf)

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<sup>2</sup> Canadian Medical Protective Association. (n.d.). *Key concepts and good practices*. *CMPA Good Practices*

*Guide*. Retrieved from [https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/key\\_concepts/pdf/key\\_concepts\\_and\\_good\\_practices-e.pdf](https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/key_concepts/pdf/key_concepts_and_good_practices-e.pdf)

[https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/key\\_concepts/pdf/key\\_concepts\\_and\\_good\\_practices-e.pdf](https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/key_concepts/pdf/key_concepts_and_good_practices-e.pdf)

# Call for resolutions

**Deadline: April 6**

Get ready for the 2020 Annual General Meeting.

This is our annual call for resolutions to be discussed at the 2020 AGM.

Members should use resolutions to raise issues for consideration by Council. Council may take the action, may request other agencies to take a particular action, enter into discussion about a particular issue with another agency, or may not take any action.

Resolutions can relate to any area of practice, education, administration, research, role of the College, or role of paramedics within healthcare. The subject of a resolution must be within the scope of the legislated authority of the College, and align with the vision, mission and strategic priorities of the College.

Issues addressed as resolutions should be those that warrant discussion by the general membership. Otherwise, the issue may be submitted to the Executive Director or the President at any time throughout the year.

Resolutions must follow the template

found on our website.

Resolutions not received before the deadline can still be considered at the AGM as a motion from the floor. A motion from the floor needs a two-thirds majority vote to be considered.

Resolutions must be submitted in writing and can be mailed, emailed, or faxed to:

Legislation & Bylaws Committee  
Saskatchewan College of  
Paramedics  
205 - 3775 Pasqua Street  
Regina SK S4S 6W8

Email: [office@collegeofparamedics.sk.ca](mailto:office@collegeofparamedics.sk.ca)  
Fax: 306-543-6161  
Deadline: April 6, 2020.



# 5th Annual SCoP Award

**Deadline: April 20**

Can you believe it? The SCoP Award is 5 years old!

Two awards of \$500 each are available to be won by members in good standing with the College, or students actively enrolled in a paramedic program.

Since we began offering this award, paramedics in Saskatchewan have researched a variety of topics and issues that have highlighted some of the amazing accomplishments in the province.

In the last five years, the College has developed and participated in research on a variety of topics in order to inform and guide the direction of the College and profession. Research involving paramedics has grown significantly in Saskatchewan, nationally, and internationally.

This year's award will focus on research and innovation in paramedicine.

Very detailed questions to consider are posted within the guidelines on our website.

All submissions must be received by Monday, April 20, 2020. The winners will be announced at the SCoP AGM on Monday, May 4, 2020.



2019 SCoP AGM

# How much do you know about COPR?

Formed in 2009, Canadian Organization for Paramedic Regulation (COPR) is an organization made up of nine paramedic regulators across Canada. Although New Brunswick and the territories are not currently members, they are involved in the work of COPR either as participants at various tables or as non-voting members of committees.

COPR is responsible for advancing effective paramedic regulation nationally and internationally and exists to promote the understanding of regulation among the profession and the public at large. COPR doesn't have any legislative authority but exists to assist regulators.

**The work of COPR is focused in three main areas:** They provide the entry to practice exam for PCP and ACP practitioners in six provinces, facilitate equivalency assessments for candidates trained outside of Canada, and provide a forum for Canadian paramedic regulators to share information and collaborate.

Who writes the COPR exam? British Columbia, Saskatchewan, Manitoba, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. In addition, graduates of a Canadian-accredited college in Qatar were permitted to access the COPR exam in 2019.

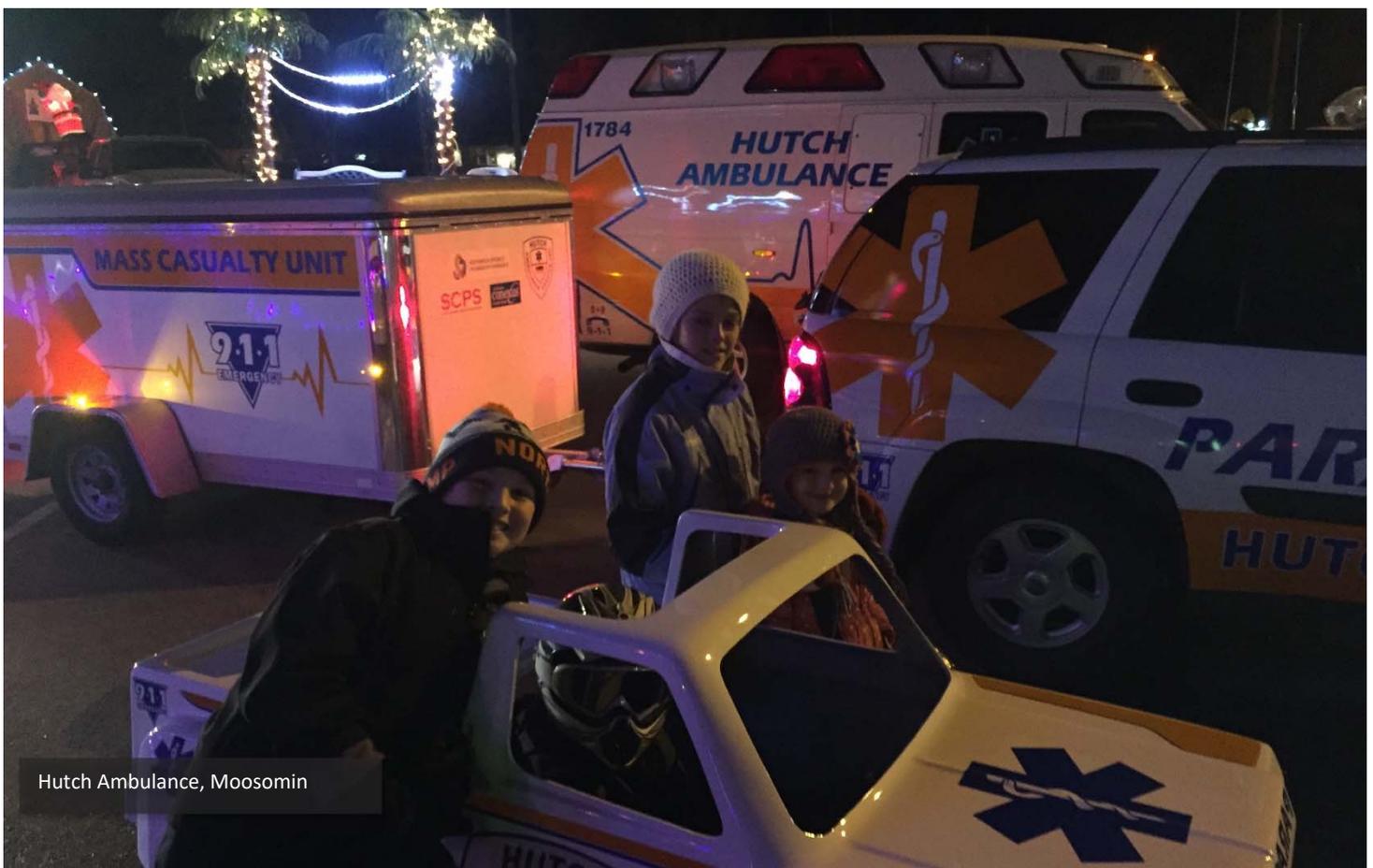
Alberta, Ontario, New Brunswick, and Quebec currently deliver a provincial entry to practice exam.

## Why was COPR formed?

COPR was formed based on issues that were identified with the 2008 federal Agreement on Internal

Trade/Labour Mobility Agreement (AIT/LMA) and the Trade Investment Labour Mobility Agreement (TILMA) between Alberta and British Columbia. "Paramedicine was identified federally as non-compliant with the AIT/LMA. Lack of standardization across the country meant paramedics could not easily move, license/register and work in other provinces," said Tammy Leach, first chair of COPR in 2011 and these days on staff as COPR Examination Manager. "The COPR examination was developed to provide standardization across Canada."

Federal funding enabled the development of a blueprint of the exam, brought together a working group, and actually delivered the exam for the first year. "The first exam was held in June of 2012. When we first started this process, I think there were 26 different levels of paramedic practitioner across the country," Leach said.



Hutch Ambulance, Moosomin

To put that into context, SCoP currently issues new licenses to four levels of practitioner: EMR, PCP, ACP, and CCP.

## Why is an entry to practice exam needed?

Entry to practice requirements are set by provincial regulators, so they may vary slightly across the country. Requirements are typically written, practical, and often include a jurisprudence assessment, which requires understanding the governing legislation and bylaws. Some regulators have also adopted a clinical skills assessment exam to assess clinical competency over and above the written exam.

Educational programs also differ across the country. Not all provinces require educational institutions to be accredited by the same body, and length of educational programs are not standardized nationally.

The adoption of a national exam

supports the harmonization of entry to practice requirements in terms of academic knowledge. COPR currently provides an entry to practice exam for PCPs and ACPs.

## A legally defensible examination

The rigour that goes into developing questions, and developing the exams, is extensive. The exams reflect the minimum amount of knowledge required to be a competent paramedic and ensure that competent people pass and incompetent people do not.

A working group with paramedics from across Canada is responsible for developing questions, exam and question review, and post-exam validation. This exercise is overseen by a team of psychometricians that specialize in high stakes examinations. COPR works with Yardstick Assessment Strategies, who provides all the psychometric and development processes.

Psychometricians are experts in assessment and testing. Dr. Scott Cassidy, Psychometrician at Yardstick, described a complicated process for evaluating and ensuring the effectiveness of each exam question and the entire exam itself.

Any given question is tied to one specific competency of the NOCPs. The question must map back to a commonly used textbook, must only ask one question, and should be grammatically clear. Passing marks are set with a method that is statistically and theoretically viable and is aligned with a score achieved by a “just competent” candidate.

Questions go through several layers of review by subject matter

experts and are tested by candidates on exams. Each exam contains 20 “experimental” questions (out of 200 total) that are answered by the student but are not scored. These questions do not count as part of the overall score. This process of pre-vetting is very rigorous, so the majority of the “experimental” questions are able to move on to become operational after one test cycle.

Questions are chosen from a bank of questions, and the same exam is used across the country for each sitting, regardless of location. Each exam sitting will contain slightly different questions; not all questions will change with each exam sitting, as you must have a certain number of anchor items in order for the exam to be valid.

Following each sitting, Yardstick looks for questions that are statistically irregular. Questions with low pass rates might be too difficult and may need adjustment or removal. There are other reasons for removing questions including when a question may not be able to effectively discriminate between high performing and low performing candidates. Research has demonstrated that there is a correlation between likelihood of getting an answer right or wrong, and total score on the other 199 questions. When something stands out statistically it might, for example, indicate an item could be causing stronger candidates to overthink.

Exam assessment isn't only based on statistics. Yardstick also works with the subject matter experts on COPR's Examination Working Group to decide if a question simply doesn't make sense.

From 2014 to 2019, the PCP exam pass rate was between 66 and 80 percent, with 793 total candidates writing. Pass rate for the ACP exam is 65 to 77 percent, with 136 writings. Generally speaking, a majority pass the exam on the first attempt. COPR provides preparatory tests at a cost to the candidate, but also offers an extensive study guide and blueprint for free.



Parkland Ambulance Care, Prince Albert

## What's next for COPR?

Chelsea Wilker, Executive Director at COPR, is excited about their new Paramedic Equivalency Assessment System project, which launched in December, 2019. "COPR is now the first point of entry for paramedics trained outside of Canada who are looking to have their credentials assessed," said Wilker. "We will assist the provincial regulators to determine if the credentials of the applicant are equivalent to Canadian credentials."

Also of great value to the profession is the Information Sharing Working Group (ISWG), a committee of COPR that is chaired by Jen Williams, Director of Professional Practice and Research at SCoP.

ISWG provides regulators an opportunity to discuss what is happening with practice across the country, and to find areas where they can standardize to support efficient labour mobility of paramedics throughout Canada. As an example, a quick survey to committee members gives members an update on scope of practice across the country.

"We just held a strategic planning session in November where we reviewed our vision and role statement and created the strategic plan for the next three years," said Wilker. "It's an exciting time."

Want to be on the Exam Working Group? Reach out to SCoP Executive Director Jacquie Messer-Lepage at [jmesserlepage@collegeofparamedics.sk.ca](mailto:jmesserlepage@collegeofparamedics.sk.ca).

## Call for photographs

Do you love your job? Please show us! Send photos of you and your colleagues on the job to [collette.parks@collegeofparamedics.sk.ca](mailto:collette.parks@collegeofparamedics.sk.ca) to be featured on the website, in newsletters, and in the Annual Report.

All submissions must also be accompanied by a declaration that permission was granted by all those appearing in the photos. At the moment, we are especially interested in photos featuring people.

Let us know who took the photo as well, so we can give credit for your work!

## Professional Conduct Committee update

The College is responsible for the protection of the public, and management of this responsibility is one of the most important roles that the College has.

It is our job to assure the public of the knowledge, skill, proficiency and competency of members in the practice of emergency medical services.

For 2019, the professional conduct committee began investigation into 15 complaints.

Of these, 7 related to professional misconduct, and 8 related to professional incompetence.

For 2020, the committee has begun investigation into 1 complaint relating to professional misconduct.

## Sask Health Information Resources Program (SHIRP)

You are eligible for FREE healthcare resources! This is made possible by SHIRP, a program of the USask Library. Funding is provided by the Government of Saskatchewan's

Ministry of Advanced Education.

ALL registered Saskatchewan healthcare providers can access e-resources through the SHIRP website or through the SHA Online Library\*.

\*For SHA employees: No login required at SHA facilities! Just navigate to the SHA Online Library to use all SHIRP resources.

Signing up for your SHIRP account is easy. Go to [shirp.usask.ca](http://shirp.usask.ca).

Choose "LOG IN offsite/Get a SHIRP account" from the options listed on the left.

Resources include:

- RxTx, RxFiles, and Natural Medicines
- MEDLINE/PubMed
- CINAHL Plus
- Cochrane Library
- DynaMed Plus
- AccessMedicine
- BMJ Journals
- The Lancet
- JAMA Journals
- PsycINFO

Plus many more. Mobile apps are also included.

You can also request an article if SHIRP doesn't have the article you need. We will find it for you for free.

Keep your practice up to date with the latest evidence.

If you have any questions, contact:

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306-966-1753.