

Alaska Specific Instructor Orientation Curriculum

Overview of the Alaska EMS System-(1 hour)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. Describe the ETT, ETT to EMT Bridge, EMT-1, EMT-2, EMT-3 courses.
 2. Discuss the history of the development of EMS in Alaska.
 3. Examine the organizational structure of EMS within the state.
 4. Examine the role of the regional offices in the Alaska EMS system.
 5. Locate the regional offices throughout Alaska.
 6. Discuss the role of the Alaska Council on Emergency Medical Services (ACEMS) and the ACEMS Training Committee
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1. Describe the ETT, ETT to EMT Bridge, EMT-1, EMT-2, EMT-3 courses.
 - I. Refer to ETT curriculum, job description, skill sheets as posted on CHEMS website.
 - II. Refer to EMT-1/2/3 learning objectives, curriculum, skill sheets, sample syllabus as posted on CHEMS website.
 - III. Refer to ***ETT to EMT Bridge Learning Objectives***.
 2. Discuss the history of the development of EMS in Alaska.
 - I. Refer to Introduction of ***Guide for EMTs in Alaska*** (p.5).
 - II. Enabling Legislation & Regulations
 - a. Department of Health and Social Services took over responsibility for EMS in 1977 –Alaska Statute 18.08.010
 - III. Department of Health & Social Services
 - a. Organizational Structure
 - i. Jay Livey, Commissioner Alaska Department of Health and Social Services
 - ii. Karen Pearson, Director of Division of Public Health
 - iii. Mark Johnson, Chief EMS Division
 - iv. Matt Anderson, EMS Unit Manager
 - v. Kathy McLeron, EMS Training Coordinator
 - vi. Melanie White, Administrative Assistant
 - vii. Shelley Owens, Prehospital Data Collection Project, Ground and Air Medical Service Certification and Support, Hepatitis B Immunization Program, Comfort One Program
 - viii. Doreen Risley, EMS for Children, Symposium Planning
 - ix. Raj Maskay, Poison Control
 - b. Responsibilities
 - i. Administers the EMS training and certification programs
 - ii. Recommends standards and treatment protocols for emergency patient care
 - iii. Maintains the Trauma Registry
 - iv. Provides statewide planning, sets priorities, and monitors progress of the EMS system

- c. Past accomplishments
 - i. Formed Advisory Council on EMS (ACEMS)
 - ii. Training committee a subcommittee of ACEMS
 - iii. All regions have representation as well as fire service and Community Health Aid Program
- II. Components of an EMS system
 - a. Public education and information
 - b. Dispatch
 - c. Emergency medical service providers
 - d. Communications
 - e. Medical direction
 - f. Emergency receiving facilities
 - g. Transfer capabilities
 - h. Record keeping
 - i. Continuous quality improvement
 - j. Rehabilitation services
- III. Regional EMS Councils
 - a. Developed to coordinate and encourage the development of comprehensive emergency medical services systems
 - b. Non-profits and native organizations, and in one instance a Borough governmental agency
 - c. Formed in mid-70s
 - d. Funded by state grants, native monies and other sources
 - e. Subregional offices in some locations
- IV. Prehospital EMS Development in Alaska
 - a. Public Safety Academy
 - i. First EMTs trained in 1969
 - ii. Trained in Sitka at Trooper Academy
 - iii. ETT developed in 1973
 - iv. Instructor training program started in 1978
 - v. Ended in 1981
- V. Development of EMT Certification – AS 18.08.080
 - a. December 31, 1981 – EMT and EMT instructor certification regulations went into effect
 - b. Developed by Manpower and Training Task Force
 - c. Provided three levels of certification
 - d. MICP program administered by Medical Board
- VI. EMS Regulations
 - a. EMT-I
 - i. EMT-I course dates back to 1960
 - ii. Established by Department of Transportation and revised in 1984 and 1994
 - iii. 110 hours in length
 - iv. Teaches basic prehospital emergency care
 - b. EMT-II and III
 - i. EMT-II & EMT-III courses are each at least 50 hours in length

- ii. EMT-II teaches IV therapy and advanced airway management
 - iii. EMT-III course teaches a limited number of ALS medications and procedures to be used for the management of the cardiac patient
 - c. Physician Medical Director
 - i. Physician Medical Director Regulations established in 1991
 - ii. Supervises medical care provided by EMTs
 - iii. Approves and reviews standing orders
 - iv. Ensures approved EMS report form is completed on each patient
 - v. Reviews run reports to ensure appropriate treatment was provided
 - d. ETT Regulations
 - i. In 1987, Department of Health and Social services assumed responsibility of ETT instructors and course approval
 - ii. Course curriculum controlled by SEREMS
 - VII. Emergency Medical Services Certification
 - a. Emergency Medical Service (e.g. ambulance service) regulations were first approved in 1983
 - b. BLS certification
 - c. ALS certification
 - VIII. Medevac Service and Critical Care Air Ambulance
 - a. Regulations for aeromedical transport went into effect in 1985
 - b. Prescribe minimum standards for air medevac services, air ambulances, or specialty aeromedical service transport teams certification
 - c. Define scope of authorized activity and prescribe standards for basic life support services
 - IX. Paramedic Regulations
 - a. Licensed by State Medical Board
 - b. Training programs administered by DHSS
 - c. Average number of hours of training is 1000 followed by 6-month internship
 - X. Guidelines and Protocols
 - a. *Cold Injuries Guidelines* initially published in 1982
 - b. *Alaska Prehospital Trauma Guidelines* initially published in 1987
3. Examine the organizational structure of EMS within the state.
- I. AS 18.08.080 – AS 18.08.099 establishes the Department of Health and Social Services as the lead agency for EMS in Alaska.
 - II. The statute also establishes the Alaska Council on EMS to provide input to the Governor and to the department.
 - III. Within the Division of Public Health, is the Section of Community Health and EMS which performs activities as required by statutes, regulations, grants and directions from the Commissioner and Governor.
 - IV. Alaska is divided into seven EMS regions and each is served by a Regional EMS Office.
4. Examine the role of the regional offices in the Alaska EMS system.

- I. Regional EMS Offices are non-profit organizations, health corporations, or, in the case of the North Slope, a borough. To be eligible to be a Regional EMS Office, the agency must agree and be able to provide comprehensive EMS support within region in which it is based.
 - II. Regional EMS Offices are funded through legislative grants on a two year cycle and project income.
 - III. Major functions of the Regional EMS Offices include:
 - a. Assisting local EMS agencies by providing training and technical assistance;
 - b. Serving as the designee of the Department of Health and Social Services to provide certification testing; and
 - c. Helping to make available and coordinate EMS related resources within the agency's boundaries.
 - IV. Regional EMS Offices work closely with local EMS agencies and the State EMS Office.
5. Locate the regional offices throughout Alaska.
- I. Interior Region – Fairbanks
 - II. Southern Region – Anchorage
 - III. Southeast Region – Sitka
 - IV. Yukon-Kuskokwim Delta - Yukon-Kuskokwim Health Corporation EMS
 - V. Norton Sound - Norton Sound Health Corporation EMS
 - VI. Northwest Arctic - Maniilaq Association EMS
 - VII. North Slope – North Slope Borough EMS
6. Discuss the role of the ACEMS and its subcommittee, the ACEMS Training Committee.
- I. The State EMS Training Committee is a subcommittee of the Alaska Council on EMS with representation from:
 - a. ACEMS
 - b. Section of Community Health and EMS
 - c. Regional EMS Offices
 - d. Community Health Aide Program
 - e. Fire Chief's Association
 - f. State EMS Medical Director
 - g. Department of Public Safety, Fire Service Training
 - II. The EMS Training Committee:
 - a. Drafts curricula, examinations and training materials for statewide implementation.
 - b. Drafts new regulations and proposes amendments to existing regulations for consideration by the Department of Health and Social Services.
 - c. Develops and recommends policies to enhance EMS training statewide.

Understanding and Using Alaska Regulations-(2 hours)

At the end of this presentation, using the Alaska regulations and guidelines, the EMT Instructor Candidate will be able to:

1. Differentiate among:
 - Statutes (AS)
 - Regulations (AAC, CFR)
 - Policies
 - Guidelines
 - Standards
 - Standing orders
 2. List the requirements for EMT-1 and EMT Instructor continuing medical education and recertification.
 3. List the qualifications for entry into ETT and EMT classes.
 4. List the qualifications for registration as an ETT.
 5. List the qualifications for certification as an EMT.
 6. Describe the process of applying for comity in Alaska.
 7. List the regulations for EMT testing and re-testing.
 8. Demonstrate the ability to cite regulations.
 9. List the EMT-1 scope of certified activities.
 10. Describe the steps necessary to add additional skills to the EMT scope of practice.
 11. List the minimum time requirements for ETT and EMT courses.
 12. Locate the regulations for medical direction.
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1. Differentiate among:
 - Statutes (AS)
 - Regulations (AAC, CFR)
 - Policies
 - Guidelines
 - Standards
 - Standing orders
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- I. What is a Statute?
 - a. A statute is law that is introduced in the legislature as a bill.
 - b. It is then debated in both the Senate and House of Representatives.
 - c. If adopted by both houses either unchanged or after compromise, it's sent to the Governor for signature
 - d. The Governor either approves or vetoes the bill. If approved, it becomes law as a statute, if vetoed it either dies or can be returned to the legislature for possible attempts to override the veto.
 - II. What is a Regulation?
 - a. A regulation is created by a department of the State of Alaska to implement activities authorized by a statute, for example, certification of Emergency Medical Technicians.
 - b. The authorizing statute empowers the state agency to develop regulations to accomplish specific goals.
 - c. Regulations are drafted by the agency, usually with input from subject matter experts.
 - d. New regulations and proposed amendments must go through a formal public comment period.
 - e. Following the public comment period, the agency considers the comments received and works with the Department of Law to develop a final draft.
 - f. Once completed and adopted by the department, the regulations are forwarded to the Lt. Governor for signature. The regulations become effective 30 days after being signed by the Lt. Governor.

III. What are Policies?

- a. Policies are documents written by CHEMS which further clarify regulations.

IV. Standards – Excepted Practices – More Global

V. Guidelines – Recommendations

VI. What are Standing Orders?

- a. Standing Orders means strictly defined physician signed written orders for actions, techniques, or drug administration, to be used when communication contact has not been made with a base station physician.
2. List the requirements for EMT-1 and EMT Instructor continuing medical education and recertification.
 - I. Refer to 7 AAC 26.110 and the *Guide for EMT's in Alaska*.
3. List the qualifications for entry into ETT and EMT classes.
 - I. Refer to 7 AAC 26.050 for EMT and *Guide for ETT Instructors*. Available from SEREMS.
4. List the qualifications for registration as an ETT.
 - I. Refer to *Guide for ETT Instructors*.
5. List the qualifications for certification as an EMT.
 - I. Refer to 7 AAC 26.030.
6. Describe the process of applying for comity in Alaska.
 - I. Refer to 7 AAC 26.150.
7. List the regulations for EMT testing and re-testing.
 - I. Refer to 7 AAC 26.070, examinations for initial certification.
 - II. Refer to 7 AAC 26.090, initial certification examination failure.
 - III. Refer to 7 AAC 26.130, recertification examination failure; non-renewal of certification.
 - IV. Refer to 7 AAC 26.110, recertification.
8. Demonstrate the ability to cite regulations.
 - I. Regulation assignment.
9. List the EMT-1 scope of certified activities.
 - I. Refer to 7 AAC 26.040(a)(1-3), scope of certified activities.
10. Describe the steps necessary to add additional skills to the EMT scope of practice.
 - I. Refer to 7 AAC 26.670, approval of additional medications and procedures.
11. List the minimum time requirements for ETT and EMT courses.
 - I. Refer to 7 AAC 26.050(b)(4), EMT approved training courses
 - II. Refer to 7 AAC 26.450(b)(4), approved courses for ETT
12. Locate the regulations for medical direction.
 - I. Refer to 7 AAC 26.610-690, medical directors

Alaska Specific Medical Legal-(4 hours)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. List the reporting requirements for EMS responders (AS 08.64.369, AS 47.17.010, AS 47.24.010).
2. Describe the requirements for domestic violence (AS 08.66.310), Haz Mat, Bloodborne Pathogens (29 CFR 1910.1030), Respiratory Protection Standard (29 CFR 1910.134) training.
3. Describe the Comfort-One Do Not Resuscitate Program (7 AAC 26.940, 7 AAC 16.010-090).
4. List the statutory criteria for EMTs pronouncing death in the field (AS 18.08.089, AS 09.68 .120).

5. Discuss the EMT instructor's duty to provide a safe learning environment.
 6. Define what Alaska specific objectives must be taught in EMT class.
 7. Examine what resources are available for teaching Alaska specific objectives.
 8. Discuss immunities from liabilities (AS 18.08.086) and Good Samaritan Law (AS 09.65.090).
 9. Define duty to act and when it applies.
 10. Be able to identify core EMT-1 medical legal concepts.
 11. Discuss Authority of EMT (AS 18.08.075).
 12. Discuss confidentiality.
 13. Discuss student confidentiality (Buckley Amendment—Family Education Rights Act of 1974)
 14. Discuss Grounds to Suspend, Revoke, or Deny Certification or Recertification (7 AAC 26.950).
 15. Discuss Justifications: Use of Force, Special Relationships (AS 11.81.430).
 16. Discuss AED training regulations (7 AAC 26.585).
 17. Discuss state approved CPR credentials (7 AAC 26.985, CHEMS website).
1. List the reporting requirements for EMS responders.
 - I. Refer to AS 08.64.369, healthcare professionals to report certain injuries
 - II. Refer to AS 47.17.010, reporting child abuse and neglect
 - III. Refer to AS 47.24.010, reports of harm
 2. Describe the requirements for domestic violence (AS 08.66.310), Haz Mat, Bloodborne Pathogens (29 CFR 1910.1030), Respiratory Protection Standard (29 CFR 1910.134) training.
 3. Describe the Comfort-One Do Not Resuscitate Program (7 AAC 26.940, 7 AAC 16.010-090).
 4. List the statutory criteria for EMTs pronouncing death in the field
 - I. Refer to AS 18.08.089, circumstances for pronouncing death
 - II. Refer to AS 09.68.120, authority to pronounce death
 5. Discuss the EMT instructor's duty to provide a safe learning environment.
 - I. Standard of practice for EMT instructors.
 - II. Instructors may be found negligent if standard grossly breached.
 - III. Consider areas of risk including infection control, safe lifting and moving, scenarios.
 - IV. Physically and emotionally safe environment.
 6. Define what Alaska specific objectives must be taught in EMT class.
 - I. Refer to Alaska EMT-1, 2, 3 learning objectives as appropriate.
 7. Examine what resources are available for teaching Alaska specific objectives.
 - I. *A Guide for EMTs in Alaska*
 - II. *Alaska Prehospital Trauma Guidelines*
 - III. *Cold Injuries Guidelines*
 - IV. *State of Alaska EMT Skill Sheets*
 - V. *Trauma Triage, Transport & Transfer Guidelines*
 - VI. *State of Alaska Delayed/Prolonged Transport Guidelines*
 8. Discuss immunities from liabilities (AS 18.08.086) and Good Samaritan Law (AS 09.65.090).
 9. Define duty to act and when it applies.
 - I. Duty to act applies when
 - II. Examples: on duty, on-call
 - III. Moral vs. legal duty
 10. Be able to identify core EMT-1 medical legal concepts.
 - I. Refer to EMT curriculum Medical/Legal section.

11. Discuss Authority of EMT (AS 18.08.075).
12. Discuss confidentiality (Standards for privacy of Individually Identifiable Health Information, 65 FR 82462 published in the Federal Register Dec. 28, 2000).
13. Discuss student confidentiality (Buckley Amendment—Family Education Rights Act of 1974)
 - I. Grades, counseling, records, etc. are confidential and may not be released except to parents if under 18, subpoenaed, or with student’s permission; may not be released to employer.
14. Discuss Grounds to Suspend, Revoke, or Deny Certification or Recertification (7 AAC 26.950).
15. Discuss Justifications: Use of Force, Special Relationships (AS 11.81.430).
16. Discuss AED training regulations (7 AAC 26.585).
17. Discuss state approved CPR credentials (7 AAC 26.985, CHEMS website).

Alaska Specific Teaching Resources-(1 hour)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. Discuss what valuable information can be found in the *Alaska Prehospital Trauma Guidelines, Cold Injuries Guidelines*.
 2. Identify the *Delayed/Prolonged Transport, Trauma Triage, Transport and Transfer Guidelines, Alaska Medevac Manual, and Model Guidelines*.
 3. Describe the value of the *A Guide for EMT’s in Alaska*.
 4. Identify the *Guide for EMS Instructors and Certifying Officers in Alaska*.
 5. Discuss what teaching resources are available on the web.
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1. Discuss what valuable information can be found in the *Alaska Prehospital Trauma Guidelines, Cold Injuries Guidelines*.
 2. Identify the *Delayed/Prolonged Transport, Trauma Triage, Transport and Transfer Guidelines, Alaska Medevac Manual, and Model Guidelines*.
 3. Describe the value of the *A Guide for EMT’s in Alaska*.
 4. Identify the *Guide for EMS Instructors and Certifying Officers in Alaska*.
 5. Discuss what teaching resources are available on the web.
 - I. www.chems.alaska.gov
 - II. www.sremsc.org
 - III. www.iremsc.org

Course Documentation and Record Keeping-(1 hour)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. Using regulations, list the timeline for course applications, approval, and completion.
2. Identify the state forms used by instructors and students.
3. List the agencies to which course approval and testing forms must be sent.
4. Describe the paperwork that should be maintained in the instructor’s course files.
5. Identify essential components of a course syllabus.
6. State the value of good record keeping.
7. Describe the process for applying for college credit approval.

8. Describe when an incident report should be completed and maintained.

1. Using regulations, list the timeline for course applications, approval, and completion.
 - I. Refer to *Guide for EMT Instructors and Certifying Officers in Alaska*.
 - II. Refer to 7 AAC 26.450, ETT course approval.
 - III. Refer to 7 AAC 26.050, approved training courses (EMT-1/2/3).
 - IV. Refer to 7 AAC 26.172, MICP training courses.
2. Identify the state forms used by instructors and students.
 - I. Refer to State EMS website downloads section, and Alaska Public Health Library <http://www.chems.alaska.gov>.
3. List the agencies to which course approval and testing forms must be sent.
 - I. Refer to 7 AAC 26.050(a).
 - II. See bottom of forms.
4. Describe the paperwork that should be maintained in the instructor's course files.

<ul style="list-style-type: none"> • Course Approval forms. • Course Completion form. • Roster/attendance. • Grades. • Syllabus. • Counseling/remediation. 	<ul style="list-style-type: none"> • Examinations. • List of course materials. • Copies of correspondence. • Student evaluations. • Course evaluations. • Financial records.
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5. Identify essential components of a course syllabus.

<ul style="list-style-type: none"> • Attendance policy. • Grading policy. • Completion standards. 	<ul style="list-style-type: none"> • Student conduct. • Assignments. • Schedule. 	<ul style="list-style-type: none"> • Pre-requisites • Required course materials
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6. State the value of good record keeping.
 - I. Legal documentation.
 - II. If it wasn't written down it wasn't done.
 - III. Protection for instructor and student.
 - IV. Useful for future class planning.
 - V. Applying for college credits, CME, instructor recertification.
7. Describe the process for applying for college credit approval.
 - I. Contact university/college and follow their policy.
 - II. May be course fee/documentation required by institution.
 - III. Give example of local policy/procedure.
8. Describe when an incident report should be completed and maintained.
 - I. Any time anything out of the ordinary takes place.
 - a. Counseling/remediation sessions.
 - b. Dismissals.
 - c. Examination failure.
 - d. Failure to recommend for state testing.
 - e. Withdrawal from class.
 - f. Injuries/exposures.
 - g. Damaged equipment.
 - h. Behavioral incidents.

Administration of Certification Examinations-(2 hours)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. Discuss the roles and responsibilities of instructors before, during, and after testing.
 2. Determine the equipment, facility, and time requirements for written and practical testing.
 3. Describe the process for setting up a practical examination.
 4. Using the ***Guide for EMS Instructors and Certifying Officers in Alaska***, list the practical stations used in an EMT exam.
 5. List the equipment requirements for the practical exam stations.
 6. Discuss proctor and victim qualifications and recruitment.
 7. List three ways to prepare your students for the practical and written examinations.
 8. Discuss three ways of reducing student testing anxiety.
 9. Examine the advantages and challenges of having duplicate practical stations.
 10. Recognize the instructor's role in ensuring that student applications for National Registry and the State of Alaska are filled out and filed correctly.
 11. Discuss ways to improve station flow during the practical examination.
 12. Using the ***Guide for EMS Instructors and Certifying Officers in Alaska***, list the roles and responsibilities of the Certifying Officer.
 13. Describe the process of arranging for Certifying Officer's for testing.
 14. List the steps for administering the written exam.
 15. List the steps for administering the practical exam.
 16. Discuss what must be covered in the proctor/victim briefing.
 17. Discuss the importance of confidentiality for exam results.
 18. Discuss the requirements and process for becoming an authorized Certifying Officer.
 19. List the needs of Certifying Officers when traveling to administer exams.
 20. State the number of attempts an individual has to complete the written and practical examinations for certification (7 AAC 26.090).
 21. Recognize the importance of remediation after testing.
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1. Discuss the roles and responsibilities of instructors before, during, and after testing.
 - I. Refer to 7 AAC 26.050(b) (5) (7).
 - II. Refer to ***Guide for EMS Instructors and Certifying Officers in Alaska***.
 2. Determine the equipment, facility, and time requirements for written and practical testing.
 - I. Refer to ***Guide for EMS Instructors and Certifying Officers in Alaska***.
 3. Describe the process for setting up a practical examination.
 - I. Refer to ***Guide for EMS Instructors and Certifying Officers in Alaska***.
 4. Using the ***Guide for EMS Instructors and Certifying Officers in Alaska***, list the practical stations used in an EMT exam.
 5. List the equipment requirements for the practical exam stations.
 - I. Refer to ***Guide for EMS Instructors and Certifying Officers in Alaska***.
 6. Discuss proctor and victim qualifications and recruitment.
 - I. Refer to ***Guide for EMS Instructors and Certifying Officers in Alaska***.
 7. List three ways to prepare your students for the practical and written examinations.
 8. Discuss three ways of reducing student testing anxiety.
 9. Examine the advantages and challenges of having duplicate practical stations.
 10. Recognize the instructor's role in ensuring that student applications for National Registry and the State of Alaska are filled out and filed correctly.

- I. Students will not be eligible for examination if paperwork is not filled out and filed correctly.
- II. Students unlikely to be familiar with the process.
11. Discuss ways to improve station flow during the practical examination.
12. Using the *Guide for EMS Instructors and Certifying Officers in Alaska*, list the roles and responsibilities of the Certifying Officer.
13. Describe the process of arranging for Certifying Officer's for testing.
 - I. Regional office notification through application process.
 - II. Follow-up call to regional office 2 weeks prior to exam.
 - III. Be aware of regional office policies and procedures.
14. List the steps for administering the written exam.
 - I. Introduction/orientation.
 - II. Distribution.
 - III. Exam security.
 - IV. Facilities/materials arrangement.
15. List the steps for administering the practical exam.

• Site and equipment arranged.	• Station observation.
• Station set-up.	• Station flow.
• Proctor/student briefing.	• Cooperation with C.O.
16. Discuss what must be covered in the proctor/victim briefing.
 - I. Refer to *Guide for EMS Instructors and Certifying Officers in Alaska*.
17. Discuss the importance of confidentiality for exam results.
 - I. Refer to *Guide for EMS Instructors and Certifying Officers in Alaska*.
18. Discuss the requirements and process for becoming an authorized Certifying Officer.
 - I. Refer to *Guide for EMS Instructors and Certifying Officers in Alaska*.
19. List the needs of Certifying Officers when traveling to administer exams.
 - I. Travel.
 - II. Food/lodging.
20. State the number of attempts an individual has to complete the written and practical examinations for certification (7 AAC 26.090).
21. Recognize the importance of remediation after testing.
 - I. Refer to *Guide for EMS Instructors and Certifying Officers in Alaska*.

Putting Together a Class-(1 hour)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. Discuss logistics of course planning including: travel, equipment, cost, facilities, materials, testing, and paperwork
 2. Discuss sample course matrix.
 3. Explore problems and resolutions of course planning.
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1. Discuss logistics of course planning including travel, equipment, cost, facilities, materials, testing, and paperwork.
 2. Discuss sample course matrix.
 3. Explore problems and resolutions of course planning.

I. Facilitated discussion.

Cultural Awareness-(1 hour)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. Define and describe cultural awareness.
 2. List components of culture including gender, ethnicity, religion, language, age.
 3. Understand various cultural values and traditions that may affect a student's behavior.
 4. Understand various cultural values and traditions that may affect medical expectations.
 5. Explain the behaviors an EMS instructor can model to show they have an awareness of cultural issues in their classroom.
 6. Describe aspects of cultural awareness that are important to pass on to students in the classroom.
 7. Defend the need to consider cultural awareness issues when designing and developing instruction.
 8. Display behaviors that indicate your consideration of cultural awareness issues when dealing with your own students.
 9. Share your knowledge of cultural awareness by modeling cultural sensitive behaviors to your students in the classroom.
- I. United States has always been a country of immigration. This is no truer than it is today.
- a. 1940 – 70% of immigrants from Europe (to become part of melting pot)
 - b. 1992 – 37% from Asia; 44% from Latin America and Caribbean; only 15% from Europe (embrace their culture and do not wish to surrender it)
 - c. Consequently today – cultural pluralism
 - d. Strength in variety
 - e. The nation would profit from contributions different groups can make
- II. Cultural diversity in the United States:
- a. At least 106 ethnic and over 500 American Indian groups
- III. Understanding age
- a. Era in which one grows up puts an indelible imprint on one's values and expectations
 - b. Age at which individual is considered an adult and capable of making adult decisions varies within groups
- IV. Understanding gender
- a. Gender roles (female physician or paramedic, male nurse)
 - (1) Typically men and women communicate differently
 - (2) Typically women interact to form relationships
 - b. Men establish hierarchy of order
- V. Understanding ethnicity
- a. One's ethnic background may include native language, cultural norms (holiday observances, food preferences, social affiliation, health care beliefs and preferences)
 - b. While mainstream Americans are comfortable with self-reliance and independence, this is not the case for many other cultures

- VI. Interdependence with relatives and friends
 - a. Family/extended family very important
 - (1) One may not be comfortable speaking out in a group that is not family
 - b. May defer to elder family members or tribal leaders.
 - c. May fear bringing shame and embarrassment to family
- VII. Perceptions of social interactions
 - a. Some ethnic cultures are non-aggressive, non-confrontational
 - b. Some may not be comfortable making eye contact when conversing with a person in authority (e.g., teacher, physician, nurse, etc.) out of respect
 - c. Many cultures address persons of authority formally (Title, Surname) until receiving permission to do otherwise
 - d. Smile and nod may be a sign of not understanding or not wishing to disagree with authority to their face
 - e. Snickering may be a sign of embarrassment and confusion
 - f. “Yes” may mean “I heard you” rather than “I agree”
 - g. Some ethnic groups value silence as a sign of respect and attentiveness; for others it may be a sign of disagreement
 - h. Humor (particularly sexual in nature) and gestures may be offensive
- VIII. Understanding physical ability
 - a. Approximately 43 million Americans have some kind of physical disability
 - (1) May report being ignored frequently when in a group
- IX. Understanding race
 - a. Tend to be more stereotyped than others
- X. Understanding religion
 - a. For Seventh Day Adventists and Observant Jews – Saturday is the Sabbath
 - (1) Student may be unavailable for class assignments
 - b. Muslims pray five times each day
 - (1) Student may not be available for class assignments during prayer times
 - c. Jehovah’s Witnesses forbid celebrations, with the exception of the wedding anniversary
 - (1) Student may not attend birthday/graduation/holiday parties
 - d. Christian Scientists and Jehovah’s Witnesses may not receive blood or blood products
 - e. Mormons fast for 24 hours once a month
- XI. Understanding education
 - a. Less educated students may feel intimidated or be less articulate
 - (1) May feel less entitled to ask questions
- XII. Understanding marital status
 - a. May hinder or enhance student’s commitment to obligations of the class
- XIII. Understanding income
 - a. Can limit access to education, transportation, additional class expenses

- XIV. Understanding parental status
 - a. Child issues can interfere with scheduled responsibilities
- XV. Understanding appearance
 - a. Can affect one's perception of a student's commitment to the education program and a career as a healthcare professional
 - b. Religious convictions may impact upon appearance as certain clothing may be required or a certain hairstyle may be imposed upon the individual by his or her religion
- XVI. Understanding personal habits
 - a. Smoking, drinking, exercising can build or hinder collegial relationships
 - b. Personal choices, ethics and morals, or convictions may prohibit some students from participating in group activities
- XVII. Understanding geographic location
 - a. Students from outside the community may feel/be ostracized.
 - b. Rural vs. urban attitudes, behaviors, values, time sensitivity.
- XVIII. Realities of cultural diversity
 - a. Culture is not overt
 - b. Powerful, yet subtle
 - c. We are all essentially ethnocentric
 - (1) We rarely question our own cultural identity, and naturally assume our rules, values and beliefs to be correct
 - (2) We tend to judge negatively those who are different. We observe, interpret, then act.
 - (3) Based on our own cultural programming, we attach meaning to behaviors.
 - (4) We may not know when we are offending others.
- XIX. Communication and respecting diversity
 - a. 50 – 90% of all communication is non-verbal
 - (1) Pay attention to body language, facial expressions, and other behavioral cues
 - (2) Try not to use idioms
 - (3) Do not take others' behavior personally
 - (4) Walk a fine line between understanding and stereotyping
 - (a). Be careful not to label individuals simply because you have a given expectation of their cultural values and traditions
- XX. Remember: we are all different
 - a. This includes various educational experiences and ways of learning

(NAEMSE 2001 draft document)

Moulage Lab-(3 hours)

At the end of this presentation, the EMT Instructor Candidate will be able to:

1. Create their own moulage using recipes and methods provided.
 2. Discuss the value of using realistic moulage and scenarios during skills labs and testing.
 3. Using moulage, simulate injuries including: contusions, abrasions, punctures/penetrations, burns, shock, lacerations, fractures, cold injuries, and impaled objects.
 4. Select equipment appropriate for moulaging simulated patients.
 5. Discuss the importance of moulage in enhancing the role play experience.
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1. Create their own moulage using recipes and methods provided.
 - I. Refer to Moulage Recipes handout.
 2. Using moulage, simulate injuries including: contusions, abrasions, punctures/penetrations, burns, shock, lacerations, fractures, cold injuries, and impaled objects
 - I. Activity:
 - a. Have students pair up.
 - b. Make sure each team has access to a variety of moulage materials.
 - c. Discuss what the following injuries would look like and demonstrate moulage for each:

• Contusions	• Impaled objects.	• Shock.
• Abrasions.	• Burns.	• Cold injuries.
• Lacerations.	• Fractures.	
• Gunshot wounds.	• Head injuries.	
• Puncture/Penetration	(closed & open)	
 - d. Using moulage, have students practice creating these injuries.
 3. Select equipment appropriate for moulaging simulated patients.
 - I. Refer to Moulage Recipes handout.
 4. Discuss the importance of moulage in enhancing the role play experience.
 - I. Realism.
 - II. Assessment practice.