Emergency Medical Technician

Continuous Professional Competence

Portfolio

Name: _____

Practitioner PIN number: _____

CPC Cycle: 2021 / 2022

Declaration by Practitioner of their Commitment to Continuing Professional Development

I hereby declare that I am committed to maintaining my professional competence by continually updating and developing my professional knowledge, skills and attitudes. I intend to achieve this by actively participating in a Continuing Professional Competence Scheme, as outlined by the Pre-Hospital Emergency Care Council of Ireland.

Signed:

Dated:

PIN Number:

This page is a declaration from the EMT that they are committed to CPC

Section 1 – Practice Status

1.1 **Practice Statement –** This clarifies the environment in which you practice. It lists;

- The main service provider with whom you practice
- The location where you practice
- The capacity with which you practice (paid or voluntary)

NOTE: If you practice with a second or subsequent CPG organisation then you should also list them in this section.

1.2 **A statement of context -** This is an introductory statement explaining the context in which you collect evidence and record experience as a practicing EMT. You must include this statement of context as the first part of your learning portfolio.

1.1 - Practice Statement

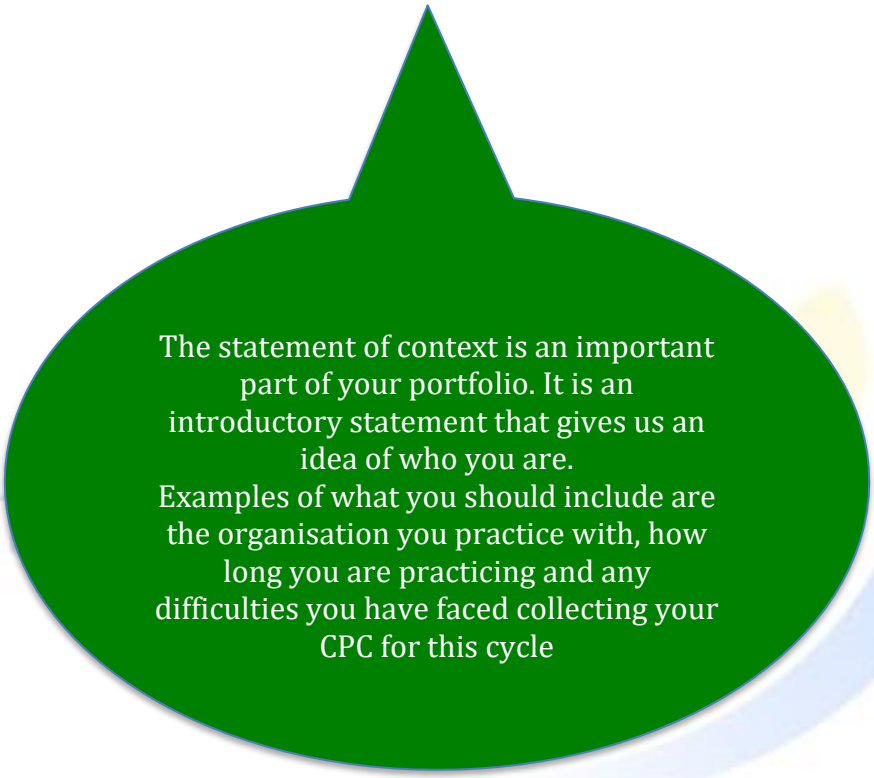
Main CPG Organisation you are practicing with	
Service Provider	
Location of Practice	
Capacity (Paid or voluntary)	

This practice statement allows us to see who you are practicing with. While a lot of EMT's are only with one organisation, the ability to mark un up to 3 is included here. If you require further boxes, please add the as necessary

Second CPG Organis	
Service Provider	
Location of Practice	
Capacity (Paid or voluntary)	

Third CPG Organisation you are practicing with, if applicable	
Service Provider	
Location of Practice	
Capacity (Paid or voluntary)	

1.2 - Statement of context



Section 2 – Compulsory Requirements

2.1 **Evidence of at least 12 patient contacts per year –** A patient contact shall be accepted where an EMT has completed a meaningful intervention during that patients care. Patient contacts should be recorded utilising ACR/PCR/Incident numbers and a brief description of the patient's condition along with the treatment provided should be included for each contact. (PHECC are working towards and alternative where 12 patient contacts cannot be met in a 12 month period)

2.2 **Evidence of your current CPG status –** Evidence of CPG status will be provided by including a CPG upskilling certificate issued by an RI. Where an EMT has attained their NQEMT on the newest CPGs, a copy of the NQEMT will suffice.

2.3 **Evidence of your Cardiac First Response status -** Cardiac First Response Advanced certification is required to be current and in date for an EMT to practice. As such all EMTs are required to be certified every two years. This certification should be included in your CPC portfolio.

2.1 - Patient Contacts

Quick reference (tick when complete)

Patient 1	☐	**Patient 7**	☐
Patient 2	☐	**Patient 8**	☐
Patient 3	☐	**Patient 9**	☐
Patient 4	☐	**Patient 10**	☐
Patient 5	☐	**Patient 11**	☐
Patient 6	☐	**Patient 12**	☐

This page is a quick reference to ensure you have 12 patient contacts listed. On the word format document you can double click the box and mark it as "checked". If you print this out, simply tick the box when you have a patient contact and then complete the next section

Patient 1

Date	**06/04/2022**
ACR / PCR/ Incident number	**ABCDE12345**
CPG organisation	**Speedy Ambulance Company**
Injury presented	**Fractured right wrist from slip on wet floor**
Treatment	**Primary survey completed.** **Pulse 96bpm – RR 12 per min – B/P 126/82 – A on AVPU** **Obvious deformity right wrist. Good sensory function and circulation. Limited movement.** **Moderate pain – Ibuprofen 400mg administered. Paramedic assistance requested.** **Wrist splinted. Patient transferred to hospital by statutory ambulance.**

Patient 2

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

This section allows you to put in specific detail about your patient contact. While you may have more than 12, only 12 are recordable for CPC. Example text is in the patient 1 box in red.

Patient 3

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 4

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 5

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 6

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 7

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 8

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 9

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 10

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

Patient 11

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

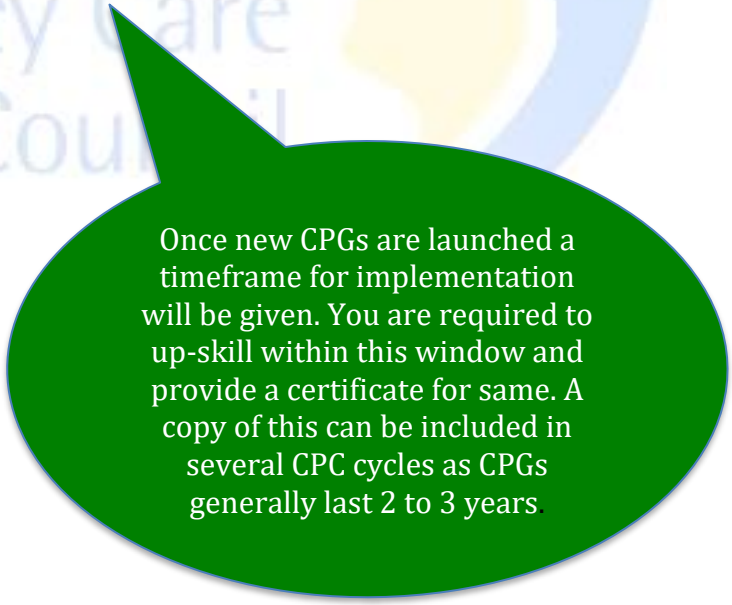
Patient 12

Date	
ACR / PCR/ Incident number	
CPG organisation	
Injury presented	
Treatment	

2.2 - Current CPG status

(Please provide CPG upskilling certificate in the next page or as an attachment.

If newly qualified in present CPGs please provide copy of NQEMT)



2.3 - Cardiac First Response Advanced

(Please provide a copy of your CFR-Advanced certificate in the next page.)

Section 3 – Additional requirements

Requirements	CPC points	Extra information
Reflective practice and/or Case studies	**4**	A document containing key learning points (2 CPC points per documented evidence) and/or a Case study on an incident, condition or injury you have encountered (2 CPC points per case study)
Self-selected options from: Courses – seminars - related activities *(See Page 10 for examples)*	**14**	Must demonstrate a direct relevance to the EMT standards and/or practice
Total Minimum CPC points	**18**	CPC points required per year

Reflective practice

and / or

Case studies

(Minimum of 4 CPC points are required within this requirement and can be attained in any combination you wish. Each reflective practice document and each case study is awarded 2 CPC points.

You may complete or delete as appropriate from the following pages)

NOTE – There are several models of reflective practice and all will be accepted for the purposes of CPC. In this case, we have illustrated the Gibbs cycle, which has kindly been provided by www.prehospitalresearch.eu

Reflective Practice 1

Description –
Called to the scene of a cardiac arrest of 40 year old male. 7 mins to scene. CPR ongoing on arrival from family member. Assisted by EMT colleague on scene with AP car 6 mins after our arrival. While my colleague assisted with CPR I attached AED. No shock advisory received. CPR continued until AP assistance. Asystole rhythm identified. CPR ongoing to hospital. Pronounced dead in hospital.

Feelings at the time –
On route to the call I was excited as it was my first arrest. I had visions of having my first save. This soon disappeared when I arrived to a frightened family. The wife of the patient kept asking us if he would be ok. I felt terrible for being so excited mins previously.

Evaluation –
Good points were we worked just as our training taught us. Muscle memory kicked in and good quality CPR was preformed until the mechanical CPR device was set up.
Bad points was my communication skills. I just wasn't ready for a family to be standing around the patient expecting me to save him.

Analysis –
When I got back to the base I asked my partner about the experience. I told him my fears about communication and he said he was the same way on his first call. He reminded me that we did everything as per our CPGs and that we wont have a successful save each time.

Conclusion –
If my communication skills were better I may have been able to better explain to the family what we were doing for the patient.

Action Plan –
Im going to look for some advice on dealing with families at scenes and maybe look for some research on breaking bad news to prepare myself for when it happens again.

EMTs should not be limited to one page here. Please us

necessary to complete the reflection

This shows a basic example of reflection. It can be from a positive or negative experience.

Reflective Practice 2

Description -

Feelings at the time -

This page can be deleted if you intend to mix one reflection with one case study (or if you decide to complete 2 case studies)

Evaluation -

Analysis -

Conclusion -

Action Plan -

EMTs should not be limited to one page here. Please use as many as necessary to complete the reflection.

Case study 1

Introduction –

I have chosen this case, as it was something I have never come across. The change increase in blood pressure with the decrease of pulse rate is something I have not come across before and isn't something I would have identified if it wasn't highlighted to me. It is listed as patient number 9 in my patient contacts.

Case details –

Dispatched to a call of a pedestrian vs car on main road. On route differential diagnosis was spinal injury, head injury, lower limb fractures and blood loss. On arrival no Gardaí or fire service in attendance. We parked the Ambulance in fend off position to secure the scene. I observed that the cars windscreen had spider web type cracks on it.
Vital signs were as follows – Pulse 88, RR 12 irregular and B/P 134/88. Pt had one blown pupil, was U on the AVPU scale and presented cold and clammy.

Working diagnosis –

Due to the blown pupil presented we identified that the patient may have had a head injury. C-Spine precautions were taken. ALS arrived and the PT was placed on a vacuum mattress. A new set of vitals was taken which showed that the pulse has slowed to 72, the resp rate stayed the same at 12 however it got deeper and more irregular and the blood pressure was 146/76. The AP on scene mentioned that it was possibly Cushings Triad and advised immediate transport.
Cushings Triad is a set of three primary vitals which indicate an increase in intracranial pressure. These include Cheyne – Stokes respirations, a slow pulse and widening of the systolic and diastolic blood pressure (JEMS, 2007).

Pre – Hospital Management –
The AP present explained that the PT urgently needed to get to hospital due to his working diagnosis of Cushings Triad.
PT had a deep laceration on his left leg, which was dressed on scene. The pt has lost approximately 0.5 litres of blood judging by the surface it covered on the ground and how much soaked into the clothing.
Spinal precautions were maintained with full oxygenation by 100% O2 via a non rebreather.

This shows a basic example of a case study. The research of the condition would be expected to contain more detail than this sample.

Key learning outcomes –

- I now know and understand Cushings Triad and will be able to recognise it if I have a similar patient again.
- I was shown the importance of how to park an ambulance in a fend off position to make the scene safer for us to work in.

References –

- JEMS. (2007, July). *Understanding the Cushing Reflex*. Retrieved January 01, 2016, from Journal of Emergency Medical Services: www.jems.com/articles/2007/07/understanding-cushing-reflex.html

EMTs should not be limited to one page he[illegible]ease use as many as necessary to complete the re[illegible].

The style of referencing will not be assessed. We only require you to tell us where you got your information from.

Case study 2

Introduction -

Case details -

Working diagnosis -

Pre – Hospital Management -

(continued overleaf)

Key learning outcomes -

References -

EMTs should not be limited to one page here. Please use as many as necessary to complete the reflection.

Self – Selected Items

(14 CPC points must be attained by the EMT in this section and can be a mixture of the activities listed in the guidance document. If you have attended a certificated programme, seminar, conference or eLearning activity, ideally the EMT should complete the following document. Delete options as appropriate)

Self - selected options

Please indicate how you attained your points

Activity	CPC points	Number attained by EMT
CPC related training programme provided by training organisations or programmes accredited by other professional organisations (for example, NMBI, ICGP)	1 point for each hour	
Additional case study	2 points **maximum**	
Additional reflection	2 points **maximum**	
Seminars and conferences	1 point for each hour	
Programmes such as ACLS, PALS, PHTLS, PEPP, ATC, MIMMs, ITLS, Wilderness-EMT, ATLS, AMLS and other PHECC approved courses (This is a non-exhaustive list)	1 point for each hour	
Journal article review	2 points **maximum**	
Electronic learning/on-line learning – related to practice	1 point for each hour 6 points **maximum**	
Mentoring a student or being mentored (as per previously listed criteria)	1 point for each hour **6 points maximum**	
Lecturer/Tutor/Instructor	1 point for each hour **6 points maximum**	
Publishing related to pre-hospital care	6 points maximum	
	Total Self – selected points for this cycle	

This is to assist you in calculating how many self-selected points you have attained. It is NOT necessary to fill all the boxes. We require 14 Points only

This shows an example of how evidence can be provided for self-selected items along with a certificate, if applicable.

Self-selected option - 1

Details of the programme attended or completed –

Training Course for new ABC123 electronic stretcher delivered by the manufacturer.

What topics were covered?

- Charging
- Operating the stretcher
- Loading into and out of the ambulance
  Care and maintenance

What were YOUR key learning outcomes?

- I have learnt how to rise and lower the stretcher
- How to safety load a stretcher into the ambulance with a patient on board
- How to safely unload a stretcher from an ambulance with a PT on board
  How to careful clean the stretcher after use and how to check for any possible catastrophic failures.

Will this programme change you practice in the future? **(If Yes, how will it change)**

Yes it will change our practice of loading and unloading stretchers making it easier and safer for our EMTs and also more comfortable and stable for the patients onboard.

Please include any certificates relevant for this option

Where possible certificates and/or timetables should be provided

Self-selected option - 2

Details of the programme attended or completed -

What topics were covered?

This page can be deleted if you have already met your 14 self – selected CPC

What were YOUR key learning outcomes?

Will this programme change you practice in the future? **(If Yes, how will it change)**

Please include any certificates relevant for this option

Self-selected option - 3

Details of the programme attended or completed -

What topics were covered?

This page can be deleted if you have already met your 14 self – selected CPC

What were YOUR key learning outcomes?

Will this programme change you practice in the future? **(If Yes, how will it change)**

Please include any certificates relevant for this option

Self-selected option - 4

Details of the programme attended or completed -

What topics were covered?

This page can be deleted if you have already met your 14 self – selected CPC

What were YOUR key learning outcomes?

Will this programme change you practice in the future? **(If Yes, how will it change)**

Please include any certificates relevant for this option

Mentor / Mentee

and / or

Lecturer – Tutor – Instructor

If you have used either of the above in your self-selected items please complete the following pages.

Mentoring

If you did not act as a mentor this page can be deleted

Who did you mentor? **(Name and PIN where applicable)**
Jane Doe Student EMT

Where, what date and for how long did you provide mentoring?
The PHECC music festival on the 01/01/2021

How did you mentor this person? **(Describe activities)**
Jane accompanied me on the duty where by she observed me treating three patients. I observed her completing a blood pressure and practicing her patient assessment during the duty.

What did you learn from the student?
There is a new procedure for apply the XYZ splint which is slightly different from the original way I was shown.

What changes has mentoring made to you? **(In the areas of skill, knowledge and experience)**
It highlighted a change in practice I was not aware of and I must up skill myself

From this experience, will you change your mentoring process in anyway?
Not at the moment but it was interesting to hear all their questions, it assured me that my knowledge is still up-to-date.

Here is an example from someone who acted as a mentor. Other areas, thoughts or feels can be added if required

Signed by mentee _____

Block caps **(** **)**

Mentee

Here is an example from someone who acted as a mentee. Other areas, thoughts or feels can be added if required.

Who acted as a Mentor to you? **(Name and PIN where applicable)**
Jane Doe Student AP

Where and what date were your mentored?
I was mentored at the PHECC music festival on the 01/01/2021

How long did this mentoring session last?
2 hours

On reflecting on your experience, what did you learn from your mentor?
I learnt several practical hands on skills from my mentor which are all within my scope of practice which include;

- Nunc at sem sed ligula vulputate.
- Donec molestie nisl sit amet egestas.
- Vestibulum fringilla nunc ultricies.
- Maecenas sollicitudin nunc aliquam

I also got to assist the treatment of patients, which included seeing haemorrhage control, limb fracture and severe intoxication.

What modifications will you make to your practice arising from this experience?
I think I will start using some of the practice skills John taught me, such as taking a pulse while shaking the patients hand as I introduce myself to them where applicable.

Signed by mentor _____ **PIN -** _____

Block caps **(** **)**

NOTE – Must be a higher clinical level or an Assistant Tutor, Tutor or Facilitator)

Additional copies of this page can be added if required.

Lecturer – Tutor – Instructor

Who did you Lecture – Tutor – Instruct?

EMT students on week three of their course

Where and what date did you provide this?
PHECC training rooms on the 01/01/2021

How long did your session(s) last?
2 hours

This page should be completed where necessary to provide evidence of Lecturing, Tutoring or Instructing.

What Topic did you deliver?

Trauma one

List some teaching goals of this session -

- Wounds and bleeding
- Chest injuries
- Burns
- Shock
- Eye injuries
- Practical bandaging and slings

Are there any learning outcomes arising from this?

- I forgot to bring my whiteboard markers and was unable to use the flip chart during delivery of the session. Must ensure to bring them in future.

Please attach Instructor certificate where applicable and any further documentation to support your instruction.

Your Educational award or instructor certificate should be attached where necessary.

Additional information

(Please include any relevant additional certificates etc. after this page)

This section is to be completed only where an EMT has not met the requirements in this CPC cycle

Please provide a statement of why you have unable to meet your CPC requirements -

Where an EMT has not met their CPC requirements, this section should be completed to explain the circumstances in full

What measures will you undertake to meet the requirements before re-registration?

Do you understand that you must meet the CPC requirements before you re-register your licence? (closing date 3rd of March each year)

EMTs are still required to meet the requirements before the end of the re registration date

NOTE – Doctors certificates etc sh

here. If an EMT is in such a posit

the PHECC registration officer o

coordinator.

Pre-Hospital
Emergency Care
Council