

Emergency Medical Technician Continuous Professional Competence Portfolio

| Name: | | | |
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| | | | _ |

Practitioner PIN number: _____

CPC Cycle: <u>2021 / 2022</u>

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:

Emergency
Dated:

PIN Number:

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) | |
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| Second | d CPG Organisation you are practicing with, if applicable |
| Service Provider | |
| Location of Practice | rgency Care |
| Capacity (Paid or voluntary) | Council |
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| 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 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.
- 2.2 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)
- **2.3 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.

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2.1 - Cardiac First Response Advanced

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

2.2 - Patient Contacts

Quick reference (tick when complete)

| Patient 1 | | Patient 7 | |
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| Patient 2 | | Patient 8 | |
| Patient 3 | Hos | Patient 9 | - J |
| Patient 4 | าธิง | Patient 10 | |
| Patient 5 | Co | Patient 11 | |
| Patient 6 | | Patient 12 | |

Registrants are reminded that that they <u>must</u> hold an in-date CFR-Advanced Certificate to practice as an EMT. A CFR Advanced Certificate must be included to cover each patient contact listed. In some cases, BOTH the old and new CFRA certificate will be required.

****Covid vaccination patient contacts should be included in the dedicated form located in "Self-Selected Items" in Section 3****

| Date | |
|----------------------------------|----------------------------------|
| ACR / PCR/ Incident number | |
| CPG organisation | |
| Injury presented | |
| Treatment | |
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| Date | Council |
| ACR / PCR/ Incident number | |
| CPG organisation | |
| Injury presented | |
| Treatment | |
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| Date | |
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| ACR / PCR/ Incident number | |
| CPG organisation | |
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| ACR / PCR/ Incident number | |
| CPG organisation | |
| Injury presented | |
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| ACR / PCR/ Incident number | |
| CPG organisation | |
| Injury presented | |
| Treatment | |
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| Date | |
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| Date | |
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| ACR / PCR/ Incident number | |
| CPG organisation | |
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2.3 - 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)

Emergency Care Council

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 |
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| Total Minimum CPC points | 18 | CPC points required per year |
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Reflective practice

and / or

Case studies

Pre-Hospital Emergency Care

(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

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| Action Plan - | |
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EMTs should not be limited to one page here. Please use as much as necessary to complete the reflection.

Reflective Practice 2

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| Conclusion - |
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| Action Plan - |
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EMTs should not be limited to one page here. Please use as much as necessary to complete the reflection.

Case study 1

| Introduction - |
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| Case details - |
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| Pre - Hospital Management - |
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(continued overleaf)

| Key learning outcomes – | |
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As with reflection, EMTs should not be limited to one page here. Please use as much as necessary to complete the reflection.

Case study 2

| Introduction - |
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| Case details - |
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| Pre-Hospital |
| Emergency Care |
| Working diagnosis - |
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| Pre – Hospital Management - |
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(continued overleaf)

| Key learning outcomes - | |
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As with reflection, EMTs should not be limited to one page here. Please use as much 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 listed criteria in the 2017 guidance booklet) | 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 | |

Self-selected option - 1 Learning log

| Details of the programme attended or completed - |
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| What topics were covered? |
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| What were YOUR key learning outcomes? |
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| Emergency Care |
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| Will this programme change you practice in the future?(If Yes, how will it change) |
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Self-selected option - 2 Learning log

| Details of the programme attended or completed - |
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| Will this programme change you practice in the future?(If Yes, how will it change) |
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Self-selected option - 3 Learning log

| Details of the programme attended or completed - |
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| What topics were covered? |
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| What were YOUR key learning outcomes? |
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| Will this programme change you practice in the future?(If Yes, how will it change) |
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Self-selected option - 4 Learning log

| Details of the programme attended or completed - |
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| What topics were covered? |
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| Will this programme change you practice in the future?(If Yes, how will it change) |
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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. You may use as many pages as necessary.

Council

Mentoring

| Who did you mentor? (Name and PIN where applicable) |
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| |
| Where what date and for how long did you mustide montoning? |
| Where, what date and for how long did you provide mentoring? |
| Handidan and Alice and Ali |
| How did you mentor this person? (Describe activities) |
| |
| |
| What did you learn from the student? |
| Emergency Care |
| W7h - t - th th |
| What changes has mentoring made to you? (In the areas of skill, knowledge and experience) |
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| Even this even wishes will you should very mentaring are seen in |
| From this experience, will you change your mentoring process in anyway? |
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| Signed by mentee |
| Block caps () |

Mentee

| Who acted as a l | Mentor to you | 1? (Name and PIN where a | pplicable) | |
|------------------|---------------|--------------------------|-----------------|--------------|
| Where and wha | t date were y | our mentored? | | |
| How long did th | is mentoring | session last? | | |
| On reflecting on | your experio | ence, what did you | learn from y | your mentor? |
| | е-Н | ospita | | |
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| experience? | ons will you | make to your prac | ctice arising f | rom this |
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| Signed by mento | r | | PIN | |
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Lecturer - Tutor - Instructor

| Who did you Lecture - Tutor - Instruct? |
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| Where and what date did you provide this? |
| Have long did your coggion (a) logt? |
| How long did your session(s) last? |
| What Topic did you deliver? |
| Pre-Hospital |
| Emergency Care |
| List some teaching goals of this session - |
| |
| Are there any learning outcomes arising from this? |
| |

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

Covid 19 Vaccination Patient Contact learning log

| Number of days as Vaccinator - | | |
|--|--|--|
| Location of vaccination centre - | | |
| Total amount of vaccines administered - | | |
| | | |
| List and describe, in detail, the training you underwent to perform the role of vaccinator – | | |
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| Dun Harnital 1 | | |
| Did you receive induction training at the centre? If so, please list what was included in this training – | | |
| Emergency Care | | |
| Council | | |
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| While reflecting on your time as a vaccinator, is there any training that you now think should be included for the role? | | |
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| Please reflect on the interactions you had with vaccinators of similar or higher clinical level - | | |
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Covid 19 Vaccination Patient Contact learning log - Page 2

| Please reflect on the patient interaction in relation to the patient's thoughts and feelings of receiving the Covid 19 vaccination - |
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| Did you experience any nervous patients and if so, how did you deal with the delivery in contrast to another patient? |
| Pre-Hospital |
| Free exercises Core |
| Did you experience any patients who had an adverse reaction to the vaccine? If yes, please expand on their reactions and your involvement of their care - |
| |
| Which vaccines did you administer? Please reflect on the differences of each vaccine - |

Please ensure to include a completed vaccinator certificate

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 wh requirements - | ny you have unable to meet your CPC |
|---|-------------------------------------|
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What measures will you undertake to meet the requirements before reregistration?

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

NOTE – Doctors certificates etc should not be included here. If an EMT is in such a position, they should contact the PHECC registration officer or the EMT CPC coordinator.