



EMT CPC Portfolio

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Year:

Name:

PHECC Pin:

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 attitudes¹. I intend to achieve this by actively participating in a Continuing Professional Competence Scheme, as outlined by the Pre-Hospital Emergency Care Council of Ireland¹.

Signed: _____.

Date: _____.

Table of Contents:

Section 1: Practice Status

- 1.1 – Statement of Context
- 1.2 – Evidence of Patient Contacts
- 1.3 – Evidence of Current CPG Status

Section 2: Compulsory Requirements

- 2.1 CPC requirements progress record
- 2.2 Optional statement of reasons why you were unable to obtain 18 CPC points this year
- 2.3 Evidence of CPC

Section 3: Additional Material

Use this section to record any additional CPC you have done that does not come under any specific heading in sections one and two, but you feel is relevant.

Section 4: Learning Needs and Action Plan

Section 5: Notes to Users

Section 6: References



Section 1

Practice Status

Guide to Practice Status Section

Statement of Context

The statement of context outlines for the reader the circumstances under which you practice and obtain your experience as a pre-hospital care professional. Where do you utilise your skills as an EMT, is it in a voluntary capacity or do you work for an Ambulance Service or other organisation providing pre-hospital care? Outline where you practice.

Evidence of Patient Contacts

In order to remain proficient as a pre-hospital care practitioner you must utilise and practice your skills on a regular basis. This section documents that you have had contact with patients. PHECC require a minimum of 12 patient contacts to be recorded¹, but you should aim to record as many as you can. Record your patient contact by entering the incident number in the boxes provided².

Evidence of your current CPG status

As a PHECC registered practitioner, you are required to keep current with the newest version of the PHECC Clinical Practice Guidelines. This section allows you to record how you achieved this. For example you may have attended an up skilling course for which you may want to add evidence of your up-skilling to your portfolio here.

Record of CPG's implemented and Drugs Administered

This section will help you to identify which CPG's and medications you use most and least often and may be helpful in self planned revision and training.

Statement of Context

“This is an introductory statement explaining the context in which you collect evidence and record experience as a practicing EMT”¹



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Incident numbers where your PIN was recorded as providing patient care

Insert incident numbers in boxes provided (Minimum of 12 incident numbers^{1,2})			

Acceptable evidence of a patient contact is a reference number (Incident Number or CAD number) from a Patient Care report or Ambulatory Care Report according to the PHECC websites section entitled FAQ's on CPC for EMT's.²

You may copy this sheet as required

Record of CPG's Implemented (other than Primary and Secondary Survey)

CPG Title	Record with an X, each time a CPG is utilised by you								
Pain Management - Adult									
Advanced Airway Management - Adult									
Inadequate Respirations - Adult									
Basic Life Support – Adult									
Basic Life Support – Peads									
FBAO – Adult									
FBAO – Peads									
VF or Pulseless VT – Adult									
VF or Pulseless VT – Peads									
Symptomatic Bradycardia – Paediatric									
Asystole – Adult									
Pulseless Electrical Activity - Adult									
Asystole / PEA Paediatric									
Post Resuscitation Care - Adult									
Recognition of Death – Resuscitation not indicated									
Cardiac Chest Pain – Acute Coronary Syndrome									

Symptomatic Bradycardia – Adult									
Allergic Reaction – Anaphylaxis –Adult									
Glycaemic Emergency – Adult									
Seizure / Convulsion Adult									
Stroke									
Poisons – Adult									
Hypothermia									
Epistaxis									
Decompression Illness									
Altered Level of Consciousness									
Behavioural Emergency									
Mental Health Emergency									
End of Life – DNR									
Pre-Hospital Emergency Childbirth									
Basic Life Support – Neonate									
External Haemorrhage – Adult									
Shock from blood loss – Adult									
Spinal Immobilisation – Adult									
Burns – Adult									
Limb Injury – Adult									
Head Injury – Adult									

Submersion Incident									
Inadequate Respirations – Peads									
Stridor – Peads									
Allergic Reaction / Anaphylaxis Peads									
Glycaemic Emergency – Peads									
Seizure / Convulsion Peads									
External Haemorrhage – Peads									
Shock from Blood loss – Peads									
Pain Management – Peads									
Spinal Immobilisation – Peads									
Burns – Paediatric									
Post resuscitation Care – Paediatric									
Major Emergency – First Practitioners on site									
Major Emergency – Operational Control									
Triage Sieve									

CPG's listed as per PHECC EMT CPG's 2012 Edition³. Primary and secondary survey excluded as it is assumed relevant primary and secondary survey will be performed on all patients as a matter of course.

You can make additional copies of these pages as required. These pages will help you to see which skills / CPG's you are getting practice at and which ones you rarely implement. This can identify areas you need to practice or revise for you. Update it as soon as possible.

Record of Medications Administered

Medication Name	Record with an A or P, each time a drug is utilised (Adult or Peads Patient)									
Aspirin										
Oxygen										
Glucose Gel										
GTN										
Epinephrine (1:1000)										
Glucagon IM										
Nitrous oxide and Oxygen										
Paracetamol										

You can make additional copies of these pages as required. List compiled from PHECC CPG's for EMT's 2012 Edition³.

Record of CPG Up-skilling

Where did you complete your CPG Up-skilling?

**What topics were covered in the up-skilling
(Please list)**



**List the Key learning points from the up-skilling
session you attended?**

What will you now change in your practice (if anything) after attending the up-skilling session?

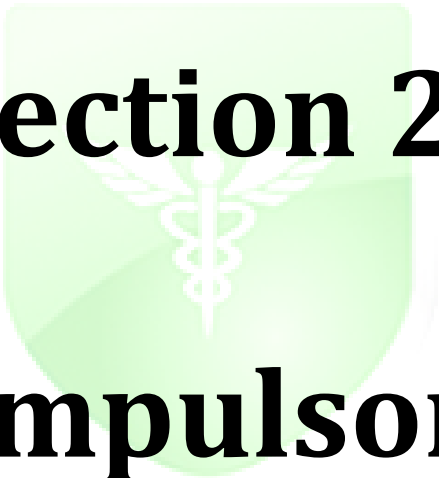


Proof of attendance of an up-skilling session should be added in this section of your portfolio



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Section 2

Compulsory Requirements

Use this master sheet to keep track of your progress in obtaining the 10 CPC points in the compulsory section. Add your evidence of CPC to the next section.

Requirement	CPC Points (10)	Extra Information	Record Points Gained Here
Cardiac First Response	2	CFR Advanced (certification is valid for two years) CFR Refresher (one year after initial certification)	
Mentor - Mentee and/or Lecturer - tutor - instructor	4	Mentoring a student or being mentored on any experiential/operational ambulance, response vehicle placement	
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)	
		Total Points (Min 10)	

Adapted from Pre-Hospital Emergency Care Council (Ireland). Continuous Professional Competence - A guide for Emergency Medical Technicians registered with the Pre-Hospital Emergency Care Council¹.

Use this master sheet to keep track of your progress in obtaining the 8 CPC points in the Self Selected section. Add your evidence of CPC to the next section.

Activity	CPC Points (8)	Minimum Evidence Required	Record Points Gained Here
CPC related training programme provided by training organisations or programmes accredited by other professional organisations (for example, An Bord Altranais, Irish College of General Practitioners (ICGP) and so on)	1 CPC Point per Hour	Certificate	
Case Study	2	Case study on an incident, condition or injury you have encountered	
Reflection on the Incident	2	A document containing the main points you have learned	
Seminars and conferences	1 CPC Point per Hour	Details of the seminar you have been to with a review of the key points you have learned	

Programmes such as ACLS, PALS, PHTLS, PEPP, ATC, MIMMs, ITLS, Wilderness-EMT, ATLS, AMLS and so on	1 CPC Point per Hour	Certificate	
Journal article review	2	Critical appraisal of a journal article	
Electronic learning/on-line learning – related to practice	1 CPC Point per Hour	Printed certificate from site	
Mentoring a student or being mentored on any experiential/operational ambulance, response vehicle placement.	1 CPC Point per Hour	Documented Evidence of Placement, signed by a paramedic or advanced paramedic	
		Total Points (Min 8)	

Adapted from Pre-Hospital Emergency Care Council (Ireland). Continuous Professional Competence - A guide for Emergency Medical Technicians registered with the Pre-Hospital Emergency Care Council¹.

Optional section to be filled in if you were unable to meet your CPC requirements this year

Statement of reasons why you were unable to obtain 18 CPC points this year

Statement of intent to compensate by obtaining a total of 54 CPC points over the three-year period

I _____ have been unable to obtain the required 18 CPC points this year for the reasons outlined in the box above. I am committed meeting my CPC requirements and I intend to compensate by obtaining a total of 54 CPC points over this three year period.

Signed: _____.

Cardiac First Response Course

Evidence of CFR Certification to be attached



Mentorship Reflection

Who did you mentor?

What did you learn about mentoring? How will it help you to be a better mentor in the future?



What did you learn from the Student?

What changes will you make as a result of this experience?

You can attach any additional documents you feel appropriate as supporting evidence

Mentee Reflection

Who acted as a mentor to you, and in what context?

On considering the whole experience, what did you learn from being mentored?



What modifications will you make to your current practice, based on what you have learned?

You can attach any additional documents you feel appropriate as supporting evidence

Lecturer-Tutor-Instructor Reflection

Outline the context in which you acted as a Lecturer, tutor or instructor?

What did you learn from the experience?



What will you change as a result of what you have learned?

You can attach any additional documents you feel appropriate as supporting evidence

Case Study Guidance

The basic idea of a case study is to reflect on a patient contact and see what lessons can be learned from it.

Each and every patient contact we make is worthy of a case study; it does not have to be the call of lifetime.

The first step in writing a case study is information gathering. You will need to keep an anonymised record of the patient contact you wish to review to refer to while you are writing your case review. The patient's age, sex, chief complaint, details of your assessment and management as well as an AMPLE history and the patient's vital signs and response to treatment are probably the very minimum amount of information you will require. A follow up is also useful, what happened the patient after they left your care? Before we go any further, let's be very clear..... **Patient confidentiality is absolutely paramount.**

NEVER photocopy entire PCR's and do not write details on your own notes for the case review that may make the patient identifiable. Remember you could lose them, and if the patient's name is on them you have a serious problem on your hands. **This, as well as being a major ethical and legal issue, could also lead to you losing your license as a practitioner, so be extremely mindful of the information you propose to use.** Also beware that other details can inadvertently identify a patient, such as date, time, patient's occupation and incident location. It's your responsibility to ensure that nothing in your case review can be used to identify the patient. Even a unique patient presentation or set of circumstances could make a patient identifiable, so be careful.

Sorry to sound like your old headmaster, but Patient confidentiality is really important here. Please don't be discouraged from writing a case review; with a little

common sense issues around patient confidentiality can usually be solved.

Once you have gathered the information you need you can start writing your case review. It is customary to start by outlining the facts of the call:

Called to

What information were you given about the incident when you were asked to attend it?

En Route

With the information you had about the incident, what did you think about on the way to it? Did you come up with any ideas of what might be the likely diagnosis, and did you make any plans on the way?

On Arrival/Initial Impression

A brief description of what you found when you arrived at the scene, to give the reader some context

Assessment

How did you assess the Patient and what did you find? Include Vital signs.

Differential diagnosis and working diagnosis

What diagnosis did you consider and why? Which one did you select as your working diagnosis and why?

Management

How did you manage the Patient's Condition? What impact did your management have, good or bad, on the patient?

Handover

A description of your patient handover

Follow up

If you found out how the patient was treated in hospital and what the outcome was. Sometimes this is not possible of course.

Learning points

This is where you reflect on the patient contact and learn from it. What went well, what could have gone better? Really think about how it all went. There is room for improvement always, no matter how experienced or qualified you are. What did you learn from the Patient contact? If the contact identified any gaps in your knowledge or raised any interesting issues research them and include what you have learned, so you will do better the next time. How did the hospital treat the patient? Could that be an option for use in pre-hospital care in the (future? What do Pre-hospital care providers do in other countries?

Possible implications for pre-hospital care?

Discuss

References

If you have looked up something, where did you read it? **References are extremely important**, so that people reading can see where you got your information and look at it for themselves to make sure you have interpreted it correctly. Also people whose work you are referring to deserve recognition. Most university website (library) pages offer guidance on referencing if you are unsure.

(Guidance adapted from the first edition of the ICoP E-Zine)

Reflection on a CPC related Training Programme

Details of the programme you attended

What topics were covered by the programme?

What were your key learning points from the course?

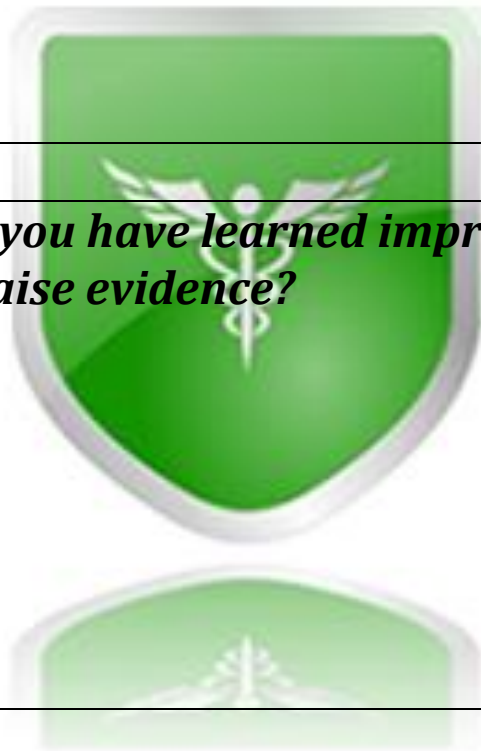
How will you change your practice as a result of attending?

**Don't forget to attach your proof of attendance /
certificate / additional material if required**

Journal Article Review Reflection

(Additional to a Copy of your critical appraisal)

What have you learned about Critical Appraisal from completing this Journal Article Review?



How will what you have learned improve your ability to appraise evidence?

Will your approach to Critical Appraisal be different the next time as a result of what you have learned?

Don't forget to attach a copy of the journal article for reference, and the review you completed on it.

Reflection on an Electronic Learning Resource

Details of the programme you completed

What topics were covered by the programme?

What were your key learning points from the programme?

How will you change your practice as a result of completing it?

Don't forget to attach your certificate

Reflective Practice


What is reflective practice and how does it help us with our CPC?

The Chartered Society of Physiotherapy⁴ (UK) define Reflective practice as “a process by which you: stop and think about your practice, consciously analyze your decision making and draw on theory and relate it to what you do in practice”⁴

Partaking in reflective practice can help us to identify areas where our practice may need modification or improvement.

Carefully analysing your own practice can be very rewarding professionally.

There are many different formats you can use for your reflective practice. Try doing an Internet search for reflective practice to get some suggestions, Then you can choose a reflective practice format that suits you.



Section 3
Additional
Material



Section 4

Learning Needs and Action Plan

What do you plan to do to address these learning needs, which you have identified?

Action to be taken	Date Completed



Section 5

Notes to Users

Dear ICoP Member,

This template of a CPC portfolio for EMT level was developed for the members of ICoP by the Education Committee in order to assist them with fulfilling their CPC requirements and is loosely based on the material published on the PHECC website in relation to CPC for EMT's.

If and when PHECC publishes a CPC guide for other clinical levels a template portfolio for those levels of the PHECC register will be produced.

The portfolio is just a starting template for you. Each persons CPC portfolio is unique to that person so we suggest use this portfolio as a starting point if you see fit but don't be afraid to modify it and make it your own as you go along.

Finally best of luck with your CPC, and the ICoP education Committee will continue to try and support you with your CPC as best we can.

Yours Faithfully,

Rory Dullard
ICoP Education Committee Member



Section 6

References

References:

- 1) Pre-Hospital Emergency Care Council (Ireland). Continuous Professional Competence - A guide for Emergency Medical Technicians registered with the Pre-Hospital Emergency Care Council. Kildare: Pre-Hospital Emergency Care Council (Ireland); 2013 November. 16p. Available from:
[http://www.phecit.ie/Images/PHECC/Register/EMT%20CPC%20Guide%20Nov %202013%20V1%20PDF.pdf](http://www.phecit.ie/Images/PHECC/Register/EMT%20CPC%20Guide%20Nov%202013%20V1%20PDF.pdf)

- (2) Pre-Hospital Emergency Care Council. CPC for EMT's [Internet]. 2013 [Cited 2013 Dec 03]. Available from: [http://www.phecit.ie/PHECC/The_register/CPC for EMTs/PHECC/The Register/CPC for EMTs/CPC for EMTs.aspx?Hkey=1dfde06d-37aa-45a8-ac4c-f0d9833e458a](http://www.phecit.ie/PHECC/The_register/CPC_for_EMTs/PHECC/The_Register/CPC_for_EMTs/CPC_for_EMTs.aspx?Hkey=1dfde06d-37aa-45a8-ac4c-f0d9833e458a)

- (3) Pre-Hospital Emergency Care Council. Clinical Practice Guidelines for Advanced Paramedics (2012 Version). Nass, Co. Kildare: Pre-Hospital Emergency Care Council; 2012

- (4) Chartered society of physiotherapy. What is reflective practice and how do I do it? [Internet]. Year of publication unspecified. [Cited 2013 Dec 18]. Available from:
www.csp.org.uk/faqs/cpd/what-reflective-practice-how-do-i-do-it

Notes

