

BCAS ACP Residency Program Road Map October 2009

Initial Phase	1. ACP Graduate applies to BCAS and is hired as an ACP Paramedic	
	2. BCAS – Clinical Education Division ACP RTO conducts a Gap Analysis and creates an individualized education plan <ul style="list-style-type: none"> ▪ Interview + Field Exposure determines need for and content of education ▪ Educational plan developed to best assure success **VPOP on going during initial phase – must be able to drive code 3 before Residency 1 (realistically needs to be before Internship – focus is on paramedic skills during that time)**	
Timeline is 0 weeks		
Internship Phase	4. Delivery of individualized education strategy: <ul style="list-style-type: none"> ▪ Independent Study, Didactic, Skill / procedure instruction, Simulations, Clinical sessions <ul style="list-style-type: none"> ○ See Appendix for potential education modules anticipated ▪ The time frame for this module is dependent on the specific requirements of the grad; typically will be 1-3 blocks 	
	5. Field Clinical Training - 'High support – Medium responsibility' <ul style="list-style-type: none"> ▪ Minimum of 4 blocks on a 3 person unit (Intern, Mentor & Partner) <ul style="list-style-type: none"> ○ Minimum of 60 ALS patient assessments ▪ Individual graduates may require more time to achieve ability to be successful in the residency phase 	Mentor and Intern review call by call Case review (minimum of 3) after block (2-3-4) with Intern, Mentor, ACP RTO and Physician (minimum of 3)
Assessment Team Meeting – Are you ready to be successful at the next level of increasingly independent practice? This requires a clear consensus of the Intern, Mentor, ACP RTO, BCAS Operations and Physician involved in the process. If the answer is not a clear yes, a new educational plan must be developed and approved (per # 2 above).		
Time to date: 5 – 8 blocks		
Residency 1	6. Field Residency – 'Medium Support – Medium/High Responsibility' <ul style="list-style-type: none"> ▪ Minimum of 120 ALS patient assessments ▪ A number of complex ALS calls ▪ Resident paired with an ACP Mentor ▪ Assessment Team meeting will occur every 4 blocks 	
	Mentor and Resident review call by call Case review (minimum of 8) after every 2 blocks with Resident, Mentor, ACP RTO and Physician	
Assessment Team Meeting – Are you ready to be successful at the next level of increasingly independent practice? This requires a clear consensus of the Resident, Mentor, ACP RTO, BCAS Operations and Physician involved in the process. If the answer is not a clear yes, a new educational plan must be developed and approved (per # 2 above).		
Time to date: 17 - 24 blocks		
Residency 2	7. Field Residency – 'Low/Medium Support – High Responsibility' <ul style="list-style-type: none"> ▪ There is now no necessity for Resident to be paired with a Mentor ▪ The mentorship process will continue for the remainder of the residency phase which will formally end 16 weeks after the beginning of the second phase of the residency 	
	Case reviews (minimum of 4) that occur every 4 blocks. Initiated primarily by the Practitioner, but may also be initiated by a Physician, ACP RTO or Mentor	
Independent Practice		