



BCAS ACP Residency Program





What is the BCAS ACP Residency Program?

The BCAS Advanced Care Paramedic (ACP) Residency program is a comprehensive orientation and peer-based review system designed to support ACP practitioners new to the role of ACP within BCAS to be successful.



British Columbia Ambulance Service

The ACP Residency program is important because . . .

... it provides an orientation to work as an ACP within BCAS.

... it partners new BCAS ACP practitioners with experienced BCAS ACPs who are trained to help develop the new paramedic's skills.



British Columbia Ambulance Service

Who is involved in the BCAS ACP Residency Program?

The **Mentee** is the new ACP.

The **Mentor** is an experienced BCAS ACP practitioner who is trained to provide day-to-day supervision of the Mentee and guides the orientation and professional development of the Mentee.

The **Superintendent** is the supervisor responsible for the ACP Mentee.

Regional Training Officers (Clinical Education) provide coordination and leadership in developing the education plan, scheduling, and work to resolve challenges faced by mentees and mentors.

The **Medical Director** provides overall medical oversight to paramedic practitioners within BCAS.



Key Principles of the ACP Residency Program

Principle #1

The program is designed to produce a competent and confident ACP practitioner who is ready to take on the full responsibility of an ACP within BCAS.

- Each new BCAS ACP practitioner is provided support that is based on their individual needs – individual learning plans, mentors, and care reviews are important tools in this program.



Key Principles of the ACP Residency Program

Principle #2

All BCAS ACP practitioners will participate in the Residency Program.

- This is the Employer's "on-boarding" or orientation program for all practitioners that are new to the ACP role within BCAS.



British Columbia Ambulance Service

Key Principles of the ACP Residency Program Principle #3

The ACP Residency Program is a safe-environment that encourages Mentors and Mentees to use self-reflection to regularly assess and reflect on their skills, behaviours, and attitudes.

- ACP practitioners new to the ACP role in BCAS will be challenged during their orientation program. Success is directly linked to the ability of the Mentee to explain problems, failures, or negative events and what they have learned from those difficulties.



Key Principles of the ACP Residency Program

Principle #4

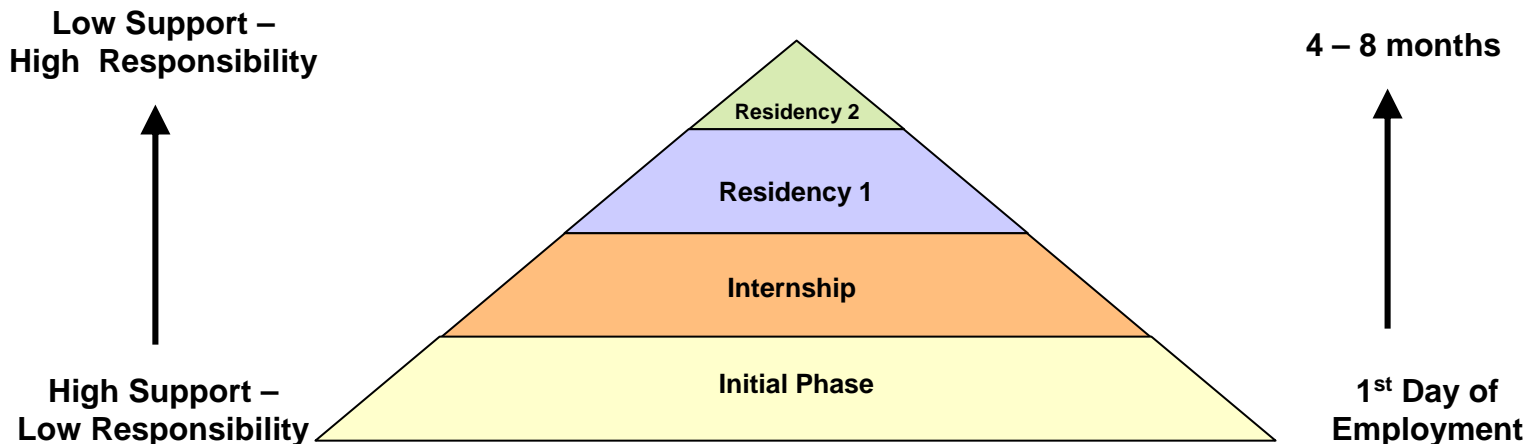
Mentors provide support for the Mentee through:

- Building a trust relationship with the Mentee.*
- Providing advice and information to the Mentee to help them develop skills as an ACP Practitioner.*
- Indicating alternatives that Mentees could consider under the treatment guidelines for patient care.*
- Challenging the Mentee to grow as a professional practitioner.*
- Being a role model and motivating the Mentee.*



Key Principles of the ACP Residency Program Principle #5

The ACP Residency Program supports the Mentee in progressing from working with high support and low responsibility to low support and high responsibility.





British Columbia Ambulance Service

The ACP Residency Road Map

BCAS ACP Residency Program ROADMAP 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)** 3. Learning Contract
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 (Intem, 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 Intem review call by call Case review (min. of 3) after block (2-3-4) with Intem, Mentor, ACP RTO and Physician (min. of 3)
<i>Assessment Team Meeting – Are you ready to be successful at the next level of increasingly independent practice? This requires a clear consensus of the Intem, 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).</i>	
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 (min. of 8) after every 2 blocks with Resident, Mentor, ACP RTO and Physician
<i>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).</i>	
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 (min. 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	



In Summary

Successful completion of the ACP Residency Program prepares the Mentee to be ready to take on the full responsibility of an ACP practitioner within BCAS.