

PUOSELĖKIME VERSLO BENDRUOMENĘ KARTU!

APIE RŪMUS

NAUJIENOS

RŪMŲ NARIAI

PASLAUGOS

PROJEKTAI

Vykdomi

„Darbdavių ir darbuotojų socialinės partnerystės gebėjimų ugdymas ir kolektyvinių darbo santykių tobulinimas kauno ir marijampolės apskrityse“ nr. Vp1-1.1-sadm-02-k-01-007 „Ekonominių tinklų stiprinimas“ (SeBPEN) Tarptautinis projektas "PRISM"

Aplinkosaugos problemos – galimybės verslui „Žalieji tiltai energetikos sektoriuje“

Neformalaus ir savaiminio mokymosi pripažinimas švietimo sistemoje

Rengiama vadovų ugdymo programa – priešnuodis stresui

Kompetencijos inovacijų plėtojimui metalo apdirbimo sektoriuje - COMINN Nr. 2010-1-ES1-LEO05-21050 Verslumas profesiniame mokyme ir Europos darbo rinkoje

Ar mobiliosios technologijos pakeis mokymosi įpročius? Lietuvoje veikia didžiausias verslo paramos tinklas Europoje – Enterprise Europe Network Stresas darbe LYGU neefektyvi įmonės veikla ir gerų darbuotojų tekamumas Pameistrystės plėtojimas Lietuvoje

Ivykdyti

VERSLO

SAVIVALDA

REGIONAS

RŪMŲ ŽINIOS

APKLAUSOS

KONTAKTAI

Pradžia / Projektai / Vykdomi / Pameistrystės plėtojimas Lietuvoje / Pameistrystės modelis išbandytas Greitosios medicinos pagalbos stotyje [Versija spausdinimui](#)

Pameistrystės modelis išbandytas Greitosios medicinos pagalbos stotyje



Birželio 11 – liepos 20 dienomis vyko Leonardo da Vinci naujovių perkėlimo projekto „Pameistrystės plėtojimas Lietuvoje“ Nr. DE/10/LLP-LdV/TOI/147320 metu sukurto pameistrystės modelio išbandymas. Jame dalyvavo 10 Kauno paslaugų verslo darbuotojų profesinio rengimo centro mokinių, besimokančių pagal Paramediko mokymo programą.

Šešių savaičių praktika vyko Kauno miesto greitosios medicinos pagalbos stotyje. Paskutinę praktikos dieną visų mokinių praktinį pasirengimą vykdyti paramediko veiklą vertino Kauno MGMPs praktikos vadovai. Šį vertinimą stebėjo Vytauto Didžiojo universiteto atstovas dr.V. Tūtlis, Kauno prekybos, pramonės ir amatų rūmų Profesinio rengimo skyriaus

darbuotojos A. Giedrienė ir M. Vaitiekūnaitė, Kauno paslaugų verslo darbuotojų profesinio rengimo centro direktorės pavaduotoja R. Čepkauskienė.

Likus keletui mėnesių iki projekto pabaigos suplanuotos šios veiklos: rekomendacijos pameistrystės modelio praktikos tobulinimui; baigiamieji projekto sklaidos renginiai (numatomi Vilniuje rugsėjo pabaigoje); projekto baigiamoji konferencija (Kaune spalio 22-23 d.).

Daugiau informacijos apie projektą svetainėje www.devapprent.eu

Akimirkos iš paskutinės mokinių praktikos dienos Kauno MGMPs



Apskritai daug kalba tie žmonės, kurie mažai žino, o tie, kurie daug žino, kalba mažai.

Ž. Ž. Ruso

RENGINIŲ KALENDORIUS

2012, Liepa

Pirm Antr TrečKetv PenkŠešt Sekm

							1
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

ARTIMIAUSI RENGINIAI

2012-09-04 16:00

[Jonavos atstovybės atidarymas](#)

Tapkite RŪMŲ NARIU

Leidinių PRENUMERATA

NARIO ŽODIS



Projektas „Moterų verslumas ES“ – vienas iš trijų, kurio idėją atnešėme į

Lietuvą. Jis paskatino moterų verslininkų judėjimo plėtrą Lietuvoje.

Asta Šileikienė, Verslo moterų tinklo Lietuvoje iniciatorė ir komiteto pirmininkė

APKLAUSOS

Ar pritariate Verslo tarybos pasiūlymui depolitizuoti savivaldybės įmonių



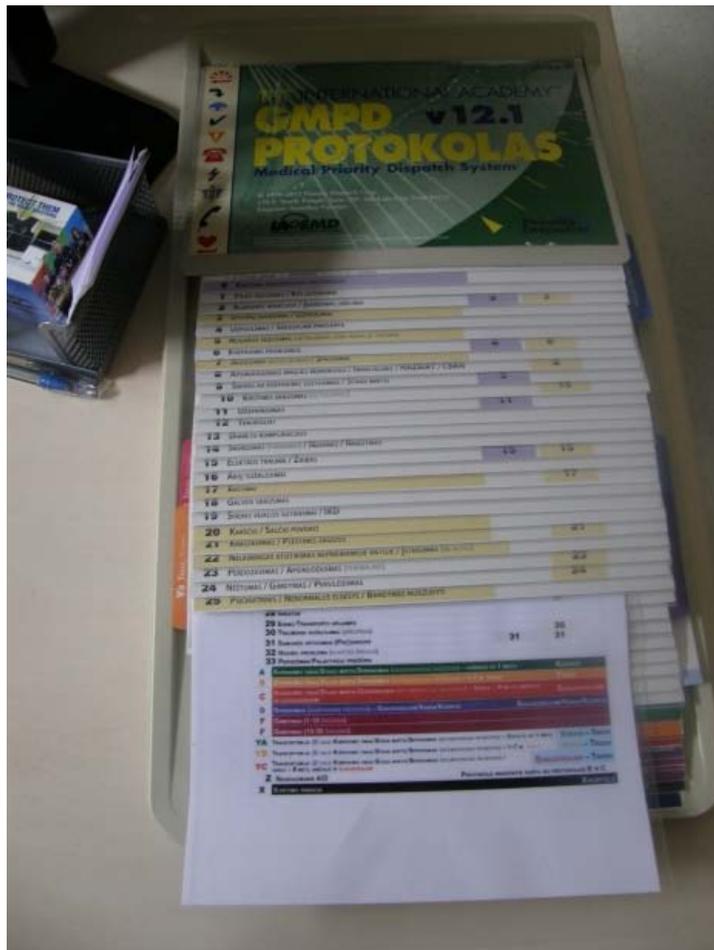
NAUDA VERSLUI



Jonavos rajono verslo atstovų



REKLAMA



valdymą?:

Taip

Ne

Rezultatai

[Daugiau iš skyriaus „Apklausa“](#)

DEVAPPRENT WP5

Application of the VQTS matrix for the designing of apprenticeship curriculum The case of practical training of paramedic students

REPORT

1. The object of testing: curriculum of practical training in the vocational training of paramedics.

2. Stages of testing:

2.1. Designing of the competence matrix of paramedics by describing competence development areas for practical training.

The main sources of information for designing of competence matrix:

Decree of the healthcare minister of the Republic of Lithuania "On the approval of medical norm MN135:2005 "Paramedic. Rights, obligations, competence and responsibility" 25-11-2005, No. V-915, Vilnius.

Lietuvos Respublikos Sveikatos apsaugos ministro įsakymas "DĖL LIETUVOS MEDICINOS NORMOS MN 135:2005 „PARAMEDIKAS. TEISĖS, PAREIGOS, KOMPETENCIJA IR ATSAKOMYBĖ“ PATVIRTINIMO" 2005 m. lapkričio 25 d. Nr. V-915, Vilnius

Practical training plan of paramedic.

2.2. Discussion of the prepared draft of competence matrix in the group of experts professionals and VET teachers.

2.3. Adjustment of the practical training plan according to the findings of competence matrix.

2.4. Testing of the practical training plan.

2.5. Feedback from the learners and trainers.

2.1. Designing of the competence matrix of paramedics by describing competence development areas for practical training.

Competence matrix is prepared according to the instructions and guidelines prepared by the VQTS project: <http://www.vocationalqualification.net>

Competence development areas of paramedic:

1. Identification and evaluation of the state of patient.
2. Provision of first-aid.
3. Transportation of patients.

Competence areas	Competence development steps		
Identification and evaluation of the state of patient.	To identify anatomic, physiologic and pathological state of patient by evaluating the consciousness, respiration and its' frequency, feeling and counting the pulse, measuring arterial blood pressure, observing and evaluating the reaction of eye pupils, evaluating the level of intoxication with alcohol or narcotic materials.	To identify and evaluate the vital functions of the organism, whose disorder can cause the danger for the life of patient in the different dangerous situations and places.	To evaluate the critical states of the functions of organism and their posed dangers for the life of patient.

Provision of first-aid.	To provide the first-aid by executing haemostasis (arterial, venous and capilar) dressing the wounds and injuries (circular, spiral, criss-cross, spica, special dressing of head, eyes, ears, breast, fingers and palm, stumps etc..).	To reanimate the patient by freeing the airway and sustaining the respiration, executing artificial respiration , thoracic presses and defibrillation by using automatic defibrillator. (To provide the first-aid in the case of urgent states: lung oedema, instable and stable angina pectoris, myocardium, urgent otolaryngeal state, different cases of intoxication, etc.)	To provide the first-aid in the case of different traumas and injuries: spinal traumas, injuries of face, breast, abdomen, injuries of limbs.	To provide the first aid in the case of birth.	To provide the first-aid in the different emergencies (fires, floods, chemical, biological, nuclear catastrophes and emergencies).
Transportation of patients	To prepare the patients for transportation by lifting them on the stretcher and immobilising, loading on and off the first-aid car.	To transport the patient in the manual way.	To supervise the patients during the transportation in case of introduction of nasogastric, gastrostomic tubes, Foley cateter or canules of blood vessels.		

2.2. Discussion of the prepared draft of competence matrix in the group of experts professionals and VET teachers.

Prepared competence matrix was discussed in the group of experts professionals (professional paramedics and their managers) and vocational teachers.

2.3. Adjustment of the practical training plan according to the findings of competence matrix.

Referring to the contents of designed competence matrix there was prepared the following schedule (plan) of practical training. This schedule includes only the 1st session of practical training for the 1st year students.

No.	Training blocks based on competence development steps	Form of execution
1.	To clarify instructions of work safety, health protection and fire protection in the work of paramedic.	Discussions and dialogue with trainees disclosing the acquisition and understanding of the instructions and requirements.
2.	To evaluate the state of patient: - consciousness - respiration - frequency of respiration - to feel and count the pulse - to measure arterial blood pressure - to observe and evaluate the reaction of eye pupils.	Test, practical work in the team, imitation of event situation with the help of simulator.
3.	To evaluate the intoxication.	Usage of tools for testing. Explaining legal consequences to patient.
4.	To use the measures for ensuring the clear airway and sustaining the respiration: - oropharyngeal breathing tube - nasopharyngeal tube - phlegm aspirator - oxygen distribution device - device of artificial ventilation of lungs - laryngeal masks - combined tube	Imitation of event situation with the help of simulator. Practical work in the team.
5.	Reanimation: - to free the airway and to sustain the respiration - to execute artificial respiration - to execute thoracic press - to defibrillate with automatic defibrillator	Imitation of the process of reanimation with the help of electronic simulator. Practical work in the team.
6.	To execute practical actions: - injections into hypodermis, muscle, vein, launching of the intravenous infusion - injections of analgetics, epinephrin and atrophin.	Imitation of actions with the help of simulator. Practical work in the team.
7.	To execute medical sorting of patients.	Simulation of situation. Practical work in the team.
8.	Provide aid in the case of urgent states: - oedema of lung - instable and stable angina pectoris - myocardium - urgent otolaryngologic state - different cases of intoxication	Simulation of situation. Test. Practical work in the team.

	- asthma	
9.	To provide the help in the case of traumas: - spinal trauma - injuries of face - trauma of spinal cord - trauma of abdomen - injuries of limbs	Execution of actions of help by simulating the situations. Practical work in the team.
10.	To stop the bleeding (haemostasia): - venous bleeding - arterial bleeding - capilar bleeding	Practical application of the methods of haemostasia. Practical work in the team.
11.	Transportation of patient: - to load and off-load the patient from the car of urgent medical aid - to prepare the patient for transportation - to transpose the patient - to execute simultaneous turning of patient on his/her side and back - to transport the patients in manual way	Simulation of situation by using the equipment. Practical work in the team.
12.	Communication and cooperation: - to communicate and cooperate with the patients and their family members - to cooperate with healthcare institutions and their employees	Practical work in the team.
13.	To fill in the medical documents	Practical task. Work in the team.
14.	Evaluation of practical training	Registers in the diary of practical training.

This schedule consists of training blocks based on the competence development areas.

Example

Competence development area: Identification and evaluation of the state of patient.

Competence development step:

To identify anatomic, physiologic and pathologic state of patient by evaluating the consciousness, respiration and its' frequency, feeling and counting the pulse, measuring arterial blood pressure, observing and evaluating the reaction of eye pupils, evaluating the level of intoxication with alcohol or narcotic materials.

The order of practical training:

1. Before assisting to the teams of paramedics in the real work situations the apprentice listens to the instructions of mentor and observes the simulation of event situation with the help of simulator in the classroom of practical training. Then the apprentice executes the tasks in the simulated situations. Afterwards the apprentice observes the work of paramedics in evaluating the state of patient in the real situations. Observation is followed by the discussion of the observed cases. Afterwards the apprentice prepares written notice or report on the observed case by indicating the acquired know-how.

2. After several periods of observation (number depending on the cases and readiness of apprentice), the apprentices are allowed to perform the tasks of evaluation of the state of patients under the guidance of experienced paramedics.

3. Depending on the progress and acquired experience of apprentices the range of their executed tasks of evaluation of the state of patient expands and the level of guidance gradually decreases, sustaining only the supervision by experienced paramedics.

The positioning of competence development steps in the course of practical training should conform to the general didactical requirements and specific occupational requirements. However, one of the biggest challenges in applying the competence matrix for the design of curricula for practical training in the case of paramedic training programme is very high variability and unpredictability of the cases of work tasks in this occupation. It does not permit to plan in advance exactly the training of all competence fields and competence development steps. Therefore exact planning can take place only on the ad hoc basis. However, it is still possible to design certain standard practical training plans for the range of typical cases of paramedic work, such as, for example: provision of the first aid for patients with the injuries after the traffic accidents, fires, cases of intoxication, dealing with the injuries of extremities, etc. Such competence matrix based training plans could be prepared for the most frequent and typical cases of work.

2.5. Collecting and analysis of feedback from the trainees and trainers.

The feedback on the outcomes of testing was collected by interviewing the students (apprentices), supervisors – paramedics and VET teachers.

The number of apprentices involved in testing: 9. They are after the first year of training.

After the training the apprentices were interviewed by asking the following questions:

1. In what fields there were acquired the most knowledge and skills?

The answers of apprentices indicate, that the most knowledge and skills were acquired in the fields of treatment of trauma and injuries, evaluation of the state of patients (measuring of arterial blood pressure, detection of blood oxygen saturation, execution of electrocardiogram), execution injections, dressing the wounds, communicating with patients, executing the initial evaluation of patients with different trauma, patient transportation, reanimation of patients, preparation of drips. The range of acquired practical knowledge and skills is focussed on the core tasks of paramedics.

2. Evaluation of the tasks of practical training: were they sufficiently interesting and challenging?

The tasks of practical training are evaluated as interesting and useful. Interviewed apprentices outlined the following issues:

The execution of tasks provided the possibility to test the theoretical knowledge in practice as well as to “return” to the theoretical knowledge by referring to the manuals and methodical literature.

Discussions with the experienced paramedics after the execution of tasks were very useful and instructional.

The tasks were very different and each task (even of the same type) included many new elements and requirements – it permitted to acquire new skills and practical knowledge. Novelty of tasks was stressed as the main source of their usefulness for skills development. This course of practical training avoided monotony of tasks.

3. What were the possibilities to apply the acquired theoretical knowledge in practice?

Most of the interviewees indicated, that there were enough possibilities to apply the theoretical knowledge in practice. Even if it was not possible to apply the knowledge due to the specificities of the work situation, the apprentices could refer to this knowledge during the observation of performance or in the discussions with the experienced paramedics after the cases. The possibilities to apply the knowledge in the execution of tasks very much depended on the situation and the teams

of paramedics. One interviewed apprentice indicated, that the most favourite cases for the application of theoretical knowledge were the visits to the patients, that are not heavily injured or not in a heavy or critical state of health. Other interviewed apprentice indicated, that execution of practical tasks permitted to deepen and to expand the possessed theoretical knowledge. One apprentice indicated the lack of such opportunities to apply the knowledge in practice.

4. What kind of knowledge was easiest and the most difficult to apply in practice? Amongst the knowledge and skills that were easiest applied there was mentioned dressing of wounds, injections, electrocardiogram, immobilisation of patients with trauma during the transportation, measuring of arterial blood pressure, control of the blood saturation, reanimation techniques, preparation of anamnesis. The indicated fields of knowledge and skills cover the core functions of paramedic. It shows, that practical training succeeded in providing the essential skills and practical know-how which will be further developed in the second year of training. Amongst the knowledge that was the most difficult to apply in the practice there was mentioned know-how in the provision of aid in different complex cases, such as multiple breaks of bones, complicated cases of reanimation, treatment of burned wounds, assessment of the urgent cardiologic and neurologic states. The main reasons of the difficulties to apply the knowledge in these fields were the rare occurrence of the cases and complexity of tasks requiring more practical experience.

5. What work tasks can be executed autonomously after the practical training? The interviewees noted, that after the practical training they acquired sufficient skills and knowledge to execute autonomously the following tasks: to evaluate the state of patients according to ABCD rule, to prepare anamnesis, to execute initial reanimation, to dress the wounds, immobilise the patients, to make injections, to transport patients. Comparing these work tasks to the designed competence matrix, there can be noticed, that they cover the basic competence development steps in the all competence areas. Considering, that this was the first period of practical training (after the first year of training) it can be concluded, that this training succeeded to develop the competences, that will be necessary for the further training and skills development. However, the specificity of the work of paramedic does not permit to plan the sequence of training and skills development according to the logics of competence matrix, because very often the simple work tasks are followed by much more complex ones.

6. What tasks can be performed with the assistance of experienced paramedic? This question identifies the competence development steps, that still demand the assistance of experienced paramedic. The answers of interviewees disclosed, that these tasks mainly concern the decision making in the different rather challenging work situations requiring to apply theoretical knowledge and practical know-how, such as assessment of the electrocardiogram, decisions on the prescription of drugs, definition of the doses of drugs, application of some techniques of reanimation (executing defibrillation). Other indicated tasks require more practice – such as making intravenous injections and injections to the muscles.

7. What were the biggest difficulties encountered during the practical training? Interviewees mentioned, that the biggest difficulties concern the cope with different stress situations (especially in the cases of reanimation), decision making requiring expertise (prescription of drugs, identification of the symptoms of internal diseases) and dealing with specific conditions of work (night work, communication with aggressive and drunk patients). These answers indicate the next steps of competence development.

8. What was missed during the practical training? The interviewed apprenticed indicated, that they missed specific know-how related to communication in the work of paramedic (how to communicate in the team and with patients), alternation of practical tasks in real situations with the imitated tasks in the simulated environment by using the time between the visits to patients. Some apprentices indicated, that the duration of practical training is too short and may be extended. There were suggestions to delegate more tasks to apprentices in order to increase their autonomy and trust in themselves.

The discussion with the experts paramedics and VET teachers disclosed the following advantages, shortages and potential in applying competence matrix for practical training of apprentices:

1. Advantages.

Competence matrix is useful tool for the evaluation of the performance and advancement of apprentices, as well as for the assessment of their competences. This instrument is helpful in the selection and designing of the tasks of assessment of competences, because it permits to consider the logics and requirements of work processes.

2. Shortages.

It is not possible to plan the training process according to the logics of competence matrix in case of paramedics. High variability and unpredictability of work tasks of paramedic impede the application of competence matrix in the planning of training process.

3. Potential of competence matrix.

Competence matrix can be effectively used for the alternation between the training in the real work environment and the training in the simulated conditions. In this case the practical training in the simulated work conditions can be planned and executed according to the sequence prescribed by the competence matrix, while the training in the real work situations of paramedic the execution of tasks can be defined according to the readiness of apprentice and work conditions (from the observation of the work of experienced paramedic to the autonomous execution of task under surveillance of experienced paramedic).