



FACULTY OF HEALTH SCIENCES

DEPARTMENT OF EMERGENCY MEDICAL CARE AND RESCUE

PROGRAMME TITLE: Bachelor of Health Sciences in
Emergency Medical Care
PROGRAMME CODE: BHEMC1

Study Guide 2018

SUBJECT: Emergency Medical Care IIIA
SUBJECT CODE: EMCA301

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Revised by: Mrs Dagmar Muhlbauer

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| ANNEXURE 1: | 21 |

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Lecturer consultation times: As required, by arrangement via the departmental secretary

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Lectures : 3 periods per week (Monday – Period 2, 3 & 4)
Practicals : 3 periods per week (Monday – Period 6, 7 & 8)
Tutorials : Yes

Lecture Venue : Main lecture venue, DEMCR
Practical Venue : 1st Floor, Block-W, ML Sultan Campus
Tutorial Venue : 1st Floor, Block-W, ML Sultan Campus
Duration : Please refer to the relevant module Scheme of Work

Relevant Policies and rules: Please refer to the Departmental and Faculty Handbooks as well as the Departmental Student Code of Conduct.

1. Welcome

Welcome to Emergency Medical Care IIIA 2018. I trust that this year of study will be an exciting, stimulating and productive one. The environment that I aim to foster in our classroom is a mature one where we will all respect each other for what we bring to the learning environment.

As an adult learner, within an adult learning environment, it is important that you adopt the attitude that we all bring a different set of knowledge, skill sets and experiences to the classroom, and that we are all lifelong learners, learning from and, at the same time, teaching each other. Approach this subject with an open mind, be receptive to interaction, and engage in debate and together we will learn, which is what we are ultimately here to do.

The outcomes described in this guide are very important. It is against these outcomes that you will be assessed. Please refer to them regularly so that you can gauge your own progress. If you have any queries, please discuss them with your lecturer.

2. Using your online Moodle classroom

All taught subjects/modules have their own online classroom on the Moodle platform. You can access your classroom at:

<http://dutmoodle.dut.ac.za/moodle/course/view.php?id=329>

If you are having difficulty logging in, ask your lecturer for assistance.

3. Introduction to the module

The purpose of this module is to provide the student with a complete understanding and holistic, optimal approach to the treatment of all airway, oxygenation and ventilation related emergencies.

4. Module Pre-requisites

Successful completion of Emergency Medical Care IIA, Emergency Medical Care IIB and Clinical Practice II.

5. Module Co-requisites

None

6. Learning Outcomes

On completion of this module the learner will be able to:

- a. Have a thorough understanding of advanced respiratory support including emergency airway management, oxygenation and mechanical ventilation.
- b. Undertake advanced respiratory support in a simulated or real environment, including emergency airway management, oxygenation and mechanical ventilation.
- c. Manage patients requiring intensive care in the pre-hospital environment or between medical facilities, employing management strategies that are based on current scientific evidence.
- d. Read and critically appraise scientific research papers and evaluate his/her clinical practice based on his/her readings.

7. Module Resources

a. Prescribed Texts:

- Walls, RM. 2012. Manual of Emergency Airway Management. Fourth ed. Philadelphia: Lippincott Williams & Wilkins.

OR

- Kovacs, G. & Law, JA. 2011. Airway Management in Emergencies. Second ed. Canada: McGraw Hill.

b. Recommended Reading:

- Cairo, J.M. 2016. Pilbeam's Mechanical Ventilation: Physiological and Clinical Applications. Sixth ed. Elsevier.

8. Learning Activities

Total credit value : 15 credits

Total notional hours : 150 hours

| Learning activities: | |
|---|-----|
| Large class activities such as lectures and video presentations | 20% |
| Small group activities such as class discussion, individual case presentation or group presentations, assignments and tutorials | 10% |
| Individual skills, group skills, patient simulations | 70% |

9. Graduate Attributes

The graduate attributes that will be developed and/or assessed in this module are:

- Professionalism
- Coordination
- Delegation
- Communication
- Confidence
- Leadership
- Teamwork
- Decision making
- Debriefing
- Pre-planning

These graduate attributes will be assessed in the form of written assessments, an assignment as well as a patient simulation with a post-simulation interview.

10. Assessments (100% course mark / continuous assessment)

A sub-minimum of 50% is required to pass this module.

c. Theory component (60% of total module mark with a 50% sub-minimum)

| Assessment | Weighting | Date of Assessment |
|----------------------|------------------|--|
| Test 1 | 25% | Friday 16 th March 2018 |
| Assignment | 25% | Monday 9 th April 2018 |
| Test 2 | 25% | Monday 7 th May 2018 |
| Test 3 | 25% | Monday 4 th June 2018 |
| <i>Supplementary</i> | <i>100%</i> | <i>Thursday 2nd August 2018</i> |

Should a learner attain an overall theory mark of less than 50% after all four assessments, he/she will be granted an opportunity for a summative supplementary written theory assessment that will cover **all** of the study units. You are required, according to this regulation to have achieved at minimum an overall average of 40% or greater for the theoretical component in order to qualify for this supplementary assessment. Should a student write the supplementary theory assessment and pass, the mark for the theory component will be capped at 50%.

d. Practical component (40% of total module mark with a 50% sub–minimum)

| Assessment | Weighting | Date of Assessment |
|---------------------------|------------------|---|
| Patient Simulation | 70% | Thursday 14 th & Friday 15 th June 2018 |
| Post-Simulation Interview | 30% | Thursday 14 th & Friday 15 th June 2018 |
| <i>Supplementary</i> | <i>100%</i> | <i>Friday 3rd August 2018</i> |

Should a learner attain an overall practical mark of less than 50%, he/she will be granted an opportunity for a supplementary patient simulation assessment irrespective of what the initial result was. Should a student undertake a supplementary practical assessment and pass, the mark for the practical component will be capped at 50%.

You will note that the OSCE skills do not add to the weighting of the year mark for EMCIIIA. The OSCE skills are a psychomotor skill and therefore have the ability to falsely inflate the academic year mark. You will not be formally assessed on the OSCE skills, instead you need to ensure that you complete the Critical Skills OSCE booklet before the end of this module.

Each skill has to be signed off by a lecturer when you have demonstrated competence and it is your responsibility to ensure that you have signed off on all components before the end of this module (**18th June 2018**). Completion of the Critical Skills OSCE booklet is a requirement to successfully complete this module. There is no limit to the number of attempts you can have at a skill, but remember, that it is a requirement to successfully complete the EMC IIIA module.

Herewith is a list of the OSCE skills you will be required to complete as part of the Critical Skills OSCE booklet:

- ✓ Bag-valve-tube in-line nebulisation
- ✓ Laryngeal Mask Airway (LMA) insertion
- ✓ Laryngeal Tube Airway (LTA) insertion
- ✓ Nasogastric tube insertion
- ✓ Oral endotracheal intubation
- ✓ Orogastric tube insertion
- ✓ Rapid sequence intubation
- ✓ Suctioning of an endotracheal tube
- ✓ Surgical cricothyroidotomy
- ✓ The use of a mechanical ventilator in the pre-hospital environment for primary response
- ✓ Tracheal Oesophageal Combitube™ Airway insertion
- ✓ Visual nasal intubation

Assessments will be moderated in accordance with the institutional policy.

| THEORY | | | | PRACTICAL | | |
|--|--------|------------|--------|--|--------------------|---------------------------|
| Test 1 | Test 2 | Assignment | Test 3 | OSCEs | Patient Simulation | Post-Simulation Interview |
| 25% | 25% | 25% | 25% | Must pass all critical skills identified | 70% | 30% |
| 60% (with a sub-minimum of 50%) | | | | 40% (with a sub-minimum of 50%) | | |

Feedback to students on assessments will be fed back to the students through model answers and marking rubrics as well as one-on-one consultations should the need arise.

11. Assignment

The assignment is to be handed in on Monday the 9th April 2018.

The topic for your assignment is as follows:

“Is Prehospital Advanced Life Support Harmful?”

Discuss your opinion on the impact that an Emergency Care Practitioner who is based in an urban environment within the South African context has on patient morbidity and mortality.

Remember: Although I am asking your opinion, your opinion has to be backed by referenced factual information.

Please ensure that you comply with the following when preparing your assignment for submission:

- Use the latest references [within the last five years] to support your discussion.
- The length of this assignment should be 3000 to 3500 words (a 10% deviation will be allowed).
- The guidelines for writing assignments and assessment are as per the Departmental guidelines.
- Your assignment must be submitted via Turnitin.
- The Turnitin Report must accompany the hard copy submission of your assignment.
- The maximum acceptable level of plagiarized content is 20%.
- For submissions greater than 20%, the Institutional Plagiarism Policy will apply.

12. Module Outline

- a. Study Unit 1: Advanced airway management in adults
- b. Study Unit 2: Monitoring oxygenation and ventilation
- c. Study Unit 3: Electrolyte imbalances, acid-base balance and arterial blood gas (ABG) analysis
- d. Study Unit 4: Pain Management

- e. Study Unit 5: Sedation
- f. Study Unit 6: Mechanical ventilation in the pre-hospital environment for primary response

13. Module Preparation

Please make sure that you are familiar with the following outcomes, as this knowledge will be assumed to be in place and will not be revised in class.

a. Applied anatomy and physiology:

- Provide a detailed description of the anatomy of the respiratory system, with particular reference to the anatomy of the upper airway (oropharynx, nasopharynx and larynx).
- Accurately draw and label a detailed diagram of the connective tissue (specifically the hyoid bone, thyroid cartilage, cricoid cartilage, arytenoid cartilages, vocal cords, laryngeal membranes and the epiglottis), the nervous and vascular structures of the upper airway.
- Identify the surface anatomy of the upper airway and chest (particularly the jugular / sternal notch, the thyroid prominence, the cricoid cartilage and the laryngeal membranes).
- Define, explain and provide normal values (where appropriate) for anatomic, pathological and mechanical dead space.
- Explain in detail the process of gas transportation between the lungs and the end-tissues for both oxygen and carbon dioxide.
- Explain both the nervous and chemical control of respiration.

b. Oxygen supply to the tissues:

- Reproduce the oxygen supply to the tissues equation and discuss the effects that changes to the variables will have on tissue oxygenation.
- Explain the relationship between oxygen and the haemoglobin molecule.
- Explain the oxygen-haemoglobin dissociation curve and the effects of temperature, pH (Bohr Effect) and 2, 3 - DPG on this curve.

14. Study Units

Study Unit 1: Advanced airway management in adults

Outline:

- Indications for advanced airway management
- Airway assessment
- Risks associated with advanced airway management
- Equipment required for advanced airway management – indications, contra-indications, advantages, disadvantages & complications
- Pharmacology associated with advanced airway management
- The 7 P's of RSI
- Difficult and failed airway
- Surgical cricothyroidotomy
- Visual nasotracheal intubation
- Naso/orogastric intubation

Outcomes:

On completion of this study unit, the learner will be able to:

- Describe and justify the clinical indications for advanced airway management.
- Relate the physiology of oxygen transport in blood to the principles of pre-oxygenation.
- Evaluate functional airway anatomy as this relates to various airway manoeuvres, bag-valve-mask ventilation, laryngoscopy and endotracheal intubation.
- Describe the airway axes and explain how these relate to optimal position of a patient for laryngoscopy
- Consider the various classification systems used to describe laryngoscopic view.
- Discuss optimal clinical assessment of difficult bag-valve-mask ventilation (BOOTS), adequacy of bag-valve-mask ventilation and response to difficult bag-valve-mask situations.
- Appraise bag-valve-mask ventilation with specific regard to:
 - Gastric insufflation
 - Cricoid pressure

- Auto-PEEP
- Cervical spine precautions
- Laryngospasm
- Discuss the preparatory considerations for ETI and list minimum equipment required (STOP IC BARS).
- Defend optimal positioning for laryngoscopy, both routine and in special situations.
- Discuss equipment choices and the technique of direct laryngoscopy with both a curved and straight laryngoscope blade.
- Explain correct placement and confirmation of the endotracheal tube using both objective and subjective methods.
- Determine difficult direct laryngoscopy and describe the predictors of this using the LEMON/MMAP approach.
- Discuss the response to difficult laryngoscopy, including the use of different laryngoscope blades, other manoeuvres (head lift, etc) and BURP / ELM.
- Criticise the use of adjuncts to direct laryngoscopy including the bougie and fiberoptic stylets.
- Consider the physiological responses (cardiovascular, respiratory and CNS) to laryngoscopy and intubation.
- Compose a list of the complications of endotracheal intubation and the steps that can be taken to avoid them.
- Investigate the indications, advantages, disadvantages, method for using (including troubleshooting) and effectiveness of the following alternative intubation techniques:
 - LMA Fastrach
 - The Trachlight
 - The Airtraq
- Define and justify the term rescue oxygenation, and explain the role that it plays in advanced airway management.
- Identify the predictors of difficult rescue oxygenation (MOODS & DART).

- Investigate the indications, advantages, disadvantages, method for using (including troubleshooting) and effectiveness of the following rescue oxygenation devices:
 - The LMA (Classic, ProSeal, Supreme)
 - The Oesophageal-Tracheal Combitube (DLA)
 - The Laryngeal Tube Airway (King LT)
 - Surgical cricothyroidotomy
- Define the term rapid sequence intubation (RSI) and differentiate this from rapid sequence induction.
- Compose a list of the relative contra-indications to RSI.
- Review the advantages and disadvantages of RSI.
- Appraise the current evidence for and against pre-hospital ETI and RSI.
- Elaborate on the RSI process and explain each of the steps:
 - Preparation
 - Pre-oxygenation
 - Pre-treatment
 - Pharmacological agents (induction & paralysis)
 - Positioning – practitioner & patient
 - Placement of endotracheal tube
 - Placement confirmation
 - Post-intubation management
- Evaluate the factors to be considered when deciding on the dosages of your induction agents.
- Explain the mechanism of action, pharmacokinetics, adverse effects, indications, contra-indications, precautions and dosing regimens for the following agents:
 - Etomidate
 - Ketamine
 - Suxamethonium
 - Rocuronium
 - Vecuronium

- Briefly outline the pathophysiology, incidence, detection and treatment of malignant hyperthermia.
- Consider the pharmacological considerations applicable to RSI in patients with shock states.
- Determine the management of the post-intubation period with reference to positioning and securing of the endotracheal tube, initiation of PPV and treatment of hypotension.
- Select the dosage and general approach for post-intubation sedation, analgesia and paralysis using:
 - Midazolam
 - Morphine
 - Ketamine
 - Rocuronium
 - Vecuronium
- Debate the principle of the “dimensions of difficulty” triangle in airway management.
- Define both the difficult and failed airway.
- Explain the danger and complications related to multiple intubation attempts.
- Design a logical strategy to be employed following failed first, second and third intubation attempts.
- Compile an algorithm for the management of the difficult airway based on the previous outcome.
- Determine physiological and pharmacological considerations as well as technical alterations to airway management for the following conditions:
 - Increased intra-cranial pressure
 - Ischemic heart disease
 - Congestive cardiac failure
 - Cardiac arrest
 - Obstructing upper airway pathology
 - Penetrating neck trauma
 - Lower airway disease

- Discuss the physiological and technical challenges in airway management of the very old patient.
- Demonstrate an understanding of the human factors involved in advanced airway management.
- Visual nasotracheal intubation:
 - List and explain the indications and contra-indications.
 - Provide a detailed discussion on the possible complications that may be associated with visual nasal intubation.
 - Consider the advantages and disadvantages associated with visual nasal intubation.
- Nasogastric / Orogastric intubation:
 - List and explain the indications and contra-indications.
 - Discuss the possible complications associated with performing this skill in both awake and unconscious patients.

Study Unit 2: Monitoring oxygenation and ventilation

Outline:

- Pulse oximetry
- End tidal CO₂ monitoring;
 - Colorimetric
 - Digital
 - Waveform

Outcomes:

On completion of this study unit, the learner will be able to:

- Describe the principles of operation of the pulse oximeter.
- Define the terms false positive and false negative in relation to pulse oximetry.
- Research the physiological and technical factors that can influence the accuracy of pulse oximeter readings.
- Evaluate the validity of pulse oximetry readings and interpret the same.

- Explain the working principles of end-tidal carbon dioxide monitoring including quantitative and qualitative devices.
- Examine the main components of a capnography waveform and perform basic interpretations of the same.
- Compare the different methods of end-tidal CO₂ sampling including side stream and main stream units, including the advantages and disadvantages of each.

Study Unit 3: Electrolyte imbalances, acid-base balance and arterial blood gas (ABG) analysis

Outline:

- Potassium imbalance
- Sodium imbalance
- Calcium imbalance
- Magnesium imbalance
- Acid-base disorders
- Arterial blood gases

Outcomes:

On completion of this study unit, the learner will be able:

- Discuss the clinical presentation and pre-hospital management of the following electrolyte abnormalities:
 - Hypo/hyperkalaemia
 - Hypo/hyponatraemia
 - Hypo/hypercalcaemia
 - Hypo/hypermagnesaemia
- Classify the four types of [H⁺] ion concentration disturbances (acidosis or alkalosis; respiratory and/or metabolic).
- Elaborate on the pathophysiology, clinical presentation and management of:
 - Metabolic acidosis
 - Metabolic alkalosis
 - Respiratory acidosis

- Respiratory alkalosis
- Comprehensively list causes of metabolic acidosis, metabolic alkalosis, respiratory acidosis and respiratory alkalosis.
- Evaluate the body's compensatory mechanisms for acid-base disorders.
- Appraise the role played by ABG analysis in monitoring the critically ill and/or injured patient.
- Discuss the importance of pH, PaO₂, PaCO₂, HCO₃⁻ and base excess in the analysis of an arterial blood sample.
- List the normal ranges of the values on an arterial blood gas sample.
- Classify the acid-base disturbance (and compensatory mechanisms) when presented with a clinical case study (arterial blood gas reading).

Study Unit 4: Pain management

Outline:

- Pain assessment
- Pharmacology of analgesia medications applicable to the ECP scope of practice
- Indications for analgesia
- Risks associated with analgesia

Outcomes:

On completion of this study unit, the learner will be able to:

- Select with justification an appropriate method(s) for assessing pain severity using evidence that validates such method(s).
- Explain the indications for analgesia in the pre-hospital environment.
- Compare the drugs in common usage for analgesia under the following headings: mechanism of action; indications; contraindications; precautions; drug interactions and dosing regimens.
- Evaluate the possible risks associated with the administration of analgesia in the pre-hospital environment.

- When presented with a comprehensive clinical case study, determine the appropriateness of analgesia administration and decide on the best treatment regimen.

Study Unit 5: Sedation

Outline:

- Pharmacology of sedation applicable to the ECP scope of practice
- Indications for sedation
- Risks associated with sedation

Outcomes:

On completion of this study unit, the learner will:

- Explain the indications for sedation in the pre-hospital environment.
- Compare the drugs in common usage for sedation under the following headings: mechanism of action; indications; contraindications; precautions; drug interactions
- Evaluate the possible risks associated with sedation in the pre-hospital environment.
- When presented with a comprehensive clinical case study, determine the appropriateness of sedation and decide on the best treatment regimen.

Study Unit 6: Mechanical ventilation in the pre-hospital environment for primary response

Outline:

- Indications for mechanical ventilation
- Basic types of ventilators
- Basic modes of ventilation
- Basic ventilator settings
- Troubleshooting the mechanical ventilator
- Setting and adjusting ventilator settings based on arterial blood gas results

Outcomes:

On completion of this study unit, the learner will be able to:

- Consider the indications for mechanical ventilation.
- Differentiate between pressure controlled and volume controlled mechanical ventilation.
- Elaborate on the complications associated with mechanical ventilation.
- Discuss the following concepts when dealing with mechanical ventilators in the pre-hospital environment for primary responses:
 - Controlled mechanical ventilation
 - Assist / control mode
 - Synchronized intermittent mandatory ventilation
 - Intermittent positive pressure ventilation
 - Synchronized intermittent positive pressure ventilation
 - Pressure support ventilation
 - Continuous positive airway pressure
 - Tidal volume
 - Minute volume
 - Respiratory rate
 - Peak airway pressure
 - Sensitivity
 - Pressure limit
 - Fraction of inspired oxygen
 - Positive end expiratory pressure
 - Inspiratory-to-expiratory ratio
- Decide on a logical fashion in which to set up a transport ventilator using arterial blood gas values
- Determine how to manipulate ventilator settings according to arterial blood gas values
- Demonstrate an ability to troubleshoot when encountering challenges during mechanical ventilation
- Debate ventilation strategies during special situations:

- Asthma
- Traumatic Brain Injury

15. Activities to Promote Learning

During the course of this module a number of useful websites will be referred to for tutorials and additional information as well as YouTube video links will be provided to you. These will be provided to you at the end of each lecture via your DUT4Life email address and the links will also be uploaded onto Moodle for ease of access.

16. Library Orientation

A formal orientation to the library was conducted as part of your first year of study at the Durban University of Technology. Should you require any further assistance with the location of resources in the library, please engage with the Faculty of Health Sciences Library Representative: Mr. Dennis Mpumlwana in person or either on dennism@dut.ac.za or (031) 373 2565.

17. Scheme of work

| Month | Date | Day | Session | Lesson Plan |
|----------|------|--------|-----------|---|
| February | 5 | Monday | Theory | Orientation to EMCIII Clinical Reasoning |
| | | | Practical | Equipment stock take and clean-up |
| | 12 | Monday | Theory | Study Unit 1 |
| | | | Practical | Skills: BVM / DLA / LMA / LTA |
| | 19 | Monday | Theory | Study Unit 1 |
| | | | Practical | Skills: Oral endotracheal intubation |
| | 26 | Monday | Theory | Study Unit 1 |
| | | | Practical | Skills: Surgical cricothyroidotomy / Visual nasal intubation |

| Month | Date | Day | Session | Lesson Plan |
|-----------|----------|---------------|--------------------------------|---|
| March | 5 | Monday | Theory | Study Unit 1 |
| | | | Practical | Skills: RSI |
| | 9 | Friday | Practical | Approach to patient simulations & patient simulation demonstration |
| | 12 | Monday | Practical | Skills: OGT / NGT / In-line Neb / ETT Suctioning |
| | | | Practical | Simulations: Focus on approach, initial clinical decision & pre-oxygenation |
| | 16 | Friday | Assessment | EMCIIIA Test 1 |
| | 19 | Monday | Theory | Tutorial |
| | | | Practical | Skills: Practice |
| | 26 | Monday | Theory | Study Unit 2 |
| Practical | | | Simulations: Airway Management | |
| 29 | Thursday | Practical | Skills: Sign Off | |
| April | 2 | Monday | Recess | Recess |
| | 9 | Monday | Assessment | Assignment due |
| | 9 | Monday | Theory | Study Unit 3 |
| | | | Practical | Simulations: Airway Management |
| | 16 | Monday | Theory | Study Unit 3 |
| | | | Practical | Simulations: Airway Management |
| | 23 | Monday | Theory | Study Unit 4 |
| | | | Practical | Simulations: Airway Management |
| 30 | Monday | Theory | Study Unit 4 | |
| | | Practical | Simulations: Analgesia | |
| May | 7 | Monday | Assessment | EMCIIIA Test 2 |
| | | | Practical | Simulations: Airway Management |
| | 14 | Monday | Theory | Study Unit 5 |
| | | | Practical | Simulations: Airway Management |
| | 21 | Monday | Theory | Study Unit 6 |
| | | | Practical | Skills: Mechanical ventilation |
| 28 | Monday | Theory | Study Unit 6 | |
| | | Practical | Simulations: Airway Management | |
| June | 4 | Monday | Assessment | EMCIIIA Test 3 |
| | | | Practical | Simulations: Airway Management |
| | 11 | Monday | Practical | Simulations: Airway Management |
| | 14 | Thursday | Assessment | Patient Simulation Assessment |
| | 15 | Friday | Assessment | Patient Simulation Assessment |
| | 18 | Monday | Practical | Skills: Sign Off |
| | | | Assessment | SEQ and LEQ Critical Skills OSCE Book due |
| 25 | Monday | Recess | Recess | |
| August | 2 | Thursday | Assessment | EMCIIIA Supplementary Simulation |
| | 3 | Friday | Assessment | EMC IIIA Supplementary Written |

18. Copyright and plagiarism

The University is a community striving to discover, construct and communicate knowledge for the benefit of society. To this end, academic integrity is a commitment to the fundamental values of honesty, trust, fairness, respect and responsibility. Sharing, collaborating and innovating from existing knowledge must be encouraged, but knowledge workers must give credit to others whose work they have used, showing how they have built on it. Without this care by the academic community, the work of knowledge construction is meaningless.

Students are reminded to make sure that they are familiar with the DUT “Plagiarism Policy and Procedures for Staff and Students” which was implemented on the 1st January 2009.

19. Student Support

The following support services are available for all students registered for this module: student counselling, academic development, mentoring and tutorials. As the module lecturer, I am available for consultation on either a Thursday or a Friday but by appointment only.

After each assessment, students who have underperformed will be identified as “at risk” and they must then organize a meeting with the module lecturer:

- The student must then complete the pre-interview form (Annexure 1).
- The student must then bring this completed form with to the appointment
- Meeting with the student is held
- Minutes are captured by the lecturer
- Students are referred to the Faculty Academic Development Officer who will assist students and refer if required to student counselling for assistance with study techniques and time management
- Students are assisted by the subject lecturer for content, teaching and/or assessment related issues and additional tutorials are provided if needed
- Student provides lecturer with feedback on outcome of referrals

- If a student reports that they have not been adequately assisted, then this is reported to the HOD for further action.

20. Quality Assurance and Enhancement

Student feedback will be elicited through the administration of lecturer (LEQ) and subject evaluation (SEQ) questionnaires. Both the SEQ and LEQ will be administered on the **18th June 2018**.

I also welcome feedback at any stage from all students registered for this module. Any feedback received will be considered as an attempt to improve on the offering of this module. Any changes that need to be made will be discussed with the class as a whole, and amendments will only be made provided there is agreement from all of the students and that the amendments are for the benefit of all of the students.

ANNEXURE 1:

| | |
|-----------------------------|--|
| NAME: | |
| STUDENT NUMBER: | |
| SUBJECT NAME: | |
| SUBJECT CODE: | |
| DATE OF APPOINTMENT: | |

1. What factors do you feel contributed to your poor performance in this assessment opportunity?

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2. How do you propose to remedy these factors so that your performance improves?

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3. Do you feel you put in the time required to expect to pass this assessment? If not, why?

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4. Lecturer's summary of discussion:

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Student's commitment to resolving identified issues and thereby improving performance:

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It is imperative that the student makes a commitment to resolving the issues identified, and this is done in the form of a signature:

| | |
|---------------------|--|
| Student name: | |
| Student signature: | |
| Lecturer name: | |
| Lecturer signature: | |



FACULTY OF HEALTH SCIENCES

DEPARTMENT OF EMERGENCY MEDICAL CARE AND RESCUE

STUDENT UNDERTAKING – EMC IIIA (EMCA301)

I _____ (ID number _____) &
Student number _____)

The undersigned hereby state that I have read the study guide for the module: Emergency Medical Care IIIA (EMCA301) and I state that I fully understand the contents thereof and agree to uphold and abide by all the policies, rules, regulations and deadline dates as set out therein. I also understand that ignorance of these policies will not be admissible as a defence at any point during the year.

Signed at _____ this _____ day of _____ 20 ____

Student (Full Names) _____

Student Number _____

Signature _____