

Paramedic to Registered Nurse Feasibility Study

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Rationale

A great deal of interest has been expressed about a paramedic to registered nurse program. To explore the feasibility, necessary information includes:

Are there enough commonalities between the registered nurse and paramedic curricula to make a transition course academically reasonable?

What requirements, both lecture/didactic and clinical experience, would be necessary for a successful transition?

Methodology

A comparison was made of the student learning outcomes (SLO's) of the registered nurse and paramedic programs at Victor Valley College. Also examined were DACUMs, which are entry job descriptions researched and made available by the state of California. Only the first two semesters of the four semester nursing program were compared to the entire paramedic program. An internet literature review was done of paramedic to registered nurse programs outside the state of California.

Literature Review

A search of the literature was completed to determine if paramedic to registered nurse programs do exist, and if so, how are they structured. The literature showed several programs in different states. Data was gathered about paramedic entrance requirements, including grade point average, prerequisite course requirements, and length of time in practice as a paramedic. Program data collected included program length, structure and content of the courses, and presence or absence of a "bridge" course.

The literature review showed a variety of paramedic to registered nurse programs. Differences included program lengths, length of time in paramedic practice required, college GPA and course requirements, and matriculation from paramedic to the registered nurse program. Also noted were different state and federal funding incentives.

The program at Mohave Community College in Arizona requires the same prerequisite courses as required for generic nursing students. These include anatomy, physiology, microbiology, and English composition, introduction to psychology, lifespan development and mathematics. Additionally, the applicant must have been certified as a paramedic for at least two years, possess current certification as a paramedic, two years pre-hospital experience, and score an acceptable level on the Nursing Entrance Test. The program takes three semesters to complete, starting with the summer session. Nursing courses required are Nur. 150, 175, 221, 222, 225 and 275. The estimated cost for this program is \$6056 (Mohave.edu, 2007).

The College of Southern Idaho offers a bridge program. Acceptance criteria include the completion of the same general education classes as the generic program and submission of the nursing program application. Upon acceptance, the student completes a one unit online course covering nursing process, communication, patient education and building therapeutic communication. Next they complete a bridge class, which emphasizes basic nursing process and application, with emphasis on individualized care. This is accomplished using online didactic, a clinical skills lab, and practicum in the clinical setting. The student then completes the third and fourth semesters of the nursing program. This program was funded in part by a grant awarded to the Power of Rural Partnerships in Idaho (csi.edu, 2007).

Santa Fe Community College in Florida also requires two years work experience as a paramedic, and a valid paramedic license without restrictions. The candidate must complete the nursing program prerequisites, have an overall GPA of at least 2.0, and achieve a passing score on a critical thinking examination. Upon acceptance into the bridge program, the candidate has three weeks to show competence in selected basic nursing skills, and pass a drug calculation test. The entire program takes four semesters to complete (jtcc.edu, 2007).

John Tyler Community College in Midlothian, VA, offers an LVN/Paramedic to RN program through their Weekend College. All classes are scheduled Friday, Saturday and Sunday (jtcc.edu, 2007). The different programs varied in scheduling and when classes were held. Some had online components, and all included the standard prerequisite courses.

Victor Valley College

The syllabi and student learning objectives of the Victor Valley College Registered Nursing program and the Victor Valley College Paramedic program were compared.

There are areas in which the SLOs (Student Learning Outcomes) of the paramedic student equal or exceed the expectations of the registered nursing student. These topics include healthcare/patient assessment, vital signs, data recording, documentation, safety, infection control, cardiopulmonary assessment and intervention, diabetic assessment and intervention, and medication administration and recording.

There are other areas in which the paramedic is required to obtain basic knowledge about specific topics, but the requirement is clearly less than that required for a registered nurse. Some of those areas include risk factors for illness, legal implications of nursing

practice, death and dying concepts, sensory functioning, comfort and basic activity. Medication administration also fits into this category. Paramedics are required to have extensive knowledge of many medications, including their safe and proper administration. Paramedics are not required to study teaching clients about their medications and safe self-administration of medications.

Content areas required only in the nursing program Victor Valley College include concepts of health, illness and wellness; the differences between acute and chronic illness; psychological, sociological and cultural implications of illness; theoretical models of contagions; health belief systems; health promotion models; preventive care and risk factor modification. All these areas would need to be included in the paramedic to registered nurse curriculum. A side-by-side comparison of the registered nurse and paramedic programs at Victor Valley College is included at the end of this document.

The paramedic program does not include the “soft”, or people sciences, such as psychology, sociology and anthropology. These address important areas in nursing like the individual and the family, the effects of the family on health, cultural diversity, health care delivery systems, home health care, continuity of care and developmental concepts. Other content areas included only in the registered nurse program are teaching, communicating and counseling, stress and adaptation, spirituality, sexuality, hygiene, rest and sleep, nutrition, elimination and perioperative care.

Finally, and possibly of most concern, are the absence of the nursing process and the culture of nursing in the paramedic program. The nursing process is fundamental for the nurse to address and problem solve. This content has proven to be a vital instrument in developing critical thinking, deductive and intuitive reasoning and patient safety. Students who have difficulty with critical thinking tend to be less successful in nursing school and

students have reported a lack of competence in critical thinking as a factor contributing to lack of success on the NCLEX (Arathuzik, D., & Aber, C. (1998) Journal of Professional Nursing, v14 n2 p119-26 Mar-Apr 1998).

A major part of the education of a registered nurse is the acquisition, understanding and practice of the culture of nursing. Society has given a unique trust to nurses, which demands responsibility and accountability. Included in the culture are research and integration of scientific theories into nursing care. The most successful registered nurses are immersed in the culture, and practice that culture as a part of their daily lives. The paramedic student is necessarily indoctrinated into a different professional culture, demanded by the different practice. Even with some commonalities, there is enough difference that each practice is partially unfamiliar with the roles, responsibilities and culture of the other.

Conclusions/Recommendations

Considering all of the above, these authors find two solutions to accommodate the paramedic seeking a career as a registered nurse.

The first option would require the paramedic to matriculate as a traditional nursing student. Because of their patient care/health care background, paramedics with 4 – 5 years experience in the field might be rewarded with higher initial placement on the waiting list. If successful, this might be extended to other professions, such as respiratory therapies or laboratory technicians, who would also be expected to do well in nursing.

The second option might be to develop a new program unique for the paramedics. This program could include an intense immersion program of 8 to 16 weeks. This program should prepare the student

for a challenge examination. There should be consideration for both academic and clinical challenges. An alternative would be a 16 to 32 week refresher for an entire first year challenge of a two year associate degree nursing program. Both of these options must include those areas not included in a paramedic program, concentrating on the unique culture and thought process required for success as a registered nurse. Credit should be given for content common to both programs. Integration with the generic nursing class should begin at the beginning of the second year to facilitate acculturation and to cover content new to both groups.

This second option has not been found to be cost effective for a variety of reasons, including the increasing scarcity of clinical sites and establishing laboratories, but primarily because of the high cost and unavailability of faculty. Alternatives for funding of these programs should be considered as well; if such programs were financially self-sufficient this barrier might prove easier to overcome.

If the bridge program option proves successful, it might be adapted for other professions, such as respiratory therapy and laboratory technician, after a DACUM comparison of those areas to the nursing DACUM.