

TOOLS FOR DEVELOPING YOUR CURRICULUM

TO THE

NATIONAL EMS EDUCATION STANDARDS

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MosbyJems/Elsevier is proud to provide you with tools that will assist you to incorporate the National EMS Education Standards into your curriculum. These tools include samples and templates useful for developing both units of instruction and individual lesson plans. In addition, this guide includes helpful discussions related to improving student outcomes, using teaching strategies such as reflection, classroom discussion, technology, and benchmarking. Topics within this document include:

I. Education Standards (Definition)

Importance of EMS Education Standards

II. Planning for Implementation of EMS Standards

Standards-Based EMS Instruction

EMS Education Standards Instruction

Planning Instruction for Student Understanding and Retention

Directing Student Learning

Helping Students Achieve Higher Levels of Understanding

III. Developing Standards-Based Instruction

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I. Introduction

Education Standards

An *education standard* is a statement that describes the knowledge and skills that students should attain as a result of instruction. Standards illustrate what students should know and be able to do at the end of a unit, course, or program. Standards in EMS education describe ways of thinking, working, communicating, reasoning, and investigating. **EMS Education Standards** include important ideas, concepts, issues, and knowledge essential to the delivery of prehospital emergency care.

EMS Education Standards have four parts. The first part is a competency statement. This statement represents the minimum competency or ability that entry-level students should possess. The second part of the standard describes the knowledge necessary to reach the competency. The third part describes the clinical behaviors and judgments that the entry-level EMS student should demonstrate. Finally, the fourth part describes the educational resources needed for conducting EMS training programs at each licensure level.

Importance of EMS Education Standards

EMS Education Standards are important because they describe a common background, knowledge, and skills that EMS providers should have. This common foundation helps instructors teach what is needed and measure or test what is important for preparing students to work as prehospital care providers. EMS Education Standards were developed by teams of education and health care professionals working with members of the EMS community. The resulting statements define the importance of skill, knowledge, and performance in key content areas. EMS Education Standards provide experience and an evidence-based picture of how students should develop academically to perform successfully in educational and real-world settings.

EMS Education Standards impart clarity and a fixed point of reference for students and instructors. They provide a set of clear, detailed expectations for all students. In addition, the standards provide clarity to instructors on the content and skills to teach.

EMS Education Standards–Based Instruction

- Instructors know what they are expected to teach, and students know what they are expected to learn.
- Instruction is focused on student learning.
- Instructional planning requires instructors to consider what they want students to know and be able to do as a result of their instruction.
- A common language exists with which to discuss student achievements.
- Tests are aligned with standards, helping to identify early in the unit students who are struggling.
- Instruction provides targeted assistance to struggling students.

EMS Education Standards are useful to:

- **Instructors:** Research indicates that standards-based education helps instructors increase student learning and establishes the content that instructors will be responsible for teaching.
- **Program Administrators:** Standards provide consistency to curricula development and resolve debates about what to teach.
- **Policymakers:** Standards provide a yardstick to determine the effectiveness of the educational program, establishing priorities for resource allocation.
- **Students:** Students *know* what they are expected to learn.

We have defined the term *education standards* and considered why they are important and why they are useful. Now, let us look at the actual process of standards-based instruction.

II. Planning for Implementation of EMS Standards

Standards-Based EMS Instruction

Standards-based EMS instruction is a method for planning, delivering, monitoring, and improving EMS education programs. EMS Education Standards clearly define educational content and provide the basis for instruction and student assessment. They help ensure that students learn important material. Student learning is the focus of standards-based EMS education. Standards-based EMS instruction aims for a level of student understanding that goes beyond traditional textbook-based or lesson-based instruction.

EMS Education Standards Instruction

EMS Education Standards help you identify the depth and breadth of knowledge students must have to achieve a competency. The depth of knowledge is the amount of *detail* included in a lesson on a particular topic. The breadth of knowledge refers to the number of *subjects, topics, or issues* included in a lesson.

The following example is from the ***National EMS Education Standards***:

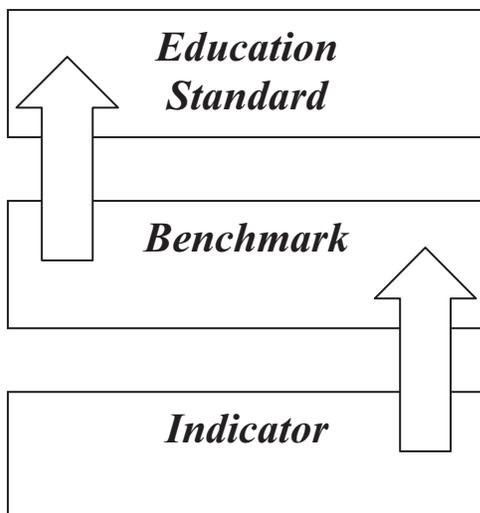
The Emergency Medical Responder (EMR) needs to have a thorough understanding (depth) about how to safely and effectively use the bag valve mask; however, the EMR is taught a limited number of concepts (breadth) surrounding management of a patient's airway.

To describe the intended depth of knowledge of a particular concept within a provider level, the terms simple, fundamental, and complex are used. This terminology better illustrates the progression of the depth of knowledge from one particular level to another. For example, the EMR's depth of knowledge for bleeding control is simple, while the EMT's depth of knowledge for bleeding control is fundamental.

To describe the intended breadth of knowledge of a concept within a provider level, the terms simple, foundational, and comprehensive are used. This terminology also better illustrates the progression of the breadth of knowledge from one particular level to another. For example, the EMT's breadth of knowledge for cardiovascular disorders is foundational while the paramedic's breadth of knowledge for cardiovascular disorders is comprehensive.

EMS Education Standards are broad statements; therefore instructors need a method to judge how students are progressing toward achievement of each competency or standard. Instructors use benchmarks to measure a student's progress toward meeting the competency described by the education standard. Benchmarks measure the achievement of specific components identified in an EMS Education Standard. The benchmarks serve as checkpoints to measure increasing knowledge and skills over a period.

Section-level indicators are statements of what students should know and be able to do at the completion of each section of instruction. For example, what should the student know and be able to do from the cardiac physiology section before moving to the ECG interpretation section of a course? The *indicators* are the checkpoints that monitor progress toward the benchmarks, and benchmarks monitor progress toward the education standard.



Planning Instruction for Student Understanding and Retention

- Engage students in active instead of passive learning.
 - For education to be of value, learning must be retained.
 - Students do not retain what they simply mimic.
 - Students cannot use information they have simply memorized to help them understand something new and different.
 - Simply showing students how to perform a procedure or develop a plan of care is not as useful as designing a situation in which the student does the work.
 - Students must be required to develop ideas, construct understanding, and communicate that understanding.
 - Ideas or procedures that students understand (rather than memorize) can be used to construct new meanings.
- As an instructor, you must:
 - Focus on how students differ in their progression to understanding.
 - For example, in drug calculations, if you employ a single model for a concept involving drip rates, it may provide students with only a partial grasp of many interrelated concepts and factors associated with delivery of medications via intravenous infusions. Using different models and examples in a different learning context may provide the link that was missing for a particular learner's thinking.
 - Error analysis and the ability to diagnose the source of students' misunderstanding are crucial to making adjustments in lessons and for assisting individual learners. Do not wait until the end of the cardiology unit to use review as preparation for a test.
 - Provide structured, timely review and reinforcement to maintain a high level of retention.
 - For example, if a student has difficulty interpreting ECGs, you must be able to identify whether the student is having trouble reading the tracing

or comprehending the meaning of the tracing. Depending on whether reading or comprehending the meaning is the issue, you need to use different strategies to help the student understand.

If you are teaching cardiology, it is imperative that students read, write, and speak the language associated with the topic. You should provide constant reinforcement of ideas and concepts to ensure long-term learning of skills, processes, and strategies related to the management of cardiac patients. It is important that you integrate content from previous EMS Education Standards so that students can see how basic knowledge will be used to create new learning.

Directing Student Learning

Old standards and levels of learning, such as memorization of treatment algorithms, will not provide the type of knowledge that EMS providers will need in the future. The EMS provider's role in the health care system is changing, and the EMS education system must change as well. In response to these changes, the EMS Education Standards–based instructional model seeks to:

- Teach subjects to master.
- Employ assessments that measure depth of understanding.
- Provide students with sufficient authentic, in-context experiences.
- Make standards the framework for broader, deeper student understanding.

It is important that proper emphasis be placed on testing. Before the development of EMS Education Standards, there could have been a mismatch between classroom testing processes and externally developed certifications and assessments. This was the result of individual instructors determining the importance of content. Students learned what instructors believed to be important. This created a variance in curricula. Standards-based testing and certifications developed at national levels place significant value on assessing ideas in the following areas:

- Authentic contexts
- Multiple-skill and performance formats
- Conceptual understanding
- Application and problem solving

To judge the effectiveness of your instructional program against the National EMS Education Standards, choose assessments that require students to:

- Perform without having the content of a recent lesson to prompt or guide their thinking
- Integrate their learning across concepts
- Perform authentic tasks focused on the large and important ideas
- Integrate what they know and synthesize a strategy to accomplish new tasks or solve a new problems

Helping Students Achieve Higher Levels of Understanding

It is important for students to learn new ideas in context. Context provides a hook for your students to refer back and forth between new ideas. Use those “hooks” to help students connect several related ideas, and encourage students use the connected ideas in new and different patient care settings. Use of clinical simulation products, such as *Virtual Patient Encounters* (VPE), provides an educational environment for students to learn new ideas in real-world context. This is how we construct understanding in the real world, and it represents a bridge the learner can cross in either direction. In initial learning, the progression typically occurs in a forward flow—learning the basics and building from that point to more complex ideas. When a student has difficulty with a new concept, learning often can be achieved by moving back toward a more basic situation.

III. Developing Standards-Based Instruction

In this section, we identify steps to planning both a single lesson of instruction and an entire unit of instruction. Included are a systematic guide, a planning template, and an example for both a unit of instruction and a single lesson. *Patient assessment* is a foundational concept included in all levels of EMS education; therefore it is used as the content for the examples.

Planning a Unit of Instruction Based on an Education Standard

Units of instruction focus on teaching the content of a standard. Units usually are organized around a concept, theme, or main idea. Typically, a unit of instruction contains several lesson plans. First, we will look at planning a unit of instruction and then at planning a single lesson within the unit.

Developing a Unit of Instruction Based on an EMS Education Standard

1. Select a unit for learning based on the standard.
 - a. What will be the theme or topic of the unit?
 - b. What standards will be addressed?
2. Decide on the specific outcomes students will achieve as a result of instruction.
 - a. What will students know and be able to do at the end of the unit?
 - b. How will student learning will be assessed at the end of instruction.
3. Conduct a pre-assessment to begin the unit and focus instruction appropriately.
 - a. What do students know already?
 - b. What are they ready to learn?
4. Develop and sequence the specific lessons and activities that will make up the unit.

- a. What will students be taught?
 - b. What instructional strategies will be used?
5. Analyze the results, reflect, and reteach as necessary to help all students meet the outcomes measures.
- a. What did students learn?
 - b. What additional instruction is necessary?
 - c. How could instruction be modified in the future to better meet the needs of all students?

Unit of Instruction Planning Template

Title

Choose a name that reflects the focus of student learning in the unit.

Unit Summary

Provide a summary of the unit.

Critical Questions

Identify the essential questions that will be answered through study in this unit? Post the questions for student reference.

EMS Education Standards Connections

- Identify the standards that will serve as the learning goals for this unit. Note that units typically integrate multiple standards.
- Identify the benchmarks and indicators for the standard. These will take the form of testing and or assessments.

Pre-assessment

Identify strategies to pre-assess student knowledge of the selected standard(s). Use the results to plan the appropriate difficulty and pacing for the unit.

Informal pre-assessments may consist of:

- A conversation about on students' prior learning
- A conversation about concepts
- Warm-up problems at the beginning of class that are not scored

Formal pre-assessments may include:

- A quiz or an assigned writing topic
- Defining scoring criteria, for example, percent correct, a checklist, or another scoring format.
- Making changes in your lesson, in both sequence and content, based on your findings. If you are uncomfortable with making modifications, seek assistance from another instructor or consult with the program director.

Ongoing Assessment

Instructor assessment and student self-assessment should occur throughout the unit. Ongoing assessments or classroom assessments help adjust the pace of instruction and identify content areas that may need review. These assessments can be a simple discussion, a short question and answer period, or a simple written quiz.

Post-assessment Assessment

Identify strategies to assess student learning at the end of the unit of instruction.

Scoring Criteria

- Define scoring criteria for the post-assessment.
- Make sure students know the criteria for scoring.

Instructional Procedures

- Describe the large activities that will be included in the unit.
- Use a unit daily planner.
- Describe the sequence of activities in the unit.

Day and Time	Instructional Activities	Assessment

Plan for Individualizing Instruction

Describe how instruction will meet various learner needs, to help all learners meet the benchmark.

Materials and Resources Needed

List the materials needed for the instructor and students. Describe the educational infrastructure that must be in place.

Homework

Describe work that will be assigned to students outside of the classroom.

Connections to Other Content Areas

Describe how the unit can be integrated with other content areas to strengthen student learning.

Key Vocabulary

List key terms that need to be defined before instruction or as part of the lesson.

General Tips

Record observations and suggested modifications to facilitate instruction and student learning in the unit.

Example of Unit of Instruction Planning

Title

Patient Assessment

Unit Summary

Patient assessment is one of the most important skills an EMT student will learn. It is through the assessment of the patient that the EMT will identify the patient's chief complaint and attempt to determine the cause of the complaint. A thorough assessment will help the EMT establish a treatment plan and then notify the receiving facility appropriately. After initial treatment, it must be understood by the EMT student that patient presentation can change. Reassessment is vital. The EMT student must understand and appreciate that a poor or incomplete assessment will result in poor or incomplete treatment.

Critical Questions

- What are the normal assessment findings for a well adult?
- Given a scenario of an adult patient experiencing a specific medical emergency, explain how assessment findings will differ from normal.
- Given a scenario of an adult patient experiencing a specific traumatic injury, explain how assessment findings will differ from normal.

EMS Education Standards Connections

- Use scene information and simple patient assessment findings to identify and manage immediate life threats and injuries within the scope of practice of the EMR.
- Apply scene information and patient assessment findings (scene size-up, primary and secondary assessments, patient history, and reassessment) to guide emergency management.

Pre-Assessment

Formal pre-assessments:

- Will obtain a minimum score of 80% on a 10-question, multiple-choice pretest.
- Will complete a written assignment answering the following questions:
 - Question:** How important is the physical assessment in guiding the care of patients?
 - Question:** How do vital signs change based on a patient's age?

Scoring Criteria: Define scoring criteria for pre-assessment.

Informal pre-assessments:

- Ask students to describe how they learned patient assessment techniques in other classes.

- Ask students to discuss what they think are the top three concepts related to patient assessments.

Make changes in your lessons for this unit, both sequence and content, based on your findings. If you are uncomfortable with making modifications, seek assistance from another instructor or consult with the program director.

Ongoing Assessment

Students will obtain a minimum score of 80% on a 10-question, multiple-choice quiz administered at the end of each lesson.

Students will be assigned to a cooperative learning group. Each group will develop a list of questions they would like you to answer before proceeding to the next lesson.

Scoring Criteria: Define scoring criteria for pre-assessment.

Post-assessment

- Students will obtain a minimum score of 85% on a 100-question, multiple-choice examination at the end of the unit of instruction.
- Students will successfully demonstrate primary and secondary patient assessment techniques in a laboratory setting using a skills checklist. Students must complete all critical steps of the skills at 100% performance for success.

Scoring Criteria: Define scoring criteria for the post-assessment, which may take the form of a rubric or another scoring format.

Instructional Procedures

- Describe the large activities that will be included in the unit.
- Use a unit daily planner.
- Describe the sequence of activities in the unit.

Day and Time	Instructional Activities	Assessment
Monday 9-10 AM	Lecture	Small group discussion
Tuesday 9-12 AM	Skill Laboratory	Practice use of skill checklists

Plan for Individualizing Instruction

- Use extended wait time during questioning, allowing students to compose their thoughts. Monitor who responds to questions and who participates during laboratory assignments.
- Provide time for students with fewer prehospital emergency experiences to become familiar with equipment.
- Use cooperative learning groups to increase student learning and improve outcomes for students with less background in EMS experiences.

Materials and Resources Needed

- Computer and projector
- PowerPoint presentation for Chapter 7
- Companion DVD
- DVD player
- *Virtual Patient Encounters* (VPE)
- Blood pressure cuff
- Stethoscope
- Pen light

Homework

- Complete five patient assessment scenarios.
- Review one current article in a peer-reviewed journal about patient assessment.

Connection to Other Content Areas

- Provide connections to anatomy and physiology prerequisite course.
- Refer to medical terminology information provided in prerequisite course.

Key Vocabulary

Abrasion (p. 203)	Head-to-toe survey (p. 189)
Advanced life support (ALS) intercept (p. 180)	History (p. 187)
Auscultation (p. 197)	History of the present (p. 187)
AVPU (p. 182)	Hypertension (p. 192)
Blood pressure (p. 197)	Initial (primary) assessment (p. 172)
Capillary refilling time (p. 185)	Jaundice (p. 185)
Chief complaint (p. 187)	Jugular venous distention (p. 204)
Conjunctiva (p. 195)	Laceration (p. 203)
Constrict (p. 198)	Mechanism of injury (p. 172)
Contusion (p. 200)	Multiple-casualty incident (p. 180)
Crepitus (p. 200)	Nasal flaring (p. 193)
Crowing (p. 193)	Nature of illness (p. 177)
Cyanosis (p. 195)	Ongoing assessment (p.206)
DCAP/BTLS (p. 203)	Onset (p. 189)
Deformity (p. 200)	OPQRST (p. 189)
Detailed physical examination (p. 192)	Oral mucosa (p. 195)
Dilated (p. 198)	Orientation (p. 182)
Dorsalis pedis (p. 205)	Palpation (p. 197)
Focused physical examination (p. 192)	Posterior tibial (p. 205)
Focused (secondary) assessment (p. 172)	Priapism (p. 204)
Gasping (p. 193)	Provocation (p. 189)
General impression (p. 181)	Puncture (p. 203)
Grunting (p. 193)	Quality (p. 189)
Gurgling (p. 193)	Radiation (p. 189)
	Retractions (p. 193)
	SAMPLE (p. 187)

Scene safety (p. 172)	Tenderness (p. 203)
Scene size-up (p. 172)	Time (p. 190)
Severity (p. 189)	Tracheal deviation (p. 204)
Sign (p. 183)	Traffic delineation devices (p. 175)
Snoring (p. 193)	Trend (p. 207)
Sphygmomanometer (p. 197)	Triage (p. 172)
Stridor (p. 193)	Tripod position (p. 193)
Subcutaneous emphysema (p. 204)	Vital signs (P. 192)
Symptom (p. 187)	Wheezing (p. 193)

General Tips

Record observations and suggested modifications to facilitate instruction and student learning in the unit.

Standards-Based Lesson Planning Steps

Step One: Decide which standard will be emphasized.

Standard:

Step Two: Determine how you will assess and know if students meet the standards or have any prerequisites for the standards.

Pre-assessment:

Scoring criteria:

Ongoing assessment:

Scoring criteria:

Post-assessment:

Scoring criteria:

Step Three: Determine what students will know and be able to do because of this lesson. What effective instructional techniques will help students meet the standards?

Lesson summary:

Instructional procedures:

Step Four: Plan strategies and activities to meet the needs of all students.

Differentiated instruction strategies: Instruction differentiated according to student needs to help all students either meet the intent of the specified indicator(s) or, if the indicator is already met, to advance beyond the specified indicator(s).

Step Five: Think about practical issues and materials needs for instructional planning.

Estimated time duration:

Materials and resources needed:

For the instructor:

For the students:

Step Six: Consider ways to integrate the lesson with students' other courses, home lives, or technology.

Homework:

Connection to other content areas:

Technology connections:

Step Seven: Identify additional resources.

Key vocabulary:

General tips:

Example of Standards-Based Lesson Plan

EMS Education Standard

Applies scene information and patient assessment findings (scene size-up, primary and secondary assessments, patient history, and reassessment) to guide emergency management.

Lesson Summary

Following instruction, the student will be able to identify the components of an initial (primary) assessment and explain the importance of an initial (primary) assessment.

Estimated Duration

2 hours

Commentary

The initial primary physical assessment is crucial in developing an appropriate treatment plan. All assessment skills must be understood and used appropriately, including visualization, auscultation, and palpation.

Pre-assessment

Students Will Complete the Following Pretest

1. A downed electrical wire is crackling and jumping on the ground within 6 feet of a

- pedestrian struck by a car. The victim appears to be unconscious. What actions should you take?
- Retreat to a safe position and wait until utility personnel and police arrive
 - Displace the wire with a wooden stick while your partner drags the patient to safety
 - Drag the patient to safety because the wire is at a safe distance
 - Approach the victim wearing a rubber jump suit
- Scene size-up at a multiple casualty incident reveals an overturned tanker truck with a noxious odor and three victims lying on the ground. Ideally, how should you park your vehicle with respect to the scene?
 - Uphill and downwind
 - Uphill and upwind
 - Downhill and upwind
 - Downhill and downwind
 - What is the first step of initial (primary) assessment, when you note the patient's age and gender, nature of illness or mechanism of injury, and obvious life-threatening conditions?
 - General impression
 - Scene survey
 - Secondary survey
 - Neurologic examination
 - In a responsive patient, what is the best way to evaluate the patency of the airway?
 - Has a normal pulse
 - Can speak clearly or cry
 - Has normal skin color
 - Has normal skin temperature
- (etc.)**

Scoring Criteria

Provide students with the correct answers, accompanied by a rationale. Explain to students that this is not a pass/fail examination, but rather a method you use to judge the appropriate level at which to begin the lesson.

Ongoing Assessment

The Minute Paper: At the end of the class session, write the following two questions on the board:

"What was the most important thing you learned during this class?"

"What important question remains unanswered?"

Instruct students to write their responses on index cards or half-sheets of scrap paper and turn in to the instructor. No names are necessary. Compile the results and discuss at the beginning of the next class.

Scoring Criteria

Provide students with the correct answers, accompanied by a rationale. Explain to students that this is not a pass/fail examination, but a method you use to judge what level the lesson should begin at.

Post-assessment

- Students will obtain a minimum score of 80% on a 25-question, multiple-choice examination at the end of the lesson.
- Students will successfully demonstrate initial (primary) patient assessment techniques in a laboratory setting using a skills checklist. Students must complete all critical steps of the skill at 100% performance for success.

Instructional Procedures

<ul style="list-style-type: none"> ● Comprehensive, systematic patient assessment is the foundation of emergency medical care <ul style="list-style-type: none"> ○ Scene size-up <ul style="list-style-type: none"> ▪ Ensure safety at scene <ul style="list-style-type: none"> ❖ Personal protective equipment ❖ Identify hazards ❖ Number of patients ❖ Mechanism of injury ❖ Need additional resources ○ Initial (primary) assessment <ul style="list-style-type: none"> ▪ Provide essential lifesaving treatment ▪ Identify need for rapid transport 	<p>TXT p. 172 PPT 11 Workbook: pp. 41-54</p> <p>Evolve:</p> <ul style="list-style-type: none"> ● Chapter Challenges ● PowerPoint Lecture Notes ● VPE Lesson 7
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Differentiated Instructional Support

- Use cooperative learning groups to increase student learning and improve outcomes for students with less background in EMS experiences.
- Use extended wait time during questioning, allowing students to compose their thoughts. Monitor who responds to questions and who manipulates equipment during laboratory assignments.
- Provide time for students with fewer prehospital emergency experiences to become familiar with equipment.
- Have students as partners practice the initial (primary) assessment. Ask them to evaluate skin color and temperature, evaluate pulses for rate and quality, and observe respiratory patterns. One student in each pair can do jumping jacks and have his or her pulse and breathing assessed again. Ask students to identify what they noticed to be different.

Homework

- Have students complete VPE Lesson 7.
- Have students complete workbook pages 41-54.

Connections to Other Content Areas

Students will be able to practice assessment techniques during a laboratory session. They will use the appropriate medical terminology to describe patient findings. Students will discuss abnormal findings based on their knowledge of normal anatomy and physiology. Working in teams, students will begin to mimic therapeutic communications techniques as modeled by the instructor.

Technology Connections

- Use virtual patient simulation technology.
- Place information and additional resources on class web page.
- Record highlights of presentation as a podcast.

Materials and Resources

- For instructors*
- Computer and projector
 - PowerPoint presentation for Chapter 7
 - Companion DVD
 - DVD player
 - *Virtual Patient Encounters* (VPE)
 - Blood pressure cuff
 - Stethoscope
 - Penlight

- For students*
- Blood pressure cuff
 - Stethoscope
 - Penlight

Key Vocabulary

Primary (initial) assessment
 Secondary (focused) assessment
 Scene safety
 Personal protective equipment
 Mechanism of injury

General Tips

Record observations and suggested modifications to facilitate instruction for the future and student learning in the lesson.

IV. Conclusion

EMS Education standards will assist to deliver consistent, relevant, and essential information to your students. Standards help clarify expectations of what students should know and be able to do by the end of a specific lesson or unit.

Instruction based on standards is a cyclical event. Begin by identifying the relevant standard(s) and spending time planning instructional methods. Then deliver the instruction according to your plan. The cycle continues as you assess your student's mastery of the knowledge or skill and use that information for remediation of students and modification of your instructional strategy.

As an instructor, you will be able to update and modify education content based on your and your student's needs.

References

The information contained in this manuscript is an adaptation of information from The Ohio Instructional Management System (<http://ims.ode.state.oh.us/ODE/IMS/Default.asp?bhcp=1>) and is used with express written permission.

Content for Standards-Based Unit Planning Template derived from the instructor manual for Henry: *EMT Prehospital Care*, 4e.

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