



Course Prefix/Number/Title: EMS 216 – Trauma Management

Number of Credits: 2 credits

Course Description: This course prepares the student to identify, assess, manage, and treat various types of trauma emergencies. Topics include trauma systems, mechanism of injury, soft-tissue trauma, burns, head and face trauma, spinal trauma, thoracic trauma, abdominal trauma, and musculoskeletal trauma. Skills include, but are not limited to, assessment, splinting, bandaging, spinal immobilization, IV therapy, chest decompression, and associated pharmacological interventions.

Teaching-learning methods in this course may include, but are not limited to, assigned readings, independent studies, presentations, discussion, critical thinking exercises, labs, clinical, and class activities.

Pre-/Co-requisites: EMS 224

Course Objectives: To describe epidemiology of trauma in general and the role of a paramedic caring for a patient with non-life-threatening injuries to caring for a patient with life-threatening injuries. To understand kinetics and mechanisms of injury and associate these findings to the patients' potential for blunt, soft-tissue, orthopedic and penetrating injuries. To understand the pathophysiology of hemorrhage and shock and their management. To integrate knowledge to assess and provide management of patients with burns, thoracic, abdominal, head, face neck and spinal trauma.

Instructor: Wayne Fahy and Mary Jund

Office: Trinity Riverside, 1900 8th Ave SE Minot ND

Office Hours: By appointment.

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Lecture/Lab Schedule: Monday and Thursday from 6:15-10:15 PM. Friday from 9:00 AM to 4:00 PM. See the class schedule.

Textbook(s): Bledsoe, B., Porter, R., Cherry, R. (2023). Bledsoe's Paramedic Care Principles and Practice Volumes 1& 2, 6th Edition. Hoboken, NJ: Brady Books. Prehospital Trauma Life Support by National Association of Emergency Medical Technicians (NAEMT), 9th Edition. Burlington, Massachusetts: Jones & Bartlett. Other materials provided by instructors.

Course Requirements: Students will be required to attend class and complete assignments in MyBradyLab and exams in EMStesting on time. Final exams will be worth 40%, additional tests 20%, quizzes 5%, homework 5%, lab/clinical 20 % and affective behavior 10%. All final course grades will be calculated on a weighted grading system. See the clinical/lab grading rubric on page 3.

Students will also meet portfolio requirements (where applicable). Please see DCB Paramedic Handbook for full grading and course requirements.

Tentative Course Outline: Bledsoe's Paramedic Care Principles and Practice, 6th Edition. Vol. 2, Ch. 52-61. Prehospital Trauma Life Support, Divisions 1-6.

TOPIC – CLASSROOM

READING

Paramedic Care Principles and Practice

Trauma and Trauma Systems	Ch. 52
Mechanism of Injury	Ch. 53
Hemorrhage and Shock	Ch. 54
Soft-Tissue Trauma	Ch. 55
Burns	Ch. 56
Head, Neck and Spinal Trauma	Ch. 57
Chest Trauma	Ch. 58
Abdominal and Pelvic Trauma	Ch. 59
Orthopedic Trauma	Ch. 60
Environmental Trauma	Ch. 61
Special Considerations in Trauma	Ch. 62

Prehospital Trauma Life Support

Introduction	Div. 1
Assessment and Management	Div. 2
Specific Injuries	Div. 3
Prevention	Div. 4
Mass Casualties and Terrorism	Div. 5
Special Considerations	Div. 6

TOPIC-LAB

See Platinum Planner Student Minimum Requirements

Course objectives details to be covered according to the EMS National Standards instructional guidelines.

General Education Competency/Learning Outcome(s) OR CTE Competency/Department Learning Outcome(s): Students will apply knowledge gained in the didactic component of the program to achieve a minimum of 70% proficiency in all of the following curricular levels of EMS Testing exams: 1) airway management, 2) medicine, 3) EMS operations, 4) assessment, 5) preparatory, 6) special patient populations and 7) shock/resuscitation/trauma.

Relationship to Campus Theme: The goal of the Paramedic Program is to prepare professionals to work in the emergency medical services industry. The Paramedic Program is committed to a hands-on learning environment and uses field experiences and emerging technologies in emergency medical services as common instructional techniques.

Classroom Policies: Dakota College at Bottineau Paramedic Program guides.

Student Email Policy: Dakota College at Bottineau is increasingly dependent upon email as an official form of communication. A student's campus-assigned email address will be the only one recognized by

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the Campus for official mailings. The liability for missing or not acting upon important information conveyed via campus email rests with the student.

Academic Integrity: According to the DCB Student Handbook, students are responsible for submitting their own work. Students who cooperate on oral or written examinations or work without authorization share the responsibility for violation of academic principles, and the students are subject to disciplinary action even when one of the students is not enrolled in the course where the violation occurred. The Code detailed in the Academic Honesty/Dishonesty section of the Student Handbook will serve as the guideline for cases where cheating, plagiarism or other academic improprieties have occurred.

Disabilities or Special Needs: Students with disabilities or special needs (academic or otherwise) are encouraged to contact the instructor and Disability Support Services within the first two weeks of the semester to line up accommodations.

Title IX: Dakota College at Bottineau (DCB) faculty are committed to helping create a safe learning environment for all students and for the College as a whole. Please be aware that all DCB employees (other than those designated as confidential resources such as advocates, counselors, clergy, and healthcare providers) are required to report information about such discrimination and harassment to the College Title IX Coordinator. This means that if a student tells a faculty member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty member must share that information with the College's Title IX Coordinator. Students wishing to speak to a confidential employee who does not have this reporting responsibility can find a list of resources on the DCB Title IX Webpage.

AI Student Policy:

Unless otherwise indicated in the course syllabus, or in individual instructions for course assignments, or in the absence of the express consent of the course instructor, students are not allowed to utilize generative AI to help produce any of their academic work. Any violation of this policy will be considered an act of academic dishonesty as outlined within the Dakota College Code of Student Life.

RESPONSIBILITIES

Students	<ul style="list-style-type: none">• Responsible to follow the syllabus and assignment instructions regarding use of generative AI for all academic work.• Obtain permission of the instructor prior to the use of generative AI that is outside of the syllabus or assignment instructions. Provide appropriate rationale for how the use of generative AI will enhance the learning experience for the assignment.• In instances where generative AI is permissible, appropriately cite the generative AI program used and indicate where in the assignment it was used, in a brief submission statement.
Faculty	<ul style="list-style-type: none">• Determine if the use of generative AI could enhance student learning in any assignment or project.• Clearly indicate in all course syllabi if generative AI is allowable for any academic work.• If allowable, give specific parameters for how and when generative AI may be used.

	<ul style="list-style-type: none"> If a violation of generative AI for the individual course/syllabus is suspected, discuss the concern with the student. If violation is still suspected, inform the appropriate semester coordinator/program director.
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Paramedic Clinical/Lab Grading Rubric

Teacher Name: **W Fahy**

Student Name: _____

CATEGORY	2	1.55	1.15	0.95	0	Score
Timely submission of report	Submits documentation within the 48 hour time window	Submits documentation between 48 and 72 hours	Submits documentation between 72 and 96 hours	Submits documentation between 96 and 120 hours	Submits documentation after 120 hours	0.95
Completeness of the narrative	Narrative is the highest quality, no errors, (spelling or grammatical), a complete history and physical assessment is documented.	Narrative is high quality minor errors, but complete history and assessment.	Narrative is average quality, minor errors, minimally incomplete history or assessment	Narrative is below average contains errors and incomplete history that needs to be returned for correction	Narrative is incomplete, disorganized, no history or physical assessment	1.15
Professionalism of documentation	Provides work of the highest quality and professionalism.	Provides high quality work and professionalism.	Provides average quality work and professionalism	Provides below average quality work and professionalism	Provides work that is totally unprofessional	1.55
Preceptors evaluation	Ambulance Preceptor evaluation is all 5's with positive comments Hospital Clinical All components in the top skills section of evaluation form	Preceptor evaluation is 4's with positive comments Hospital clinical Majority of competents with 1-2 marginal ratings in the top skills section of evaluation form	Preceptor evaluation is 3's with either positive or minor negative comments Hospital clinical 1-2 competents, 2-3 marginals, and 1-2 unsuccessfuls in the top skills section of evaluation form	Preceptor evaluation has a 2 with negative comments Hospital clinical No competents and a mixture of marginal and unsuccessfuls in the top skills section of the evaluation form	Preceptor evaluation has a 1 with negative comments Hospital clinical no competents, and more unsuccessfuls than marginals on the top skills section of the evaluation form	0.95
Affective behavior	highest quality marks in the preceptor evaluation of affective behaviors Hospital clinical all yes's on the bottom section of the evaluation form (except the student left early section)	high quality marks in the preceptor evaluation of affective behavior Hospital Clinical Yes's with 1-2 no's in the bottom section of the evaluation form	Average quality marks in the preceptor evaluation of affective behavior Hospital Clinical Yes's with 2-3 No's in the bottom section of the evaluation form	below average marks in the preceptor evaluation of affective behaviors Hospital clinical yes's with 3-4 no's in the bottom section of the evaluation form	unacceptable marks for affective behavior on the preceptor evaluation Hospital clinical more than 4 no's in the bottom section of the evaluation form	2
<div> <div>Date updated: 05/14/2024</div> <div>A score of 70% or better is passing</div> </div>						<div>Total</div> <div>Percentage</div> <div>6.6</div> <div>0.66</div>