



Pee Dee Regional EMS

**Student Manual &
Program Syllabus**

Paramedic Training Program

2017-2018

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General Description

The Paramedic Curriculum for the course is based on the current version of the National Standards and the content is reflected in the Paramedic Education Standards. The course is a certificate program with the ability to obtain credit for course work upon successful completion of the program and obtaining National Registry Certification. **The course is presented in a modified hybrid environment in order to accommodate the multiple EMS work schedules. Class assignments are posted on the JB Learning course site along with the course calendar and assignments. Student are required to complete all assignments on time, every week or the missed assignments will count against their attendance. Students may work ahead on assignments and are encouraged to be in attendance when the class is in session (see class calendar below) when they are not on duty.** Effective August 1, 2016 all Paramedic classes must fulfill the NREMT portfolio process. There will be assigned times for skills check offs as well as clinical rotations. Student is responsible for setting up their own Field internship rotations. These must be set up according to the requirements found in that section of the syllabus.

Course Goals

To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains

Course Description

The Paramedic program is presented in a modular format to accomplish the educational goals of the EMS Education Agenda for the Future. The students are systematically trained through cognitive, psychomotor and affective means to a level of mastery of the skills and knowledge necessary for the entry level Paramedic. This course totals approximately 1,200 hours which includes didactic and laboratory, hospital clinical and field internship riding as a third crewmember operating as a team leader on at least 20 calls during the capstone phase. Students must be successful in 18 of their 20 team leads in order to successfully complete this portion of the program. During field and clinical rotations students are paired with a preceptor who is experienced in the clinical area in which they operate.

As a prerequisite to the Paramedic curriculum the students must have successfully completed an Anatomy and Physiology course within the past five years. Minimum of 56 hours. Students exempting the A & P must provide an official transcript. Also the student will complete the EMStesting student assessments for:

Reading level- Must be on a 9th grade level or higher

Entry Assessment- must be greater than 50%

Math skills- must be greater than 50%

Test Anxiety- no minimum set

Motivation- no minimum set

Learning styles- no minimum set

Course Entrance Requirements

All candidates entering the initial Paramedic course must meet the following requirements:

- High School Diploma or GED
- Must be 18 years of age
 - Current BLS (CPR) credential (If a CPR course is not included in the Paramedic course).
 - Be physically fit and able to perform all the tasks required of a Paramedic (See Functional Job Description- Paramedic as well as the Paramedic Functional Job Analysis- Paramedic
 - Must have and maintain a current SC EMT certification and/or National Registry EMT credential* or SC Advanced EMT certification throughout the course.
 - Must satisfy pre-screening requirements in reading comprehension and math using a standardized test.
 - Students must have the use of an appropriate laptop, tablet, or smartphone for participation in the program and completion of assignments.
 - Must pass a pre-course background check in accordance with title 44-61-80 (D) of the SC code of laws and regulations.
 - Candidate will not be listed on:
 - OIG List of Excluded individuals/ entities

- GSA List of parties excluded from federal programs
- SAM exclusion list

* Those candidates who only have a National Registry EMT certification and not a SC state EMT certification may enter a SC paramedic course and must gain SC EMT certification within thirty days of the start date of the course. Failure to do so will result in the student being dropped from the course.

Functional Job Description- Paramedic

Qualifications

To qualify for EMS certification or licensure an individual must successfully complete the State approved course and achieve competency in each of the psychomotor skills. In addition the individual must achieve a passing score on the National Registry Cognitive and Psychomotor examination.

EMS personnel must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent.

EMS personnel must have the:

- Ability to communicate verbally via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret written, oral and diagnostic form instructions
- Ability to use good judgment and remain calm in high-stress situations
- Ability to work effectively in an environment with loud noises and flashing lights
- Ability to function efficiently throughout an entire work shift
- Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints
- Ability to read and understand English language manuals and road maps
 - Ability to accurately discern street signs and address numbers; ability to interview patient, family members and bystanders

- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse in English with co workers and hospital staff as to status of patient

EMS personnel should possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

Description of Tasks

Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.

May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.

Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.

Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.

Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.

Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.

Observes patient in route and administers care as directed by physician or emergency department or according to published protocol.

Identifies diagnostic signs that require communication with facility.

Moves the patient into the emergency facility from the ambulance.

Reports verbally and in writing concerning observations about the patient, patient care at the scene and in route to facility, provides assistance to emergency staff as required.

Maintains familiarity with all specialized equipment.

Replaces supplies, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.

Functional Job Analysis

Paramedic Characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two- person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants,

psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, antiinflammatories, serums, vaccines, anti-parasitics, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge- base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using non-prescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to

locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patients needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary

because over uneven terrain, the patients, the Paramedics, and other workers well being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in a district known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

The Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

Student transfer and Credit

Students wishing to enter the Paramedic Program for Pee Dee Regional EMS may submit a request to the Program Director. Acceptance and credit given for previous course work is awarded on a case by case basis. The student transferring from one program to another must provide documentation from the other program that meets or exceeds the school's requirements. Students may only transfer from a program who is CAAHEP accredited or holds a valid COAEMSP Letter of Review (LoR).

Experiential Learning Credit

Currently there is no credit given for experiential learning.

Course Calendar

The Pee Dee Regional EMS Paramedic Program runs from October - September of each year.

Exact dates will be given to student upon successful entrance into the program. Course will run on a predominately 24/48 shift schedule excluding Sundays (October – March) and some holidays. Class hours are from 0930-1730 each day. Clinical Hours and Field Internships vary with rotation.

[Paramedic Class 2017-2018 Syllabus](#)

Course Outline

Module 1 – Preparatory - EMT skills labs, IV and Medication administration

Module 2 – Respiratory Emergencies and Airway and Ventilation- Airway Skills labs

Module 3 – Assessment Based Management and Patient Assessment- Assessment skills labs

Module 4 – Cardiology (Medical Module one)- Cardiac Skills Labs

Module 5 – Medical Module Two- Team Lead skills labs

Module 6 – Special Considerations (Includes OB,/GYN, Home Health, Patients with special challenges and Geriatrics)- Pediatric skills labs

Module 7 – Trauma-

Module 8 – Operations

Module 9 – Review/Testing

In addition to the Modules of the course will also include:

- Advanced Cardiac Life Support (ACLS) Module 4
- Prehospital Trauma Life Support (PHTLS) Module 9
- Advanced Medical Life Support (AMLS) Module 9
- Review Sessions
- Emergency Pediatric Care (EPC) and/or Pediatric Advanced Life Support (PALS) Module 9
- DOT based Extrication Class
- RSI Module 2
- 12-Lead EKG Module 4
- Certified Emergency Vehicle Operator (CEVO) Module 8

Course Text & Required Reading as Assigned Textbooks:

All materials used for the course are the latest editions of the textbooks available at the time the course begins

Emergency Care in the Streets (Caroline)

Pharmacology for the Prehospital provider

South Carolina EMS Formulary (latest edition)

Emergency Pediatric Care (EPC)

Advanced Cardiac Life Support (ACLS)

Prehospital Trauma Life Support (PHTLS)

Advanced Medical Life Support (AMLS)

Certified Emergency Vehicle Operations

Geriatric Education for EMS (Optional)

Grading Procedure

It shall be the responsibility of each student to contact the course instructor following a missed in-course test, skill test, drug quiz or pop quiz to make arrangements for make-up work. **Failure to make up any quiz within one week will result on a Zero (0) for that assignment and may subject the student to removal from the course.**

Student reports will be distributed at the end of each module. The report will detail grades, absences, clinical attendance and other information as necessary to accurately reflect course progress. Transcripts will be made available upon written request. Transcripts are maintained in perpetuity by the Region.

SCALE: 100-94 = A 93-86 = B 85-80 C 79-0= F

Research Project

Each student shall create an 800 word (approximately 4 pages), single spaced (double spaced between paragraphs) typed report on an approved medical topic. The topic will be assigned by the course instructor. The deadline for presenting the report will be identified by the course instructor. Any essays that are assigned as homework must be completed in a timely fashion and turned in by the respective due date. All essays must be turned in by email copy. Please make a copy for yourself. The essays should be typed in double-space, portable document format (pdf). The acceptable fonts are Times New Roman, Arial, Courier, and Tahoma. Font size should be no larger than 12-point. If any references are made, you MUST use American Psychological Association footnoting style (APA).

This paper will count as a Module Grade and requires a 80% pass. Grade is determined by both oral presentation as well as written paper.

*All student projects must be completed by the due dates. Students will not be given credit for assignments turned in after the due date.

Exams & Quizzes

Exam dates are posted on the student calendar. Exams will not normally be postponed. Students missing tests due to absence are responsible for arranging a make-up date with the course instructor.

Unannounced quizzes will be given at selected points throughout the course. The quizzes will usually come from the previous day's lesson.

Module Exams

There will be a summative module exam at the conclusion of each module which the student must pass.

A minimum of 80% must be achieved on the final module exam for a student to be eligible for progression to the next module or to be recommended for the National Registry exit exam. There will be only two attempts at the each module exam.

(It should be understood that all presented quizzes, tests and assignments that may be made by the instructor must be successfully completed in order to maintain participation within the program. Failure to participate may result in removal from the program.)

During the review module there will be a Cumulative Final Exam composed of multiple sections to be representative of the National Registry Exam. This exam has a pass SCORE of 80 % or better. If a student does not pass the exam, one retest option will be allowed.

Pee Dee Regional utilizes Platinum Education for Module Exams as well as the Adaptive Testing component. All Pee Dee Regional Students **MUST** obtain a yellow or green in the current module on adaptive testing to be eligible to sit the module exam. If yellow or green is not obtained, the student will have 1 week (7 days) to achieve the rank needed. Students not achieving that rank within the time frame allowed may be removed from the program for undesirable academic performance.

In addition, the following drug quizzes will be scored with the following minimum scores indicated or the student will be dropped from the program. These quizzes are as follows:

Medical Mathematics and Calculations (minimum score 90%)

All Pharmacology quizzes will be averaged together. A minimum score of 80% MUST be maintained. Three chances at drug quizzes are given.

Pharmacology Final quiz (must score 80%) This Counts as a module exam grade.

Students will have three (3) opportunities to successfully complete pharmacology quizzes, but a minimum score of 80% overall must be maintained at all times. Failure to maintain the required score will result in the student being dropped from the program.

Course Completion Requirements

Each student will be responsible for the following course completion requirements. Any omission from the requirements will result in a delay in the student graduating and being recommended to take the National Registry exit exam.

The modules include Preparatory, Airway Management, Patient assessment and Assessment Based management, Cardiology(Medical Module One), Medical Emergencies Two, Special Considerations (which include OB/GYN, Pediatrics, Special challenges patients, and Home health patients as well as Geriatrics), Trauma, Operations, and Review modules. Students must pass **EACH** module in order to continue in the program. The first three (3) modules after the prerequisite A&P course must be successfully completed before the student can attend any of the other modules. Successful completion of a module will be good for two (2) years from the completion date of that module. Pharmacology is introduced in the preparatory section and is taught throughout the program until the review module. There is a progressive quiz score on the pharmacology that must be maintained and there is a final pharmacology grade given as a module grade. Passing for all modules is a minimum of 80% (some have a higher requirement.)

The paramedic course is designed to give the student skills in patient assessment, IV therapy, medication administration, EKG rhythm interpretation, electrical skills therapy, airway management, trauma management, obstetrics and gynecology, pediatric management, and ambulance operations.

After successful completion of the course requirements for cognitive, lab skills, clinical requirements and field Internship requirements all students will pass a final exit psychomotor skills exam and final comprehensive cognitive exam. Students will have two attempts to pass each portion of these exit exams.

Upon successful completion of all aspects of the program the student must pass all practical stations and the written exam for the National Registry of Emergency Medical Technicians. On successful completion of the Registry exam process, the student must

undergo a criminal background check. If the background check comes back clear, the state will issue a South Carolina state paramedic certification to the student.

Course Progression

LECTURE PRESENTATIONS

Classroom instruction will closely follow the [National EMS Education Standards syllabi \(incorporated by reference\)](#) which is the approved curriculum for the State of South Carolina and includes the learning objectives, which can be found in the respective chapters of the course textbooks. Testing will be based on these objectives. Learning Objectives for the course

National Standard Objectives Paramedic.pdf

PRACTICAL LABS

Multiple technical skills have been identified as essential to providing advanced emergency care. A skill checklist has been developed for each skill outlining the specific steps involved. These skills will be developed and perfected in practical lab sessions prior to the scheduled clinical rotations. The skill checklist will serve as the criteria for pass/fail of the skill objectives. Beginning in 2014-2015 we will use the NREMT portfolio system for lab competencies. Student must complete the portfolio process and meet the COAEMSP recommendations for skills competency.

Skills Competency Sheets.zip

Lab skill areas will be scored on a pass/fail basis and will be comprised of the following (each area includes several skills):

Patient Assessment

Shock Management

Respiratory Management

Pharmacology

Cardiology

OB / Pediatrics

Random Basic Skills

Trauma Management

CLINICAL ROTATIONS

Clinical experience will correlate with laboratory practice to enable students to develop proficiency in performing skills essential to pre-hospital care. The student will participate in patient assessment and emergency intervention on actual patients under the direct supervision of an instructor/preceptor, both in the hospital/ clinical setting, as well as on board an appropriately staffed and equipped advanced life support (ALS) ambulance with sufficient call volume to assure required patient encounters are met.

All students will complete the orientation, criminal background checks, immunizations records, drug screen, and any other required clinical documentation prior to beginning clinical rotations. Students completing clinical rotations in more than one facility will complete the orientation materials for each facility! Required skills proficiency and patient encounters may be obtained in either the clinical or field settings, however Team Leads may only be obtained during field internships.

Clinical Areas- Each student shall complete the needed patient encounters of hospital internship in an approved facility in the following areas:

OR – (or Simulation Lab exposure for equivalent number of intubations)

Critical Care

ED

Pediatric

Psychiatric

L & D

Triage

Clinical experiences are scheduled with facilities in South Carolina under contractual agreement with the Region. Progress will be monitored and student requests for

clinical area locations may be modified to provide the proper clinical exposure. All lab, clinical and field internship paperwork will be completed using the Platinum Education tracking software.

Students will be evaluated by their clinical preceptors. During the clinical rotations the student's performance should progress from competency to mastery in not only psychomotor skills but also in the affective domains, (the cognitive domain having been measured prior to clinical rotations) so that the student's interactions with patients and staff are measured and improve as the clinical rotations continue.

During this time the students also have the opportunity to evaluate the clinical preceptors in an effort to ensure the program's personnel are appropriate for the various clinical areas.

FIELD INTERNSHIPS

Each student shall complete needed hours of field internship with an approved ALS Pre-hospital service.

All field internship hours shall be as a *"third"* rider. No student will be given credit for hours of field internship performed while on-duty, on-call, as a volunteer, and / or as reserve time.

Students are responsible for arranging their field internship rotations. Only approved preceptors and services may be used for the completion of the field internships. Remember the goal is to obtain exposure to a wide variety of patient populations. **You MUST SERVE AS TEAM LEAD ON 20 CALLS! All team lead rotations must have an evaluation attached! Team leads may ONLY be done during the capstone portion of clinical time. The instructor will notify the student when team leads may begin.**

Field Internships will be completed by each student in the required areas according to the attached skills sheets. Students must complete all paperwork and turn in within 72 hours, (failure to do so will result in a rejection of the paper work and require repeating of the associated time.) All clinical and field internship paperwork will be completed using the Platinum Education tracking software.

Students will be evaluated by their field preceptors. During the field rotations the student's performance should progress from competency to mastery in not only psychomotor skills but also in the affective domain so that the student's interactions

with patients and staff are measured and improve as the field rotations continue. Students must be successful in 18 of their last 20 team leads to be successful.

STUDENT EVALUATION FORM

PRECEPTOR - COMPLETE OPPORTUNITY SURVEY[View Approval Requests](#)**CLINICAL EVALUATION OF STUDENT**

Please evaluate the candidate on the items below based on the following scale:

- 5 - Outstanding
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Unacceptable

If you are not able to rate the candidate with the scale of 1 to 5 above, please enter "N/A: Not Applicable" into the comment box.

Candidate: is non-judgmental in treating patients.

Rating:

1 2 3 4 5 N/A

Comments

Establishes a positive rapport with patients.

Rating:

1 2 3 4 5 N/A

Comments

Displays a professional attitude.

Rating:

1 2 3 4 5 N/A

Comments

Is dressed in a professional manner.

Rating:

1 2 3 4 5 N/A

Comments

Utilizes all available resources at a scene (PD/FD).

Rating:

1 2 3 4 5 N/A

Comments

Shows respect to other agencies personnel.

Rating:

1 2 3 4 5 N/A

Comments

Treats all bystanders and family with respect.

Rating:

1 2 3 4 5 N/A

Comments

During this time the students also have the opportunity to evaluate the field preceptors in an effort to ensure the field personnel are appropriate for the various areas.

Preceptor Evaluation Form

Site/Preceptor Evaluation



Please assess your experience. The following information allows us to identify excellent preceptors and to intercept concerns before they become difficult to manage. This clinical site evaluation is confidential and will not have an effect on your clinical or didactic grade.

Reset

Please rate the clinical site with the following scale of 1-5. One (1) is low or poor rating. Five (5) is high or excellent rating. Please include comments.

Rate the willingness of your clinical preceptor:

- N/A
- 1
- 2
- 3
- 4
- 5

Comments

Was time taken to explain equipment and/or procedures?

- N/A
- 1
- 2
- 3
- 4
- 5

Comments

How did you perceive your preceptor

- N/A
- 1
- 2
- 3
- 4
- 5

Comments

How did you perceive other clinical site employees

- N/A
- 1
- 2
- 3
- 4
- 5

Comments

Rate the amount of hands on versus observation time:

- N/A
- 1
- 2
- 3
- 4
- 5

Comments

Rate the overall usefulness of this clinical rotation:

- N/A
- 1
- 2
- 3
- 4
- 5

Comments

What was the best thing about this clinical site or this clinical rotation?

What could be improved about this clinical experience?

ECG STRIPS

Each student shall complete a profile of 16 cardiac strips collected during clinical rotations and field internships including: (The following strips should be represented in the collection.)

- Normal Sinus Rhythm
- Sinus Bradycardia
- Sinus Tachycardia
- Atrial Fibrillation
- Atrial Flutter
- Premature Atrial or Junctional Contraction (s)
- Supraventricular Tachycardia
- Ventricular Fibrillation
- Ventricular Tachycardia
- Premature Ventricular Contraction(s)
- 1^o Atrioventricular Heart Block
- 2^o Atrioventricular Heart Block Type I
- 2^o Atrioventricular Heart Block Type II
- 3^o Atrioventricular Heart Block
- Paced Rhythm
- STEMI Strip

Each rhythm strip should be 6 seconds in length and labeled with the student's interpretation of the rhythm (Not the Computer).

SKILLS/ PATIENT ENCOUNTER REQUIREMENTS

The following minimum skill requirements must be successfully performed during a combination of lab, clinical and field internships:

Skills	Paramedic Program Competencies																			
	Minimum	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Trauma	30																			
Adult	18																			
Pediatric	6																			
Geriatric	6																			
Pediatric	18																			
Newborn	2																			
Infant	2																			
Toddler	2																			
Preschool	2																			
School age	2																			
Adolescent	2																			
Medical	60																			
Pediatric	12																			
Geriatric	12																			
Stroke/ TIA	2																			
ACS	2																			
Dysrhythmia	2																			
Resp Distress/Failure	2																			
Hypoglycemia, DKA/ HHS	2																			
Sepsis	2																			
Shock	2																			
Toxicological/ OD	2																			
Psychiatric	6																			
Altered Mental Status	2																			
Abdominal Pain	2																			
Chest Pain	2																			
Skills																				
IV Bolus Medication	20																			
IM Sub Q	2																			
Inhaled Medication MDI, Neb	2																			
Team Leads in Capstone	20																			

*In the absence of available OR rotations High Definition Simulation Lab experience may be substituted on an equivalent basis.

	Lab Skills	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Obtain a History from an alert and oriented patient	2										
Comprehensive Normal physical assessment- Adult	2										
Comprehensive Normal physical assessment- Pediatric	2										
Direct Orotracheal intubation - Adult	10										
Direct Orotracheal intubation - Pediatric	10										
Nasotracheal Intubation- Adult	2										
Supraglottic Airway Device- Adult	2										
Needle Cricothyrotomy	2										
CPAP and PEEP	1										
Trauma Physical Assessment- Adult	2										
Trauma Endotracheal Intubation- Adult	2										
Pleural Decompression	2										
Medical Including Cardiac Physical Assessment	2										
IV Therapy	2										
IV Bolus	2										
IV piggyback Infusion	2										
Intraosseous Infusion	2										
IM and SC Medication Administration	2										
Synchronized Cardioversion	2										
12 Lead ECG Placement											
Defibrillation	2										
Transcutaneous pacing	2										
Normal Delivery with Neonatal care	1										
Abnormal Delivery with Neonatal Care	1										
Neonatal Resuscitation Beyond Normal Newborn Routine Care	1										
Totals	60										

	Scenario	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Obtain a History from an alert and oriented patient											
Comprehensive Normal physical assessment- Adult											
Comprehensive Normal physical assessment- Pediatric	2										
Direct Orotracheal intubation - Adult	2										
Direct Orotracheal intubation - Pediatric	2										
Nasotracheal Intubation- Adult											
Supraglottic Airway Device- Adult	6										
Needle Cricothyrotomy	4										
CPAP and PEEP	2										
Trauma Physical Assessment - Adult	2										
Trauma Endotracheal Intubation- Adult	2										
Pleural Decompression	2										
Medical Including Cardiac Physical Assessment	2										
IV Therapy	10										
IV Bolus	2										
IV piggyback Infusion	2										
Intraosseous Infusion	4										
IM and SC Medication Administration	2										
Synchronized Cardioversion	4										
12 Lead ECG Placement											
Defibrillation	4										
Transcutaneous pacing	4										
Normal Delivery with Neonatal care	2										
Abnormal Delivery with Neonatal Care	2										
Neonatal Resuscitation Beyond Normal Newborn Routine Care	2										
Totals	64										

	Live patient	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Obtain a History from an alert and oriented patient											
Comprehensive Normal physical assessment- Adult											
Comprehensive Normal physical assessment- Pediatric	2										
Direct Orotracheal intubation - Adult											
Direct Orotracheal intubation - Pediatric											
Nasotracheal Intubation- Adult											
Supraglottic Airway Device- Adult											
Needle Cricothyrotomy											
CPAP and PEEP											
Trauma Physical Assessment - Adult	6										
Trauma Endotracheal Intubation- Adult											
Pleural Decompression											
Medical Including Cardiac Physical Assessment	40										
IV Therapy	20										
IV Bolus	2										
IV piggyback Infusion											
Intraosseous Infusion											
IM and SC Medication Administration											
Synchronized Cardioversion											
12 Lead ECG Placement	4										
Defibrillation											
Transcutaneous pacing											
Normal Delivery with Neonatal care											
Abnormal Delivery with Neonatal Care											
Neonatal Resuscitation Beyond Normal Newborn Routine Care											
Totals	74										

	Scenario / Clinical / Field	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Obtain a History from an alert and oriented patient		8														
Comprehensive Normal physical assessment- Adult																
Comprehensive Normal physical assessment- Pediatric																
Direct Orotracheal intubation - Adult		12														
Direct Orotracheal intubation - Pediatric		12														
Nasotracheal Intubation- Adult																
Supraglottic Airway Device- Adult		12														
Needle Cricothyrotomy		2														
CPAP and PEEP		2														
Trauma Physical Assessment- Adult		6														
Trauma Endotracheal Intubation- Adult		2														
Pleural Decompression		2														
Medical Including Cardiac Physical Assessment		15														
IV Therapy		10														
IV Bolus		10														
IV piggyback Infusion																
Intraosseous Infusion		2														
IM and SC Medication Administration		2														
Synchronized Cardioversion		10														
12 Lead ECG Placement																
Defibrillation		10														
Transcutaneous pacing		10														
Normal Delivery with Neonatal care		4														
Abnormal Delivery with Neonatal Care		4														
Neonatal Resuscitation Beyond Normal Newborn Routine Care		4														

	Peer	Date	Date	Instructor	Date	Date
Spinal Immobilization Supine	1			2		
Spinal Immobilization Seated	1			2		
Joint Immobilization	1			2		
Long bone	1			2		
Traction splint	1			2		
Hemorrhage Control	1			2		
Intranasal Medication	2			2		
Inhaled Medication	2			2		
Glucometer	2					
12 Lead	2			2		
CPR Competencies						
1 & 2 rescuer adults, children & infants	1			2		
BVM Adults & Children	1			1		
AED use	1					
Relief of choking for Infants and those above 1 year old	1			1		

PATIENT ASSESSMENT DOCUMENTATION

Written patient assessment reports shall be filled out on patients encountered during the clinical rotations or field internships. Some patients may satisfy multiple categories.

Pee Dee Regional EMS

Daily Report

Must be completed for each patient assessment

2017

Student Name: _____

Date: _____

Hospital/Unit: _____

Preceptor: _____

PATIENT INFORMATION

Chief Complaint _____ Age _____ Sex _____

General Appearance _____

	Primary Assessment	Interventions
Airway	_____	_____
Breathing	_____	_____
Circulation	_____	_____
Disability	_____	_____
Expose	_____	_____

Vital Signs

	Time	BP	Pulse	Resp	SPO2	CO2	BGL	Temp	EKG
A									
V									
P									
U									

SECONDARY ASSESSMENT

	Inspection	Palpation	Auscultation	Percussion
Head:	_____		Neck:	_____
Eyes:	_____		Thorax:	_____
Ears:	_____		Abdomen:	_____
Nose:	_____		Pelvis:	_____
Mouth:	_____		Extremities:	_____

Patient Call/Type	
Adult	
Geriatric	
Newborn	
Infant	
Toddler	
Preschooler	
SchoolAger	
Adolescent	
Medical	
Trauma	
OB	
Psych	
Abdominal	
AMS	
Chest Pain	
Respiratory	
Pediatric Respiratory	
Syncope	
12 Lead Acquisition	
Airway Management	
Live Intubation	
Endotracheal Intubation	
Ventilations- BVM	
Glucometer Portfolio	
IV Therapy Portfolio	
Med Admin IM/SC	
Med Admin IV/IO	
Safely Admin Med	
Field Internship	

Course

EXTRICATION COURSE

All students as a requirement for graduation from the paramedic program, must have completed an approved extrication course which includes both hand and power tools. This course is provided at no additional cost within this program. If a student has valid documentation of an approved extrication course within the previous four (4) years, he or she may request exemption from the extrication portion of the program. Documentation must be given to the Director of Education four weeks in advance of the scheduled extrication course to apply for exemption. Each student must either apply and receive exemption, or attend the entire extrication class to complete the paramedic program. Students failing to satisfy either of the above will not be allowed to graduate or be recommended to take the National Registry exit exam.

Graduation & Exit Examination

Each student that satisfies all course completion requirements as outlined in this manual, satisfies all financial and administrative obligations to Pee Dee Regional EMS, Inc., and provides all required information and applications necessary are eligible for graduation and will be recommended as a candidate for course exit examination through the National Registry of EMTs.

The Course tuition fee does not include any National Registry written testing. Course tuition does cover the initial attempt at practical testing. It is up to the student to pay for the written testing given at Pearson Education sites around the state.

Study Habits

It is not the intent nor is it feasible to cover 100% of the material in the classroom and practical skills lab. It is the student's responsibility to read the required text material accompanying the course outline as well as arrange for study time outside the classroom. An average of 1-2 hours out-of-class study time should be set-aside for every 1 hour of didactic lecture. Students are expected to be prepared for class by having read the material before class, taking notes during didactic lecture & asking questions, review the notes and text after class, and compile unresolved questions for the next class. A vast majority of time spent in class is dedicated to perfecting skills and completing required portfolio components.

Pre-hospital pharmacology will be covered during the course. The references for this portion of the course are: Pharmacology for the prehospital provider, the SC State Formulary, and the text book chapters covering pharmacology. Mastering the drugs is a step-by-step process that

requires daily study & review. Pharmacology is covered by body system, as well as drug class. As each drug is presented and discussed each student is encouraged to make a study guide using index cards or a small notebook. The drug study guide should be portable enough to carry and refer to several times daily. Having a family member or friend quiz you frequently is the best way to commit the information to memory. There are many online resources and applications available for pharmacology information.

Students are encouraged to form small study groups to help with course material, study drugs and reinforce information.

Required Materials

A good portion of this curriculum is being presented with enhanced content therefore each student is required to have a laptop, tablet or smartphone in order to actively participate in the class and complete assignments.

Rules & Regulations

CLASSROOM ATTENDANCE

The policy manual of the SC DHEC Division of EMS states that, “any student who misses more than 10% of the scheduled classroom hours in any module will not be allowed to make up the hours or complete the course”. Under extenuating circumstances, the Director of Education may allow the student to miss 20 % of the total classroom hours of the course. This needs to be submitted in writing to the Director of Education for approval. Absences will be recorded by the half-hour. **It is the responsibility of each student to sign the attendance roll for each class to ensure his or her presence is documented!** For the Hybrid portion of this class, on time completion of assignments is mandatory. Any student who fails to complete an assignment will have that time deducted as a class absence and it will count against your 10% allocation! Students exceeding the attendance requirements will be dropped from the course.

All missed hours must be made-up. It is the student’s responsibility to contact the instructor upon their return to class to arrange for making up the missed hours.

Make up work will be assigned by the instructor. All assigned work must be turned in ON TIME. This does NOT erase the absence.

DRUG TESTING

All Students are subject to illegal substances, to include ETOH, testing when engaged in any activity related to the completion of this course. Students may be directed to testing locations when arriving in the clinical setting and/or Field internship setting. **ANY STUDENT REFUSING THE DRUG TEST WILL BE IMMEDIATELY REMOVED FROM THE PROGRAM.** This policy is necessary in order to maintain clinical contracts to place students in the patient care setting providing care to real patients as well as for the safety of the students and instructors when performing skills and procedures that could be potentially dangerous especially when under the influence of any substances.

CLINICAL ROTATION ATTENDANCE

Clinical schedules are assigned and it is EXTREMELY difficult to reschedule them. Every effort is made to schedule clinical to fit the student's schedule. It should be understood that clinical must be scheduled around preceptor and facility availability.

Pee Dee Regional EMS, Inc accepts no responsibility for clinicals cancelled due to circumstances beyond their control.

Students will be notified as far in advance of situations requiring clinical cancellation. The success of Pee Dee Regional staff in notifying students of changes and / or cancellations depends directly on information provided by the students (correct phone number, text and email information.)

Any student that does not notify Pee Dee Regional staff prior to changing or canceling a clinical due to inability to attend may be dropped from the program.

Any student, who for any reason misses any clinical hours and is eligible may make up the time by one of the following methods:

Director of Education will attempt to place you in a pre-scheduled rotation if space is available

Or

Director of Education will schedule an additional time at the expense of the student, based on the current rate per hour for clinical preceptors and / or other reasonable costs.

TARDINESS

Tardiness of more than *15* minutes will count as ½ hour (30 minutes) absence

Conduct

Discussion and expression of all views relevant to the subject matter are recognized as necessary to learning, however, no student shall interfere with the instructor's duty to teach or any other student's right to learn.

The need to express your concerns will be recognized by the Director of Education or other Faculty members as long as it does not interfere with instructional time. There will be

designated times to air concerns and views with your peers and instructors. Any student who does not adhere to the policies, procedures, rules, and regulations of Pee Dee Regional EMS, Inc. or any clinical facility, or whose conduct is unprofessional while representing the Regional Office and/or the program, will have disciplinary action taken, and may be removed from the course as necessary.

Any conduct that is criminal in nature (stealing, fighting, sexual harassment, etc.) will result in permanent expulsion from the program.

Admission to future courses after expulsion would be at the discretion of the Regional Director and possibly DHEC if the matter was referred to them for additional action.

Student Grievance Policy

It is the policy of Pee Dee Regional EMS to promote learning for every student. Students who have conflicts with another student or staff member should bring their concerns to the appropriate superior. Ordinarily, this will be the course instructor. If the conflict involves the instructor, then the matter will be brought to the Director of Education. The Director of Education will consider the matter and gather information from those involved. The Director of Education will render a decision concerning those involved and take the corrective action needed. Should the conflict involve the Director of Education the student may request (in writing) through the Director of Education, that the matter be taken to the Executive Director. The Executive Director may (at their discretion), bring the matter to the Executive Committee or Board of Directors through the Board Chairman. The Chairman and the executive committee may take one of three actions:

1. The Chairman/Executive Committee may decide not to hear the matter and allow the Director's decision to stand.
2. The Chairman/ Executive Committee may review the Director of Education's decision and modify the decision. The Chairman/ Executive Committee will have five (5) business days to render a decision.)
3. The Chairman/ Executive Committee will have five (5) business days to render its decision through the Director of Education in writing.
4. Neither the Chairman nor the Executive Committee is under any obligation to hear a particular matter. That decision is solely at their discretion.

In any event, the decision of the Chairman/ Executive Committee shall be the full and final decision concerning such matters. The Director of Education shall notify the aggrieved party in writing within five (5) business days of the final decision concerning the matter.

Students not following the progressive levels of this policy shall be subject to disciplinary action up to and including expulsion from the program.

January 23, 2018

Approval Date

Lori McEwan, RN

Secretary of Board of Directors

BREAKS

Breaks will be provided at the discretion of the instructor or clinical preceptor. It is recommended that a ten-minute break be given every hour of lecture and every two hours of clinical lab.

USE OF TOBACCO, ALCOHOL, & DRUGS

No tobacco use of any kind will be allowed in the classroom. Students who smoke are responsible for properly disposing of their cigarette butts. No alcohol or drugs will be permitted on campus property, including the building and parking lot or any other location such as clinical and or field internships.

Any student suspected of being under the influence of alcohol or drugs (recreational, pharmaceutical or prescription medication) that might result in impairment will be asked to leave the class or clinical setting. The course instructor will report the Incident to the Director of Education, who will meet with the student and instructor within 36 hours of the Incident. After investigation of the Incident, further action shall be at the discretion of the Director of Education. All incidents of impairment will be reported to the student's sponsoring agency.

TELECOMMUNICATIONS DEVICES

Students should turn all Pagers, Portable Radios, Telephones, etc... off or in silent operation mode during all classroom and clinical lab sessions. Except for extreme emergencies, students should refrain from returning pages/text messages/phone calls during class, lab or clinical experiences.

Social Media- Anyone, including but not limited to: (students, instructors, staff members, relatives or friends) posting any activity related to (or purporting to be a part of) the training conducted as part of any EMS program with Pee Dee Regional EMS is prohibited. This includes classroom, lab, practical, clinical, and testing environments. This policy is in force at all times whether during class time or not. This includes private messages, web postings, (tagging, poking, etc.) pictures (whether actual or from external sources), videos, etc. Those individuals involved will be subject to disciplinary action up to and including expulsion, or termination as determined by the Executive Director.

WEAPONS

Students that carry and / or are permitted to possess firearms as a part of work or other duty should refrain from entering Pee Dee Regional EMS, Inc. property with their weapons.

DRESS CODE & HYGIENE

All students are considered professional and should demonstrate this by their attire. Uniforms are required during class and clinical/ field rotations. Depending on Service policy, either the clinical uniform or the individuals EMS uniform will be worn. Pee Dee Regional polo uniform shirts and work pants are required for clinical areas and/or rotations as well as classroom attendance. A formal facility dress code is in force in all areas and will be adhered to. This includes items such as piercings, tattoos, etc. No open toed shoes, etc. will be worn. Uniforms will be maintained in a clean and professional manner at all times.

Each student is required to provide their own Personal Protective Equipment (eye protection, CPR Pocket mask, etc...) for clinical labs. Exam gloves will be provided. Students requiring special equipment should notify the regional office staff well in advance of practical skills and clinical labs.

All students are expected to maintain appropriate hygiene (i.e. clean hands, nails, hair, etc.) while participating in the program. Students are required to keep the use of cologne, perfume, hair spray, etc... to a minimum to avoid causing odor or irritation problem for others.

Applicable Laws

§44-61-130. A certified emergency medical technician may perform any function consistent with his certification, according to guidelines and regulations that the board may prescribe. Emergency medical technicians, trained to provide advanced life support and possessing current Department of Health and Environmental Control certification while on duty with a licensed service, are authorized to possess limited quantities of drugs, including controlled substances, as may be approved by the Department of Health and Environmental Control for administration to patients during the regular course of duties of emergency medical technicians, pursuant to the written or verbal order of a physician possessing a valid license to practice medicine in this State; however, the physician must be registered pursuant to state and federal laws pertaining to controlled substances.

UNAUTHORIZED USE OF SKILLS

Reference SC Code of Laws 44-61-80, 44-61-130 , Regulation 61-7 Section 901:

B. EMTs (EMT, EMT-I, AEMT, or Paramedic) shall only engage in those practices for which they have been trained and are within the scope of their Department-issued certification. Students currently enrolled in a Department-approved EMT, AEMT, or Paramedic program under the supervision of an appropriately credentialed preceptor may practice advanced skills for which they have been authorized in their respective training program. (I)

EMT's may perform only those skills they are certified to perform. A paramedic student may only practice skills above their level of certification during scheduled clinical labs and while under the supervision of an approved instructor / preceptor.

FAMILY PRIVACY ACT REFERENCE US CFR PRIVACY ACT OF 1974

Any student may view any or all of his or her academic record and ask for interpretation of entries and correction of errors upon reasonable notice.

No academic information will be given to anyone other than the student without written permission from the student with the exception of:

Pee Dee Regional EMS, Inc. staff

SC DHEC –EMS officials

Students are encouraged to permit periodic academic reports to be sent to their employers and Medical Control Physicians.

HIPAA -

Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security standards. Advise Students that the minimum protected health information (PHI) will be disclosed only to perform functions necessary to the assigned clinical and/or field internship rotation. Advise Students that Facility computer system access granted to them will be solely for the purposes of the assigned clinical and/ or field internship rotation and that the information accessed via the computer is the Facility property and may not be transmitted or reused in any manner not otherwise prescribed in this agreement.

Academic Dishonesty

Students who commit any form of academic dishonesty, including cheating, plagiarism, collusion and / or falsification of information can be expelled from the program without warning. This includes dishonesty in completing required applications, classroom activities, Exams or quizzes, and falsification of any documentation of lab, clinical or field internship requirements.

Academic Counseling

The Course Instructor will conduct student-counseling sessions at various times during the course. Attendance, academic performance, clinical lab status, and motivation will be discussed and specific plans for improvement will be established. Counseling forms will be completed and placed into the student's file. You are held responsible for performing any corrective actions indicated on the Counseling Form.

Any student having difficulty with any lecture or skill material should consult the course instructor for assistance. Tutoring sessions will be made available whenever possible to any student requesting assistance.

Any student dropped for academic reasons may re-apply for admission into the next scheduled program.

Re-admission to future courses after expulsion would be at the discretion of the Regional Director and possibly DHEC if the matter was referred to them for additional action.

Non-Discrimination Policy

Pee Dee Regional EMS does not discriminate on the basis of race, color, religion, national or ethnic origin, creed, marital status, veteran status, disability, sex, or age in its admission policies, programs, activities or employment practices.

Nondiscrimination Statement

The learning environment will be free from harassment, discriminatory and other situations which may interfere with the educational experience of the student. Pee Dee Regional EMS does not discriminate on the basis of race, color, religion, national or ethnic origin, creed, marital status, veteran status, disability, sex, or age in its admission policies, programs, activities or employment practices.

VA Benefits

This program is approved for Veterans Benefits and will follow guidelines as set forth by the approving agency.

Administrative Staff

EXECUTIVE DIRECTOR – MARK T. SELF, BS, NREMT-P

Provides overall direction and planning, to include adherence to policies and guidelines of affiliated agencies. Provides coordination and organization of the program to include academic planning, review and continued development of the course. Responsible for the coordination and contractual obligations of programs.

DIRECTOR OF EDUCATION- KIM DORSETT, NRP

Delivers the educational programming, including but not limited to A & P, Paramedic and other educational courses. Assists in the development of educational programs and other supporting services as needed. Either the Director of Education or Executive Director may serve as the Program Director for the purposes of maintaining required standards.

The Director of Education will be responsible for all aspects of the Paramedic Educational program including but not limited to:

MEDICAL DIRECTOR - PETER HYMAN, MD

As Medical Control Physician (MCP) is responsible for all medical aspects of the programs presented through Pee Dee Regional EMS. This includes all levels of certification and ancillary courses taught. The MCP serves on the Board of Directors as well as the Advisory Committee as a voting member in both.

Further as to the Paramedic Program the Medical Control Physician is responsible for:

The review and approval of the instructional content of the curriculum and to ensure it meets or exceeds the National Standard curriculum (in its current iteration) as it relates to continuing accreditation and is medically accurate.

Reviews and approves the quality of the medical instruction, supervision of students in all phases of training including but not limited to classroom and laboratory skills, clinical rotations, field internships, exit testing and verification of each student's competency as an entry level paramedic in the cognitive, psychomotor and affective domains of learning.

Reviews the student's progress throughout the program duration and in concert with the program director assures that corrective actions are taken as needed when the student fails to meet minimum standards of performance.

The medical control physician shall be significantly involved in all aspects of the program and ideally be available to teach portions of the program as a subject matter expert.

Qualifications:

The MCP must be currently licensed to practice medicine in the United State and currently licensed within the geographic area where the program is presented. The MCP must have current knowledge of emergency care of acutely ill and injured patients. Preferably the MCP will have board certification in Emergency Medicine.

The MCP must have adequate training and experience in the delivery of out-of-hospital emergency care including proper care and transport of patients, medical direction and quality improvement in out-of-hospital care. The MCP must have attended the SC Medical Control workshop offered by the SC DHEC Division of EMS & Trauma.

The MCP must be an active member of the local medical community and participate in professional activities related to out-of-hospital care.

The MCP must be knowledgeable about the educational aspects of the Emergency Medical Services Professions including professional, legislative, and regulatory issues regarding the education of the Emergency Medical Services Professions.

The MCP is responsible for the cooperative involvement with the program director to assure that the program maintains the highest standards of educational excellence to ensure continued achievement of the educational goals of Pee Dee Regional EMS.

ASSISTANT MEDICAL CONTROL PHYSICIAN - GARRETT CLANTON, MD

A licensed physician, knowledgeable and experienced in emergency medicine and pre-hospital care. Serves as a Board Member as well as Advisory Committee member and is a voting member of each. Additionally the Assistant MCP acts as a liaison between hospital personnel and training facility staff.

LEAD INSTRUCTOR

Individual responsible for planning and presenting lessons based upon the objectives and may also be involved in testing and counseling as needed. Instructors may be certified paramedic instructors, field paramedics, or other healthcare instructors. Selection will

be based upon academic background, clinical experience, and credibility, motivation, and enthusiasm, teaching experience, and demonstrated ability in education.

MODULE INSTRUCTOR

All **Module** Instructors may teach the following Paramedic modules: **Preparatory, Airway & Ventilation, Patient Assessment and Operations**, plus the specific module(s) for which they have received additional approval.

Requirements: Must possess one of the following current credentials

SC licensed Medical Physician *(no other requirements needed)*

SC RN or SC & NR Paramedic – PLUS – all requirements as stated in Section I.

Medical Module: (Instructor Requirements)

SC licensed Medical Physician

SC RN or SC & NR Paramedic with a current Instructor credential in an approved ACLS course (i.e. AHA, ASHI, etc) – AND – document the following:

- Minimum participation in two (2) different courses
- Minimum participation in two (2) different lecture areas
- Minimum participation in two (2) different skill areas

Trauma & Assessment Based Management Module: (Instructor Requirements)

SC licensed Medical Physician

SC RN or SC & NR Paramedic with a current Instructor credential in an approved Trauma course (i.e. ITLS, etc) – AND – document the following:

- Minimum participation in two (2) different courses
- Minimum participation in two (2) different lecture areas
- Minimum participation in two (2) different skill areas

Special Considerations Module: (Instructor Requirements)

SC licensed Medical Physician

SC RN or SC & NR Paramedic with a current Instructor credential in an approved Pediatric course (i.e. PALS, PEPP, etc) – AND – document the following:

- Minimum participation in two (2) different courses
- Minimum participation in two (2) different lecture areas
- Minimum participation in two (2) different skill areas

LAB INSTRUCTORS

Healthcare providers who are responsible for instruction, supervision and testing related to lab skills. Instructors may be certified paramedic instructors, field paramedics, or other healthcare instructors. Selection will be based upon academic background, clinical experience, and credibility, motivation, and enthusiasm, teaching experience, and demonstrated ability in education

CLINICAL PRECEPTORS

Healthcare providers responsible for developing learning experiences for students in the clinical setting. Directing, supervising and evaluating the performance of skills on actual patients; explaining certain advanced procedures and disease processes; discussing with students the standards of care within the preceptor's area of expertise; and providing both verbal and written feedback pertaining to the student's performance. Hospital preceptors may be nurses, physicians, or paramedics.

FIELD INTERNSHIP PRECEPTORS

Field preceptors are selected and approved by the respective EMS service. All preceptors must be currently certified paramedics, ideally with 3 or more years of experience. All preceptors must complete the preceptor training module for Platinum Planner prior to being approved to precept.

OFFICE MANAGER – BETH FOLLIN

Provides coordination with the Executive Director and Director of Education in scheduling classrooms, clinical and general information management as well as assuring quality control of all AHA curriculums utilized within the program.

PAY SPECIAL ATTENTION:

Laptop computers (including NetBooks and Tablets) are **required** in the classroom for the purpose of augmenting the course content. Inappropriate materials including, but not limited to pornography, graphic humor, etc. are prohibited and will subject the student to disciplinary action.

Social Media- Anyone, including but not limited to: (students, instructors, staff members, relatives or friends) posting any activity related to (or purporting to be a part of) the training conducted as part of any EMS program with Pee Dee Regional EMS is prohibited. This includes classroom, lab, practical, clinical, and testing environments. This policy is in force at all times whether during class time or not. This includes private messages, web postings, (tagging, poking, etc.) pictures (whether actual or from external sources), videos, etc. Those individuals involved will be subject to disciplinary action up to and including expulsion, or termination as determined by the Executive Director.

GENERAL EXPECTATIONS

Conduct yourself in this class as a **respectful, mature adult** who is seeking a certification as a Paramedic.

Do not **sleep, talk,** or be a **disruption** in class.

Stained, ripped, and dilapidated paperwork will not be accepted.

Do not record via video, still photograph, or voice any section or part of class without prior consent from the instructor.

DISCLAIMER

This manual is to serve as a guide to the paramedic student. This manual is not considered to be all inclusive of all events/situations/programmatic considerations that could or could not occur within the course. This manual is to be used along with other course material distributed by Pee Dee Regional EMS, Inc. staff to guide and advise the student throughout the course. **IT SHOULD BE UNDERSTOOD THAT IF CONFLICTING INFORMATION IS FOUND WITHIN COURSE MATERIAL IT IS THE STUDENT'S RESPONSIBILITY TO CONSULT THE INSTRUCTOR AND REQUEST WRITTEN CLARIFICATION. IT SHOULD ALSO BE UNDERSTOOD THAT "ASKING FOR CLARIFICATION OR PERMISSION" NOT "ASKING FOR FORGIVENESS" IS THE ACCEPTABLE METHOD TO DEAL WITH ISSUES OF CONFLICTING INFORMATION AND/OR CONFUSION OF EXPECTATIONS.**

Pee Dee Regional EMS, Inc. reserves the right to update, alter, or otherwise change material or information within the manual and the Paramedic Program as deemed necessary by the Pee Dee Regional EMS, Inc. staff without prior notice.

TUITION POLICIES AND PAYMENT PLANS:

Paramedic costs include the books for class and all associated ancillary courses (ACLS, PALS/ PEPP/EPC, PHTLS/ITLS.) Initial practical testing fees are included. The NREMT written exam is the responsibility of the student. All fees must be paid prior to course completion. Under NO circumstances will the student be allowed to take the exit exam (nor cleared to test), if there is a balance due on their account.

In an effort to lessen the financial burden on our students we have initiated the following schedule:

Tuition is due in the following schedule:

Course total:	\$4,800.00
Initial down payment:	\$1,000.00
10 Monthly installments:	\$280.00 (Bank Draft for each succeeding month until balance is paid in full.)
Grant Funding:	(\$1,000.00) subject to availability

Refund Policy:

The refund policy is in effect for students who **voluntarily drop** from the program. If a student is dismissed, no refund is due. Students who drop will have one opportunity to complete the program the following year. Failure to complete the program within the year will result in the student paying the full tuition costs for future courses.

Since the course is module based, students who have prepaid and do not complete the course will be reimbursed for any modules not started. No reimbursement is possible for students during the first three modules as these must be completed in sequence before credit can be given for any course work. Students who begin a module are responsible for the entire cost of the module. If a student drops during the module they receive NO reimbursement for that module. Students who have completed a module but are in arrears with payments will be billed for the remaining cost of the completed module prior to receiving credit for the module.

Refunds for Modules Not Started:

- Cardiac (Medical Module 1) \$400.00
- Medical Module 2 \$400.00
- Special Considerations \$200.00
- Trauma Module \$300.00
- Operations Module \$200.00

There will be no refunds for unused Clinical or Field Internship time.

ADA ACCOMMODATIONS

For all ADA (Americans with Disabilities) concerns, please refer the **National Registry Website: www.nremt.org** and from the menu on the left, click on “General Policies.”

Pee Dee Regional EMS training programs are guided by and adhere to the NREMT policy and procedures with regard to students requesting special accommodations for practical and cognitive testing. Students must declare their request for accommodation on the first day of class and complete all required steps in the guidelines published by the NREMT which are available upon request. See below.

All students must be able to perform all duties outlined in the functional job description for the level of training they are seeking certification. Please review and sign the document below concerning functional job descriptions.

ACCOMMODATIONS POLICY

Introduction

The following information is provided for candidates for NREMT registration at the following certification levels: Emergency Medical Responder, EMT, Advanced EMT, and Paramedic. Candidates requesting examination accommodations should share this information with individuals responsible for rendering a diagnosis of the specific disability so that appropriate documentation can be assembled to support the request for accommodations.

The mission of the NREMT is to serve as the national EMS certification organization by providing a valid, uniform process to assess the knowledge and skills required for competent practice required by (EMS) professionals throughout their careers and by maintaining a registry of certification status. The primary purpose of this credentialing process is to help protect the public by providing the public, employers, state-licensing agents, and governmental agencies with reliable methods for identifying pre-hospital care providers who have met prescribed standards for certification.

The National Registration process consists of two assessment components; cognitive examination and a psychomotor skills examination.

NREMT Cognitive Examinations

NREMT written examinations are designed to test the knowledge and abilities of the entry level Emergency Medical Responder, EMT, Advanced EMT, and Paramedic to provide safe and effective care in the out of hospital environment. As such, the content of the individual examinations reflect the content of the current National EMS Practice Analysis and include questions about the provision of EMS care. For more information relative to the written examination process and entry requirements click [here](#).

NREMT Practical Examinations

NREMT practical examinations are designed to test the skills and abilities of the entry level Emergency Medical Responder, EMT, Advanced EMT, and Paramedic to provide safe and effective care in the out of hospital environment. As such, the content of the individual examinations reflect the content of the current National EMS Practice Analysis and include a scenario-type format which requires the candidate to demonstrate his/her skills and abilities in a simulated environment which reflects the out of hospital setting. The process is a formal verification of the candidate's "hands-on" skills and abilities, rather than a teaching, coaching, or remedial training session. For more information relative to the practical examination process and entry requirements click [here](#).

Policy Overview

It is the policy of the National Registry of Emergency Medical Technicians to administer its certification examinations in a manner that does not discriminate against an otherwise qualified applicant. The National Registry of Emergency Medical Technicians offers reasonable and appropriate accommodations for the written and practical components of the registration examination for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

The NREMT urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. **At a minimum, all requests for accommodations must be received by the NREMT no less than three (3) weeks**

before the scheduled test date.

The NREMT will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must **not** fundamentally alter the examination's ability to assess the essential functions of pre-hospital care, which the test is designed to measure.
4. Documentation demonstrating the current level of functioning of a candidate must be no older than five (5) years to help ensure accommodations are based on assessment of the disability's current impact on the candidate's ability to take the examination.
5. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
6. The NREMT realizes that each candidate's circumstances are unique and a case by case approach to review the documentation is required.
7. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to NREMT staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

ADA AND JOB DESCRIPTION ACKNOWLEDGEMENT

I have read and understand the functional Job Description and the Functional Job analysis for the Paramedic. I know of no condition or limitation that would preclude me from safely and effectively performing all of the duties of a paramedic. I have received a copy of the NREMT ADA accommodations policy and understand that I must declare in advance any request for reasonable accommodation.

Name of Paramedic Student

Signature

Date:

Witness:

Witness Signature

I, as Course Instructor verify that I have provided the student with a copy of both the Functional Job Description- Paramedic and Functional Job Analysis- Paramedic and have provided the student explanation of the documents and answered all questions to the student's satisfaction.

Signature of Instructor

Date:

Training Institution retains the signature portion of the document. Student retains the body of the document for future reference.

CATALOG ACKNOWLEDGEMENT

I, _____ have received a copy of the Pee

(Name of Student)

Dee Regional EMS Paramedic Course Catalog . I agree to all requirements for completion of the Paramedic program and by my signature below acknowledge receipt of these documents. I further acknowledge that my failure to comply with the requirements as written may result in disciplinary action up to and including termination from the program.

Student Signature

Date

Witness Signature

Date