

**Jones County Junior College
Department of Emergency Medical Technology
Allied Health Building 219
900 Street Court Street
Ellisville, MS 39437**

Paramedic
Program Handbook
2018 – 2019

Jones County Junior College is accredited by:

Jones County Junior College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award Associate in Arts degrees, Associate in Applied Science degrees, and Vocational Certificates. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Jones County Junior College.

The Paramedic Program of the Department of Emergency Technology at Jones County Junior College is accredited by:



The Paramedic Program of the Emergency Technology program at Jones County Junior College is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions ([CoAEMSP](http://www.coaemsp.org)).

To Contact: CAAHEP
Commission on Accreditation of Allied Health Education Programs
25400 U.S. Hwy 19 North Suite 158
Clearwater, FL 33763
727-210-2350
www.caahep.org

To Contact: CoAEMSP

Committee on Accreditation of Educational Programs for Emergency Medical Services
Professions
8301 Lakeview Parkway Suite 111-312
Rowlett, TX 75088
214-703-4884
214-703-8992 (fax)
www.coaemsp.org

Overall Program Goal

“To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”

Statement of Non-Discrimination

Jones County Junior College does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs, activities, or employment practices. The following person has been designated to handle inquiries and grievances regarding the non-discrimination policies:

(Title IX) Amanda McLeod, Title IX Coordinator, Enrollment Services, Terrell Tisdale Library, phone 601-477-4083; email amanda.mcleod@jcc.edu. Jones County Junior College, 900 South Court Street, Ellisville, MS 39437

Disability Clause

Jones County Junior College does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs, activities, or employment practices. The following persons

have been designated to handle inquiries and grievances regarding the non-discrimination policies: (ADA/ Section 504) Dr. Kisha Jones, ADA Coordinator, Student Affairs, phone 601-477-2673; email ADACoordinator@jcc.edu and (Title IX) Amanda McLeod, Title IX Coordinator, Enrollment Services, Terrell Tisdale Library, phone 601-477-4083; email amanda.mcleod@jcc.edu. Jones County Junior College, 900 South Court Street, Ellisville, MS 39437.

Availability of Information

All specific inquiries regarding the program should be directed to one of the faculty members listed on the following page via the appropriate direct line. General information can be obtained by calling the main office at (601) 477-4074.

Introduction

Welcome to the Jones County Junior College paramedic program. We are pleased that you have chosen this institution to begin your studies in prehospital Emergency Medical Technology (Paramedic). Emergency Medical Technology is an exciting and growing field. Many opportunities await the graduates of these programs. We hope that your educational experience with us will be a rewarding one.

The Emergency Medical Technology Program prepares the student to provide competent pre-hospital emergency care to acutely ill or injured patients under the direction of a physician. The program provides opportunities for the student to gain cognitive ability, psychomotor skills and professional attributes necessary to function as a pre-hospital emergency care provider. Upon successful completion of the paramedic curriculum, the student will receive a Vocational Certificate in Paramedicine with option to complete the academic requirements necessary to obtain an Associate of Applied Science Degree. The student will receive a recommendation for the National Registry Examination at the completion of their training.

The mission of the Department of Emergency Medical Technology is to ensure each student receives the best training available to produce qualified, competent, industry-ready Emergency Medical Technicians. Classroom training is provided by dedicated instructors who meet the requirements set forth by Jones County Junior College (JCJC), Career and Technical Education Division (CTE), and the Mississippi State Department of Education (MSDOE). In addition to the faculty, pre-selected clinical and field-internship preceptors, a variety of media resources, and high-fidelity training equipment are used to enhance learning opportunities.

Carrying out this mission requires teamwork between the college, program, clinical education centers the student. As a paramedic student, your role will be to dedicate yourself to

increasing your knowledge of patient care, basic and advanced life-saving skills, and professionalism. Your own personal contribution towards your education is the most important part of accomplishing this mission, and the decision to succeed or to fail is in your hands.

Profession Description

This Description of the Profession provides the philosophy and rationale for the depth and breadth of coverage.

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through patient assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting. Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks and organizations. The emerging roles and responsibilities of the paramedic include public education, health promotion and participation in injury and illness prevention programs. As the scope of service continues to expand, the paramedic will function as a facilitator of access to care and an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development and peer evaluation. They assume an active role in professional and community organizations.

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 judgement 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 nonprescription/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 remeasure 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 pre-cautions 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 patient's 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 judgement 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 patient's, the Paramedic's, 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.

However, in general, in the analyst's opinion, 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 judgements 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.

The Paramedic must successfully complete an approved curriculum through achievement of passing scores on written and practical certification examinations as defined by program guidelines. Re-certification is dependent upon an individual's successful completion of inter-agency approved paramedic continuing education or refresher courses. At any given time, the paramedic performs any or all tasks performed by the EMT. The paramedic may also supervise activities of students and interns.

Purpose of the Emergency Technology Student Manual

This manual has been developed to provide the paramedic student with an accessible source of information regarding the requirements, expectations, and guidelines of the paramedic program and the clinical education centers. The manual will serve as a guide to the paramedic student. The student should be familiar with its contents, and the contents of the Jones County Junior College catalog and student handbook. This handbook, along with the individual course syllabi, can be found, in electronic form, on the CANVAS page for each course.

This manual will also inform the student of the content, purpose, and objectives of the program. The student will be informed of his/her rights, appeal mechanisms, requirements for continuance and completion/graduation requirements of the program. Various forms and methods of monitoring the progress of the student will be introduced in addition to grading, evaluation, and other pertinent general information. At the end of the manual, a form stating that you, the student, are aware of the guidelines and procedures contained in the manual will be signed, witnessed, and returned to the Department of Emergency Medical Technology.

Faculty

The Department of Emergency Technology has one of the highest credentialed faculty structures of any program in the southeastern United States. Each faculty member, in addition to carrying extensive academic and technical expertise, brings numerous years of esteemed professional experience to the program. All faculty members are wholly dedicated to achieving the mission of the Department of Emergency Technology at JCJC. The chain of command is shown on the following page. See the JCJC handbook for the chain of command policy.

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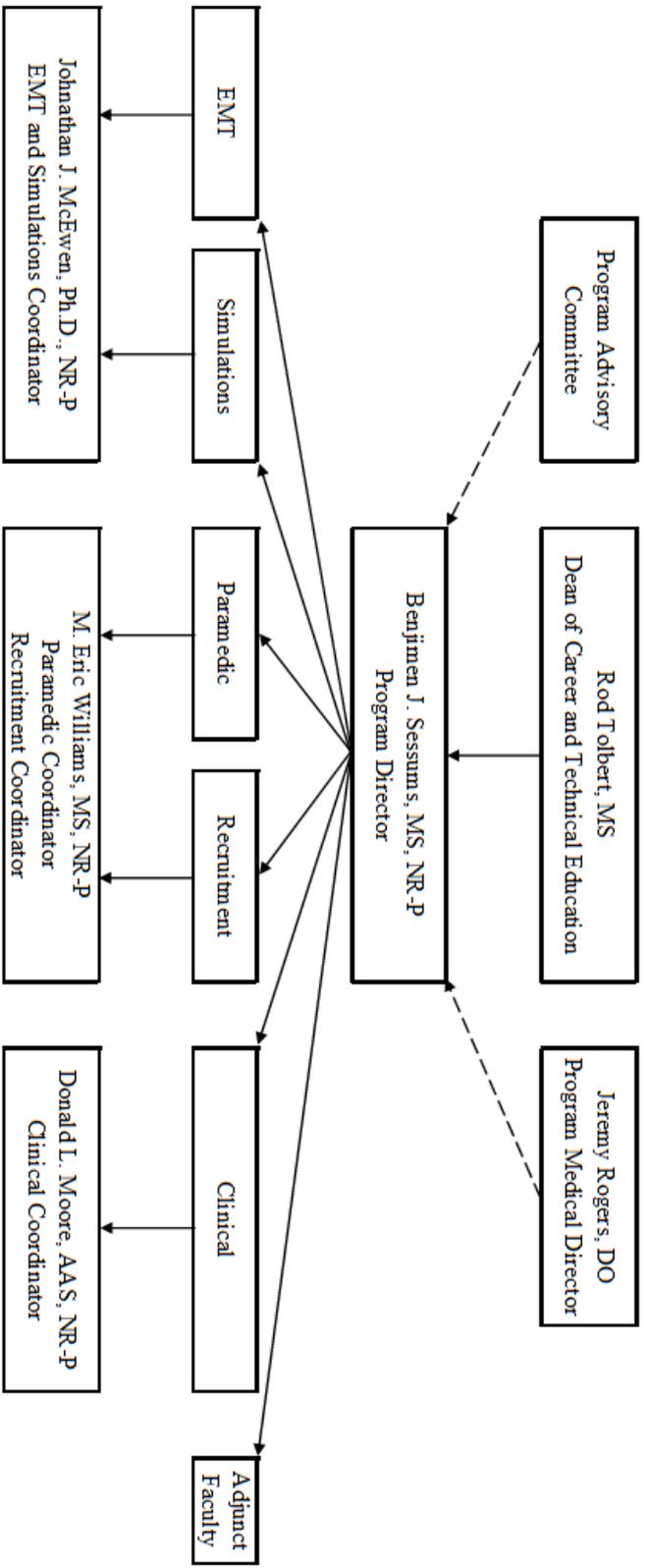
Jeremy Rogers, DO

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**Department of Emergency Technology
Chain of Command**

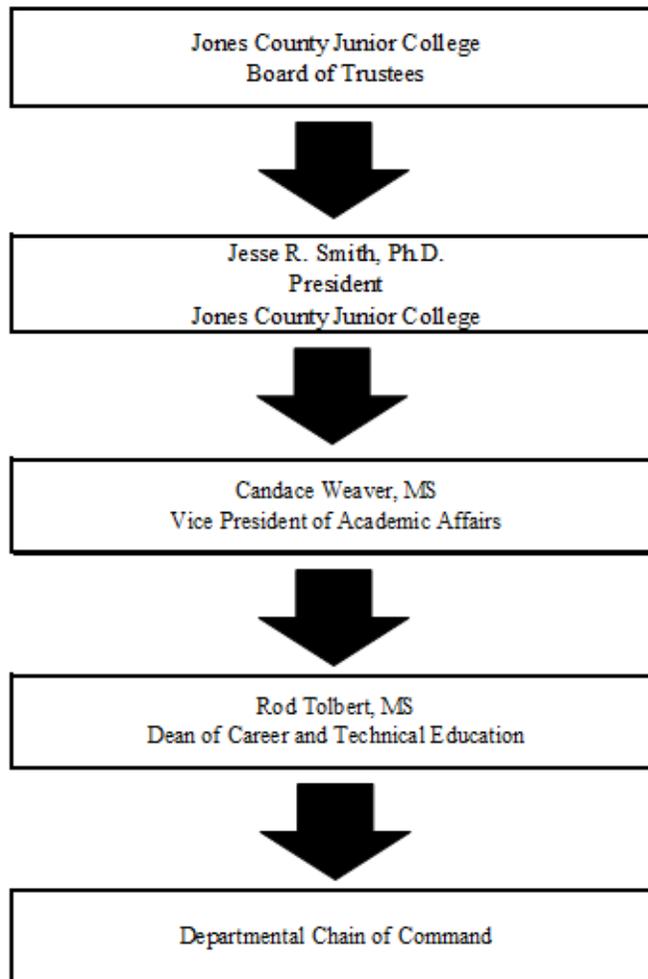


When adjunct faculty are functioning under the direct oversight sphere of the coordinators listed above, the adjunct faculty fall under their direct chain of command.

Students fall directly under the instructor of record for their course regardless of faculty status. The chain of command progresses to the appropriate coordinator and then to the program director, unless one or more of these are the same person. If this is the case, the student will start at the position that person occupies in this flow sheet. The student chain of command progresses to the Dean of CTE beyond the program director.

Jones County Junior College

Chain of Command



Program Description

The paramedic course is a competency-based course that prepares the student to provide advanced pre-hospital emergency care to acutely ill or injured patients under the direction of a physician. The program adheres to the National Standard Curriculum developed by the National Highway Traffic Safety Administration (NHTSA), the guidelines established by the Mississippi State Department of Education (MSDOE), and the Career and Technical Education. The program includes classroom instruction, laboratory practice, clinical and field internship training. The program consists of a minimum of 3 (three) semesters. Didactic, Psychomotor and Clinical/Field Internship hour counts will satisfy the requirements set forth in the curriculum approved by the Mississippi Community College Board (MCCB).

Cohort Size

Per the recommendation of the advisory committee, the program will admit a maximum cohort size of 18 students. It has been deemed that this is the maximum size which allows for the quality instruction of the students balanced with faculty loads and responsibilities.

Program Goals

- A. Meet the training needs of students and the emergency care needs of communities within the JCJC District by providing competently trained practitioners of paramedicine.
- B. Prepare an entry-level competent practitioner at the paramedic level of Emergency Medical Technology by ensuring affective, didactic, and psychomotor competency.
- C. Enhance the student's personal and professional development.
- D. Provide adequate facilities for clinical training and field experience through affiliation with area hospitals, ambulance services, and other emergency care providers.
- E. Adhere to uniform pre-determined admission requirements thereby ensuring properly qualified applicants.
- F. Provide qualified instructors meeting pre-established criteria for education, experience and expertise as set forth by state, regional, and national accreditation agencies.
- G. Recruit and designate persons representing those involved in the pre-hospital emergency care to serve on an advisory committee for the program.
- H. Conduct ongoing program evaluations to assess the effectiveness of the program.
- I. Recruit, designate, and train persons representing those involved in pre-hospital emergency care to serve as clinical and field preceptors.
- J. Maintain the program's CoAEMSP accreditation status.

Entrance Requirements

The paramedic program selects students by fair, objective criteria. It is open to all interested individuals satisfying the entrance requirements defined below.

- A. 18 years of age or older
- B. Current NREMT certification
- C. High School Diploma or GED
- D. Admission to Jones Junior College
- E. Enhanced Composite ACT score of 16 or above
- F. Up-to-date immunizations
- G. Hepatitis-B inoculations
- H. Physical Examination stating that the student is medically capable of the paramedic job demands: physical and emotional
- I. Health-care Provider CPR certification
- J. Successful completion of Anatomy and Physiology I prior to entering the paramedic course.
- K. Negative or acceptable, as determined by clinical facilities, FBI background check.

Admissions Process

Any student desiring admission to the program of study offered by the Department of Emergency Medical Technology should follow the steps outlined below. Any questions regarding this process should be directed to the department faculty.

1. Contact the department either by phone, (601) 477-4074, or email, emtparamedic@jcc.edu, to speak with the recruitment coordinator and obtain an application packet.
2. Apply to Jones County Junior College and submit all required college documentation. Once you receive a student ID number, proceed to step 3.
3. Submit your completed application packet to the Department of Emergency Medical Technology prior to the posted application deadlines which are listed below.

EMT

Fall Class – July 15th of the preceding summer

Spring Class – November 15th of the preceding fall

Summer Class (When Offered) – April 15th of the preceding spring

Paramedic

April 15th of the spring semester prior to desired admission

4. The department will review all application packets and extend invitations to participate in the next phase of the admissions process.
5. Applicants will be invited via electronic and regular mail to sit for the department interview process conducted by the advisory committee, department faculty and current student representative.
6. Formal admissions offers will be made based a numerical calculation composed of the composite ACT score, previous coursework, previous work in healthcare, current certifications in healthcare and the interview score. The interview score accounts for 5% of the overall score.
7. Students accepting the offered place will receive a letter detailing the next steps. In the event that all offered positions are not accepted, the department will fill the cohort by progressing down the ranking of candidates from the calculation in step 6 until the cohort is full.

Students eligible for direct placement will be seated after step 4. For EMT, these are students previously enrolled in the program and wishing to return and/or those that have a requirement for EMT certification to maintain current employment. For Paramedic, these are students previously enrolled in the program within the last two years or those completing the department EMT course in the last two years for which an interview was completed.

Exit Requirements

The state of Mississippi sets the standards for competency criteria. The paramedic program at JCJC adheres to these standards as noted below.

- A. Score an 80% on all placement examinations.
- B. Maintain an 80% average on all daily work.
- C. Maintain an 80% average on all clinical evaluations.
- D. Maintain an overall 80% average in all courses.
- E. Complete the program specified didactic and laboratory hours.
- F. Complete the program specified clinical and field hours.
- G. Demonstrate all Cognitive Competencies (see Achieving Competency).
- H. Demonstrate all Psychomotor Competencies (see Achieving Competency).
- I. Demonstrate all Affective Competencies (see Achieving Competency).

**Upon successful completion of the paramedic course curriculum, the student will be recommended to take the National Registry Examination for Emergency Medical Technicians Paramedic Cognitive and Psychomotor Examinations.

Plan of Study

Emergency Technology Curriculum – Paramedic (Certificate)

FIRST SEMESTER	Summer	Credit Hours
EMS-1122	Introduction to EMS Systems	2
EMS-2912	EMS Operations	2
EMS-1313	Airway Management, Respiration, & Oxygenation	3
	TOTAL	7
SECOND SEMESTER	Fall	Credit Hours
EMS-1413	Patient Assessment	3
EMS-1613	Pharmacology	3
EMS-1825	Cardiology	5
EMS-1513	EMS Practicum I	3
	TOTAL	14
THIRD SEMESTER	Spring	Credit Hours
EMS-2854	Pre-hospital Medical Care	4
EMS-2714	Prehospital Trauma	4
EMS-2413	Maternal/Child Emergencies	3
EMS-1525	EMS Practicum II	5
	TOTAL	16
FOURTH SEMESTER	Summer	Credit Hours
EMS-1422	EMS Special Patient Populations	2
EMS-2565	EMS Practicum III	5
	TOTAL	7

* A&P II must be completed before completing the final semester of the program. It is also a prerequisite to recommendation for NREMT testing privileges. This can be done prior to entering program or during the first 3 semesters of the program.

** To be eligible for an Associate's of Applied Science degree, the student must successfully complete Anatomy and Physiology I & II, College Algebra, English Composition I & II, Oral Communications and Social Science Elective in addition to all core course work.

Procedures

Student Grievance

Student appeals will follow the guidelines as outlined in the JCJC Student Handbook.

Student Representative

During the first semester of the cohort, a student representative will be elected by the members of the cohort. This representative will serve as the interface between the students and the faculty with regard to changes in schedules, general program issues and representation on the program committees and interview panels. This representative does not remove the ability of individual students to engage the chain of command with the faculty.

Work

Students are responsible for meeting the class, clinical, and field hour requirements of the program. Therefore, students must realize their additional responsibilities if they choose to work. Students who are employed with an EMS service will not be allowed to count any work time as clinical or field experience, nor will the clinical and field sites substitute students as regular staff.

Withdrawal and Tuition Refund

The procedure for student withdrawal, dismissal, appeal, and refunds of tuition and fees will be followed as outlined in the JCJC Student Handbook.

Health Care Services

Student will assume responsibility for personal illness. While on campus, students have access to the JCJC school clinic. If students become ill while in the clinical or field area, they should notify their preceptor and instructor. Necessary emergency care and first aid will be provided for as the facility permits until the student can make further arrangements.

Student Services

Paramedic students have access to vocational guidance and other student services as outlined by the JCJC Student Handbook.

Physical Training

Physical training is part of the class requirements for the Department of Emergency Technology. This training will include faculty designed activities to promote the health and well-being of the paramedic. These activities will be decided by the Emergency Technology instructors and will be based on time, weather, and other situations. All students are required to participate in some type of physical training. If a student is unable to participate in a certain activity due to a physical condition, then alternative physical training will be offered.

National Registry

The students will be assisted to fill out an application for the National Registry Cognitive Examination at the end of the program. The department will purchase vouchers through National Registry. Each student will then pay the appropriate fee to the department via cash and a voucher number will be entered for payment.

Students will pre-register for the National Registry Psychomotor Examination in the middle of the spring semester. The examination will be scheduled after the completion of the last semester of course work.

Health and Safety

- A. Each student must have a completed health examination form on file prior to acceptance into the program.

- B. This form must include verification by a Physician, Physician Assistant, or Nurse Practitioner of the applicant's ability to withstand the physical and emotional demands of the paramedic training program.

- C. This form must also indicate a complete immunization record, including Hepatitis B and Influenza vaccinations.

- D. Students must adhere to protective precautions when caring for all patients, real or simulated.

- E. Student must adhere to safety precautions during potentially dangerous laboratory practices such as moving and lifting or extrication.

Dismissal

Under the rules established in the exit requirements, policies of JCJC, and the guidelines of the state of Mississippi, the following criteria are grounds for dismissal of a student.

- A. Absentees exceeding that allowed by program procedures (see Absentee Procedures)
- B. Failing to maintain an 80% average in each section (see Grading Procedures)
- C. Cheating on any assignment, documentation, or test
- D. Falsifying clinical/field hours, attendance or experiences
- E. Performing procedures in the clinical or field which the student is not competent in as determined by documented evaluation.
- F. Reporting to class, clinical, or field under the influence of recreational or illegal drugs
- G. Falsification of any application information, clinical/field forms, or other work while enrolled.
- H. Unprofessional conduct or insubordination as determined by the instructor, preceptor, medical director, or program director
- I. Failure to achieve any competencies as documented by the evaluator.
- J. Dismissal, or banning, from a clinical or field site.

Estimated Program Expenses

The estimated program expenses vary from one cohort to the next, depending on college guidelines, tuition rates, and other factors. As a result, the program cannot accurately estimate the program fees. However, as of the writing of this manual, the approximate expenses for the current cohort were \$6,000.00 USD. This does not include travel expenses for clinical and field rotations.

Summer I Semester		
CATEGORY	ITEM	ESTIMATED COST
Uniform	Classroom Uniform x 2 (\$50)	\$100
	Program Jacket	\$40
	SUBTOTAL	\$140
E-Books	EMS Textbook	\$30/semester hour
	SUBTOTAL	See Above
Administration Fees	Registration Fee	\$40
	Technology Fee	\$36
	Health Services Fee	\$40
	Parking Decal	\$20
	SUBTOTAL	\$136
Occupational Fees	Medical Liability Fee	\$15
	Drug Testing Fee	\$27
	FISDAP Access	\$152
	SUBTOTAL	\$194
Tuition plus Lab Fees	Summer Semester (8 hours)	\$2075
	Summer Discount	-\$850
	SUBTOTAL	\$1225

Summer Total: \$1,695 (plus books)

Lab Fees Breakdown

FISDAP Account	\$200.00
Background Check	\$75.00
Drug Screen	\$50.00
Educational Lab Supplies	\$50.00
TOTAL	\$375.00

Fall Semester		
CATEGORY	ITEM	ESTIMATED COST
Uniform	Hospital Uniform	\$50
	Program Jacket	0
	SUBTOTAL	\$50
Books	EMS Textbook	\$30/semester hour
	SUBTOTAL	See Above
Administration Fees	Registration Fee	\$40
	Technology Fee	\$36
	Health Services Fee	\$40
	Parking Decal	\$0
	SUBTOTAL	\$116
Occupational Fees	Medical Liability Fee	\$15
	Drug Testing Fee	\$27
	FISDAP Access	\$0
	SUBTOTAL	\$42
Tuition plus Lab Fees	Fall (16 hours)	\$2100
	SUBTOTAL	\$2100

Fall Total: \$2,308 (plus books)

Lab Fees Breakdown

Educational Lab Supplies	
IV Catheters (box)	\$140.00
IV Solutions	\$100.00
Pharmacology supplies	\$50.00
Gloves (1 box)	\$30.00
Cardiac Monitor Equip	\$50.00
General Lab Supplies	\$30.00
TOTAL	\$400.00

Spring Semester		
CATEGORY	ITEM	ESTIMATED COST
Uniform	Classroom Uniform x 2 (\$50)	0
	Program Jacket	0
	SUBTOTAL	\$0
Books	EMS Textbook	\$30/semester hour
	SUBTOTAL	See Above
Administration Fees	Registration Fee	\$40
	Technology Fee	\$36
	Health Services Fee	\$40
	Parking Decal	\$0
	SUBTOTAL	\$116
Occupational Fees	Medical Liability Fee	\$15
	Drug Testing Fee	\$27
	FISDAP Access	\$0
	SUBTOTAL	\$27
Tuition plus Lab Fees	Spring (16 hours)	\$2100
	SUBTOTAL	\$2100

Spring Total: \$2,243 (plus books)

Lab Fees Breakdown

Educational Lab Supplies	
IV Catheters (box)	\$140.00
IV Solutions	\$100.00
Trauma Supplies	\$50.00
Gloves (1 box)	\$30.00
Medical Supplies	\$50.00
General Lab Supplies	\$30.00
TOTAL	\$400.00

Summer II Semester		
CATEGORY	ITEM	ESTIMATED COST
Uniform	Classroom Uniform x 2 (\$50)	0
	Program Jacket	0
	SUBTOTAL	\$0
Books	EMS Textbook	\$30/semester hour
	SUBTOTAL	See Above
Administration Fees	Registration Fee	\$40
	Technology Fee	\$36
	Health Services Fee	\$40
	Parking Decal	\$0
	SUBTOTAL	\$116
Occupational Fees	Medical Liability Fee	\$15
	Drug Testing Fee	\$27
	FISDAP Access	\$0
	SUBTOTAL	\$27
Tuition	Summer (8 hours)	\$850
	SUBTOTAL	\$850

Summer Total: \$993 (plus books)

Estimated Grand Total: \$7,239 (plus books)

Curriculum, Competencies, and Objectives

The curriculum for paramedic contains the following areas of emphasis: Principle of Pre-hospital Care, Applicable Anatomy and Physiology, Pharmacology, Patient Assessment, Medical and Trauma Emergencies, Obstetrics, Neonatology, Pediatrics, and Well-being of the paramedic. Each course has objectives and competencies found at the beginning of each chapter in the textbook. The student is responsible for attaining each objective and competency found within the textbook.

Didactic Description

The didactic portion of the paramedic curriculum consists of 600+ clock hours. The classroom presentations are made up of lectures, guest speakers, and student discussion. Knowledge gained in the classroom is vital to the success of the student in the clinical and field internship settings, as well as success as a National Registered Emergency Medical Technician. It is solely the responsibility of each individual student to take notes, ask questions, and learn from each presentation.

Didactic Competency

The student must achieve all competencies as set forth by the MSDOE and NHTSA. These competencies are found in this section as well as with each course description. Cognitive competency will be monitored and tracked by the Emergency Technology Instructors. Failure to achieve cognitive competency will result in failure to complete the paramedic program.

Grading Guidelines

90-100 A

80-89 B

79-Unacceptable

A score of 80% must be attained on each major examination/module in the course. Scoring below 80% constitutes failure, and ONE retest per course is allowed. See the retest guidelines for further details. Students are responsible for contacting the instructor to request a make-up test when they recognize that they have fallen below the required grade level. An 80% average must be maintained on all class work and daily quizzes. An 80% average must be maintained on all clinical evaluations. Any student that does not achieve an 80% on each examination/module, an 80% course average, and an 80% clinical average will not be allowed to continue in the program.

Examinations and Quizzes

At the end of each course, a comprehensive examination covering all material in the textbook will be administered. The student is responsible for reading all textbook material and will be held accountable on examinations for any information in the textbook. Significant out of class study time is required to pass the paramedic curriculum. At the completion of each course, the student must pass a comprehensive examination that will cover all the content covered in the course. Quizzes will be given frequently throughout the course to test whether the student understands and possesses knowledge of recently covered didactic content. Each quiz will count as a daily grade. The student must maintain an 80% average in the daily quiz section.

The student is responsible for taking missed examinations due to absences on the day they return to school, or scheduling a make-up examination with the instructor. If the student does not take the examination on the day they return to school, the student has three days to schedule a

make-up or receive a zero. The student should consult the individual course syllabi for specific details on the course examinations and quizzes.

Placement Test and Retest Guidelines

Per state mandated guidelines, the department utilizes the following guidelines regarding placement criteria for students enrolled in the Department of Emergency Technology curriculum. Two criteria, enacted and effective simultaneously, are required for students to matriculate through the program.

Criteria 1 – The overall course average must be maintained above the 80% threshold on all quizzes, non-placement tests, assignments, final placement exam, and affective grading components. Failure to maintain a cumulative grade above 80% will result in the activation of a sub-criteria as defined below.

Criteria 2 – Each course in the program will contain a final, comprehensive placement examination. The student must score 80% or higher on this examination to progress through the program. Failure to achieve this will result in the activation of a sub-criteria as defined below.

Sub-Criteria

The department recognizes that one of several possible combinations may result in violation of the criteria listed above. In the event this occurs; the following sub-criteria will govern the outcome of the student.

SC1 – The student has failed to achieve criteria one; not as a result of failing to achieve criteria two or the failure to achieve criteria two did not directly cause the failure to achieve criteria one. This is considered a global didactic, psychomotor, or affective failure. The student will be exited from the program and subject to the defined reentry guidelines.

SC2 – The student has failed to achieve criteria one as a result of failing to achieve criteria two. If the student has an available retest, they will be able to utilize it for the satisfaction of the above criteria. If the student does not have an available retest, or after the retest the criteria above are not satisfied, they will be dismissed from the program and subject to the defined reentry guidelines.

SC3 – The student has failed to achieve criteria two but not criteria one. If the student has an available retest, they will be able to utilize it for the satisfaction of the above criteria. If the student does not have an available retest, or after the retest the criteria above are not satisfied, they will be dismissed from the program and subject to the defined reentry guidelines.

Retest Guidelines

The program grants one opportunity for retesting a failed placement examination resulting in the activation of SC2 or SC3 previously defined. This opportunity is specific to the semester in which the sub-criteria were activated. The recognition of a retest opportunity by the program is subject to the following restrictions.

- A. A maximum of one retest will be afforded per academic course as defined by Jones County Junior College.
- B. The retest opportunities, if not used during that academic semester, does not accumulate in the next semester.
- C. Interpretation of these guidelines is not subject to the time during the semester in which the student utilized their retest opportunities.

Reentry-Advanced Placement Guidelines

The department recognizes it may be necessary for a student to withdraw from the program due to personal or academic reasons and return at a later date. Pursuant to this possibility, the department recognizes and utilizes the following criteria for reentry into the program. These criteria are based on the elapsed time since the student exited the program. Also, these criteria pertain to the completion of whole courses and not individual placement points within a course. (IE: EMT)

If the student exited the program less than two calendar years from the proposed reentry point, one of the following two options may be utilized to grant the student permission to reenter the program. Upon consultation with the faculty, program director, medical director and advisory committee (If deemed necessary by the program director), the student will be placed into one of the following two reentry options. These two options only apply to courses where a satisfactory grade of B or higher is posted. This is to comply with state mandated guidelines and thus any grade of C or lower constitutes a requirement for the student to repeat the course under normal operating procedures for the program. Proposed reentry points must fit the defined criteria.

Option 1 – At the discretion of the entities above, the student will schedule a time to sit for a testing battery consisting of all placement exams for any previously completed coursework. The student is encouraged to seek out the faculty for remediation and study prior to this time. Upon successful completion of the requisite placement examination battery, the student will be granted reentry into the current cohort, at the point of previous exit, and reclassified with that cohort for all documentation purposes. See the placement examination guidelines for further details. The student will progress from this point with their new cohort and fall under the guidelines in place for that cohort. This option is only

recommended for students returning to the immediately following cohort after the point of their exit. Extension of this option to the student is at the sole discretion of the program director, and if deemed necessary, the advisory committee. If this option is deemed detrimental to the student's probability for success or the health of the program as a whole, the student will be offered option 2.

Option 2 – At the discretion of the entities mentioned above, the student will be placed on audit status for all of the previously completed coursework, entering with the new cohort. The student will be required to attend all classes and scheduled events just as a regular student would be required to do. At the completion of each course, the student will sit for the requisite placement examination before progressing to the next course. See the placement examination guidelines for further details. Upon the successful completion of the requisite placement examinations for all previously completed coursework, the student will be reentered and placed in the current cohort. The placement in this cohort will be for all documentation purposes. At this time, the student will progress with their new cohort and fall under the guidelines in place for that cohort. This option is preferred if the student has been out of an active cohort for more than one, but less than two, calendar years.

If it has been more than two calendar years from the proposed entry point, the student is not eligible for either of the two previously defined options. This is due to the number of practice changes that occur in prehospital emergency medicine during this large time period. This is consistent with the two-year cycle of the National Registry of Emergency Medical Technicians and their recommended refresher cycle. Any student that exited the program prior to the two-calendar year mark from the proposed point of reentry will be required to enter the new cohort during the summer of the academic year. The student must successfully enroll, and complete each

course with the new cohort, irrespective of any previous performance. This is to ensure that the student receives training in the most common practices of prehospital emergency medicine. The student will be placed in the documentation of the new cohort with respect to all entities.

Reentry Points

Courses in the emergency technology curriculum frequently have endpoints within the timeframe of the semester. The exact reentry point, concurrent with the previously defined guidelines, is defined to be the beginning of the semester containing the course in which the student was previously unsuccessful. This is due to the fact that courses within a semester contain compounding material. As such, deficits are often found to be cumulative which result in the exit of a student. To this end, the retroactive time frame is hereby established.

Example – If a student exits during the second sequential course in the fall semester, the time frame begins retroactive to the beginning of that semester. Thus, if a student exited in November of 2016, the student has until August of 2018 to reenter the program under one of the two previously defined options.

Institutional Transfer Credit

Any student wishing to transfer course credits for previously completed EMS courses from an outside accredited institution must follow the Jones County Junior College student transfer procedure. If the courses being transferred in do not match the current state and program curriculum or if the courses are from an out-of-state institution, the student must provide the JCJC EMS department with the curriculum objectives in which the courses were completed. After

performing a gap analysis and objective comparison of the curriculum in question, a decision will be made concerning the acceptance of the courses as credit into the current paramedic program. These students will be subject to the above listed reentry guidelines.

Experiential Learning Credit

Jones County Junior College Emergency Technology Department does not accept credit earned through challenge examinations, achievement tests, or experiential learning for any EMS related courses.

Cohort Documentation

For the purposes of all documentation, if it has been more than two years since the student exited the program, the student will be reassigned to the cohort of intended graduation upon reentry to the program. This is to include any and all documentation necessary for the program to maintain. This includes, but is not limited to, documentation for college retention, attrition, and persistence as well as the CAAHEP and CoAEMSP governing bodies.

Student Presentations and Assignments

Students will be assigned various out of class projects such as reports and presentations. Being absent is not an acceptable excuse for not knowing about an assignment. These assignments should be turned in on the due date. Five (5) points will be deducted for each day they are late. If the student is absent on the due date, the assignment will be due on the student's first day back at school. If the assignment is not turned in within three (3) days of the due date, the student will be given a grade of zero (0). Students will occasionally be asked to prepare and provide a lecture or presentation for the class. The student will receive this assignment from the instructor and will receive a grade on their presentation.

Academic Integrity

Any student found cheating or passing tests and examinations in any dishonest manner will be subject to immediate dismissal from the program. The infraction will be reported to the Office of Student Affairs and the student will also be subject to any penalties imposed by that office.

Clinical and Field Internship Description

Clinical and field internship consists of minimum of 500+ hours combined of in-hospital and ambulance training under the direct guidance of a paramedic, RN, MD, DO, or equally qualified health provider. The clinical and field settings are areas that the student may begin to observe illnesses and injuries discussed in the classroom, shape and fine-tune assessment skills, learn additional information with which a paramedic must be competent, and put together the overall picture of patient care. Learning at the clinical site is directly proportional to the aptitude of the student. The student is responsible for seeking learning opportunities, asking questions, being assertive, and bridging what is seen back to pre-hospital emergency care concepts. It is not the responsibility of the preceptor or clinical instructor to make the student learn, but to serve as a resource to learning.

Clinical Grading

The student must maintain an 80% clinical and field internship average. This will be evaluated differently for the in-hospital clinical and field internship. The student's clinical grade will be calculated by dividing the points awarded from the preceptor evaluation, multiplied by 100, then divided by the total points possible to achieve a percentage.

The student will be assigned a FISDAP account at the beginning of the first semester. After an orientation process, the student will be responsible for entering all his/her clinical/field data into the FISDAP tracking system.

Upon returning to the campus on the first day following the last clinical-field appointment, the student must turn in his clinical note book for evaluation. Only notebooks that are completed with copies of the FISDAP tracking sheet will be considered for evaluation. All others will receive a zero for that clinical day.

A complete notebook is considered one that has the FISDAP tracking sheet first, area sheet completed and graded with all necessary signatures, all completed PCR's for that shift, and any clinical notes and assignments given for that day.

NOTE: No PCR is required for shifts completed in Respiratory Therapy or Anesthesia. All other clinical shifts require 1 PCR per shift.

- A. If the student is absent for a shift, an absentee form must be completed and the shift entered as absent in the FISDAP tracking system.
- B. All shift paper work including entry into the FISDAP tracking system must be completed and turned in no later than the next scheduled clinical day at pre-conference. The paperwork for completed field shifts is due 24 hours after the shift has ended. If the required paper work is not completed and entered into the FISDAP tracking system by the deadline the student will receive a zero (0) for the shift. In order to track the clinical hours and the skills completed during the shift the data must be entered into the FISDAP tracking system and marked as complete.
- C. If the student is completing a field rotation at a hospital-based ambulance service and the student is performing skills in the hospital, a separate FISDAP tracking form must be labeled hospital patients and the information tracked on this form. This information should then be entered into FISDAP as a clinical shift and follow the clinical shift data entry instruction. When entering the number of hours for this portion of the data entry for the shift enter (0) so it does not duplicate hours. After the FISDAP data entry for the shift has been completed print the FISDAP skills report pages and affix it in the notebook after the FISDAP tracking form for the specified shift. A field rotation entry will also be completed for this shift indicating the number of hours completed during the shift and the skills will be entered following the data entry instructions. When placing this in the notebook, the student will place the evaluation sheet, the FISDAP data entry form for the field skills, the FISDAP skill field information pages each followed by the corresponding PCR, after all field data the student will then place the FISDAP data entry form for the skills completed in the hospital followed by the FISDAP clinical skills pages.

Psychomotor Competency

To achieve psychomotor competency, the student must perform each skill the requisite number of times as defined in detail by the clinical and field handbook. These skills must be evaluated on a check-off sheet by a program-approved preceptor, and recorded on the clinical documentation form. It is the responsibility of the student to see that this is accomplished. Credit will not be granted based on verbal confirmation, but only by written documentation. Failure to complete all psychomotor competencies will result in the student receiving an incomplete until all competencies are completed. If the competencies are not completed, the student will not complete the paramedic curriculum.

Affective Competency

The student will be evaluated on the affective domain. This will be done by Emergency Technology instructors, clinical preceptors, and field internship preceptors. The guidelines in this section will be used to evaluate the student's progress throughout the year. It is of utmost importance that the student not only be proficient in skills and knowledge, but also have ethical and moral behavior when in contact with patients and providing patient care. Failure to achieve affective competency may result in failure of the student to complete the paramedic course. Affective competency is evaluated on the following components.

- A. Adherence to dress code and clinical uniform guidelines
- B. Adherence to school, program, and clinical site rules and regulations
- C. Attendance and punctuality
- D. Participation in classroom discussion and activities
- E. Displaying non-disruptive behavior
- F. Following directions
- G. Self-motivation in the class and laboratory settings
- H. Preparedness (assigned projects/homework, study materials/books)
- I. Completion of own work and tests
- J. Usage of correct grammar, spelling, medical terminology and penmanship
- K. Usage of appropriate language (no curse words, vulgar language)

- L. Remaining on task
- M. Positive attitude and facing challenges with a positive outlook
- N. Accepting and offering constructive criticism
- O. Courteousness to college/hospital staff, patients, and students
- P. Assertiveness in patient care and in seeking learning opportunities
- Q. Remaining under direct clinical supervision when performing skills
- R. Maintaining composure in stressful situations
- S. Strict adherence to universal precautions and body mechanics
- T. Assistance with maintenance of equipment and classroom/storage tidiness
- U. Taking personal responsibility for weaknesses and mistakes
- V. Effectively utilizing time
- W. Refraining from non-productive methods of conflict resolution such as complaining, whining, gossiping, etc.
- X. Attempting to maximize personal potential by setting goals above minimal course requirements
- Y. Abstinence from alcohol/drugs during classroom and clinical
- Z. Performance of skills within the students' level of training
- AA. Scheduling time to attend all classes, clinical and field sessions

- BB. Refraining from discrimination in any form
- CC. Speaking to and treating patients in a dignified and respectful manner
- DD. Observing patient confidentiality and patient modesty

Classroom Conduct

The following areas of classroom conduct are considered a component of the professional development of the paramedic. As such, the student is responsible for knowing and abiding by the guidelines listed below.

Attendance

Students are expected to attend all classes, clinical, and other pre-scheduled meetings that are part of the course. The following guidelines have been adopted to guide and inform the student and will be enforced by the Emergency Technology instructors.

- A. The student can miss no more than 15% of the required meeting time for the course. Any part of a day absent will be documented per the number of hours missed.
- B. Should absences exceed 15% of the required contact time for the course, the student will be dismissed from the program.
- C. Absences may be used for personal illness, illnesses on the part of immediate family member, or a death in the family. Absences will be monitored by Emergency Technology instructors, and will be turned in to Student Services after the second absence. The student will receive a probation letter at this time. The student is encouraged to report to Student Services to obtain an excused absence slip to be placed in the student's file when an absence occurs.
- D. There is no differentiation between a classroom day and a clinical day in terms of absences. However, failure to notify an instructor of an absence in the clinical/field area will result in an unexcused absence, which may not be made up and may carry a grade penalty.

- E. The student is responsible for any classroom or clinical material missed. It is the student's responsibility to make-up work and arrange a make-up clinical with the clinical coordinator.

Tardiness

- A. Class begins promptly at the scheduled time and last the scheduled number of hours on the scheduled days. The student will be considered tardy if he/she is not in the classroom at the time that the roll is checked.
- B. Six (6) tardies will constitute a full absence.
- C. Clinical tardies will be counted the same as classroom tardies. Clinical times are to be arranged.
- D. Leaving early will be counted the same as classroom tardiness.

Breaks

- A. A maximum of ten (10) minutes of break-time is allowed for every hour of class-time. These may be taken at the discretion of the instructor.
- B. Bathroom breaks will not be given unless the student is ill or has special circumstances. Regular break time should present ample bathroom time.
- C. Eating, drinking, gum chewing, and tobacco usage will not be allowed in the classroom, and the student should take care of this prior to class, or during scheduled breaks.

Dress Code

Students are required to be in full uniform attire while attending class. In addition to the dress code, all students should be appropriately groomed at all times. To look professional and abide by the Clinical and Field Internship site policies, it is important that the student be in proper attire when in class, clinical, or field internship. Be it noted that no eccentric hair styles, colors, visible body art, or piercings are allowed in the classroom or the clinical/field setting. This is further explained and available for reference in the program handbook. If the student arrives improperly dressed or groomed, the student may rectify the problem or be dismissed from clinical or field internship, receiving a failing grade for the day.

Classroom & Field Internship Uniform

- A. Uniform pants (Traditional 874 Dickies Work Pants – 774 Womens)
- B. Black Program T-Shirt (Level I)
- C. Blue Program Polo (Level II)
- D. Plain white or black crew neck T-shirt under uniform shirt
- E. Black socks (color not required if wearing boots)
- F. Black shoes or boots
- G. Black professional belt
- H. Student's JCJC nametag
- I. Black medium ball point pen
- J. Stethoscope
- K. Wrist Watch

Clinical Uniform

- A. Blue scrub pants (program approved) with elastic waist and seam
- B. Blue scrub shirt (program approved)
- C. Black crew neck T-shirt under men's shirt/appropriate undergarments under women's shirt
- D. Black socks

- E. Black shoes or boots
- F. Student's JCJC Nametag
- G. Black medium ball point pen
- H. Stethoscope
- I. Wrist Watch

Grooming

- A. Hair must be neat and clean and kept off the collar
- B. Beards and mustaches must be kept trimmed short and neat
- C. Side burns should not extend beyond one inch
- D. Fingernails should not extend beyond the length of the finger
- E. Nail polish should not be worn
- F. Wedding bands and a watch with a second hand are the only jewelry allowed
- G. Shoes and boots will be plain toes. No western styles permitted.
- H. No pins or badges are allowed on the T-shirts
- I. No eccentric hair colors or styles. This is determined by the requirements of the clinical/field sites and the discretion of the department faculty.
- J. Long sleeve under shirts with short sleeve uniforms are not permissible

K. In cold weather a waist-length, plain-black jacket may be worn

L. Uniforms should be clean, neat, pressed, and starched prior to each clinical/field session

M. A short sleeve crew necked tee shirt must be worn under each uniform shirt.

Electronic Devices

Pagers, cellular phones, hand held radios, or any similar device will be permitted in the classroom under the circumstance that they are turned off or on silent (not on vibrate) and they do not disturb the class in any manner. If it is necessary that the student should have their device during class hours, the student should notify the instructor before class. The device shall remain in a place not visible by any student and will only be accessed during breaks. If devices become a nuisance, at the instructor's discretion, they will be taken up before class, left in the office, and can be picked up during breaks and at the end of the night. Any violations, particularly during test taking, will result in the student receiving a zero (0) on the test being taken.

Classroom Tidiness

It is the responsibility of the student to pick up after him/herself. At the end of each day, the student should clean up around his/her desk, and pick up trash, books, pens, or clutter. The student will also be responsible for cleaning up and putting away any equipment used during demonstrations or practical skill practice. The student will be held accountable and must replace any desks, program equipment, or classroom furniture which has been willingly damaged. This includes writing on and defacing desks.

Laboratory Description

The laboratory is the place where skills may be practiced on mannequins or students under the guidance and observation of a paramedic instructor. The laboratory is the place to learn from mistakes, ask questions, and perfect skills prior to entering the clinical and field internship settings. The skills may be practiced one-on-one, or with other students observing thereby learning from the mistakes of classmates. Each skill will be practiced and successfully completed at least three

times, prior to being cleared to perform the skills on a live patient. All laboratory instruction is subject to didactic examination.

Skills Evaluation

There are numerous skills which the paramedic student must be competent in. Each skill will be demonstrated in class prior to trying it in the laboratory setting. The student will then have the opportunity to attempt the skill. Upon completion, constructive criticism and positive aspects of the student's performance will be discussed. The skills will be evaluated on a check-off sheet. This same check-off sheet will be used in the clinical and field-internship by preceptors when evaluating skill performance. All laboratory experiences are to be logged into the student's FISDAP account before the next class meeting. The evaluations logged into the FISDAP system will be used to ensure the student meets the competency requirements of the National Psychomotor Portfolio, CoA EMSP Appendix G, and MSDOH.

Skills Practice

No skills may be practiced or performed without the knowledge and permission of the instructor. The instructor must be made aware of the student practicing any skill in the laboratory area. Jones Junior College, the paramedic Department, and the instructors will not be held liable for any student harmed while practicing a skill unapproved, or without the knowledge of an Emergency Technology Instructor.

Live Skill Practice

To ensure the safety of students and maintenance of equipment, it is imperative that the students refrain from any horseplay or rough behavior while practicing laboratory skills. Any

students engaging in such behavior will be dismissed and receive a failing grade for the day. Since many non-invasive skills will be practiced on other class members, it is important to always perform skills as safely as possible to avoid injury. Jones Junior College and the EMT Instructors will not be held liable for any injury that occurs as a result of the student's failure to follow faculty directions or execute the skill in the manner demonstrated by the faculty.

Laboratory Equipment Maintenance

Part of the laboratory evaluation will include handling and maintenance of equipment. Some very expensive equipment has been purchased to enhance training. It is important that the equipment be maintained for future students of Emergency Technology. All equipment has a designated storage area and should remain there unless being used. When being used, all mannequins should have a blanket or protective barrier between it and the floor. Students will be responsible for retrieving equipment, setting up the laboratory practical stations, cleaning and picking up equipment, storing equipment, and keeping the laboratory clean.

Clinical and Field Internship Requirements

- A. Field-Internship (Ambulance)
- B. Emergency Room
- C. Intensive Care Unit
- D. Obstetrical Department
- E. Neonatal Department
- F. Pediatric Department
- G. Surgery Department
- H. Respiratory Therapy Department
- I. State EMS Conference
- J. Medical Examiner's Office (Autopsy) – 1 POST-MORTEM
- K. Anesthesiology – 5 Successful Endotracheal Intubations

These are the minimum number of hours required in each area. A student may be required to exceed these hours to achieve competency. The Emergency Technology instructors reserve the right to use their best judgment, based on experience, to evaluate progress of the student and possibly require further clinical assignments.

Failure of Clinical or Field Internship

The following constitutes failure:

- A. Failure to attend clinical or field internship without notification of an instructor
- B. Excessive tardiness (More than 2 per semester)
- C. Usage of alcohol or illegal drugs at the clinical or field internship site
- D. Unprofessional conduct, including sexual harassment, inappropriate language, breach of patient confidentiality, discrimination (gender, racial, religious, etc.) or any conduct deemed inappropriate by the clinical institution or college as outlined in the college handbook or practicum institution policy and procedure manual
- E. Performance of a skill the student has not been approved to do, or is outside the paramedic scope of practice as outlined in the paramedic curriculum
- F. Performance of a skill without preceptor supervision
- G. Scoring below 80% on the overall clinical or field internship average
- H. Non-Compliance with the school or clinical institution rules, regulations, and policies while at the clinical site
- I. Failure to present a completed clinical/field notebook for evaluation on the assigned date
- J. Dismissal or banning from the clinical/field site

Clinical and Field-Internship Attendance Guidelines

Clinical and Field Internship will be self-scheduled by the student through the online FISDAP Scheduler System. Field internship will be scheduled in the same manner. The student must attend all scheduled sessions to fulfill program requirements. If a student has a valid excuse

for not attending and must miss a clinical or field internship assignment, an Emergency Technology faculty member and the field preceptor or field internship site must be notified before the beginning of the clinical/field day. A written excuse from a doctor or appropriate agency must be presented to the instructor upon return to class. The student will then be given an opportunity to make-up the missed session at the instructor or field preceptor's convenience. It is vital that the missed session is made up, or an incomplete will be awarded and the student will not be eligible to graduate or test National Registry. If the above requirements are not met, the student will not be allowed to make up clinical, will receive a failing grade, and will be unable to continue in the Emergency Technology program.

Clinical or Field Internship Tardiness

Being tardy to a clinical or field internship session is especially serious, due to shift changes, preceptor availability, and limited time at the clinical and field internship facilities. In the appropriate space on the clinical/field evaluation form, the preceptor will enter the start and finish time of the shift as well as the total hours completed. Leaving early will count the same as a tardy. A total of three (3) clinical or field tardies will count as an absence, and will result in failure of clinical or field internship.

Clinical and Field Breaks

The student is allowed a maximum of 1 hour and 45 minutes of break-time during a twelve (12) hour clinical shift. These breaks should be taken during slower times, and are not to be taken when there is an active learning opportunity in progress. Before leaving the clinical area, the student should notify his/her preceptor and tell them when they will be back and where to reach

them if a beneficial learning opportunity should arise. Field breaks shall be taken with the preceptor.

Clinical and Field Internship Work Guidelines

While at clinical or field internship, the student is to receive no gratuity or payment for services rendered. If the student is working for the facility or ambulance service where clinical or field internship is being performed, the student must do clinical or field internship on their own time. If the student is doing clinical or field internship and is called into work for an extreme emergency, then an Emergency Technology instructor must be notified, and no credit will be given once the student resumes work as an employee of the facility or ambulance service. To prevent the misuse of students by employers, students will not be allowed to do clinical in the facility where they work. No exceptions will be made.

Clinical and Field Internship Behavior

To ensure professionalism, order, and excellence, certain behaviors must be abided by while representing Jones Junior College, the Department of Emergency Medical Technology, and Emergency Medical profession.

Patient Confidentiality

In the clinical and field settings, the student will have knowledge of patients' personal information. It is important that the student hold all patient information confidential. Patient information is not to be discussed in the halls, bathrooms, waiting rooms, public areas, or in any place where someone other than students and instructors may hear. Limit all conversations about

patients to pre-conference, post-conference, or when communicating with preceptors or instructors. You will be held liable for any information you disclose about the cases you are involved in. Prior to entering the clinical site, a confidentiality form stating that you, the student, will hold all patient information confidential must be signed. If an infraction occurs, you will be disciplined by the school, clinical facility, and must make a formal apology to the offended party. Additional HIPAA training will be necessary before entering any clinical area.

Rules and Regulations

Students are expected to abide by the rules and regulations of the clinical/field site when doing clinical or field internship. Practicum site no smoking policies, and designated smoking areas, are to be adhered to. Students are also cautioned not to chew gum, eat, drink, or use any tobacco products while in clinical or field internship, unless it is during break in a designated area. Students are also expected to abide by the rules and regulations of Jones Junior College while fulfilling clinical and field internship requirements.

Relationships with Staff, Patrons, Patients, or Preceptors

While at the clinical or field site, the student is expected to show utmost respect to staff, patients, and hospital patrons. This may be done by avoiding unprofessional language (cursing, degrading or disrespectful terms), avoiding conflict by not arguing or talking back when in disagreement, avoiding sexual harassment, discrimination etc. Should a conflict arise with staff, preceptors, patients, or hospital patrons, the clinical instructor on site should be notified. All such incidents must be reported to the clinical instructor. It is possible that the student may be placed in a different clinical site, or dismissed from clinical if such an instance occurs.

Preceptors

Preceptors for AEMT/Paramedic students must meet, and maintain, all of the following requirements. The preceptor must be officially recommended by their operations manager and approved by the faculty of the department to serve as a preceptor. Preceptors for AEMT/Paramedic students must demonstrate 2 years of continuous practice as a paramedic, serve as an EMT preceptor for the department for at least 6 months prior to their first advanced student assignment, and complete all required annual department preceptor training.

Relationships with Preceptors

Preceptors are RNs, MDs, DOs, Paramedics, or other equally qualified individuals, that have been pre-approved by the Emergency Technology Department and the Medical Director. Preceptors will serve as a resource and a guide during the clinical and field internship training sessions. The student must be assigned to a preceptor prior to performing any patient care. The student is expected to be actively involved with all patients that the preceptor attends to, and assist with skills that the student has been cleared to do. The student should show respect to preceptors and avoid any verbal or physical conflict with them. The students should be attentive, ask questions, and assist the preceptor.

Entering the Clinical Site

A clinical instructor should always introduce the student into the clinical site. The student shall never enter the site alone and begin performing skills or assessing patients without the clinical instructor's knowledge. The student will be informed of when and where to meet prior to entering

the clinical site. If the instructor cannot be found, it is the student's responsibility to make contact with the instructor.

Entering the Field Internship Site

The student will pre-schedule field internship through the FISDAP Scheduler System with a pre-approved preceptor by the Department of Emergency Medical Technology. It is up to the student to find out when and where to meet. Upon entering the field site, the student should find his/her preceptor and introduce themselves. The student shall not perform any patient care without the direct supervision of the assigned preceptor.

Leaving the Clinical/Field Internship Site

Before leaving the clinical site or field internship site, the student should notify the preceptor that they will be leaving. If the student has to leave before the end of the scheduled day, the clinical instructor shall also be notified. The student shall have the preceptor fill out an evaluation form after each field internship ride.

Performance of Skills

The student will learn various skills in the classroom and laboratory setting which can be attempted on patients in the clinical and field internship settings. These skills must be successfully completed three times by the student in the laboratory, and evaluated by an Emergency Technology instructor prior to performance of the skills on live patients. The student will be cleared by an instructor prior to clinical, and the preceptors will be advised on which skills the student may attempt. When attempting a skill in clinical or field internship, a preceptor or clinical instructor

must be present. The student must complete all required skill competencies as outlined by the NREMT portfolio for paramedics, the approved Appendix G requirements of the programs accrediting body, and the graduation requirements approved by the EMS advisory committee, medical director, and program faculty.

Health Insurance

It is recommended that the student purchase personal health insurance. Although it is not required by the program, some field internship and clinical sites require that the student have health insurance.

Vaccinations

Prior to entering the clinical site, all childhood illness immunizations should be current. Also, vaccination against Hepatitis B should be completed. A TB skin test and follow-up should also be completed.

Infection Control Precautions

The student must always employ universal precautions when encountering any patient. The student will be provided with a copy of the OSHA requirements as adopted by the MSDOE before entering the clinical areas. When blood or bodily fluids are involved, the student must wear gloves, goggles, mask, and a gown. When encountering a Tuberculosis patient, the student must wear a HEPA mask. Sharps must be disposed of in sharps containers, and blood stained materials must be disposed of in biohazard containers. Any blood or bodily fluid stained uniforms should be removed, placed in biohazard containers, and left with the appropriate department.

Exposure to Infectious Disease

If the student is exposed to an infectious disease during clinical, the student shall report it immediately to the preceptor and the clinical instructor or an Emergency Technology instructor. It is of extreme importance that exposures be reported immediately, since treatment must begin within hours of the incident. If a student experiences an exposure while on a clinical or field rotation, the student must follow all exposure procedures issued by the facility or company of that rotation. Any required documentation of the clinical\field site must be completed immediately and additional incident documentation must be completed for the EMS program upon completion of the rotation. If the student does not report the exposure, the school, nor the clinical or field internship site will be held liable and potential disciplinary measure may be applicable based off the recommendation of the EMS program faculty or student affairs of JCJC.

Liability Insurance

The student must purchase liability insurance prior to entering the clinical site. This will cover the student for clinical and field internship assignments that have been pre-approved by the instructor. The insurance is purchased from Affinity Insurance Services, 1411 Opus Pl. Suites 250, Fowners Grove, IF 60515, 630-434-5100, which covers up to \$3 million aggregately.