



Northwest Community Healthcare
PARAMEDIC PROGRAM STUDENT HANDBOOK
September 2018 - June 2019

The student, by virtue of applying for or accepting a position in the class, assumes the responsibility to conform to all applicable governmental laws, regulations, ordinances, policies, procedures, and protocols governing citizen conduct as well as those addressing students and licensed Emergency Medical Services (EMS) personnel including all Federal, state, local and program requirements.

These standards of conduct apply to

- *applicants who become students, for offenses committed as part of the application process;*
- *applicants who become students, for offenses committed on the Northwest Community Healthcare (NCH) campus and/or while participating in program related events or activities that take place following a student's submittal of the application throughout his or her official enrollment; and former students for offenses committed while a student.*

The statements and requirements in this handbook have been reviewed and approved by me for this academic year.


Matthew T. Jordan, MD, FACEP
Paramedic Program Medical Director

Northwest Community Healthcare (NCH)

PARAMEDIC PROGRAM

Program Core Values

- **Integrity:** We continually strive to do the right things in the right ways.
- **Compassion:** We genuinely care about the well-being of people.
- **Commitment:** We are committed to those we serve and their individual needs are at the center of all decisions. This includes providing person-centered, humanistic and value-based education and care.
- **Accountability:** Each person is accountable for their own actions.
- **Advancing Knowledge:** We are dedicated to professional development and the process of applying and sharing knowledge. Quality education and a continuously learning health system is fundamental to professional growth and clinical excellence.
- **Respect and Collaboration:** We optimize teamwork and partnerships to deliver optimal outcomes; treating everyone with dignity and respect. Each student has equal value and an equal opportunity to contribute to class activities.
- **Excellence:** We are committed providing an educational experience of exceptional quality, to academic achievement, exemplary service, and superior clinical practice, quality and safety. Customer satisfaction drives all processes.
- **Justice:** Fair and equitable due process is offered to all.

Student Accountability

Each student must be aware of and comply with the Harper College and the NCH Student Handbook requirements to successfully complete the program.

Accreditation

The Higher Learning Commission of the North Central Association of Colleges and Secondary Schools (NCA)
230 South LaSalle St., Suite 7-500; Chicago, IL 60604
(800) 621-7440

Illinois Dept. of Public Health Div. of EMS & Hwy Safety
500 E. Monroe, 8th Floor; Springfield, IL 62701
(217) 785-2080

CAAHEP / CoAEMSP

The Northwest Community Healthcare Paramedic Program 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.

Commission on Accreditation of Allied Health Education Programs
25400 US Highway 19 North, Suite 158
Clearwater, Florida 33763
727-210-2350

www.caahep.org

Safe, inclusive campus environment

Equal Opportunity Statement

NCH and Harper College do not discriminate on the basis of race, color, religion, gender, national origin, ancestry, age, marital status, sexual orientation, physical or mental disability or unfavorable discharge from military service as long as the individual is otherwise qualified to perform all the essential elements of a paramedic's scope of practice and meets eligibility requirements for paramedic licensure. For a full listing of the statutory references that support the program policies and for information on requesting accommodations under the Americans with Disabilities Act (ADA) and the discrimination complaint procedure, see the Harper College Catalog and this Handbook.

Professional role of a paramedic

A paramedic is an allied health professional whose primary focus is to provide essential care and services as part of an EMS System. A paramedic functions under medical oversight and is a key link between the out-of-hospital environment and the health care system.

Paramedics possess complex knowledge and skills necessary to provide competent care and appropriate disposition to those seeking their assistance.

Paramedics provide care using drugs, pharmacologics, equipment and supplies as authorized by the EMS Medical Director (EMS MD). The Paramedic's scope of practice ranges from basic to advanced life support and may occur at the point of patient contact, enroute to or between health care facilities, or in other settings.

Paramedics must demonstrate each competency within their scope of practice in a wide variety of environmental conditions and for patients of all ages. Care is based on an appropriate patient assessment, forming an accurate impression, and providing interventions designed to optimize health, mitigate or reverse the signs and symptoms of illness and injury and provide comfort to patients and family members.

Paramedics must care for people with empathy and compassion, have an awareness of their abilities and limitations, and demonstrate transdisciplinary professionalism, strong inter-personal and communication skills, and a capacity for calm and reasoned judgment while under stress. They must blend multiple intelligences with common sense and be service oriented.

Our program of instruction

As the first EMS Resource Hospital in Illinois, NCH has been conducting EMT and paramedic education programs since 1972.

The paramedic program is designed to expand upon entry level knowledge and skills acquired through an

EMT or Advanced EMT (AEMT) course. Instructional content and design is based on the National EMS Education Standards approved by the National Highway Traffic Safety Administration (NHTSA, 2009); the Illinois EMS Act and Rules, and guidelines set forth by CoAEMSP and the Program Medical Director.

We have had a collaborative agreement with William Rainey Harper College for the paramedic program since 2003. The Illinois Community College Board approved the Associate in Applied Sciences (AAS) degree in EMS at Harper College as a unit of instruction on Feb 21, 2003. On April 1, 2003, The Illinois Board of Higher Education authorized Harper to offer the AAS degree in EMS.

All students are dually enrolled at NCH and Harper College for the paramedic certificate courses. The program extends over three semesters (fall, spring, and summer) and students are batch registered by Harper College for the courses in each semester.

All didactic classes for the certificate program are held at NCH and taught by NCH faculty. Curricular materials are prepared and administered by NCH faculty. Clinical rotations are scheduled at hospitals that belong to the Northwest Community EMS System (NWC EMSS) and are facilitated by the NCH Paramedic Course Clinical Coordinator. Field internships are completed at Provider Agencies that belong to the NWC EMSS and student progress is evaluated and monitored by NCH-approved preceptors and educators.

Students may exit the program after finishing the paramedic certificate or they may complete the full AAS degree.

Prerequisite:

EMS 110 EMT Education 9

Paramedic CERTIFICATE Program Credit hrs

EMS 210	Preparatory (fall)	10
EMS 211	Med. Emerg I (fall)	5
EMS 217	Hospital Internship (fall)	2
EMS 212	Med. Emerg II (spring)	7
EMS 213	Trauma, special populations (spring)	6
EMS 218	Hospital Internship (spring)	1
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3

Total credit hours 38

Required courses for the Associate in Applied Science (AAS) Emergency Medical Services Degree:

A grade of C or better in all BIO, EMS, (EMS 214 and EMS 215 with a grade of P), and NUR courses is required for all students.

BIO 160	Human Anatomy	4
BIO 161	Human Physiology	4
Electives ¹		4
ENG 101	Composition	3
NUR 210	Physical Assessment	2
SOC 101 ⁺	Introduction to Sociology	3
SPE 101	Fund. of Speech Communication	3

Total credit hours for AAS degree 70

¹Electives: BIO 130, CHM 100, HSC 104, or HSC 213

⁺ This course meets the World Cultures and Diversity graduation requirement.

PHILOSOPHY of EDUCATION

"Education must not simply teach work - it must teach life" (DuBois). The NCH program strives to develop students on an intellectual and personal basis.

Education impacts learning by:

- improving verbal and quantitative skills;
- encouraging higher order thinking, and prompting intellectual flexibility;
- improving reflective judgment, and effective interpersonal communication.

Education also impacts attitudes and values by developing a more positive self-image, encouraging accountability and team interdependency, increasing the ability to cope effectively with change and ambiguity, and developing a structure for principled reasoning, moral judgment, and ethical behavior.

PRIMARY PROGRAM GOAL & Competencies

To prepare competent and compassionate entry level paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

COMPETENCIES to attain before graduation

Conceptual competence: The ability to understand the theoretical foundations of the profession.

Technical competence: Proficiency in safely performing psychomotor skills.

Contextual competence: The ability to understand how your practice fits within the greater whole of the healthcare continuum and the ability to use conceptual and technical skills in the right context, avoiding the "technical imperative".

Integrative competence: The ability to take all the other competencies and put them all together, melding theory and practice.

Adaptive competence: The ability to change with evolutions in medicine or modify the care of one patient based on changing clinical presentations (move from one page of the Standard Operating Procedures (SOP) to another).

GENERAL COURSE OBJECTIVES

Upon completion of the program, a PM graduate will consistently demonstrate entry-level competency for each of the following without critical error:

- Assess scene safety and demonstrate effective situational awareness.
- Appropriately gain patient access using a variety of tools and techniques.
- Perform patient assessments using appropriate technique, sequence and timing; recognize alterations from health, set appropriate patient care priorities and coordinate their efforts with those of other agencies and practitioners.

COURSE GOAL & OBJECTIVES

- Communicate effectively orally and in writing with a sense of purpose and audience.
- Establish rapport with patients and significant others to meet emotional as well as physical needs.
- Provide care on a continuum from basic through advanced life support within the guidelines prescribed by the EMS MD.
- Use quantitative and scientific reasoning to solve problems effectively.
- Think critically and apply these skills appropriately and in various situations.
- Be technologically literate and thoroughly and accurately document an electronic patient care report using ImageTrend software per System policy.
- Maintain ambulance inventories per the System Drug and Supply list and prepare equipment and supplies before and after each call.
- Characterize professional behaviors through actions, speech, communication and interactions with instructors, preceptors, peers, patients, public safety personnel, and members of the public.

Expected professional behaviors (See code of student conduct):

- Professional identity (appearance/personal hygiene)
- Acting ethically based on codes for the profession
- Scholarly concern for improvement
- Integrity, empathy, self-motivation, self-confidence, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of EMS services.
- Be committed to life-long healthy living and well-being.

STRATEGIES TO FACILITATE LEARNING

Students have a variety of preferred learning styles and the program diversifies educational methods to optimize objective achievement. Instructors may use lecture, instructor and student-led discussions, case studies, scholarly writing, reading for meaning, labs, simulations, scenarios, role playing, games, and independent, collaborative, and guided study to present content.

Student-centered learning activities engage participants in meaningful outcome-focused exercises to stimulate self-reflection, higher order thinking, the ability to problem solve, and apply instructional theory into practice.

Educational methods are enhanced by the use of AV aids, electronic media, white boards, flip charts, patient case reviews, student handouts, and published literature/texts.

TEXTBOOKS: Need by first day of class:

Bledsoe, B.E. et al. (2017). Paramedic Care Principles and Practice (5th edition) volumes 1-5. Boston: Pearson/Brady. Several options are available.

Go to: www.bradybooks.com

1. **ALL DIGITAL package** access to MyLab™ BRADY with eTexts with the added benefit of a complete audio file for every chapter in the eText. With over 80 hours of audio all

embedded into your eText you will have the option to listen, read, watch and interact with your Paramedic MyLab. Order#: 0134572998; price \$266.67

2. **Standalone 5 written texts**, no access to MyLab™ BRADY or e-texts: #0134575962; price \$306.67
3. **5 hardcopy texts PLUS access to MyLab™ BRADY and eTexts** (good package if you aren't ready to give up hard copy texts): #0134572734; price \$494.00

*If MyLab™ BRADY is purchased, follow the instructions at the end of this handbook to register for access.

For 20% off at checkout, enter Brady20. That should defer the cost of shipping.

The MyLab™ BRADY is a resource that comes with the Paramedic Care series. Students can access the lab or e-texts from their tablets or computers/smart phones. Click here for a tour of the lab: <http://www.pearsonmylabandmastering.com/northamerica/mybradylab/educators/features/index.html>

ASSIGNMENTS: Due dates are listed in the Academic Calendar or separate reading assignment handout.

- **Pre-class reading:** It is critical for students to establish a fundamental knowledge base before each topic is presented. Prior to each class, students are expected to read the assigned pages in the Brady textbook as specified in the academic course calendar or reading assignment handout.
- **Homework questions** on the previous day's content **WILL BE SUBMITTED DAILY** to the lead instructor. Completion will be documented in each student's homework log. **Disciplinary action will result for incomplete assignments.** It is expected that each squad will spend at least 15 minutes prior to the start of each day collaborating on the correct answers to each question before collection. Additionally, the class instructor will selectively choose questions for each squad to answer to reinforce essential principles.
- **Simulated patient care reports (ePCRs):** Created by student, entered into ImageTrend software under student reports; printed as a de-identified hard copy, brought to class, and reviewed by the Provider-Based Performance Improvement (PBPI) committee. Reports due during class must be submitted and approved on time and prior to the student being released to the field internship. **Technical challenges accessing the software and/or printing complications are not a valid excuse for exceeding the assignment due date.** Student must confirm their access to the student portal on ImageTrend and reliable passwords or passphrases the day of the documentation presentation in class.

- **Scholarly written papers and projects:** In EMS 210, students will self-select a topic to complete a written paper. In EMS 212, students will be randomly assigned a communicable disease topic in which they are to prepare a handout style paper and build a presentation to be given to the class. Written instructions for these assignments will be given during the course.
- All students are required to complete a **Paramedic Psychomotor Competency PORTFOLIO** of all skill revolutions and patient care contacts that becomes a part of their permanent education file. This is a prerequisite to graduation. Each portfolio is tracked in Fisdap throughout all phases of education (lab, hospital clinical and field internship). Students will receive written instructions on building the portfolio.

All assignments are mandatory and must be submitted in compliance with instructions and by the due dates in order to receive credit.

FISDAP SOFTWARE

- Each student must purchase and enter all patient care contacts and skill revolutions (done in lab, hospital clinical and field internship) into **FISDAP software**.
 - Go to www.fisdap.net
 - Click the "Create an Account" button
 - Enter **product code NCH1119-UHXX**
 - Follow the prompts to purchase your account.
Fee for the required subscription: \$84.00.
 - If you would like to purchase additional optional FISDAP learning products, see below. More information about these products can be obtained when you go in to purchase the required package. These additional products are not required by the program.

Comprehensive exam:	\$26.25
Unit exams:	\$78.75
Study tools:	\$36.75
- **Activate your FISDAP account no later than August 31st.** If needed, you can find simple instructions under FAQs (Frequently Asked Questions) found in the "About" box at the bottom of their landing page.

CODE of STUDENT CONDUCT

Paramedic (PM) students have the opportunity to participate in a worthy, honorable, and progressive profession. This opportunity is not without obligation. The profession's viability rests on the integrity and capability of its members. See page one for our Core Values.

Students will have exposure to diverse learning environments, including, but not limited to classroom, hospital, and out of hospital settings and must behave professionally in each.

Students must take responsibility for their own learning and conduct themselves at all times as practitioners who already have a paramedic license.

We believe in uncompromising ethical behavior based on the standards and codes of professional conduct established by statute, rules, EMS organizations and Program policy. See System policy E-1 Code of Ethics.

We are dedicated to excellence as our performance standard. All services provided in the context of EMS care shall be delivered in a consistently superior manner. Working together, we will approach everything as an opportunity for continuous improvement.

Two classroom "norms" NOT honored here:

The norm of civil attitudes – which says it's OK if students only look like they're paying attention.

The norm of the consolidation of responsibility – which says that no matter how large the class, five to seven students will do most of the talking.

EXPECTED BEHAVIORS: Students shall

- comply with all statutes, rules, protocols and procedures that govern the program and EMS care.
- comply with Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements, and respect patients' autonomy, confidentiality and right to privacy.

Professional interpersonal skills:

- treat others with respect, civility, courtesy, and dignity and conduct self in a professional and cooperative manner at all times.
- work cooperatively and harmoniously with peers, preceptors, and educators.
- respect cultural differences and protect the rights, privileges, and beliefs of others.
- avoid threatening, profane, and/or abusive language or actions and refrain from verbal or written communication that defames any person or organization or would be considered harassment.
- address concerns or conflicts with associates in a direct, prompt, yet sensitive manner in an appropriate setting. If this fails, go through proper channels to appropriately resolve the conflict.

Strive toward academic and clinical excellence

- encourage and assist colleagues in the pursuit of excellence through approved team activities.
- practice ONLY within the scope of approved clinical privileges.
- adhere to the guidelines prescribed by the Program in completing all assignments and exams.
- report to class/clinical rotations on time and complete objectives by stated deadlines.
- **mitigate safety risks** by protecting self and others from exposure to foreseeable and preventable risks.

Violation of Code of Conduct

Whenever a student is alleged to have committed a violation of the student Code of Conduct while on hospital premises or at an activity, function or event sponsored or supervised by the program, an investigation will be conducted. If the allegation is sustained, disciplinary action and/or a corrective action plan will be imposed per Program and College policy. The conduct will be documented in the student's file. Discipline may also be imposed if student conduct off campus or on social media adversely affects the hospital, Program, or the College.

Examples include, but may not be limited to, proof that the person

- is guilty of fraud or deceit in procuring or attempting to procure admittance into the Paramedic program;
- has demonstrated a gross lack of integrity;
- has engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public.

This may include actions that create the potential for harm through negligence or willfulness; providing patient care without proper preparation or authorization; lying, covering up or failing to report an error in the clinical setting; and falsification of any documents;

- has violated the handbooks, contracts, or behavioral agreements specific to the paramedic program;
- has violated any law, ordinance, College or Program rule or regulation while enrolled as a student;
- is unfit for duty or nondecisional by reason of illness, drug/chemical use, or gross negligence;
- is found in possession of, or has used or distributed an illegal or controlled substance, or look-alike drug;
- is guilty of unauthorized and/or illegal possession, use or distribution of any alcoholic beverage or product;
- has presented to class impaired, intoxicated, under the influence and/or with the odor of drugs or alcohol on their person;
- has brought a weapon or explosive device of any kind to class or to a clinical area;
- is guilty of theft of property or services;
- is guilty of intentional or willful destruction of property;
- has abused College or hospital technology resources, or medical equipment;
- is guilty of assault and/or battery;
- is guilty of **academic dishonesty**: engaging in, assisting in, or condoning lying, cheating, plagiarism, furnishing unauthorized information, unauthorized collaboration, or other similar activities. A founded allegation of academic dishonesty may result in separation from the program on the first offense. Cheating on exams transcends more than social mores or professional ethics. It can negatively impact the quality of care rendered to a patient.

Examples of prohibited behaviors:

- Blatant copying of content sources for student assignments or failure to cite references
- Written information found on a student's person, clothing, skin, personal effects or property, book edges, notebook covers, etc. that could provide information about exam content
- Use of any outside source in violation of policy to obtain an answer on an exam
- Removal of an exam booklet from the testing site unless authorized by the instructor
- Audible noises, gestures, or body language used to alert others to exam answers
- Use of digital pens during exams
- is guilty of disruptive behavior and/or conduct, bullying, harassment, discrimination, or abuse that threatens the physical or mental well-being, health or safety of any individual.
Disruptive behavior is defined as student-initiated acts that range from tardiness to violence. It may consist of behavior that is argumentative, disrespectful, offensive, or threatening and may present itself physically, verbally, or psychologically. It has a negative impact in the learning environment and interferes with the learning activities of the perpetrator and other students. Examples include, but are not limited to the following:
 - Has demonstrated insubordinate or inappropriate behavior towards any instructor or preceptor;
 - Is guilty of disrupting the peace, the education process or related activity;
- has violated the terms of any corrective action plan imposed in accordance with program procedures.

JUST CULTURE / CORRECTIVE ACTION

The program encourages accountability and behaviors that reflect program values within a **culture of safety**.

Communication openness: Students are expected to report any misconduct, errors, or violation of policy to an Instructor or Program Director without fear of retribution. Students should speak up if they observe anything that may negatively impact themselves, peers, or patient care. They should feel free to respectfully question the decisions or actions of those with more authority.

Any student suspected of academic dishonesty or is alleged to have demonstrated behavior that is unprofessional, unethical, inappropriate, or illegal may be academically suspended pending an investigation.

Reporting alleged Academic Dishonesty: Faculty are asked to fill out an Academic Dishonesty Reporting form located on the System website under the Education tab/Paramedic Class and forward to the EMS Program Director to trigger an evaluation and response.

Reporting behaviors inconsistent with program values and/or policy: Any student, faculty or system

member may fill out a **Behavioral Incident Reporting form** to inform the program of behaviors and/or practices inconsistent with program values or policies to trigger an evaluation and response. The form is also found on the System website in the same location as mentioned above.

Faculty members may file a Grievance using the G1 policy and Request for Clarification form.

If the allegations are sustained, the student or alleged wrong doer will receive corrective coaching, penalties or disciplinary action.

Corrective coaching is generally progressive and shall be communicated privately and delivered in a timely manner. Corrective action is generally intended to be a positive, non-punitive intervention that allows an individual time to correct an identified deviation from expected behavior. Personal coaching, a verbal warning, a written warning, a written reprimand, or a last chance agreement may precede suspension or dismissal. However, for more severe offenses, the disciplinary process may begin with suspension or expulsion. In each instance, it is to be fair, just, and proportionate to the seriousness of the offense.

Due process rights are specified in System Policy G1 Grievance Recourse Step 1: Request for Clarification; reporting complaints and D1 Due Process: Disciplinary Action and the Harper College Catalog/Student handbook.

Appeal policy: Students and faculty members have 24 hours from the time of an invoked **disciplinary** action to appeal the action taken against them. All appeals must be in writing (e-mail is acceptable) and addressed to Connie Matterna at cmatterna@nch.org.

Recovery of damages/Restitution

If a student is found to have defaced or damaged hospital or another student's property, they will be assessed the cost for expenses incurred by the program or other parties resulting from the student's infraction. Such reimbursement may take the form of monetary payment or appropriate service to repair or otherwise compensate for damages to program property or equipment. Restitution may be imposed on any student who alone, or through group activities, participates in causing the damages or costs to the program. The student will not graduate until full restitution has been made.

HEALTH and CRIMINAL BACKGROUND CHECK REQUIREMENTS

It is the policy of NCH, including all of its subsidiaries and entities (NCH), that physical exams are performed prior to student engagement in the clinical units to ensure that they are fit to perform the duties essential to the job role with or without reasonable accommodation.

Further, NCH is committed to providing quality and safe care, which can be compromised if a practitioner is

experiencing a health issue that is not being appropriately addressed. NCH is also committed to assisting a student to address health issues so they may practice safely and competently.

"Health issue" means any physical, mental, or emotional condition, including alcohol or substance abuse and use of prescription medications that could adversely affect an individual's ability to practice safely and competently. It also includes a contagious disease which could compromise patient safety or jeopardize other health care workers.

A **fitness evaluation** may be required at any time by the Program Medical Director if there is a question about the student's current ability to exercise clinical privileges safely and competently and perform the essential functions of their student privileges as applicable. It may also include assessment of infection risk, motor skills, cognitive ability and judgment or other issues which may adversely affect their ability to care for patients or to interact appropriate with other peers and caregivers.

Further, The Joint Commission requires that all people directly involved with patient care in a hospital must demonstrate **immunity** to certain communicable diseases, complete **TB screening**, and pass a **urine drug screen** and a **criminal background check**.

In order to get health clearance to go to the clinical units, students must complete all steps in the process specified by NCH unless an exemption applies due to previous verification during employment screening with written documentation provided by the employer.

You may have the requirements completed at NCH or by your own health care provider.

Requirements:

PHYSICAL EXAMINATION signed and dated by a qualified health care practitioner (PCP) within a year of beginning class. See form attached to the back this document.

INSURANCE VERIFICATION: HEALTH

- All students must submit proof of health insurance coverage during their entire student tenure as part of their program requirements.
- Each student is responsible for obtaining medical care at his/her own expense or in keeping with existing insurance coverage for any illnesses or injuries sustained as a direct or indirect result of their affiliation with the program.
- **Insurance verification: You may do this in one of the following ways:**
 - Go to your insurance company's website and print page with your name on it verifying coverage; **OR**

- Obtain letter on employer letterhead and signed by the Chief/EMS CEO verifying coverage; **OR**
- Obtain letter on insurance company letterhead verifying your coverage; **OR**
- Purchase student insurance – information available in Harper HS.

Note: insurance cards alone are not accepted as proof of insurance. Insurance documentation must have the name of your insurance company, your name as being covered, and a current date.

TB screen: The TB test result **must be dated no earlier April 1, 2018.** Acceptable forms of testing:

- **TB skin test** (may be one or two-step testing depending on your practitioner preference – program accepts either). Schedule this carefully. These tests must be read 48 to 72 hours after placement and cannot be self-read. **OR**
- **Interferon Gamma Release Assay (IGRA)** (blood test)
 - QuantiFERON®–TB Gold In-Tube test *or*
 - T-SPOT®.TB test (T-Spot)

Universal 5 panel Urine Drug Screen: It is the policy of NCH including all of its subsidiaries and entities to require drug testing of all students doing clinical time in any hospital facility and EMS agency in an effort to ensure a work place and workforce free of substance abuse. We will not retain a student who uses illegal drugs and/or abuses legal substances. Confirmation of student status is contingent on passing the drug screen test and criminal background check.

- If you had a clean drug screen completed within one year of entry into the paramedic class as part of a pre-employment physical exam or for other reason, we will accept that.
- If you do not have a current drug screen, one may be done on site at NCH. There are fees for these services. You will need 2 forms of ID when submitting to these tests.
- **All negative 5 panel Urine Drug Screen forms done by NCH will be presented to the student and must be given to Jen Dyer for the student file.**

Test results and information completed by NCH shall be maintained in secure files within NCH. Access is limited to the applicant, MRO, and select NCH staff.

- Applicants who refuse to be tested will no longer be considered a student with NCH.
- If evidence of sample tampering is present, NCH may require the applicant to provide an additional sample. Applicants who fail to comply with re-testing requirements will no longer be considered a student with NCH.

A positive drug screen may be grounds for dismissal from the program.

- Positive drug screen results are reviewed by a medical review officer (MRO).

- The student will be given the opportunity to discuss with the MRO any prescription medications or other extenuating circumstances which may have prompted a non-negative result.
- The MRO may further investigate the student's claim by accessing the prescription database or asking to see the original prescription packaging, date of issue and dosing instructions.
- If the MRO finds the claim to be valid, the non-negative result will be changed to negative.
- The MRO makes the final determination to re-test the applicant. The MRO will communicate results to the DER (C. Mattera) who will discuss with the program Medical Director whether to retain or rescind the student's status.
- If a student exhibits **impaired behavior** in class or while engaged in program-related functions/duties, the program will send them for an immediate screen for cause. This screen may request the student to submit to a blood, hair, or urine test or to undergo a fitness evaluation to determine his or her ability to safely remain a student.
- If the applicant initiates a legal proceeding involving drug screen records, they may be disclosed to the extent permitted by law and the hospital's Release of Patient Information Policy.

Obtain a copy of your immunization record, if possible. Check with your high school or primary care practitioner's (PCP) office.

- **Get blood drawn for Hepatitis B Surface Antibody titer and IgG titers drawn for Mumps, Rubella, Rubeola, and Varicella.** Titers are considered current if drawn up to one year before the start of class.

You may make an appointment with your PCP or **NCH Occupational Health** to have these titers drawn. **You will need to obtain a copy of the lab results and submit to Jen Dyer to verify immunity.**

Have your immunization record and lab results reviewed by the Course Clinical Coordinator.

- **If blood titers show that you do not have sufficient immunity: Vaccination series are required prior to any hospital clinical rotation.**
 - **If needed, begin vaccine series**, either at your PCP's office or NCH Occupational Health department. **Some of these take time to receive the entire series. Start EARLY!**
 - If you need both MMR and Varicella vaccines, they **must** be given at the same time.
 - Hepatitis B immunization requires three doses of the vaccine. You will be advised by the PCP regarding the timing of each dose. A blood titer to determine immunity to Hepatitis B is **required** following completion of the immunization series.
 - Tetanus vaccine is recommended

FLU VACCINE MANDATORY:

NCH is committed to ensuring the health, wellness, and safety of its employees, physicians, patients, and visitors. Seasonal vaccination is the best way to prevent influenza infection and its complications. Therefore, all students are required, as a condition of working in a clinical unit, to show proof of annual vaccination against seasonal influenza (as defined by the Centers for Disease Control and Prevention [CDC]) prior to the second Friday of November each year, unless they have an approved medical exemption as directed by the CDC.

DUE DATE for 2018: Nov 10. Provide proof of flu vaccination to Jen Dyer as part of the clinical health prerequisites.

Illinois State Police Criminal BACKGROUND CHECK:

Students must comply with a criminal background check unless an exemption applies due to a labor-union contract with the student's employer.

Primary search - \$59.00

- Social security trace
- County criminal felony and misdemeanor (All Lived plus Cook County past 7 years)
- Multi-jurisdictional national search: National sex offender & global watch list
- Verification of highest degree earned
- Employment verification - one employer

The program will submit your name and e-mail address to NCH Human Resources who will send you the background check to be completed via email through CBES (Careerbuilder Employee Screenings). Turnaround is 3-4 days.

FELONY CONVICTION POLICY

Accepting individuals convicted of certain felony crimes into the Paramedic program or allowing them to continue in the program once a conviction has taken place or becomes known presents a unreasonable risk to public health and safety if such person has not offered proof of sufficient rehabilitation to warrant public trust.

IDPH will suspend, revoke, or refuse to issue or renew the license of any licensee after an opportunity for an impartial hearing before a neutral administrative law judge appointed by the Director, where the preponderance of the evidence shows that the licensee has been convicted (or entered a plea of guilty or nolo-contendere) by a court of competent jurisdiction of a **Class X, Class 1, or Class 2 felony offense** in this State or an out-of-state equivalent (HB5183 Enrolled LRB096 16642 KTG 31923 b) Public Act 096-1469.

Applications are not accepted from students who meet the above criteria. Continued enrollment of those who meet the above criteria during class will be terminated following a hearing in compliance with Illinois law.

Discretionary denial: Applications for enrollment and/or licensure by individuals convicted of other crimes including, but not limited to, DUI may be denied after consideration of the following:

- The seriousness of the crime and time elapsed since the crime was committed.
- Whether the crime relates directly to the scope of EMS service and the delivery of patient care.
- If the crime involved violence to, or abuse of, another person.
- Whether the crime involved a minor or a person of diminished capacity.
- Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

If an exemption applies for urine drug screening and/or the background check, submit written verification on agency letterhead, signed by the Chief, indicating that the requirement has been previously met.

When all clinical prerequisite requirements are complete, submit supporting documents to Jen Dyer.

Health screening, physical exam; urine drug test, immunizations (except flu – must be acquired when vaccine is available), & background check results:

DUE DATE: 9/10/18

Hospital clinical rotations cannot begin until all health screening, immunization verifications, drug screen, and criminal background check are completed. Failure to comply with the clinical health requirements on time may constitute grounds for dismissal from the program.

Psychiatric or Substance Abuse Care/Treatment

A student who has received a decree by a Circuit Court/ or an examination by a qualified physician establishing that they are in need of psychiatric or substance abuse care/treatment shall be suspended from class. That person may be reinstated upon findings by the Circuit Court or qualified physician that they are being successfully treated for the mental illness/substance abuse and have been approved to return by the EMS MD.

STUDENTS with a COMMUNICABLE DISEASE

A student with an infectious or communicable disease or is a carrier of a communicable disease may attend class and participate in activities whenever, through reasonable accommodation, there is no significant risk of transmission of the disease to others and it would not place the health of the student at risk. The potential risk shall be evaluated on a case by case basis in accordance with NCH policy and in concert with the Program MD.

Such a student may be denied admission to, or may be dismissed from, the PM course whenever the disease renders the student unable to attend class for more than three full calendar days, disqualifies him or her from clinical duty, or makes it impossible for them to perform the essential functions of a paramedic.

ACADEMIC CALENDAR: The schedule contains class dates, times, and assignments and is subject to change. Refer frequently to the Program website: www.nwcemss.org for the most recent updates.

PRE-COURSE AMBULANCE OBSERVATION TIME

Most incoming students lack significant field experience as an EMT. Therefore, all are expected to complete at least 16 hours of observational ride-a-long time on an ALS ambulance between the hours of 7-8 am (shift change) extending until 12 midnight (no nights) before class begins. Call volume is usually greatest between 11 am and 7 pm. Ask the Provider EMS Coordinator at your assigned agency to set up the observation time. Contact information is in the System Directory available on the System website under the About Us tab

Each shift must be verified by completion of a **Preclass Field Observation Form** sent to students and posted on-line. These forms must be **turned in to Pamela Ross** on or before the first day of class.

While riding, students should observe PMs in action. Pay close attention to how they communicate with patients, take accurate histories, correctly prioritize and perform a physical exam, provide interventions consistent with SOP; call on-line medical control (OLMC) and accurately document the call.

Prospective students are asked to OBSERVE ONLY. They are NOT allowed to perform any BLS or ALS interventions and should not be instructed on ALS skills.

DESCRIPTIONS OF CORE CLASSES

See course syllabus for full details

EMS 210 - Paramedic Preparatory (fall semester)

Introduces the roles and responsibilities of PMs and presents an overview of EMS system design and operating processes; the history and current state of EMS care and medical oversight; medical-legal and ethical issues; therapeutic communication; life-span development; and general principles of documentation.

Content also includes cellular structure and physiology; general principles of pathophysiology: causes and fundamental mechanisms of diseases; fluids and electrolytes; acid/base imbalances; the body's defenses against disease; and the effects of hypoperfusion.

Pharmacology is introduced including general properties and forms of drugs; components of a drug profile; drug classifications, routes of administration, interactions, storage, and special considerations; and drugs used in EMS care. Students must demonstrate competency in

calculating drug dosages and will give drugs via all routes included in the System procedure manual.

This module also includes a comprehensive introduction to respiratory A&P, airway adjuncts, pulmonary assessment using pulse oximetry and capnography, oxygen delivery devices and techniques for performing a comprehensive physical examination.

EMS 211 - Paramedic Medical Emergencies I (fall)

Prerequisite: EMS 210 with a grade of "C" or better
Co-requisite: EMS 217 Hospital Internship (fall)

Cardiac A&P introduces the structure, function, and electrical conduction system of the heart. Students explore an in-depth study of acute and chronic disorders of the pulmonary and cardiovascular systems. A significant portion of time is spent on ECG rhythm interpretation and the drugs and interventions used during emergency cardiac care including transcutaneous pacing, cardioversion, defibrillation, and cardiac arrest management. 12-lead ECG interpretation is presented at the end of this module but is tested later in the course.

EMS 212 - Paramedic Medical Emergencies II (spring semester)

Prerequisite: EMS 211 with a grade of "C" or better
Co-requisite: EMS 218 Hospital Internship (spring)

Key content of this module presents A&P of the female reproductive system, gynecological emergencies, sexual assault, physiologic changes of pregnancy, emergency childbirth, complications of pregnancy and delivery, and care/resuscitation of a newborn.

Also covered are specific diseases and emergencies and/or trauma seen in children and changes associated with aging, age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies.

Behavioral and psychiatric emergencies are presented with an emphasis on patient and responder safety, types of behavioral and psychiatric emergencies, general assessment and management, performing a differential diagnosis to consider medical causes of behavioral disorders, dealing with a suicidal or violent patient or one who is a flight risk, and conditions under which restraints may be applied.

Further content introduces acute and chronic disorders of the endocrine, gastrointestinal, genitourinary, immune, neurologic, and hematopoietic systems and their emergency management. Also presented are toxicology and substance abuse, environmental emergencies, and infectious and communicable diseases.

EMS 213 - Paramedic Trauma / Special Patient Populations / EMS Ops (spring)

Prerequisite: EMS 212 with a grade of "C" or better
Co-requisite: EMS 218 Hospital Internship (spring)

This module introduces the study of kinematics. Each body system is discussed with respect to the pathogenesis and nature of common injuries including, head, face, ocular, ear, spine, thoracic, cardiovascular, abdomen, GU, obstetric, musculoskeletal, soft tissue, and burns.

Content also covers special patient populations, victims of interpersonal violence, and those with special challenges such as patients with arthritis, cancer, cerebral palsy, chronic neurological or muscular debilitating conditions, previous brain injury, or a terminal illness. EMS response to home care patients is presented along with an introduction to common devices and appliances used or worn by these individuals. Students are introduced to concepts relative to grief management.

It concludes with experts presenting concepts of Multiple Patient Management; gun safety, active shooter incidents, weapons of mass destruction and terrorism; rescue operations; ambulance operations, and response to hazardous materials incidents.

EMS 217 & 218 Paramedic Hospital Internship

All questions about EMS 217 & 218 and paperwork should be submitted to Jen Dyer, Clinical Coordinator

Purpose: Hospital clinical rotations allow students to apply concepts presented during class to actual patient situations in a controlled environment under the direct supervision of a hospital-assigned preceptor.

IDPH requires a minimum of 200 hours of hospital clinical experience. In the NWC EMSS program, these hours are divided as follows:

Hospital Unit/shift requirement minimums (to be achieved during EMS 217 & 218)

ED	112-120 hours	14-15 shifts
Stroke Unit (optional for 1 ED)	8 hours	1 shift
ICU	8 hours	1 shift
Labor & delivery	24 hours	3 shifts
Operating room (4 live tubes)	8- 16 hrs	1- 2 shifts
Pediatric ED	24 hours	3 shifts
Psych	8 hours	1 shift
Elective	8 hours	1 shift
Total:	200 hours	25 shifts

Students must complete at least 192 clinical hours prior to starting the field internship. Even though done with EMS 218, students may be required to do additional hospital clinical shifts during EMS 215 if they require additional patient care contacts and/or demonstrate the need to gain additional competency. Time to complete EMS 218 after EMS 215 has started will not be extended due to irresponsible student behavior or persistent failure to complete hospital clinical rotations, submit paperwork and complete accurate Fisdap entries on time. A student's failure to complete clinical requirements on time may result in expulsion from the program.

Clinical Instruction plans: Each hospital unit has a plan that lists student and preceptor objectives, the expected

performance outcomes, and provides a form on which to validate the learning experience. Students should bring a copy of the unit instruction plan to the clinical experience in case there are any questions regarding the expected and/or approved student activities.

Hospital Clinical scheduling rules:

- Open shifts per unit depend on hospital availability and student preparation. Students will select their shifts during a group process facilitated by the Clinical Coordinator in class. **After Jen Dyer has approved the selected shifts, students will enter them into the FISDAP software. Exception:** OR rotations are prescheduled by the Clinical Coordinator. Students must schedule their other clinical shifts around the assigned OR dates.
- When selecting clinical shifts, students may not do more than a 40 hour week (combination of class and hospital clinical hours, Sun-Sat). **NO EXCEPTIONS.**
- You may not do more than a 12 hour class/hospital clinical day (combining class and clinical hours, nor may you do a double hospital clinical shift (two, 8 hour shifts sequentially).*
- There must be at least 8 hours between clinical shifts or a hospital shift and return to class*.
- Students must be willing to complete clinical shifts at all System hospital as needed.
- Students must schedule themselves for a combination of day, pm and weekend shifts at a variety of System hospitals.

***Timing of shifts:** Research shows that having sufficient time between shifts helps healthcare workers recover from work. Shift work can increase the risk of many diseases, e.g. cardiovascular. The increased risk is partially caused by insufficient recovery from work which interferes with the normal function of the autonomic nervous system regulating heart function and BP. Healthcare workers may have too little time for rest and recovery, especially in the backwards-rotating shift system which allows less than 11 hours of rest between shifts). In order to promote students' ability to work safely and their well-being, it is recommendable to use forward-rotating shifts.

Ref: http://www.pharmiweb.com/features/feature.asp?ROW_ID=1841##ixzz3dtafrNiX

Schedule changes: Once approved and confirmed with the host hospitals, the Clinical Coordinator **will not change more than one clinical shift per student except for ISOLATED cases of severe illness and/or extreme family emergency.** Students wishing to change assignments must find a duty trade with another student and notify the Clinical Coordinator.

Absences/late arrivals: If you experience an unforeseen personal emergency or acute illness and will miss or be late to an assigned clinical rotation, you must notify the following in advance of the missed rotation:

1. **Clinical unit nurse in charge.** Phone numbers for each unit are in the clinical instruction plans.
2. **Course Clinical Coordinator (Jen Dyer).** Call 847/618-4494 or send an e-mail to jdye@nch.org by 6:30 am for a 7:00 am shift and by 2:30 pm for a 3:00 pm shift. If there is no answer, leave a message on voice mail. Provide the name and title of the person on the clinical unit to whom the absence/tardiness was reported.

Determination that a late start or absence is excused is at the sole discretion of the Clinical Coord, Program Director and/or EMS MD.

Failure to report on time or at all to a clinical unit as scheduled without cause and advance notice (no call, no show) constitutes irresponsible behavior resulting in an **unexcused absence** pending an investigation.

If tardy and allowed to stay, the student must complete the full shift time. A missed shift must be made up at the convenience of the host hospital.

After one unexcused absence, the student will be placed on academic probation. **Two late arrivals and/or unexcused absences** will require a meeting with the Clinical Coordinator, notification of the Lead Instructor and Program Director, and may result in disciplinary action. **Proof of illness may be required to affirm an excused absence.**

A student who goes to the wrong clinical unit, or to the assigned unit on the wrong day or time, will be sent home and must be rescheduled. This will constitute an **unexcused absence**. The student is responsible for notifying the Clinical Coord of their error immediately.

Leaving early: Students may not leave a clinical unit before shift end unless approved **in advance** by the Clinical Coord or Lead Instructor. Leaving early without permission is considered unprofessional conduct and will trigger the program's corrective coaching/disciplinary action policy.

Non-professional conduct: Confirmation that a student exceeded acceptable times in non-patient care activities, was not actively engaged in patient care activities, or violated the conduct specified in the affective objectives, will trigger the program's corrective coaching/disciplinary action policy.

Unit evaluations/FISDAP submissions:

READ CAREFULLY

EVALUATION FORMS Clinical Activity Performance Record for each clinical unit must be a complete reflection of the patient care contacts and skills performed by the student, verified and signed by the preceptor who observed the student's performance (may need more than one signature); and submitted to the Clinical Coordinator within one week of the rotation.

*The tracking system must incorporate and identify the minimum competencies required for each exposure group, which encompasses patient age (pediatric age subgroups must include: newborn, infant, toddler, preschooler, school-ager, and adolescent), pathologies, complaint, gender, and intervention and that **each** student has met them.*

The program must track the number of times each student successfully performs each of the competencies required for the appropriate exit point according to patient age, pathologies, complaint, gender, and interventions (CoA).

FISDAP ENTRIES: Students must enter all patient care contacts and skills performed into FISDAP within one week of completing the rotation. **The number and nature of patient contacts and interventions logged into FISDAP for that shift must match the Unit Clinical Activity Performance Record form exactly.**

If the clinical paperwork is incomplete, is not submitted on time, FISDAP entries are not made on time or cannot be substantiated by the Clinical Evaluation Form, that clinical shift will not be credited toward meeting graduation requirements and must be repeated.

If a student is required to repeat more than one clinical shift due to late paperwork or computer submissions, a meeting will be held with the Program Director and may be grounds for an Individual Education Plan (IEP) and/or dismissal from the program for failure to achieve the objectives of EMS 217 & 218.

EMS 215 - Paramedic Field Internship

All questions about EMS 215 should be directed to Mike Gentile.

Prerequisites for release to Field Internship:

- Successful completion of EMS 213
- EMS 217 & 218 done except for the elective and all paperwork submitted to & approved by J. Dyer
- *All Fisdap entries for labs and EMS 217 and 218 entered by student and approved by J. Dyer
- All class-required simulated runs completed by student, submitted to and approved by J. Albert
- Eligible preceptor(s) identified by agency, approved by hospital educator, & paperwork submitted to M. Gentile.
- Agency agreement to host students signed by authorized administrator and submitted to M. Gentile.
- Hold harmless statement signed by student and forwarded to agency

*It is NOT necessary to have all required patient care contacts and skill revolutions completed and signed off before beginning the field internship, but major percentages of those patients or skills with limited contacts must be completed in lab and the hospital clinical rotations or the likelihood of getting them done on time is small. The specific numbers of each to be done prior to EMS 215 will be given to students.

Goal: Students integrate theoretical concepts into practice under the direct supervision of an approved preceptor in the field environment. They are expected to develop contextual, integrative, and adaptive competencies using higher order critical thinking skills.

During the field internship, paramedic students will

1. effectively participate as a team member and leader under the direct supervision of an approved Preceptor.
2. obtain and organize patient findings and communicate effectively with OLMC.
3. accurately document the call on an electronic patient care report (ePCR) using *ImageTrend* software, appropriate medical terminology, abbreviations, units of measure, and grammar in accordance with principles of medical documentation. The student's name must be noted as the team member who completed the report.
4. enter all patient care contacts, assessments and interventions performed into FISDAP within one week of completing the call. **The number and nature of patient contacts and interventions logged into FISDAP for that call must match the Critique form and ePCR exactly.**
5. participate in the cleaning, maintenance, and restocking of EMS drugs and equipment .
6. demonstrate achievement of affective objectives.
7. develop effective coping strategies to mitigate the stressors inherent in EMS practice.

PRECEPTOR APPROVAL

Field Preceptor(s) must be submitted and approved per System Policy P-1 by **2/15/19**. If not approved by that date, the student and the EMS Provider agency will receive notice of the student's impending suspension for non-compliance with EMS 215 requirements. A primary preceptor cannot be assigned to more than one student at a time.

Meeting with assigned hospital EMS Coordinator/Educator prior to starting the Field Internship.

All students must contact their assigned hospital EMSC/E no later than the first week in January 2019 to schedule a meeting with them to discuss specific requirements relative to the field internship. See System Directory on the website under the ABOUT US tab for contact info.

Students are expected to begin the Field Internship by the dates specified in the Course Calendar. Any delays will impact the student's ability to graduate on time and must be approved by Mike Gentile.

INTERNSHIP PHASES: The field internship is divided into two phases of ascending mastery and accountability:

- Phase 1; **Team member** with an emphasis on enhancing assessment and intervention skills.
- Phase 2: "Capstone" experience, where students, in an end-of-program sequence field internship, do work

that gets assessed against the desired overall course outcomes. They are expected to demonstrate competency as a **team leader**.

Each phase has objectives listed on the Field Internship forms that must be achieved before advancing to the next phase or completing the internship.

PHASE MEETINGS

At the end of Phase 1 and Phase 2, a meeting must be held with the student, their preceptor(s) and the assigned hospital EMSC/Educator to validate achievement of the objectives for that phase. Attendance of the Provider EMSC is welcome, but not mandatory. Students must coordinate possible meeting dates and times with their Hospital EMSC/educator and preceptor at least two weeks prior to the desired meeting date.

Students must submit blinded patient care reports (PCRs) for each call on which they participated during that phase along with the completed Critique forms, ECGs, and drug cards for selective prescription drugs taken by each patient to the hospital EMSC/educator at least one week in advance of the meeting. The EMSC/educator will review all of the submissions and determine which will be discussed at the phase meeting.

During the meeting, students must be prepared to discuss each patient's history including prescribed meds, physical exam findings, possible causes or contributing factors to the patient's condition; pathophysiology of the condition, how they reached their paramedic impression; interventions/medications administered by EMS, and responses to interventions.

Once a student demonstrates achievement of that phase's objectives, they will be advanced to the next phase or be recommended for graduation.

If they do not demonstrate mastery of the objectives, they will be retained in that phase with an individual education plan (IEP) until objectives are met or course deadlines terminate the internship.

Time requirements: Vary from student to student as each phase is competency rather than time-based. Students are required to ride a minimum of 300 state-required hours but usually extend well beyond that as there are over 25 possible 24 hour shift days within a full internship time. Eight additional hours are allowed for phase or coaching meetings. Time may be extended based on patient contact opportunities and student progress. Phase 1 should be completed in four weeks or less and Phase 2 should conclude by the middle of May.

Minimum PATIENT CARE CONTACTS/skill competencies that must be demonstrated and entered into FISDAP to confirm skill revolutions during lab, EMS 215, 217 & 218 as a prerequisite to graduation. **These numbers may change as FISDAP logging software is updated to make more specific tracking possible and the program Advisory Committee considers and provides input into the final numbers:**

<u>Assessments</u>	<u>Minimum number</u>
Adult (18-64 yrs)	75
Geriatric (65 or older)	50
Pediatrics total	25
Newborn (0-1 mos)	2
Infant (1-12 mos)	3
Toddler (2-3 yrs)	2
Preschool	2
School age	3
Adolescent	5
Trauma patients total	30
Trauma peds	6
Trauma geriatrics	6
Medical patients total	60
Medical peds	12
Medical geriatric	12
Stroke/TIA	2
Acute coronary syndrome/chest pain	10
Cardiac dysrhythmia	2
Respiratory distress/failure	2
Hypoglycemia/DKA/HHNS	2
Sepsis	2
Shock	2
Toxicology emerg/OD	2
Psych/behavior emergency	6
Altered mental status	8
Abdominal pain	4

<u>SKILLS</u>	<u>Minimum #</u>
Obtain Hx from A&O pt (total)	10
Comprehensive normal phys assess adult	2
Comprehensive normal phys assess peds	6
Trauma assessment adult	16
Medical assessment (cardiac) adult	54
Direct tracheal intubation adult (4 live)	24
Direct tracheal intubation peds	24
Trauma intubation (inline adult)	6
Nasotracheal intubation adult	2
Supraglottic airway	20
Cricothyrotomy (needle/surgical)	8
CPAP	5
Pleural decompression	6
Vascular access (IV)	47
Vascular access (IO)	8
IV/IO Medication administration	16
IVPB Medication administration	4
IM or subcutaneous medication admin.	6
Inhaled medication (nebulized)	2
Synchronized cardioversion	16
Defibrillation	16
Transcutaneous pacing	15
Normal delivery & newborn care	7
Abnormal delivery & newborn care	7
Neonatal resuscitation	7

BLS skills to be competencied in lab before live patient encounters

Spine motion restriction (adult supine)	3
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Spine motion restriction (adult seated)	3
Joint splinting	3
Long bone splinting	3
Traction splinting	3
Hemorrhage control	3
IN med administration	4
Inhaled med administration	4
Glucose check	2
12 L ECG electrode placement	4
CPR equivalent to AHA BLS for HCP	
1 & 2 rescuer CPR for adults, children, infant	3
BVM ventilations adult and child	2
Use of AED	1
Obstructed airway technique 1 yr & older	2
Serve as the team leader	20 (15 ALS) runs

Scheduling: No more than 1/3 of the total hours may be completed from 11 pm to 7 am. At a minimum, students are expected to ride an entire shift extending until the time set by the EMS agency to coincide with their preceptors' work schedule. They may not leave in the middle of a shift unless an emergency exists. Leaving early must be approved in advance by Mike Gentile.

A student will be given an incomplete grade for EMS 215 if not completed by the 3rd week in May. The Internship may be extended a maximum of 45 days after the scheduled end of EMS 215 based on limited patient contact opportunities and slow but steady student progress. It will not be extended due to irresponsible student behavior or lack of progress in meeting an IEP.

Completion: In order to graduate and to take a credentialing exam, students must demonstrate *entry-level* mastery of EMS knowledge and skills as measured by satisfactorily completing all objectives in the internship instruction plan.

EMS 216 - EMT-P Seminar (summer semester)

Pre-requisite: EMT 215 Paramedic Field Internship

This is a summer course in the Harper calendar and requires separate registration. Seminar hours provide an opportunity for intellectual engagement and allow students to integrate and apply didactic and psychomotor concepts at the highest levels of learning. Students present, evaluate, and create patient cases to illustrate key learning objectives. The seminar approach is designed to prepare students for the final exams as well as the credentialing exams.

EVALUATIONS

Students are evaluated on their achievement of cognitive (knowledge), psychomotor (skills) and affective (professional attributes) objectives in each component of the course. Performance is evaluated during class, labs, hospital clinical rotations, the field internship, and during the final exams. Employers do not have access to actual grades unless the student signs a release of academic

information form, but will be informed if the student has met or not met program objectives.

Students evaluate faculty, the Course Coordinator, the hospital clinical experiences, preceptors, and the course.

Program evaluation is a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates.

Outcomes assessments include but are not limited to: exit point completion, graduate satisfaction, employer satisfaction, job placement, licensing examination results and national registration.

Students are expected to complete and submit all evaluations on time as directed by the program. Evaluations may be requested of the student throughout the course and up to six months post-graduation in compliance with CoA requirements. Acceptance of this responsibility will be documented as part of the student's signed agreement and failure to comply is considered a violation of policy and student expectations.

MEASUREMENTS OF OBJECTIVE ACHIEVEMENT

Cognitive objectives are measured by quizzes, and written exams. Psychomotor and affective objectives are measured by simulations, scenarios, practical examinations, and direct observation.

- **Quizzes:** Formative assessments are usually constructed as short answer, fill-in-the-blank and multiple choice questions. Daily quizzes may ask questions covering the reading assignments for that day. Weekly quizzes are more expansive and heavily count in the grade point average.
- **Written modular exams** at the end of EMS 210, 211, 212, 213 each consist of 150 multiple-choice questions. Starting with EMS 211, written exams also include a timed ECG rhythm strip exam.
- **Practical exams:** Practical exams at the end of EMS 210, 211, 212, and 213 measure competency in performing psychomotor skills. Specific skills to be tested are listed on the class schedule.
- **Final written exam:** Consists of 150 multiple-choice questions that are a summative assessment of cognitive objectives across the whole course plus a timed ECG strip exam.
- **Final practical exam** Mirrors the NREMT psychomotor exam.

Academic Honor Code: Students are held to a strict code of academic honesty. Personal items, such as purses, backpacks, briefcases, books, notes, cell phones and electronic devices (turned off) must be put away during testing.

The instructor reserves the right to ask students to remove jackets or articles of clothing that are bulky and could be suspicious of containing or covering prohibited devices/materials during the exam.

Students are expected to take quizzes and exams on the dates and times assigned. A seating chart may be devised at the discretion of the faculty. No tardiness or absence will be excused for a modular or final exam unless a compelling cause of the most emergent personal nature has occurred.

If a student is late to a quiz or exam, they may not be permitted entry after the exam booklets have been distributed and a zero may be given (at the discretion of the faculty). If the student is permitted entry and is able to take the exam, they will only have the remaining exam time to complete all questions.

Quizzes and written exams allow approximately one minute per question. Students must demonstrate good time management skills and complete all questions within the allotted time.

If refused admittance to the exam due to tardiness, the student must take the exam on the original day of testing at the convenience of the Course Coordinator. No make-up quizzes shall be given during class time.

Make-up exams on an alternate date will only be given for extreme extenuating circumstances. The student may be required to provide evidence to verify illness or to prove the validity of the emergency.

A second lateness or absence for a quiz/exam will result in a meeting with the EMS Administrative Director and EMS MD and may result in dismissal from the program.

All practical exam make ups will require a fee of \$50/hour or portion of an hour for a preceptor and simulated patient if needed.

GRADING and RETEST policies

The cumulative quiz average during each module must be 80% or above to be eligible to take the Modular Exams.

Each modular written exam and the final written exam must be completed with a minimum score of 80% or above to pass.

Students who score between 75%-80% on the first attempt will have one opportunity to retake the failed written exam. The highest score awarded for a retest is 80%. Students who score below 75% on the first attempt or below 80% on the retest will receive an F for that exam and will be dismissed from the program with an option to re-enroll the following year.

Exit interviews will be conducted with the student and Course Coordinator. A representative of the employing EMS agency and the EMS MD or his designee may be invited to attend the exit interview by either party.

Failure of an ECG exam or failure to correctly identify lethal rhythms: VT, VF, asystole, IVR, AIVR, or 3°AVB requires completion of mandatory remediation prior to retesting. Students must be able to identify potentially lethal rhythms in order to pass each test.

Grade point averages:

	<u>% of GPA</u>
Quiz/project average	70%
	60% if ECG test given
Modular exam	30%
ECG exam (211, 212, 213)	10%
Grade for EMS 215, 217 & 218:	Pass/fail
Grade for EMS 216:	
ECG exam	20%
Final Written exam	80%
Grading Scale	94-100 A
	87-93 B
<u>Passing score</u>	80-86 C
No credit awarded	75-79 D
	< 75 F

Modular Practical Exams are scored as pass/fail based on detailed evaluation instruments that list all critical steps to be performed. The student must demonstrate all key steps in a reasonable sequence and time without critical error to pass. A student may fail up to 2 stations in one exam and be eligible to retest that station one time.

Failing three or more stations on the first attempt or failing one re-test will trigger a meeting with the EMS MD and may result in a corrective action plan or dismissal from the program. Practical exam grades are not averaged into the cumulative GPA, however, students must pass all practical stations to pass the course.

Hospital Clinical & Field Internship grades: Grades for EMS 215, 217 & 218 are recorded as Pass/Fail based on whether or not the student has completed or not completed the requirements. Clinical grades ARE NOT averaged into the cumulative grade point average; however, students must successfully complete all requirements and enter patient contacts and skills performed into the electronic tracking software to pass.

Affective objectives:

On-going, affective evaluations must be done that assess student behaviors for all learning settings (i.e., didactic, laboratory, clinical, and field). The frequency of the evaluations needs to be done in a timely manner to provide the student and the program director and medical director with his/her performance/progress throughout the program. These periodic affective evaluations are in addition to the required summative, comprehensive affective evaluation at the end of the program (CoA).

If the program determines that a student is not exhibiting appropriate behaviors, corrective coaching shall take place and the student will be placed on a corrective action plan. If the maladaptive behavior persists despite remediation, a meeting will be held with the Program Director and Program MD to determine if further action is appropriate (e.g. probation, failure).

GUIDED STUDY

Students having difficulty mastering course objectives as evidenced by **quiz scores below 80% will be placed on Guided Study.**

The action plan requires the student to write/type a meaningful rationale for each incorrect answer; *i.e. what makes the incorrect answer wrong and why is the correct answer right?* These responses should each be at least one paragraph.

Students will have 48 hours after signing their action plan to submit remediation to the lead instructor. After the remediation is accepted, the student needs to schedule a meeting with their assigned field preceptor, who will serve as a learning coach, to review the outcomes of their remediation and possibly receive further tutoring. Documentation must include the dates and times of mentoring; a diary of topics covered and verified by the preceptor's signature.

Guided Study is meant to help a student master the objectives to ensure that they will be successful in completing the course.

If a student fails to satisfactorily complete a remediation plan, they will be dismissed from the course and given a failing grade for that module.

COURSE COMPLETION CRITERIA

The program must document that all students have reached terminal competence as an entry level paramedic in all three learning domains. Determination of terminal competence is a joint responsibility of the program and the EMS MD. Students will not receive a diploma nor be recommended to take a licensure exam if any requirement is incomplete.

- All courses passed (EMS 210, 211, 212, 213, 217, 218, 215, and 216) and paperwork submitted
- All patient care contacts and skill competencies met and entered into tracking software with approval by Course Clinical Coordinator
- All assignments turned in and accepted
- All fees paid
- Primary instructional goal and objectives achieved

PARAMEDIC LICENSURE EXAMS

The Program MD, Agency Chiefs/administrators, and Paramedic Program Advisory Committee have strongly recommended that all graduates of the NCH Paramedic Program take the Nation Registry exams as a means to achieving Illinois licensure. However, by Illinois law, graduates have the choice of taking the State of Illinois paramedic exam administered by Continental Testing Services (CTS) or the NREMT written (cognitive) and Practical (psychomotor) exams for Paramedics.

Both written exams are conducted at computer testing centers. The NREMT practical exam is offered on site at NCH at no charge to the students. For specific NREMT testing policies see: www.nremt.org

Note: Most states require the NREMT exam and/or continued national registration as a requirement of EMS licensure/certification. They may require an individual to

become nationally registered before authorizing reciprocity to their state.

Passing the National Registry or state exams does not automatically confer licensure in Illinois. EMS Systems must recommend licensure, the individual must pay a license fee and then IDPH will award a paramedic license.

Students will declare their selected exam choice at the end of class. They will be given instructions on how to apply for the test of their choice and then to submit for State licensure when they have successfully completed all course requirements.

GENERAL COURSE POLICIES

ATTENDANCE

Students are expected to attend every class, lab, quiz, exam, clinical rotation, and field internship shift and be on time and duty ready unless they have made appropriate prior notice and have received an excused absence.

ON TIME is considered to be in your seat and/or duty ready at least 15 minutes prior to the posted or declared start of class, lab, or clinical assignment so that instructions/report are heard and the student can participate in any advance class activities.

Participation in an emergency preparedness exercise may be mandatory based on availability. If missed due to an excused absence, mandatory components must be made up based on instructor and/or unit availability.

Classroom absences make it difficult for the student to adequately learn essential didactic concepts. The equivalent of **three or more full day absences per semester (excused or not) may result in dismissal from the program.**

Late arrival/tardiness: Highly unusual or extenuating circumstances occasionally occur causing a student to be late without appropriate notice or justification. A trend of arriving after the posted start times, whether first thing in the morning, after breaks, or after lunch without prior notice and reasonable justification, is considered unprofessional conduct and the student will be recorded as tardy. See below for consequences of late arrivals.

Providing notice: Inform your Squad Leader in advance regarding the nature of your emergency if you are going to be late or absent from a class. They will be responsible for notifying the instructor before class begins.

The LI will determine if a tardy arrival or absence is excused. **Preventable outcomes such as oversleeping, traffic congestion, etc. will not be considered excused** unless grossly extenuating circumstances apply.

Unexcused lateness/absences: Any late arrival/absence without prior notice and/or reasonable justification shall be considered unexcused and shall be noted in the student record.

The first unexcused late arrival or unexcused absence will prompt a final written warning and a meeting with the lead instructor to build an action plan.

Two unexcused late arrivals at either a morning or afternoon session of class, clinical rotation, or field shift is considered unprofessional behavior, a violation of affective objectives, and places the student's continued enrollment in class in jeopardy. This conduct shall be reported to the employer/sponsor and the Program Director for a determination of disciplinary action.

Missed material or clinical shifts shall be made up at the discretion of the LI or Course Clinical Coordinator.

BEHAVIOR and LANGUAGE: Students are expected to behave in a professional manner and refrain from using profane or defamatory speech at all times during any program function, class or clinical assignment. Guests, faculty and peers are to be treated with civility and respect. Incivility is especially disturbing because these same students will go on to care for "vulnerable" patients. Inappropriate speech will require an immediate public apology and will trigger disciplinary action that may include dismissal from the program.

CAFETERIA: The cafeteria is located on the first floor of the main hospital building. Students must wear their ID badge to be served at the discounted employee rate.

COUNSELING

Counseling includes, but is not limited to, exchange of information between program personnel and a student providing academically related advice or guidance for each of the three learning domains.

Student counseling will occur:

- Routinely during each academic semester as a status assessment of the student's academic progress for each learning domain and to discuss what must occur for academic success in the course and/or program
- As part of due process for disciplinary proceeding
- To explore academic deficiencies and the path for improvement
- As issues are identified that interfere with the teaching/learning process

Counseling documentation shall include at a minimum:

- The date of the counseling session
- The reason for the counseling session
- The essential elements of the discussion, including corrective action and the timeline for that action
- The decision of the result of the counseling
- The signature of the school official doing the counseling
- The student's response to the counseling
- The signature of the student acknowledging receipt of the counseling completed form.

DRESS and DECORUM GUIDELINES

The professional appearance and conduct of our students are important parts of the healthcare experience for patients, their families and members of the public in clinical and nonclinical areas. Dress and decorum guidelines help to ensure that our patients feel welcome, respected, comfortable and safe. Students are

expected to project a professional appearance and demeanor at all times. It is important that they dress in a professional, tasteful, and discrete manner consistent with the expectations of the hospital and Provider Agencies.

Based on a decision by System Providers, all students must attend class, clinical rotations, and field internship days **in the program-designated uniform** (a required mode of dress where the color, style, and vendor are stipulated) unless the clinical unit requires scrubs such as the operating room or an alternate form of dress has been approved in advance by the Program Director or LI.

Uniforms should be clean, neat, in good repair and of appropriate size. Appropriate undergarments shall be worn at all times. If, in the opinion of the instructor, the standards for dress code and personal appearance have not been met, a student may be denied entry to class and be given 15 minutes to correct the situation. If they are unable to return in compliance with program policy within 15 minutes, they will receive an unexcused absence. Two or more violations of the appearance policy is considered noncompliance with affective objectives and will be grounds for corrective action.

• **Shirts:**

EMS agency employees: Duty uniform with agency logo prominently displayed.

Unaffiliated students: Land's End Navy blue shirt with System Logo. Refer to the **ordering instructions** in the first class correspondence email. Shirts worn unbuttoned, with the shirttail out or with logos other than the EMS System/Agency are not acceptable.

- **Pants:** Navy blue or black dress or uniform pant. Must be the appropriate length and size with finished hems that do not drag on the floor or ride down the hips/buttocks. This excludes department approved shorts while in the classroom or hospital clinical units.
- **Shoes/boots:** Black. Should be clean with laces tied; safe for the work environment.
- **ID BADGES:** NCH Paramedic Student photo ID badges must be obtained from the NCH Human Resources Office on or before the first day of class and must be worn in a visible location on the upper torso at all times within NCH and all clinical units (hospital and field). Any student who comes to a class activity without their ID is considered out of uniform and must get a replacement at their own expense.
- **Jewelry:** A watch with a second hand or second counter must be worn to every class with a lab and each clinical shift. No more than three earrings per ear. Ear rings worn in the clinical units shall be small and non-dangling. Ear gauges shall be no larger than 10 mm. No visible body piercing jewelry beside the ears is acceptable.
- **Body art/tattoos:** Tats are considered the same as speech. Tattoos may be visible if the images or words do not convey violence, discrimination, profanity or

sexually explicit content. Prohibited ink must be covered with bandages, clothing, or cosmetics such as Dermablend® while engaged in student activities (hospital/field). NCH reserves the right to judge the appearance of visible tattoos. None may be visible on the face.

- **Hats:** No hats may be worn in class or hospital clinical units. Religious head coverings may be acceptable per prior agreement with the LI as long as they do not jeopardize student and/or patient safety and wellness. This does not refer to medically-approved head covers in the OR.

HYGIENE: Good hygiene is essential. Use of unscented personal hygiene products and makeup is acceptable. Due to respiratory sensitivities, allergies and asthma; any fragrance which produces a scent or odor strong enough to be perceived by others including; but not limited to colognes, perfumes, aftershave, and lotions are not to be worn to class or clinical units: Also unacceptable are odors from tobacco products; alcohol, body or mouth odor; excessive make-up; and chewing gum in the clinical units.

- **Hair:** Shall be clean and naturally styled with no bright or unnatural colors. Facial hair must be neatly groomed. Pull long hair back with clips, ties, braids, or bands while providing patient care. It must never fall forward on to a patient.

- **Fingernails** must be clean and trimmed not to exceed ½ inch from fingertips while in the clinical units. No artificial nails may be worn while in the clinical units or field experience.

EXPOSURE to body secretions:

If any student experiences a significant exposure event during a classroom activity at NCH, they shall

1. immediately wash the area with soap and water or irrigate their eyes with water/saline.
2. Notify the class Lead Instructor who shall follow NCH policy for an employee exposure. All students with penetrating wounds and/or significant exposures shall be immediately seen by a medical professional.
3. **If exposure occurs** Monday-Friday: 7:30 a.m. - 5:00 p.m., they shall go to the Occupational and Employee Health Department.

Location: South Pavilion, 1st Floor, Pod E, near gift shop. **Phone:** 847-618-5150; **Fax:** 847-618-5159

If exposure occurs after those hours, they shall go to the NCH emergency department

In all cases a Workplace incident report; BBP Report of Exposure, and Supervisor's Investigation form shall be generated in compliance with NCH policy.

If any student experiences a significant exposure event while riding with an EMS Agency during the field internship as defined in Policy I-2, they shall

1. immediately wash the area with soap and water or irrigate their eyes with water/saline.
2. Report the exposure to the Designated Infection Control Officer (DICO) of the EMS agency and the class Lead Instructor. Follow the DICO's instructions.

FOOD in classroom: Eating in the classroom is allowed if class surfaces remain clean and garbage is placed in proper receptacles. There is a coffee center, small refrigerator and microwave oven in the classroom that is available for student use. Students are responsible for maintaining fresh coffee during the day and to clean the coffee center and sink when class is dismissed. All food and beverage privileges will be revoked if classroom furnishings remain soiled or damaged due to food or beverages and/or educators must clean up after class.

HARASSMENT: Students have the right to be free from abuse or harassment at NCH. The program has a zero tolerance policy relative to harassment or bullying.

Harassment is an unwelcome behavior that disturbs or irritates others and/o creates a hostile work environment. Unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitute sexual harassment.

Discrimination: Unfair treatment of a person or group of people as a result of prejudice. Discrimination is a violation of the inherent dignity of a person.

We encourage any student who believes that they have been harassed or discriminated against to meet with us and report their concerns. It is our policy to

- Promptly investigate any allegations of abuse;
- Take steps to protect the safety of the person during the investigation;
- Protect the reporter from any retaliation; and
- Train all staff in the detection and reporting of such suspected abuse;

For full definition and information on reporting alleged harassment, see Harper Catalog/Student Handbook.

Diversity, inclusion, and cultural awareness: Ability to understand, communicate with, and effectively interact with people across cultures. This involved understanding and respecting each person's unique needs, culture, values and preferences. Students are expected to be culturally competent, avoiding barriers to strong cross-cultural relationships:

Prohibited behaviors:

Stereotyping: Generalizations that involve an oversimplified concept or belief about a group of individuals.

Prejudice: Refers to a preconceived judgment or opinion. Often takes the form of ethnocentrism (the belief that

one's group is superior to all others. May involve tendency to see differences as weakness.

Intimidation; Occurs when a person belittles, frightens, discourages or inhibits other people, especially those perceived as weaker.

Collusion: Form of exclusion. Involves cooperation with others, through which stereotypical attitudes, prevailing behaviors and/or norms are knowingly or unknowingly reinforced. Silence is the most common form of collusion.

INCLEMENT WEATHER

If class schedules need to be altered based on inclement weather, the program allows flexibility regarding usual and customary start times and attendance policies.

The LI will make the decision to cancel or change class times in consultation with the Program Director. Decisions to change normal operations will be made at least two hours before class start times.

Schedule changes will be communicated by e-mail, social media, and calls to Squad leaders who shall be responsible for notifying their members.

INSURANCE COVERAGE: LIABILITY

Each student is provided professional liability coverage under the umbrella of NCH as long as they are acting in good faith as agents of the program under the direct supervision of an approved preceptor and within their allowable scope of practice.

LICENSE / CERTIFICATION RENEWAL

Students must maintain an active EMT, AEMT, or EMT-I license and CPR card until they gain PM licensure. Didactic hours completed in the PM class will count toward CE requirements to renew EMS licenses. If your EMT license is due to expire during the course, contact Connie Mattera and she will provide you with renewal instructions. If your CPR card is due to expire while in class, contact Mike Gentile and he can provide you with renewal options.

PARKING:

Students may park in lot 7 on the north end of the hospital campus or on the 5th floor of the Busse Center for Specialty Medicine parking lot. DO NOT park in the lower levels of the Busse Center. Those spaces are reserved for patients. (See campus map)

SMOKING AND TOBACCO USE: NCH recognizes the effects and costs of tobacco and nicotine use on our society and is committed to providing a healthy environment for our patients, employees, physicians, students, visitors and volunteers without the hazards of these products. **NCH is a tobacco-free campus.** Use of all tobacco products is prohibited on the NCH campus including the hospital, adjacent hospital grounds,

parking lots, and Wellness Center. Students may only smoke or use tobacco products in their own vehicles. Tobacco products include cigarettes, e-cigarettes, pipes, vaporizers, cigars, hookahs, or tobacco in any other form including smokeless tobacco which is any loose, cut, shredded, ground, powdered, compressed or leaf tobacco that is intended to be placed in the mouth without being smoked. The Harper College Health and Psychological Services department and NCH both offer assistance to students who desire to quit smoking. Violation of this policy constitutes grounds for dismissal from the program. Selected resources:

FDA 101: Smoking Cessation Products
Tobacco Use – Extinguishing the Epidemic
www.Smokefree.gov ; IL Quitline = 866=QUIT-YES

SOCIAL MEDIA

We understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media while a student in the NCH program, we have established these guidelines for its appropriate use.

Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with NCH, as well as any other form of electronic communication.

Before creating online content, consider the risks and rewards that are involved. Keep in mind that any of your content that adversely affects you, fellow students, instructors, or otherwise adversely affects employees, patients or their families, people who work on behalf of NCH or NCH's legitimate business interests may result in disciplinary action up to and including termination from the program.

Students are not allowed to use any personal electronic devices while class is in session unless specifically authorized by the instructor. Cell phones, pagers or other electronic devices used for messaging must be silenced and all electronic access and/or communication deferred until breaks unless an emergency exists. If, on rare occasions an emergency requires an immediate response, the student shall exit the classroom to use the device.

Even if your social media activities take place completely outside of class, as your personal activities should, what you post can reflect on your professionalism and the program. Thus NCH reserves the right to monitor postings by students.

Be respectful

Always be fair and courteous to fellow students, instructors, patients and their family members, or people

who work on behalf of NCH and Harper College in your postings or content. Keep in mind that you are more likely to resolved program-related complaints by speaking directly with the Program Director, instructors, or your fellow students than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, and/or that disparage patients, classmates, instructors, Program personnel at NCH or Harper College or that might constitute harassment or bullying.

Prohibited, Objectionable or Inflammatory Posts

Inappropriate postings include, but are not limited to, discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct. *Students shall not post anything that is false, misleading, profane, discriminatory, libelous, vulgar, racially, sexually, or ethnically objectionable, unlawful or contains other inappropriate content, or is hateful to another person or entity or content that violates Federal Health Insurance Portability and Accountability Act (HIPAA) patient confidentiality provisions.*

False or defamatory statements or the publication of an individual's private health information (PHI) could result in legal liability for you and the EMS program will subject you to disciplinary action up to and including termination from the program.

TUITION AND FEES

Students must pay current Harper College tuition and fees within due dates set by the College. All students affiliated or riding with a NWC EMSS provider agency are eligible for in-district tuition. Tuition does not cover the cost of a FISDAP license, the licensure exams nor the initial State PM licensure fee.

FISDAP license: Minimum access is \$84 per student paid directly to FISDAP so the license is in force and effect by the class day introducing the clinical rotations. Students must be able to access the electronic software that schedules clinical rotations and tracks all patient care contacts and student-performed skills. Instructions will be sent regarding license purchase.

Students whose tuition is being paid by their employer must provide 3rd party authorization forms to Harper College by deadlines set by the College or they will be held personally accountable for tuition fees.

Students who have not paid tuition or fees on time and have not made alternative arrangements shall be dropped by Harper College from the class.

REFUND POLICY: See Harper College student handbook for refund policy.

Retake fees: Students retaking the course or a portion of the course will be charged current tuition and fees unless compelling circumstances exist and alternate arrangements are made by the Program Director.

VETERAN'S BENEFITS

The PM program is approved by the Department of Veteran's Affairs for educational benefits via Harper College. Eligible veterans, dependents, reservists, and service members may be able to seek tuition reimbursement while they are in good standing in the program. If you think you may be eligible and would like to pursue these benefits, please contact Harper College.

WITHDRAWALS

Students may petition for withdrawal from the program based on the need for extended leave or extenuating circumstances. They will be considered for readmittance on a case-by-case basis. Placement in the next class will depend on the student's previous performance as well as the point at which they withdrew.

Students who withdraw after the regular registration period for each class component must do so officially at Harper College by the appropriate deadline date. A student who does not withdraw officially prior to the last date for withdrawals is subject to an F grade and full tuition payment for that class. See the Harper College catalog for specific details.

RESOURCES FOR STUDENTS

Harper College makes a wide variety of resources available to all paramedic students attending class at NCH. See the Harper College Catalog/Student Handbook for details relative to Student Development, Access and Disability Services (ADS), Health and Psychological Services and Wellness Programs; Student Activities, Fitness Center, Academic Support Services such as the Writing Center, and Resources for Learning Division; Library Services; and the computer lab.

Academic Support Centers

Success Services for Students is part of the Resources for Learning Division of Harper College. Referral to this Center may be a mandatory element of a PM student Individual Education Plan (IEP) if they demonstrate consistently poor performance on course evaluation instruments and/or time management. Appointments may be scheduled by going directly to that office or by calling 847.925.6715.

Success Services for Students provides individual instruction for students who would like to improve their learning skills. One-hour sessions include *Study Skills, Test Taking Tips, Time Management, Reading Strategies, Test Anxiety, Memory, Concentration, Motivation, Note-taking Skills, Math Strategies, Accounting Tips, Economics Tips, Preparing for Finals, and Online Study Tips.*

Students can also schedule a **Test Performance Analysis** in any content area. They will be given a complete breakdown on types of errors being made as well as given specific strategies to use on subsequent tests.

In the **Learning Styles Inventory** session, the student's personal learning style is determined and specific strategies are recommended to complement that style. Students can take the *Study Behavior Inventory*, which identifies strengths and weaknesses in specific academic activities and attitudes.

Supplemental Instruction (SI) provides regularly-scheduled, informal review sessions. Students compare notes, discuss readings and develop organizational tools. Students learn how to integrate course content and study skills while working together.

Tutoring: Individualized mentoring is available to students from program faculty and/or their assigned preceptors at the mutual convenience of the student and learning coach.

Writing Center

The Writing Center provides several free services that are available to help students succeed. They can work in the open computer lab, consult with tutors on a walk-in basis about their papers in all academic areas, and make appointments with English tutors to discuss specific assignments and develop skills in writing, literacy, and critical thinking.

Tutors can:

- Clarify assignment requirements
- Guide you through steps of writing process
- Suggest strategies for revision
- Respond to drafts
- Answer specific questions on structure, grammar, and content
- Reinforce skills in building vocabulary, writing sentences, developing paragraphs, and proofreading
- Assist with documentation
- Offer strategies for interpreting, analyzing, and evaluating a text
- Develop a plan for building on strengths and improving writing and reading skills

Referral to this Center may be a mandatory element of a PM student Individual Education Plan (IEP) if they demonstrate consistently poor performance on course written assignments. Call 847.925.6796 to make an appointment.

STUDENTS with DISABILITIES and Academic Accommodations

Students are expected to demonstrate the physical, mental and emotional capacity to perform all the essential functions of the paramedic profession during the course with or without reasonable accommodation.

Reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also

includes adjustments to assure that a qualified individual with a disability has rights and privileges as required by the Americans with Disabilities Act (ADA).

If you have a disability (learning, ADHD, physical, psychological or other) and **are requesting any accommodation** during the program, you must **contact the Program Director at the beginning of the course**. No grades will be adjusted retroactively after the need for accommodation is revealed.

Students must also **contact Access and Disability Services (ADS) at Harper College** to discuss eligibility for reasonable accommodations. Any student already connected with ADS shall provide the NCH Lead Instructor with a copy of your approved Accommodation Plan to determine if it is applicable to, and reasonable to honor, during the Paramedic Program.

Harper College Access & Disability Services (ADS)

1200 West Algonquin Road; Building D, room D119
Palatine, Illinois 60067
847.925.6266 Phone
847.925.6267 Fax
224.836.5048 VP for Deaf Callers
ads@harpercollege.edu

The Program will review each request on an individual basis and make decisions based on the following:

- 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.
- Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for PM licensure are eligible for accommodations.
- Requested accommodations must be reasonable and appropriate for the documented disability and must **not** fundamentally alter the program's course of instruction or ability to assess the student's ability to perform the essential job functions of a PM.
- Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so. Documentation must include a comprehensive evaluation with objective evidence demonstrating the existence of a disability. The name, title and professional credentials of the qualified professional must be clearly stated in the documentation. Documentation must be submitted on official letterhead, typed, dated, and signed. The professional diagnosis must include:
 - A valid, professionally recognized diagnosis of the candidate's disability (e.g. pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM V: revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.

- Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
- Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
- Specific information about the significance of the impact the disability has on the candidate in the learning and measurement environments.
- Specific recommendations for accommodations.
- An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the learning and measurement environments.
- All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to NCH 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 student.

Each student's circumstances are unique and a case by case approach is required. NCH reserves the right to request additional information at any time from the student requesting accommodations.

If you believe that you have been unfairly or improperly treated due to a disability, you may contact the Harper College Campus Section 504/ADA Compliance Officer. The process, steps, and timelines to follow for filing a grievance are set forth in the Harper College Grievance Policies available on line: <http://goforward.harpercollege.edu/services/ads/policies.php>

Essential job functions for a PM generally require:

Language:

- Ability to read, analyze, and interpret policies, procedures, professional publications and governmental regulations
- Ability to write reports and business correspondence
- Ability to make presentations and communicate effectively with patients, peers, preceptors, supervisors, and on-line medical control
- Possess strong listening skills
- Strong emotional and social intelligence with the ability to handle sensitive situations and confidential information

Mathematical functions: Ability to add, subtract, multiply, and divide in all units of measure using whole numbers, common fractions and decimals

Reasoning ability

- Ability to solve practical problems while dealing with several abstract and concrete variables
- Understand and able to appropriately apply an extensive variety of complex technical and instructional material
- Make accurate assumptions and determine a plan of care within limits set for time-sensitive patients

- Make reasonable and logical conclusions from information which may be conflicting or disjointed

Possess necessary knowledge, skills, and abilities to:

- operate basic and advanced life support equipment with safety and precision
- operate complex communications equipment; and
- enter data into and retrieve data from a computer using System-approved software and meeting System standards of competency.

Physical demands

- Sit, stand, walk, run, crawl, squat, bend, kneel, climb stairs and into and out of EMS vehicles, lift moderate to heavy objects, perform chest compressions.
- Frequent talking
- (Corrected) vision to 20/30 in at least one eye with color discrimination for at least red, amber, and green, and the ability to differentiate skin colors and the color of various body fluids.
- (Amplified) hearing adequate to hear conversational speech and accurately assess BPs, lung, bowel, and heart sounds
- Sufficient strength, endurance, conditioning and motor control to walk and carry patients/EMS gear over rugged, uneven terrain and up and down stairs; lift patients with one partner (up to 250 lbs.) safely onto a stretcher, move a patient on a stretcher up or down at least 2 flights of stairs; reach and pull in an ambulance; move them from the point of patient contact to the receiving location; and to perform at least two minutes of quality manual CPR with two minute breaks between compression sets for at least 30 minutes.
- Have manual strength and dexterity sufficient to type assignments and ePCRs and safely perform all assessments and skills to the standards specified in the course procedure manual

Work environment

Considerable health and physical strength is necessary to perform the duties of a paramedic. Though safety measures are implemented whenever possible and a culture of safety is embraced, there remain numerous unavoidable aspects of a paramedic's job that may place the individual at risk of personal illness or injury. These include, but are not limited to:

- Driving an emergency vehicle using lights and sirens
- Exposure to hostile or combative patients and other individuals
- Response to violent crime scenes
- Response to incidents involving chemical, radiological, biologic, and explosive hazards
- Exposure to communicable diseases
- Danger from moving traffic at highway/roadway incidents
- Exposure to contaminated sharps and medical waste
- Performance of certain high-risk procedures in the delivery of patient care
- Noise level is moderate to high
- Temperatures vary from extreme cold to extreme heat

- Moisture level will vary from extreme dry to rain, snow and ice, and may require immersion in water

If reasonable accommodation is to be exercised by a qualified individual with a disability using products, appliances, or personnel, it is the student's responsibility to acquire the resources for their personal use due to the cost of the accommodation needs.

DISCLAIMER

The NWC EMSS reserves the right to change requirements, curriculum, and class policies as the educational, legal, or healthcare environments change and as deemed necessary by the NWC EMS MD, and Federal and State rules and/or regulations.

EMS FACULTY and STAFF Contact Information

The program operates under the authority of Matthew T. Jordan, M.D. FACEP, Medical Director of the program.

Contact information:

Connie J. Mattera, M.S., R.N., EMT-P

PM Program Director

Phone: 847/ 618-4485 (work)

847/ 493-9974 (cell)

e-mail: cmattera@nch.org

Mike Gentile, BA, EMT-P

PM Program Lead Instructor

Phone: 847/ 618-4490

e-mail: mgentile@nch.org

Jennifer Dyer, BS, RN, EMT-P

PM Program Clinical Coordinator

Phone: 847/ 618-4494

e-mail: jdyer@nch.org

Pamela Ross (Program secretary)

Phone: 847/ 618-4482

E-mail: PRoss@nch.org

Fax: 847/ 618-4489

Joe Albert, EMT-P

Phone: 608/ 208-0406 (cell)

Access to ImageTrend and Simulated PCR submission questions

e-mail: jalbert@elkgrove.org

For additional names and contact information for hospital EMSCs/educators, Provider Agencies and their EMSCs, see the **System Directory** posted on the NWC EMSS website under the About Us tab.

Northwest Community Hospital

800 W. Central

EMS offices – Kirchoff Center

Arlington Heights, Illinois 60005

Office hours: Monday through Friday
7:30 am – 5 pm

WEBSITE: www.nwcemss.org

The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

The Act establishes the rights of students to inspect and review their education record; provides that personally identifiable information will not, with certain exceptions, be disclosed without the student's permission; provides for guidelines for the correction of inaccurate or misleading data through informal or formal hearings; grants the right to file complaints with the Family Educational Rights and Privacy Act office concerning alleged failures by the institution to comply with the Act, and makes provision for notice to the students concerning their rights.

FERPA allows schools to disclose student records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest (demonstrable need to know by any staff member in terms of his or her assigned duties);
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Records kept by the NCH that are accessible to the student:

RECORDS ON FILE	PURPOSE OF RECORDS
Application	Placement
EMT Transcripts	Advisement
Admission test scores	Determine placement
Grades	Measurement of objective achievement
Correspondence	Anecdotal notes used to document performance and validate trends
Disclosure records	Record of disclosure of personally identifiable information; advisement
Fact sheet	Demographic information for records
Scores: written & practical	Measuring performance and identifying future learning needs
Immunization records	Health counseling; risk assessment
Physical examination	Fitness for duty on clinical and field units
Student grievance	Official record
Disciplinary record	Official record
Evaluations	Counseling and evaluation
Financial data	Billing and collection
Records, exclusive of Federal and State Codes listed below**	Safety and security of students

* Students who wish to determine the general content of their record may make an appointment with the Course Coordinator to secure this information.

** The basis for this policy is the Ill Rev Statute, Ill Juvenile Court Act - Chapter 37, Article 2, Section 702-8(3). Ill Rev Statute, Ill Criminal Code - Chapter 38, Sections 206-3 and 206-7. Title 42, U.S.C., 3771b.

Educational records which are not governed by the Act and which are not accessible to students

1. Records kept by NCH personnel which are used only by the maker or his or her substitute and are not available to any other person.
2. Law enforcement records that are kept apart from the student's other educational records and are maintained solely for law enforcement purposes, and are made available for inspection by Public Safety personnel only when acting in the line of duty. Such records are not made available to persons other than law enforcement officials of the same jurisdiction so long as educational records maintained by the institution are not disclosed to the personnel of the law enforcement unit.

3. Student records made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or para-professional acting in his or her professional capacity or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice.

Directory information. The following items are designated as "Directory Information", and may be disclosed or released by the hospital for any purpose, at its discretion: the student's name, address, program of study, participation in officially recognized activities and dates of attendance, diplomas and awards received, and the most recent previous educational institution attended.

Currently enrolled students have the right to withhold the release and disclosure of any or all of these items by giving written notice to the Course Coordinator. Request for non-disclosure will be effective for one academic year.

Procedure to inspect and review records

The law provides students with the right to inspect and review information contained in their education record; to a response to reasonable requests for explanations and interpretations of the records; to challenge the contents of their education record; to have a hearing if the outcome of the challenge is unsatisfactory; and to submit explanatory statements for inclusion in their files if they feel the decision of the hearing officer is unacceptable.

The Course Coordinator will coordinate the inspection and review procedures for student education records, which include admission, personal, academic, and financial files, and academic, disclosure and placement records. Students wishing to review their records must make written request to the Course Coordinator listing the item or items of interest.

Records covered by the Act will be made available within 10 working days of the request. Students may have copies made of their records with certain exceptions, (e.g., a copy of the academic record for which a financial "hold" exists, or a transcript of an original or source document which exists elsewhere.) There may be a cost for the photocopies. Education records do not include records of instructional, administrative, and educational personnel which are the sole possession of the maker and are not accessible or revealed to any individual except a temporary substitute, records of a law enforcement unit, student health records, or employment records. Physicians of the students' choosing may review health records.

Students MAY NOT inspect and review the following: Financial information submitted by their employers; confidential letters and recommendations associated with admissions, educational records containing information about more than one student, in which case the hospital will permit access ONLY to that part of the record which pertains to the inquiring student.

Procedures to amend records and request hearings

Students who believe that their education records contain information that is inaccurate or misleading, or is otherwise in violation of their privacy or other rights may discuss their problems informally at a meeting with the author of the record and the EMS Administrative Director. If the decisions are in agreement with the student's request, the appropriate records will be amended. If not, the student will be notified within a reasonable period of time that the records will not be amended; and they will be informed by the Course Coordinator of their right to a formal hearing.

Students' requests for a formal hearing must be made in writing to the EMS Administrative Director who, within a reasonable period of time after receiving such requests, will inform students of the date, place, and the time of the hearing. Students may present evidence relevant to the issues raised and may be assisted or represented at the hearing by one or more persons of their choice, including attorneys, at the students' expense. The hearing officer who will adjudicate such challenges will be the EMS MD.

Decisions of the EMS MD will be final, will be based solely on the evidence presented at the hearing, and will consist of written statements summarizing the evidence and stating the reasons for the decision, and will be delivered to all parties concerned. The education records will be corrected or amended in accordance with the decisions of the EMS MD, if the decisions are in favor of the student.

If the decisions are unsatisfactory to the student, the student may place with the education records statements commenting on the information in the records, or statements setting forth any reason for disagreeing with the decisions of the EMS MD. The statements will be placed in the education records, maintained as part of the student's records, and released whenever the records in question are disclosed.

Students who believe that their rights have been abridged may file complaints with the Family Educational Rights and Privacy Act office, Department of Education, Washington, D.C., 20201, concerning alleged failures of the hospital to comply with the Act. For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#). Or you may contact us at the following address: Family Policy Compliance Office; U.S. Department of Education; 400 Maryland Avenue, SW; Washington, D.C. 20202-85

Student Registration Instructions

To register for **Northwest Community Healthcare Paramedic Program**:

1. Go to www.pearson.com/mylab .
2. Under Register, select **Student** .
3. Confirm you have the information needed, then select **OK! Register now** .
4. Enter your instructor's course ID: **gentile89482**, and **Continue** .
5. Enter your existing Pearson account **username** and **password** to **Sign In** . You have an account if you have ever used a MyLab or Mastering product.
 - » If you don't have an account, select **Create** and complete the required fields.
6. Select an access option.
 - » Enter the access code that came with your textbook or that you purchased separately from the bookstore.
 - » If available for your course,
 - Buy access using a credit card or PayPal.
 - Get temporary access.
7. From the You're Done! page, select **Go To My Courses** .
8. On the My Courses page, select the course name **Northwest Community Healthcare Paramedic Program** to start your work.

To sign in later:

1. Go to www.pearson.com/mylab .
2. Select **Sign In** .
3. Enter your Pearson account **username** and **password**, and **Sign In** .
4. Select the course name **Northwest Community Healthcare Paramedic Program** to start your work.

To upgrade temporary access to full access:

1. Go to www.pearson.com/mylab .
2. Select **Sign In** .
3. Enter your Pearson account **username** and **password**, and **Sign In** .
4. Select **Upgrade access** for **Northwest Community Healthcare Paramedic Program** .
5. Enter an access code or buy access with a credit card or PayPal.