

*Durham Tech
Community
College*



*EMS Programs
Student Handbook
Fall 2025 – Summer 2026*

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ABOUT

On behalf of the faculty and staff, we are pleased to welcome you to the Program. We hope that you will have a gratifying, scholarly journey as an EMS student here at Durham tech Community College.

Thank you for choosing to continue your education with the **Emergency Medical Science Program** at Durham Technical Community College. It is an exciting time to be in the field of Emergency Medical Services (EMS). Many opportunities are available to certified EMS providers, from working in hospital or clinic settings to working in the prehospital field in 911 or transport settings. Additional opportunities to function in settings as diverse as dental clinics and community paramedicine are also available to graduates interested in these fields.

The EMS profession is currently in a period of intense change and growth, utilizing evidence-based medicine supported by innovative technologies to bring new approaches to improve patient outcomes. Our program seeks to embrace these challenges and changes while providing an unparalleled education in pre-hospital medicine. We strive to develop our students into competent and compassionate healthcare professionals.

The EMS course of study is rigorous, challenging, and intensive; however, students who successfully complete our program will be highly capable EMS professionals who are well prepared to serve their communities and adapt to the constantly changing field of emergency medicine.

We are pleased you have chosen to participate in our program and look forward to partnering with you to achieve your educational and professional goals.

This handbook contains valuable information to facilitate your achievement of academic and professional excellence as an EMS student. **Please keep it as a reference throughout your EMS education. It is a supplement to the College Catalog and College Student Handbook. All information contained in this handbook is subject to change. Changes will be published as they occur.**

The Handbook is on your Canvas account – Please download it if you lose this copy.

The Program Handbook for the Durham tech Community Colleges EMS Programs has been developed to provide directives regarding the operations of the program. The handbook contains information useful to students as well as details of program policies and procedures.

Material contained in the handbook is based on provisions outlined by the NC State Department of Health Office of EMS and the Commission on Accreditation of Allied Health Education.

Please be advised that while new and revised policies may be distributed on an annual basis, students will follow all policies as published in the Institutional Catalog and/or Program Handbook they received when they enrolled in the Program.

The application of the handbook with respect to any specific procedure or policy is subject to modification depending upon the circumstances and requirements of a particular case. The Durham Tech community college EMS Programs reserves the right to modify or amend provisions at any time.

OVERVIEW

Introduction

EMS professionals have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine with physician oversight. These providers are expected to have the knowledge, skills, and attitudes consistent with their local scope of practice and with the professional expectations of being a healthcare provider. EMTs, AEMTs, & Paramedics strive to provide high quality, clinically guided health care by delivering patients directly to the appropriate services. They act as advocates to their patients, helping to ensure long-term health by working with other medical agencies, networks, and organizations. The emerging roles and responsibilities of the EMS providers include public education, health promotion, and participation in injury and illness prevention programs. As their scope of service expands, EMTs, AEMTs, & Paramedics will function as facilitators of access to the appropriate levels of care and engage in a broader spectrum of specialty service needs. These providers are accountable to medical direction, the public, and their peers, and seek to take part in life-long professional development.

Mission

The Durham Technical Community College Emergency Medical Science Program's mission is to provide superior training through teaching, learning, and service while continually striving for innovation and excellence in EMS education. The program works to achieve this mission by producing confident and competent entry-level pre-hospital care Providers at the EMT, AEMT, and Paramedic levels.

Vision and values Through EMS Education

The Standard for Excellence: The Program commits to the highest professional standards of quality, integrity, and performance in our services, and operations.

Student-Centered: The program provides high-quality, learner centered, and affordable educational and training opportunities, within a welcoming and supportive environment, that supports students through goal achievement.

Data-Inspired: The program monitors and utilizes appropriate data, considers various sources of community input and developing trends, and implements changes to support continuous improvement.

A Champion for Equity: The program embraces the diversity, equality, equity, and uniqueness of students, employees, and the communities that we serve by committing to be an antiracist institution.

Communicative: The program commits to effective, open, and proactive communication. We take responsibility to listen and employ effective communication strategies to inform and foster collaboration.

Goals

The EMS Program offers a program of emergency medical services training at the certificate level. The program's goal is

- 1-**Paramedics** "To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."
2. **Advanced Emergency Medical Technician:** "To prepare Advanced Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."
3. **Emergency Medical Technician:** "To prepare Emergency Medical Technicians who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

To graduate, students must have:

- Completed all didactic objectives, including: passing all courses by achieving a minimum passing grade.
- Completed all clinical objectives, including: clinical performance and competency, problem solving skills, critical thinking skills, communication skills, professional development and growth.
- Participate as a team leader working with different team members to effectively diagnose and treat patients with varying medical illnesses and traumatic injuries.

The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals can be evaluated. An assessment plan is in place and can be obtained from the program director.

Objectives

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Upon graduation, students will receive a certificate of completion and are prepared to meet the requirements to sit for the certification exams administered by the National Registry of Emergency Medical Technicians and/or North Carolina State Department of Health office of EMS. Specifically, our objectives are to have our graduates perform effectively by:

- Applying knowledge learned to provide pre-hospital and emergency medical care
- Effectively communicating with patients and other health care providers
- Providing EMS care at the level of an entry-level EMT, AEMT, Paramedic
- Demonstrating high standards of pre-hospital and emergency medical practice in skill performance and patient advocacy
- Providing competent and safe care in a variety of settings to a group of patients with diverse needs across the lifespan by demonstrating knowledgeable decision making and judgment based on critical thinking, clinical competence, accountability and collaboration with the patient and healthcare team
- Understanding the benefits of professional growth, life learning, advanced degrees and professional societies

This program will develop both basic and advanced skills in the recognition of signs and symptoms of illness and injuries, and in the proper procedures for both basic and advanced life support. The purpose of the training is to ensure INDIVIDUAL COMPETENCY by each student through the successful completion of all learning objectives. The curriculum followed currently meets and exceeds the NC State Department of Health EMS Bureau and the United States Department of Transportation National Standard Curriculums. The EMS program consists of didactic (lecture) instruction, practical skills training, clinical rotations and field internship experience in all 3 course offering EMT, AEMT and Paramedic.

Accrediting Agency

The DTCC Paramedic Program is accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP). Upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (COAEMSP).

The Durham Tech EMS AEMT educational program is actively going through the process of applying for accreditation through the Committee on Accreditation for the EMS Professions (CoAEMSP), signifying our intention to be recognized as meeting the required standards for quality EMS education.

To contact COAEMSP: 214-703-8445 www.coaemsp.org.

The college is required to comply with their standards, Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions. If any violations occur, the program/college's policy is to investigate and correct the violation and ensure compliance with the standards in a timely fashion. To view a copy of the standards please visit the CAAHEP website at www.caahep.org. If a student feels that the program/college is not in compliance with the standards they can contact CAAHEP at the address and phone number below:

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Committee on Accreditation of Educational Programs for
the Emergency Medical Services Professions (CoAEMSP)
214-703-8445

<https://coaemsp.org>

Commission on Accreditation of Allied
Health Education Program (CAAHEP) 727-210-2350

www.caahep.org

The Durham Tech Community College EMS program is approved by the North Carolina State Department of Health
Office of EMS. Students may bring course complaints to

NCOEMS
1201 Umstead Dr.,
Raleigh, NC 27603.
(919)855-3935



Important Addresses:

National Registry of Emergency Medical Technicians
Rocco V. Morando Building
6610 Busch Blvd.
P.O. Box 29233 Columbus, Ohio 43229
614- 888-4484

Overview of the Program

Understanding is the key to good clinical judgment. The EMS program has four distinct components: didactic activities, practical skills labs, clinical rotations and field internships. This combination will provide the EMS student with the cognitive ability, technical proficiency and clinical competency expected of entry-level EMT/AEMT/ Paramedics. Successful completion of the program requires that students demonstrate competence in all four areas.

The didactic component of the program takes the form of lectures or other learning activities, which are designed to impart the information the EMS students' needs in order to understand the rationale behind the many pre-hospital treatments and skills. Lecturers are selected who have expertise in the topic area and have experience or extensive knowledge of pre-hospital care. Lectures offer the students the opportunity to ask questions and gain deeper understanding of the subject matter. It is assumed that all students will have already completed all required outside hours including reading and assignment for a particular lecture. This preparation will allow the student to gain a deeper understanding of the topic.

The practical skills labs are designed to teach the EMS student the basic and advanced level skills required of an entry level and give the student the opportunity to perfect these techniques in a controlled environment. Under the supervision of Lab Instructors, all of whom have extensive pre-hospital care experience, the student performs required skills and receives feedback from the instructor. Good advanced life support is not possible without an excellent foundation in basic life support skills. Basic and advanced skills will not be limited to those tested on the final practical exam or authorized by the NCOEMS, since other skills are often allowed in other systems and protocols do change.

Practical lab sessions will also include simulated situations in which the student will perform skills on mannequins as a medical or trauma situation develops. As the course progresses, these scenarios will become increasingly more complex. They will incorporate patient assessment skills, basic and advanced skills as well as decision making ability. Students will be required to demonstrate the integration of skills and knowledge to provide appropriate patient care, select the correct treatment modalities, communicate with team members and present the case to a medical control physician.

Clinical rotations allow students the opportunity to apply theoretical knowledge to actual patient care situations and perform basic and advanced level skills on actual patients. Clinical rotations will integrate and reinforce the didactic and practical skills components of the program. The clinical rotations are scheduled with facilities that have entered into Affiliation Agreements with the EMS program. The students are able to practice the skills that they will use in the care and treatment of their patients, under the supervision of the clinical preceptor. The students will be able to participate in all facets of care, beginning with observation and taking on additional responsibilities under the guidance of the preceptors. It is expected that students will gradually make the transition from observer to participant to team leader in these clinical rotations.

Phase III of the field internship experience allows the student to “put it all together” and demonstrate mastery of the integration of the didactic, skills and clinical portions of the program. This portion of the clinical experience is not instructional, but rather an evaluative phase of the program. Students will be expected to demonstrate the competence of an entry-level providers working within the EMS system

Program Communications

In EMS, communication is paramount. The same can be said for EMS education. The Emergency Medical Science Program strives to maintain an open pathway for student/faculty communications. **Email is the number one way of communicating with any EMS Program faculty or staff, unless otherwise directed.** To help ensure all email communications are received, both students, faculty, and staff must utilize official college email accounts. For students, this is your outlook mail account. If you are unsure if you have access to your connect mail account, please follow the instructions in this web link to verify your account: <https://www.durhamtech.edu/admissions-and-enrollment/activate-outlookmail>

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The EMS program utilizes a chain of command to ensure that information is clearly communicated. This chain of command is applicable to both students and faculty. The chain of command can be found in EMS course Syllabi, on the program web page and in the DTCC EMS organizational materials for faculty. This policy doesn't prevent the student from reaching out to the lead instructor, the program coordinator and or the program director. The program maintains the "open door policy" encouraging all staff and students to feel comfortable communicating concerns as needed.

Constructive criticism concerning the EMS programs at Durham Tech is welcome and integral to the continued success and improvement of the programs. Student feedback is an important and necessary part.

Students can submit constructive criticism (including suggestions for inclusion, removal, and correction) in written form to the Program Coordinator or Program Director. Students will be given an anonymous opportunity at each course's end to evaluate the instructor.

Students will be given an opportunity to provide feedback to the Advisory committee that meets twice annually. There will also be a representative on that committee.

As a college and EMS program, we value your comments and observations as they will improve and strengthen the program.

HIPAA Notice

The Durham Technical Community College EMS program shall use and disclose patient Personal Health Information (PHI) in accordance with the HIPAA Privacy Rule and other applicable laws.

Refer to: <https://www.hhs.gov/hipaa/for-professionals/index.html>

Due to the nature of EMS clinical education, there may be instances in which students need to discuss a clinical encounter with instructors, peers, or their clinical coordinator. In these situations, students must to the best of their ability ensure that they exclude HIPAA protected information and change or omit details as needs to prevent the patient from being easily identified. Students are trained on HIPAA as part of the program and will be exposed to different ways to discuss patient encounters while still maintaining privacy and protection.

FERPA Notice

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) as Amended, Durham Technical Community College may release "directory information" from student educational records without the student's written consent. Directory information at Durham Tech includes the student's name; program of study; dates of enrollment; credit hours earned; degrees, diplomas, or certificates awarded; release of academic recognition to newspapers; and participation in officially recognized activities. Usually, students' addresses, phone numbers, and class schedules are not released to non-college officials. An exception to this practice is the release of students' addresses and phone numbers when requested by recruiters for the military services as required by Title IV of the Higher Education Act.

Directory information may be published or made available without the student's consent. However, any student who prefers that such information not be released may request this by writing to the associate dean of Admissions, Registration, and Financial Aid. This written request must be made during the first two weeks of the student's initial enrollment and is valid for one year.

Durham Technical Community College complies with the directives of the USA PATRIOT Act of 2001 as an amendment to FERPA when appropriate identification and documentation are presented to the executive dean, Student Development and Support.

Students may ask to see their education records in accordance with the Family Educational Rights and Privacy Act. Students may challenge the contents of the records by making a written request to the executive dean, Student Development and Support.

Students may fill out an FERPA release of information form online.

Refer to: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> and/or <https://www.durhamtech.edu/policies-and-procedures/ferpa>

OVERVIEW

Non-Discrimination Notice

Durham Technical Community College is an affirmative action, equal opportunity, American Disabilities Act, Section 504 institution and does not discriminate on the basis of race, sex or sexual orientation, color, age, religion, national origin, or disability in admitting students.

ADA Statement

Durham Technical Community College abides by Section 504 of the Rehabilitation Act of 1973 to provide appropriate and reasonable accommodations for students who qualify for the services. To request accommodations, current students should contact the Accessibility Services office by calling 919-536-7200, ext. 1105, emailing accessibilityservices@durhamtech.edu, or by visiting Room 10-209 in the Wynn building for additional information regarding requirements for arranging accommodations.

Due to the critical and demanding nature of EMS work, students must also be able to maintain the program's basic Technical Standards in order to perform the essential functions of the EMS provider in a safe and efficient manner. The EMS Program Technical Standards may be found on the Durham Tech EMS website at:

<https://www.durhamtech.edu/sites/default/files/media-files/programs/EMS-Essential-Functions-Requirements.pdf>.

This description will guide all decisions about accommodations for EMS students.

The following specific points pertain to those involved in EMS training and education programs:

- The accommodation process must be completed through the college's Accessibility Services Center and presented to the course coordinator by the student. Accommodations will not be retroactive.
- There can be no accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course must fully understand that there is a separate process for requesting accommodations for the written certification exam through the North Carolina Office of EMS or National Registry of EMS.

Impermissible Accommodations

There are accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT or Paramedic as outlined in the program's Technical Standards.

These include, but are not limited to:

1. Students are not allowed additional time for skills with specific time frames.
2. Students are not allowed unlimited time to complete a written exam.
 - Students will be allowed a maximum of time and one-half to complete written exams, in accordance with NCOEMS testing standards.
3. Students must take all exams during the scheduled time, as a member of the enrolled class.
 - Refer to the written examination policy to review policy on missed exams due to excused absences.
4. Students must answer all test questions as written. No explanation of the question can be provided by the test proctor or any other individual.
 - Students must be able to independently understand and converse in medical terms appropriate to the profession.

Grievance Policy

The purpose of the student grievance procedure is to provide a process for resolving student complaints related to faculty and staff. If a matter remains unresolved following channeled communications through the appropriate EMS Program Administrative Staff, the student should proceed with the approved DTCC grievance process. This process applies to all student complaints, including but not limited to academic issues, student services or administrative concerns, or matters involving any form of discrimination or harassment. Academic grievances may be but aren't limited to final course grades and satisfactory completion of instructional program requirements.

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Durham Technical Community College students have the right to pursue timely, legitimate grievances related to faculty/staff/instructors of the college community initially within (6) business days of the incident. The EMS Program shall provide for an adequate time to investigate allegations, for individuals to present information or evidence in support of their positions, and for any party directly involved in a grievance to pursue an appeal of an adverse decision. In the matter of all grievances involving students, the final decision rests with the president or his or her designee. "General Complaints" can be used by anyone in the college system under the DTCC "grievance policy." Steps one through three should generally be exercised.

Procedure

The Student Grievance Procedure involves three distinct levels. During **Step One**, the student is required to make attempts to resolve the matter directly with those involved. This may involve interacting with the lead instructor and/or EMS Program Administrator with class oversight. All levels of "grievance" must be initiated by the student impacted or seeking clarity/resolution of the issue.

During **Step Two**, the process includes a formal interview/discussion with the appropriate EMS Program Administrative Faculty & the Program Director with a final decision made by the Program Director. A formalized decision may be made in conjunction with the Human Services & Public Safety (HSPS) Dean.

During **Step Three**, an unresolved issue has occurred that hasn't met the satisfaction of the student. A formal grievance submission is required to be completed by the affected student through the grievance process located on the DTCC website.

The process involves pursuing a grievance in a timely manner (6 days) related to the complaint. Extenuating circumstances include but are not limited to medical illness, death of a family member, or work or family situations that have significantly interfered with normal life functions. Should these extenuating circumstances be present and documented, it is expected that the student would have initiated the grievance process as soon as possible after resolving the extenuating circumstances. Successive proceedings of the grievance will occur within (10) working days per step the complaint proceeds through without resolution.

Additional Grievance Process Accommodations

Reasonable accommodations are provided for students who may need additional assistance with alternate arrangements during the grievance process. Please refer to the DTCC "grievance policy" for further resources and formal steps to proceed with the grievance.

Students who are enrolled in online courses or distance education programs may request that meetings be conducted by alternate arrangement. Grievance procedure meetings may be held with students or employees attending in person at the specified meeting location, with students or employees attending the meeting by electronic means such as a conference telephone call to the specified meeting location, or by a combination of students or employees attending in person and students or employees attending by electronic means such as a conference telephone call to the specified meeting location.

BOARDS AND COMMITTEES

Members of the Advisory Board

Administrative Members

Directors
Program/Medical
Employer
Graduates Representatives
Clinical and Field preceptors
Recording Secretary (Non-Voting Member)

Faculty Members

Lead instructors
Lab Instructor
Clinical/Skill Coordinators

Community of Interest Advisors

Public members

Sponsor administration

Dean
Chair Person

A meeting of the Advisory Board will be considered to have a quorum when at a minimum 6 members are present of which at a minimum 1 is members of the Community of Interest.

Members of the Program Committee

Administrative Staff Members

Faculty Members

Program Director
Medical Director
Lab instructors
Didactic instructors
Clinical/ Skill Coordinators

Recording Secretary (Non-Voting Member)

A meeting of the Program Committee will be considered to have a quorum when at a minimum 4 members are present.

ROLE AND RESPONSIBILITIES OF THE EMS STUDENT

Student Rights and Responsibilities

Education is a cooperative effort between the expertise of the Faculty and willingness of the student to learn. The EMS Faculty endorses the fact that you, the student, have certain rights when you enroll in the EMS Program as well as responsibilities.

The student has the right to:

- Accurate, organized, relevant, cohesive and quality EMS education and materials.
- become informed and to express their opinions in a suitable manner without jeopardizing their relations with their instructor.
- Faculty who are knowledgeable, clinically experienced, up-to-date and able to communicate information effectively.
- Quality classroom instruction that is punctual, clearly communicated, stimulating, and presented in a positive learning environment that is free of bias and/or hazards.
- Quality clinical instruction that is safe, provides a variety of experiences, and guides you toward effective EMS practice.
- Fair, impartial, and prompt evaluation of your performance, both theory and clinical.
- Support services to facilitate your participation in the learning process.
- Regular availability of your Faculty (scheduled as their office hours) for advice and assistance with academic or clinical matters.

The student has a responsibility to:

- Be in charge of your own learning (which includes adherence to DTCC, the program and the NCOEMS attendance policies). Commit yourself to learning EMS theory and practice through whatever means necessary for you.
- Be aware of your strengths as a learner and learn to live with or overcome your weaknesses. Be an active participant in all learning experiences.
- Learn from the expertise and knowledge of the Faculty. Be prepared for all classes and clinical experiences, submit all assignments as scheduled.
- Attend class promptly and regularly. Be attentive to classroom activities, avoid talking out of turn, conversing with friends or sleeping during a classroom presentation.
- Follow accepted standards of behavior for EMS Providers as well as the DTCC codes and standards for behavior on and off the campus.
- Be prompt and reliable for all assignments and activities.
- Remember that you are a guest in the clinical agency and demonstrate appropriate social manners. Learn and abide by the agency's clinical policies and procedures. Remember that the primary responsibility of the staff is patient care, not monitoring or instructing you.

Allow sufficient time for the Faculty to grade assignments with fairness and thoughtfulness. Make appointments with Faculty to discuss grades, issues and concerns

Responsibilities

EMS Students are expected to meet all requirements as stated in the *National Standard Curriculum* published by the United States Department of Transportation National Highway Traffic and Safety Administration, (which includes all NCOEMS requirements) as well as complying with the guidelines, policies and protocols developed by the Durham Tech community college's EMS Programs. The roles and responsibilities of the EMS students include the following:

- Applying their best effort to develop knowledge and skills as an EMS student
- Reading and understanding the EMS Program Handbook and adhere to the policies and procedures contained in it
- Adhering to all the college/ EMS Program and Clinical Affiliate's policies and procedures.
- Making every attempt to arrive prepared and on time for classes and clinical rotations
- Preparing for all class sessions and submitting all assignments on time

ROLE AND RESPONSIBILITIES OF THE EMS STUDENT

- Making every attempt to study and prepare for classes, practical skills sessions and clinical rotations
- Exercising complete honesty and integrity during all aspects of the program
- Maintaining patient confidentiality in activities associated with the program
- Treating the faculty, staff rotation preceptors, fellow students and patients with respect and dignity
- Submitting all required documentation in a timely manner
- Making payments on time, in accordance with agreed-upon payment plans, if applicable
- Demonstrating proper decorum and behavior with respect to faculty and fellow students, as well as to preceptors, patients, family and hospital staff when on clinical rotations
- Maintaining classrooms and practical skills lab and show respect for equipment and supplies found in those rooms
- Following all treatment protocols and operating within the scope of care and in accordance with program policies and procedures
- Completing all clinical paperwork in a timely fashion according to EMS Program Policies and Procedures
- Informing the Program director of any changes in name, address or telephone number(s)
- Maintaining current certifications as specified by NCOEMS guidelines and providing copies of these cards to the Program Director as they are renewed (i.e. EMT certification)
- Informing the Program Director of any issues or problems, which are affecting their performance in the EMS program in a timely manner.

Licensure and Credentialing

EMR and EMT students will maintain an AHA CPR for The Healthcare Provider certification throughout their program of study. The student must immediately notify the Program of the expiration, and the student will be suspended from ALL hospital clinical / field internship activity and may be removed from the program. Students without the aforementioned will not be eligible to take the North Carolina or National Registry credentialing exam.

AEMT and Paramedic students will maintain either their North Carolina EMT/AEMT licensure or NREMT/NAEMT certification, AHA CPR for The Healthcare Provider, and once received any specialty course certification throughout their program of study. The student must immediately notify the Program of the expiration, and the student will be suspended from ALL hospital clinical / field internship activity and may be removed from the program. Students without the aforementioned will not be eligible to take the North Carolina or National Registry credentialing exam.

ACCEPTANCE POLICY

Admission Policy

EMR, EMT, & AEMT Program

Admission for the EMR, EMT-B, and AEMT courses of study are all open enrollment. Students must attend a required program information session in order to begin the enrollment process. Once they have attended the requisite information session, they are able to proceed with registration. All students must show proof of required documentation (see information session materials) for their desired program of study in order to register. Registration occurs on a first-come, first-served basis, with students seated in the order that receipt of their fully completed registration materials are received. No holds are accepted for incomplete registration inquiries, and once a course's allotted maximum seats are filled, no additional registrations will be accepted.

Paramedic Program

Admission for the paramedic program is a selective process utilizing a written application, interview, and pre-course testing to determine placement. As with all of our EMS courses, students first must attend a required program information session in order to begin the application process. Once they have attended the requisite information session, they are able to proceed with requesting an application for the program.

The paramedic program application is a multi-step, holistic review process that seeks to identify the best candidates for success in the program, with specific attention to field experience and EMT-B knowledge. The application process includes the following components:

1. Written application to better understand the applicant's field experience, commitments, and reasons for pursuing the program.
2. Pre-course testing to assess students' baseline knowledge of EMT skills and medications.
3. Interview process to meet interested candidates.

Paramedic program applications will open in the spring prior to the course's start date, and will be due approximately one month before the program start date. Applications are reviewed on a rolling basis. All admissions decisions will be complete by the week before the program start date. All students must show proof of required documentation (see information session materials) for their desired program of study in order to formally register after being offered a position in the program. Students **MUST** be offered a position in the program in order to proceed with registration. Registration at this point occurs on a first-come, first-served basis, with students seated in the order that receipt of their fully completed registration materials are received. No holds are accepted for incomplete registration, and once the course's allotted maximum seats are filled, no additional registrations will be accepted.

Qualifications for acceptance into the EMS program for returning students:

Terminated Students due to failure to maintain satisfactory academic progress can reapply to the EMS programs and must:

- Have a current NCOEMS required discipline credentials up to and including the date of the scheduled NC State Written Certification Examination at the end of the course)
- Successfully pass the program interview, pass the medical screening and back ground check in addition to documented recommendation by the program committee board including the approval of the program medical director.
- Submit an action plan to successfully execute the individualized learning contract issued by the program committee members.
- Submit a reference letter on letter head.

Terminated Students due to Ethical/ professional conduct violation may be subject to additional requirements based on the program committee's/medical director's approval.

Applicants and prospective students must satisfy the college admission requirements in addition to the EMS program's admission requirement before they are offered a seat in the program

ACCEPTANCE POLICY

Transfer Credits and Advanced Placement

Durham Technical Community College's EMS Educational Program does not accept Advanced Placement or Transfer credit for any of our core EMT, AEMT, or paramedic classes. However, transfer credit may be accepted for pre-requisite courses for our core program offerings, such as Anatomy and Physiology.

Experiential Learning

Durham Tech Community College's EMS program doesn't accept Experiential learning credits for any of its Core EMT, AEMT, or paramedic classes, however, credits for EMS 110 may be given via experiential learning By applicants holding a current EMT-B certification

Non US Student Admission:

Please follow instruction on the link to our Center for the Global Learner: [Enroll as a Non-US Student | Durham Technical Community College](#)

Technical Standards:

Due to the critical and demanding nature of EMS work, students must also be able to maintain the program's basic Technical Standards in order to perform the essential functions of the EMS provider in a safe and efficient manner. The EMS Program Technical Standards may be found on the Durham Tech EMS website at:

<https://www.durhamtech.edu/sites/default/files/media-files/programs/EMS-Essential-Functions-Requirements.pdf>

This policy outlines the technical standards that each applicant/student must meet.

Each applicant/student must possess certain physical and mental attributes to be able to complete the paramedic program. Applicants/Students must meet these requirements throughout their enrollment at the Kingsborough community college. It is the applicant's/student's responsibility to notify the program of any changes that will not allow them to meet the technical standards below:

FUNCTION ABILITY Representative Activity/Attribute CATEGORY

GROSS MOTOR SKILLS

- Move comfortably and efficiently within confine spaces
- Sit and maintain balance for duration of procedure
- Stand and maintain balance for duration of procedure
- Reach above shoulders (e.g., IV poles)
- Reach below waist (e.g., plug electrical appliance into wall outlets)

FINE MOTOR SKILLS

- Pick up and hold objects with hands
- Grasp and manipulate small objects with hands (e.g., IV tubing, pencil)
- Write legibly with pen or pencil
- Key/type with efficiency and accuracy (e.g., use a computer)
- Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)
- Twist (e.g., turn object/knobs using hands)
- Squeeze with finger (e.g., eye dropper)

PHYSICAL ENDURANCE

- Stand (e.g., at patient side during therapeutic procedure and sometimes in adverse weather)
- Sustain repetitive movements (e.g., CPR)
- Maintain physical tolerance (e.g., work entire shift)
- Squat or kneel through procedures

PHYSICAL STRENGTH

- Push and pull 25 pounds (e.g., position patients)
- Support 25 pounds (e.g., ambulate patient)
- Lift 25 pounds (e.g., pick up child, transfer patient)
- Move light object weighing up to 10 pounds (e.g., IV poles)
- Move heavy objects (weighing from 11-50 pounds)
- Protect self against combative patient January 2024
- Carry equipment/supplies from place to place as needed from procedures

ACCEPTANCE POLICY

- Use upper body strength effectively (e.g., perform CPR, physically restrain a patient)
- Squeeze with hands (e.g., operate fire extinguisher)
- Lift patients from ground to stretcher (weighing up to 250 pounds with assistance of one to two additional persons)

MOBILITY

- Twist to accomplish tasks and complete procedures
- Bend to accomplish tasks and complete procedures
- Stoop/squat to accomplish tasks and complete procedures
- Move quickly (e.g., response to an emergency)
- Climb (e.g., ladders, stools, stairs)
- Walk (sometimes in adverse weather and/or on uneven terrain as needed in rescue situations)

HEARING

- Hear typical speaking level sounds (e.g., person-to-person report)
- Hear faint voices (e.g., distressed or weakened patient)
- Hear faint body sounds (e.g., blood pressure sounds, assess lung sounds)
- Hear in situations when not able to see lips (e.g., when masks are used)
- Hear auditory alarms (e.g., monitors, fire alarms, call bells)

VISUAL

- See small objects up to 20 inches away (e.g., information on a computer screen, skin condition)
- See objects up to 20 feet away (e.g., patient in a room)
- See object more than 20 feet away (e.g., patient at end of hall)
- Use depth perception for effective functioning

TACTILE

- Feel vibrations (e.g., palpable pulses)
- Detect temperature (e.g., skin solutions)
- Feel differences in surface characteristics (e.g., skin turgor, rashes)
- Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks)
- Detect environment temperature (e.g., check for drafts)

SMELL

- Use peripheral vision for effective functioning
- Distinguish color (e.g., color codes on supplies, charts, bed)
- Distinguish color intensity (e.g., flushed skin, skin paleness)
- Detect odors from patient (e.g., foul smelling drainage, alcohol breath, etc.)
- Detect smoke that cannot be seen
- Detect gases or noxious smells with no visual indicator January 2024

EMOTIONAL STABILITY

- Establish therapeutic boundaries
- Provide patient with emotional support (e.g., compassion)
- Adapt to changing environment/stress
- Deal with the unexpected (e.g., patient deteriorating, crisis)
- Focus on attention task (e.g., situational awareness)
- Monitor own emotions
- Perform multiple responsibilities concurrently
- Handle strong emotions (e.g., grief)
- Demonstrate sound mental health to safely engage in the practice of prehospital care
- Demonstrate professional and ethical standards of practice under stressful and ideal conditions

To verify a student's ability to provide essential prehospital during clinical training, a physical examination is required of all students. This examination will be documented by a physician/nurse practitioner/physician's assistant on the form provided by the Admissions and Enrollment Services office. Occasionally, a student may experience a change in the status of these requirements while progressing through the curriculum.

Should this occur, the student is required to notify the program's clinical coordinator within 5 working calendar days. However, a student may be denied continued enrollment in the EMS program until any identified issue is resolved. Should the issue remain unresolved after a reasonable period of time, the student may be dropped from the course

ACCEPTANCE POLICY

Criminal Conviction Policy

EMS professionals, under the authority of their state licensure, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to a patient's personal property. These patients may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. EMS professionals, therefore, are placed in a position of the highest public trust.

The EMS program uses CastBranch.com (www.castlebranch.com) to provide background screening, drug testing and immunization record tracking for students applying to the program

North Carolina

G.S. 131E-159(h)

A person who is required to register as a sex offender under Article 27A of Chapter 14 of the General Statutes, or who was convicted of an offense which would have required registration if committed at a time when such registration would have been required by law, shall not be granted EMS credentials. The Department shall not renew the credentials of any person who would be ineligible for EMS credentials under this subsection

10A NCAC 13P .0511 CRIMINAL HISTORIES

(a) The criminal background histories for all individuals who apply for EMS credentials, seek to renew EMS credentials, or hold EMS credentials shall be reviewed pursuant to G.S. 131E-159(g).

(b) In addition to Paragraph (a) of this Rule, the OEMS shall carry out the following for all EMS Personnel whose primary residence is outside North Carolina, individuals who have resided in North Carolina for 60 months or less, and individuals under investigation who may be subject to administrative enforcement action by the Department under the provisions of Rule .1507 of this Subchapter:

- (1) obtain a signed consent form for a criminal history check;
- (2) obtain fingerprints on an SBI identification card or live scan electronic fingerprinting system at an agency approved by the North Carolina Department of Justice, State Bureau of Investigation;
- (3) obtain the criminal history from the Department of Justice; and
- (4) collect any processing fees from the individual identified in Paragraph (a) or (b) as required by the Department of Justice pursuant to G.S. 114-19.21 prior to conducting the criminal history background check.

(c) An individual is not eligible for initial or renewal of EMS credentials if the applicant refuses to consent to any criminal history check as required by G.S. 131E-159(g). Since payment is required before the fingerprints may be processed by the State Bureau of Investigation, failure of the applicant or credentialed EMS personnel to pay the required fee in advance shall be considered a refusal to consent for the purposes of issuance or retention of an EMS credential.

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to certification. Students who have been convicted of a misdemeanor or felony should contact the North Carolina office of EMS at **919 855-3935 for further instruction and the National Registry board at 614-888-4484.**

FUNCTIONAL JOB DESCRIPTION

The EMS provider must have excellent judgement and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural.

Qualifications:

- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry and balance up to 25 pounds (250 pounds with assistance)
- Ability to interpret oral, written and diagnostic form instructions
- Ability to use good judgment and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to calculate weight and volume ratios
- Ability to read English language, manuals and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
- Ability to bend, stoop and crawl on uneven terrain
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
- Ability to work in low light situations and confined spaces
- Ability to work with other providers to make appropriate patient care decisions

Competency Areas:

Description of Tasks:

- Responds to calls when dispatched.
- Reads maps
- Drives ambulance to emergency site using most expeditious route permitted by weather and road conditions.
- Observes all traffic ordinances and regulations.
- Uses appropriate body substance isolation procedures.
- Assesses the safety of the scene.
- Gains access to the patient.
- Assesses extent of injury or illness.
- Extricates patient from entrapment.
- Determines nature of illness or injury.
- Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.)
- Uses prescribed techniques and equipment to provide patient care.
- Provides additional emergency care following established protocols.
- Assesses and monitors vital signs and general appearance of patient for change.
- Makes determination regarding patient status and priority for emergency care using established criteria.
- Reassures patient, family members and bystanders.
- Assists with lifting, carrying and properly loading patient into the ambulance.
- Avoids mishandling patient and undue haste.
- Determines appropriate medical facility to which patient will be transported.
- Transports patient to medical facility providing ongoing medical care as necessary in route.
- Reports nature of injury or illness to receiving facility.

FUNCTIONAL JOB DESCRIPTION

- Communicates with dispatcher requesting additional assistance or services as necessary.
- Asks for medical direction from medical control physician and carries out medical control orders as appropriate.
- Assists in moving patient from ambulance into medical facility.
- Reports verbally and in writing observations of the patient's emergency and care provided (including written report(s) and care provided.
- Complies with regulations in handling deceased, notifies authorities and arranges for protection of property and evidence at scene.
- Replaces supplies, properly disposes of medical waste.
- Properly cleans contaminated equipment according to established guidelines.
- Checks all equipment for future readiness.
- Maintains ambulance in operable condition.
- Ensures cleanliness and organization of ambulance, its equipment and supplies.
- Determines vehicle readiness by checking operator maintainable fluid, fuel and air pressure levels.
- Maintains familiarity with all specialized equipment.

Dress Code

- Students are required to wear assigned uniform, including program provided shirts, black or dark blue uniform pants, black boots, and black belt every time they are in class/lab or clinicals.
- Student uniforms must be neat and clean
- No jewelry, with the exception of small post earrings or a wedding band.
- No scents (e.g., cologne, perfume)
- No visibly offensive tattoos, which may include bad language or graphic materials
- Hair longer than shoulder length must be pulled back and secured
- Beards will be neatly groomed and no longer than ¼ inch
- * During clinical, the Program complies with the specific clinical site policies and may differ by locations. The student is responsible for following those guidelines or will be removed from the clinical site. *
- Sleeves may not be rolled up and no blousing of pants
- Undershirts will be white or black
- Jackets or other outerwear must be approved by the instructor
- ID badge must be worn above the waist at all times
- Boots or shoes will be black and of sturdy construction with adequate traction; safety toes are recommended
- Socks will be white or black
- All items are subject to approval by the clinical/internship site and/or Program Director(s).
- During severe weather (e.g., winter storms, extremely wet conditions) the student may exercise good judgment and wear additional clothing appropriate for conditions.
- When the student is on the roadway, they are required to wear a reflective vest or other high visibility clothing meeting current NHTSA/ANSI standards.

PROGRAM ASSESSMENT POLICY

ASSESSMENT POLICY

All Initial Provider courses must be successfully passed with a minimum cumulative course average of 70% to be eligible to progress in the program and to take the state or national credentialing exams. To maintain consistency throughout the Emergency Medical Science program, the following course grading system will be utilized in all initial provider courses.

All courses are progression courses and course average must be a minimum of C (70%).

A student must pass all courses in the program in order to graduate from the program.

A student must pass all courses in a semester/sections in order to progress to the next semester/section in the program.

A student must pass the affective domain evaluation in order to pass the course.

If a student fails one course in a semester, they face termination from the program.

<u>Paramedic Courses</u>	<u>AEMT Courses</u>	<u>EMT Courses</u>
Class & Participation: 15%	Homework/Classwork 25%	Class & Lab Participation 20%
Classwork/Homework: 25%	Module Exam: 30%	Classwork/Homework: 10%
Midterm Exams: 20%	Final Exam: 30%	Module Exams: 25%
Final Exam: 30%	Affective Domain: 15%	Clinical Patient Care Reports: 10%
Affective Domain 15%		Clinical Shift Completion: 5%
		Final Exam: 30%

A 90-100%

B 80-89%

C 70-79%

F Below 70% (unsatisfactory)

Laboratory Evaluations

Laboratory skill training are scenarios and simulations will require students to make judgments, apply - skill knowledge, didactic and pharmacological knowledge, protocol knowledge, and patient assessment skills in the treatment of dynamic and emergency patient care situations.

Students will be evaluated in terms of their ability to move with, make appropriate application to, and respond to medical and/or trauma situations as they develop and change. It is the goal of the course to train "thinking Providers" who can select the appropriate intervention as needed. The student who is demonstrably having difficulties in this area will be counseled.

Throughout the course students will be evaluated on their ability to perform skills and patient care through practical evaluations (TSOP). Students must obtain a grade of "successful" on all module practical evaluations. Students who do not obtain a grade of "successful" on a module practical evaluation will be given one opportunity to remediate that evaluation. A student who fails to obtain a grade of "successful" on 3 module practical (initial or remediation attempts combine) will be removed from the course. Final comprehensive practical examinations are given at the end of each course. Students must obtain a grade of "successful" on each practical exam.

Skills will be evaluated a number of times during the course. During skill modules students will have ample skill practice time. Practical skills evaluations will be graded on a pass/fail basis, where all skills must be passed for the student to pass the practical evaluations. Students will have a maximum of four reevaluations of a skill (five evaluations total). If a student has not passed all skill evaluations by the date of their final written exam they may face disciplinary action including but not limiting to dismissal from the program.

PROGRAM ASSESSMENT POLICY

TECHNICAL SCOPE OF PRACTICE EVALUATION

As defined by 10A NCAC 13P .0502(a)(3), applicant for an initial EMS credential or reinstatement of a lapsed credential shall complete a technical scope of practice (TSOP) performance evaluation that uses performance measures based on the cognitive, psychomotor, and affective educational objectives set forth in Rule .0501(b). The TSOP shall be consistent with their level of application, conducted by a Level I or Level II EMS Instructor credentialed at or above the level of application or under the direction of the primary credentialed EMS instructor or educational medical advisor for the approved educational program. A TSOP is valid for one calendar year from the date of completion.

For initial credentialing or reinstatement of a lapsed EMS credentials, the TSOP shall include skills taught in the educational curriculum. The instructor shall use the National Education Standards to develop scenarios for each required evaluation area.

PSYCHOMOTOR COMPETENCIES

While serving as team leader, and when given a standardized patient the student shall:

- Choreograph the EMS response team.
- Comply with infection control principles including appropriate use of personal protective equipment
- Assess the standardized patient, verbalizing and documenting possible illnesses, injuries, etiologies and outcomes.
- Ensure life threatening problems are recognized and prioritized before non-life-threatening problems.
- Apply appropriate decisions relative to interventions and transportation.
- Anticipate and recognize potential problems in the patient's condition and formulate, initiate, delegate, modify or request appropriate treatment.
- Consistently initiate and perform appropriate treatment and skills without prompting.
- Adapt to changes in environment, situation, and patient condition.
- Provide a verbal and written patient care report.

REQUIRED PERFORMANCE EVALUATION

The educational program should prepare candidates to manage most any type of patient, the candidate must successfully perform the listed psychomotor competencies to satisfy the scope of practice evaluation required by Rule:

- Required Psychomotor Competencies (for all levels)
- Obstetric Delivery (Normal Newborn and Complicated Obstetric Delivery)
- Cardiac (Pathologies, Arrest or Dysrhythmias)
- Psychiatric/Behavioral
- Medical Neurological
- Distressed Neonate
- General Medical
- Respiratory
- Trauma

REQUIRED DOCUMENTATION / EVALUATION SCORE SHEET

For TSOP evaluations performed in initial or refresher educational courses, the evaluator must utilize an evaluation sheet that thoroughly assesses the student's ability to meet the psychomotor competencies as outlined above. This document must be maintained with the student's records as verification of completion of the technical scope of practice evaluation as required by Rule.

PROGRAM ASSESSMENT POLICY

The following table represents the minimum number of times a student needs to practice a skill during skill sessions:

Airway Skills		Trauma	
Alternative airway	22	Hemorrhage Control/ Tourniquet	6
BVM - Adult	11	Joint Splinting	6
BVM - Pediatric	11	Long Bone Splinting	6
CPAP / Bipap	11	Needle Decompression	12
ET - Adult	60	Cervical Collar	11
Oxygen Face mask	11	Stabilize Impaled Object	6
Oxygen Nasal	11	Spinal Immobilization	6
OPA – Adult/ Peds	11	STI bandaging	6
NPA – Adult/Peds	11	Pt Assessment / Scenarios / Megacode	
Nasal Intubation	6	Megacode - Adult Cardiac Pathologies	10
Needle Cricothyrotomy	14	Megacode - Adult Medical	10
BVM- Neonate	11	Megacode - Adult Trauma	10
FBAO Magil Forcep	7		
ET Suction	7		
Oral Suction	6		
Cardiology		Megacode - Pediatric Cardiac pathology	10
CPR Adult	11	Megacode - Pediatric Medical	10
12 Lead Interpretation	5	Megacode - Pediatric Trauma	5
Cardioversion - Adult	12	Pt Assessment- Geriatric	10
Cardioversion - Pediatric	12	Medical neurologic pathologies	5
Defibrillation - Adult	22	Physical Exam –	51
Chest decomp	12	ALS Pt Assessment – Trauma	13
Defibrillation - Pediatric	17	Scenario - Adult Cardiac/Dysrhythmias	10
Dynamic Rhythm Interpretation	5	Scenario - Adult Medical	10
CPR Peds	11	Scenario - Adult Trauma	5
Transcutaneous Pacing	22	Scenario - Peds Cardiac/ Dysrhythmias	10
Medical		Scenario - Pediatric Medical	10
Assess Vital Signs	26	Scenario - Pediatric Trauma	5
Child birth abnormal	6	Team Leader - Adult	25
Psychiatric/Behavioral	20	Team Leader - Pediatric	20
Intramuscular Injection	12	Team Member	50
Intranasal Administration	18		
Intraosseous Access	58		
Intravenous Access	15		
IV Bolus	30		
IV Infusion/Piggyback	12		
Nasogastric / Orogastric Tube Placement	6		
Child Birth Normal	6		
Subcutaneous Injection	18		

Students will record each time they practice a skill in their Platinum account. Each record requires the signature of either the preceptor or a peer. Students who do not meet and/or record the minimum number of practice skills as found above may not be eligible for that skill practical evaluation.

PROGRAM ASSESSMENT POLICY

The following table represents how the Lab Evaluation grade is determined:

Criteria	Grade
Passed all skills on initial test	100
Passed all skills after first retest	90
Passed all skills after second retest	80
Passed all skills after third retest	75
Passed all skills after fourth retest	70
Failed any skill after fourth retest*	0

**The above table represents grading criteria only. Students must pass ALL skill evaluations in order to progress to the next semester.*

Clinical Evaluation

A student's clinical education is evaluated using field internship and clinical internship forms. The field internship form is used when completing hours and skills on an ambulance and the clinical internship form is used when completing hours and skills in a hospital setting.

Clinical Grade

All hours, minimum requirements/competencies must be met to successfully complete the clinical course. Once competency is met, the student will be given a grade based on the following.

A Clinical Shift Evaluation Worksheet must be completed for each shift. All sections must be filled out completely including all required signatures, student, and preceptor, to be accepted. Failure to complete this form in its entirety will result in all data and hours for this shift being void. No voided data will be counted or graded toward completion requirements.

Assignments and Quizzes =20% of total course grade

- Throughout this course, knowledge assessment may be required. These assessments may or may not be announced prior to administration.
- Throughout this course, class update meetings may be required. These meetings will be graded as assignments. Failure to attend will result in a grade of 0% for that assignment.

Clinical Progress Meetings = 20% of total course grade

- Each student must meet with the clinical coordinator for a minimum of 2 Clinical Progress Meeting. These meetings will be graded as assignments. Students must contact the clinical coordinator within 36 hours of completing 24 hours of clinical rotations. Failure to attend will result in a grade of 0%.
 - 1st after completion of 24 hours of Hospital Clinical rotations
 - 2nd upon completion of the semester requirement

Patient Care Report= 50% of total course grade

- Must be completed for each patient assessed.
- Patient Care reports will be graded on a 100-point scale
 - Section #1 Shift Information is worth 5 pts
 - Section #2 Patient Assessment is worth 15 pts
 - Section #3 Vital Signs is worth 15 pts
 - Section #4 Treatment is worth 15 pts
 - Section #5 Narrative is worth 50pts

Shift Completion =10% of total course grade

- Each Shift Completion grade will be graded on a 100-point scale
- Completing and lock all documentation prior to the 72-hour deadline
 - Auto-locked shift results in a 10-point loss
- The Clinical Evaluation Worksheet is completed and signed by the designated clinical/field preceptor for credit.

PROGRAM ASSESSMENT POLICY

- Incomplete results in a 10-point loss
- Preceptor Evaluated w/ sufficient comments
- Incomplete results in a 10-point loss

Affective Evaluations

Affective evaluations will be conducted twice (end of Fall and end of Spring) throughout the program in these areas of professional behavior:

Integrity

Examples of professional behavior include but are not limited to: consistent honesty, being able to be trusted with the property of others, can be trusted with confidential information, complete and accurate documentation of patient care and learning activities.

Empathy

Examples of professional behavior include but are not limited to: showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate and helpful demeanor toward those in need; being support and reassuring to others.

Self-motivation

Examples of professional behavior include but are not limited to: taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; and taking advantage of learning opportunities.

Appearance and Personal Hygiene

Examples of professional behavior include but are not limited to: clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and personal grooming.

Self-confidence

Examples of professional behavior include but are not limited to: Demonstrating the ability to trust personal judgment, demonstrating an awareness of your strengths and limitations, exercising good personal judgment.

Communications

Examples of professional behavior include, but are not limited to: speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.

Time Management

Examples of professional behavior include, but are not limited to: consistent punctuality, completing tasks and assignments on time.

Teamwork and Diplomacy

Examples of professional behavior include but are not limited to: placing the success of the team above self-interest; not undermining the team; helping and supporting others; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect

Examples of professional behavior include but are not limited to being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.

Patient Advocacy

Examples of professional behavior include but are not limited to: not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful delivery of Service

Examples of professional behavior include but are not limited to: mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures and protocols; following orders.

Areas in need of improvement will be discussed with Students in counseling sessions. Documentation will include the areas in need of improvement as well as corrective actions that need to be taken. Continued problems in this area may lead to your dismissal from the program.

PROGRAM ASSESSMENT POLICY

Written Evaluation

Written examinations are an important process for measurement and assessment of the students' success in converting content into knowledge. Practical skills provide feedback to both the instructor and student on the ability of the student to perform specific tasks. Results of written and practical skills and observational reports detailing participants' attendance and participation will be considered on the final grade.

Students will be allowed a 1 minute per question time allotment to complete multiple choice and true/false style exams, module, or finals. All PLATINUM PLANNER exams are multiple choice. (Example: 75 question exams will be allowed no more than 1 hour and 15 mins to complete; 200 question exams will be allowed no more than 3 hours and 30 mins to complete). Time allotments for exam consisting of fill in the blank, short answer, or essay style question will be determined by the Lead Instructor and the Program Director. In class or take-home quiz time allotments will be determined by the Lead Instructor.

Final written examinations will be given in each course. The passing score for these written examinations is 70%. A student may retake two exams. If a third exam fails, the student will be dismissed. (Example: A student fails the Airway Module Exam, retests and passes. The same student fails the Trauma Module Exam, retests and passes. The same student then fails the Operations test. No more remediations are allowed. The student is dismissed.) If a student fails a test and the retest, the student will be dismissed. (Example: A student fails the Airway exam with a 68. The student retests and makes a 69. The student is offered no more remediation and is dismissed from the program.)

Remediation attempts must be completed within 5 business days of the first attempt. The recorded score will be the higher of the two attempts. Students must obtain at least 70% on the final examination. The final exam will have two attempts, regardless of the status of your remediations. Failure to pass the final exam after two attempts will result in a "NG" grade for continuing education students, and an F for credit students.

Oral Evaluation

Success in the oral board station of the paramedic certification exam relies on being thorough, professional, and competent. Patient management in the oral board station centers on initial stabilization of the patient, treatments provided for the patient, monitoring of the patient, additional resources needed to manage the patient, and working with the patient's response to your interventions. oral board scenarios evaluate scene management, patient assessment, patient management, interpersonal relationships, and overall integration. Integration takes into-account your verbal report, field impression, and transport decision.

The oral evaluation will be graded on a pass/fail basis. Students will be allowed one retest of each component of the Oral Evaluation. Students who fail a final oral evaluation retest will be given one final opportunity to attempt each component with the Medical Director or his/her designee as the examiner. Students who fail the oral evaluation will have failed the program

PROGRAM ASSESSEMENT POLICY

EXAM POLICY

To prevent any exam compromise, exams and quizzes given during the program shall not be redistributed to the students after the exam is completed. Exams are retained for review by the Program Director and will remain in the possession of the Department. Faculty will be available to review exams at a specified time. No tape recording of exam review is permitted at any time. Test security is of the highest priority; therefore, the following test security policies must be followed at all times. Failure to follow these policies may result in the immediate dismissal from the program.

1. Students must maintain access to EMS Testing. Should the testing platform remove access to the student due to failure of the policies, the student will not be able to complete didactic testing for course completion.
2. A program approved instructor or proctor will be present and remain in the testing site throughout the duration of all exam. Under no circumstances will students be left alone in the testing site while taking an exam.
3. Students will only be allowed to take a writing utensil and a blank sheet of scratch paper into the testing site. At the end of the test the student must leave all scratch paper with the test proctor before exiting the site. The following items will NOT be allowed into the testing site, including, but not limited to, food & beverages, cameras, notes, tape recorders, personal electronic devices, pagers, or cellular phones.
4. Once testing has begun, students will not be allowed to exit the testing site and reenter. Students are encouraged to use the restroom prior to entering the testing site.
5. Passwords to the exams will be provided to the proctor or instructor only at the scheduled time of the examination by a member of the EMS Faculty.
6. Students engaging in the following conduct will be subject to removal from the testing site, and will be considered in violation of the Academic Integrity Policy
 - Display and /or use electronic communications equipment such as pagers, cellular phones, personal electronic device;
 - Talk or communicate in any way with other examination candidates;
 - Give or receive help or is suspected of doing so;
 - Attempt to record examination questions or make notes;
 - Attempt to direct your web browser to a non-testing website at any time while in the testing center;
 - Attempt to take the examination for someone else; or
 - Are observed with notes, books or other aids.

Classroom Participation

Teamwork is essential to successful patient care; thus, class participation is required. Students are expected to successfully perform various team roles in a variety of patient care scenarios.

Students are evaluated on both their team leadership ability and their participation as a team member, success in both areas is vital to success in pre-hospital medicine. Students will be formed into teams by the instructor.

Assigned Coursework

Instructors will assign coursework and homework throughout their course to ensure students gain a sound understanding of the material being covered. Students are expected to complete all assignments by the stated deadlines

Late work will not be accepted. Circumstances outside of the student's control (i.e., death in the family, unforeseen medical emergency, etc.) will be considered on a case-by-case basis by the courses Lead Instructor and Program Director.

Faculty may provide students with reading assignments. The instructor reserves the right to conduct periodic unannounced quizzes to evaluate student reading comprehension.

Supplemental reading material may be assigned, and students are expected to know the content.

Lectures are based on the National EMS Education Standards and may vary in sequence from the textbook. The material presented in lectures, textbooks, and assigned readings will be utilized in preparing the unit or mid-term (formative) and final examinations (summative).

As part of a course, students may be expected to complete a research paper. Details will be provided in the course syllabus.

PROGRAM ASSESSMENT POLICY

GRADE APPEALS

Students who wish to appeal a grade should follow these guidelines:

- Speak with the instructor first to understand the posted grade
- If you are unclear about the posted grade, or are dissatisfied with the instructor's response, then speak with the Program Director
- If that is unproductive, speak with the Department Dean/Chairperson
- If that is unsuccessful, file an appeal with the College's Committee on Academic Review

ATTENDANCE POLICIES

Didactic & Lab

EMS courses are fast paced and comprehensive, requiring maximum attendance by the student to understand the course content.

To ensure that attendance is tracked and monitored effectively, daily class attendance rosters will be utilized. Students and faculty are responsible for signing in and out of each class session. Failure to sign in and/or out will result in the student not receiving credit for attendance of the class session. This will be considered an absence and be counted toward the allowable percentage of missed course hours.

Absences by the student may be considered excused or unexcused. Regardless of the classification, students may not miss more than 10% didactic and lab core content hours.

- a. For an absence to be considered excused, the student must contact their instructor and a plan must be developed for the makeup of the content no less than 14 days prior to the date of absence.
- A student may not miss more than 10% of the total EMT, AEMT or Paramedic didactic and lab core content hours.
 - A student may not miss more than 10% of any one single course (i.e. EMT, EMS 130, EMS 131, etc.).
 - A student who has missed 10% or more of the total EMT, AEMT or Paramedic didactic and lab core content hours or 10% of any one given course will be dismissed from the course/program.
 - Dismissal from a course for attendance reasons will result in the student receiving a grade of "F" or "NG" in their curriculum or Con Ed course respectively
 - In accordance with the college's Class Absence policy, tardiness or early departure from class that results in the student missing at least 20 percent of the instructional session will be considered an absence
 - Late work will not be accepted, and will receive a grade of "0."
 - If a student misses class for any reason, he or she is responsible for material/skills covered in that class session and have to be made up within 1 calendar week from missed day. Students have to arrange make up work with instructor/peer and have to show proof of makeup to the lead instructor/program coordinator. Students will be allowed to make up tests or quizzes they missed because of an absence, and the highest grade will receive is "80%. Makeup exams/quizzes have to be completed within 7 calendar days of the absent date.

Clinical attendance

Clinical attendance is critical to student success; therefore 100% attendance is required. Students will utilize the online scheduler through PLATINUM PLANNER for all clinical scheduling. Students are responsible for reading and understanding the scheduling policies in the EMS Program Clinical Handbook.

Availability of clinical rotations are not guaranteed. The program will make every effort to provide students with enough clinical sites to allow for successful completion of the clinical requirements.

It is the student's sole responsibility to manage their schedule to ensure they have enough time to meet the clinical requirements. Students must also maintain up-to-date contact information within their student account to include a valid email address and phone number where they can be easily contacted and an emergency contact name and phone number. All contact information must be kept current throughout the course.

PROGRAM ASSESSMENT POLICY

ESSENTIAL PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION

EMS is a practice discipline with cognitive, sensory, affective and psychomotor performance requirements. Patient safety is dependent on the student's ability to meet the following Essential Performance Standards. These standards are a part of each course. It is important that every applicant meet these standards to be able to engage in learning activities that will not endanger students, faculty or patients.

ISSUE	STANDARD	EXAMPLES OF ACTIVITIES
Critical Thinking	Critical thinking ability sufficient for clinical judgment.	Identify cause-effect relationships in clinical situations, analyze and develop a plan of activity within an allotted time frame.
Communication	Communication abilities sufficient for accurate and efficient interpretation and communication in English, both verbal and written for interaction with others.	Explain procedures, responding to health care provider orders, write legibly and correctly. Computerization access skills.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, religious and intellectual backgrounds.	Establish rapport with patients, families, peers and health team members. Perform effectively under stress.
Mobility	Physical abilities sufficient to move from room to room, maneuver in small spaces, navigate stairwells, and bending to retrieve items.	Lifting (at least 25 lbs), positioning and transporting patients. Moving efficiently to meet the needs of the patient and treating team. Participate in care in emergency and non-emergency situations. Have full manual dexterity of the upper extremities, including the neck and shoulders, unrestricted movement of both lower extremities, back and hips and have the ability to touch the floor and to be able to sit, bend, reach, walk and stand for most of the work day.
Motor Skills	Gross and fine motor abilities sufficient to provide safe, effective and skilled care.	Calibrate and use equipment, manipulating medical instruments, and needles. Assembly of power equipment. Operating equipment and devices in emergency situations.
Hearing	Auditory ability sufficient to monitor and assess the needs of the medical team.	React/respond to signals, alarms and other displays indicating immediate needs.
Visual	Visual acuity sufficient for observation and assessment of the needs of the medical team including handling small instrumentation.	Observe pertinent data in the emergency and medical environment that indicate activity for patient safety. Distinguish signs and indicators determining sterility and expiration dates.
Tactile	Tactile ability sufficient for participation in fine skills required on the medical field.	Perform required skills for participation on the medical field.

All students entering the EMS programs must be able to successfully demonstrate the ability to perform all Essential Performance Standards. Determination is made on an individual basis as to whether or not necessary accommodations or modifications can be made reasonably while assuring patient safety.

PROGRAM SERVICES

STUDENT SUPPORT SERVICES, ROOM 10-209 ext.1105

Students who need support services during their time at Durham Tech Community College should make an appointment with the **Access-Ability Office** in Room 10-209 at 919-536-7200 Ext.1105.

Durham Tech provides disability accommodations and services designed to create equal access to the many aspects of education. Students have the opportunity to voluntarily self-identify with the College as having a disability or medical condition that may impact access to programs and activities.

Students with disabilities may achieve educational access through the effective use of accommodations or services such as individualized educational planning; support staff including note-takers and interpreters; assistive technology; alternative testing arrangements; and priority assistance during registration. Through a process of individual planning, students are encouraged to use their diverse abilities to succeed.

Campus harvest Food pantry, Room 3-110, ext. 8194

The Campus Harvest Food Pantry offers free bags of non-perishable/shelf-stable groceries, fresh produce, snacks, menstrual products, hygiene products, and diapers/wipes to currently enrolled students, faculty, and staff. The Food Pantry has also published a cookbook with easy-to-prepare, healthy recipes that use ingredients most commonly donated to the pantry for students facing food insecurities.

Career Services, Room 10-109, ext. 4025

Career Services may also be contacted via email at careerservices@durhamtech.edu. Durham Tech uses College Central Network (CCN) as its official resume and job posting service. CCN is available to students and alumni 24 hours a day, 7 days a week. [Sign in to CCN](#). Career Services offers individualized counseling, and career resources to Durham Tech students and alumni. **College Central Network** [College Central Network](#), a third-party website that Durham Tech partners with for career services assistance, helps Durham Tech students and alumni find jobs and internships as well as stay informed of career-related programs and events. Employers post job opportunities of all types (full time, part time, and internships) on [College Central Network](#) to attract qualified applicants. These services are offered to Durham Tech students, alumni, and the College's employer partners free of charge.

Center for Academic Excellence, Room 10-038 ext.2404

The Center for Academic Excellence (CAE) provides students at Durham Tech with the academic support they need to be successful. CAE tutors and staff strive to do the following:

- Provide students with an alternative learning environment outside of the classroom for individualized tutoring and small group tutoring sessions.
- Empower students to be proactive in achieving their academic successes and to challenge them to become independent and critical thinkers by modeling effective examples of clear communication.
- Collaborate with colleagues inside and outside the CAE to share best practices in tutoring, academic support, and general higher education.

Students can make an appointment or walk-in for in-person tutoring. Virtual tutoring is only available through [Upswing](#).

Counseling Services, Building 10 Room 209 ext. 1408

Personal Counseling

Getting help can be hard. The Counseling, Accessibility and Resources Office is here to help. The office is committed to student success, and its counselors realize that pressure and difficulties affect academic performance. Therefore, counseling staff are available to meet with students individually to discuss a wide range of personal concerns, while counselors provide encouragement and support in a non-judgmental environment, and intervene in times of crisis, they also help students identify and resolve personal issues, and make referrals when necessary.

PROGRAM SERVICES

Emergency Financial Assistance, Room 10-209 ext. 1408

Durham Tech has two ongoing programs to support students in need of emergency financial assistance for rent, utilities, car repairs, course-related expenses, and other emergencies.

Students facing a financial emergency that threatens their ability to finish school, can apply to the following programs:

Emergency Financial Assistance Program: A one-time grant that can help eligible students with rent emergencies, past due utilities/internet, childcare expenses, or even car repairs.

Finish Line Grant: A grant that assists eligible students who have completed at least 50 percent of their credit or Continuing Education (non-credit) program.

Housing Support: If you do not have a safe place to sleep, are worried about eviction, or experiencing other housing challenges, staff are here to support you. Complete a [Student Support Intake form](#) for personalized outreach from a team member to connect you with relevant resources.

Students with Children,

When a student parent graduates, their whole family graduates with them. The Durham Tech community is here to support you in reaching your academic and professional goals while you are also doing the daily work of supporting your family. Learn more here about college and community resources to help you succeed through Parent Success network, Pregnancy Support, Child care assistance and family resources.

Veteran's Services, Room 10-210, ext.1125

Durham Tech Veterans Services, located in the Phail Wynn, Jr. Student Services Center (Building 10), room 10-210, assists students who are eligible for Veterans education benefits, including Veterans, active-duty personnel, and members of selected reserves and the National Guard. To be eligible for education benefits, students must be admitted to a curriculum program and have high school and all college transcripts on file at Durham Tech. Before paying tuition and fees each semester, students must first have their class schedules approved by their academic advisors and then by staff in the Veterans Services office. Students are required to notify the VA School Certifying Official (SCO) via email when registration is complete. Students who are visiting from their home college and who may be eligible for Veterans education benefits must contact Durham Tech Veterans Services to provide appropriate documentation.

The Veterans Handbook, available in the Veterans Services office, provides detailed information on college procedures and education benefits.

ACADEMIC EXPECTATIONS

ACADEMIC INTEGRITY

It is expected that students will be honest in ALL academic and clinical situations and perform independently on all tests and written assignments, and turn in work that is their own. Any form of cheating or attempting to cheat will result in a course grade of "F". Students who knowingly collaborate in cheating by assisting others will also be held equally responsible. Learning assistance materials in the lab are for use by all students and are to remain there. Removal of such items by individual students jeopardizes the learning of other students and is considered a breach of integrity.

Students will demonstrate professional behavior on campus and in the clinical area, as evaluated by the faculty. Unprofessional and unethical behaviors will also result in a failing (F) course grade. Examples, although not inclusive, include belligerent behavior, verbal and non-verbal; lying; rudeness to patients, family members, staff, peers or faculty; threats of physical aggression or any act of violence; removing property (any item) from the clinical agencies or college; illegal drug/alcohol use before or during class or clinical hours. Durham Technical Community College establishes and follows a process for defining and addressing academic dishonesty when it occurs either inside or outside the classroom.

The Academic Integrity Policy may be found here: <http://www.durhamtech.edu/policiesprocedures/academicintegrity.htm>

Plagiarism

Plagiarism is the act of presenting another person's ideas, research or writings as your own. The following are examples of plagiarism, but is by no means an exhaustive list.

- Copying another person's actual words without the use of quotation marks and footnotes attributing the words to their source.
 - Presenting another person's ideas or theories in your own words without acknowledging the source.
 - Using information that is not common knowledge without acknowledging the source.
- Failing to acknowledge collaborators on homework and laboratory assignments.

Electronic Device Abuse- cell phone/text or other communication device.

The faculty and staff of the Emergency Medical Science Program believe in the use of technology to enhance the educational experience. However, the program has developed a series of policies to ensure that students utilize available technology in an appropriate and productive manner. Laptop computers may be utilized during classroom and lab sessions for note taking, research, or skills data entry. The Course Coordinator has the right to revoke permission of electronic usage in the classroom if it causes a repeated disruption. All other electronic devices will be turned off during class. This includes cell phones, radios, pagers, PDAs, Blackberry devices, and similar devices. Students should refrain from utilizing cell phones during classroom and Lab sessions at all times. In the case of an emergency, students should step out of the room to take a call. Texting is not permitted during class. Cell phones will not be allowed into any testing site for any reason. Fire, rescue, and EMS pagers who are participating in a course as a student cannot expect to be released from class to attend to a call. Students are required to maintain at a minimum their Durham Tech student email account and check their email on a frequent basis as the Program staff will use this email account as their primary mode of communication. Course hour changes, cancellations and specific instances of curriculum changes will be communicated via email, and it is the students' responsibility to ensure their email(s) accounts maintain sufficient free space to receive up to 2 MB of email daily.

CODE OF ETHICS

EMT Code of Ethics

Professional status as an Emergency Medical Technician or Emergency Medical Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician-Paramedic, I solemnly pledge myself to the following code of professional ethics:

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well-being.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws, which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, does so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

The Emergency Medical Technician will work harmoniously with and sustain confidence with other Emergency Medical Technicians, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

USE OF MIND-ALTERING SUBSTANCES

Possession, use or distribution of illicit drugs or alcohol while in class or on campus is prohibited. Refer to the DTCC Student Handbook for the Rules of Campus Conduct (i.e. The Henderson Rules.)

CODE OF ETHICS

The EMS Program prepares individuals for health care practice. These individuals are held to standards of personal and professional conduct. A mind-altering substance is a medication or beverage that affects one's ability to think clearly, make rational judgments, or solve problems. Our affiliating clinical agencies have strict policies regarding substance use and abuse. Students assigned to an agency for clinical experiences, must comply with its requirements. Therefore, these policies are enforced by the EMS Programs:

- Students with a medical condition that may mimic signs of confusion, disorientation, or other impaired mental functioning must notify the faculty. For example, hypoglycemia that occurs with diabetes will cause these signs.
- Students taking mind-altering drug by prescriptions must report this information to the Faculty/Program director for consultation and guidance. Medications that may impair thinking and reasoning include antihistamines or narcotic analgesics, among others.
- Students suspected of using mind-altering drugs (legal or illegal) or alcohol while on campus, are subject to the College policies.
- Students are subject to the policies of the respective clinical agency, as well as the college, if suspected to be under the influence of mind-altering (legal or illegal) or alcohol while in the clinical agency. Healthcare agencies may require urine and sometimes blood tests of employees/students when substance abuse is suspected. Students will be dismissed immediately and not allowed to return until test results are available.
- Testing positive for illegal drugs or alcohol will result in immediate disciplinary action. Options include mandatory counseling, course failure, or dismissal from the Program.
- Remember that the Faculty are caring, helping professionals who are available for advice and counseling to students using or abusing substances, or if unfairly accused of substance abuse.

PROFESSIONALISM

The concept of professionalism in health care is motivated by the primary goal of providing quality service to the health care consumer. It is also a concept that involves a commitment to the development and maintenance of a level of knowledge, which enables the provider to utilize standards of care in the daily delivery of health care to the consumer.

The EMS Faculty is dedicated to providing students with the knowledge and background necessary to develop a sense of professionalism, which will extend into their career.

CIVILITY

Durham Tech Community College is committed to the highest standards of academic and ethical integrity, acknowledging that respect for self and others is the foundation of educational excellence. Civility in the classroom and clinical setting as well as respect for the opinions of others is very important in an academic environment. It is likely you may not agree with every topic that is discussed in the classroom. Courteous behavior and responses are expected. Therefore, in this classroom, any acts of harassment and/or discrimination based on matters of race, gender, sexual orientation, religion, and/or ability is not acceptable. Whether we are students, faculty, or staff, we have a right to be in a safe environment, free of disturbance and civil in all aspects of human relations.

Incivility will not be tolerated and can be grounds for withdrawal from the program.

Social Media Guidelines and Procedures

Durham Technical Community College maintains an official presence on Instagram, Facebook, Twitter, and YouTube to support Durham Tech in accomplishing its mission and achieving its goals and objectives. These procedures are also subject to the addition of other forms of social media.

Durham Tech encourages feedback and comments from prospective students, current students, alumni, faculty, staff, and members of the community. Durham Tech remains committed to maintaining these sites as safe and family-friendly forums for sharing information.

In an effort to maintain a positive environment for Durham Tech's website visitors, Durham Tech reserves the right to remove or block posts, users, or any content from official college-sponsored pages.

CODE OF ETHICS

Online behavior that violates the college's Student Code of Conduct or the Appropriate Use of Computing Resources Policy which is brought to the attention of the any member of the program faculty, staff, or Student Services Officer will be treated as any other violation of the Student Code of Conduct.

The following types of content are prohibited from Durham Tech social networking sites:

1. Derogatory language or demeaning statements about or threats to any third party;
2. Lewd, indecent, or incriminating images or information depicting hazing, sexual harassment, vandalism, stalking, underage drinking, illegal drug use, or any other inappropriate behavior or inappropriate language;
3. Content that violates local, state or federal law;
4. Online gambling
5. Content that harasses any third party or personal attacks of any kind;
6. Selling goods or services for personal financial profit;
7. Comments or posts that are unrelated to Durham Tech;
8. Spam
9. Infringement on copyrights or trademarks; and/or
10. Offensive comments that target or disparage any ethnic, racial, religious, or other group of people.

These guidelines are subject to change without notice. If you have any questions or concerns about a post or comment, please contact the Communications Specialist, Amy Madison at madisona@durhamtech.edu.

Students should refrain from “friending” or communicating with program faculty or staff via social media.

PERSONAL APPEARANCE

Dress Code for Lab and Clinical

- Students will remain in standard uniform throughout the entirety of class, lab, clinical, or internship time.
- Students must remember they are guests of the clinical/internship site and students must be distinguishable for employees.
- Your attire at all times is a reflection upon yourself, and the Program.
- Students may not wear program clinical/internship attire outside of clinical/internship activities unless traveling to or from clinical/internship sites.
- As a representative of the above, any unfavorable attention caused by your attire or behavior will be addressed as unprofessional conduct and behavior and may be grounds for dismissal from the program(s).
- Students will not possess, purchase, transport or consume alcoholic beverages while in clinical uniform.
- If a clinical site requires scrubs, the student will arrive and depart in the Program uniform.

Any other EMS or other agency/institution logos are not authorized on any part of Durham Technical Community College EMS Program clinical uniform.

FATIGUE

Fatigue can certainly impair a health care worker's ability to provide safe, professional care. All students need to carefully assess his/her level of fatigue, school requirements in terms of lecture, on-campus labs and clinical experiences and own work schedules. This assessment should carefully consider the potential impact of excessive employment on his/her ability to provide safe, professional care. Each student has an ethical responsibility to ensure that fatigue does not negatively impact student responsibilities

Netiquette

- Be mindful that electronic communication does not convey facial expression or tone of voice. It is important to consider that what is written could be misinterpreted.
- Typing messages all in caps is regarded by most Internet users as shouting; so unless you mean to yell at someone, type your message in standard format.
- It is appropriate to share your point of view as well as indicate disagreements with another's posts- however, it is not appropriate to make negative personal statements about another's posts.
- Since many people read their email on small screen devices, when appropriate, be brief.
- Clearly indicate the nature of your email message in the title of the communication.
- If you send an email from a personal email account, sign the message. Often the names of personal email accounts are different from a person's given name. Use the DTCC email whenever possible.

EQUIPMENT ADVISORY AND REQUIREMENTS

Practical Skills Lab

Each student is required to bring the following equipment for all practical skills lab:

- Watch with a second hand
- Penlight
- Stethoscope
- Lab Book when applicable
- Skills sheets when required
- Pen
- Safety Goggles when applicable
- Mask/Gowns as required when provided

Clinical Rotations

Each student is required to have the following equipment for all clinical rotations:

- Watch with a second hand
- Penlight
- Stethoscope
- Scissors
- Pen
- Rotation recording mechanism
- School ID
- BLS Credentials
- Masks/Gowns as required

****Student Health and Safety Advisory****

Course activities are supervised by a program faculty member at all time. Any student concerns or problems regarding their safety should immediately be reported to the faculty. Lab and practical work can result in injury if performed incorrectly, therefore, directions given by faculty should be followed and questions asked by the student to clarify any misunderstandings.

All students will perform with due regard for personal, faculty, student, and patient safety at all times. Under no circumstances will anyone perform any act that is deemed unsafe or inappropriate.

If a student suspects they are sick or contagious, the EMS program expects the student to be courteous of classmates and instructors when deciding if they should attend class. If class is missed due to illness, students will make-up lab time at the discretion of the instructor and program director. The student will be held responsible for the instruction and will be expected to practice on his or her own time to maintain skill levels in keeping with class progress.

In the case of any illness which requires the student to miss **two or more classes**, the student will be required to have a medical release by a physician before being allowed to return to class.

All manikins, airway adjuncts, and other equipment will be properly cleaned with disinfectant between each student's use (each student will be responsible for clean equipment). Due to the nature of the training, it is imperative that all students maintain good personal hygiene habits at all times. A sink and disinfecting soap are available.

EQUIPMENT ADVISORY AND REQUIREMENTS

Sharps containers are available in each classroom during activities involving potential exposure. Sharps containers will not be filled past $\frac{3}{4}$ capacities, and will be handled in accordance with Durham Tech Health and Safety Manual (www.durhamtech.edu/faculty/safety/HealthandSafetyManual.pdf)

- All defibrillators used for training are to be treated as live and capable of discharging. There is NO SUCH THING as a “training mode” in non-automated defibrillators.
- All defibrillators are live and capable of discharging even when working in conjunction with an arrhythmia generating device or computer.
- Unless instructed to do so and under the direct supervision of a lab instructor, students are not to change the joules settings, handle paddles or press buttons on the machine.
- **Shock hazard:** The defibrillator delivers up to 360 joules of electrical energy. Unless properly used as described by your instructor, the electrical energy may cause serious injury or death. Do not attempt to operate this device unless thoroughly familiar with the operating instructions and the function of all controls, indicators, connections, and accessories for the device provided for you in class.
- Do not disassemble the defibrillator. It contains no operator serviceable components and dangerous high voltages may cause injury or death.
- All pharmaceuticals are actual drugs and should be treated as such
- Sharps are often in use – Take Precautions
- REPORT ALL UNSAFE BEHAVIOR TO YOUR INSTRUCTOR IMMEDIATELY

It is a requirement that students maintain health insurance throughout the duration of the program. Failure to maintain active health insurance will result in the student being immediately suspended for all lab and clinical activities until proof of insurance is presented.

Durham Tech participates in the North Carolina Community College Student Health Plan (www.studentccsi.com).

Any time a student suffers an injury, illness, accident, or medical emergency they will immediately report the occurrence to the faculty or preceptor. A written incident report must be filed with the program within 24 hours.

The EMS Program is not responsible and will not pay for doctor, hospital, or ambulance bills incurred as a result of accidents or medical emergencies of students.

Students who have any change in their health status during the semester (due to injury, illness, pregnancy/childbirth) are required to submit documentation to the program administration and the college's Office of Health Services. Students are placed on clinical and lab halt due to injury/illness to avoid injury/illness complication until they are cleared by the program director. "the immediate clinical and lab requirements may be excused (must be made up) but dependent upon the ability to perform essential functions and meet academic requirements once cleared may require additional steps to remain in the section or program. "Students must submit a RETURN OF EMS DUTIES form signed, dated and stamped by the treating physician to receive clearance from the paramedic program prior to returning to clinical agency experiences and lab session practice

CLINICAL ROTATION GUIDELINES

Introduction

Clinical education represents a critical component of the Emergency Medical Science student's education. This is where the student learns to synthesize cognitive and psychomotor skills. To be effective, clinical education should be integrated and reinforce the didactic and laboratory skills components of the program. Clinical instruction should follow sound educational principles, be logically sequenced to proceed from simple to complex tasks, have specific objectives, and be closely supervised and evaluated. This manual serves to provide that structure and a mechanism to track progress.

The ability to serve as an entry-level pre-hospital provider requires experience with actual patients. The clinical/internship rotations enable the student to build a database of patient experiences that serves to aid in clinical decision-making and pattern recognition.

The clinical education component of the Emergency Medical Science program is competency based. Total clinical hours are not the sole criteria used to determine successful completion of clinical education. It is acceptable to use a time-based system to help in program planning, but more than any other phase of a student's education, minimum numbers for patient contacts and amount and frequency of skills performed are established for clinical education to ensure that students satisfy each clinical objective. To this end, there is a minimum competency requirement for each clinical/internship area in both skills, patient categories, and for the entire program.

The North Carolina Office of EMS sets minimum requirements for clinical education at all levels, including minimum hours and patient contacts. In addition to this, the NREMT and CoAEMSP mandate a minimum set of competencies for all AEMT and paramedic programs, described by the Student Minimum Competency (SMC) report. Durham Technical Community College's Emergency Medical Science program exceeds these minimums in both hours, patient contacts, and skills required.

Accountability

Students who fail to read the EMS program clinical handbook and clinical syllabus will not be excused from any regulation, requirements, and or deadlines set forth in the publications.

Students are responsible for maintaining and tracking all clinical/field hours, patient contacts, PCR requirements, and SMC requirements to ensure proper completion by the set deadlines. Any student that fails to do so will not be allowed to graduate on time.

Affiliations

Clinical, field, and field internship affiliations are established and confirmed by way of written contractual agreements with institutions and agencies that provide clinical experience under appropriate medical direction and supervision.

Supervision is provided by instructors or preceptors approved by the program who have met the program requirements and complete a preceptor orientation and/or training.

Students must be under the direct supervision of an approved instructor or preceptor at all times while on clinical or field rotations and performing patient care of any kind. Instructors and preceptors must hold a current license or credential at or above that of the student. These can include, but are not limited to, Physician (MD or DO), Physician Assistant (PA), Advance Registered Nurse Practitioner (ARNP), Certified Registered Nurse Anesthetist (CRNA), Registered Nurse (RN), Respiratory Therapist (RT), Pharmacists, Laboratory Technicians, Emergency Medical Technician (EMT), Advanced EMT (AEMT), and Paramedic.

The clinical or field site is periodically evaluated with respect to its continued appropriateness and efficacy in meeting the expectations of the programs. Clinical affiliates are accredited by the Joint Commission on Accreditation of Healthcare Organizations and field agencies are state

CLINICAL ROTATION GUIDELINES

Student Work Policy

Students enrolled in any of Durham Tech's EMS educational programs can seek and/or maintain employment in clinical roles according to their current certification level. Students may participate in clinical/field rotations at the site of their employment and may be compensated for these rotations at their employer's discretion, but they may only earn clinical credit and operate at the EMT, AEMT or Paramedic scope of practice on shifts scheduled and authorized by the DTCC Clinical Coordinator. These shifts MUST be scheduled such that the student is a third-person rider at all times under the direct supervision of an approved preceptor. In addition, students are educated early in the program on the legality and ethics of operating outside of scope of practice to ensure that students are only operating as paramedic/AEMT interns in approved clinical education settings.

Legal Notice

Students cannot participate in either clinical or field rotations without these elements being satisfied:

- 1) a signed written affiliation agreement exists between Durham Technical Community College and the institution/agency,
- 2) preceptor who will be assigned to the student has completed orientation or training
- 3) preceptor who will be assigned to the student meets the minimum standards as specified in the Preceptor Orientation Manual
- 4) student is up-to-date on health, immunization, and technical requirements to be fit to serve in the clinical setting. It is within the scope of the Program Director or Clinical Coordinator to discontinue a clinical/internship affiliate or to remove a student from any clinical rotation at any time.

Clinical Education Goals and Objectives

Goals

Durham Technical Community College has established several goals for Emergency Medical Science students during clinical/internship rotations.

1. An educated pre-hospital care provider should be exposed to a broad variety of patient care environments (clinic, emergency, in-patient, aero-medical, pre-hospital, etc.).
2. An educated pre-hospital care provider should have achieved a sufficient depth of knowledge to be considered competent as an entry-level paramedic provider.
3. An educated pre-hospital care provider should be able to express themselves clearly, competently, and accurately in all forms of written and verbal communications.
4. An educated pre-hospital care provider should be able to relate computational skills to the practice of medicine in the internship.
5. An educated pre-hospital care provider should be able to demonstrate critical thinking and problem-solving skills during all aspects of pre-hospital medical care.
6. An educated paramedic should develop the skills to understand, accept, and relate to people of cultural diversity.
7. An educated pre-hospital care provider should have some understanding of and experience in considering moral and ethical problems.
8. An educated pre-hospital care provider should have conceptual ability: i.e., the ability to think rationally, to develop informed opinions, and to comprehend new ideas.

CLINICAL ROTATION GUIDELINES

Clinical Objectives

Each student is expected to master all course clinical objectives. Students should expect to be quizzed both verbally and/or in writing relative to the content of this clinical rotation by both the clinical and program faculty. It is the student's responsibility to periodically review these objectives and their success in achieving them with their lab instructor and clinical coordinator

Although specific clinical objectives will vary from unit to unit, there are general considerations which apply to all student activities during clinical rotations: These include the ability to:

1. Accurately relate patient complaints to pathophysiology or pharmacologic effects, and to discuss appropriate therapeutic interventions based on the patient's condition and diagnosis.
2. Obtain patient history from the patient or his/her chart in a systematic fashion.
3. Conduct a thorough, appropriate patient assessment, noting signs, symptoms, and other pertinent findings.
4. Describe the anticipated effects of therapeutic interventions, including possible side effects and untoward reactions.
5. Safely and appropriately perform all skills listed on the clinical checklist of psychomotor skills as permitted.
6. Explain procedures to the patient in a manner which the patient can understand.
7. Demonstrate professional behavior and genuine concern whenever dealing with patients, family, or other staff members.
8. Accurately and concisely document assessment findings and therapeutic interventions into Platinum Planner.

CLINICAL ROTATION GUIDELINES

Clinical (Hospital/Outpatient Clinic)

Due to the unpredictable nature of emergency medicine, the hospital/outpatient clinic environment offers two advantages in the EMS intern's education: volume and specificity. In the hospital/outpatient clinic setting, the intern can see more patients than is possible during the field internship rotations alone. This is a crucial component in building a "library" of patient care experiences to draw upon in clinical decision-making. Minimum hours and competencies for each program are laid out in their respective clinical syllabi.

At the AEMT and paramedic levels, placement in specialty rotations within the hospital enables the student to see a greater variety of patient age groups and presentations. In addition to the emergency departments, which most closely approximate the types of patients that paramedics will see in the field, clinical education of ALS students should take advantage of rotations within critical care units, labor & delivery, operating rooms & anesthesia, recovery, pediatrics, respiratory therapy, laboratory, pharmacy, psychiatric, burn units, and more. This will help ensure student exposure to a variety of patient presentations and complaints. In the event that a clinical location lacks access to certain patient populations, DTCC may utilize high-fidelity simulation as an innovative solution to ensure that every student meets the minimum competencies laid out by the program, the North Carolina Office of EMS, and CoAEMSP. Minimum hours and competencies can be found in each course's clinical syllabus.

Field Rotations

EMT

EMT internship rotations provide the EMT student with an introduction to pre-hospital medical care. The EMT internship rotations expose student to a variety of patient care situation by utilizing both transport and non-transport EMS provider agencies. Internship rotation will begin at the discretion of the lead instructor and as approved by the clinical coordinator. Minimum hours, patient contacts, and competencies are located in the EMT clinical syllabus.

Field Rotations

Paramedic

Field Rotations for the paramedic students are split into two distinct categories: Field Experience and field Internship

Field experience focuses on the student's ability to make treatment plans, demonstrate skills and build confidence operating as a team member/leader on a EMS crew. Field experience take place during practicums I-III. Hours, skills and patient contact requirements vary throughout the practicums. Please refer to specific practicum syllabi for minimum requirements.

Paramedic Internship rotations (Practicum IV) represent the final phase of instruction where the student learns how to apply cognitive knowledge and the skills developed in skills, laboratory, and clinical to the internship environment. In most cases, internship rotations should be held following successful completion of didactic instruction, required simulations, and laboratory goals.

The major concentration for the internship rotations begins when students demonstrated sound knowledge and skills based on both lab and clinical experience. In general, students should operate as Team Leaders as they enter their internship rotations. Students should be assigned no ore than 1-2 preceptors for the duration of this practicum as operational schedules allow. Students must complete at minimum 25 team leads as defined by the CoAEMSP and have minimum of 240 field internship hours for graduation of this program

CLINICAL ROTATION GUIDELINES

Clinical Locations

*Clinical (Hospital & Outpatient Clinics) affiliations are being continually updated.
Contact the Clinical Coordinator for up-to-date listing.*

Duke University Medical Center	University of North Carolina Hospital
Emergency Dept. (ED) Adult	Emergency Dept. (ED) Adult, Pediatric, Psychiatric
Vascular Access Team (IV Team)	Respiratory Therapy (RT)
Duke Regional Hospital	Labor & Deliver (L&D)
Emergency Dept. (ED) Adult	Cardiac Catheterization Lab (Cath. Lab)
Labor & Deliver (L&D)	Medical Intensive Care Unit (MICU)
Intensive Care Unit (ICU)	Trauma Intensive Care Unit (TICU)
Cardiac Catheterization Lab (Cath. Lab)	Pediatric Intensive Care Unit (PICU)
	Pediatric Surgery Unit
	Neonatal Intensive Care Unit (NICU)
	Operating Room (OR)
	Pediatric Hematology/Oncology
	Burn Unit
	Geriatrics Unit

Internship Locations

*Internship (field) affiliations are being continually updated.
Contact the program director for up-to-date listing.*

<i>Non-Transport</i>	<i>Transport</i>
Chapel Hill Fire Dept. (EMT only)	Durham County EMS (Paramedic Only)
	Guilford County EMS (Paramedic Only)
	Orange County EMS
	Person County EMS
	Grandville County EMS
	Chatham County EMS
	Charlotte – MEDIC 911 – Mecklenburg County EMS (USAF Only)
	an-Care
	North State Medical Transport (EMT Only)
	First Choice Medical Transport (EMT Only)

CLINICAL ROTATION GUIDELINES

Rules and Regulations of the Clinical Facility

All students are responsible for demonstrating a professional attitude towards the clinical facility, its personnel, its patients, and their families. This includes being enthusiastic, mature, motivated to learn and accepting of responsibility.

Though students are not employees of the clinical site, nevertheless, they are subject to all rules and regulations of the clinical facility. The clinical facility rules and regulations will be specified by the clinical faculty/coordinator, the student is required to become familiar with them and strictly abide by them.

Unexcused tardiness or absence, unavailability, inappropriate behavior, improper conduct or any failure to comply with the clinical facility rules and regulations may result in immediate disciplinary action by the clinical faculty, clinical coordinator or the program director.

ALL INFORMATION CONCERNING PATIENTS IS CONFIDENTIAL AND MUST NOT BE DISCUSSED WITH ANYONE WHO IS NOT AUTHORIZED OR DOES NOT REQUIRE THE INFORMATION FOR CARE OF THAT PATIENT. FAILURE TO ADHERE TO THIS REGULATION MAY RESULT IN PROGRAM FAILURE.

Student Performance/Expectation

All students are expected to be responsive and enthusiastic in their performance. They are to follow directions, be attentive to patients, ask questions and participate actively in all learning experiences.

All students are expected to seek out independent learning experiences, as well as those assigned. Students are expected to utilize all clinical time effectively and should be familiar with all objectives prior to the start of each clinical day.

- The ability for students to attend clinical/internship rotations is a privilege and not a right. Students should remember they are guests within the agencies and should conduct themselves in a professional manner at all times.
- Punctuality is a critical component of professional behavior. Students should arrive to each clinical a minimum of 15 minutes prior to the given start time of their shift. Students arriving after this time will be considered late and may be immediately sent home at the clinical site's discretion. Students arriving late to a shift should contact the clinical coordinator by phone as soon as possible. Any student displaying a pattern of tardiness to clinical shifts will be placed on affective PIP, with actions up to and including dismissal from the program.
- Students must maintain a valid, in date, American Heart Association (AHA) CPR- for health care providers card (BLS-HCP) to be eligible to attend clinical/internship rotations.
- Students shall understand that if a patient, patient's family, preceptor or physician object to student participation, it will not be allowed.
- Completion of all clinical/internship rotation hours, minimum patient contact and skills requirements, and competencies must be achieved prior to being eligible to take the state and/or NREMT examination.
- Students should be well rested and ready to learn when attending clinical/internship rotations. **Sleeping during clinical rotations is strictly prohibited.** Students caught sleeping will immediately be sent home. This will result in an unexcused absence, loss of all hours and data, and the student will be subject to immediate dismissal for the program
- Students are expected to be active during their clinical/internship rotations. Sitting idly during clinical/internship rotations is not an effective use of intern's time. Downtime should be utilized studying or engaging the preceptor, asking questions and/or practicing skills performance. **Students will get out of the clinical rotations only what you put into them.**
- Students are prohibited to use cell phone in any manner during clinical/internship rotations. Telephone calls will be limited to emergency calls **ONLY**.
- Students are prohibited from having visitors of any kind while attending clinical/internship rotations, including children.

CLINICAL ROTATION GUIDELINES

- If a preceptor is particularly helpful, the student should let them know personally that you appreciate his/her time and efforts. If a student feels someone needs special recognition, the student should forward his/her name and the details of the incident to the Clinical Coordinator so a note of appreciation can be forwarded to them.
- Program Faculty reserve the right to suspend a student from clinical rotations for any violation of the program or clinical/internship sites policies.
- If a student experiences any problems or conflicts during a clinical/internship rotation they should contact the Clinical Coordinator immediately. If they are unable to reach the clinical coordinator, the student should contact the Program Director.
- Every effort should be made to avoid conflicts with preceptors or staff during clinical/internship rotations. Occasionally conflicts arise between interns and preceptors or staff. In this situation, the intern should attempt to professionally resolve the conflict. At any time, a conflict cannot be resolved between the parties involved, the student is to contact the clinical coordinator immediately.
- Medical supplies utilized during clinical/internship rotations are the property of the individual agency. Students are not to remove any medical supplies from the clinical/internship site. **Removal of any supplies will constitute theft and result in immediate program dismissal.**
- Students should remember that what is seen, heard, read, or performed during a clinical/internship rotation is strictly confidential! Discussion or removal of any confidential information is grounds for immediate dismissal from the program. Federal law provides for substantial fines and the possibility of imprisonment in the federal penitentiary in cases where confidentiality of Protected Health Information (PHI) is breached.
- Smoking and the use of other tobacco products are prohibited during all clinical/internship rotations. Violations of the policy will result in the immediate dismissal from and loss of hours for the rotation.
- STUDENTS MAY NOT ATTEND ANY CLINICAL/INTERNSHIP SITE UNDER THE INFLUENCE OF ANY CONTROLLED SUBSTANCE OR ANY SUBSTANCE THAT MIGHT ALTER JUDGEMENT. THIS INCLUDES BUT IS NOT LIMITED TO NARCOTICS OR ALCOHOL. STUDENTS WILL BE DISMISSED FROM THE CLINICAL ROTATION IF YOUR PRECEPTOR HAS REASON TO BELIEVE YOUR JUDGMENT IS IMPAIRED OR YOUR PRESENCE PRESENTS AN UNACCEPTABLE RISK TO PATIENT CARE.
- If reasonable suspicion is found that a student is under the influence of drugs, alcohol, or any other mind-altering substance, the student will be subject to a repeat drug screening before they are permitted to return to clinical/internship rotations. All costs incurred for repeat drug screenings will be at the sole cost of the student. All drug screenings must be completed through Certified Background.

Scheduling

1. Access to clinical/internship sites are not guaranteed. Students must meet all standards and requirements of the college, the Emergency Medical Science Program, and clinical/internship agency. Clinical/internship agencies reserve the right to deny or terminate access to a clinical/internship site if they do not meet all standards and requirements of the site. Reasons for denial or termination of access include but are not limited to: unacceptable occurrence on a criminal background check, positive drug screen, non-compliance with agency specific policies and procedures. The clinical/internship agency reserves the right to take immediate action where and when necessary to maintain the daily operations of its services and ensure the services provided to patrons remain safe and free of disruption.
2. Students will submit Canvas assignments (monthly availability) providing clinical rotation date availability. The Clinical Coordinator will match the provided availability with available clinical/field sites. Once entered into Platinum Planner, the student should receive an email from Platinum Planner advising the shift has been added. The student should then log into Platinum Planner and view scheduled to confirm approval, date, time, locations and units. **Paramedic students will be assigned to one agency and preceptor for their field internship rotations.** The EMS program will help accommodate student request for agency when possible.
3. Platinum Planner sends automated email for scheduling updates. These emails should not be ignored. Students should ensure they check their email filters and spam folder for Platinum Planner email. It is the students' responsibility to ensure they receive and read all emails sent from or through Platinum Planner.
4. Students are not under any circumstances permitted to contact a clinical/internship site directly for scheduling or approval of a clinical/internship rotation at any time. Contacting a clinical/internship site directly for these reasons, will result in the student receiving a Student Performance Warning.

CLINICAL ROTATION GUIDELINES

5. Students on a scheduled clinical/internship rotation will **NOT** act as a substitute for staff of the sponsoring agency under any circumstance. **Any student found to have performed as staff will have that shift recorded as an unexcused absence, which will result in the loss of all data and hours, requiring the student to repeat the shift.**
6. Students may only attend clinical/internship rotations that are requested, approved, and documented through Platinum Planner during the stated clinical start and end date on the clinical syllabus for a given clinical/internship area.
7. Student are **NOT** permitted to attend clinical/internship rotations that are not approved through Platinum Planner.
8. Approval of clinical/internship rotations are not guaranteed. The program will make every effort to provide student with enough clinical/internship sites to allow for successful completion of the clinical requirements. It is the student's sole responsibility to manage their schedule to ensure they have enough time to meet the clinical requirements.
9. Students may **"Drop"** no more than 2 unapproved shifts per semester. All requests to drop a clinical/internship rotation must be made to the clinical coordinator in writing via email. The clinical coordinator holds the final decision for approval of the shift drop.
10. Once a scheduled rotation has been approved, the responsibility rests with the student to satisfying the clinical rotation. Approved clinical/internship rotations will not be dropped/canceled.
11. Student may only **"Swap"** a shift with another student if the shift is unapproved. Once a shift is approved, student may no longer "Swap" that shift. Students are limited to no more than 2 shift swaps per semester. All requests to swap a clinical/internship rotation must be made to the clinical coordinator in writing via email. The clinical coordinator holds the final decision for approval of the shift swap.
12. Students will only be allowed to schedule clinical/internship rotations no less than 2 weeks in advance.
13. No more than two students are scheduled in one clinical area at a time. For most clinical units, students are scheduled one at a time.

Students may contact the clinical coordinator about approval status no earlier than 48 hours prior to the start of the clinical/internship rotation. This time may be extended if the clinical/internship rotation is to fall on a weekend or holiday.

Platinum planner is a third-party web-based scheduling, skill tracking, and testing platform that the program utilizes for lab scheduling, clinical and field rotations including documentation for all patient care, skills and evaluation reports

Clinical Attendance

1. Clinical/internship attendance is critical to student success; therefore 100% attendance is required at all levels of the Emergency Medical Science Program. Failure to meet the clinical education requirements will result in the unsuccessful completion of the Emergency Medical Science Program and inability to sit for the state or national registry credentialing exams.
2. Students may not attend clinical/internship rotation during scheduled didactic or lab sessions. Any deviation from this policy will be handled on a case by case basis and must have approval from the course chief instructor, clinical coordinator, and program director.
3. Any time a student has a problem with clinical/internship scheduling, they should contact the clinical coordinator as soon as possible. If the clinical coordinator is unreachable, the student should contact the program director.
4. Students should arrive at least 15-30 minutes prior to the start of each rotation in the clinical unit or the internship location, ready to participate.
5. Students will park in the designated lots at each clinical/internship site. Any and all fees incurred for parking are the sole responsibility of the student.
6. Students may not leave a clinical/internship site prior to the stated end time for that rotation without first notifying the clinical coordinator. Leaving a clinical/internship site without notifying the clinical coordinator, will result in the student receiving a Student Performance Warning.

CLINICAL ROTATION GUIDELINES

7. Students should arrive prepared to begin work in the appropriate uniform and with the appropriate equipment, this includes stethoscope, safety glasses, trauma shears, pen light, safety vest (Internship rotations only), and ink pen with black or blue ink.
8. When students arrive at the clinical/internship site, they should introduce themselves to the charge person or preceptor, inform them of the length of time that you will be on rotation and show him/her all clinical/internship paperwork, including clinical syllabus, Scope of Practice Form, and lesson plan for the given unit.
9. Students will work out lunch and/or dinner schedules for each day with the preceptor on duty or with the staff of the area in which you are working. **Students must remain at the clinical/internship rotation facility during meal breaks.**
10. Students will stay with their designated preceptor in the assigned clinical unit. **Students may not float to other clinical areas without permission of the preceptor, clinical coordinator or program director.** Students may be permitted to assist other unit staff members with various activities that are within their scope of practice and **at the discretion of their preceptor.**
11. Students must complete an entry on the Clinical/Internship Time Sheet for each clinical/internship rotation. Clinical/Internship Time Sheet is proof of attendance of the rotation. Without Proof of attendance all patient contacts, assessments, skills, and hours will not be counted toward to minimum clinical requirements.
12. Students must utilize the "check-in" feature in Platinum Planner to clock in and out of their clinical/ field shifts. Students will not be allowed to start documentation until they check in for the shift.

Tardiness

Tardiness reflect poorly on the student as well as the program(s) and, most importantly, the Emergency Medical Services profession.

1. Tardiness to clinical rotations will **NOT** be tolerated. Clinical/internship affiliates work on a tight schedule and expect students to arrive at the scheduled time prepared to begin working.
2. If a student arrives late, the student may be sent home by the clinical/internship site. Being sent home due to tardiness with result in the loss of all hours and require the student to reschedule the rotation.
3. The student **MUST** report all incidents of tardiness immediately to the clinical coordinator within 24 hours. Incidents of tardiness not reported to the clinical coordinator within 24 hours of occurrence will be considered unexcused. Failure to self-report will result in an unexcused absence.
4. Greater than (3) tardiness without a medical excuse or circumstance found acceptable from the Director/Clinical Coordinator will result in progressive disciplinary action.

Absences

1. Clinical absences will affect the student's clinical grade.
2. If a student is unable to attend a scheduled clinical/internship rotation, the student must notify the clinical/internship site via phone by calling the main agency phone number and asking to speak with the person in charge of the unit they were assigned to report to. (i.e. charge nurse for the unit within the hospital, or on-duty supervisor of the EMS agency)
3. Students **MUST** notify the clinical coordinator via email with the name of the person they spoke to at the agency. If unable to contact the clinical coordinator, students must notify the Program Director. (The email messages are automatically marked with a date and time by the system.)
4. For an absence to be considered excused, the student **MUST** notify the agency and the clinical **no less than 12 hours** prior to the required report time.
5. Absences that are not reported to the site and clinical coordinator within 12 hours of occurrence will be considered unexcused.
6. Students who are absent due to illness must reschedule their clinical time.
7. Consecutive absences due to the same illness will count as one occurrence.
8. Further disciplinary action will be taken following the accumulation of greater than (3) absences without a medical excuse.

CLINICAL ROTATION GUIDELINES

Sick Call

Working while you are ill helps no one. You run the risk of not only making yourself sicker, but also infecting your assigned crew, clinical staff, and patients. While no one wants to miss a clinical/internship rotation, you should call in sick if you have one or more of the following:

1. Fever >101 degrees.
2. Frequent productive cough.
3. Nausea and vomiting.
4. Diarrhea.
5. Any infectious disease (strep throat, chicken pox, etc.), unless you are cleared to return to duty by a physician.
6. Any condition where you feel your illness will disrupt the function of the staff/crew (needing to leave early after you arrive, etc.), or disruptive to patient care.

If a student is unable to attend a scheduled clinical/internship rotation, the student must notify the clinical/internship site via phone by calling the main agency phone number and asking to speak with the person in charge of the unit they were assigned to report to. (i.e. charge nurse for the unit within the hospital, or on-duty supervisor of the EMS agency) , preferably at least 12 hours before the scheduled start of shift as per the absence policy.

Students **MUST** notify the clinical coordinator via email with the name of the person they spoke to at the agency. If unable to contact the clinical coordinator, students must notify the program director. (The email messages are automatically marked with a date and time by the system.)

NOTE: Preceptors may dismiss a student from the clinical/internship site if the student appears ill, and/or is unable to complete his/her duties due to illness.

Progressive Discipline

Tardiness and absences will be tracked throughout the duration of the program. The progressive discipline policy is based on the accumulation of tardiness & absenteeism's by the student. Any student who accrues 10 points will be required to meet with the program director and the clinical coordinator, and may be subject to dismissal from the program if found to have exceeded the tardiness and absenteeism minimums without sufficient substance to have had this occur following the review from the director and clinical coordinator.

Discipline will be issued as follows:

- Tardiness
- Excused Absence
- Unexcused Absence
- No Call/NO Show

A verbal, written, or dismissal from the program will be the progressive steps of the disciplinary process. See the "student handbook" for additional Durham Technical Community College disciplinary action.

Clinical Dress Code

Students must wear the appropriate Durham Tech EMS Program approved uniform to each clinical/internship rotation. The clinical uniform is described as follows:

- a. DTCC EMS Program uniform shirt appropriate for provider level being sought
- b. Black or Navy pants (must be BDU or EMS style pants)
- c. Plain all black belt with standard size buckle (no markings, designs, or decorations)
- d. All black shoes or boots (students are encouraged to wear boots that provide ankle support and safety toes protection)
- e. Outerwear may be worn as needed. Outerwear must be Durham Tech EMS Program specific or logo free. Student may wear dark grey or dark blue outerwear
- f. Headwear may be worn as needed. Headwear must be Durham Tech EMS Program specific or logo free. Student may wear dark grey or dark blue baseball style cap or bennies. Baseball caps must be worn brim forward at all times.

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- The clinical/internship uniform will be worn to all rotations with the exception of OR and L&D where students will be issued scrubs.
- If a student is attending a rotation in which they are expected to wear scrubs, the DTCC Emergency Medical Science program uniform is to be worn to the rotation where they will be issued scrubs. Students must change back into their program uniform prior to leaving. The scrubs issued are property of the hospital and must be returned. **Taking these scrubs from the hospital will be considered theft and may be grounds for immediate dismissal from the program.**

Documentation and Evaluations

Documentation

1. All aspects of a student's clinical rotations must be documented, verified, and signed-off by the student's preceptor.
2. Students may **not** return to a clinical/internship site to obtain any missing documentation, including but not limited to preceptor signatures, evaluations, and patient contact information. Incomplete clinical documentation will not be accepted as a result the clinical rotation must be rescheduled, subject to availability.
3. Students will utilize the daily shift evaluation form for each rotation. All sections of the clinical evaluation shift evaluation form must be filled out completely with all required signatures, student and preceptor, to be accepted.
4. Students will complete Patient Care Reports (PCRs) within 72 hours of each clinical shift as per the requirements listed in each course clinical syllabus. PCRs not completed within 72 hours will be rejected and no clinical credit will be received.
5. Student are also required to complete a preceptor evaluation on their preceptor each shift in Platinum Planner.
6. Every patient contact entered into Platinum Planner must match the information on the clinical shift evaluation form. Forms must be completed in black or blue ink only. Forms submitted filled out in other ink color will not be accepted.
7. During situation where a student is unable to utilize Platinum Planner (i.e. no internet access or Platinum Planner site/App failure) students must complete hardcopy Patient Care Reports (PCR's) and preceptor evaluations
8. All Patient Care Reports must be entered initially or transcribed into Platinum Planner and locked by the student within 72 hours from the end time of the clinical. All clinical rotations will be auto-locked by Platinum Planner 72 hours from the end time of the rotation. **Students should NOT allow the shift to be auto-locked.**
9. All original hardcopy paperwork, including daily time sheet entry, PCR's, shift evaluations, and EKG's, must be scanned, uploaded, and attached to the corresponding patient contact in the students' Platinum Planner within 72 hours from the end of the clinical/internship rotation. Paperwork may be uploaded as a PDF and JPEG file. Students have access to a scanner at all Durham Tech location which have libraries. Failure to submit all required documentation within above stated timeline will result in the loss of clinical/internship hours and data. This will require the student repeat the clinical rotation. As a result, the clinical rotation must be rescheduled, subject to availability.
10. Failure of the student to complete and lock all data entry within the 72 hours' timeline will result in a 10-point loss on that shift completion grade
11. Students are encouraged to keep a copy of all clinical paperwork for their own records as the EMS Program is not responsible for lost or damaged paperwork.
12. Falsification of any clinical documentation, including but not limited to hours, skills, and patient contact, will be considered academic dishonesty and the student will be subject to dismissal from the program per the advisement of the medical director and may be referred to the NCOEMS for disciplinary action.

EMS students should try to interview patients in as confidential manner as possible consistent with immediate needs and urgencies of the situation. The patient should be given as much privacy as feasible in conducting interviews and physical assessments. In relaying reports to medical providers involved in the further care and treatment of the patient, the pre-hospital care providers should minimize the chances of being overheard, particularly where the information is of a sensitive nature.

CLINICAL ROTATION GUIDELINES

For documentation of any type (i.e. for clinical competencies, case presentations, etc.) the patient is to be referred to the hospital record number or CALL ID/ACR number in the case of pre-hospital patients. Patient names are not to be used in any instance.

Evaluation

There will be performance evaluations during each clinical rotation. These are designed to evaluate the student's progress to date and provide feedback for improvement.

An oral or written exam may be part of the performance evaluation. In addition to the evaluations described, the student will also be evaluated on his/her professional conduct and attitudes. This will also be considered in establishing the grade.

The evaluation process is designed to integrate the student's ability to perform professional skills along with their knowledge and attitudes regarding safe, effective and empathetic care and to demonstrate their knowledge of the basic theories and background information presented during the didactic phase of the course.

- The student is measured against the standard, which is a competent, entry level pre-hospital care provider in an objective not subjective manner
- The definition of a competent, entry-level pre-hospital care provider is an individual who can safely operate within the standard of care. The definition of the standard of care is the degree of care, skill, critical thinking, and judgment that would be expected under similar circumstances by a similarly trained, reasonable EMS provider paramedic in the same community.
- The student is NOT measured against other students, credentialed provider, liaison or the preceptor. Students are not measured by how well they are doing for a certain time in the clinical unit or internship site, or by whether the preceptor likes the student or not. The student is not measured against past experiences by the preceptor when he or she was a student.
- The student is measured by cognitive, psychomotor and affective skills.
- The standard does not change throughout the clinical/internship experience.

Students can expect periodic evaluations about their clinical/internship. These evaluations are intended to inform the student of their progression through their clinical education. When issue with a student's progression are identified, a plan of remediation will be developed by the clinical coordinator, program director, medical director, and student services. The student will be provided with the remediation plan and counseled on way to improve performance and progression.

If the issues with the student's progression continues, further action discussed with the medical director and the program director will be initiated.

The final clinical/internship evaluation is completed by the faculty and by the Preceptor. The final clinical/internship evaluation attests that the student has achieved minimal competency necessary to be an entry-level pre-hospital provider. This final clinical evaluation consists of data entered into Platinum Planner and preceptor returned evaluations.

Progression Through Clinical and Internship Rotations

Students are expected to perform assessments and skills on all patients, following the standards taught in class. Students are furthermore, expected to document (in Platinum Planner) those assessments and skills utilizing the documentation standards listed in the documentation section of this handbook. Finally, the student is expected to give the documentation of patient assessments to the clinical preceptor for review and comment.

During the first phase of clinical, the student can expect the clinical preceptor to meet with the student at the beginning of the shift. The clinical preceptor will orient the student to the unit and to the clinical/internship facilities, pointing out the supply room, conference room, and introduce the student to the staff.

During the second phase of clinical, the student can expect the clinical preceptor to ask the student to demonstrate his or her skills, obtaining vital signs or venipuncture for example. Students may only perform those skills that they have been "validated" in during lab and signed off by a lab instructor on the students Scope of Practice form. All skills performed by students in the clinical/internship rotations must be first be demonstrated to a Durham Technical Community College EMS faculty member who can attest that the student has achieved minimal competency at said skill.

CLINICAL ROTATION GUIDELINES

During the third phase of clinical, the student can expect to meet the clinical preceptor and give a “verbal report” of his or her assessments, presumptive diagnosis and possible treatment. The clinical preceptor will treat these verbal reports like a radio report to medical control and ask questions of the student about the patient, the assessment findings, the condition and/or the treatment.

In the final phase of clinical, the student is expected to submit his or her documentation of patient assessments to the clinical preceptor. The clinical preceptor, using regional quality improvement standards, will review the documentation. The clinical preceptor then will return the documentation to the student with comments.

Completion of Clinical/Internship

Continuing Education Student

Any student registered through continuing education must have all clinical requirements completed prior to the **clinical end date listed on the clinical syllabus for their class.**

If extenuating circumstances would prevent the student from completing their clinical hours prior to the last scheduled day of the course (serious illness, death of a family member, etc.), a written request must be made to the Clinical Coordinator on or before to the last scheduled day of the class detailing the circumstances requiring an extension. The Clinical Coordinator and the Program Director may consult with the Medical Director, and a collective agreement may allow up to thirty (30) days for the student to complete the requirements. Written instructions will be provided to the student specifying the work to be completed and the completion deadline. Students not completing the clinical requirements during an extension will receive “No Grade” for the class. Student allowed to enter an extension will be required to pay a fee for the extension.

Curriculum Student

Any student registered through curriculum must have all clinical requirements completed prior to the **last scheduled day of the course.**

If extenuating circumstances would prevent the student from completing their clinical hours prior to the last scheduled day of the course (serious illness, death of a family member, etc.), a written request must be made to the Clinical Coordinator on or before the last scheduled day of the class. The student will be given a grade of “INCOMPLETE – MAKE UP WORK REQUIRED” for that semester. The Clinical Coordinator and the Program Director may consult with the Medical Director, and a collective agreement may allow up to thirty (30) days for the student to complete the requirements. Written instructions will be provided to the student specifying the work to be completed and the completion deadline. Students that do not complete the clinical requirements during an extension, will have the “I” grade changed to a “F” grade. At no time will work be completed later than the conclusion of the following semester. If the incomplete course is an essential prerequisite for a subsequent course, the student may be required to remove the “I” grade within a significantly shorter time. Otherwise, the subsequent course must be dropped.

CLINICAL ROTATION GUIDELINES

Professional Behavior

1. EMS Program student are expected to follow the Durham Tech Student Code of Conduct policy at all times, as published in the college's Catalog and EMS Program Student Handbook.
2. Students are expected to conduct themselves in an ethical and professional manner at all times. Those who are found to be demonstrating poor ethical or profession behavior during any aspect of their clinical education, including but not limited to verbal and written communication of all kinds, may be subject to dismissal from the program.
3. If a student experiences any problems or conflicts during a clinical/internship rotation they should contact the Clinical Coordinator immediately. If they are unable to reach the clinical coordinator, the student should contact the Program Director.
4. Every effort should be made to avoid conflicts with preceptors or staff during clinical/internship rotations. Occasionally conflicts arise between interns and preceptors or staff. In this situation, the intern should attempt to professional resolve the conflict. At any time, a conflict cannot be resolve between the parties involved, the student is to contact the clinical coordinator immediately.
5. Medical supplies utilized during clinical/internship rotations are the property of the individual agency. Students are not to remove any medical supplies from the clinical/internship site. **Removal of any supplies will constitute theft and result in immediate program dismissal.**
6. Students should remember that what is seen, heard, read, or performed during a clinical/internship rotation is strictly confidential! Discussion or removal of any confidential information is grounds for immediate dismissal from the program. Federal law provides for substantial fines and the possibility of imprisonment in the federal penitentiary in cases where confidentiality of Protect Health Information (PHI) is breached.
7. Smoking and the use of other tobacco produce are prohibited during all clinical/internship rotations. Violations of the policy will result in the immediate dismissal from and loss of hours for the rotation.
8. STUDENTS MAY NOT ATTEND ANY CLINCAL/INTERNSHIP SITE UNDER THE INFLUENCE OF ANY CONTROLLED SUBSTANCE OR ANY SUBSTANCE THAT MIGHT ALTER JUDGEMENT. THIS INCLUDES BUT IS NOT LIMITED TO NARCOTICS OR ALCOHOL. STUDENTS WILL BE DISMISSED FROM THE CLINICAL ROTATION IF YOUR PRECEPTOR HAS REASON TO BELIEVE YOUR JUDGMENT IS IMPAIRED OR YOUR PRESENCE PRESENTS AN UNACCEPTABLE RISK TO PATIENT CARE.
9. If reasonable suspicion is found that a student in under the influence of drugs, alcohol, or any other mind-altering substance, the student will be subject to a repeat drug screening before they are permitted to return to clinical/internship rotations. All cost incurred for repeat drug screenings will be at the sole cost of the student. All drug screenings must be completed through Certified Background.

PRECEPTORS

Clinical Preceptor

The Clinical (hospital/outpatient clinic) preceptor is a member of the staff that has agreed to help EMT, AEMT, and Paramedic interns gain a more meaningful experience. These individuals may be a Physician, Physician Assistant (PA), Advance Practice Registered Nurse (ARNP), Certified Registered Nurse Anesthetist (CRNA), Registered Nurse (RN), Respiratory Therapist (RT), Pharmacists, Laboratory Technicians, and Paramedic.

The preceptor's primary responsibility is to their patients and to their employer and it is a privilege for an EMT or paramedic student to be permitted to participate in patient care. While teaching is an important aspect of professional conduct, there are times when patient care takes priority and the student may be asked to step aside or even leave the unit. The preceptor evaluates the student's preparation and make a determination as to the student's fitness to perform as a minimally competent entry-level provider. Preceptors will report all episodes of tardiness and absence by sending e-mail to the clinical coordinator and/or program director.

Internship Preceptor

The internship preceptor is a licensed Emergency Medical Technician (EMT), Advanced EMT (AEMT), or Paramedic possessing at least two years of licensure/certification and full-time experience who has offered to assist the Emergency Medical Science program student through the internship portion of the program. While teaching is an important aspect of professional conduct, there are times when patient care takes priority and the student may be asked to step aside. The preceptor evaluates the student's preparation and makes a determination as to the student's fitness to perform as a minimally competent entry-level provider. Preceptors will report all episodes of tardiness and absence by sending e-mail to the clinical coordinator and/or program director.

Capstone Internship Preceptor

The paramedic internship preceptor's final evaluation is the final hurdle that every EMS student must clear in order to meet the program graduation requirements and to be eligible to set for the credentialing exam set by the national registry board. Preceptors are selected by the EMS program director, the clinical coordinator and the affiliated site liaison to ensure the best learning outcomes for students. All capstone preceptors are required to attend specific DTCC capstone training. To successfully complete capstone field internship, preceptors must complete the final competency form for each student.

Preceptor Responsibilities

1. Review unit/agency policies and procedures so that the student can better understand his/her role
2. Review the student's objectives for the rotation and assist him/her in meeting these whenever possible.
3. Provide oversight of all student's activities during the clinical/internship rotation
4. Provide feedback to the student regarding his/her patient care activities.
5. Report any violation of program or institution policy to Clinical Coordinator/Program Director as soon as possible.
6. Complete and sign all pertinent areas of the student's clinical paperwork at the conclusion of the rotation in order to document the student's accomplishments in meeting clinical objectives.

PRECEPTORS

Selection of Preceptors

Clinical preceptors fall into one of the following categories, Physician, PA, NP, Nurse or Paramedic.

Physician, PA or NP

These preceptors will be those who have been deemed by the Durham Tech community college or its clinical affiliates as clinical instructors, at either the attending or house staff level. The actual selection is done routinely by the hospitals as part of their normal academic reviews. These preceptors will receive an initial orientation from the Clinical Site Contact or Department Head or at a minimum will receive preceptor training and review a copy of the EMS program's *Preceptor Handbook*.

Nurse, RT

Nurses who will be used as preceptors are those who meet the following requirements: registered provider, selected by the Durham Tech community college or its clinical affiliates as educator, clinical instructor or preceptor. The actual selection is done routinely by the hospitals as part of their normal academic reviews. These preceptors will receive an initial orientation from the Clinical Site Contact or Department Head or at a minimum will receive preceptor training and review a copy of the paramedic program's *Preceptor Handbook*.

Paramedic, AEMT, EMT

Paramedics used as clinical preceptors will be those who are NCOEMS Certified Providers, working for a NC approved ALS Agency. These preceptors will receive an initial orientation from the Clinical Site Contact or Department Head or at a minimum will receive preceptor training and review a copy of the paramedic program's *Preceptor Handbook*.

Clinical Rotation Preceptor Orientation

The clinical preceptors will be selected as listed above. Prior to the initiation of any new clinical rotation site, the preceptors/supervisors for that site will receive an orientation from the clinical site contact to include the following:

1. Course policies and Procedures
2. Clinical Rotation Objectives
3. Clinical Rotation log
4. Hospital Policies and Procedures
5. Evaluation Tools
6. Skills to be performed at the Particular Site

In addition, copies of the EMS program *Student Handbook* will be distributed to all preceptors and copies will be provided for future preceptors.

CLINICAL REQUIREMENTS AND COMPETENCIES

Required Clinical Rotation Hours

Rotation	ALS Hours	Clinical Phase for Rotations
Field Experience Phase I	24	Week 3
Field Experience Phase II	108(24,36,48)	Practicum I, II & III
Field Internship	240	Practicum IV
Adult Emergency Department	84(24,36,24)	Practicum I, II & III
Pediatric Emergency Department	24	Practicum III
Critical Care	12	Practicum III
Operating Room/Anesthesia	16 (5 ETT)8&8	Practicum II& III
Labor & Delivery	24	Practicum III
Respiratory Therapy	8	Practicum II
Cath Lab	8	Practicum II
ER Physician I	8	Practicum III
ER Physician II	8	Practicum III
Burn	6	Practicum III

Field Experience I

BLS skills on an ALS ambulance

Field Experience II

Performance of ALS skills on an ALS ambulance including ALS level of assessment and ALS psychomotor skills

Field Internship

In this final phase, which can only take place in the last quarter of the paramedic program the student will act as Team Leader. The definition of Team Leader is being in control of all aspects of the call including directing the other team members to perform tasks if needed. To be the Team leader the student must have successfully completed all didactic, clinical and field experience requirements prior to the start of their field internship. The student will have also have acquired enough exposure during their field experiences to develop the affective domain of a competent entry-level paramedic. They will apply their experience, their knowledge of disease pathologies and age appropriate assessments to develop an appropriate treatment plan based on patient presentation and diagnostic testing.

Minimum Skill, Pathology and Age Encounter Requirements

As mentioned earlier in order to ensure adequate clinical experience and based on the recommendations of the U.S.D.O.T; not only will student's clinical hours be monitored; but skills completed and patient ages and pathology types encountered, as well. In this regard the following tables outline the minimum competencies and expected totals of skills, procedures, age and pathology encounters that are expected to be completed by each student.

CLINICAL REQUIREMENTS AND COMPETENCIES

In the event a student is unable to fulfill the outlined requirements during the completion of the standard required rotation hours they may be required to complete additional rotation time and/or may be offered alternatives to their completion (ex: mannequin demonstration, scenarios and / or simulations). The decision regarding the need for alternative completion of said requirements or additional rotation hours will be made after a thorough review of the student's academic record by the Program Director and/or CIC and/or Lab Instructor Coordinator in conjunction with the Medical Director, the decision regarding the student's clinical competency, determined after this review, will be final.

Assessment by Age	Required #	Impressions	Required #
Neonate	2	Cardiac Dysrhythmias	20
Infant (<1y/o)	2	Neurologic Patho/Complaints	15
Toddler (1-3 y/o)	2	Cardiac Pathologies/Complaints	20
Preschooler (3-6y/o)	2	Cardiac Arrest	5
Grade Schooler (6-12y/o)	2	Other Medical	20
Adolescent (>12y/o)	2	Distressed neonate	5
Peds (Any Age)	30	OB Delivery	5
Adult	60	Psych	20
Geriatric	18	Respiratory	15
		Trauma	32
		Respiratory Pathologies/Complaints	6
		Chest Compression	2
		Needle Decompression	2
		Cricothyrotomy	2

Vital Signs	25	FBAO Removal using Magill Forceps	2
Physical exam	50	IM Medication Administration	5
Defibrillation	2	IV Infusion Medications	2
Endotracheal Suctioning	2	Endotracheal Intubation	10
PPV BVM ventilation	10	BVM Ventilation Peds	10
Cardioversion	2		
External Pacing	2		
IV Access - Adult	25		
IV Access – Peds	1		
IO Access – Adult or Peds	2		
Supraglottic Airway	10		
IV Bolus Med Administration	25		
<i>Team Leader</i>	<i>30</i>		
<i>Team Member</i>	<i>30</i>		

Introduction

The EMS Program is an intensive course in which experienced Emergency Medical Technicians and Paramedics receive instruction in basic and advanced life support to be applied in the pre-hospital setting. The program includes extensive instruction in Anatomy and Physiology; advanced airway, pathophysiology of diseases of the cardiovascular, respiratory and neurological systems as well as pharmacology, fluids and shock, trauma, medical emergencies, obstetrical complications and pediatric emergencies commonly encountered in the pre-hospital setting. In conjunction with the didactic portion of the course, students also complete clinical rotations through the OR/Anesthesia Service, Adult, Pediatric and Psychiatric Emergency Departments, Labor and Delivery, Critical Care Units and both Advanced/basic Life Support Ambulance rotations.

Field Internship (EMT)

Clinical Attire:

DURHAM TECHNICAL COMMUNITY COLLEGE approved uniform requirements as listed in the uniform policy of this handbook.

Clinical Goals and Objectives:

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, Goals are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. Objectives are competencies that the student will be expected to obtain.

Purpose:

The purpose of this rotation is expose students to the pre-hospital environment and to allow them a chance to observe and assist in patient interactions and perform assessments and documentation. In addition, they are given a chance to become familiar with the purpose and functionality of pre-hospital equipment. Students focus on patient assessment and skill performance.

Goal:

It is the goal of the EMT field Internship to expose the student to as many experiences as possible involving assessment and critical thinking of common injuries and illnesses.

Objectives:

Students will be observed by an EMT or Paramedic. They will be expected to:

- Review equipment and be given a chance to operate that equipment (i.e. stretcher operation, stair chairs, etc.)
LOCAL UNIT POLICY MAY NOT ALLOW FOR LIABILITY REASONS.
- Take an active role on calls responded to, and willing to assist your preceptor in any skills within the EMT's Scope of Practice.
- Learn about the interaction of the EMS crew with other public safety providers, (i.e. police, fire, etc.)
- Complete all documentation requirements as listed in the documentation policy of this Handbook
- Observe the paramedic during delivery of Advanced Life Support.

FIELD EXPERIENCE/INTERNSHIP

Field Experience Phases:

This component includes planned, scheduled, educational time spent on an EMS unit, which may include observational and skills development, but which does not include Team Leading and does not contribute to the CoAEMSP definition of Capstone Field Internship (NREMT, 2015)

Observation Phase

The first phase of field internship clinical is observation. The student is expected to become familiar with the policies, procedures, equipment and routines of the agency and unit during this phase. The observation phase allows the student to become accustomed to his or her Preceptor and the unit. The duration of the observation period is left to the discretion of the Preceptor but on average should take no more than 24 hours.

Participation Phase

The second phase is the participation phase. During the participation phase the paramedic student is expected to act as a Team Member actively perform patient assessments and skills as directed by their Preceptor. A Team Member, by definition, demonstrates followership – is receptive to leadership; performs functions using situational awareness and maintains it; utilizes appreciative inquiry; avoids freelance activity; listens actively using closed-loop communication and reports progress on tasks; performed task accurately and in a timely manner; advocates for safety and is safety conscious at all times; leaves ego/rank at the door (NREMT, 2012). Paramedic students may only perform those skills that they have been “validated” in during lab. All skills performed by students in the internship must be first demonstrated to an EMS program faculty member in lab who can attest that the student has achieved minimal competency at said skill.

Capstone Field Internship Phase

This component includes planned, scheduled, educational student time on an advanced life support (ALS) unit responsible for responding to critical and emergency patients who access the emergency medical system. The primary purpose of the Capstone Field internship is to experience managing the paramedic level decisions making associated with out-of-hospital patients in order to develop and evaluate Team Leadership skills. The Capstone Field Internship occurs after the didactic, lab, clinical, and Field Experience components have been completed and of sufficient volume to show competency in a wide range of clinical situations (NREMT, 2015).

Capstone Field Internship Experience (Hours 48-240)

After learning how to perform assessments and skills the student moves into the final phase, the Capstone Field Internship Phase. During the phase the student should act as the team leader. A Team Leader, by definition, creates an action plan; communicates accurately and concisely while listening and encouraging feedback; receives, processes, verifies, and prioritizes information; reconciles incongruent information; demonstrates confidence, compassion, maturity and command presence; takes charge; maintains accountability for Team's actions/outcomes; assess situation and resources and modifies accordingly (NREMT 2012).

In addition to Platinum data entry, students are mandated to submit a well-documented ACR/PCR for every Patient they encounter during their field ride along. Written documentation is an essential part of shift completion. Failure to submit field experience preceptor form accompanied by written ACR/PCR for each patient documented within the allotted time will result in deleting related entry.

ADULT EMERGENCY DEPARTMENT

Emergency Department-Adult (EMT)

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved uniform requirements as listed in the uniform policy of this handbook.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain

Purpose: The purpose of this rotation is to provide the student with an overview of the Emergency Department operations and the continuum of patient care from pre-hospital to in-hospital. Provide access to assess and manage patients at the level of an EMT as well as to continue their accumulation of patient care experience and knowledge of EMS and its role in the health care system.

Goals: It is the goal of the emergency department rotations to expose students to as many patient assessment/management experiences as possible with an emphasis on developing proficiency in performing patient assessment and interview as well as skills within the EMT scope of practice. These experiences may include, but are not limited to:

1. Patient interview and physical assessment
2. Obtainment of patient SAMPLE history
3. Measurement of vital signs
4. Placement of EKG leads
5. Medication administration within the EMT's Scope of Practice
6. Airway management procedure on both intubated and non-intubated patients
7. Assisting in cases of cardiac arrest as directed

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Emergency Department rotation:

1. Perform as many patient assessments as possible, including medical history, physical exam, vital signs and a review of systems (specific number of required assessments listed in the clinical syllabus)
2. Document each patient assessments using a standardize charting method in Platinum Planner as per the programs documentation policy
3. Interact with patients and their families. Observe behavioral reactions to injury/illness
4. Operate oxygen administration equipment and given oxygen as many times as possible
5. Administer medications as many times as possible
9. Perform patient care under the direct supervision of the preceptor
10. Complete all documentation requirements as listed in the documentation policy of this handbook

ADULT EMERGENCY DEPARTMENT

Emergency Department-Adult (PARAMEDIC)

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved uniform requirements as listed in the uniform policy of this handbook.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain

Purpose: The purpose of this rotation is to prepare students to assess and manage patients at the level of a paramedic as well as to continue their accumulation of patient care experience and knowledge of EMS and its role in the health care system.

Goals: It is the goal of the emergency department rotations to expose students to as many patient assessment/management experiences as possible with an emphasis on developing proficiency in performing the technical skills taught during the first semester. These experiences may include, but are not limited to:

1. Insertion of nasogastric tubes.
2. Administration of medications via IM, SQ, ID, NG/OGIV bolus, IV/IO infusion or endotracheal tube.
3. Administration of RSI protocol medications followed by intubation.
4. Oral and nasal intubation.
5. Exposure to other procedures not commonly performed in the prehospital setting such as:
 - a. Placement of central venous lines
 - b. Placement of arterial lines
 - c. Endoscopic procedures
 - d. Neurological assessments
 - e. Hemodynamic monitoring
 - f. Urinary catheterization
 - g. Arterial blood gases
6. Assisting in cases of cardiac arrest as directed. Students may perform electrical arrhythmia therapy.
7. Assist with pre-hospital initiated CPAP and/or initiate CPAP/BiPAP in the clinical unit.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Emergency Department rotation:

1. Perform assessments, including medical history, physical exam, vital signs and a review of systems.
2. Document at least 3 patient assessments to include the pathophysiology of diagnosis, mechanism of action of any medications given, and a SOAP/CHART style report.
3. Interact with patients and their families. Observe behavioral reactions to injury/illness.
4. Operate oxygen administration equipment and given oxygen as many times as possible.
5. Administer medications as many times as possible.
6. Record mechanism of action, dosage, route of administration and indications for medications given.

ADULT EMERGENCY DEPARTMENT

7. Establish vascular access as many times as possible.
8. Draw and prepare blood samples for laboratory studies as many times as possible.
9. Perform patient care under the direct supervision of the preceptor.
10. Enter into Platinum Planner and procedural information.
11. Complete preceptor evaluation.

ER Physician I

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved uniform requirements as listed in the uniform policy of this handbook.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is expose students to a variety of critically ill and injured patients and to allow them to observe assessment and critical thinking skills. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings, differential diagnosis, critical thinking, and treatment plans.

Goal: It is the goal of the ER Physician I rotation to expose students to as many experiences as possible involving assessment and critical thinking of common injuries and illnesses.

Objectives: Students will be precepted by a Board-Certified Emergency Medicine physician and will be expected to:

1. Perform patient assessment under the direct supervision of the preceptor.
2. Accompany the preceptor on all patient contacts and reports.
3. Observe, assist and perform physical assessment and management of each patient.
4. Discuss each patient's condition with the preceptor and document the following:
 - a. Pathophysiology
 - b. Common signs and symptoms
 - c. Common treatment plans
 - d. Prognosis
5. Document patient contact using approved Durham Tech. EMS Program documentation.
6. Record PCR information into Platinum Planner.
7. Complete all shift evaluation

ER Physician II

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and photo ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would

ADULT EMERGENCY DEPARTMENT

benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is expose students to a variety of critically ill and injured patients and to allow them to observe and practice their assessment skills. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings, differential diagnosis, critical thinking, and treatment plans.

Goal: It is the goal of the physician internship II rotation to expose students to as many experiences as possible involving assessment, critical thinking, and differential diagnosis and correctly verbalize and implement treatment of common injuries and illnesses.

Objectives: Students will be precepted by a staff emergency physician. They will be expected to:

1. Accompany the preceptor on all patient contacts and reports.
2. Observe, assist and perform physical assessment and management of each patient.
3. Discuss each patient's condition with the preceptor and document the following:
 - a. Pathophysiology
 - b. Common signs and symptoms
 - c. Common treatment plans
 - d. Prognosis
4. Document at least 5 patient contacts using SOAP/CHART method to include:
 - a. Age and gender
 - b. Presenting problem or chief complaint
 - c. Past medical history
 - d. Assessment findings
 - e. Treatment plan
5. Perform in the capacity of team leader implementing the treatment plan.
6. Perform patient assessment under the direct supervision of the preceptor.
7. Document patient contact in Platinum Planner
8. Record into Platinum Planner; a PCR and procedures observed and performed.
9. Complete a preceptor evaluation.

ADULT EMERGENCY DEPARTMENT

Respiratory Therapy

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved uniform requirements as listed in the uniform policy of this handbook.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is to give students an opportunity to give students access to a large number of patients with respiratory pathologies. Students are expected to take advantage of this opportunity to focus on development of assessment and management skills for respiratory patients.

Goals: It is the goal of the respiratory therapy rotations to expose students to as many patient assessment/management experiences as possible, including, but are not limited to:

1. Operate oxygen delivery equipment and give oxygen.
2. Observe and assist with chest percussion.
3. Observe and assist with the monitoring and care of patients on mechanical ventilators.
4. Discuss with the preceptor types of ventilator systems in use on patients, including: mode, control settings, use of PEEP and CPAP/BiPAP, and appropriate responses to alarms.
5. Observe and assist in routine maintenance care of patients with tracheotomies.
6. Observe and assist with acquisition and interpretation of arterial blood gas samples.
7. Observe lab values with special attention to PO₂, PCO₂, and pH values.
8. Observe and discuss with preceptor use of SPO₂, ETCO₂ monitors, & peak flow measurement.
9. Correlate lab values with patient condition and treatment plans.
10. Administer medications via small volume nebulizer.
11. Observe and assist with the use of pharmacologic agents used in the care of respiratory disease.
12. Perform sterile endotracheal suctioning to include auscultation of breath sounds before and after procedure.
13. Observe signs, symptoms, and care of patients with common respiratory diseases found in the prehospital setting, including: emphysema, chronic bronchitis, asthma, cardiogenic pulmonary edema, non-cardiogenic edema, and pneumonia.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each respiratory therapy rotation:

1. Auscultate and identify chest sounds to include rales, rhonchi, wheezes, and diminished breath sounds on every patient assessed.
2. Document patient assessments to include the pathophysiology of the diagnosis, mechanism of action of any medications given, and a SOAP/CHART style report.
3. Perform patient care under the direct supervision of the preceptor.

LABOR AND DELIVERY

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and photo ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is to give students an opportunity to observe and assist with normal and abnormal deliveries as well as practice assessing the pregnant patient and newborn infant.

Goals: It is the goal of the intensive care unit rotations to expose students to as many patient assessment/management experiences as possible. These experiences may include, but are not limited to:

1. Observe and assist abnormal deliveries including breech delivery, prolapsed cord, shoulder dystocia, and limb presentation.
2. Observe, assist in, and review management of patients with pregnancy induced hypertension, placenta previa, placental abruption, fetal distress, ruptured/leaking amniotic membranes, premature labor, and precipitous delivery.
3. Observe delivery via cesarean section.
4. Observe and assist with evaluation of dilation and effacement.
5. Observe administration of epidural or subdural anesthesia.
6. Performance of fundal massage after delivery.
7. Observe and assist with medication administration including magnesium sulfate and Pitocin.
8. Observe assessment and management of postpartum complications including perineal injury, retained placenta, and prolapsed cord.
9. Observe and assist with neonatal resuscitation.
10. Observe and assist with management of meconium aspiration.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Labor and Delivery rotation:

1. Assess pregnant patients to include determining gravidity and parity, identifying stage of labor, measuring contraction frequency and length, and recognizing imminent delivery.
2. Document patient assessments to include the pathophysiology of the diagnosis, mechanism of action of drugs given, and a SOAP/CHART style report.
3. Identification and describe signs and symptoms related to the 3 stages of labor.
4. Observe and assist with normal vaginal deliveries.
5. Evaluation of neonate by determination of APGAR score.
6. Observe and assist with routine care of newborn including evaluation of airway and ventilation, suctioning, oxygen administration, clamping/cutting umbilical cord, and temperature control.
7. Inspect placenta.
8. Inspect umbilical cord and attempt to identify artery and veins.

LABOR AND DELIVERY

9. Locate and auscultate fetal heart sounds.
10. Perform patient care under the direct supervision of the preceptor.
11. Enter into Platinum Planner; a PCR and procedures observed and performed.
12. Complete a preceptor evaluation.

IV TEAM (OPTIONAL)

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is expose students to a variety of critically ill and injured patients that require vascular access and to allow them to observe and practice their assessment skills. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings, differential diagnosis, critical thinking, and treatment plans in addition to performing vascular access.

Goal: It is the goal of the IV Team rotation to expose students to as many vascular access experiences as possible.

Objectives: Students will be precepted by IV Team members. They will be expected to:

1. Accompany the preceptor on all patient contacts and reports.
2. Observe, assist and perform physical assessment and perform vascular access
3. Discuss each patient's condition with the preceptor and document the following:
 - Pathophysiology
 - Common signs and symptoms
 - Common treatment plans
 - Prognosis
 - Need for vascular access
4. Perform 30 successful IV starts with a 90% accuracy on initial attempt.
5. Perform patient assessment under the direct supervision of the preceptor.
7. Record Platinum planner all procedures observed and performed.
8. Complete a preceptor evaluation.

PEDIATRIC EMERGENCY DEPARTMENT

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and photo ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain

Purpose: The purpose of this rotation is to prepare students to assess and manage patients at the level of a paramedic as well as to continue their accumulation of patient care experience and knowledge of EMS and its role in the health care system.

Goals: It is the goal of the emergency department rotations to expose students to as many patient assessment/management experiences as possible with an emphasis on developing proficiency in performing the technical skills taught during the first semester. *Pediatric Skills may only be performed under the direct supervision of the preceptor.* These experiences MAY include, but are not limited to:

1. Insertion of nasogastric tubes.
2. Administration of medications via IM, Intranasal, rectal, SQ, ID, IV/IO bolus, IV/IO infusion or endotracheal tube.
3. Administration of RSI protocol medications followed by intubation.
4. Oral and nasal intubation.
5. Exposure to other procedures not commonly performed in the prehospital setting such as:
 - Placement of central venous lines
 - Placement of arterial lines
 - Endoscopic procedures
 - Neurological assessments
 - Hemodynamic monitoring
 - Urinary catheterization
 - Arterial blood gases
6. Assisting in cases of cardiac arrest as directed. Students may perform electrical arrhythmia therapy.
7. Assist with prehospital initiated CPAP and/or initiate CPAP/BiPAP in the clinical unit.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Pediatric Emergency Department rotation:

1. Perform patient assessments, including medical history, physical exam, vital signs and a review of systems.
2. Document patient assessments to include the pathophysiology of diagnosis, mechanism of action of any medications given, and a SOAP/CHART style report.
3. Interact with patients and their families. Observe behavioral reactions to injury/illness.
4. Operate oxygen administration equipment and given oxygen as many times as possible.
5. Administer medications as many times as possible, under the direct supervision of the preceptor.
6. Record mechanism of action, dosage, route of administration & indications for any medications given.
7. Demonstrate knowledge of age appropriate growth and development.

8. Perform patient care under the direct supervision of the preceptor.
9. Enter into Platinum Planner; a PCR and procedures observed and performed.
10. Complete a preceptor evaluation.

Neonatal Intensive Care Unit

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and photo ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is expose students to a variety of critically ill and injured patients and to allow them to practice their assessment skills. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings, and treatment plans.

Goals: It is the goal of the Neonatal Intensive Care Unit rotations to expose students to as many patient assessment/management experiences as possible. These experiences may include, but are not limited to:

1. Assess and share with preceptor a management plan for neonatal patients with common illnesses found in the critical care setting, including premature, low birth weight, and congenital anomalies.
2. Observe and demonstrate knowledge of equipment, procedures, and sites for vascular access in neonate.
3. Preparing and administering medications as directed.
4. Observing effects of medications administered.
5. Inserting oral/nasogastric tubes.
6. Acquire and interpret ECG rhythms.
7. Assisting in cases of cardiac arrest as directed including performing CPR, managing the airway, endotracheal intubation, and electrical and pharmacological arrhythmia therapy.
8. Evaluating results of laboratory tests, and correlating results with patient management.
9. Reviewing operation of mechanical ventilator equipment, noting various settings.
10. Maintaining airway in unconscious patients using manipulation, positioning, oral airways, and suctioning.
14. Performing aseptic endotracheal suctioning.
15. Observing and assisting in setting up and maintaining IV infusion pumps.
16. Exposure to critical care diagnostic procedures.
17. Exposure to long term treatment plans and care of patients with multiple organ system failure.
18. Treatment modalities not normally utilized in prehospital medicine.

PEDIATRIC EMERGENCY DEPARTMENT

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Neonatal Intensive Care Unit rotation:

1. Perform patient assessment, including recent and past medical history and physical exam. The assessment should include an initial evaluation of respiratory effort, heart rate, and status of hydration and perfusion; taking and recording vital signs, a review of all systems, and notation of all IV tubes, drains, and invasive hemodynamic monitoring.
2. Document patient assessment to include the pathophysiology of diagnosis, mechanism of action of any medications given, and a SOAP/CHART style report.
3. Observe age-specific reactions to injury/illness and responses to health care personnel.
4. Observe age-specific parent-child interactions.
5. As available, observe and assist in the care of patients with tracheotomy tubes, central venous lines, gastrostomy tubes or gastric feeding tubes, or ventriculoperitoneal shunts.
6. Discuss with preceptor common problems with devices used in the care of children with special health care needs and procedures for managing these problems.
7. Observe patient reactions to injury/illness and responses to health care personnel.
8. Observe parent-child interactions.
9. Perform patient care under the direct supervision of the preceptor.
10. Enter into Platinum Planner; a PCR and procedures observed and performed.
11. Complete a preceptor evaluation.

Intensive Care Unit

(May be combined with Surgical/Surgical/Trauma/Cardiac ICU)

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and picture ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is expose students to a variety of critically ill and injured patients and to allow them to practice their assessment skills. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings, and treatment plans.

Goals: It is the goal of the intensive care unit rotations to expose students to as many patient assessment/management experiences as possible. These experiences may include, but are not limited to:

1. Reviewing all charts.
2. Operating oxygen administration equipment and giving oxygen.
3. Performing peripheral IV insertion.
4. After observation and instruction, drawing blood samples via venipuncture or existing IV lines.
5. Inserting oral and/or nasogastric tubes.
6. Assisting in ambulating patients from bed to chair, lifting and turning patients.
7. Assisting in cases of cardiac arrest as directed including performing CPR, managing the airway, endotracheal intubation, arrhythmia interpretation, electrical and pharmacological arrhythmia therapy.
8. Evaluating results of laboratory tests, and correlating results with patient management.
9. Reviewing operation of mechanical ventilator equipment, noting various settings.
10. Maintaining airway in unconscious patients using manipulation, positioning, oral airways, and suctioning.
11. Performing aseptic endotracheal suctioning.
12. Observing and assisting in setting up and maintaining IV infusion pumps.
13. Exposure to critical care diagnostic procedures.
14. Exposure to long term treatment plans and care of patients with multiple organ system failure.
15. Treatment modalities not normally utilized in prehospital medicine.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Intensive Care Unit rotation:

1. Perform patient assessments, including recent and past medical history and physical exam. The assessment should include taking and recording vital signs, a review of all systems, and notation of all IV tubes, drains, and invasive hemodynamic monitoring.
2. Document patient assessments to include the pathophysiology of diagnosis, mechanism of action of any medications given, and a SOAP/CHART style report.
3. Prepare and administer medications as directed by assigned preceptor.

4. Observe and identify effects of pharmacological agents administered.
5. Evaluate and interpret ECGs.
6. Observe complications of complex multiple system injury or illness, including ARDS, renal failure, hepatic failure, DIC, and multiple organ systems failure.
7. Perform patient care under the direct supervision of the preceptor.
8. Enter into Platinum Planner and procedure observed and performed.
9. Complete a preceptor evaluation.

Surgical Trauma Intensive Care Unit

Hours may be combined with MICU

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and photo ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is expose students to a variety of critically ill and injured patients and to allow them to practice their assessment skills. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings, and treatment plans.

Goals: It is the goal of the intensive care unit rotations to expose students to as many patient assessment/management experiences as possible. These experiences may include, but are not limited to:

1. Reviewing all charts.
2. Operating oxygen administration equipment and giving oxygen.
3. Performing peripheral IV insertion.
4. After observation and instruction, drawing blood samples via venipuncture or existing IV lines.
5. Inserting oral and/or nasogastric tubes.
6. Assisting in ambulating patients from bed to chair, lifting and turning patients.
7. Assisting in cases of cardiac arrest as directed including performing CPR, managing the airway, endotracheal intubation, arrhythmia interpretation, electrical and pharmacological arrhythmia therapy.
8. Evaluating results of laboratory tests, and correlating results with patient management.
9. Reviewing operation of mechanical ventilator equipment, noting various settings.
10. Maintaining airway in unconscious patients using manipulation, positioning, oral airways, and suctioning.
11. Performing aseptic endotracheal suctioning.
12. Observing and assisting in setting up and maintaining IV infusion pumps.
13. Exposure to critical care diagnostic procedures.
14. Exposure to long term treatment plans and care of patients with multiple organ system failure.
15. Treatment modalities not normally utilized in prehospital medicine.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Intensive Care Unit rotation:

1. Perform patient assessments, including recent and past medical history and physical exam. The assessment should include taking and recording vital signs, a review of all systems, and notation of all IV tubes, drains, and invasive hemodynamic monitoring.
2. Document patient assessments to include the pathophysiology of diagnosis, mechanism of action of any medications given, and a SOAP/CHART style report.

3. Prepare and administer medications as directed by assigned preceptor.
4. Observe and identify effects of pharmacological agents administered.
5. Evaluate and interpret ECGs.
6. Observe complications of complex multiple system injury or illness, including ARDS, renal failure, hepatic failure, DIC, and multiple organ systems failure.
7. Perform patient care under the direct supervision of the preceptor.
8. Enter into Platinum Planner and procedures observed and performed.
9. Complete a preceptor evaluation.

Introduction

The Paramedic Program is an intensive course in which experienced Emergency Medical Technicians receive instruction in advanced life support to be applied in the pre-hospital setting as Paramedics. The program includes extensive instruction in Anatomy and Physiology; advanced airway, pathophysiology of diseases of the cardiovascular, respiratory and neurological systems as well as pharmacology, fluids and shock, trauma, medical emergencies, obstetrical complications and pediatric emergencies commonly encountered in the pre-hospital setting. In conjunction with the didactic portion of the course, students also complete clinical rotations through the Medical Examiner/Morgue, OR/Anesthesia Service, Adult, Pediatric and Psychiatric Emergency Departments, Labor and Delivery, Critical Care Units and Advanced Life Support Ambulance rotations.

Overall Goals

To provide an opportunity for the student to develop an effective approach to the psychiatric patient. To appreciate how psychiatric conditions can influence assessment considerations and techniques. To develop an appreciation for the special needs of the psychiatric patient.

Length of Rotations

A minimum of 16 hours is required.

Preceptors

The clinical preceptor is a physician, physician assistant, nurse practitioner or nurse in the assigned area who is responsible for the assignment of clinical tasks for the students, while providing direct supervision and evaluation of the student's performance.

Student Responsibilities

The paramedic student will arrive at the Psychiatric Emergency Department in appropriate business attire and short lab jacket. The student will display his paramedic student identification card on the lab jacket. Upon arriving at the Psychiatric Emergency Department, the student will seek out the physician or charge nurse on duty.

Objectives

The paramedic student will:

- Assist the physician and nursing staffs within the parameters of his clinical qualifications.
- Participate in patient rounds.
- Utilize the physician and nursing staffs as educational resources.
- Observe the performance of psychiatric evaluations.
- Observe the performance of patient assessments, including development of a relevant medical history and performance of a physical examination, which will include, at a minimum, measuring and recording vital signs, auscultation of lung and heart sounds, observation of the patient's general condition and palpation of the abdomen and extremities.

When requested, and under the direct supervision of the clinical preceptor, assist the staff with the following interventions:

The paramedic student will produce his skill proficiency log to identify what skills the student may be allowed to

PSYCHIATRY

perform, having successfully passed the classroom or clinical criteria of the program. Should a discrepancy arise, or in the event that the student cannot produce this form, the preceptor will contact the Instructor/Coordinator or Lab Instructor Coordinator for clarification.

- Assessment and recording of Vital Signs
- Venous blood sampling/Phlebotomy
- Intravenous access
- Preparation and administration of IV, IO, IM, ET, SQ, PO, SL, IN and Inhalation medications

OR/ANESTHESIA

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and picture ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is to give students an opportunity to practice airway management procedures, especially bag-valve -mask ventilation and endotracheal intubation. While students will be exposed to surgical procedures during this rotation and have the opportunity to learn about those procedures, the primary purpose of this rotation is airway management. Student should concentrate their time on mastering these tasks.

Goals: It is the goal of the operating room rotations to expose students to as many patient assessment/management experiences as possible. These experiences may include, but are not limited to:

1. Administration of RSI protocol medications.
2. Monitoring patients, including blood pressure, pulse, respirations, level of consciousness, arterial oxygen saturation, and end-tidal carbon dioxide detection.
3. Operating oxygen administration equipment and giving oxygen.
4. Assisting in the operation of mechanical ventilatory support.
5. Preparing and giving medications as directed by assigned preceptor.
6. Observing effects of medications given.
7. Observing methods of achieving analgesia and anesthesia
8. Observe methods of determining sedation, success of pain management and indicators of patient distress.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each operating room rotation:

Appropriately manage the patient's airway before, during, and after anesthesia to include:

1. Proper positioning of the head and shoulders.
2. Formation of an effective seal with a bag-valve-mask.
3. Effective ventilation with a manual ventilation device and mask.
4. Calculate and administer sedation and paralyzing medications
5. Effective intubation of all ages and conditions of patients.
6. Appropriate assessment of tube placement.
7. Effective ventilation with a manual ventilation device and ET tube.
8. Perform patient care under the direct supervision of the preceptor.
9. Record PCR and procedural information into Platinum Planner.
10. Complete a preceptor evaluation.

OR/ANESTHESIA

Lab Instructor Coordinator for clarification.

- Endotracheal intubation
- Assessment and recording of Vital Signs
- Venous blood sampling/Phlebotomy
- Intravenous access
- Preparation and administration of IV, IO, IM, ET, SQ, PO, SL, IN and Inhalation medications
- Oropharyngeal and endotracheal suctioning
- Supraglottic Airway
- Intraosseous access

CATHERIZATION LAB

Clinical Attire: DURHAM TECHNICAL COMMUNITY COLLEGE approved scrub suit or attire approved by the clinical unit and photo ID.

Clinical Goals and Objectives: In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, *Goals* are defined as competencies that the faculty feels would benefit the student if presented with the opportunity to experience them. *Objectives* are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is expose students to a variety of critically ill and injured patients and to allow them to radiographically observe the effects of disease and disability. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings, and treatment plans.

Goals: It is the goal of the Catheterization Laboratory rotations to expose students to as many patient pathologies/assessment/management experiences as possible. These experiences may include, but are not limited to:

1. Reviewing all charts.
2. Operating oxygen administration equipment and giving oxygen.
3. Performing peripheral IV insertion.
4. Assisting in ambulating patients from bed to chair, lifting and turning patients.
5. Assisting in cases of cardiac arrest as directed including performing CPR, managing the airway, endotracheal intubation, arrhythmia interpretation, electrical and pharmacological arrhythmia therapy.
6. Evaluating results of laboratory tests, and correlating results with patient management.
7. Exposure to critical care diagnostic procedures.
8. Exposure to long term treatment plans and care of patients with multiple organ system failure.
9. Treatment modalities not normally utilized in prehospital medicine.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Intensive Care Unit rotation:

1. Observe and identify various anatomical landmarks, e.g. coronary arteries.
2. Prepare and administer medications as directed by assigned preceptor.
3. Observe and identify effects of pharmacological agents administered.
4. Evaluate and interpret ECGs.
5. Perform patient care under the direct supervision of the preceptor.
6. Observe placement, and verbalize rationale for use of scaffolding devices within the coronary arteries (stents).
7. Enter into Platinum Planner and procedures observed and performed.
8. Complete preceptor evaluation.

GRADUATION/COMPLETION REQUIREMENTS

Students Must Meet All the Following Requirements:

EMT& AEMT

- Earn a minimum of a 70% on the final written exam
- Pass the final psychomotor exam with a minimum of 70% of available points
- Maintain an overall course grade of 70% or better
- Pass each module written and psychomotor exam in no more than two attempts, without exceeding the program maximum of two written remediations and two psychomotor remediations
- Maintain a current AHA Basic Life Support for Healthcare Providers certification
- Complete all required lab and practical skills, as laid out by Durham Tech's program-specific lab goals as well as the SMC matrix
- Maintain attendance at 90% or better of all didactic course time
- Successful completion of all clinical course requirements, including achieving program-specific minimum hours, as well as patient age and presentation goals set out by program-specific SMC matrices

PARAMEDICS

- Maintain an overall course grade of 70% or better in each section of the program
- Maintain a current AHA Basic Life Support for Healthcare Providers certification
 - Paramedic students are required to maintain a valid EMT-B certification as well as an AHA Advanced Cardiac Life Support in addition to the BLS requirements
- Pass each individual section of the paramedic program by achieving a passing grade on the written and psychomotor finals of each course in no more than two attempts, without exceeding the program maximum of two written remediations and two psychomotor remediations. The courses required to complete the paramedic program include:
 - Advanced Airway
 - Pharmacology
 - Cardiology I
 - Cardiology II
 - Medical
 - Trauma
 - Patients with Special Challenges
 - Lifespan Emergencies
 - Capstone Education
 - Clinical I-IV (no written or psychomotor exams applicable for clinical courses)
- Complete all required lab and practical skills, as laid out by Durham Tech's program-specific lab goals as well as the SMC matrix
- Maintain 90% or better attendance in each individual section, as well as in overall didactic hours
 - Successful completion of all clinical course requirements, including achieving program-specific minimum hours, as well as patient age and presentation goals set out by program-specific SMC matrices
 - Maintain program standards of professionalism and affective behavior at all times, including during clinical rotations.
 - Paramedic students are formally assessed on affective behaviors and may be placed on probation or PIP if unsatisfactory. Failure to make change to meet program standards of professionalism may result in dismissal from the program (see policy for Professionalism and Affective Evaluation).

GRADUATION/COMPLETION REQUIREMENTS

After meeting the completion criteria specified above, paramedic students will be eligible for graduation from the program once they complete the following steps:

- Earn a minimum of a 70% on the final written exam within two attempts
- Pass the final psychomotor exam with a minimum of 70% of available points within two attempts
- Pass final affective evaluation with Program Director within two attempts
- Pass Medical Boards with the Medical Director within two attempts
- Complete exit counseling with the Program Director

Once students have met these requirements, they will be signed off to test at the state and national level by the Paramedic Program Director. If a student additionally wishes to pursue graduation with a degree within the Associate's Degree in Emergency Medical Sciences, the student must complete any remaining general education courses (refer to the degree plan of study for the Emergency Medical Sciences) and apply for graduation through their advisor.

APPENDIX

Infection Control

Students must wear appropriate personal protective equipment (PPE) any time they are in contact with a patient; i.e. practice standard precautions. All exposure information is consistent with the current Occupation Health and Safety Administration (OSHA) and the Center for Disease Control (CDC).

The following rules must be adhered to at all times:

1. Exposure to blood should be minimized. When the possibility of exposure to blood or other potentially infectious materials exists, gloves are required and eye protection and or face shield are highly recommended. During extrication, or when broken glass is present, leather gloves or fire fighter gloves should be used. If hands accidentally become contaminated with blood or other potentially infectious materials, they should be washed thoroughly soap and water as soon as possible. When there is a risk of eye or mouth contamination (for example, the patient is vomiting bloody material or there is arterial bleeding), protective eyewear and masks are required. Students are responsible for providing appropriate eye protection.
2. All needles and other sharp objects should be considered as potentially infectious and should be handled with extreme care. Needles should never be recapped. Needles, syringes, and broken vials should be immediately placed in a puncture-proof "sharps" container after use.
3. At no time should a student provide mouth to mouth ventilation. Pocket masks with one-way valves or bag valve mask should be used to provide artificial ventilations.
4. Masks should be worn by the student and/or patient anytime the patient is known or possibly has an airborne or droplet transmitted diseases. (i.e., tuberculosis, chicken pox, measles, etc...).
5. Sufficient information should be obtained to determine if a patient may have active tuberculosis (TB); recent history of TB, HIV infection, fever, recent with loss or cough. A surgical mask should be placed on patients with a history suggestive of active TB unless the mask would compromise the patient's respiratory status. In circumstances where a surgical mask appears to make or might make the patient's breathing worse, the student should wear surgical masks.
6. Equipment should be thoroughly cleaned after each use. Disposable equipment should be considered for use whenever appropriate.
7. In the event of significant exposure, the clinical coordinator and/or program director should be notified immediately. Students must complete a DTCC significant exposure and/or incident report filed as soon as possible after incident. In the event of an injury or exposure, the student is to contact the clinical coordinator or director of the program immediately for further direction. This at no time should delay the student in seeking the appropriate medical treatment.
8. Significant exposure is defined as the following:
 - Any puncture of the skin by a needle or other sharp object that has had contact with patient's blood or other potentially infectious materials or with fluids infused into the patient.
 - Blood spattered onto mucous membranes (e.g. mouth or eyes.)
 - Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood or other potentially infectious materials. Human bite and only considered significant exposure if they break the victim's skin and blood is drawn.
 - Other Potentially Infectious Materials (OPIM) include: cerebrospinal fluid (CSF), synovial Fluid, amniotic, peritoneal fluid, pleural fluid, or any fluid that contains visible blood.

APPENDIX

- The following are not considered to be OPIM unless they contain visible blood: tears, sweat, saliva, urine, stool, vomitus, nasal secretions, and sputum. Semen and vaginal secretions are only a risk by sexual contact.

9. Any student having a significant exposure will immediately remove themselves from that clinical rotation. They will notify the clinical coordinator and/or program director by phone and they will then report to the Emergency Department at the University of North Carolina – Chapel Hill located at 101 Manning Drive, Chapel Hill, NC 27514 for evaluation and/or treatment and/or the closest appropriate medical facility.

Conflicts of Interest

Students may at no time have significant others or relatives as clinical or internship preceptors. Students are responsible for institutional HIPPA compliance. HIPPA violation will be grounds for immediate dismissal from the program.

Regulation and Control

Failure to abide by the above listed rules may result in the student being asked to leave the clinical/internship site by the preceptor, clinical coordinator, program director, or medical director.

Students may contact the clinical coordinator and/or program director with any questions or concerns

Inclement Weather

Due to the extreme fluctuations in weather, especially in winter, people are often classified as essential or non-essential personnel. Paramedics are generally considered "essential personnel", meaning they must make every reasonable attempt to go to work regardless of weather conditions. This does not hold true for students.

In the event of inclement weather, local radio stations (listed in the college catalog) will broadcast any closing of federal, state, county, and local government offices to "non-essential" personnel. If a clinical/internship site orders its "non-essential" employees to stay home, students should also stay home. Students should exercise discretion when determining if it is safe to travel to a clinical/internship site. If a student does not feel they can safely make it to the clinical/internship site, they should not go. Any time a student is unsure if they should attend a clinical/internship rotation they should contact the clinical coordinator for further instruction.

If the student is not attending due to inclement weather, they should notify the agency directly via phone. After contacting the agency, students must also notify the Clinical Coordinator and/or Program Director by leaving a voicemail or e-mail.

If inclement weather occurs while the student is on duty, reasonable efforts will be made to get the person back to quarters to get off on time. It should be understood that driving conditions, call volume, and staff shortages may result in the crew (and student) being held on overtime.

NOTE: All time missed from clinical shifts, regardless of reason, must be made up.