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Section 1: PREAMBLE

Emergency Medical Training Services (EMTS) provides initial Advance EMT (AEMT) education for area fire departments and the general public. It is designed to provide instruction based on National Education Standards published by the National Highway Transportation and Safety Administration. The Center agrees to meet or exceed the requirements for AEMT training recognition by the Texas Department of State and Health Services.

EMTS is an approved EMS school by the Texas Department of State and Health Services (TxDSHS). EMTS is owned and operated by Emergency Medical Training Services dba of S&S Emergency Training Solutions, Inc. located in Richardson, Texas.

Program Philosophy/Mission Statement

Program Goal: To prepare competent entry-level Advance Emergency Medical Technicians in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.

Program Philosophy:

Graduates of the AEMT Education Program are certified as having completed a competency based educational program consisting of didactic, clinical, and field internship phases, and are designated entry level AEMT's. It is important to emphasize the entry level designation of our graduates, so as to not create unrealistic expectations of the program by future employers or the graduates themselves. Medicine is as much art as science, and the art of prehospital care is developed through clinical practice and an individual's commitment to lifelong learning.

The evolution of prehospital practice from consistent reliance on direct audio medical control to increased autonomy in patient care decisions, coupled with rapid and radical changes in health care economics, have created ubiquitous waves of change. Technical competency, personal accountability, caring, effective interpersonal skills, problem solving under duress, the ability to orchestrate teamwork in chaos, and leadership skills and perspectives are essential attributes that AEMT's must strive to possess and enhance.

It is the responsibility of program staff to ensure that the "seeds are planted" so that behaviors consistent with professional and personal development are perpetuated.

The faculty of the AEMT program recognizes that they do not "make" anyone anything: an individual is not "made" into an excellent AEMT's - rather, the Program provides a wealth of educational opportunities and role models to help participants

gain the requisite knowledge, skills, and attitudes. Similarly, Program faculty do not ascribe to the "mug and jug" theory of education. We do not "pour" knowledge and abilities into empty, lifeless vessels. We expect our students to be active learners, to question and challenge if necessary, but always in a collegial and diplomatic fashion.

Our students are our customers, and are treated as such. We respect individuality and have respect for individuals' value systems, even when at odds with our own. We accommodate students to the greatest degree possible, and guarantee fairness. In order to meet the expectations we have of students, we provide assistance to meet those expectations. We value suggestions and recommendations for improvement, and actively solicit feedback during and after the Program.

Lastly, we value the fun of learning and the free exchange of ideas and opinions. We hope to create a stimulating educational environment that students reflect on positively for the duration of their careers.

Section 2: TRAINING CENTER MEMBERS

Consortium Board Members:

Thomas A Cellio II – Chair
Joeseeph Flowers – Vice Chair
Nicole Roberts – Board Member
Chris Cothes – Board Member

Course Program Director and Administrator: Thomas A Cellio II, NREMT-P

23 years of EMS experience ranging from dispatch communication, field EMS, and operational management. Certified EMS instructor/coordinator for 15 years. Managing Director with EMTS since 1995.

Course Medical Director: Ken Sherman, MD

Over 32 years practicing physician of which over 25 years in emergency medicine in addition to hyperbaric and toxicology. Medical Director for EMS systems and continuing education.

Course Advanced Coordinator: Chris Cothes, LP

Over 28 years EMS/Fire active experience. EMS instructor/coordinator for over 25 years. Over 20 years' experience as a medical control senior administrator to over 10 EMS systems. Currently; paramedic, fire fighter, battalion chief, PHTLS state faculty.

Clinical Coordinator: Zoe Holloway, EMT-B

EMT-B since 2004. EMTS office manager and clinical coordinator since 2008.

Lead Instructor: Larry Martin, AAS, LP

Over 25 years EMS/Fire experience. EMS instructor/coordinator for over 20 years. Part time EMTS staff member.

Assistant Instructors/Faculty: Selected EMT-Paramedic and Senior Paramedic employees or Medical Personnel contracted by EMTS. All faculty are part time and work in their fields of study.

Guest Faculty: Selected specialists and experts covering specific topics or skills.

Section 2: TRAINING CENTER STAFF DUTIES

2.1a Program Board: The Board is established to ensure that credentialing, accreditation, governmental, and program requirements are established and meet established guidelines and recommendations.

2.1b Program Director: The Director works with the Course Administrator, Course Coordinator and Program Medical Director to oversee the AEMT course planning, operation, evaluation, and course revisions. The Director will have appropriate education, training, and experience to fulfill the role, and will be knowledgeable about methods of instruction, testing and evaluation of students. The Director will have field experience in the delivery of pre-hospital emergency care, and at least equivalent academic training and preparation for which the students are being prepared in the program, or demonstrate equivalent training and preparation. The Director will be knowledgeable concerning current national curricula, national accreditation, national registration, and the requirements for state certification or licensure. (Training Center Director hereinafter referred to as 'the Director')

2.2 Training Center Medical Director: The Medical Director will review and approve the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy. The Medical Director will review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program. The Medical Director will review and approve the student's progress throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress. The Medical Director will assure and attest to the competence of each graduate in the cognitive, psychomotor, and affective domains. The Medical Director will be Texas certified and will have experience and current knowledge of emergency care of acutely ill and injured patients. The Medical Director will have adequate training or experience in the delivery of pre-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in pre-hospital care. The Medical Director will be knowledgeable about AEMT educational programs and the legislative and regulatory issues regarding educational programs for the pre-hospital care provider. The Medical Director will be an active member of the local medical community and participate in professional activities related to pre-hospital care. (Training Center Medical Director hereinafter referred to as 'the Medical Director')

2.3 Training Center Course Coordinator: The Course Coordinator is responsible for coordinating and conducting AEMT education and acts as a liaison between students, sponsor agency, the local medical community, and the EMS Division. The Coordinator is also responsible for assuring that all course goals and objectives are met and that course evaluations and revisions are completed in timely fashion. Some courses may find the Course Coordinator also functioning as the Primary Instructor. The Course Coordinator has completed the Texas EMS Coordinator Course and has knowledge and experience in coordinating EMS programs (Training Center Course Coordinator hereinafter referred to as the 'Course Coordinator').

2.4 Training Center Clinical Coordinator: The Clinical Coordinator is responsible for coordinating student progress throughout the various required clinical rotations. The Clinical Coordinator will meet with Clinical Faculty and designated clinical sites to assure course objectives are being met and student's performance is consistent with the expectations of the AEMT Program. The Clinical Coordinator will also evaluate preceptor performance by seeking student input via written evaluation and site visits. During the AEMT Program, the Clinical Coordinator, Director, and Medical Director will work cohesively to insure that all AEMT program objectives are met. (Training Center Clinical Coordinator hereinafter referred to as the "Clinical Coordinator").

2.5 Training Center Primary Instructors: The Primary Instructors will act as the lead instructors for courses and will be present at most, if not all class sessions to assure program continuity and will be able to assess the cognitive, affective, and psychomotor ability of the students as required by the AEMT functional requirements. The Primary Instructors are knowledgeable in all aspects of pre-hospital care and adult education theory and practice. They must have more than 1 year of clinical pre-hospital care experience. All Assistant Instructors must be approved by the Course Director, Course Medical Director and Course Coordinator. (Training Center Primary Instructor hereinafter referred to as 'the Primary Instructor')

2.6 Training Center Assistant Instructors: Assistant Instructors shall assist the Primary Instructor with skill demonstration; practice sessions, and in the evaluation of student skill competencies. All Assistant Instructors must be approved by the Course Director, Course Medical Director and Course Coordinator. (Training Center Assistant Instructors hereinafter referred to as 'Assistant Instructors')

2.7 Training Center Guest Faculty: Guest Faculty will assist the Primary Instructor with selected topics or skills. All Guest Faculty have demonstrated expertise in the topic area being presented. Guest Faculty will have demonstrated successful skill instruction or have completed the Texas EMS Instructor course. (Training Center Guest Faculty hereinafter referred to as 'Guest Faculty')

2.8 Training Center Clinical Faculty and Preceptors: Clinical Faculty will be present throughout the program at clinical sites to assure program continuity. Clinical Faculty will work with clinical preceptors to assure students successful completion of program objectives. Clinical Faculty shall be competent and knowledgeable within the clinical area being supervised. Clinical Faculty will hold at a minimum current certification as an Emergency Medical Technician - Paramedic or license as a registered nurse. Preceptors must be cleared from any limited probation restraints from the host agency and have experience in emergency medicine or specialty. Preceptors will be in good standing with the host agency and not be currently under investigation for disciplinary action. Preceptors will be familiar with the scope of practice, student objectives and evaluation tools used in the program.

Section 3: TRAINING CENTER PHYSICAL RESOURCES

The training center is a 6,500 square foot facility located at 100 North Central Expressway, Suite L-15 in Richardson, Texas. The campus consists of classrooms and dedicated skill/lab rooms, administrative offices, private restrooms, café and storage areas. The campus has 24/7 security guards available to escort student to and from vehicles upon request. EMTS campus is handicapped accessible and has facilities and equipment that comply with federal, state and local ordinances and regulations, including those required for safety, building safety, and health.

3.1 Classrooms / Laboratories: The Center will provide adequate classrooms, laboratories, clinicals, and other facilities.

- 6,500 square feet of training space
- Classroom 1) Seats 30 students
- Classroom 2) Seats 38 students
- Classroom 3/Lab) Seats 50 student
- 4 fully stocked ALS ambulances on site.

3.2 Equipment / Supplies: Appropriate and sufficient equipment, supplies, and storage space will be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Instructional aids, such as clinical specimens, documents and related materials, reference materials, equipment, and demonstration aids, will be provided when required by the types of learning experiences delineated for either the didactic or supervised clinical education components of the curriculum. All training equipment and supplies are dedicated to training and are not utilized for street operations at any time. Expendable supplies are available from the program as needed.

3.3 Learning Resources: Students will have ready access in time and location to an adequate supply of current books, videos, journals, periodicals and other reference materials related to the curriculum to enhance student learning. Clinical subjects, clinical records, reference materials, audio and visual resources and computer software and hardware will be available in sufficient number and quality to enhance student learning.

Section 4: TRAINING CENTER CLINICAL RESOURCES

4.1 General Statement: The majority of the AEMT clinical education will be provided by a level 3 hospitals or higher and an area Fire/EMS department with high call volumes. Students will have access to an adequate number of patients, appropriately distributed by disease, injury, gender and age, who present common problems encountered in the delivery of pre-hospital care. Students shall have access to direct patient care responsibilities but will not be used as a substitute for essential personnel, and their care will be supervised by appropriate clinical faculty and preceptors.

4.2 Clinical Affiliations: Clinical affiliations will be established and confirmed in written agreements with all facilities that provide clinical internships for all eligible students.

Clinical Affiliations / Agreements Students will be precepted and supervised in all clinical areas by program instructors and/or hospital personnel (physicians, nurses, allied health). Clinical student to instructor ratio will not exceed 2:1. Clinical areas will have adequate patient volume with direct patient care responsibilities for students. Information Clinical objectives will include direct patient care responsibilities for students. All preceptors shall be authorized by the Clinical Coordinator to function in such roles. Clinical areas utilized may include but are not limited to the following:

- Emergency Department – General Population
- Critical Care
- Anesthesia
- Triage (Emergency Department)
- Pediatric Emergency Department
- Labor and Delivery
- Respiratory Care
- Pediatric Unit
- Obstetrics and Gynecology Unit
- Primary Care Clinic
- Physician Office
- Elementary School

4.3 Field Internships: Field internship affiliations will be established, and confirmed in written affiliation agreements with agencies under appropriate medical direction and clinical supervision that provide field internships for all students. Field internship sites will have adequate pre-hospital patient numbers. Documentation will exist to describe predicted call

volume and access for students. Information Affiliations with agencies providing clinical internships will be established and confirmed in written agreements.

Internship Affiliations / Agreements All field internship experiences will not exceed a student to preceptor ratio of 1:1. Such agreements also prohibit any unsupervised students from functioning as the sole provider of pre-hospital care while performing clinical internships. Field Internships include direct patient care responsibilities required for successful completion of the Program's educational objectives. Affiliated agencies agree to provide students with the opportunity to progress in patient care responsibilities to the level of independent function on EMS contacts.

4.3.1 Field Agency Prerequisites: All agencies providing field internships have established medical quality control programs and have protocols on file with the Texas Department of Health Services EMS Division and/or the Board of Medical Examiners and/or the authority in which the system is accountable.

4.3.2 Field Internship Preceptors: Supervision of students will be provided by program instructors and paramedic personnel approved by the Clinical Coordinator and Program Director.

4.3.3 Field Internship Hours: At least one half of the patient contacts will include the on-scene treatment and subsequent transportation of patients encountered in an AEMT and/or EMT-Paramedic EMS system. The majority of these hours will be provided by 911 EMS Systems and Fire Department. Students must successfully complete 120 hours of internship conducted as 5 consecutive 24 hours shifts. If objectives are not met student is subject to addition internship time.

Section 5: STUDENTS

5.1 Mandatory Student Prerequisites: All applicants for entrance into the Program are required to meet the following minimum criteria:

Requirements/Procedure

- Possession of a high school diploma or GED.
- Possession and maintenance of the following credentials for the duration of the program: A current EMT-Basic certificate status with the TxDSHS, and/or the National Registry and/or a state recognized as having equivalent training and certification by the TxDSHS Division.
- Agreement to adhere to the AEMT Program Policy Manual.
- Pass a criminal background check conducted by the school. Any past legal infractions will be evaluated based on TxDSHS certification requirements and/or disqualifications for certification.
- A physician or healthcare employer statement stating that you are of fit mind and body to participate in AEMT school and function as an entry level AEMT. If participant is currently active in healthcare in a direct patient care setting a statement from your employer can waive the need for a physician statement.
- Demonstration of appropriate immunizations as required by state, field, and clinical sites of the program or signed waivers for each of the immunizations. Students are responsible for current immunization status as required by the rotation and clinical sites. Immunizations must be completed in full by the date indicated on the class schedule. If immunizations are not current and submitted to the school by the indicated date the student may be dismissed from the program.

5.2 Additional Student Recommendation: It is recommended, but not mandated, that all applicants for the Program also meet the following criteria:

- Significant experience providing pre-hospital care at EMT-Basic level.

Section 6: TRAINING CENTER OPERATIONAL POLICIES

6.1 Admission: The AEMT Training Program is an equal opportunity program. Students shall not be discriminated against with regard to disability, age, race, color, creed, sex, sexual preference, veteran status, or national origin. All student activity is educational in nature and students will use all scheduled time for educational experiences. The health and safety of all students, faculty, and patients will be adequately safeguarded at all times. Students will be provided with a clear description of the Program and its content, including learning goals, course objectives, Center policies, and competencies to be attained.

A prospective student may choose to schedule a personal interview at the campus or over the phone initially. The interview will provide the student with an opportunity to discuss his or her interests and to become fully acquainted with the school and the courses offered. Prospective students then will complete the needed application form online with the required course deposit. Applicants are required to undergo a criminal background check as part of the application process. Students who have prior major misdemeanors or felonies may be denied the certification to practice in some states, even if the exam

is taken and successfully completed. Consequently, these students may be denied admission to the program. If criminal history disqualifies a student from entering the program a full registration refund will be issued minus \$25.

Steps to enroll:

1) Schedule an interview with program admissions. (Optional)

2) Complete enrollment registration online.

a. Will be asked to answer yes or no:

i. High school diploma, GED or post-secondary degree obtained.*

ii. 18 years of age or older.

iii. Current TxDSHS EMT-B and/or NREMT EMT-B.

iv. Current Driver's license

v. Criminal history of past major misdemeanors or felonies.

3) Prior to start of first class session documentation must be provided to school for i, ii, iii, iv, v.

*Official documentation/transcript must be sent directly to Program from the school or delivered in a sealed envelope marked official transcript.

*Waivers may be granted if documentation is temporarily unavailable due to circumstances beyond the applicant's control.

4) Once registration is processed student will receive instructions to complete a criminal background online within 72 hours of receipt.

5) Once registration is processed applicant will receive instructions how to receive course related material and pre-course study assignments.

Policy to transfer in hours and advanced placement: The program does not offer a bridge program from nursing to AEMT. Students shall complete all program requirements conducted and supervised by EMTS to receive an AEMT completion certificate. No advance placement or transfer of hours from another program AEMT or equivalent shall be permitted.

American's with Disability Act

EMTS strives to comply with the provisions of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Students must have acceptable documentation that an ADA situation exists. The student must bring this information to the course coordinators attention before the conclusion of the first class session. Information will be reviewed and student will be advised if ADA applies to EMS training. As a general guideline, the school uses previous court cases and TDSHS recommendations to determine what qualifies for accommodation. Because this profession requires rapid action and the ability to perform tasks autonomously, students with disabilities are encouraged to meet with program officials before enrolling.

EMTS facilities, clinical and internship sites must comply with ADA accessibility requirements.

Allowable Accommodations: The Americans with Disability Act of 1990 permits testing that requires the use of sensory, manual, or speaking skills where the tests are intended to measure essential function of the profession. For example, an applicant with reading difficulties is still required to take a written exam (rather than an oral exam) since the ability to read is an essential function of EMS. Students are expected to pass a written exam and pass the skills proficiency verifications within established criteria.

- Students are required to demonstrate performance within specific time frames.
- Students must complete written exams within specific time limits.
- Students are not allowed to have written exams given orally.
- Students must take all exams at the scheduled times.
- Students must answer all test questions as written.
- Students must meet all professionalism standards.

6.1.1 Tuition: Tuition is currently \$3,950. Minimum non-refundable deposit of \$1,975 is due at time of registration with the balance due at the start of class. Included: Course textbooks, classroom and lab fees, 1 clinical polo, liability insurance \$1m/2m, AHA BLS, ACLS, PALS as well as PHTLS courses. Not included: any needed immunizations, drug testing (\$40), stethoscope and trauma shears. Upon completion of the course graduates will be responsible for NREMT exam fees, TxDSHS application fees, FACT background certification, NREMT Prep Course, and NREMT practical exam fees (\$175/avg). The first half deposit for the course is non-refundable. After the first class session the remaining balance is non-refundable. The program will work with TWC clients. The program is approved for the GI Bill funding of tuition and other benefits awarded by the VA.

6.2 Instructors: Faculty recruitment will be non-discriminatory with regard to disability, race, color, creed, sex, sexual preference, veteran status, and national origin.

6.3 Textbooks: The main textbooks for the Program are included in the course costs –*Essentials of Paramedic Care* by Bledsoe, B., Porter, R., & Cherry, R. The following textbooks will be made available to each student throughout the course from the school library; AHA ACLS Textbook, AHA PALS Textbook, PHTLS and Basic E-Z ECG. Additional workbooks and field guides shall be purchased by the student. Certain required texts are available through the Center. No textbook substitutions will be allowed.

6.4 Student Workers' Compensation and Liability Insurance:

Students attending the AEMT Training Program as part of their employment with any employer must be covered by their employer’s workers' compensation and general liability insurance policies. Each student must produce a letter from the employer stating that the student is covered by the employers policies, and a certificate of insurance evidencing coverage for both workers' compensation and general liability, with limits no less than \$1,000,000 per incident/occurrence and \$2,000,000 in the aggregate.

Students attending the AEMT Training Program who are not sponsored by an employer, or who are not attending the Program as part of their employment, will be covered by program to the extent required by Texas laws and regulations. Students may be charged for such coverage. Program student is insured \$1,000,000 per incident/occurrence and \$2,000,000 in the aggregate.

6.5 Academic Standards: Students will be evaluated against the cognitive, psychomotor, and affective educational domains. By entering the Program, students agree that the Program staff shall be the sole judges of performance in both academic and non-academic areas.

6.5.1 Academic Evaluation System and Grades:

Participants may receive a completion certificate upon successful completion. The following explains the academic evaluation system and grades for the certificate portion of the program. There is a five-level evaluation system for the Program phases, with the following designations:

1. Excellent (Assigned 1) - indicates extraordinary intellectual and creative performance and superior mastery of the course of study. This level reflects an academic average at or above 90%.
2. Above Average (Assigned 2) - indicates acceptable performance and knowledge at a level sufficient to allow the student to progress. This level reflects an academic average below an 85%, but less than 90%.
3. Average (Assigned 3) - indicates performance which is average performance for a portion of class. This level reflects an academic average at 73% to below an 85%.
4. Fail (Assigned 4 - YELLOW) - indicates unacceptable performance and/or knowledge of the subject. This level reflects an academic average less than 73%, but at or above a 70%. For a student to remain in good standing with the Program a 73% or better must be achieved and maintained.
5. Fail (Assigned 5 - RED) - indicates unacceptable performance and/or knowledge of the subject. This level reflects an academic average less than 70%

Example of old percent (%) GPA Log

Student ID #	Exam #1/2	Exam #3	Exam #4	Quiz GPA after midterm
640	93.6	85.9	82.4	72

748	91.8	86.9	84.7	71
772	91.8	68.2	62.7 - out	
816	89	83.5	82.4	69
880	96.3	72.4	71.4	72 - out
922	93.6	87.1	81.2	83
O31	74.1	69.3	72.5	70.4-out

Example of translated current point value GPA log

Student ID #	Exam #1/2	Exam #3	Exam #4	Quiz GPA after midterm
640	1	2	3	4
748	1	2	3	4
772	1	5	5 - out	
816	2	3	3	5
880	1	4	4	4 - out
922	1	2	3	3
O31	3	5	4	4 - out

6.5.2 Grading Content: Grades during the Didactic phase will be determined on the basis of the following:

(1) Didactic Content

(a) Students are expected to pass all major exams with a passing assigned point value.

(1) Number of exams is at the discretion of the Program.

(2) Lab exams and quizzes will be included as “one major exams.” Prior to midterm (exam 5) quiz GPA will be posted as the course is conducted represented by percent value. After midterm the students overall quiz GPA will be assigned a five-level evaluation system assignment as described above. After midterm a quiz GPA of 4 or 5 is considered failing. The quiz GPA will be updated as the course is conducted.

(3) Exams may be of a varied format (multiple choices, fill in the blank, essay, etc...)

(b) Examinations administered at the conclusion of courses sanctioned by national organizations (e.g. PHTLS, ACLS & PALS) or at the conclusion of material presented by faculty (eg. Anatomy and Physiology, Medical Emergencies, Cardiology)

(c) A comprehensive final examination, administered at the end of the didactic phase. Must score an 75% or higher to pass final exam.

1. If you fail the final exam with a score less than an 75.0% the following will happen.

If you're final exam score is less than a 75% or at or above a 70.0% an assigned value of 4 is given.

If you're final exam score is less than a 70.0% an assigned value of 5 is given.

(i) Refer to 6.5.1 (4-d). If a final exam retest is granted the passing score is an 80% or higher.

(d) Homework assignments

(e) Quizzes: Announced or “pop.”

(1) Number of quizzes is at discretion of Program.

(2) Quizzes may be in a varied format (multiple choice, fill in the blank, oral, essay, etc...)

(2) Quizzes will average to equal 1 exam grade after midterm. 5 Level grade scoring will be used. Your quiz average will be established then assigned a value number using the five-level grading system described above (6.5.1).

(3) As the course is conducted during the Didactic phase, all grades will be averaged, with the following considerations:

(a) The lowest exam score, (not including BTLs, ACLS, PALS, Anatomy and Physiology or research assignment), may be eliminated from the computations. (Program discretion with unanimous approval by all directors, administrators and consortium board members is required.)

(b) The final exam will not be able to be excluded in the computation of the final course grade.

(4) (a) Each written exam is graded on the basis of 100% and minimum-passing score for all exams is 73% or 3 points.

Students who fail an exam are required to take a second exam on their own time. The score will not be added to the GPA page or replace the first exam. The retest on a failed exam must be scheduled within 72 hours of the student being

informed of his first attempt exam score. If the retest exam score is a failing score again the student is dropped from the course.

(b) Student is dismissed from the program for the following:

Three level 4 points (Yellow)

Two level 5 points (Red).

Two level 4 points (Yellow) and one level 5 points (Red).

(c) If the final exam is failed a retest will be granted if student is compliant with 6.5.1 (4-c). Meaning/Example: If you had two "Yellows" going into the final and the student fails the final with another "Yellow" you will not be awarded a final exam retest. By failing the final the student now has failed a total of three exams.

(5) Exam Scoring and Validation

(a) Multiple choice written examinations administered during the course will be scored twice. These exams will have the following characteristics when presented to the Program students:

- (a) Each question will have only one correct answer.
- (b) The multiple choice exams will be scored at the Program EMS Education office.
- (c) Upon receipt of the initial exam statistics, the Director will take the following actions to ensure a fair and valid exam:

(6) If a student receives a failing grade for any of the nationally sanctioned courses (e.g., ACLS, PALS, BLS, PHLTS), it shall be mandated that the student attend and successfully complete another full certification course by first scheduled clinical.

(a) Registration, scheduling, and fees for this second certification course shall be the sole obligation of the student.

(b) The student shall submit a copy of the certificate to meet the requirements of this section.

(c) The recorded score entered into the computation of student grade average will be the minimum passing score.

(6) All students must achieve a passing score on all Program practical testing.

(a) Each practical examination is graded on the basis of 100% and minimum passing score for all practical testing is 73%. Additionally, individual skills require successful completion of defined "critical criteria" and a failure to complete defined critical criteria would constitute a failure of that skill even in the presence of a numerical score of 73% or greater. Practical examinations are simply scored as Pass or Fail based on scoring standards for particular skill.

(7) The student's average will be reviewed to determine if the student should continue to the Field Internship phase.

(a) Students must be passing the Didactic average (as defined in 4b & c of this section) to continue to the Field Internship phase.

(b) The following are grounds for academic dismissal:

(1) An unacceptable Didactic average as defined in 4b & c of this section.

(2) Failure to meet the certification criteria after retaking a state/national certification course.

6.6 Clinical Standards: Successful completion will be determined on the basis of the following:

(1) Clinical quiz average > 73% - Pass/Fail

(2) Performance in the cognitive, psychomotor, and affective educational domains for each of the assigned in-hospital clinical rotations, each of which will be evaluated on a pass/fail basis.

(3) An unsatisfactory (failing) evaluation received for any clinical rotation shall be cause for the following actions:

a. After being notified of the receipt of an unsatisfactory evaluation, the student shall schedule a meeting with program staff

b. Prior to the scheduled meeting with the student, program staff will review the evaluation with the evaluator to gain additional details regarding the performance.

c. At the meeting, the contents of the clinical evaluation will be reviewed with the student.

d. A plan to resolve the problem(s) identified will be developed and documented. Methods of resolution may include, but are not limited to:

(1) Repeating the clinical rotation, with the possibility of prolonging the Clinical phase.

(2) Successfully completing skill or knowledge remediation to ensure adequacy of subsequent performance.

6.6.1 Requirements for Completion of the Clinical Phase: The student's clinical performance and quiz averages will be reviewed to determine if the student should continue to the Field Internship phase.

(1) Students must meet the following criteria to continue:

(a) Passing Didactic average as defined in 4b & c of this section.

(b) Have successfully completed all certification courses.

(c) Have received acceptable evaluations for each of the assigned clinical rotations, which may include acceptable evaluations received after repeating a rotation.

(d) Students must have passed the battery of practical examinations to progress to the Field Internship phase.

(2) The following may be grounds for academic dismissal:

- (a) Unacceptable Didactic average as defined in 4b & c of this section.
- (b) Receipt of a second unsatisfactory clinical evaluation during a clinical rotation.
- (c) Failure to attend rotations as scheduled for the entire duration.
 - 1. Leaving early without prior EMTS notification
 - 2. Arriving late without prior EMTS notification
 - 3. Arriving on the wrong clinical date and/or time
 - 4. Arriving on the wrong clinical unit/facility
 - 5. Missing a scheduled rotation without prior EMTS notification

6.7 Field Internship Standards: Successful completion will be determined on the basis of the following:

- (1) Passing the program protocol/pharmacology examination.
- (2) A satisfactory pattern of performance as evidenced by internship performance evaluations
- (3) A satisfactory final performance evaluation

6.7.1 Performance Evaluations: Performance evaluations will be completed for each student, using a series of defined behavioral objectives and a standardized rating scale.

- (1) An evaluation form and Standards for Evaluation will be provided to the student and preceptor prior to the field internship phase.
- (2) The rating scale is a binary Satisfactory/ Unsatisfactory (Pass/Fail) scale.

6.7.2 Frequency of Evaluation: The student's performance will be reviewed as needed, clearly identifying:

- (1) Areas of satisfactory performance
- (2) Areas of unsatisfactory performance
- (3) Remediation steps or plans to rectify unsatisfactory performance

6.7.3 Requirements for Completion of the Field Internship: At the conclusion of the scheduled field internship period (minimum 120 hours), the student's performance will be reviewed.

- (1) A student must achieve a consistently "satisfactory" pattern in each evaluation category to pass internship
- (2) The preceptor will complete a summative (final) evaluation of the student, using a format mutually agreed upon by the Program Director and the agency with which the student serves the field internship
- (3) Students who do not receive a satisfactory summative evaluation during the minimum period of internship (288 hours) may be dismissed from program, may be offered an opportunity to be extended (hours to be determined by program staff), or repeat the entire internship.
 - (a) Students may be extended at the agency with which they served their initial 120 hours.
 - (b) Students shall not arrange for their own internship extension.
 - (c) A student failing the second, repeated shift or internship shall be subject to academic dismissal.
 - (d) Students repeating a shift or internship will pay additional tuition during the period in which they repeat the internship. This additional tuition will be calculated at the discretion of the Program Director.

6.7.4 Personality Conflicts with Field Preceptors: If a student perceives that a personality conflict is developing with his/her preceptor, it is expected that the student will attempt to resolve the problem by discussing it directly with the preceptor. If this method of resolution is ineffective, the student will ask for the assistance of the Clinical Coordinator and advise the Program Director of the situation. The student may be assigned to a different preceptor or to a different unit to resolve the issue. It will not be acceptable for any student to claim personality conflict if a final recommendation of failure is received by the Program.

6.7.5 Deficiencies in Performance/Remediation: If at any time the Clinical Coordinator identifies a serious educational deficiency, steps will be undertaken by the Clinical Coordinator to provide remediation. With the approval of the Program Director, this additional education may include a requirement for the student to:

- (1) attend classes and/or case reviews
- (2) complete written, oral, or practical assignments
- (3) complete additional hours of field internship.

6.7.6 Failure of the Field Internship: The student may receive a failing grade for the field internship if s/he:

- (1) Fails both the Program protocol examination and the subsequent retest.
- (2) Fails to comply with recommendations for remediation as described in section 6.7.5 above, or

- (3) Does not successfully complete the educational assignments as described in section 6.7.5 above, or
- (4) Does not consistently receive "satisfactory" ratings on each of the points of evaluation on the Student Evaluation Form
- (5) Receives a final evaluation from the internship site which recommends failure of the student.
- (6) Failure to attend all schedule rotation for entire scheduled duration.

6.8 Successful Course Completion Requirements: Successful course completion is contingent upon successful completion of all academic, clinical and internship requirements. A document containing educational and clinical objectives for all course requirements will be provided to all students.

It is the responsibility of the student to return all clinical internship forms, signed by the preceptor providing supervision, to the EMS Education office. All clinical forms must be received before a student is considered to have successfully completed the clinical requirements of the Program.

6.8.1 Course Completion Summary: All students must successfully complete the following requirements for initial AEMT Course completion:

- Compliance with the Program attendance policy
- Successfully complete all written and practical examinations to include an exit oral board
- Successfully complete all Clinical rotations
- Successfully complete the Field Internship

6.9a Student Eligibility for Texas Certification and/or National Registry testing: Students will receive a detailed description of the National Registry Practical Examination for the AEMT. Only students who successfully receive NREMT certification will be eligible for TxDSHS AEMT certification and/or licensure. Students will receive instructions explaining the state certification procedure. The Program is state approved and allows graduates to test for certification with the NREMT. NREMT requires both a practical exam and written exam. Each state has unique requirements for licensure; prospective students are highly encouraged to check those requirements in each state they would consider for employment.

6.9b Student Eligibility for College Credit: The AED course is offered as a certificate program. If eligible, hours may be transferred to an approved paramedic consortium program.

A: Excellent (4.0) indicates superior grasp of material

B: Good (3.0) indicates a good level of proficiency

C: Satisfactory (2.0) indicates a satisfactory level of achievement to enable successful employment or completion of further coursework.

D: Unsatisfactory (1.0) indicates a marginal level of achievement. A student earning a grade of D in any required course must repeat it for credit.

F: Fail (0) indicates unsatisfactory performance. Course must be repeated for credit.

I: Incomplete (0) indicates that a student has not completed all work required for the course.

P: Pass indicates that the student has completed the course requirements with a satisfactory level of achievement.

W: Withdrawal (0) indicates that a student has withdrawn prior to the first 25% of course.

W/F: Withdrawal/failing (0) after 25% of course complete.

W/P: Withdrawal/passing (0) after 25% of course complete.

6.10 Withdrawal: Definition - Termination of the student's participation in the Program, based on a voluntary and informed decision made by the student. Students who withdraw from the Program officially abdicate student status at Program and lose all attendant privileges. Students generally withdraw from the Program because they decide to no longer want to pursue a career in EMS, or for a prolonged absence. Students withdrawing from the Program must reapply through the routine admissions process to enroll into another program. Students who voluntarily withdraw or are involuntarily removed from the course due to cause are not eligible for reimbursement. Students who voluntarily withdraw are to send a written statement notifying the Program Director within 5 days of last date attended.

6.11 Attendance Requirements: Attendance will be mandatory for all classes, skills practice sessions, and supervised clinical experience unless students are notified to the contrary by the Program staff.

6.11.1 Didactic phase:

1. The student will be allowed to miss up to 30 hours of scheduled time. Absences that exceed this will be cause for expulsion. If a student is absent for a quiz a zero will be recorded in the grade book. If student is absent for an exam the

student must contact the School prior to the scheduled exam start time to make notification and reschedule the new exam time.

- a. If a student should miss a lecture due to absenteeism, it will be his/ her responsibility to acquire the information and handouts from fellow students.
- b. The student will be held accountable for the information and skills presented during their absence.
- c. A written explanation of the absence must be submitted on the next working day to the Center.
- d. The student will be allowed up to 5 classroom tardies. The student will be placed on attendance probation and any further tardies could result in dismissal from the program. Additionally at the 5th tardy the attendance log will reflect 8 hours of classroom absences as a result of the excessive amount of tardies. A tardy is defined as late arrival of less than 45 minutes after the scheduled start time of class time. Saturday classes count as two 4 hour sessions. If the student misses more than 45 minutes of a class session an absents will be recorded. Furthermore, unless otherwise permitted at Program Directors, if a student is not in attendance at the time a quiz is given a zero grade will be recorded. If the student arrives at the time a quiz is in progress they will only be permitted the remaining time allowed to take the quiz.

6.11.2 Clinical phase:

1. Varied shifts are assigned during clinicals: days, evenings, and/or nights.
2. Notification of any absence must be made to the Clinical Coordinator and the affected clinical area prior to the absence.
 - a. If program staff are not available in the office (during the evenings or weekends), the student is to call the main line and choose option 8. A roll down call list is activated.
 - b. Prompt notification to the Program is required prior to student contact with clinical site.
3. A written explanation of the absence must be submitted on the next working day.
4. All missed shifts must be made up as soon as can be arranged without conflicting with other students' shifts. Prolonged illness will be dealt with on an individual basis, and may result in a delay in completing the Clinical phase.
5. Unexcused absences, tardies, arriving unprepared and not completing the entire rotation time will not be tolerated and are subject to expulsion from program.
 - a. Absences will be considered unexcused if the student fails to notify both the clinical area and the Program office (except as noted above) prior to their scheduled rotation.
 - c. A student conducting a rotation at the wrong site, date, time and/or unit may be considered unexcused and/or unauthorized attendance if the student fails to notify both the clinical area and the Program office (except as noted above) prior to their scheduled rotation.
 - d. No warnings or second chances will be considered. If an unexcused absence or unauthorized attendance should occur, the student will be asked to leave the program.
 - e. At no time will a student be substituted for staff during a clinical or field experience.

6.11.3 Field Internship phase:

1. Shifts will be varied, depending on preceptor availability.
2. While the student is in the field internship, absenteeism is strictly prohibited except for major illness or other extenuating circumstances.
3. The student is to arrive on time and be properly attired.
4. A prolonged illness which prevents the student from meeting the educational objectives established for the field internship, or which prevents the student from participating in the care of a substantial number of patients, shall be cause to schedule the student for additional shifts or be expelled from the program. Unless these additional shifts can be scheduled within the established time frame, the student may be required to extend the field internship phase.
5. Unexcused absences will not be tolerated.
 - a. Absences will be considered unexcused if the student fails to notify his or her preceptor and the Clinical Coordinator prior to their scheduled shift.
 - b. No warnings or second chances will be considered. If an unexcused absence should occur, the student will be asked to leave the program.
 - c. Unexcused absences, tardies, arriving unprepared and not completing the entire rotation time will not be tolerated and are subject to expulsion from program.
6. At no time will a student be substituted for staff during the internship experience

6.12 Inclement Weather: During inclement weather, students should call the Program office at (972) 527-3687 and also refer to their internet student web page regarding possible class cancellations and other vital information.

6.13 Academic Dismissal:

1. Indicated in the following situations:

- a. Students must be passing the Didactic average (as defined in 6.5.1 4a/d) to continue to the Field Internship phase.
- b. Failure to successfully complete the retest of a state/national certification course (e.g. PHTLS, BLS, ACLS, PALS)
- c. Failure to receive a satisfactory evaluation upon repeating a clinical rotation which was originally failed
- d. Failure to receive a satisfactory evaluation upon repeating the field internship phase
- e. Failure to complete the Program within the time limits specified as a condition for granting a student's request for a leave of absence.
- f. Violation of the Attendance Policy.

2. Procedure

- a. Any student for whom a recommendation for dismissal is considered will have received notification of unsatisfactory work.
- b. The student will be notified, in writing, of the following:
 - (1) Factors the Program intends to consider in the dismissal proceedings.
 - (2) The time and place for a meeting with the Program Administrator, Program Director and/or Medical Director
 - (3) Academic Standards Policy
 - (4) Academic Discipline Policy
- c. A meeting will be convened, attended by the Administrator, and/or Director, and/or Medical Director, and the student. During this meeting, the following will be reviewed:
 - (1) Program Academic Standards Policy
 - (2) Student's signed statement, agreeing to be bound by the Program policies.
 - (3) Program documentation regarding student's deficient academic performance.
 - (4) Student rebuttal
- d. At the conclusion of the meeting, and after discussing all pertinent facts, the Program Director will submit a written recommendation regarding dismissal to the Administrator, Medical Director, Program Coordinator and program consortium board.
- e. If the Administrator, Director, Medical Director, Program Coordinator and consortium board recommend student dismissal, documentation of meetings and copies of all signed documents relative to the dismissal proceedings shall be given to the student.
- f. If the student chooses to appeal the action taken by the consortium the appeal process is as follows:
 - (1) Within 36 hours of discipline/unfavorable action the student must submit in writing a request to appeal delivered to the Program Administrator.
 - Include the justification for the appeal and any supporting policies.
 - (2) Within 5 business days of receipt of the appeal request, a three panel neutral board will hear the student's case.
 - If the neutral board does not feel the action taken by the consortium is not supported by program policies the situation will be directed back to the consortium board to amend the action taken.

6.14 Standards of Policies and Behavior: Program students are expected to conduct themselves in accordance with the high ethical standards expected of health professionals. Because Program graduates will assume responsibility for the health and welfare of the public as certified or licensed health care practitioners, students are expected to demonstrate levels of competence and patterns of behavior deserving of the public trust with which they will be vested. The Program has the right and responsibility to sever the relationship with any student considered unfit for a career in the health related professions. Allegations of prohibited conduct will receive fair and thorough reviews, with vigorous attempts to avoid arbitrary and capricious decision making.

- a. A violation of school policy and/or violation of personal conduct may result in 1 to 30 percent points being deducted from the students overall GPA.
- b. Dismissal from program with eligibility for re-enrollment.
- c. Dismissal from program without eligibility of re-enrollment. If student has been deemed ineligible for re-enrollment and they would like to re-enroll, student may petition the governance board to request a change in eligibility.

1. Applies to Program Policy and Procedure Manual, Clinical/Internship Manual, Facility/Clinical, and EMS Profession Standards.

6.14.1 Prohibited Conduct:

1. Submitting material in assignments, examinations or other academic work which is based upon sources prohibited by the instructor or the furnishing of materials to another person for the purposes of aiding another person to cheat.
2. Submitting material in assignments, examinations and other academic work which is not the work of the student in question and where there is no indication in writing that the work is that of the student.
3. Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to educational or professional matters.
4. Falsification or misuse of Program or clinical facilities records, permits, or documents.
5. Violating existing Program policies or regulations relating to non-academic matters.
6. Exhibiting behavior which is disruptive to the learning process or to the academic or community environment.
7. Conviction of a crime.
 - a. Before becoming a student under circumstances bearing on the suitability of a student to practice a health or related profession.
 - b. While a student at Program.
8. Disregard for the ethical standards appropriate to the practice of a health or related profession while a student.
9. Habitual or excessive use of intoxicants or any use of illegal drugs.
10. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other institutional activities including the institution's public service functions or other authorized activities on institutionally owned or controlled property. The school is a gun-free zone and no student will be permitted to carry a weapon onto the premises. An exemption: commissioned peace officer.
11. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally owned or controlled property.
12. Possession or use of firearms, explosives, dangerous chemicals or other dangerous weapons or instrumentalities on institutionally owned or controlled property E.g. Clinical environment, classrooms, etc., in contravention of law or institutional rules.
13. Detention or physical abuse of any person or conduct intended to threaten imminent bodily harm or endanger the health of any person on any institutionally owned or controlled property.
14. Malicious damage, misuse, or theft of institutional property, or the institutionally owned or controlled property or, regardless of location, is in the care, custody, or control of the institution.
15. Refusal by any person while on institutional property to comply with an order of the Administrator, Program Director, Course Coordinator, Medical Director or appropriate authorized official to leave such premises because of conduct proscribed by this rule when such conduct constitutes a danger to personal safety, property, or educational or other appropriate institutional activities on such premises.
16. Unauthorized entry to or use of institutional facilities, including buildings and grounds.
17. Illegal use, possession, or distribution of drugs on institutionally owned or controlled property.
18. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct which calls upon a person or persons addressed for imminent action, and is coupled with a reasonable apprehension of imminent danger to the functions and purposes of the institution, including the safety of persons and the protection of its property.
19. Smoking, Tobacco, Drugs, and Other Alcohol Products. None of the above mentioned products will be permitted in the classroom or within the Chase Bank building. Tobacco products will only be permitted in approved areas only. Arriving to a course, rotation or clinical while under the influence of a substance that has affected or may affect the student's best judgment will result in dismissal from the program and possible law enforcement involvement, if the law permits.
20. Prescription Medication. Any student on a medication or substance that may affect the body's ability to function in a safe manner must be reported to the instructor immediately at the start of class or prior to rotations or clinicals.
21. Professional Separation Policy. All meetings between students and instructors must occur on campus unless the instructor specifies otherwise. In which case, the meeting must occur in a public place. Students, instructors, clinical, internship personnel are not permitted to fraternize.
22. Instructors may not hire a student for any professional service or ask the student to volunteer for any activity personally benefiting the instructor.
23. Any behavior on the part of the student or the instructor which may put in doubt the integrity of either party or that may have the appearance of influencing bias grading will be investigated and appropriate action will be taken against either or both parties to remedy the situation.
24. Gifts to instructors are not accepted during the student's enrollment in the program.

25. Drug Testing: All enrolled students must undergo urine drug analysis if required by clinical sites. The date and time will not be announced in advance. Any student who tests positive for illegal or mind-altering substances will be dismissed from the program without refund.

6.14.2 Knowledge of Misconduct: Any person who witnesses or has first-hand knowledge of misconduct as described under Section 6.14.1 is obligated to send a written and documented report of the infraction to the Administrator, and/or Director and/ or, the Medical Director of the Program. Those determined to have acted in a manner inconsistent with the expected standards of behavior may be subject to disciplinary action by the Program.

6.15 Class Conduct: Students, while at this institution or any clinical affiliate, will conduct themselves in a professional manner. During clinical assignments, students will be expected to perform any and all tasks requested, and to do so without complaint.

6.15.1 Policy Agreement Testimonial: Students will be provided with a copy of applicable Program policies prior to registration and at the beginning of the course. After being given an opportunity to review the policies and have any questions answered, the students will be required to sign an agreement to abide by the policies as a condition of the student's continued participation in the Program.

6.15.2 Lecture Conduct: During a presentation, common courtesy is expected. The students will remain seated during the lecture and not leave prior to the end of the presentation. The students are expected to arrive on time and not delay the presentation by reason of tardiness.

1. Lectures will generally start on the hour, last approximately fifty (50) minutes, with a ten (10) minute break planned for the balance of the hour.

2. Break periods are not "guaranteed", and scheduling may require lectures which exceed fifty minutes. Students should not disrupt the presentation to leave for a "scheduled" break. Also, due to scheduling, breaks may be for periods of time less than ten minutes.

3. Students are expected to return to classroom promptly for the next scheduled presentation, without summons from Program staff.

4. Instructors are to be given at least fifteen minutes after their scheduled presentation is to begin before they are considered late or absent. One of the students will call the Program Director for instructions after waiting approximately 10 minutes for the lecturer to arrive.

5. Unannounced schedule changes (dates, times) may be permitted with cause at programs discretion.

6. Cell phones are not to be seen or heard in class. This includes any interruptions caused by a vibrating phone. Cell phone use is only authorized during class breaks and outside of the classroom. If the student believes they have a situation which requires them to monitor their cell phone during class pre-approval is required by the lead instructor for that particular class session. One example taken under consideration may be a sick child at school or home. While a student is at a clinical or internship no cell phones or pagers are to be present. You may give the number to the school, fire station or hospital to a person who may need to get a hold of you in an emergency or they can call the school and Program will get a hold of you and relay a message.

6.15.3 Noise in the Classroom: Because of adjacent educational activities, noise is to be kept to a minimum.

6.15.4 Student Advocacy: The Program staff strives to serve as student advocates. Whenever possible, Program staff will support student decisions in administrative, educational, and clinical matters. To do this most effectively, we request timely notification of any significant incident, problem, or error.

1. If the student knows or feels that there may be some controversy regarding his or her actions (or inactions), it is best to call Program staff before we hear about the problem from other sources. In this way, we can present an answer or explanation immediately.

2. Students are requested to write incident reports regarding any significant problem or unusual occurrence. Promptly contact Program staff, who will advise you of the necessity and format of the incident report.

6.17 Resolution of Concerns, Conflicts or Grievances: Student problems or concerns should be directed to Program staff in the following order: Primary Instructor, Program Director, Program Administrator, Medical Director and governance board. Deviation from this chain of contact will be counterproductive and disruptive.

6.18 Representation of the Program:

1. Through their professional conduct, students represent the institution, and especially the Program. The quality of medical care, written reports submitted, abilities to explain and/or justify the care provided, and even personal appearance all reflect the educational and professional philosophies of the Program. Personal pride and pride in the Program are important. We have an excellent reputation in the health care community because our faculty and students take pride in the school and the AEMT profession.
2. Students should not make statements on behalf of the Program or institution, or represent the Program or institution in administrative, financial, educational, or policy matters without the express authorization of the Program staff.

6.19 Honor Code: Program students are responsible for conducting themselves in a manner which is above reproach at all times. The Program staff maintains that above all, ethical conduct, especially honesty, is one of the most important attributes of a competent health care professional. As a direct result of the trust placed in the students, Program quizzes and examinations are seldom proctored.

6.19.1 Ethics: Having adopted the high ethical standards of the AEMT profession, the student is charged with the responsibility for the behavior of his or her colleagues as well as their own.

6.19.2 Ethical Standards: The Program expects the following from each student:

1. All assignments will be completed on an individual basis unless otherwise directed by the Program staff.
2. No resources will be consulted during examinations or quizzes unless specifically authorized.

6.19.3 Violation of Ethical Standards: Violations of this honor code are a breach of the Behavioral Standards. Students with knowledge of an infraction of this honor code are obligated to provide this information to the Program staff immediately.

6.20 Leave of Absence: Definition: Temporary suspension of participation in the Program, at the student's request, to allow the student to resolve serious problems which require his or her immediate attention and which will interfere with the educational process.

1. Examples of circumstances for which leaves of absence (LOA's) may be granted are family emergencies, protracted illness, or other extenuating circumstances. Extensions are offered, and length, at the sole discretion of the Program Director.

6.20.1 Leave of Absence Procedure:

1. A leave of absence may be granted at any point during the program if the student has maintained acceptable academic performance.
 - a. No student who is on academic probation will be granted a LOA. A student on academic probation must meet the requirements agreed upon in the probationary meeting, and thereby be returned to good standing, prior to being authorized to take a Leave of Absence.
2. Student must submit written request for a leave of absence, indicating reason(s).
3. Student must schedule and meet with Program Director to discuss request and to establish plan for continuation of the Program if LOA is granted.
4. If LOA is not granted, student may appeal decision to the Program Medical Director, whose decision shall be final.
5. If LOA is granted, Student and Program Director will sign a document on which the following information is specified:
 - a. Reason for LOA.
 - b. Time table for LOA, and conditions or methods for resumption of the Program.

6.20.2 Leave of Absence Time Limits:

1. LOA granted during the Didactic phase:
 - a. If LOA is of two weeks or greater duration, the Didactic phase must be repeated in its entirety with the next class.
 - b. If less than two weeks, the student shall be responsible for all materials and information. Acquisition of this information shall be indicated by successful completion of the examinations covering the missed material.
2. LOA granted during the Clinical phase:
 - a. If LOA exceeds two weeks, the entire clinical phase must be repeated with the next class.
 - b. If two weeks or less, the student shall be scheduled for all clinical rotations missed to begin at the conclusion of the formal clinical period.
 - c. Scheduling conflicts which occur at the clinical sites during these non-traditional time periods may necessitate non-sequential clinical weeks.

3. LOA granted during the Field Internship phase:
a. All 120 hours of internship hours must be restarted.

6.20.3 Resumption of Student Status: Rejoining the next class, as described above, will obligate the student to pay additional Program fees.

6.21 Pregnancy: Those students who become pregnant after being accepted but prior to enrollment into the Program will be allowed, at their choosing, to enroll in the following class without going through the competitive application process. Students who become pregnant after enrolling in the Program will be counseled individually. Students should be aware that pregnancy and childbirth during the Program will generally result in their having to delay a portion of their training and graduation.

6.22 Student Health Issues: Students are required to provide Program with a complete and accurate medical history and other information necessary to ensure the health of the student, staff, and patients. This information shall be provided at the beginning of the course, and in a format prescribed by the Program.

6.22.1 Infectious Disease: The student must be free of infectious disease. A student's participation in the Program may be restricted or prohibited if the student is found to have a communicable disease which would present a serious threat to the health of the student or any other person. Examples of this may include: untreated TB, conjunctivitis, Hepatitis, etc.

6.22.2 Caring for Patients: Students should expect to participate in the care of patients with infectious diseases during their educational activities.

1. Students will follow universal precautions to avoid transmission of or infection from infectious diseases. The procedures deemed necessary shall be those recommended by the Centers for Disease Control.
 - a. It shall be the responsibility of the Program, clinical unit or EMS agency to provide adequate protective materials (e.g., disposable gloves, masks, eye protection), or to ensure that the student is not put in a position where unprotected exposure is likely. Students are prohibited to participate in the care of a patient who is on Airborne precautions. If the infection status of the patient is unknown at the time of care, the student will then participate in the same post-exposure prophylaxis protocol that the facility follows.
 - b. It shall be the responsibility of the Program, clinical unit, or EMS agency to instruct the student about accepted infection control procedures applicable to the student's activities.
 - c. It shall be the responsibility of the student to use the protective barriers provided, and to follow the instructions given, to minimize the risk of being infected by or transmitting any infectious diseases.

6.22.3 Student Illness: Students are expected to exercise prudence in attending mandated class or clinical sessions when ill. Health care professionals at clinical sites are empowered to restrict the activities of, or prohibit a student from completing a clinical shift. Prolonged illness may be cause for scheduling the student for an extended clinical or field internship phase, as described in the Leave of Absence policy.

6.23 Student Exposure to Pathogens: Should the Program student have an exposure to a pathogen, the following protocol will need to be followed:

1. Notify the Clinical Coordinator of the AEMT Program that an exposure has occurred. Contact the office, use option 8 if no answer.
2. Notify the Unit Supervisor immediately. The supervisor will meet with the student and guide them through the institution's exposure to pathogen protocol.

6.24 Clinical Procedures Performed on Students: Clinical procedures will be demonstrated by instructors and/or performed by students on each other. This is done for the following reasons:

1. Artificial training aids may be inadequate, or students may surpass the educational benefits of the training aids and need to perform the procedures on human subjects to gain the requisite experience to practice prehospital emergency medicine efficiently and effectively.
2. Students must become accustomed to the variability of normal human anatomy and physiology.
3. Students gain insight into the patient's perspective during the performance of procedures.

6.24.1 Procedures which may be performed:

1. Comprehensive physical examination
2. Electrocardiographic monitoring
3. Peripheral vascular access for cannulation or phlebotomy
4. Subcutaneous and intramuscular injections of non-toxic fluids
5. Other procedures for which the benefits of practice outweigh the potential risks

6.24.2 Informed consent:

1. For each procedure, students will be provided with the following:
 - a. Description of the procedure
 - b. Risks and possible complications
 - c. Educational benefits
 - d. Recognition of complications and instructions on how to deal with those complications
2. If, after being provided with the information listed above, and having any questions related to those procedures answered to their satisfaction, students will sign a consent form allowing or disallowing specific procedures to be performed on them.
 - a. Consent forms will be kept as part of the student record.
 - b. If, at a later date, but prior to the performance of the procedure (s), the student wishes to change her decision, another informed consent form will be completed.
 - c. Consent shall not be coerced, and refusal to allow a procedure to be performed shall not be cause for any academic or nonacademic disciplinary action.

6.25 Patient Confidentiality:

1. Program Patient Charting Forms submitted for review and the clinical and field internship procedure logs should not have patient names or hospital ID #s noted on them.
2. Patient condition and/or therapy are not to be discussed with anyone not directly involved in that patient's care. Cases may be discussed as part of the educational process of the Program. During these case presentations, every effort will be made to protect the patient's confidentiality. Any discussions regarding patient condition or care will be undertaken in an area and under circumstances which prevent dissemination of information to others not directly involved in the patient care conference.
3. If patient care assessment or management problems are perceived, or questions rose regarding the care, the case may be discussed in private with the Program Director or Medical Director.
4. Tweeting, Face booking, My Spacing or using any other social media site to discuss any clinical information such as clinical site, any information about a patient (including but not limited to name, anything regarding their condition, family members/friends), or any information regarding the clinical and or internship staff will not be tolerated.

6.26 Program Office: Program office hours are Monday through Friday, 9:00 a.m. to 5:00 p.m., not including holidays. Students can call EMTS at (972) 527-3687 for the on call staff.

6.26.1 Personnel:

1. EMS Secretary - 1 employee.
2. Program Administrator, Program Director, Clinical Coordinator, Medical Director, and staff faculty members.
 - a. Students are encouraged to arrange for appointments to ensure that the Director or Medical Director are available.
 - b. A list of phone and pager numbers for all EMS Education staff will be made available to the students.

6.26.2 Messages:

1. Students shall be responsible for the timely acquisition of program information made available by the following:
 - a. Chalkboard in classroom (didactic phase only)
 - b. On-line student page is the main form of communication between staff and students regarding time sensitive issues. Each student is expected to view the student page for changes and updates no fewer than once every 48 hours.

6.29 Discrepancies in Grading: The Program recognizes that mistakes can be made during the grading of evaluation instruments (exams and quizzes), and seeks to provide students with an avenue to correct oversights. Students have a professional obligation to accept their responsibility in poor performance on evaluation instruments. Castigating staff for their performance deficit will not be tolerated, and will result in the initiation of progressive discipline. Students will refrain from approaching the staff person responsible for grading immediately after the evaluation instruments are returned to

them. If there are questions or concerns, the student will contact the staff person to arrange a time and place for such discussion. Before meeting with staff to discuss points of concern, students will be prepared to defend their answer by reference to class notes or textbook pages. Points will not be awarded to students based on their intent, but what was written. Quizzes are normally returned to students. Student examination keys will not be returned to them, but will be in the student folders so that students can review them while in the presence of staff. Copies of the exam booklets will also be on file so that the students can evaluate their performance. Students will then be required to return their exam keys to their folder, and are not to leave the program office with them. Students who compromise any examination by taking their examination keys with them will subsequently receive a zero on the exam in question.

6.30 Dress Code for Classroom Sessions: Review the Dress Code Policy link located on the pre-enrollment information as well as the class student page.

6.31 Dress Code for Clinical Internships: Students must be attired in navy blue or blank uniform pants, black shoes, and the blue EMTS AEMT Program polo shirt. Outer garments that may be required during ambulance internships in conditions of inclement weather must be navy blue and without emblems. Blue or black jeans, shorts, or open-toed shoes are not allowed at any time on internships. Certain clinical areas may require the use of hospital scrubs at students expense. All students will display student identification cards on their outermost garments in all clinical areas. More information is provided in the Program Clinical/Internship Manual.

6.32 Smoking/Chew/Tobacco Policy: No smoking is allowed on the campus except in the designated smoking areas.

6.33 Access to Student Files: Any student shall have access to their personal class records upon request. This request should be made to the Program Director. The Program Director and student issuing the request will then review the student's file. Student records: Additional transcripts are available upon completing and submitting a Transcript Request Form. Allow up to 3 weeks for processing upon submission. If an expedited transcript is needed, contact the office directly and notify staff.

6.34 Curriculum Development and Review: The Program staff welcomes and encourages written feedback regarding any aspect of the Program.

6.34.1 Evaluations: Students will be asked to complete evaluations of didactic presentations, skill labs, and clinical rotations.

1. The feedback provided shall be considered confidential, and information determined from the contents of the evaluations will be disseminated outside of the Program only in a summary, without identification of the student, unless specifically authorized by the student.

2. These evaluations will be maintained in a permanent Program file, and will be used to refine the curriculum and ensure the selection of optimal instructors in subsequent educational programs.

3. Written feedback to a clinical or internship site without prior authorization from the Program Director is prohibited.

6.34.3 Course Revisions: Prior to the start of a new academic year, the Program Director shall review the curriculum with the Medical Director and make revisions from Sections 6.34.2.

6.34.4 Grievance and/or Discipline Appeal Process

A student has the right to appeal any disciplinary or discretionary concerns as follows.

1. Upon receipt of discipline action or the student perceives a grievance is warranted, the student is given no longer than 36 hours to appeal or make notice of grievance. (36 hours include weekends)

2. Appeal or grievance justification must be in written form and received by Program Administrator, within 36 hours.

3. It is the student's responsibility to ensure acknowledgment by Program Administrator that he/she has received the appeal or notice of grievance request within 36 hours.

4. The appeal or notice of grievance will be taken to a three member neutral panel. Their final decision will be rendered within 5 business days of the receipt of appeal or notice of grievance to consortium board.

5. Depending on violation or nature of grievance, students may be permitted to audit and/or continue in class until process is finalized. This decision will be up to the Program Director, Managing Director, Program Coordinator, program board, and/or Medical Director.

Section 7: TRAINING CENTER RECORDS

7.1 General Statement: The Center maintains all training records in hard copy format and some electronically. All records will be made available to students and to the EMS Division upon request. Faculty files and Training Center files will be updated as needed. All hard-copy format student files are maintained in a locked office within the Center. Electronic records are secured by student ID numbers. Only the Administrator, Director, Medical Director, Course Coordinator, and Primary Instructor are permitted access to these records. Each student shall be permitted to review his/her file upon request.

7.2 Training Center Files: Training Center Files will contain for each course: summary of student attendance, summary of all written exams, summary of all practical exams, summary of all oral exams, copies of all written exams with answer keys, copy of practical exam plan to include evaluators utilized. Also included for each course is a detailed syllabus, copy of training center policies, copy of clinical policies, and schedule of clinical internships. Some records are stored electronically.

7.3 Faculty Files: Faculty Files will contain a listing of all topics and classes taught, student evaluations, and current CV.

7.4 Student Files: Student Files will contain student application, signed receipt of program policy manual, prerequisite credentials, attendance record, skill competency record, exams, counseling forms, clinical evaluations, incident reports (as needed), signed Functional Job Description, signed Program Policy Agreement form.

7.6 Record Storage: Student files and faculty files will be maintained for at least 5 years from the course completion date. Training Center files shall be maintained permanently by the Center.

Section 8: CENTER EVALUATION

8.1 Purpose and Frequency: The Center will have a continuing system for reviewing the effectiveness of the educational program in achieving its stated goals and objectives.

8.2 Methods: Program evaluation methods shall emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the stated program goals and objectives, and shall include preparing timely self-study reports to aid the staff, the sponsoring institution, and the EMS Division in assessing program qualities and needs. The program will use valid external measurement for all domains of education to meet program goals and objectives. Cognitive instruments will reflect the Standards for Education and Psychological Testing. Program evaluation will utilize recertification examinations that employ cut scores based upon a valid psychometric formula which judges entry level competency and uses practice analysis consistent with the description of the profession. Examinations will be national in scope with common pass/fail scores and statistical reports. Psychomotor evaluations shall be course ending, will be conducted by personnel not directly involved in student education, and will have a defined method of administration well known to students. Affective domain instruments must be approved by the program's committee of interest and shall be tied to employer and graduate surveys.

8.3 Outcomes: Programs will routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the education program. Sources of data will include, where appropriate, consideration of course completion, Texas certification requirements, national registration, and job placement rates. Outcome data will be collected and analyzed in a timely manner. Sources of data will include, but will not be limited to, surveys of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, education and skills sufficiently and inadequately addressed in the educational program; interview with program graduates and employers of graduates; and data on the evaluation of student performance on the national certifying examination and other nationally recognized standardized test.

8.4 Results of Ongoing Program Evaluation: The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically use the information obtained in its evaluation to foster student achievement in the program. Program evaluation shall be a continuing systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates, with follow-up studies of their employment and national examination performance. Other dimensions of the program merit consideration as well, such as the admission criteria and the process, the curriculum design, and the purpose and productivity of an advisory committee. An advisory committee representing the community of interest will be formed.

Advisory Committee Membership List Training Center Advisory Committee will meet at least annually, with minutes kept at each meeting. This committee shall be designated and charged with assisting the program and sponsoring institutional personnel in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change. Communities of interest will include those individuals or entities with whom the program, its' students, or its' graduates relate during the performance of their training for duties. Members of the communities of interest will include, but will not be limited to:

- Emergency medical services providers, including the ambulance supervisory personnel and administrative personnel where the students perform internships, and the employers of the program graduates.
- Physicians, including the emergency physicians whom students and/or graduates deliver their patients as well as trauma surgeons, pediatricians, cardiologists, internists, and family practice physicians.
- Hospital supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students
- Other training programs in the area
- Key government officials
- Members of the public who might use the service
- Police and fire officials

Current Members:

- List available upon request.

Section 9: DIDACTIC CURRICULUM

9.1 General Statement: The Center utilizes the newly revised National Department of Transportation Emergency Medical Technician – AEMT Didactic Curriculum. Academic competency described in the curriculum must be demonstrated by all students for successful course completion. DOT EMS Standards effective 2013 lesson plans are on file for all classes. All requirements for successful course completion will be completed prior to practical examination.

9.2 AEMT Didactic Curriculum:

DIDACTIC PREPARATION PROGRAM ADMINISTRATION/MISC.

Course Number: PAR 202 Introduction to AEMT/Paramedicine

Course Description: Intro to advance level EMS preparation, general principles of pathophysiology, human body systems, and pharmacology.

Instructional contact hours/credits: 97.75 class hours/51.25 Video/29 Online /2 credit

Course Number: PAR 210 Beginning AEMT/Paramedic Skills

Course Description: This course teaches the knowledge level objectives covering patient assessment techniques, venous access, advanced airway procedures, and medication administration.

Instructional contact hours/credits: 20.5 class hours/ 2.5 Video/ 7 Online / 0.75 credit

Course Number: PAR 221 Skill Lab

Course Description: This is the psychomotor component to the PAR 220, PAR 230, PAR 250, PAR 240 course.

Instructional contact hours/credits: 92 class hours/ 4.75 Video/ 5 Online / 2.5 credit

Course Number: PAR 240 Medical Emergencies

Course Description: Explores signs, symptoms, diagnosis, and management of medical emergencies.

Instructional contact hours/credits: 85.5 class hours/6.75 Video/13 Online / 3 credit hours

Course Number: PAR 250 WMD, Trauma, Ambulance Operations

Course Description: Trauma, including PHTLS certification, mass casualty incidents, and ambulance operations. Also include are emergencies involving biological, radiological, and chemical agents.

Instructional contact hours/credits: 62.5 class hours/2.75 Video/0.5 Online / 1.5 credit

Course Number: PAR 230 Special Patient Populations

Course Description: At completion, the student will be able to evaluate and treat gynecological emergencies, sexual assault, normal and complicated delivery, pediatrics, neonates, geriatrics, special needs patients. Included in this course is a PALS certification.

Instructional contact hours/credits: 31.5 class hours/6.25 Video/2 Online / 0.75 credit

Course Number: PAR 220 AEMT Clinical Phase

Course Description: Conduct clinical rounds at area healthcare facilities to include ED, OR, L&D, Cath Lab, Psych, Geriatrics, Pediatrics, EMS.

Instructional contact hours/credits: 108 clinical hours/0 Video/0 Online / 3 credit

Course Number: PAR 270 AEMT Internship Phase

Course Description: Conduct internship at area EMS 911 systems.

Instructional contact hours/credits: 120 clinical hours/0 Video/0 Online / 4 credit

Students work in an ALS agency providing patient care under the supervision of practicing AEMT or paramedic preceptors. Students must submit documentation supporting treatment of various patient populations and medical condition for course completion.

Section 10: CLINICAL CURRICULUM

10.1 General Statement: The goals of the clinical instruction include the following; development of entry level competence in psychomotor skills, application of knowledge and skills to actual patient situations, adequate number of patient contacts, providing of experience to serve as a base clinical decision maker, and role modeling of professional attitudes and behaviors. All students will successfully meet the most current AEMT National Standard Curriculum AEMT Clinical and Field Experience Guidelines. The program will track the number of times each student successfully performs each patient contact (age, pathologies, complaint, gender, and intervention). Students will start clinical rotations after adequate didactic instruction.

10.2 Clinical Areas: The clinical areas the Center will utilize include but are not limited to the following:

Department # of Shifts Total Hours (108 minimum)

Emergency/CCT

Labor and Delivery

Pediatrics

Anesthesia/PACU

Surgical Intensive Care

Cardiac Care

Community Health

Psychiatry

Communications

Intravenous Team / Phlebotomy

Section 11: FIELD INTERNSHIP

11.1 General Statement: The Center will verify that the student has achieved entry level competence, and is able to serve as team leader in a variety of prehospital advanced life support emergency medical situations. The Center will facilitate a minimum of 120 hours of field internships with a one to one relationship with a competent and experienced paramedic preceptor. All agencies providing field internships shall demonstrate medical accountability by supplying adequate medical supervision as defined by the Board of Medical Examiners in the "Act Allowed" or appropriate regulations in the state where the field internship is occurring.

Board of Medical Examiners Rules. The student will be in the direct supervision of preceptors who are currently credentialed to practice in the setting in which they are precepting when delivering patient care. All field internships will occur on a fully equipped advanced life support vehicle capable of voice telecommunications with on-line medical direction. At no time on a field internship shall a student substitute for paid personnel or a required team member for the internship host agency. Field internships will be performed following completion of enough didactic and clinical education to ensure each student will achieve the desired competencies.

11.2 Documentation of Field Internship: The Center will assure there is adequate objective evaluation of student progress in acquisition of required competencies.

Section 12: EMT FUNCTIONAL POSITION DESCRIPTION

Functional Position Description - Emergency Medical Technician

FUNCTIONAL POSITION DESCRIPTION EMERGENCY MEDICAL TECHNICIAN

Qualifications

- Successfully complete an EMS Division approved course.
- Achievement of a passing score on written and practical certification examinations.
- Must be at least 18 years of age.
- Generally the knowledge and skills required show the need for a high school education or equivalent.
- Ability to communicate verbally via telephone and radio equipment.
- Ability to lift, carry, and balance up to 125 pounds (250 with assistance).
- Ability to interpret written, oral, and diagnostic form instructions.
- Ability to use good judgment and remain calm in high-stress situations;
- Ability to work effectively in an environment with loud noises and flashing lights.
- Ability to calculate weight and volumes, ratios and read small print, all under threatening time constraints.
- Ability to read and understand English language manuals and road maps; accurately discern street signs and address numbers.
- Ability to interview patient, family members, and bystanders; ability to document, in writing, all ramifications of such.
- Ability to converse in English with co-workers and hospital staff as to status of patient.
- Good manual dexterity, with ability to perform all tasks related to highest quality patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
- Ability to work in low light, confined spaces and other dangerous environments.

Competency Areas

EMT-Basic

- Must demonstrate competency handling emergencies utilizing all Basic Life support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic curriculum. Automated external defibrillation and intravenous access are optional skills and curriculum.

EMT-Intermediate (AEMT)

- Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the Texas EMT-Intermediate curriculum.

EMT-Paramedic

- Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT-Paramedic curriculum.

CERTIFICATION OF TASKS

- Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route, and, observes traffic ordinances and regulations.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician. May use equipment (based on competency level) such as, but not limited to: defibrillator, electrocardiograph, performs endotracheal intubation to open airways and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation.
- Assist in lifting, carrying, and transporting patient to ambulance and into a medical facility.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in cars.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, asks for direction from the hospital physician or, emergency department. Observes patient en route and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with facility. Assist in removing patient from ambulance and into emergency facility. Report verbally and in writing observations about and care of patient at the scene and in-route to facility, provides assistance to emergency staff as required.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.