

# Jefferson University Hospitals

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## JeffSTAT EMS EDUCATION CENTER *2019-2020 Course Catalog*

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## Contents

Jefferson University Hospitals and Jefferson Health .....	iv
Samuel Parsons Scott Memorial Library/Administration Building .....	iv
Thomas Jefferson University Hospital .....	v
Commuter Services/Mass Transit/Parking .....	v
Accreditation .....	v
Admissions .....	1
Emergency Medical Technician - BASIC .....	1
Paramedic .....	1
Critical Care Paramedic .....	1
Prehospital RN .....	2
Experiential Learning .....	2
Admission Process .....	2
Tuition and Fees.....	2
Paramedic Program .....	3
Critical Care Paramedic Program: .....	3
Pre-hospital Registered Nurse Program: .....	3
Refund Policy .....	4
Non-Discrimination.....	4
Criminal History Reporting .....	5
Transfer of Students from Outside Educational Programs (Advanced Placement) .....	5
Reentry Policy and Procedure.....	6
EMT Program: .....	6
Paramedic and PHRN Programs .....	6
Course Completion Requirements .....	7
Emergency Medical Technician Program.....	7
Paramedic Program .....	7
Critical Care Paramedic Program .....	8
PHRN Program .....	8
Certification Process .....	8
ADA Compliance and Accommodations Policy .....	9
Practical Skills and Examination .....	10

Written Examination .....	10
Course Descriptions .....	11
Emergency Medical Technician.....	11
Introduction to Emergency Medical Services.....	11
Clinical Rotation .....	11
Field Experience .....	12
EMS Operations .....	12
Airway Management.....	12
Cardiac Pathophysiology and Interpretations.....	12
Medical Emergencies.....	13
Trauma Emergencies.....	13
Pediatrics and OB/GYN Emergencies.....	13
Comprehensive Review .....	13
Capstone Field Internship .....	13
Pass/Fail Requirements .....	13
Academic Policies .....	14
Academic Integrity .....	14
FORMS OF ACADEMIC DISHONESTY .....	15
Academic Dishonesty in Clinical Settings .....	16
SANCTIONS.....	17
Attendance:.....	17
Inclement Weather - Cancellation of Classes.....	18
Leave of Absence.....	19
Withdrawal and Dismissal .....	20
Dress code / Uniform Policy.....	21
Clinical .....	21
Field Internship .....	21
Accident and Injury Policy .....	22
Rights and Responsibilities .....	23
Confidentiality of Patient Information.....	23
Confidentiality of Student Information .....	23
Rules of Conduct .....	23
Harassment.....	24

Sexual Harassment .....	25
Fraternization .....	30
Social Media.....	31
Counseling.....	32
Remediation .....	33
Grievance Procedures .....	33
Academic Probation and Dismissal .....	34
Appendix 1 - Paramedic Clinical Graduation Requirements.....	35
Appendix 2 - Definitions.....	36
Appendix 3 - Airway Management Competency .....	37
Appendix 4 - Faculty and Administrative Listing .....	38
Appendix 5 - Pro-rata Refunds for Veteran’s Administration Benefits.....	39
Appendix 6 - Clinical and Field Scheduling Requirements for Paramedic Students Receiving Veteran’s Administration Benefits.....	40
Appendix 7 - CoAEMSP (Appendix G/H) Student Patient Contact Matrix .....	41
Appendix 8 - Functional Position Description for the Emergency Medical Technician .....	42
Appendix 9 - Functional Position Description for the ALS Provider .....	45
Appendix 10 - Paramedic Clinical Documentation & Evaluation Requirements .....	48

## Jefferson University Hospitals and Jefferson Health

From the earliest days, clinical facilities have been the primary setting for the learning experience of Jefferson students. As an academic medical center, Jefferson University Hospitals and its ambulatory facilities have traditionally provided this clinical setting. Nursing and health profession students, medical students, technologists, scientists and resident and attending physicians work together as a team to deliver a wide range of quality healthcare services.

Jefferson University Hospitals, a member of the Jefferson Health, delivers health services with special expertise in Cancer, GI /Transplant, Heart and Vascular, Musculoskeletal, and Neuroscience at the following locations: in Center City Philadelphia, including the Jefferson Hospital for Neuroscience, at the Methodist Hospital Division in South Philadelphia, at a large multi-specialty ambulatory practice - Jefferson Health CARE Voorhees, at Jefferson Radiation Oncology sites and at physician offices throughout the Delaware Valley. Jefferson is one of only a few hospitals in the United States that is both a Level I Regional Trauma Center and a federally designated regional Spinal Cord Injury Center (together with Magee Rehabilitation). The Jefferson Kimmel Cancer Center is a National Cancer Institute-designated clinical cancer center.

Jefferson has 954 licensed acute care beds. Each year more than 46,000 people are admitted as inpatients, more than 92,000 emergency patients are treated and more than 452,000 outpatients are seen at the various facilities. More than 7,800 physicians, nurses, technologists and supporting staff serve the needs of the people who come to Jefferson University Hospitals for their healthcare needs. Jefferson continues to take pride in the quality and variety of healthcare services provided to citizens of Philadelphia and the Delaware Valley, while offering rich and varied learning experiences for the students of the University. Jefferson University Hospitals is fully accredited by the Joint Commission and is licensed by the Department of Health of the Commonwealth of Pennsylvania and has been granted MAGNET recognition for nursing excellence from the American Nurses Credentialing Center

## Samuel Parsons Scott Memorial Library/Administration Building

The Scott Building houses University administrative offices and the University Library. Scott Memorial Library offers a full range of services in support of students' research, education and general information needs. The Library is a division of Academic Information Services and Research (AISR), which also includes Education Services, Learning Resources and Medical Media Services.

The Library is open and staffed 100 hours per week, but students have 24-hour access to workstations and the Internet. The Library's collection is considered one of the finest in the region and reflects the University's interest in the life sciences, clinical care, patient education and the history of the health sciences. The collection includes approximately 200,000 books and bound journals, more than 2,200 current periodical subscription (more than 1,000 in electronic format as well), leisure reading materials, the University Archives and a significant holding of rare books dating to the 15th century.

The Library manages learning resources centers in the Scott Library Building, Jefferson Alumni Hall and the Edison Building. These provide access to videos, slides, anatomical models, human skeletons, and a wide variety of education technologies. The Library manages public access computing labs and classrooms within the Scott and Edison buildings and Jefferson Alumni Hall. These facilities include digital scanning equipment, PDA synchronizing workstations, laptop computers with wireless capabilities and approximately 200 public computers. Staff is available to assist students and faculty in the use of all of technologies.

## Thomas Jefferson University Hospital

The Thomas Jefferson University Hospital, Inc. is a four-building complex comprised of the Thompson Building, Main Building, Foerderer Pavilion and the Gibbon Building, where emergency, in-patient and out-patient ancillary facilities and offices are centered. Thomas Jefferson University Hospital is a part of Jefferson Health.

## Commuter Services/Mass Transit/Parking

Commuter Services provides mass transit and parking information and savings on these services to eligible Jefferson students and employees. Benefits include maps and schedules of bus and rail line routes; discounts on SEPTA, New Jersey Transit, and PATCO products; as well as discounts with selected local parking garages. Mass transit items, provided at discount prices include:

- SEPTA Tokens (5 and 10 packs); Trans/Trail Passes; and 10-Trip Regional Rail Line Tickets.
- PATCO Freedom Pass
- NJ Transit One-way and Monthly Tickets
- Discounted Campus Area Parking:
- Restricted daily and limited monthly parking is available at several locations on or near campus.

Location: Jefferson Bookstore at 1009 Chestnut Street.  
 Hours: Monday through Friday from 7:00 a.m. to 5:30 p.m.  
 Closed on Saturday, Sunday and all University holidays.

For more information call 215-955-6417 or visit Commuter Services online at [www.jefferson.edu/cso](http://www.jefferson.edu/cso).

## Accreditation

The Thomas Jefferson Univ Hosp-JeffSTAT EMS Education Center is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs

25400 US Highway 19 N., Suite 158 Clearwater, FL 33763 727-210-2350 [www.caahep.org](http://www.caahep.org)

To contact CoAEMSP: 8301 Lakeview Parkway Suite 111-312 Rowlett, TX 75088 214-703-8445  
 FAX 214-703-8992 [www.coaemsp.org](http://www.coaemsp.org)



## Admissions

Students entering into the educational programs must meet the following admissions requirements:

- Be able to read and write English
- Can perform the functional job description of the program
- Does not have a positive criminal history
  - Provide background checks as requested by regulatory agencies
  - Written approval by PA-DOH required for individuals with positive histories including DUI.
- Has obtained a Child Abuse Clearance
- Meets program specific requirements

### Emergency Medical Technician - BASIC

- Must be at least 18 years of age
  - 16 with permission of parent / guardian and approval of course coordinator
- CPR Certifications offered and reviewed the first two days of class
- Prior successful online course is required to participate in the EMT-Hybrid program

### Paramedic

- Must be at least 18 years of age
- Must have a high school diploma or GED
- Current certification as an EMT or AEMT by the PA-Dept. of Health (must be maintained throughout the program).
  - Individuals certified by another agency must apply for Pennsylvania reciprocity
  - *Reciprocity must be obtained by 12/31/2019*
- Demonstrated competencies in English and Math at a college level
- Have completed Anatomy and Physiology I & II or their equivalent
  - May be completed concurrently
  - *Must be completed by 12/31/2019*
- Current American Heart Association BLS Provider Certification or its equivalent (as defined by the Pennsylvania Department of Health) must be maintained throughout the program.
- Schedule an admissions interview
- Complete a written and psychomotor Paramedic entrance examination.
- Provide two (2) references.

### Critical Care Paramedic

- Must be at least 18 years of age
- Must hold current paramedic certification
- Current American Heart Association BLS Provider Certification or its equivalent as defined by the Pennsylvania Department of Health
- Current AHA ACLS and PALS Provider certification
- 2 years paramedic experience preferred

## Prehospital RN

- Must be at least 21 years of age
- Must possess a current, unrestricted license as a registered nurse, issued by the Commonwealth of Pennsylvania
- Current American Heart Association BLS Provider Certification or its equivalent as defined by Pennsylvania Department of Health
- Current AHA ACLS and PALS Provider certification
- 3 to 5 years nursing experience

## Experiential Learning

Credits for experiential learning are not available at this time.

## Admission Process

Registration for admissions to the paramedic program can be completed online or in person.

Online Registration - [education.jeffstat.org](http://education.jeffstat.org)

Follow links for Education Center and course description.

Registration - 833 Chestnut Street, Suite 940, Philadelphia, PA 19107

Please call for appointment with course coordinator (215) 955-7534

## Tuition and Fees

The following fee schedule shall apply for the 2018 - 2019 Academic Year. The academic year is defined as any course beginning on or after August 1st through July 31st of the following year.

### Emergency Medical Technician Program:

Registration Fee	\$ 150	
PA State Police Criminal Abstract	\$ 20*	
Child Abuse Clearance	\$ 13*	
Tuition	\$ 1,850	
Nat. Registry of EMT's Certification Exams**	\$ 80	Per CBT attempt

Uniforms and textbooks supplies **not** included in tuition and fees noted above.

\* Fees established by government agencies and subject to change

\*\* Written certification fees established by National Registry of EMT's and subject to change.

Financial aid is not available. Prospective students may seek personal loans from their financial institutions or pay the tuition in installments. Tuition payments are due the first day of the class.

Financial Assistance is available to Veterans.

**Paramedic Program:**

Application Fee	\$ 200	
Deposit	\$800	
Child Abuse Clearance	\$ 13*	
PA State Police Criminal History Abstract	\$ 20*	
FBI Background Check		* Fees determined by FBI Agency
Nat. Registry of EMT's - written exam**	\$ 125*	Per CBT attempt
Tuition	\$ 14,700	
Additional Semester / Extension	\$ 2,000	If not complete by 12/31/2020

Uniforms and textbooks supplies are included in tuition and fees noted above.

**Critical Care Paramedic Program:**

Registration Fee	\$ 250	
Child Abuse Clearance	\$ 20*	
PA State Police Criminal History	\$ 13*	
FISDAP Technology Fee	Included*	Skills Tracker and Scheduler
FBI Background Check	*	
Tuition	\$ 1700	

**Pre-hospital Registered Nurse Program:**

Registration Fee	\$ 500	
NREMT Written Assessment Exam Fee	\$ 125*	per CBT attempt
Child Abuse Clearance	\$ 13*	
PA State Police Criminal History	\$ 20*	
FISDAP Technology Fee	Included*	Skills Tracker and Scheduler
FBI Background Check	*	
Tuition	\$ 3000	

Uniforms and textbooks are included in tuition and fees noted above.

## Refund Policy

Tuition and fees may be refunded as follows:

Registration Fees:

1. Registration fees are non-refundable.
2. Veterans who are returned to active duty prior to the start of the course who have made registration payment will receive a full refund of their registration fee.
3. Registration fees may not be refunded after the first day of the program, or after attempting / completing the preadmission testing.

Tuition may be refunded using the following schedule:

*Refund schedule reflects percentage of total tuition due and maximum refund possible. Students on payment plans are not entitled to refunds except in the case of prepayment.*

1. Emergency Medical Technician Program
  1. 100% refund for withdrawal prior to the start of the course
  2. \$1250 refund prior to the start of the 5<sup>th</sup> week
  3. \$600 refund prior to the start of the 9<sup>th</sup> week
2. Paramedic Program
  1. 100% refund for withdrawal prior to the start of the course
  2. 75% refund for withdrawal prior to 12/04/2018
  3. 50% refund for withdrawal prior to 03/05/2019
  4. 25% refund for withdrawal prior to 06/04/2019
3. Critical Care Paramedic Program
  1. 100% refund for withdrawal prior to the start of the course
  2. 75% refund for withdrawal during the first week
  3. 50% refund for withdrawal during the second week
  4. No refunds issued after the third week of class
4. Pre-hospital Registered Nurse Program
  1. 100% refund for withdrawal prior to the start of the course
  2. 75% refund for withdrawal during the first week
  3. 50% refund for withdrawal during the second week
  4. No refunds issued after the third week of class

Students wishing to withdraw from an EMS program must submit their request in writing or via email to the course coordinator. The effective date will be the date received by the education center, coordinator or their designee.

## Non-Discrimination

The JeffSTAT EMS Education Center is committed to providing equal educational and employment opportunities to all persons without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, age, disability, or veteran's status.

## Criminal History Reporting

All students are required to complete a criminal background check for the Pennsylvania Department of Health by the Pennsylvania State Police prior to orientation into the EMT, Paramedic or PHRN courses.

Failure to supply the Bureau with complete and factual criminal history documentation and/or driving history record will result in a delay in evaluating and processing your documentation and therefore will delay your eligibility to participate in EMS certification examinations.

Failure to supply the Bureau with complete and factual criminal history documentation and/or driving history record will result in the Department taking action to suspend or revoke your certification as an EMS Provider.

*You are encouraged to provide letters from probation/parole officers, past/present employer(s), clergy, doctors, warden, law enforcement officials, public officials, etc., evidence of rehabilitation, and/or records of good conduct or community service*

## Transfer of Students from Outside Educational Programs (Advanced Placement)

### Paramedic Program:

JeffSTAT EMS Education center will accept successful completion of paramedic education components provided:

1. The program is accredited by CAAHEP.
2. The student demonstrates cognitive and/or psychomotor competency for the requested course work being transferred.
3. The completed course work must have been completed within the prior 24 months.
4. Non-CAAHEP accredited programs shall be evaluated on a case-by-case basis and only if the program has been issued a CAAHEP Letter of Review
5. All admissions requirements must be met.
6. State Police Criminal History Abstracts and Child Abuse Clearance documents must have been obtained within the prior 6 months.

### Procedure:

1. The student shall provide an official college transcript showing the completed course.
2. The student shall provide a course description or course syllabus for the completed course work.
3. The program director shall review the content to permit acceptance of the completed course work.
4. Tuition shall be prorated based on based on 4 quarters (3 didactic / clinical; 1 field). Partial quarters attended will not be prorated

### EMT Program:

JeffSTAT EMS Education center will accept successful completion of EMT education components provided:

1. The program is accredited by the Pennsylvania Department of Health, Bureau of EMS.
2. The student demonstrates cognitive and/or psychomotor competency for the requested course work being transferred.
3. The completed course work must have been completed within the prior 24 months.
4. All admissions requirements must be met.
5. State Police Criminal History Abstracts and Child Abuse Clearance documents must have been obtained within the prior 6 months.

### Procedure:

1. The student shall provide an official college transcript showing the completed course.
2. The student shall provide a course description or course syllabus for the completed course work.
3. The program director shall review the content to permit acceptance of the completed course work.

## Reentry Policy and Procedure

Students who are dismissed for academic reasons may reapply to for readmission to the program. Students who are dismissed from the program for reasons other than academic performance are not eligible for readmission.

### EMT Program:

1. Students may reapply through the course coordinator for readmission into the EMT program.
2. The coordinator shall review goals and make recommendations for successful outcome for the student.
3. The application fee may be waived for readmission to the next scheduled program.
4. The tuition for readmission to the program shall be the current tuition in force at the time of application for readmission.

### Paramedic and PHRN Programs:

Students may re-apply to the program following one of the two options below:

1. Students may apply for re-admission into the program at the point where the class was failed. Should this choice be made, the student must complete a final written and practical evaluation from the previous course along with a successful skills demonstration as determined by the program director and medical director. This will insure that the student is competent to re-enter the program as the selected point.
  1. Those students applying for this option must have the approval of the Paramedic Program Coordinator and the Medical Director.

2. The student may apply for re-admission from the beginning of the program. Should this choice be made, the student must complete the application process as required for all initial students.

In all instances, students must pass the failed units / modules to progress in the program. The most current grade, higher or lower, shall replace the original grade for that unit / module.

Students receiving VA benefits should consult their certifying official for benefits eligibility.

## Course Completion Requirements

Students are required to successfully complete these criteria in order to qualify to take the Pennsylvania Department of Health through National Registry examinations. Please view certification requirements posted by National Registry of EMT's at [www.nremt.org](http://www.nremt.org).

### Emergency Medical Technician Program

1. Students must pass all module exams with a grade of 75% or above. If a unit test grade of 75% is not achieved, a retest must be taken three (3) days of the initial attempt. Students who fail the retest will be required to reenter the program following the Program Re-entry Policy.
2. Students must demonstrate the ability to complete all psychomotor skills as set forth in the Emergency Medical Technician Functional Position Description and must satisfactorily complete a basic life support (BLS) skills evaluation.
3. Students must not miss more than seven percent (7%) unexcused hours of coursework.
4. Students must successfully complete at least 10 patient contacts clinical experience with a satisfactory evaluation from a field preceptor. This may be in a hospital emergency department or with an emergency medical services organization.

### Paramedic Program

1. Students must pass each written evaluation with a pre-determined grade. If that grade is not met, a retest must be taken within one week of completion of the remediation program. Students who fail the retest will be required to repeat and pass that course.
  - A. Remediation program will require students to complete a short narrative on weaknesses detailed in the "Learning Prescription"
  - B. Following remediation program the test may be retaken with a 10% reduction maximum grade.
2. Students must demonstrate the ability to complete all psychomotor skills as set forth in the Emergency Medical Technician-Paramedic Functional Position Description and must satisfactorily complete an advanced life support (ALS) skills evaluation.
3. Students may not miss more than ten percent (10%) unexcused hours per semester.
4. Students must complete all didactic, clinical, and field components with a satisfactory evaluation in each section from their preceptor / coordinator.
5. All didactic and clinical components must be completed prior to the field internship.

6. Field internship and initial certification examination must be completed within one calendar year (12 months) from the date of course completion.
7. Course completion date is defined as the end date stated on the course application and as approved by the Pennsylvania Department of Health.

### Critical Care Paramedic Program

1. Students must attend each lecture and practical session and demonstrate the ability to complete all psychomotor skills as set forth in the Advanced Life Support Provider Functional Position Description. Student must also satisfactorily complete an advanced life support (ALS) skills evaluation at the conclusion of the Critical Care Paramedic program.

### PHRN Program

1. Students must attend each lecture and practical session and demonstrate the ability to complete all psychomotor skills as set forth in the Advanced Life Support Provider Functional Position Description. Student must also satisfactorily complete an advanced life support (ALS) skills evaluation at the conclusion of the PHRN program.
2. Students must complete clinical time as directed and demonstrate proficiency with airway management skills.
3. All didactic and clinical components must be completed prior to the field internship.
4. Students must complete field internship time with an approved 911 ALS provider. Students must receive satisfactory evaluations from their preceptor.
5. Course completion date is defined as the end date stated on the course application and as approved by the Pennsylvania Department of Health.
6. Field internship and initial certification examination must be completed within one calendar year (12 months) from the date of course completion.

### Certification Process

#### *Qualifications for Certification:*

To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements.
2. Understand and attest to the applicable Functional Job Description
3. Meet requirements, such as attendance and grades.
4. Successfully complete all certifications examinations.
5. Have a valid skill verification form signed.

*Functional Job Descriptions are included as part of the online Pennsylvania EMS Provider application; they are also included as appendices.*

#### *EMT Certification Process:*

1. Meet all program requirements.
2. Successfully complete the National Registry EMT Psychomotor Examination.
3. Successfully complete the National Registration EMT Cognitive Exam.

*Paramedic Certification Process:*

1. Meet all program requirements.
2. Successfully complete the National Registry Paramedic Psychomotor Examination.
3. Successfully complete the National Registration Paramedic Cognitive Exam.

*PHRN Certification Process:*

1. Meet all program requirements.
2. Successfully complete the National Registry EMT Psychomotor Examination.
3. Successfully complete the National Registration Paramedic Assessment.

**ADA Compliance and Accommodations Policy**

To insure the JeffSTAT EMS Education Center staff complies with the Americans with Disabilities Act (ADA) of 1990 P.L. 101-336 and to identify a uniform method for identifying persons who qualify for accommodation under the Act.

**Registration**

1. Instructors may not discuss or inquire about a student's potential disability prior to admission at any course sponsored by the Education Center. Aptitude or diagnostic testing may only be performed as specified by the Pennsylvania Department of Health Pre-Hospital Personnel Manual and if used, must be required of all students enrolled in the education course or program.
2. On or before the first day/night of class, the course coordinator shall distribute a copy of the Pennsylvania Department of Health's Functional Position Description to each student. Once this Description has been distributed, students will be given the opportunity to ask questions relating to the Position Description. When the student has reviewed the Position Description, the course coordinator will ask them to sign a statement which indicates that they understand the requirements of the Position. (This may be done electronically as part of the PA EMS Provider Application)
3. If after reviewing the Position Description, a student believes he or she has a documented disability that will negatively impact their performance on the state written or practical examination, the student shall complete a confidential Pennsylvania Department of Health accommodation request form (Appendix K) and submit it to the course coordinator. The course coordinator will then forward the completed form to the Pennsylvania Department of Health for review and consideration.
4. No student shall be excluded from participation in an education course or program sponsored by the JeffSTAT EMS Education Center solely on the basis of disability. If unable to perform all required skills, the student may still audit a program and receive a certificate of attendance.
5. Instructors will not be permitted to allow any accommodation during the course of instruction or for the certification or recognition examinations unless written approval is received from the Department of Health.

## Practical Skills and Examination

1. In accordance with the standards set forth by the Pennsylvania Department of Health, practical skills evaluations are required for successful course completion and/or certification.
2. At their discretion, students may use performance aids or equipment, which could be readily available to them in the pre-hospital setting. The student is responsible for providing any personal aids that would assist them with completing a specific task(s). No accommodation will be made in an education program that is not reasonably available in a pre-hospital environment

## Written Examination

1. In accordance with the standards set forth by the Pennsylvania Department of Health, students are required to pass written examinations to be certified as a First Responder, Emergency Medical Responder, EMT-B, Advanced EMT, EMT-P, Paramedic, Physician Extender or PHRN. It is the policy position of the Department of Health that an essential function of all prehospital personnel is the ability to read and understand small English print under highly stressful conditions.
2. If a student believes they have a disability, which will interfere with their ability to take the written examination, the student will be required to take the approved Pennsylvania Department of Health certification examination. The accommodations for written certification examination will be defined and approved by the Pennsylvania Department of Health - EMS Office and / or the National Registry of EMT's.

*Accommodations during screening, evaluations, or examinations that may compromise or functionally alter the evaluation of skills that are required to safely and efficiently in the profession are not permitted. These include:*

1. *Additional time for skills performance with specific time frames*
2. *Unlimited time to complete a written exam*
3. *Providing oral examinations*
4. *Written examinations with reading level less than grade eight*
5. *Explanation of questions or definition of terms on written exams*

*For more information go to: <https://www.nremt.org/rwd/public/document/policy-accommodations>*

## Course Descriptions

### Emergency Medical Technician

This program prepares students to handle emergencies using basic-life support including equipment used in accordance with the objectives of the US Department of Transportation National Standard Curriculum. The program prepares students for the NREMT National Emergency Medical Technician (NREMT) examination process. In addition to standard curriculum students are required to complete additional education as listed below.

- All students are also certified as American Heart Association (AHA) Basic Cardiac Life Support (BCLS) 4 hours
- Pediatric Advanced Emergency Assessment, Recognition and Stabilization (PEARS) 8 hours
- Hazmat Awareness 4 hours
- Expanded skill and scenario labs with advanced provider students total 50 hours
- Advanced Basic Life Support (ABLS) includes: EKG 12 lead placement education, nebulizer, advanced placed airway, and preparing IV bag for NRP total 40 hours

### Emergency Medical Technician- Paramedic (NRP)

This goal of this program is to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels

### Introduction to Emergency Medical Services

An overview of the EMS system and the roles and responsibilities for Paramedicine. Introduces well-being, injury prevention, crew resource management, the culture of safety in conjunction in with legal aspects of emergency care and ethics as applied to the EMS profession. Presents patient history-taking, detailed patient assessment across all ages, along with physical examination techniques. Introduces and stresses critical decision-making techniques that enable students to formulate a field impression. Includes instruction and practice in communicating with patients and other healthcare providers, through various techniques.

### Clinical Rotation

Stresses patient assessment, IV access, phlebotomy, vital signs, breath sounds, airway management, and EKG acquisition during clinical the clinical experience. Students will also have the opportunity to attend an operating room rotation to experience supervised endotracheal intubation and alternative airway management. Students will rotate through emergency departments and other clinical sites.

## Field Experience

Stresses teamwork and crew resource management. Students will have the opportunity to work alongside current ALS providers in a variety of settings. Students will gain experience in clinical decision making, task prioritization, and EMS systems operation.

## Laboratory Skills

Laboratory Skill seasons will be integrated with class schedule to reinforce practical application of learned skills. These seasons will build thought out the program to include scenario based events to increase the student's ability to care for patients. Laboratory seasons will be scheduled with their appropriate subject matter.

## EMS Operations

Presents ambulance operations and procedures and the appropriate responses to scenarios involving mass casualties, hazardous materials and crime scenes, bioterrorism and natural disasters.

## Physical Examination and Patient Assessment

Presents to the student patient history-taking, detailed patient assessment and physical examination techniques. Introduces and stresses critical decision-making techniques that enable students to formulate a field impression. The student will receive instruction and practice in communication with patients, other healthcare providers, and radio communication. These principles will be integrated to the program into individual units to build skills from basic to advanced techniques.

## Pharmacology and Medication Administration

Informs student of concepts in pharmacology, drug laws and terminology, demonstrating with practice basic drug math and appropriate techniques of drug administration. Drugs, doses, route of administrations and both desired and adverse effects will be presented with appropriate topic units

## Airway Management

Presents basic and advanced airway management techniques. Includes oral and nasal intubation, various percutaneous and surgical management options, and breath sound interpretation.

## Cardiac Pathophysiology and Interpretations

Examines the anatomy and physiology of the cardiovascular system with emphasis on cardiovascular disease. Includes acute myocardial infarction (AMI), stroke, atherosclerotic heart disease, aortic aneurysms and peripheral vascular disease. Emphasizes electrical conduction and rhythm interpretation. Presents treatment modalities for cardiac emergencies following American Heart Association guidelines. Skills labs include electrical therapy (defibrillation, cardioversion and transcutaneous

pacing), clinical interpretation of 3- and 12-lead EKGs, basic hemodynamics and intraaortic balloon pumps, and external jugular and central IV access phlebotomy.

### Medical Emergencies

Presents the pathophysiology of infectious diseases, pulmonary diseases, allergies and anaphylaxis. Includes respiratory, neurological, endocrinological, gastroenterological, urologic, hematological, toxicologic and environmental emergencies. Skills sessions include performing sterile technique and isolation procedures, blood glucose determination, and related scenarios.

### Trauma Emergencies

Investigates trauma care and rapid assessment. Discusses kinematics of the human body. Presents the assessment and management of head, spine, thoracic, abdominal, extremity and soft tissue trauma. Introduces assessment and acute management of burns, trauma in pregnancy, pediatric trauma, geriatric trauma and traumatic cardiac arrest. Skills sessions include spinal immobilization, rapid extrication, helmet removal, traction and general splinting, and airway and cardiac arrest management as applied to trauma patients.

### Pediatrics and OB/GYN Emergencies

Addresses patient management based on comprehensive assessment findings in the pediatric population from newborn to the transition to adulthood. Discusses care and treatment of a patient in labor through delivery of the newborn as well as aftercare of both mother and newborn child. Utilizes static and scenario-based education from trauma and medical emergencies as applied across the life-span and patient types.

### Comprehensive Review

Continues with patient assessment and management with a comprehensive review of local treatment protocols. Includes specialty course certification such as PHTLS, ACLS and PALS certification.

### Capstone Field Internship

Continues with patient assessment and management under a qualified Field Preceptor to assure the student meets the standards set forth by this institution in preparation for certifying exams.

### Pass/Fail Requirements

- Must meet the attendance requirement per policy.
- Established cut scores required for Fisdap unit exams and program established pass score for other assignments.
- Adhere to all current CAAHEP requirements.
- Overall Program score of 80% with no score under a 70%.
- Must achieve Angoff Cut-Score on applicable Fisdap Paramedic Readiness Exam

## Grading Policies

### Grading Scale

- 90-100        A
- 80-89        B
- 79-70        C
- Below 70     Failure

### Fisdap (Cut Score) Testing Policy

- Students achieving the cut score on the 1<sup>st</sup> attempt will receive a grade of 100%
- Students achieving the cut score on the 2<sup>nd</sup> attempt will receive a grade of 90%
- Students failing to achieve the cut score on the exam must remediate as per the remediation policy. (Cost may be associated with remediation).
  - Successful remediation will result in a grade of 70%

### Practical Testing Policy

- Students passing on the initial attempt will receive a grade of 100%
- Students passing on the second attempt will receive a grade of 90%
- Students passing on the third attempt will receive a grade of 80%
- Students passing on the final attempt will receive a grade of 70%

## Academic Policies

### Academic Integrity

The Administration and Faculty of the JeffSTAT EMS Education Center believe that academic integrity is one of the most important values and behaviors that should be practiced by students during their academic and clinical education. Integrity and honesty are especially valued in the healthcare professions because accurate diagnosis and treatment of patients are greatly dependent upon a health professional's honest and capable assessment of symptoms and diagnostic tests. This assessment can be rendered only by the practitioner who has "real" knowledge obtained as a student who answered test questions independently, thereby identifying and correcting mistakes. The successful practitioner can communicate important diagnostic and therapeutic information in writing because as a student, such skills were developed and/or enhanced by completing writing assignments independently. The practitioner who was dishonest in his or her educational pursuits is at great risk for making diagnostic and therapeutic mistakes and such errors can mean that someone's health care is mismanaged. Because we are committed to educating practitioners who provide the highest quality of health care, the Administration and Faculty are equally committed to mandating and enforcing the practice of academic integrity by all students. The following policy on academic integrity defines dishonesty and describes the procedures for responding to charges of academic dishonesty in the program.

## FORMS OF ACADEMIC DISHONESTY

### *Plagiarism*

As stated in the American Medical Association Manual of Style, “in plagiarism, an author passes off as his or her own the ideas, language, data, graphics or even scientific protocols created by someone else, whether published or unpublished.” When a student submits work for credit that includes the words, ideas or data of others, the source of that information must be acknowledged through complete, accurate and specific references, and, if verbatim statements are included, through quotation marks as well. By placing his or her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments.

Examples of plagiarism include, but are not limited to:

1. Quoting another person’s actual words, complete sentences or paragraphs, or entire pieces of written work without acknowledgment of the source.
2. Using another person’s ideas, opinions or theories, even if they are completely paraphrased in one’s own words, without acknowledgment of the source.
3. Noting the original source of only a part of what is borrowed.
4. Borrowing facts, statistics or other illustrative materials that are not clearly common knowledge without acknowledgment of the source.
5. Copying another student’s essay test answers.
6. Copying, or allowing another student to copy, a computer file that contains another student’s assignment and submitting it, in part or in its entirety, as one’s own.
7. Working together on an assignment, sharing the computer files and programs involved and then submitting individual copies of the assignment as one’s own individual work. Students are urged to consult with individual faculty members if in doubt.

### *Fabrication*

Fabrication is the use of invented information or the falsification of research or other findings with the intent to deceive. Examples include, but are not limited to:

1. Citation of information not taken from the source indicated. This may include the incorrect documentation of secondary source materials.
2. Listing sources in a bibliography not directly used in the academic exercise.
3. Submission in a paper, thesis, lab report or other academic exercise of falsified, invented or fictitious data or evidence, or deliberate and knowing concealment or distortion of the true nature, origin or function of such data or evidence.
4. Submitting as one’s own any academic exercises (e.g., written work, printing, sculpture, etc.) prepared totally or in part by another.

### *Cheating*

Cheating is an act or an attempted act of deception by which a student seeks to misrepresent that he or she has mastered information on an academic exercise that he or she has not mastered. Examples include but are not limited to:

1. Copying from another student’s test paper or allowing another student to copy from a test paper.
2. Using the course textbook or other material such as a notebook brought to a class meeting but not authorized for use during a test.

3. Collaborating during a test with any other person by receiving information without authority, or collaborating with others on projects where such collaboration is not expressly permitted.
4. Using or possessing specifically prepared materials during a test, e.g., notes, formula lists, notes written on the student's clothing, etc., that are not authorized.
5. Taking a test for someone else or permitting someone else to take a test in one's place.
6. Tapping pencils or other objects or otherwise signaling in code.
7. Entering any office or opening a file to obtain a test or answer key.
8. Viewing test materials on a secretary's or faculty member's desk.
9. Passing quiz/test questions or answers from one student to another, even after the test is completed.
10. Copying a posted answer key without permission.
11. Discussing test questions or answers outside the examination room while the test is in progress.
12. Use of any electronic device during an examination including but not limited to answering or viewing cell phones or PDA's.

### *Academic Misconduct*

Academic misconduct is the intentional violation of School policies, by tampering with grades, or taking part in obtaining or distributing any part of an un-administered test.

Examples include, but are not limited to:

1. Stealing, buying or otherwise obtaining all or part of an un-administered test.
2. Selling or giving away all or part of an un-administered test including answers to an un-administered test.
3. Bribing any other person to obtain an un-administered test including answers to an un-administered test.
4. Entering a building or office for the purpose of changing a grade in a grade book, on a test or on other work for which a grade is given.
5. Changing, altering or being an accessory to the changing and/or altering of a grade in a grade book, on a test, in a computer, on a "change of grade" form or other official academic records of the University which relate to grades.
6. Entering a building or office for the purpose of obtaining an un-administered test.
7. Continuing to work on an examination or project after the specified allotted time has elapsed.
8. Signing into classes for others.

### *Academic Dishonesty in Clinical Settings*

Academic dishonesty in a clinical setting is characterized by deliberate, deceitful intention to (1) obtain information from another source and claim as one's own, (2) fabricate clinical data or information, or (3) misrepresent one's own actions or the actions of another in order to avoid sanctions. Examples include, but are not limited to:

1. Looking up in a log book, equivalent source or consulting a professional for a diagnosis or treatment plan on an assigned unknown case without authorization from the clinical instructor.
2. Reporting results without performance of a test or procedure.
3. Providing unauthorized information to other students on clinical assignments.
4. Misrepresenting one's own or another's identity.

5. Feigning illness or emergency to avoid a clinical rotation or assignment.
6. Signing into rotation for another student when absent.
7. Communicating confidential information to a person not involved in the patient's care without authorization.
8. Misrepresenting any aspect of patient care or documentation.
9. Not completing a clinical rotation or assignment and submitting same as completed.

## SANCTIONS

Two possible sanctions exist for cases of academic dishonesty. Option A outlines adjudication of cases at the discretion of the faculty. Cases may also be referred directly to the Education Center Manager for adjudication under Option B of these guidelines.

### Option A

Option A is limited to one or more of the following, by choice of the course coordinator:

- a verbal reprimand
- a written reprimand
- a grade of zero for an assignment or examination
- a requirement that the student repeat the work affected by the academic dishonesty

When the instructor chooses to have the student repeat the assignment, the coordinator will tell the student the maximum grade that may be assigned for the repeated assignment. For example, it is acceptable for the instructor to assign no more than a minimal passing grade to a repeated assignment, if successfully completed by the student.

### *Option B*

Repeat or egregious offences may be referred to the Education Center Manager for investigation and possible expulsion.

## Attendance:

Purpose: To establish a uniform attendance policy for students enrolled in JeffSTAT's Emergency Medical Technician (EMT) and Paramedic education programs.

Policy:

### Emergency Medical Technician (EMT) Program

1. The JeffSTAT Medical Director dictates that a student enrolled in the EMT education program may miss no more than seven percent (7%) of course work during the education program. Students who exceed this allotment shall be dismissed from the EMT program.
2. EMT students are responsible for signing the attendance roster at the beginning of every class. If a student does not sign this attendance roster, it is assumed that he or she was absent for that day. Students are forbidden from signing the attendance roster on behalf of another student. If a student is found to be involved signing the

attendance roster on behalf of another student, he or she will be dismissed immediately from the course.

3. EMT students are responsible for making up all course work that is missed. Arrangements shall be made with the EMT instructor and are subject to approval by the Course Coordinator.
4. Consistent lateness will not be tolerated as it distracts other students. EMT students who are late more than three (3) times during an education program will be dismissed from the program.
5. Students dismissed from the EMT education program for attendance reasons are not entitled to a refund of tuition

#### Paramedic / PHRN / Critical Care Paramedic Program (ALS Students)

1. The JeffSTAT Medical Director dictates that a student enrolled in the paramedic education program may miss no more than ten percent (10%) of course work during the education program. These hours include didactic, practical, clinical, and field experience education. Students who exceed this hour allotment shall be dismissed from the paramedic program.
2. ALS students are responsible for contacting their respective course coordinator when unable to attend didactic, practical, clinical, and field experience education session. Students shall provide notification at least one hour prior to the start of the education session.
3. ALS students are responsible for signing the attendance roster at the beginning of every class. If a student does not sign this attendance roster, it is assumed that he or she was absent for that day. Students are forbidden from signing the attendance roster on behalf of another student. If a student is found to be involved signing the attendance roster on behalf of another student, he or she will be dismissed immediately from the course.
4. ALS students are responsible for making up all course work that is missed. Arrangements shall be made with the course coordinator.
5. Consistent lateness will not be tolerated as it distracts other students. ALS students who are late more than six (6) times during an education program may be dismissed from the program.
6. ALS students shall not be permitted to reschedule more than two (2) clinical shifts per quarter.
7. Students dismissed from the paramedic, PHRN or critical care education programs for attendance reasons are not entitled to a refund of tuition.

### Inclement Weather - Cancellation of Classes

To identify when scheduled classes will be cancelled due to inclement weather; to specify how students will learn that classes have been cancelled.

1. The JeffSTAT Education Center will be closed to students if either of the following occur:
  - a. Jefferson declares a "Weather Emergency" for Jefferson Health's Center City Campus that requires only essential or designated personnel to report.
  - b. Classes are cancelled at Thomas Jefferson University - Center City Campus
2. The Department Manager or designee has the discretion to close to students dependent upon actual or forecasted conditions.
3. When classes are cancelled, students will be notified via email. A notice will also be posted on the JeffSTAT registration site.
4. Online lectures may be substituted for originally scheduled coursework
  - a. Paramedic, Critical Care and PHRN courses only
5. Course Coordinators and / or the Department Manger will have the authority to waive attendance requirements in consideration for weather.

### Leave of Absence

To specify the procedure a student shall follow when he or she requests a leave of absence from a JeffSTAT EMS Education Center educational program for personal or military reasons.

A leave will be granted for a period from one semester to a full academic year. Students who are subject to dismissal for academic or disciplinary reasons are not eligible for a leave of absence. A student who has been placed on academic probation and is subsequently granted a leave must satisfy the terms of the probation upon returning. All leaves must be approved by the Program Director and/or Medical Director.

Procedure:

1. The student shall submit a request for a leave of absence to the course coordinator. This request shall include the reason for the leave and the estimated return date.
2. The student shall be required to be current with tuition payments prior to obtaining final approval for the leave.
3. The students shall be required to return to the program at the start of the module when the leave was granted.
4. All academic grades and completed/submitted clinical records will carry into the next program. Course requirements not submitted at the time of the leave will not be accepted.
5. Current tuition fees and academic requirements shall apply when the student returns. Tuition fees shall be pro-rated to the closest quarter upon return.
6. All curriculum components must be completed.
7. It shall be the student's responsibility to communicate with the course coordinator regarding readmission dates and requirements.
8. Depending upon the length of the leave, the student may be required to demonstrate cognitive and/or psychomotor skills competency to reenter the program.
9. Students returning from a medical leave of absence must resubmit a health physical completed by their family physician stated that the student is capable of performing all job functions as stated in the functional job description for the course. Should

accommodations be required to meet the functional job description which did not exist prior to the leave, an application and approval by the Pennsylvania Department of Health will be required prior to returning to the program.

10. A leave of absence may not exceed one full calendar year. Exceptions shall be reviewed by the program coordinator and medical director on a case by case basis.
11. Upon return from a medical leave, the medical director shall review the student's ability to perform the functional job description for program reentry.
12. A request for a military leave of absence must include a copy of the orders for deployment.
13. Military Leave for Two Week Active Duty Training shall automatically be granted for Reservists and National Guard members.

## Withdrawal and Dismissal

Student may withdraw or be dismissed from a course offered by the JeffSTAT EMS Education Center; to specify the procedure by which a student shall be dismissed.

1. Students wishing to withdraw from an education program should do so in writing by submitting a letter or e-mail to the manager, course coordinator, administrative secretary or their designee.
2. A student may be dismissed from a course for any of the following reasons:
  - a. Failure to complete course registration forms
  - b. Failure to provide copies of professional certifications when requested by the course coordinator
  - c. Failure to comply with any student related policy and procedure
  - d. Failure to comply with the student rules of conduct
  - e. Failure to meet the academic standards of the education center
  - f. Failure to comply with any standards or polices issued by the Pennsylvania Department of Health or the Philadelphia Regional EMS Office
  - g. Failure to comply with the attendance policy guidelines
  - h. Academic dishonesty (see Academic Integrity Policy)
  - i. Failure to disclose a criminal history
3. Failure to follow the Waiver of Liability criteria
4. The course coordinator is responsible for maintaining a file for each student and shall maintain written records of all student incidents that occur.
5. The course coordinator shall notify the Manager when a disciplinary problem has been identified and when formal discipline is warranted.
6. The student has the right to contest their dismissal or disciplinary action in accordance with the JeffSTAT EMS Education Center Grievance Policy.
7. If a student is dismissed from a class for conduct unbecoming of a JeffSTAT student, re-application for a future program is prohibited.
8. Students are not entitled to a refund if dismissed from the program for any of the reasons listed above or on the Waiver of Liability Form

## Dress code / Uniform Policy

Purpose: To specify the dress code and uniform policy to be instituted during didactic, practical, clinical, or field internship.

### General

1. Students are expected to be clean and neat in appearance at all time
2. It is recommended that students dress in a casual and comfortable manner during didactic and practical sessions. Consult course coordinator for specific program uniform requirements.
3. Students are not permitted to wear skirts during practical scenarios nor wear clothing classified by the instructors as improper, revealing, or distracting to other students.
4. Students shall wear their Jefferson identification badge at all times. This shall be predominately displayed on the outside of the student's clothes or uniform.
5. Students in violation of this dress code policy will be dismissed from the program for the day and will not receive credit for the hours that are missed.

### Clinical

1. All students must wear the appropriate uniform identified by their Education Center Program.
2. All hair should be pulled back and off the collar to ensure the safety of the student and his or her patients when providing care.
3. All hanging items, such as jewelry that can become entwined while caring for his or her patients, are not permitted.
4. Sneakers or closed toed shoes must be worn during all clinical rotations.
5. Students shall limit the use of cologne or perfume during clinical rotations so that the clinical symptoms patients are experiencing are not exacerbated.

### Field Internship

1. Students shall wear black or blue EMS pants, the JeffSTAT EMS Education Center Shirt, black boots, and a black belt.
2. Students shall comply with sections 2-5 listed above under "clinical."
3. Visible tattoos which may be offensive must be covered
4. Students shall comply with Field Internship Host's dress code policy.

## Accident and Injury Policy

Purpose: To specify the procedure EMT and paramedic students shall follow when injured during didactic, practical, clinical, or field experience.

On Jefferson Center City or Methodist Campus:

1. If the student is experiencing a potentially life-threatening emergency, the hospital emergency response system (811) will be activated.
2. If the student is not experiencing a life-threatening emergency, the student must be immediately evaluated in the Jefferson Emergency Department or the Jefferson Urgent Care @ Washington Square.
3. The Education Center Manager will be notified immediately of the incident.
  1. If the manager is not available, the JeffSTAT Communications Administrator on Call will be notified via the Transfer Center (215-955-4444).
4. Students are responsible for immediately notifying the manager, course coordinator, or lead instructor when an accident or injury occurs.
5. Students are responsible for providing the manager or course coordinator with a written summary of the events that transpired within forty-eight (48) hours of the incident.

Off Campus:

1. If the student is experiencing a potentially life-threatening emergency, the local emergency response system will be activated.
2. If the student is not experiencing a life-threatening emergency, the student must be immediately evaluated at the closest Jefferson Health emergency department or urgent care.
3. The Education Center Manager will be notified immediately of the incident.
  1. If the manager is not available, the JeffSTAT Communications Administrator on Call will be notified via the Transfer Center (215-955-4444).
4. Students are responsible for immediately notifying the manager, course coordinator, or lead instructor when an accident or injury occurs.
5. Students are responsible for providing the manager or course coordinator with a written summary of the events that transpired within forty-eight (48) hours of the incident.

Financial Responsibility:

1. Students are financially responsible for the initial treatment of any injury.
2. Students are strongly advised to maintain health insurance during the course of their educational experience.
  - a. Paramedic and PHRN Students are required to maintain health insurance while a student at JeffSTAT.

## Rights and Responsibilities

To specify the rights and responsibilities of students enrolled in educational programs sponsored by the JeffSTAT EMS Education Center.

The student will:

- Comply with the policies and procedures of the education center.
- Practice academic integrity at all times.
- Respect the dignity of the other students, instructors and patients.
- Respect the rights and property of others.
- Participate actively in the learning process, both in and out of the classroom, doing all the reading and homework assignments before coming to class.
- Attend all lectures, practical skills sessions and testing sessions.
- Maintain patient confidentiality.

## Confidentiality of Patient Information

All patient information is confidential. Students of the JeffSTAT EMS Education Center are not permitted to discuss or share sensitive patient information with other students, co-workers, family members, or other personnel, nor may copy medical records without obtaining direct written consent from the patient. Students in violation of this policy are subject to immediate dismissal from the training program.

## Confidentiality of Student Information

It is the intent of the Education Center to provide students with a confidential environment in which they may seek counseling services. All issues surrounding academic and vocational counseling will become a permanent part of the student's academic record. All information concerning personal counseling through UHS will be kept on file at UHS and will not become a part of the student's academic record.

## Rules of Conduct

**Purpose:** To provide guidelines for expected behavior for students taking educational program.

**Policy:** Students are expected to behave in a professional manner at all times.

1. Students are expected to be clean and neat in appearance when reporting to the classroom or a clinical site. Students must wear the approved JeffSTAT uniform at all clinical sites. A student who is found to be out of uniform will be asked to leave the clinical site and will forfeit any hours accrued for the day.
2. Students are expected to comply with the attendance policy at all times. Deviation from this policy may result in expulsion from the course.

3. Students are expected to behave in a mature professional manner at all times. Horseplay, roughing, foul language, sleeping, or harassment will not be tolerated.
4. Students shall abide by the dress code / uniform policy as specified for their program.
5. At no time are students permitted to consume alcoholic beverages or use any illegal drugs while in class, during lunch or breaks, or at a clinical site. If a student appears to be mentally impaired, the course coordinator will immediately remove the student from the class and counsel him/her. Disciplinary action, up to and including expulsion from the program may be imposed.
6. Eating in the classroom is prohibited during class time. Beverages are permitted, provided they are in a container with a tight fitting lid.
7. Jefferson Health maintains a smoke-free environment in all of its buildings. Smoking is not permitted within 50 feet of any entrance to the buildings. Smoking in JeffSTAT uniform is prohibited.
8. Under no circumstances will students be permitted to openly carry or conceal weapons of any type, even if the student possesses a permit to carry such weapon. Failure to comply with this rule will result in immediate dismissal from the program.

## Harassment

Purpose: To ensure students receive education in an environment that is free of harassment of any kind; to specify how incidents of harassment will be managed should they occur.

Definitions:

1. Inappropriate acts can be, but are not limited to students engaging in making sexual, abusive, or threatening verbal statements; or explicitly or implicitly creating and intimidating, hostile or offensive environment during class, clinical, field internships, written or practical examinations.
2. Egregious acts can be, but are not limited to, students engaging in inappropriate sexual or hostile physical contact.

Harassment by a Candidate (Classroom, Clinical or Field Internship)

1. Inappropriate Acts
  1. If at any time during class, clinical or a field internship, an instructor perceives that a student is acting in an inappropriate manner, it is the duty of that instructor to address the situation immediately. The instructor shall immediately report the incident to the director.
  2. The director will immediately investigate the incident, meet with the student, and counsel the student (if appropriate) regarding the report of the alleged actions. A written report will be placed in the student's file.
  3. If the student was at fault, the student will be informed that any further acts will result in the immediate removal of the student from the class they are enrolled in.
2. Egregious Act  
If during class, a student performs an egregious act, the student will be immediately removed from the class.

Harassment by a Candidate - State Practical Examination

1. Inappropriate Acts

1. If a practical examination evaluator, or patient actor perceives an examination candidate is acting in an inappropriate manner, it is the duty of the evaluator to address the situation immediately
  2. The examination candidate(s) will be immediately counseled by the practical examination administrator regarding the report of the alleged actions. The practical examination administrator will inform the examination candidate(s) that the allegations will be reported to the regional EMS council and any further acts at the practical examination will result in the immediate removal of the examination candidate(s) from the practical examination site. If this occurs, a full written report will be submitted to the regional EMS council and the department.
2. Egregious Acts  
If an examination candidate(s) perform an egregious act, the examination candidate(s) will be immediately removed from the practical examination site. A full written report will be submitted to the regional EMS council and the department.
3. 3. Disposition  
If an examination candidate(s) is dismissed from the practical examination site, it will be the decision of the Department of Health if a candidate will be eligible to participate in any future practical examinations.

#### Harassment by Evaluation Team Member/Patient Actor

If there is a perception that a member of the evaluation team or patient actor acted in an inappropriate manner, it is the duty of the practical examination administrator to immediately address the situation

An evaluation team member or patient actor will be immediately counseled by the practical examination administrator regarding the report of alleged actions. The practical examination administrator will inform the evaluation team or patient actor that the allegations will be reported to the regional EMS council. The practical examination administrator will be immediately dismiss the evaluation team member or patient actor from the practical examination site. A full written report will be submitted to the regional EMS council and the Department.

If an evaluation team member or patient actor is dismissed from the practical examination site, a complete investigation will be conducted by the regional EMS council. The regional EMS council will identify the appropriate sanctions, based on the regional EMS council personnel manual. The Department will be notified of the allegations, the investigation results and the disposition by the regional EMS council.

## Sexual Harassment

### I. Policy Statement

JeffSTAT is committed to providing an environment free of discrimination on the basis of sex, including, but not limited to, sex-based disparate treatment, sexual misconduct and sexual harassment. JeffSTAT implements and maintains prevention and awareness programs designed to avoid sexual misconduct and sexual violence.

### II. Scope

JeffSTAT recognizes that anyone can be subjected to or contribute to Sexual Misconduct regardless of age, sex, race, religion, disability status, national origin, sexual orientation, gender identity or other protected characteristics. As such, this policy applies to all members of the JeffSTAT community, including students, employees, volunteers, visitors, and any individuals having any official capacity at JeffSTAT. This policy applies to conduct occurring on Jefferson property or at Jefferson events or programs that take place off campus; any off-campus behaviors that have an adverse impact on JeffSTAT or any member of the Jefferson community fall under this policy.

### III. Consent

Consent to engage in sexual activity must be obtained from each partner and must exist from beginning to end of each instance of sexual activity. Consent must be informed, knowing, and voluntary. Consent is demonstrated through mutually understandable words and/or actions that clearly indicate a willingness to engage in sexual activity. Note that, although consent may in some cases be demonstrated through nonverbal conduct alone, reliance on nonverbal conduct alone as an indication of consent could lead to misunderstandings. It is better to obtain a verbal indication of consent.

Consent is not effective if it results from the use of physical force, intimidation or coercion, or if the person is too incapacitated to provide informed, knowing and voluntary consent. If a partner becomes too incapacitated to consent during the course of sexual activity, there is no longer consent. Silence and/or a lack of resistance do not, by themselves, demonstrate consent. Use of alcohol or drugs shall not diminish one's responsibility to obtain consent, but may diminish one's ability to consent.

Consent to engage in sexual activity may be withdrawn by any party at any time. Withdrawal of consent must also be outwardly demonstrated by words and/or actions that clearly indicate a desire to end sexual activity. Note that, although withdrawal of consent may in some cases be demonstrated through nonverbal conduct alone, reliance on nonverbal conduct alone to withdraw consent could lead to misunderstandings. It is better to verbally withdraw consent by saying "no," "stop" or some other similar verbal communication. Once withdrawal of consent has been clearly expressed, sexual activity must cease. A previous sexual relationship and/or current relationship with a partner, do not, by themselves, imply consent.

### IV. Prohibited Behaviors

Sexual Misconduct is the overarching term used by JeffSTAT to describe behaviors or offenses of a sexual nature that are committed against individuals who do not consent to them. Sexual Misconduct is prohibited under this policy. Instances of Sexual Misconduct include, but are not necessarily limited to, unwanted sexual acts which are committed by coercion, force, intimidation, and manipulation or otherwise without consent. The following are examples of behaviors or offenses that are considered acts of Sexual Misconduct:

- A. **Sexual assault.** Any non-consensual sexual act. It includes, but is not limited to, the following when consent is not present:
  1. Sexual intercourse (anal or vaginal)
  2. Oral sex
  3. Penetration (anal, vaginal, oral) with an object or body part
  4. Use of coercion, force or manipulation to make someone else engage in inappropriate touching of their or another's genitals or "private parts" (breasts, buttocks, etc.)
  5. Fondling, or touching the private body parts of another person for the purpose of sexual gratification, without consent. This includes where the other person is incapable of giving consent because of his/her age or temporary or permanent mental incapacity.

6. Sexual activity with another person who is not able to give consent due to intoxication, incapacitation, unconsciousness, helplessness, or other inability.

**B. Rape.** Non-consensual penetration, no matter how slight, of the vagina or anus with any body part or object, or non-consensual oral penetration by a sex organ of another person.

**C. Statutory Rape.** Sexual intercourse with a person who is under the statutory age of consent. See Appendix A for information on Pennsylvania's age of consent.

**D. Sexual Harassment.** Sexual Harassment is unwanted verbal, written, physical or other sex-related behavior directed toward another person or group because of that person's or group's sex, sexual orientation or gender identity. Sexual harassment may include a range of subtle and overt behaviors and may involve individuals of the same or different sex. Depending on the circumstances, these behaviors may include, but are not limited to:

unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, catcalls or touching; insulting or obscene comments or gestures; display or circulation in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

Sexual harassment is a form of sex discrimination, and will not be tolerated. The following behaviors are prohibited, whether conducted by a man or a woman:

1. **"Quid Pro Quo"** is to threaten or insinuate, expressly or implicitly, that any student is required to submit to sexual advances or to provide sexual favors in order to participate in a University program or activity or to make any educational decision or take any action based on a student's submission to or refusal to submit to sexual advance.

2. **Hostile Environment** is to engage in unwelcome sexually-oriented or otherwise hostile conduct which has the purpose or effect of interfering unreasonably with another person's work or academic performance or of creating an intimidating, hostile, abusive or offensive environment. Such an environment can be created by a University employee, another student, or even someone visiting the University, such as a student or employee from another school.

**E. Stalking** is a type of Sexual Harassment in which a person directs a course of conduct at another specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. Examples of stalking behavior include repeatedly calling, e-mailing or texting someone, especially after being asked to stop; physically following a person; threats, intimidation or intrusive behavior; always "showing up" or being visible where the other person is, etc.).

1. **Cyber-Stalking** is a specific type of Stalking in which electronic media such as the internet, social networks, blogs, cell phones, texts, or other similar devices or forms of contact are used to pursue, harass, or to make unwelcomed contact with another person in an unsolicited fashion. Some examples of Cyber-Stalking include, but are not limited to, unwelcomed/unsolicited emails, instant messages, and messages on on-line bulletin boards. It also includes, but is not limited to, unsolicited communications about a person, their family,

friends, co-workers, or sending/posting unwelcomed and unsolicited messages with another username.

**F. Sexual Exploitation** is an act of Sexual Misconduct in which a person exploits or takes advantage of another person in a sexual manner without consent. Examples of Sexual Exploitation include, but are not limited to, the following:

1. Recording (audio or video) or photographing sexual activity without the knowledge and consent of all parties involved
2. Electronically transmitting (posting online, texting, emails, etc.) sounds or images of sexual activity without the knowledge or consent of all parties involved
3. Voyeurism (spying on others who are engaged in an intimate or sexual act)
4. Going beyond consent (having consensual sex but allowing other people to watch without the knowledge of the consenting party)
5. Prostituting another person
6. Public indecency (exposing yourself without consent)
7. Knowingly exposing an individual to a sexually transmittable infection or virus without his or her knowledge.

**G. Dating violence.** Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined based on the reporting party's statement and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship. Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.

**H. Domestic violence.** A felony or misdemeanor crime of violence committed—

1. By a current or former spouse or intimate partner of the victim;
2. By a person with whom the victim shares a child in common;
3. By a person who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner;
4. By a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred, or
5. By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

**I. Incest.** Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

## V. Procedures

**A. Reporting** - JeffSTAT encourages those subjected to sexual misconduct and sexual violence to report what occurred so they can get the support they need and the university can respond appropriately.

1. **Anonymous Reporting** - Students also have the option of anonymous reporting. If an anonymous report is made the identity of the student will not be known, but the university's ability to respond will be limited. The following are options for anonymous reporting:

- a. Campus Security 24-hour phone line (215-955-5678)
- b. Human Resources ComplyLine (888) 5-COMPLY.

**B. Confidentiality** - JeffSTAT has a strong desire to assist students subjected to Sexual Misconduct, and strongly encourages them to report any such incidents.

JeffSTAT will make every reasonable effort to preserve an individual's privacy and protect the confidentiality of information it receives in connection with such a report. The information reported will be shared only with individuals who assist or are otherwise involved in the investigation and/or resolution of the complaint, or who otherwise have a need to know about the complaint and/or its resolution. Students should know, however, that JeffSTAT may have an obligation to investigate allegations of Sexual Misconduct.

**C. Options to Involve Campus Security and Law Enforcement** - If you are subjected to Sexual Misconduct, you have the option to report the incident to and seek assistance from law enforcement authorities, including campus security and local police. If you would like to notify the police, campus security is available and willing to assist you in doing so. It is also your right and option, absent an ongoing danger to the university community, to decline to notify campus security or the police of the Sexual Misconduct (note, however, that the crime will likely need to be included, without any personally identifying information, in the University's annual compilation of campus crime statistics).

**D. Retaliation or Intimidation** is when someone engages in action(s) or omission(s) intended to punish, seek retribution against or otherwise adversely affect a person who, in good faith, makes an allegation or report of Sexual Misconduct, participates or cooperates in an investigation into an allegation of Sexual Misconduct or participates or cooperates in JeffSTAT's process for addressing allegations and/or incidents of Sexual Misconduct, including participation in any mediation or hearing related to allegations of Sexual Misconduct. Retaliation and intimidation is prohibited. It constitutes a serious violation of this policy and, like Sexual Misconduct itself, will be subject to disciplinary action, up to and including dismissal.

**E. Sexual Assault Response** - A student who is a victim of sexual assault should call 811 (Campus Security) or 911 (Philadelphia Police Department). When a report of a sexual assault is made to University personnel on an emergency basis, Campus Security or other University personnel will escort the victim to a place of safety and will identify, secure and maintain the scene of the alleged assault or offense, as appropriate. If there is a need to preserve evidence the Philadelphia Police Department will be contacted. Evidence of a sexual assault should be preserved as soon as possible, even if the reporting student is unsure about reporting or filing criminal charges.

If a sexual assault has occurred it is important for the victim to seek medical attention as soon as possible to check for internal injuries, receive preventative treatment, and gather forensic evidence. The victim will be informed of the availability of immediate medical and/or psychological assistance available, including treatment for emergent injuries at the Thomas Jefferson University Hospital (TJUJH) Emergency Department.

Forensic medical examinations are not administered at TJUH. However, TJUH will arrange transport to the Philadelphia Sexual Assault Response Center (PSARC), where a Sexual Assault Nurse Examiner will conduct an exam. If not an emergent situation requiring the close proximity of the TJUH Emergency Room, victims have the option of going directly to PSARC at 300 E. Hunting Park Avenue, Philadelphia, PA 19124, 215-425-1625. PSARC provides forensic medical evaluation, injury documentation, forensic photography, pregnancy prevention, sexually transmitted infection prevention, HIV prevention, follow-up care, and court testimony. Victim advocacy and counseling is available through Woman Organized Against Rape

(WOAR). WOAR has a 24-hour hotline (215-985-3333) and will arrange for a counselor to meet with you before, during, or after any forensic medical examination. For more information on assistance available, see Section VI.A - Campus/Community Services.

In all circumstances, the victim shall be informed of the procedures for filing criminal charges via the Philadelphia Police Department. If the victim chooses to have police notified, security will immediately notify the Philadelphia Police and assist the victim in the filing of the charges if requested. The Title IX Coordinator (detailed in V.A, Reporting) will be notified in order to maintain coordination of a University investigation and campus services.

**I. Investigation and Disciplinary Proceedings** - Jefferson has a responsibility to investigate allegations of Sexual Misconduct independently of any criminal justice proceedings that may take place. Investigations may lead to disciplinary proceedings as described below. Both the investigation and any resulting disciplinary proceedings will take place promptly and will be conducted in a fair and impartial manner from the initial investigation to the final result. The investigation and any disciplinary proceedings will be conducted by one or more Jefferson officials who do not have a conflict of interest or bias for or against the accuser or the accused. These officials will receive annual training on Sexual Misconduct issues, including issues related to dating violence, domestic violence, sexual assault, and stalking and on how to conduct an investigation and hearing process that protects the safety of victims and promotes accountability.

The first step of an investigation will usually be a preliminary interview of the person reporting the crime (accuser); JeffSTAT will use the information gathered to evaluate the next steps that need to occur and, if necessary, provide for the safety of the University community. The investigation may include such things as interviews of the parties allegedly involved (including any witnesses) and gathering of any physical evidence and other relevant information. The accuser and the alleged offender (accused) will be given equitable rights during the investigative process.

The results of the investigation and any related proceedings, including any changes to the results, shall be provided simultaneously, in writing, to both the accuser and the accused. This notification shall include written procedures for either the accused or the accuser to appeal the result of the proceedings and when, absent appeal, the results of the proceedings become final.

1. Resolution of allegations that a student committed Sexual Misconduct will vary according to the findings of the investigation.
2. Refer to above "Harassment by a Candidate" policy for resolution and disposition of complaint.

**J. Non-Student Violations** - Any TJU employee or agent who is found to have violated this policy will be subject to appropriate disciplinary and/or corrective action under applicable policies, up to and including termination of his or her employment or other relationship with Jefferson.

## Fraternization

Purpose: To establish guidelines regarding the relationships of students and supervising staff and to minimize any potential problems in the area of favoritism or conflict of interest with performance evaluation, scheduling, or improper reporting relationships. This policy is

intended to promote fairness and transparency in academic decisions and to promote professional conduct in the educational setting that avoid a conflict of interest, appearance of favoritism, abuse of power, or potential for a hostile academic environment.

Students shall not engage in any personal or amorous relationship where a subordinate/supervisor or learner/instructor (both direct and indirect) relationship exists that could potentially create a conflict of interest. For the purpose of this policy the following roles considered to be supervisory or instructor includes (but is not limited to):

1. JeffSTAT Education Center Staff
2. Employees of any TJU/H department where students are completing clinical hours
3. Employees of any clinical site
4. Employees of the field site where the student is completing their field experience or capstone internship

The student must report any and all potential conflicts to program staff immediately.

## Social Media

Purpose: To outline the acceptable uses of Social Media - which includes but is not limited to blogging, tweeting, social networking, using photo sharing sites, posting or sharing videos online, Wikipedia, websites or future social media tools or networks - by JeffSTAT students when engaging in activities or postings that contain Jefferson related brands or names. This policy primarily addresses the use of social media while attending classroom, clinical or other JeffSTAT / Jefferson related activities. It also applies to the use of social media connected to Jefferson when away from work and when the JeffSTAT / Jefferson affiliation is identified, known, presumed or could be inferred.

Scope: JeffSTAT recognizes that Social Media is an important medium of communications and that our students participate on a number of levels, both personally and professionally. This Policy applies to all JeffSTAT EMS Program students ("Users"). In general, Jefferson views personal use of social media positively and it respects the right of Users to use Social Media as a medium of self-expression. If Users choose to identify their JeffSTAT affiliation, or to discuss matters related to JeffSTAT, they must remember that some may view them as a de facto spokesperson for JeffSTAT.

Policy:

1. Users shall follow all existing JeffSTAT Policies that address various aspects of their obligations.
2. Users shall not engage in any communication or activity that is prohibited under federal, state, or local laws. These laws include, but are not limited to, the Health Insurance Portability and Accountability Act (as amended), copyright, libel, and false advertising laws.
3. Users shall not offer professional advice (including but not limited to legal advice, medical advice, accounting advice, nursing advice, information technology advice, etc.).
4. Unless approved by the Social Media and Public Affairs Manager, social media names, handles and URLs should not include Jefferson's name or logo.
5. Users shall acknowledge and correct mistakes promptly. Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or

unprofessional language or behavior reflect poorly on JeffSTAT, and may result in liability for you or JeffSTAT. Be respectful and professional to fellow employees, business partners, competitors and patients. Users shall link directly to online references and original source materials, when possible. Users must disclose any conflicts of interest.

6. JeffSTAT discourages faculty from initiating “friend” requests with students. Faculty may accept friend requests if initiated by the student, and if the faculty member does not believe it will negatively impact the educational relationship.
7. JeffSTAT may request, in its sole and absolute discretion, that Users temporarily confine Personal Use of Social Media to topics unrelated to JeffSTAT.
8. Users shall refrain from “friending” or otherwise granting access to their personal social media accounts to patients.

Any User found to have violated this policy will be subject to disciplinary action, up to and including dismissal.

JeffSTAT reserves the right to revise this policy at any time.

## Counseling

To identify the student counseling services provided by the JeffSTAT EMS Education Center; to specify how these services may be accessed by students.

JeffSTAT EMS Education Center will provide academic, vocational, and personal counseling to all students enrolled in the program.

### Counseling Services Referral

- 1) Students shall notify the course coordinator when counseling services are desired.
- 2) Students may request counseling services at any time during the course of their enrollment at the Training Center. Counseling services will be provided to address any issue that threatens to interfere with the health or well-being of the student.
- 3) Course instructors, the Course Coordinator, the Director or the Medical Director may refer a student for counseling. The referral may be in response to changes in academic performance, continuous poor academic performance, personality conflicts with faculty/students, or any other situation which administration feels may impact the health or well-being of the students or the student's potential patients.

### Academic & Vocational Counseling

Academic and vocational counseling will be provided through the Course Coordinator and/or Medical Director of the training of the training institute. The intent will be to provide short-term counseling to help students' address academic and vocational concerns and develop a plan to positively manage all related issues.

### Personal Counseling

Personal counseling for all students will be provided through Thomas Jefferson University Health Services (UHS). UHS provides confidential, personal counseling for students of Thomas Jefferson University and all of its related programs. Counseling services are provided through license psychologists and psychiatrists and may be provided on a short or long-term basis while a student is enrolled at the education institute.

## Remediation

Purpose:

To specify the remediation services provided by the Education Center instructors.

Policy:

1. Counseling shall be performed between the student and the course coordinator to identify student needs (cognitive knowledge, psychomotor skills, clinical skills, etc.), the time in which it shall be accomplished and with whom.
2. Remediation sessions may be one-on-one or group sessions based on needs assessments as determined by the course coordinator.
3. Course coordinators shall develop an academic contract identifying the expected parameters for the remediation, signed by both the course coordinator and the student. Copies of this contract shall become part of the student file.
4. Coordinators shall keep up-dates on the progress of the remediation.
5. Remediation shall be terminated when the student has meet the stated goals or at the end of the remediation agreement, whichever occurs first.
6. All remediation must be completed by the scheduled end date of the program.

## Grievance Procedures

Purpose: To ensure students enrolled in educational programs at the JeffSTAT EMS Education Center have the opportunity to contest the content of written or practical examinations, testing conditions, instructor/evaluator conduct, or any disciplinary action imposed upon the student.

Procedure:

Step One:

- The student shall inform the course coordinator that he/she has as concern about the content of a written or practical examination, testing condition, instructor/evaluator conduct, or disciplinary action imposed upon the student within seven days of the occurrence.
- The course coordinator shall review the student's complaint and conduct an investigation.
- Once the investigation has been completed, the course coordinator will contact the student and review the results of the investigation.
- If the matter is not satisfactorily resolved at this step (or within 3 working days the student may proceed to Step Two.

Step Two:

- The complaint shall be given in writing by the student to the education center manager.

- The education center manager will meet with the student to discuss and review the grievance and conduct an investigation, if necessary.
- The education center manager will respond in writing within five (5) working days to the student. If the matter is not satisfactorily resolved, the grievant may proceed to Step Three
- All grievances involving expulsion shall begin at Step Two.

**Step Three:**

- The student shall, within five (5) days, submit the written grievance and the education center manager's written reply to the JeffSTAT Director / Dean or his or her designee.
- An investigation will be conducted and a hearing held regarding the grievance.
- The JeffSTAT Director / Dean or his or her designee will then submit a written final decision to the student and the education center manager after the grievance hearing. The decision of the JeffSTAT Director / Dean or his/her designee is final in all cases.

*Grievances pertaining to examinations administered by the Pennsylvania Department of Health or the National Registry of EMTs shall be grieved in accordance with their established policies and procedures.*

## Academic Probation and Dismissal

A student who does not maintain a passing grade will be placed on academic probation for one module (EMT) or course (Paramedic). At the end of the probationary period:

1. The student achieves the minimum passing grade point average and is reinstated in good standing, or
2. The student fails to achieve the minimum grade point average at the end of the probationary period and is dismissed from the program for academic underachievement, or
3. In extraordinary cases, where the student has made significant progress toward achieving the minimum grade point average, the Course Coordination or School Manager, as appropriate may recommend granting one additional probationary semester. If, at the conclusion of the extended probationary semester, the cumulative grade point average is still below a passing grade, the student is dismissed for academic underachievement.

Actions related to the Education Center academic probation and dismissal must be reviewed by both the Course Coordinator and the Department Manager before action can be taken.

Students who fail to meet school and/or departmental regulations pertaining to academic standing will be placed on School/departmental academic probation or be dismissed and are subject to the policies regarding progression within their respective program to regain or retain student status.

## Appendix 1 - Paramedic Clinical Graduation Requirements

Clinical rotations are designed to provide students exposure to a variety of patients with various complaints.

Students must successfully perform patient assessments and complete skills and interventions on a variety of patients during their clinical rotation as noted below. Students should refer to the class syllabus for the recommended hours and locations for clinical rotations.

### Patient assessment by Age

- 2 - New Born (0-28 days old)
- 5 - Infants (1 month - 1 year old)
- 5 - Toddlers (1 - 3 years old)
- 5 - Preschooler (4 to 6 years old)
- 5 - School Age (6 to 13 years old)\*\*
- 5 - Adolescent (13 to 18 years old)\*\*
  - \*\*10 patient encounters between these two groups
- 50 - Adult (18-64 years old)
- 30 - Geriatric (65 years old and over)

### Patient assessment by Complaint

- 30 - Chest pain / discomfort
- 20 - Altered Mental Status
- 20 - Abdominal complaints
- 10 - Change in Responsiveness
- 20 - Respiratory complaints
- 8 - Respiratory in Pediatrics

### Patient assessment based on Impression

- 40 - Trauma
- 20 - Psychiatric / Behavioral
- 10 - Obstetrics

### Required Skills / Interventions

- 15 - Medications administration
- 25 - Venous Access
- 20 - Patient ventilation
- 5 - Endotracheal Intubation
- 50 - Airway Management

### Field Internship Team Leads

- 50 - Successful Team Leads

## Appendix 2 - Definitions

**Airway Management:** Airway management includes the use of any adjunct to assure an open and patent airway including the use of nasopharyngeal airways, rescue airways such as the King Tube, endotracheal intubation, needle or surgical cricothyrotomy, and bag mask ventilation.

**Field Experience:** Field experience is defined as that experience students receive while performing a rotation in a prehospital setting including 911 emergency responses, out-of-hospital ambulance transport services and aeromedical services. Students may perform any and all interventions they have demonstrated competency in a lab or hospital clinical setting.

**Field Internship:** Field internship is completed after all programs didactic and clinical experiences have been completed. Field internship implies that the participants have received needed knowledge and clinical experiences to manage any patient encounter. Team lead calls can only be attempted and completed during the field internship and not during their field experience rotation.

**Patient Assessment:** A patient assessment includes initial assessment to identify life-threatening problems, a focused history and physical examination, a detailed exam with ongoing reevaluation as required based on patient needs.

**Patient History:** A patient history is a chief complaint presented by the patient and includes medications, allergies, events leading to the complaint including interventions attempted, and responses to those attempts. A description should include (when indicated) the onset, pain / palliative care, quality, radiation, severity and duration (time) of the complaint. Social history should also be evaluated to include smoking, drinking, recreational drugs and sexual activity as appropriate.

**Physical Exam:** Physical exam includes determination of level of consciousness, obtaining vital signs including heart and pulse rate, respiratory rate, lung sounds and pulse oximetry, skin color, texture and temperature, pupillary response, determination for the presence of JVD, tracheal shift, drainage and other evidence of physical injury. Patient's weight should be included during the assessment.

**Scene Survey:** Steps taken when approaching a patient or emergency call to determine and identify potential hazards, noting a mechanism of injury or nature of illness, determining the number of patients and deciding whether additional resources are needed.

**Successful Team Lead:** Successfully completing a patient encounter including scene survey, patient interview and physical assessment, patient management, and transferred to a receiving facility including a verbal report to the receiving physician or nurse. To be successful during team lead evaluations, students should not require or receive any prompt from the preceptor.

## Appendix 3 - Airway Management Competency

The paramedic student shall establish airway competency by mastering the following:

- Adequately assess, establish, maintain and monitor the airway throughout patient contact.
- Perform basic airway management, including the use of basic maneuvers and airway adjuncts.
- Prepare and perform advanced airway management.
- Demonstrate psychomotor skill proficiency related to all levels of airway management.
- Perform airway management in various environments, including laboratory, clinical and field.
- Verify correct placement of airway devices utilizing the following assessments and adjuncts: direct visualization (preferred), capnography (preferred), indirect visualization, chest sounds, abdominal sounds, oxygen saturation, changes in level of consciousness, skin color, and vital signs.
- Demonstrate critical thinking and clinical judgment regarding total airway management decision making.

Based on current research, the paramedic student shall have no fewer than fifty (50) attempts at airway management across all age levels (neonate, infant, pediatric and adult). And, in order to demonstrate airway competency, the student shall be 100% successful in their last twenty (20) attempts at airway management. Airway management may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

These recommendations have been recommended by the Advisory Committee and approved by the Medical Director.

## Appendix 4 - Faculty and Administrative Listing

### Administrative Officers:

Denise Bolden—Administrative Secretary  
 James Gretz, BS, NRP, CCP-C—Manager, JeffSTAT Education Center  
 Kevin Kleinschmidt, MBA, BSN, CEN—Director, JeffSTAT  
 Brian Sweeney, RN, MBA, FACHE—Chief Operating Officer, Jefferson Health  
 Mischa Mirin, MD, FACEP, FAAEM—Medical Director

### Faculty Officers:

Gregory Diener, BSBA, NRP—Paramedic Program Coordinator  
 Juan Girona, EMT—EMT Program Coordinator  
 Daniel Holmes, AA, NRP, FP-C—Clinical Education Coordinator  
 Cathleen W. Vandenbraak, MBA/MHA, BSN, RN, CEN, CCRN, CFRN, CTRN, TCRN, FP-C—  
 PHRN Program Coordinator

### Adjunct Faculty:

Last Name	First Name	EMT (EMS-I)	Paramedic	CCP / PHRN
Boylan	Joshua	x	x	x
Cocco	Justin	x		
Diener	Gregg	x	x	x
Doucette	John	x		
Erbayri	John	x	x	x
Gadoury	Joseph	x	x	
Galasso	Christopher	x	x	
Girona	Juan	x		
Gretz	James	x	x	x
Griffin	Brian		x	x
Holmes	Daniel	x	x	x
Jurkowski	Gregory	<b>Specialist</b>	<b>Specialist</b>	
Keenan	Joshua		x	
Knable	Zachary	x	x	x
Koen	Margaret	<b>Specialist</b>	<b>Specialist</b>	<b>Specialist</b>
Kourinnoi	Roman	x	x	
McLaughlin	Eileen	x		
Milligan	Kymerlee	x	x	
Mitchell	Cullen	x		
Murphy	Philip	x	x	
Priolo	Richard	x		
Shay	Frank	<b>Specialist</b>	<b>Specialist</b>	
Sinback	Matthew		x	x
Sweeney	Kaitlyn	x		
Thor	Danielle	x		
Tiel	Robert	x	x	x
Wojnicki	Adam		x	

## Appendix 5 - Pro-rata Refunds for Veteran's Administration Benefits

Those students using receiving veteran's administration benefits will be entitled to tuition refunds in accordance with 38 CFR 21.4255.

This refund policy provides that the amount charged for tuition, fees, and other charges for a portion of the course does not exceed the approximate pro rata portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the course bears to the total length.

## Appendix 6 - Clinical and Field Scheduling Requirements for Paramedic Students Receiving Veteran’s Administration Benefits

In order to continue to receive benefits, Federal Regulations require JeffSTAT to accurately report “clock hours” for those students receiving benefits. In order to assure accurate reporting, students receiving benefits are required to comply with the following scheduling requirements for paramedic clinical and field internship schedules:

1. During didactic sessions, those receiving benefits must schedule and attend at least one 12-hour clinical shift per week.
2. Following didactic completion, those receiving benefits must schedule and attend at least two 12-hour clinical or field internship shifts per week.

Students not following these schedules will be given an attendance warning after 4 instances of non-compliance. If the student accumulates 8 instances of non-compliance, the Department of Veterans Affairs will be notified.

## Appendix 7 - CoAEMSP (Appendix G/H) Student Patient Contact Matrix

	JeffSTAT Goal Set
Safely Administer Medications	15
Live Intubations	0
Safely Gain Venous Access	25
Ventilate a Patient	20
Assessment of Newborn	2
Assessment of Infant	5
Assessment of Toddler	5
Assessment of Preschooler	5
Assessment of School Ageds	5
Assessment of Adolescents	5
Assessment of Adults	50
Assessment of Geriatrics	30
Assessment of Obstetric Patients	10
Assessment of Trauma Patients	40
Assessment of Psychiatric Patients	20
Assessment of Medical Patients	0
Assess and Plan RX of Chest Pain	30
Assess and Plan RX of Breathing problem	20
Assess and Plan RX of Pediatric Breathing problem	8
Assess and Plan RX of Change in responsiveness	10
Assess and Plan RX of Abdominal pain	20
Assess and Plan RX of Altered Mental Status	20
Field Internship Team Leads	50

	Hours
Class	675
Clinical Hours	300
Field	260
Cap Stone	240

**Total Hours**  
1475

Clinical Hour Breakdown	
ED - General	132
ED - Community	24
TJUH ED	48
AI Dupont ED	24
OR	16
Psych	16
Specialty ICU*	16
L&D/ICN	8
Cath Lab	8
Burns	8
<b>Total Clinical</b>	<b>300</b>

Community ED shifts may be accomplished at Jefferson Methodist Hospital or Jefferson Frankford Hospital

\*Specialty ICU time must occur at one of TJUH's ICUs

## Appendix 8 - Functional Position Description for the Emergency Medical Technician

### INTRODUCTION

The following is a position description for the Emergency Medical Technician (EMT). This document identifies the minimum qualifications, expectations, competencies and tasks expected of the EMT.

### QUALIFICATIONS FOR CERTIFICATION

To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements and completion of all required documentation.
2. Meet requirements, such as attendance, grades, and all clinical and field patient contacts.
3. Successfully complete all certification examinations.
4. Have a valid verification of skill form signed.

### COMPETENCIES

The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in the National Highway Traffic Safety Administration EMS Education Standards for EMT and other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person, via telephone, telecommunications and other electronic devices using the English language.
- Hear and interpret spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, and a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, bystanders and hears and interprets their responses.
- Document physically in writing all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
- Meet minimum vision requirements to operate a motor vehicle within the state.
- Function in varied environmental conditions such as lite or darkened work areas, extreme heat, cold and moisture.

### DESCRIPTION OF TASKS

May function alone or as a member of a multi-member team.

Receives calls from dispatchers, verbally acknowledges the call, reads road maps or electronic mapping systems, identifies of the most expeditious route to the scene, and observes traffic ordinances and regulations.

Upon arrival at the scene, ensures that the vehicle is parked in a safe location; performs size-up to determine scene safety and situational awareness including the presence of hazardous materials, mechanism of injury or illness, determines total number of patients. Performs triage and requests additional help if necessary.

Maintains knowledge and ability to recognize and multiple casualty incidents, acts accordingly to triage and communicate the need for the appropriate type and number of resources.

Communicates verbally for additional help as needed.

In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of the patient(s).

Will be expected to make critical decisions, perform in a professional and ethical manner.

Using body substance isolation techniques protects the patient(s) and providers from possible contamination. Is educated on the most current infection control issues and precautions to include proper cleaning, sterilizing, and decontamination of equipment and vehicles.

Inspects for medical identification, emblems, bracelets or cards that provide emergency care information.

Communicates to patient(s), family members, bystanders, guardians and others to obtain history taking information in regard to medical history, suspected illness or injury and conditions prior to activating the EMS system.

Determines nature and extent of illness or injury, checks respiration, auscultates breath sounds, takes pulses, blood pressure by auscultation and palpation (including proper placement of the cuff), visually observes changes in skin color, obtains a pulse oximetry value, establishes priority for emergency care. Based on assessment findings, renders emergency care to adults, infants and children.

Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients manually or with the use of an automatic transport ventilator, cardiac resuscitation, use of automated external defibrillators and mechanical CPR devices with additional training where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, spinal immobilization and splinting of painful swollen or deformed extremities.

Manages medical patients to include but are not limited to: assisting in childbirth, management of respiratory, cardiovascular, endocrine, allergic, neurologic, behavioral, and environmental emergencies and suspected poisonings.

Is well informed on current Health Insurance Portability and Accountability Act (HIPAA) issues, patient confidentiality, living wills, surrogate decision makers, civil and criminal court cases.

Shall know the five rights of medication administration.

Performs interventions and assists patients with prescribed medications, including sublingual nitroglycerin, auto injectors, aspirin by mouth, oral glucose and patients prescribed nebulized/aerosolized inhalers.

Responsible for the administration of oxygen using a variety of oxygen delivery devices.

Application of mechanical patient restraint

Reassures patient(s) and bystanders by working in a confident, efficient manner.

Interacts with patients, family members, and public safety personnel in a professional manner.

Communicates clearly during treatment, transport and patient hand-off.

Adjusts communication strategies for patients of varying age and developmental ranges, special needs and differing cultures.

Interacts with patients and families with special challenges and communicates in a clear, professional and appropriate fashion, to be morally and ethically sensitive to the needs and perceptions of the patients, families and bystanders.

Is able to recognize the signs and systems of a critically ill appearing patient and acts responsibly and accordingly.

Performs in situations that create stress and tension on a regular basis.

Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely.

Following extrication provides additional medical care and triaging the injured in accordance with standard emergency procedures.

Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at the scene.

Carries and places patient in the ambulance and assures that the patient and stretcher are secured, and continues emergency medical care enroute in accordance with state and local protocols.

Determines most appropriate facility for patient transport. Reports to the receiving facility the nature and extent of injuries, the number of patients being transported.

Observes patient enroute and administers care as directed by medical control, local/state or national protocols. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patients, and appropriate equipment from ambulance and into receiving facility.

Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon requests, provides assistance to the receiving facility staff.

Maintains ambulance in operable and safe condition, which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking general maintenance to include oil, fuel, braking and steering systems and tire pressure. Will properly utilize all safety equipment available.

Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.

Is informed and practices safe operations of vehicles, safety and operational concerns with air medical transport and all forms of rescue.

Maintains awareness of level of hazardous materials

Attends continuing education and refresher training programs as required by EMS agency, medical direction, and/or certifying agency.

Meets all qualifications within the functional position description of the EMT.

## Appendix 9 - Functional Position Description for the ALS Provider

### QUALIFICATIONS

The following is a position description for the Advanced EMT, Paramedic, and Pennsylvania certification level of Prehospital R.N. (PHRN), Prehospital Physician Extender (PHPE) and Prehospital Physician (PHP), (hereafter referred to as an ALS Provider). This document identifies the qualifications, competencies and tasks expected of the ALS Provider.

### QUALIFICATIONS FOR CERTIFICATION

To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements and completion of all required documentation.
2. Meet requirements, such as attendance, grades and all clinical and field patient contacts.
3. Successfully complete all certification examinations.
4. Have a valid skills verification form signed (the only exception is for reciprocity).

### COMPETENCIES

The ALS Provider must demonstrate competency in handling emergencies utilizing advanced and basic life support equipment in accordance with the objectives in the National Education Standards, or other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person via telephone, telecommunications or with other form of electronic devices using the English language.
- Hear and interpret spoken information from co-workers, patients, families, other healthcare workers, physicians and dispatchers as well as sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, and a distance of 10 feet.
- Read and comprehend written/printed materials under stressful conditions.
- Verbally interview patients, family members and bystanders, other healthcare workers and be able to hear and interpret their responses.
- Document physically, in writing or via an electronic device, all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with the ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
- Meet minimum vision requirements to operate a motor vehicle within the state.
- Function in varied environmental conditions such as lit or darkened work areas, extreme heat, cold and moisture.
- Interpret written, oral and diagnostic forms of instruction.
- Perform in situations that create stress and tension on a regular basis.

### DESCRIPTION OF TASKS

Be capable of performing all EMT skills and using BLS equipment.

Be able to perform in accordance with all behavioral objectives of the ALS curriculum approved by the Department and other objectives identified by the Department.

May function alone or as a member of a multi-member team.

Receives calls from dispatchers, verbally acknowledges the call, reads road maps or uses a computer based mapping system, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations. Responds accordingly in the safest mode possible.

Upon arrival at the scene, ensures that the vehicle is parked in a safe location; performs a size-up to determine scene safety, utilizes situational awareness, determines the mechanism of injury or illness, determines total number of patients and requests additional help if necessary. Performs triage and requests additional help if necessary.

Maintains knowledge and ability to recognize multiple casualty incidents, acts accordingly to triage and communicate the need for the appropriate type and number of resources.

Utilizes a nationally recognized system of incident management to operate and communicate amongst other public safety and health care agencies and providers.

Communicates verbally for additional help as needed.

In the absence of public safety personnel, creates a safe environment for the protection of the injured and those assisting in the care of the patient(s).

Will be expected to make critical decisions, perform in a professional and ethical manner at all times.

Be educated on the most current laws, procedures and policies regarding, consent and refusal of treatment, confidentiality, mandatory reporting, patients' rights and end-of life issues.

Using body substance isolation techniques protects the patient(s) and providers from possible contamination. Is educated on the most current infection control issues and precautions to include proper cleaning and sterilizing and decontamination of equipment and vehicles. Is educated on drug-resistant bacteria and other emerging diseases.

Communicates to patients, family members, bystanders, guardians and others to obtain history taking information in regard to medical history, suspected illness or injury and conditions prior to activating the EMS system.

Adjusts communication strategies for patients of varying age and developmental ranges, special needs and differing cultures.

Interacts with patients, family members, and of public safety personnel in a professional manner.

Communicates clearly during treatment, transport and patient hand-off.

Interacts with patients and families with special challenges and communicates in a clear, professional and appropriate fashion, to be morally and ethically sensitive to the needs and perceptions of the patients, families and bystanders.

Determines the nature and extent of illness or injury, assesses pulses, assesses blood pressure by auscultation and palpation, visually observes changes in skin color, establishes priority for emergency care, obtains a pulse oximetry value calculates drip rates and drug concentrations, renders appropriate, approved intravenous, intramuscular, oral, subcutaneous, intraosseous, nasogastric or intranasal medications or fluid replacement as directed by a protocol, or directed by medical command physician. Performs endotracheal intubation (within scope of practice dependent upon certification level) to open airways or the use of supraglottic airways, ventilates and oxygenates patients. Can perform percutaneous cricothyrotomy when authorized.

Skills performed include but are not limited to: establishing and maintaining an airway, providing oxygen via various types of masks to include BiPAP/CPAP, ventilating patients manually, with artificial ventilation (demand valve or similar device) or with the use of an automatic transport ventilator, cardiac resuscitation, and use of automated external defibrillators and mechanical CPR devices, with additional training where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, spinal immobilization and splinting of painful swollen or deformed extremities.

Is able to proficiently use waveform capnography and manage patients through artificial ventilation and oxygenation. Is able to verify proper placement of an advanced airway.

Performs tracheobronchial suctioning, utilizes multi-lead ECGs, and performs synchronized and unsynchronized cardioversion. Initiates intraosseous infusions, accesses indwelling catheters and monitors central lines, and initiates/ monitors thrombolytic medication, within scope of practice dependent on certification level. The ability to recognize, treat and transport to the appropriate facility a patient with a STEMI or acute coronary syndrome.

Initiation of intravenous catheters, intraosseous needles and accessing indwelling catheters and implanted central IV ports, within scope of practice dependent on certification level, to administer

approved medications, fluids and thrombolytic medications. Must be able to initiate and maintain intravenous medication drips, by use of mechanical or automated means.

Shall know and apply the five rights of medication administration.

Shall understand and be able to apply mechanical patient restraints.

Assisting in insertion of chest tubes, within scope of practice dependent on certification level, obtains blood samples for blood chemistry analysis, and eye irrigation with the use of Morgan lens.

Assisting with the use of nasogastric and orogastric tube, within scope of practice dependent on certification level.

Performs cardiac monitoring, interprets ECG tracing, and transmits an ECG rhythm to medical control or the receiving hospital.

Complies with regulations on the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranges for protection of property and evidence.

Participates or oversees the extrication of patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides rescue if required, provides additional emergency care. Determines most appropriate facility for patient transport unless otherwise directed by medical control. Reports the nature and extent of injuries, the number of patients being transported and destination to assure prompt medical care in accordance with local and state protocols.

Observes a patient enroute and during transport, administers care as directed by medical control/state/local or national protocols. Able to maneuver to all points in the patient compartment while moving with a stretchered patient. Assists in lifting, carrying, and transporting patients to ambulance and to a medical facility.

Reassures patients, family members, bystanders and the public at large.

Is actively aware of patient safety issues and corrects them or reports them in an official capacity.

Utilize personal protective equipment and standard safety precautions. Is actively involved in prevention of work related injuries.

Is informed and practices safe operations of vehicles, safety and operational concerns, with air medical transport and all forms of rescue.

Maintains awareness level of hazardous materials.

Avoids mishandling patients and undue haste.

Inspects for medical identification, emblems, bracelets or cards that provide emergency care information.

Reports verbally, and in writing or by electronic means, any and all observations and emergency care given to the patient at the scene and in transit, to the receiving staff for record keeping and diagnostic purposes. Upon requests, provides assistance to the receiving facility staff.

Is well informed on current Health Insurance Portability and Accountability Act (HIPAA) issues and patient confidentiality.

Is able to recognize the signs and systems of a critically ill appearing patient and acts responsibly and accordingly.

After call, restocks and replaces patient care supplies, cleans all equipment following appropriate decontamination/cleaning procedures, makes careful check of all equipment to ensure availability of ambulance for next run. Maintains ambulance in efficient operating condition.

Attends continuing education and refresher training programs as required by employers, medical director, and/or certifying agency.

Will function as a patient advocate for patients in emergency setting and have an active role in public health information, education and care when appropriate.

Meets all qualifications within the functional position description of the EMT and ALS Provider.

## Appendix 10 - Paramedic Clinical Documentation & Evaluation Requirements

Documentation of care provided is an essential function of the paramedic. Students must successfully demonstrate their ability to accurately and clearly document the care provided to their patients. Any questions regarding documentation or evaluation for clinical shifts should be directed to the Paramedic Program Clinical Coordinator.

### Evaluation Forms to be Completed

The following forms must be completed on EVERY shift attended by the paramedic student.

- Daily Performance Evaluation
- Paramedic Clinical Assessment Verification
- Field Shift Evaluation Worksheet

### Documentation Requirements

#### Hospital Rotations

- Every patient contact must be documented on both the Paramedic Clinical Assessment Verification and Field Shift Evaluation Worksheet forms.
- 2 patient care narratives must be completed for all shifts with the exception of Operating Room shifts.
- Operating Room shifts do not require patient care narratives. However, all patient contacts, procedures/skills performed must be captured on the above evaluation forms.
- Patient care narratives must be written in the DCHART format and be in paragraph form.
- All evaluation forms must be completed and uploaded into Fisdap.
- Hardcopies of evaluation forms must be turned into the Clinical Coordinator within 7 calendar days of shift completion
- Emergency Department shifts require ten (10) patient contacts

#### Field Shift Rotations

- Every patient contact must be documented on both the Paramedic Clinical Assessment Verification and Field Shift Evaluation Worksheet forms.
- EVERY dispatch must be documented with a narrative.
- Patient care narratives must be written in the DCHART format and be in paragraph form.
- All evaluation forms must be completed and uploaded into Fisdap.
- Hardcopies of evaluation forms must be turned into the Clinical Coordinator within 7 calendar days of shift completion.

### Expectation of Timely Completion

The paramedic student will have 48hrs from the end of the shift to complete and upload all required evaluations and documentation into Fisdap. Fisdap will lock the shift at 48hrs. The paramedic student will have 3 opportunities to extend this window throughout the course of their program. The request to extend this window must be submitted via email to the Clinical Coordinator. Should a student fail to complete the required documentation within the 48hrs from shift completion, the student may elect to nullify the shift or have it graded "as-is". The paramedic student must notify the Clinical Coordinator of their intent to nullify the shift PRIOR to any part of the shift being evaluated by Education Center staff.

### Grading of Clinical & Field Shifts

Clinical and field shifts will be graded in accordance with Field/Clinical Paperwork Requirements and DHCART rubrics. These forms are available online on the Fisdap site, from the Clinical Coordinator, and the Paramedic Program Coordinator.

## Course Catalog / Student Handbook Acknowledgement

I, \_\_\_\_\_, have received a copy of the JeffSTAT Education Center Course Catalog / Student Handbook. I understand that I am responsible for reading, understanding and abiding by the policies and procedures detailed in the Course Catalog. I understand that the Course Catalog can also be found online at <http://education.jeffstat.org>.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_