



REMSA Center for Integrated Health and Community Education
EMS Education Program
Student Handbook

Student Handbook – Section A

I certify this catalog to be true and correct in content and policy

A handwritten signature in blue ink, appearing to read 'J. P. Walters', is positioned above the effective date.

Effective: February 21, 2024

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EFFECTIVE DATE

This handbook has been reviewed and revised to reflect the most current policies and procedures of the REMSA Center for Prehospital Education. This handbook and its contents are effective as of March 1, 2023.

HANDBOOK DISCLAIMER

This handbook has been created to provide important information to students of the REMSA Center for Integrated Health and Community Education. All students will be held to the standards outlined in this handbook.

Although every effort will be made to keep this handbook current and up-to-date, policy changes or course changes may occur prior to the content of this handbook being updated. Changes will be announced to current students prior to them taking effect and an updated handbook will be provided once approved if necessary. Students should contact their course coordinator if they believe their handbook has incorrect or inconsistent information.

Every student will be provided a course specific syllabus in addition to this handbook. The syllabus will outline the specific requirements of the course they are attending. If any information in the handbook is contradicted by the syllabus, the information in the syllabus will supersede the information in the handbook. General information regarding attendance and grading are included in the handbook; however, specific grading and attendance policies will be included in the syllabus.

PROFESSIONALISM

EMS is a profession made up of people that work in a variety of settings and situations that require compassion, quick thinking, and proficient care. Cognitive, Affective, and Psychomotor domains address the knowledge, behaviors, and skills that students will need to be a competent, entry-level EMS provider. All EMS courses taught at REMSA Center for Integrated Health and Community Education will be taught and evaluated in all three learning domains.

In addition to evaluations of a student's knowledge and skills, our programs will place an equal amount of emphasis on their behavior and attitude. EMS professionals must exhibit the qualities of a leader in a professional manner at all times and represent a community of medical professionals before, during and after class. As a student in the REMSA Center for Integrated Health and Community Education EMS program, students are representing REMSA Health in all they do, say and model.

SAFETY

Although safety is addressed throughout this handbook, its importance should be noted from the beginning. Students in all EMS classes will engage in activities that are considered dangerous. Skills labs, clinical internships, and field internships are all areas that potentially increase a student's chance of being exposed or injured.

It is every student, staff and faculty member's responsibility to ensure safety in all environments and locations. Although faculty and staff will develop and present skills and learning opportunities in the safest manner possible, students are responsible to adhere to the guidelines in this handbook as well as the verbal and written directions provided by proctors, instructors and faculty. If at any time a student feels something is unsafe, they are obligated to verbalize their concern, stop whatever is going on and discuss their concerns with the faculty and staff before proceeding.

THE REMSA HEALTH DIFFERENCE

Introduction	<p>The REMSA Center for Integrated Health and Community Education provides the highest quality educational opportunities that help prepare competent EMS professionals at all levels. Full time faculty and staff are available to assist students throughout the process and all educators have extensive backgrounds in prehospital and clinical medicine.</p> <p>The REMSA Center for Integrated Health and Community Education is located at 400 Edison Way Suite B, Reno, NV 89502.</p>															
Governance	<p>REMSA Center for Integrated Health and Community Education is owned and operated by REMSA Health, a private, not for profit, Nevada Company. Executive Leadership includes:</p> <table><tr><td>Barry Duplantis CEO</td><td>Adam Heinz COO</td></tr></table>		Barry Duplantis CEO	Adam Heinz COO												
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Vision	<p>The mission outlines patients, students, and families are the core of our values. Everything REMSA Center for Integrated Health and Community Education does is driven by the intense passion to educate future EMS providers to be strong clinicians, patient advocates, outstanding professionals, and dedicated caregivers. By putting patients first, we are able to support the students with high quality, research driven education. Understanding that our students and staff have families that support them and may rely on medical care by EMS in the future also drives us to provide a program that educates EMS practitioners to the highest clinical standards.</p>															
Staff/Faculty	<p>Administration and Staff:</p> <table><tr><td>Jennifer Walters, BS, NRP Education Director/Program Director jwalters@remsa-cf.com</td><td>Jennifer Wilson, MD Medical Director jwilson@remsa-cf.com</td></tr><tr><td>Scott Norman, BS, NRP Clinical Director</td><td>Ben Battenfield, NRP Clinical Coordinator</td></tr><tr><td>Lizeth Alvarez Education Support Specialist</td><td>Stacie DeVore Education Support Specialist</td></tr><tr><td>Alma Marin, BS Public Education Coordinator</td><td>Katie Timmons, AS, NRP Public Education Coordinator</td></tr></table> <p>Faculty:</p> <table><tr><td>Travis Duffin, MA, NRP Lead Education Coordinator II tduffin@remsa-cf.com</td><td>Carolyn Schumacher, MS, NRP Education Coordinator II cschumacher@remsa-cf.com</td></tr><tr><td>Heather Spencer, NRP Education Coordinator II hspencer@remsa-cf.com</td><td>Alex Ross, NRP Education Coordinator II aross@remsa-cf.com</td></tr><tr><td>Mark DeSimone, NRP Education Coordinator II mdesimone@remsa-cf.com</td><td></td></tr></table>		Jennifer Walters, BS, NRP Education Director/Program Director jwalters@remsa-cf.com	Jennifer Wilson, MD Medical Director jwilson@remsa-cf.com	Scott Norman, BS, NRP Clinical Director	Ben Battenfield, NRP Clinical Coordinator	Lizeth Alvarez Education Support Specialist	Stacie DeVore Education Support Specialist	Alma Marin, BS Public Education Coordinator	Katie Timmons, AS, NRP Public Education Coordinator	Travis Duffin, MA, NRP Lead Education Coordinator II tduffin@remsa-cf.com	Carolyn Schumacher, MS, NRP Education Coordinator II cschumacher@remsa-cf.com	Heather Spencer, NRP Education Coordinator II hspencer@remsa-cf.com	Alex Ross, NRP Education Coordinator II aross@remsa-cf.com	Mark DeSimone, NRP Education Coordinator II mdesimone@remsa-cf.com	
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Programs	<p>Paramedic Advanced Emergency Medical Technician Emergency Medical Technician Emergency Medical Responder</p>															

Recognition	<p>The REMSA Center for Integrated Health and Community Education Center is a licensed Postsecondary Institution by the Nevada Commission on Postsecondary Education.</p> <p>The REMSA Center for Integrated Health and Community Education is a recognized training facility by the Nevada State EMS division of the Department of Health.</p> <p>The REMSA Center for Integrated Health and Community Education is an authorized CE provider for State of Nevada Emergency Medical Services, and State of Nevada Board of Nursing.</p> <p>The REMSA Center for Integrated Health and Community Education is an approved Training Center by the American Heart Association for Basic Cardiac Life Support, First Aid, Pediatric Advanced Life Support, and Advanced Cardiac Life Support training.</p> <p>The REMSA Center for Integrated Health and Community Education is Training Center is an approved Training Center by the International Trauma Life Support committee, and Nevada State ITLS Board of Directors, as well as the National Association of EMT's to provide PHTLS and TCCC courses.</p> <p>The REMSA Center for Integrated Health and Community Education is approved by the American Academy of Pediatrics to conduct Pediatric Education for Pre-hospital Professionals-Advanced and Basic courses.</p> <p>The REMSA Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs.</p>
Academic Calendar	<p>Emergency Medical Responder Call REMSA Health at (775) 858-5700. These classes are offered as needed.</p> <p>Emergency Medical Technician Log on to www.remsahealth.com/education for current class offerings and deadlines.</p> <p>Advanced Emergency Medical Technician Log on to www.remsahealth.com/education for current class offerings and deadlines.</p> <p>Paramedic Program Log on to www.remsahealth.com/education for current class offerings and deadlines.</p>
Hours of Operation	<p>REMSA Center for Integrated Health and Community Education is open Monday through Thursday, 0800-1700 and Friday 0800-1400.</p>
Observed Holidays	<p>REMSA Health recognizes nine holidays throughout the year. Although classrooms and didactic education will not be provided on these days, internships may still be operating on holidays. Students will be required to request time off if their preceptor is scheduled to work on a holiday and they wish to have the day off. Students may have to attend internships on an observed holiday.</p> <ul style="list-style-type: none"> - President's, Memorial, Veteran's, Labor Day - Independence Day - Thanksgiving/Family Day - Christmas Day & New Year's Day

REMSA & UNIVERSITY OF NEVADA, RENO

Paramedic Program	<p>REMSA Center for Integrated Health and Community Education and the University of Nevada, Reno have a partnership to provide a paramedic program taught by healthcare professionals, and provides a certificate of completion from the University at the conclusion of the program.</p> <p>Through this partnership, the students gain access to the medical school's cadaver lab, allowing students to practice critical skills on cadavers.</p> <p>Both REMSA Center for Integrated Health and Community Education staff as well as the University's Extended Studies office staff support students enrolled in the REMSA Paramedic Program.</p>
Extended Studies	<p>University staff handle all paramedic student payments and financial transactions.</p> <p>University staff and REMSA Center for Integrated Health and Community Education staff meet as needed to discuss student progress, financial status, university faculty schedules, as well as general topics regarding the course.</p>
UNR Information	<p>University of Nevada, Reno Office of Extended Studies, Mail Stop 0048 18600 Wedge Parkway Reno, Nevada 89511 Dawna Snyder dsnyder@unr.edu (775) 682-7554</p> <p>The Northwest Commission on Colleges and Universities, recognized by the Council for Higher Education Accreditation and the U.S. Department of Education, accredits the University of Nevada, Reno. More information on this accreditation can be found at:</p> <p style="text-align: center;">www.nwccu.org</p> <p>The REMSA Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).</p> <p>Issues or concerns about the Paramedic Program can be directed to: Commission on Accreditation of Allied Health Education Programs 1361 Park Street Clearwater, FL 33756 (727) 210-2350 www.caahep.org</p>

LAW & ORDER

Equal Opportunity	The REMSA Center for Integrated Health and Community Education is an Equal Opportunity institution. REMSA Health and RASI are committed to assuring that all courses are readily accessible to all eligible persons without regard to their race, color, religion, sex, age, national origin, marital status, sexual orientation or other protected class.
Discrimination	REMSA Center for Integrated Health and Community Education does not discriminate based on sex, sexual orientation, race, religion, handicaps and/or national origin in the programs and activities it operates. In addition, REMSA Center for Integrated Health and Community Education does not tolerate discrimination against students by fellow students. Actions considered discrimination against students will be handled swiftly and according to the discipline guidelines in this handbook.
American's with Disabilities Act	<p>Qualified students with physical or documented learning disabilities have the right to accommodations to ensure equal access to educational opportunities at REMSA Health per the Americans with Disabilities Act of 1990. Students must have acceptable documentation that an ADA situation exists. The student must bring this information to the course coordinators attention before the conclusion of the first class session.</p> <p>Students seeking accommodations must understand that although every effort is made to accommodate their needs, the nature of this course and EMS in general requires the practitioner to be able to react quickly and respond to various types of situations. Classroom, laboratory, clinical and field internships all have physical as well as mental demands that many not be able to be accommodated based on the requirements of the functional job description provided in this handbook. Students with documented disabilities will not be denied the opportunity to take an exam or participate in a skills testing session, however this student will be required to take the written exam and pass the skills proficiency verifications within the established criteria including time limits.</p> <p>There are accommodations that are not allowed in any of the EMS programs because they are not in compliance with the essential job functions of an EMT or Paramedic as outlined in the Functional Job Description in this handbook. These include, but are not limited to:</p> <p>Students are not allowed additional time for skills with specific time frames.</p> <ul style="list-style-type: none"> Obviously, patients would suffer due to life threatening conditions in emergency situations if treatment were delayed. <p>Students are not allowed unlimited time to complete a written exam.</p> <ul style="list-style-type: none"> This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time. Students will be allowed a maximum of time and one-half to complete written exam. <p>Students are not allowed to have written exams given by an oral reader.</p> <ul style="list-style-type: none"> The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability. <p>Students are not provided a written exam with a less than eighth grade reading level.</p> <ul style="list-style-type: none"> The EMS profession requires a reading level of at least grade eight to work safely and efficiently. <p>Students must take all exams during the scheduled time, as a member of the class.</p> <ul style="list-style-type: none"> The ability to utilize knowledge on the spur of the moment is an essential task. Exams are given to elicit immediate recall and understanding of emergency situations Students will be permitted a private space to take the exam. Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.

- Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding English is an essential part of EMS communication.
- Students must be able to understand and converse in medical terms appropriate to the profession.

All EMS students in EMT, AEMT, and Paramedic programs will be required to complete National Registry practical and written exams at the end of the course. The NREMT exam has an extensive policy and procedure for accepting accommodations during exams that is separate from any requests made in class. Students are encouraged to visit their website at www.nremt.org early and review the process required prior to testing to ensure accommodation requests can be reviewed and granted.

Patient Confidentiality

Throughout the program students will interact with patients, medical professionals and others. Information discussed, reviewed, and gathered about patients throughout the program is to be considered confidential. Use of this information as a learning opportunity with instructors and/or a preceptor is considered acceptable if it is done in an appropriate setting. Sharing confidential information in any other way is considered unacceptable and may be grounds for discipline up to and including dismissal from the program. Protected health information (PHI) includes any piece of information that can identify a person including pictures. Specific examples include patients name, address, phone number, social security number or any other identification number that is specifically assigned to that patient. Students should exercise discretion and when in doubt; do not discuss or share information in any form by any means that may be considered confidential.

Sexual Harassment

Sexual Harassment is held as a serious offense. Unwanted sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature may be considered sexual harassment when submission to such conduct is made explicitly or implicitly a term or condition for an individual's academic success.

Such conduct has the purpose or effect of interfering with an individual's class performance or creating an intimidating, hostile or offensive class environment. Students who experience sexual harassment have a responsibility to bring it to the attention of the Program Coordinator, Manager or Director. All complaints of sexual harassment will be investigated. There will be no intimidation or retaliation against anyone claiming to be a victim of sexual harassment when done so in good faith.

Background Checks

EMS students in REMSA Center for Integrated Health and Community Education programs will be required to submit to a full background check including criminal, driving history and drug screenings. Students with criminal records may be removed from the program as they will be unable to complete clinical internships and will not be able to apply for state certifications. A full list of offenses that preclude a student from entering a clinical setting can be found by searching NRS 449.174.

Release of Information

REMSA Health reserves the right to, when necessary, release student information to clinical and field internship sites as well as the Veteran's Administration if the student is receiving benefits from the VA.

Certifications

As a student in an EMS course any current certifications that were used as a prerequisite to the course must be maintained. For example, students in the Paramedic class must maintain a current AEMT certification throughout the class. Students in all EMT and above classes must maintain current Healthcare CPR certification throughout the program. Failure to maintain these certifications may result in disciplinary action up to and including immediate removal from the program.

Admission

Students attempting to enter the REMSA Center for Integrated Health and Community Education EMT or AEMT programs must complete an entrance test prior to acceptance into the program. Entrance exams are scheduled prior to the start of the program and are conducted in-person at REMSA Center for Integrated Health and Community Education. See www.remsahealth.com/education for a current schedule. Students will be ranked based on scores. Classes will be filled from highest to lowest score.

Students attempting to enter the REMSA Paramedic program must pass the pharmacology exam and complete the entrance exam and admission process successfully before being scored and ranked based on the following criteria:

Entrance Exam

REMSA Emergency Medical Services courses may elect to select students for programs based on the results of an entrance test provided prior to the scheduled start date of the class. These exams will cover entry-level material for the program the student is attempting to enter. There is no entrance test for EMR.

Weight Assigned:	Paramedic	35%
	Advanced EMT	100%
	EMT	100%

Application

The REMSA Paramedic program requires candidates to complete a program application including work history and educational background. Staff will review and grade the application based on content, answers to questions and completeness.

Weight Assigned:	Paramedic	15%
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Oral Interviews

The REMSA Paramedic program requires program candidates to participate in an oral interview. This process is scored by a panel of interviewers and the scores are factored into the final overall score.

Weight Assigned:	Paramedic	30%
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Recommendation

Students seeking enrollment into the REMSA Paramedic program must supply letters of recommendation as outlined in the original application. These letters will be scored by education staff based on content, message, and information provided.

Weight Assigned:	Paramedic	15%
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Experience

The REMSA Paramedic program also considers past EMS experience and AEMT education of each candidate. Prior experience/education in EMS has been proven to be a major factor in a candidate's success and as such is a weighted factor in the entrance score.

Weight Assigned:	Paramedic	5%
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Service Work

While REMSA Health cannot prevent the student from working while in school, they are encouraged to understand the demands of school and adjust their life as necessary to be

successful in the chosen program. Paramedic school in particular is very time consuming and is the equivalent of a full-time job. Students should take this into consideration prior to entering the program and develop a plan to deal with the stress of school.

At no time will a REMSA Center for Integrated Health and Community Education student be substituted for a REMSA Health employee. We recognize that some employees are also students, however, at no time will a student act as an employee while in the process of completing requirements for their currently enrolled program.

REMSA Center for Integrated Health and Community Education programs are developed to ensure all educational goals and objectives are met in each program. For that reason, we do not substitute our clinical sites or field internship sites for other agencies. We have agreements and relationships with certain sites and are confident that the education we expect is obtained at these sites.

Employed	<p>If students are currently employed and utilizing skills within the EMS profession they are only certified to practice at the level for which they are currently employed and certified by the State of Nevada. At no time may the student practice as a provider under the level in which they are being educated without current certification.</p> <p>The only time students may practice assessments or skills being taught in their current class is when they are practicing with an approved preceptor at an approved clinical or field internship site that has been scheduled by a REMSA Education Coordinator as an education shift.</p>
Placement	<p>REMSA Center for Integrated Health and Community Education does not offer official placement services, however, students are encouraged to meet with REMSA Health Human Resources representatives to discuss options and careers available at REMSA Health. Human Resource staff members are available Monday through Friday from 9:00 a.m. to 5:00 p.m., excluding holidays.</p>
Entrance	<p>Students attempting to enter REMSA Center for Integrated Health and Community Education programs are required to complete the entrance process for each program. Scores will not be held for future programs without expressed written consent of the Program Coordinator. Students are eligible to take entrance tests prior to prerequisite submission upon the understanding that all documents are required by the specified date prior to class.</p>
Reentry Students	<p>Students who have been academically dismissed from the same program twice are not eligible for reapplication, unless granted by the Program Coordinator. The student will be required to meet with the Program Coordinator to evaluate previous gaps in knowledge and how deficiencies have been addressed. Students failing to show progress or attempts to improve will not be allowed to retest for a program.</p>
Retest	<p>Students must meet published academic standards. Students failing to meet testing standards outlined in the academics section of this handbook will be academically dropped from the program. One retest per exam will be allowed if the student is within 10% of the published passing grade listed in the Grading section of the handbook. Students must pass all retests with a score at or higher than the published passing score for the program they are attending.</p>
Records	<p>All student records including grade books, attendance, progress reports, transcripts, conduct, and all associated student documentation are maintained in the Student Information System. This system is backed up daily and records are maintained for all students past and present. Records can be accessed by students by request.</p>

EMERGENCY MEDICAL SERVICE COURSES

Courses Offered	<p>EMS courses offered at REMSA Center for Integrated Health and Community Education include:</p> <table> <tr> <td>EMR</td><td>Emergency Medical Responder</td></tr> <tr> <td>EMT</td><td>Emergency Medical Technician</td></tr> <tr> <td>AEMT</td><td>Advanced Emergency Medical Technician</td></tr> <tr> <td>PM</td><td>Paramedic</td></tr> </table>	EMR	Emergency Medical Responder	EMT	Emergency Medical Technician	AEMT	Advanced Emergency Medical Technician	PM	Paramedic
EMR	Emergency Medical Responder								
EMT	Emergency Medical Technician								
AEMT	Advanced Emergency Medical Technician								
PM	Paramedic								
Course Sequence	<p>Most EMS courses build on education from the previous levels. For example, students must complete an EMT program before proceeding to an AEMT program.</p> <p>Students applying to the Paramedic program are given consideration for EMS experience and education level completed as well as other factors.</p>								
Course Description	<p>Emergency Medical Responder – 48 hours Emergency Medical Responder (EMR) training gives students the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting for additional EMS resources to arrive. The curriculum is authorized by the National Highway Traffic Safety Administration (NHTSA) of the United States DOT as a national standard for certification as an EMR pursuant to NAC 450B.355. Students are not required to complete an EMR course prior to proceeding to the EMT program.</p> <p>Emergency Medical Technician – 150 hours The Emergency Medical Technician (EMT) course is the entry-level course for the Emergency Medical Services profession. The curriculum is authorized by the NHTSA of the United States DOT as a national standard for certification as an EMT pursuant to NAC 450B.360. Students obtain the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies.</p> <p>Advanced Emergency Medical Technician – 150 hours Advanced EMT students learn to provide basic and limited advanced emergency medical care and transportation for acutely ill or injured patients. Competencies include but are not limited to the recognition, assessment, and management of medical and trauma emergencies. The curriculum is authorized by the NHTSA of the United States DOT as a national standard for certification as an EMT pursuant to NAC 450B.191. This level does not conflict or compete with the Paramedic level; it is another level that exists as a result of different skills being emphasized.</p> <p>Paramedic – 1289 hours Paramedic students are trained to provide advanced emergency medical care for critical and emergent patients including advanced cardiac life support, neonatal resuscitation, pediatric advanced life support, and trauma life support. They obtain vast knowledge of medications, cardiac interpretations and anatomy. Students also learn advanced skill sets allowing them to perform lifesaving treatments out of hospital. The curriculum is authorized by the NHTSA of the United States DOT as a national standard for certification as an EMT pursuant to NAC 450B.195.</p>								

Course Prerequisites	Emergency Medical Responder
	- None
	Emergency Medical Technician
	<ul style="list-style-type: none"> - Current AHA Healthcare Provider CPR Certification - Current health insurance - Current driver's license or state issued identification - Current vaccinations including: MMR, Hep-B, Varicella, Tetanus, Diphtheria, Pertussis - Negative TB skin test within the past 6 months
	Advanced Emergency Medical Technician
	<ul style="list-style-type: none"> - All EMT requirements (above) - Current EMT State of Nevada Certification
	Paramedic
	<ul style="list-style-type: none"> - All EMT requirements (above) - High school diploma or High school Equivalent - Current EMT State of Nevada Certification

ENROLLMENT, TUITION & FEES

Enrollment Agreement	Students in all EMS programs will be required to complete an enrollment agreement upon acceptance into the program. This agreement will outline the specific costs associated with the program as well as the refund and withdrawal policy for that program. Students must sign this agreement for admission to the program.			
Tuition	Each program charges a tuition and fees. These expenses vary by program and are outlined in the enrollment agreement provided to the student. Current Tuition by Program:			
	EMR \$450	EMT \$841.50	AEMT \$892.50	Paramedic \$10,500
	Failure to pay the posted tuition and fees may result in not being able to enroll in the program or face termination from the program if it has already started. The student is solely responsible to make all payments by the published deadlines.			
Fees	Each program has fees associated with it that are not included in the tuition. These fees include the following: Background Check, Drug Screen, Internship, Uniforms, Textbooks and Manuals. A lab fee of \$100 is required for the EMT and AEMT program.			
	A list and description of fees directly related to the program are listed in the enrollment agreement and will be reviewed with the course coordinator if needed.			
	REMSA Center for Integrated Health and Community Education does not charge a registration fee.			
Indirect Expenses	At times, the student may be required to purchase additional items to help them succeed in the course. These items may include additional study materials or textbooks, lab supplies including stethoscopes and penlights, or any item that a student finds useful. These items will be the responsibility of the student and REMSA Center for Integrated Health and Community Education will not be responsible for the item or the fees associated with it.			

VA Benefits	<p>REMSA Center for Integrated Health and Community Education is approved to accept Veterans Affairs benefits for students. Students are responsible to identify themselves as VA students that are eligible for benefits and meet with the VA School Certifying Official for REMSA Center for Integrated Health and Community Education.</p> <p>All course prerequisites, including education and military transcripts, are required to be received and reviewed by the REMSA Center for Integrated Health and Community Education staff prior to completing entry paperwork. REMSA Health does not penalize students using VA Education benefit programs under Chapters 33 and 30 while waiting for payment from the Department of Veterans Affairs providing they submit a certificate of eligibility, a written request to use such entitlement, and any additional information needed to certify enrollment. Students will continue to have access to classes, libraries, and other institutional facilities as outlined available in our catalog. No late fees will be assessed and the student's accounts considered on hold. Title 38 USC 3679 (e).</p>
Previous Training	<p>Other than specific course prerequisites, credit may be applied for training received prior to admission upon review by the education department.</p>
Previous Experience	<p>Although previous work experience in the field of EMS is recommended, credit for work experience must be reviewed and approved by the education department.</p>
Withdrawal	<p>Students may withdraw from the program at any time. Students must provide a written statement to the Education Support Specialist or the program coordinator. The date of withdrawal for the student's refund will be the last day the student was in class. Students that withdraw must reapply as a new student for future programs.</p>
Refund Policy	<p>In accordance with NRS 394.449 and NRS 394.441, the REMSA Center for Integrated Health and Community Education refund policy is as follows:</p> <p>If REMSA substantially fails to furnish the instruction or services agreed upon in the enrollment agreement, including institution of program curriculum changes not required of NVOEMS or NDOT. Students will have the option to accept the changes through a modified enrollment agreement or receive a refund of tuition. Students who opt for a refund will be discontinued from the program and will not be eligible for the NREMT exam. Students who elect to enter a modified enrollment agreement will not be charged additional cost for program changes.</p> <p>If a student cancels their enrollment agreement via emailing the education support specialist within 3 days of signing, the student shall receive a 100% refund.</p> <p>If a student cancels his enrollment via emailing the education support specialist before the start of the training program, after 3 days of signing the enrollment agreement, the institution shall refund to the student all the money they have paid, minus 10 percent of the tuition agreed upon in the enrollment agreement or \$150, whichever is less.</p> <p>Tuition refunds may take 15 days from request. There are no refunds for indirect expenses incurred by the student.</p> <p>If a student withdraws or is expelled by the institution after the start of the training program and before the completion of more than 60 percent of the program, the institution shall refund to the student a pro rata amount of the tuition agreed upon in the enrollment agreement, minus 10 percent of the tuition agreed upon in the enrollment agreement or \$150, whichever is less.</p> <p>If any student withdraws or is expelled by the institution after completion of more than 60 percent of the training program, the institution is not required to refund the student</p>

any money and may charge the student the entire cost of the tuition agreed upon in the enrollment agreement.

In accordance with the Department of Veterans Affairs 38 CFR 21.4255, Students whose tuition is paid for through the Department of Veterans Affairs and cancel their enrollment agreement before the start of class will be refunded fully.

If the student's tuition is being paid for through the Department of Veterans Affairs and the student withdraws or is expelled by the institution at any time after the start of the program, the institution shall refund a pro rata amount of the tuition agreed upon in the enrollment agreement.

If a refund is owed, the institution shall pay the refund to the person or entity who paid the tuition within 15 calendar days after the:

- Date of cancellation by a student of his enrollment;
- Date of termination by the institution of the enrollment of a student;
- Last day of an authorized leave of absence if a student fails to return after the period of authorized absence; or
- Last day of attendance of a student, whichever is applicable.

For the purposes of this section:

- The period of a student's attendance must be measured from the first day of instruction as set forth in the enrollment agreement through the student's last day of actual attendance, regardless of absences.
- The period for a training program is the period set forth in the enrollment agreement.
- Tuition must be calculated using the tuition and fees set forth in the enrollment agreement and does not include books, educational supplies, uniforms, or equipment that is listed separately from the tuition and fees.

ACADEMICS

Grading

Grading standards at REMSA Center for Integrated Health and Community Education are rigorous and students are held to a high standard throughout all programs. All coordinators are available to provide support and guidance including test-taking skills, assisting with ideas and techniques for successful study habits, and reviewing class assignments.

In general, grading will adhere to the following policy. Refer to the current class syllabus for most current grading policies for the program. All records are maintained in the Student Information System including progress reports and transcripts.

Testing

- Quizzes will be given on a regular basis and may or may not be announced.
- Module tests will be conducted as defined on the Course Schedule.
- Skill testing will be conducted in conjunction with the current module, and skills reviews will be conducted frequently.
- National Registry psychomotor testing is included in the overall course. National Registry psychomotor testing must be completed within 6 months of the final date of the course in order to be included within the course pricing, otherwise the student will be responsible for signing up and paying for the exam separately.

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Assignments

- Students are given periodic out-of-classroom assignments. The assignments will be graded and be part of the students overall grade.

Grading

- The minimum Module/Division average: 80% PM | 70% EMT/AEMT | 75% EMR
- The minimum Module/Division Test grade: 80% PM | 80% EMT/AEMT | 75% EMR
- The minimum average Course grade: 80% PM | 80% EMT/AEMT | 75% EMR
- Students must pass each Module Test in order to progress on to the next Module.

- Grading Scale

Paramedic	EMR / EMT / AEMT	
A = 94% to 100%	A = 90% to 100%	
B = 87% to 93%	B = 80% to 89%	
C = 80% to 86%	C = 70% to 79%	
W = <80% withdraw	W = <70% withdraw/drop	

- Grading Weights

PM:	10% Assignments	30% Quizzes	60% Exams
A/EMT:	20% Assignments	30% Quizzes	50% Exams
EMR:	100% Exams		

- Lab grades will be based on current grading rubrics. A copy of the rubric can be obtained from the course coordinator.

- Clinical internships will be graded based on daily preceptor evaluations and other assignments required to progress to the field internship.

- Field internships will be graded based on daily preceptor evaluations, professional behavior evaluations, a final field preceptor evaluation, a patient scenario mid-term exam, and a final patient scenario exam.

Extra Credit

- Extra credit is given at the discretion of the course coordinator and may not be available in all classes.

Academic Drop

- Module Average- students falling below the module average will not be allowed to progress to the module exam and will be academically dropped.
- Module Exams – students falling below the minimum passing module exam score will be allowed one retest if they scored within 10% of passing. Students falling greater than 10% below passing on their first attempt, or below passing on their second attempt will be academically dropped.
- Course Average – students failing to meet the minimum course grade will be academically dropped from the program.

Probation and Reentrance Following Academic Drop

- There are no probation periods or interruptions in REMSA programs for failing to meet academic standards. Students will be academically dropped and required to reenter from the beginning of a future program.
- Students academically dropped from a program are eligible to reenter the next program from the beginning and must go through the entrance process to be considered for placement into the new program.
- (See Reentry Students Guidelines)

Attendance

Being present throughout the program is critical to student success. Attendance will be taken daily, and students will be required to sign in each day to verify attendance in the class. The sign in binder is kept as part of the course record and used to verify adherence to the attendance standard outlined below. Because students must be present in the classroom, the clinical setting, and field internships, it is imperative that they adhere to

the attendance policy listed below. For specific requirements please see the current syllabus of the program.

Tardiness

- Arrival in the classroom, clinical site or field internship site after the posted start of class constitutes a tardy.
- Chronic tardiness is unacceptable and reflects unprofessional conduct that severely disrupts the classroom environment.
- Chronic tardiness warrants disciplinary action(s). (See Disciplinary Guidelines)

Absences

- Maximum Allowable Absences are based on the specific program's length. Students will be dropped from the program for missing more than 10% of the total program. Only 24 hours of the didactic portion of the paramedic program can be missed.
- Special circumstances exceeding the allowable absences will be considered by the Director or Coordinator on a case-by-case basis.
- Any clinical or field time missed must be made up.

Excused Absences

- An excused absence is defined as missing all or part of a class after notifying the Coordinator and preceptor prior to the beginning of class or internship.
- Special circumstances exceeding the hour limitations will be considered by the Director on a case-by-case basis.
- Exams, quizzes and assignments missed will receive a grade of zero unless detailed otherwise in the syllabus.
- The student is responsible to get the information and assignments he/she missed during their absence (i.e., notes, audiotapes, and handouts).

Unexcused Absences

- The Coordinator or lead instructor defines an unexcused absence as missing all or part of a class without notifying the Coordinator prior to the beginning of the posted class time, or prior to leaving class before dismissal.
- An unexcused clinical or field absence is defined as missing all or part of a shift without notifying the Coordinator and Preceptor prior to the beginning of the posted shift start time, or prior to leaving the shift before the posted end of shift.
- Students with unexcused absences may not make up missed tests and quizzes.
- Exams, quizzes and assignments missed will receive a grade of zero.
- The student will be responsible for getting the missed didactic information for future tests and quizzes.
- Unexcused Absences are grounds for disciplinary action up to and including termination from the program.
- Unexcused absences in the clinical or field setting must be made up in order to proceed to the next phase of the program.

Notification of Absence

- The student must personally notify the Coordinator and Preceptor of an absence prior to the beginning of class or clinical/field start time.
- In the event the Coordinator or Preceptor cannot be reached in person, messages may be left with the Coordinator and Preceptor.

Leave of Absences

- In cases of severe hardship, the Course Coordinator may, at his/her discretion, grant a brief leave of absence. This can only be done in the Paramedic class during the clinical and field phases of the program and must not exceed 14

calendar days. Up to 30 total calendar days may be missed with State EMS and Program Director approval. This is only granted in extreme cases.

Professionalism

Throughout a student's EMS career they will be faced with situations that require them to act honestly, ethically, and with integrity. Understanding the need for consistent professionalism throughout a students' career will assist them in making the right choices when it matters most.

All REMSA Center for Integrated Health and Community Education programs require students to understand what professionalism means as well as how to act honestly, ethically, and with integrity. Students will be held to a high standard in the classroom, clinical sites, and field internships. Reports of students acting in an unprofessional manner will be addressed by the course Coordinator and reviewed by the Manager and Director of the department. All unprofessional acts will be investigated and dealt with according to the current disciplinary guidelines.

At no time will academic dishonesty, cheating, plagiarism, or any other form of dishonest work be accepted. Work deemed to not be the student's original will be graded as a zero and the student will be referred to a meeting with the Coordinator, Manager and Director for discipline up to and including termination from the program.

REMSA Center for Integrated Health and Community Education may at times utilize online resources to check work for originality. Students will cite references according to the most current APA formatting. If the student is unsure on how to properly cite resources, coordinators are available to assist. Work without citations will be considered plagiarism.

Students of REMSA Center for Integrated Health and Community Education represent REMSA Health in all environments. Failure to represent REMSA Health in a positive and professional manner at all times may result in disciplinary actions including dismissal from the program.

CLINICAL AND FIELD INTERNSHIPS

Frequency

Internships in clinical and field settings are vital to the success of EMS students. REMSA Center for Integrated Health and Community Education has agreements with various local clinical facilities to allow students to interact with patients and other healthcare professionals. Clinical and Field sites are approved by REMSA Center for Integrated Health and Community Education, and agreements are in place that outline what students can do in these settings. Students are only allowed to participate in clinical and field internships at sites approved by REMSA Center for Integrated Health and Community Education that have a current agreement on file. Minimum requirements listed below.

EMR	None required, field internships may be requested		
EMT	Emergency Room rotations	1 Shift	12 Hours
	REMSA ALS ambulance rotations	1 Shift	10 Hours
AEMT	Emergency Room rotation	2 Shifts	24 Hours
	REMSA ALS ambulance rotation	2 Shifts	20 Hours
Paramedic	Clinical Departments	21 Shifts	228 Hours
	Optional Clinical Shifts*	1 Shifts	8* Hours
	REMSA ALS Ambulance	48 Shifts	480 Hours

Expectations Students will arrive at least 15 minutes early to ensure they are at the right site and ready to work at the start of the shift. Students must be dressed in an approved uniform and have their current student ID badge on and visible to all staff and patients.

Students are expected to act in a professional manner and to work as part of the team at all times. It is the responsibility of the student to interact, ask questions, volunteer support and get involved. Failure to engage will reflect poorly on the student and may require them to repeat the internship.

Evaluations are required for each clinical and field internship site/day. These evaluations must be completed by the student's preceptor, reviewed with the student, and turned into the course coordinator within one week of the internship unless otherwise agreed upon by the course coordinator. Evaluations may be paper or done online through the FIDAP program. The course coordinator will describe and review the tool that will be used for rotations with students.

It is imperative evaluations be complete, accurate and truthful. Falsification of information on an evaluation, written or online, will be considered academic dishonesty and will be handled according to the current disciplinary guidelines.

Locations REMSA Center for Integrated Health and Community Education currently uses multiple clinical internship sites for their programs. Sites include but are not limited to:

Northern Nevada Medical Center
2375 East Prater Way
Sparks, Nevada 89434
Emergency Department
Operating Room

Northern Nevada Sierra
Innovation Drive
Reno, NV 89511
Emergency Department
Operating Room

Renown Regional Medical Center
1155 Mill Street
Reno, Nevada 89502
Emergency Department
Pediatric Emergency Department
Trauma ICU
Cardiac ICU
Cath Lab
Neonatal ICU
Pediatric ICU
Respiratory Therapy
Labor and Delivery

Renown Medical Center – South Meadows
10101 Double R Blvd
Reno, Nevada 89511
Emergency Department

Washoe County Medical Examiner
990 E 9th St
Reno, NV 89512

Saint Mary's Regional Medical Center
235 West 6th Street
Reno, Nevada 89503
Emergency Department
Cardiac ICU
Cath Lab

Northern Nevada Medical Freestanding ERs
10290 N McCarran Blvd
Reno, NV 89503
1511 Oppio Ranch Parkway
Sparks, NV 89436

REMSA Center for Integrated Health and Community Education utilizes the REMSA Health ALS ground ambulance service for field internships unless special arrangements and agreements have been made with Program Director approval.

Scheduling All clinical site scheduling will be completed through the course coordinator. Specific directions and evaluations will be provided for each site during the program.

Uniforms

If at any time the student has any questions regarding their internship, they should direct their questions to the Clinical Course Coordinator or Program Coordinator.

Specific student uniform requirements will be outlined in the course syllabus. In general, students should be prepared to wear specific attire to all internship sites. EMR students are not required to do clinical or field internships.

Some courses may provide a uniform for students to wear. If a uniform has been provided the student must wear the complete uniform in every class, lab, clinical and field internship setting unless otherwise directed by the course coordinator or preceptor.

At no time is a student allowed to wear any clothing that has agency logos, titles or information on it unless approved by REMSA Center for Integrated Health and Community Education. Students are also forbidden from wearing clothing that has any brand names or logos on them and should generally wear attire that is plain and free from any writing.

EMT and AEMT internship attire is the responsibility of the student. Specific guidelines will be provided in the syllabus and reviewed by the course coordinator

Paramedic Program uniforms shirts will be provided by REMSA Center for Integrated Health and Community Education. Students are required to supply navy blue EMS style pants, a black belt and boots. Specific requirements will be outlined in the paramedic syllabus and reviewed by the clinical coordinator.

GRADUATION REQUIREMENTS

Specific Requirements

Each EMS course offered by the REMSA Center for Integrated Health and Community Education has specific requirements for graduation or successful completion of the program. Students should refer to the course syllabus for specific guidelines and requirements. Overall requirements are listed below by program.

EMR:

- Complete 40 hours of classroom education
- Complete state required skills
- Pass module exams and final exam with a 75% or better

EMT:

- Complete didactic classroom education
- Successfully complete state/national-required skills
- Maintain a 70% or higher class average
- Pass all module exams and final exam with a 80% or better
- Successfully complete one 12-hour ER shift
- Successfully complete one 10-hour field ambulance shift
- Complete minimum required patient encounters

AEMT:

- Complete didactic classroom education
- Successfully complete state/national-required skills
- Maintain a 70% or higher class average
- Pass all module exams and final exam with a 80% or better
- Successfully complete two 12-hour ER shifts
- Successfully complete two 10-hour field ambulance shifts
- Complete minimum required patient encounters

Paramedic:

- Complete the didactic portion of the program
- Maintain 80% or higher class average
- Pass all module exams and final exam with an 80% or better
- Successfully complete all lab skills and assessments

Successfully complete state/national-required skills
 Successfully complete a minimum of 228 hours in Clinicals
 Successfully complete 480 hours of ambulance rotations
 Successfully complete capstone field internship/team leader requirements
 Successfully complete 1 clinical case presentations
 Complete minimum required patient encounters

CONDUCT, ATTITUDE, AND BEHAVIOR

General Expectations	Students will adhere to the highest standards of medical ethics and integrity in all periods of attendance in class, at clinical affiliate sites and during field internship. An important part of the student evaluation will be student-patient relationships. The instructor and/or the program director will deal with all infractions of conduct.
Interaction	<p>To maintain a high standard of professionalism, students will consistently demonstrate a positive, supportive, and motivated attitude to those they encounter (patients, peers, other healthcare providers, instructors/preceptors, etc.).</p> <p>Conflicts between the student and others will be handled in a mature manner. If the conflict involves another student or preceptor, the student may seek arbitration from the Program Director or Coordinator.</p> <p>Derisive and slanderous statements are grounds for immediate disciplinary action up to and including suspension.</p> <p>To maximize the student's learning experience, it is imperative that all students take an active role in classroom participation.</p> <p>Any behavior deemed disruptive, hostile, threatening or offensive by the Program Director, Coordinator, instructor, preceptor or fellow student will be investigated immediately. If the allegations are found to have merit, disciplinary procedures will be implemented as detailed in the Disciplinary Guidelines section of this handbook.</p>
Classroom	<p>Students shall refrain from distracting behavior in the classroom.</p> <p>Turn off and do not answer cell phones until breaks.</p> <p>No electronic devices are permitted unless approved by course coordinator.</p> <p>Come to class well rested and ready to learn.</p> <p>Academic dishonesty will not be tolerated.</p>
Laboratory	<p>Students shall refrain from distracting behavior in the laboratory.</p> <p>Turn off and do not answer cell phones until breaks.</p> <p>No electronic devices are permitted unless approved by course coordinator.</p> <p>No food in Labs.</p> <p>No photos in the cadaver lab.</p> <p>Work as a team when necessary.</p> <p>Use equipment for its intended purpose, do not abuse, damage or destroy equipment.</p> <p>Return all equipment clean to where it was found at the beginning of the lab.</p>
Clinical	<p>Students shall refrain from distracting behavior in the clinical setting.</p> <p>Turn off and do not answer cell phones until breaks.</p> <p>No electronic devices are permitted unless approved by course coordinator.</p> <p>No food in clinical areas</p> <p>No photos in any clinical setting.</p> <p>Work as a team when necessary.</p>

	<p>Participate and engage in patient care.</p> <p>Complete all skills and assessments regardless of how basic they may seem.</p> <p>Complete all required evaluation tools.</p> <p>Communicate with preceptor and seek out opportunities for learning.</p>
Field	<p>Students shall refrain from distracting behavior in the field setting.</p> <p>Turn off and do not answer cell phones/pagers until breaks.</p> <p>No electronic devices are permitted unless approved by course coordinator.</p> <p>No photos at any time in the field.</p> <p>Work as a team when necessary.</p> <p>Participate and engage in patient care.</p> <p>Complete all skills and assessments regardless of how basic they may seem.</p> <p>Complete all required evaluation tools.</p> <p>Communicate with preceptor and seek out opportunities for learning.</p>
Exams & Quizzes	<p>Coordinators will require students to complete exams and quizzes throughout the program to evaluate learning. Students are required to follow all directions provided by the coordinator.</p> <p>In general, students are not allowed to use texts or support materials unless directed to by the coordinator.</p> <p>Academic dishonesty of any kind will not be tolerated.</p>
Breaks & Meals	<p>Students will be provided breaks as outlined in the course syllabus. Students are permitted to eat and/or drink in the classroom during lectures as long as it is not disruptive to others or the instructor.</p> <p>Students should return to class and be prepared to learn at the return time assigned by the instructor. Failure to return on time may result in a tardy.</p>
Appearance	<p>Students must present a neat and professional appearance at all times during the paramedic program. Extremes in hairstyle and/or color, cologne, body jewelry, body piercings and/or make up are not allowed. Tattoos will be in accordance with the REMSA Health tattoo policy.</p> <p>Student's hair must be professional at all times. Long hair (over the collar) must be tied back and kept neat at all times. Hair color must be of a natural color tone. Extremes in hair color or colors that are outside of the natural hair color spectrum will not be allowed during any phase of the program. Mustaches and beards must be short and neatly trimmed and of natural color. Facial hair must be kept in a style that allows for proper seal of a respirator.</p> <p>Extremes in any of the above may result in the student being sent home for corrective measures at the sole and absolute discretion of the program director or preceptor.</p>
Hygiene	<p>Basic hygiene is imperative in the EMS profession.</p> <p>Students must be clean and wearing appropriate attire for the day's activities.</p> <p>Fingernails must be kept clean and at a length that will not interfere with patient care. False fingernails are not permitted at any time during the clinical or field internship phases regardless of type. Only clean cut, polish free fingernails will be permitted in these settings. Manicured or polished fingernails during the classroom portion of the program must be professional and not distracting.</p>

Dress Code	Unless otherwise noted in the course syllabus, students must come to class dressed in appropriate attire. Students may be required at any time to get down on the floor, work in a simulation lab and perform EMS skills. For this reason, no short shorts, skirts, shirts, or any other attire that may be considered revealing is allowed at any time throughout the program.
Identification	All students will be issued identification badges. Students are required to wear ID badges during all clinical experiences and field internship.
Technology	<p>As technology expands and more resources become available to assist students through the learning process, access to these resources becomes imperative. Students are encouraged to utilize technology to assist in the learning process.</p> <p>Access to computers and the internet is available at REMSA Center for Integrated Health and Community Education. These computers are for students to use for class related projects, assignments and research only. Misuse of these computers is strictly prohibited and may result in disciplinary action.</p> <p>Cell phone applications are being developed to assist medical professionals with protocols, drug guides, medical reference, etc. These applications are very helpful as resources, and students are encouraged to utilize them when necessary. It is not appropriate to utilize cell phones or other technology during exams, quizzes, lecture, or at times while interacting with instructors, preceptors or other medical professionals.</p>
Photos & Video	<p>Photos and videos of other students during the classroom portion of the program are acceptable if all students participating in them agree.</p> <p>Photos in the clinical or field setting are prohibited, and students are strictly forbidden from taking, sharing, storing or being in possession of photos and videos taken during any clinical or field internship.</p>
Alcohol	Alcohol use, and impairment from, is not tolerated during any portion of the program. Students will face disciplinary action if they are found to be in possession of alcohol or under the influence of alcohol at any time during the program. No alcohol is permitted in on the REMSA Health campus or any clinical site at any time.
Tobacco	<p>As medical professionals, EMS providers should understand the health hazards related to tobacco and tobacco products and attempt to avoid using them.</p> <p>Use of tobacco products is not allowed in classrooms, labs, clinical or field settings. Students that use tobacco must do so on approved breaks and in approved areas. In general, students must exit the REMSA Center for Integrated Health and Community Education building and go at least 50 feet from the exit to use tobacco products.</p> <p>In field and clinical sites, students wishing to use tobacco products during an approved break must adhere to current tobacco policies from the facility where they are interning. For example, Saint Mary's and Renown are both tobacco free campuses which means students will not be permitted to utilize any tobacco products while on the property of those facilities.</p>
Weapons	Objects considered weapons (i.e., knives, guns, etc.) are not permitted to be on any of the classroom, laboratory, clinical or field sites. Students must leave all weapons at home or in a location other than the ones listed above.

Behavior Evaluation All EMS students will be evaluated using the Professional Behavior Evaluation tool. The frequency of evaluation is dependent on the program. Students failing to pass this evaluation may be subject to a formal meeting and counseling with the program coordinator and be required to submit to a plan for correcting the behavior.

Termination A student may be terminated from the program for not satisfying the academic or disciplinary policies and rules outlined in this handbook with or without being placed on probation as follows.

Academic Grounds

- Failure to meet academic standards as outlined in the grading policy
- Continued sub-standard academic performance
- Failure to meet the conditions of a plan for improvement
- Failure to meet all conditions of a remediation plan
- Failure to meet course requirements during any phase of the program
- Any academic dishonesty

Disciplinary Grounds

- Substantial or repeated violations of ethics, professional behavior, and conduct set forth in this handbook.
- Repeated absences, tardiness or early departure as outlined in the attendance policy included in this handbook and the course syllabus.
- Repeated failure to comply with applicable dress code.
- Failure to complete submission of documents required for continued progress in this program throughout all phases.
- Repeated or substantial failure to comply with the rules of the program including clinical and field internship sites - including poor performance on professional behavior evaluations.
- Repeated tardiness in turning in skills, clinical or field internship documentation

Upon termination from the program, the student will be notified in writing of the reasons for the termination. This documentation will be reviewed with the student by the Program Coordinator and the Program Director and/or Program Manager. Students who are terminated for disciplinary reasons are not eligible for re-enrollment.

DISCIPLINE

Grounds As noted throughout the handbook, failure to follow policies and procedures of the REMSA Center for Integrated Health and Community Education will result in disciplinary action. Students are required to read, understand and follow the rules outlined in the handbook as well as the course syllabus. Disciplinary measures may be instituted for, but not limited to, the following infractions:

- Academic dishonesty.
- Profane or abusive language.
- Sexual Harassment.
- Any behavior disruptive to the learning environment or the psychological comfort of other students.
- Chronic tardiness – tardy to class greater than 5 times in any program.
- Intimidation or disrespect for a fellow student, instructor, staff member, patient or member of the public.

- Willful refusal to follow the reasonable directions of the Medical Director, Program Director, a Program Instructor, Clinical Preceptor or Field Preceptor.
- Any conduct that endangers the safety and/or well-being of the student, other students, staff members, patients or members of the public.
- Any behavior that reflects poorly upon the paramedic program, the Program Director, the Medical Director, the staff, REMSA Health or the clinical site.
- Theft, lying, cheating, plagiarism or misrepresentation.
- Failure to comply with Didactic, Clinical or Field guidelines.
- Unprofessional behavior.
- Starting or repeating rumor, nuance, or misinformation that is harmful to another.
- Inappropriate attire or poor hygiene.
- Violation of the tobacco policy.
- Reports of any violations during clinical or field internships.
- Representing REMSA Health in an unprofessional manner.
- Failure to comply with established uniform policy and procedure.
- Alcohol, illegal drugs or prescribed drugs for ingestion that may alter the mental state are not permitted on campus. No person may arrive on campus, clinical site or field internship having recently consumed and/or under the influence of any of the above substances. For the purposes of this rule, "campus" includes any REMSA Health property (including ambulances), and any clinical or field site.

Types

In most cases, discipline will escalate based on the type of the offense and the number of times the student has been disciplined on the same or similar offense. In general, the student may be disciplined in any of the following manners:

- Verbal reprimand
- Written reprimand
- Probationary status
- Separation from the program

Procedure

Students eligible for disciplined due to a policy violation or other offense such as the ones listed above are handled in the following manner:

- Course Coordinator, Manager, or Program Director will investigate the offense or infraction by contacting all parties involved and seeking more information.
- A document outlining the offense or infraction will be completed including all findings from the investigation completed to this point.
- A meeting with the student, Course Coordinator, Manager, and Program Director will be scheduled to review the findings and discuss remediation if necessary and possible actions.
- The student will have the opportunity to read through the findings and discuss the offense or infraction with the program's leadership.
- A final report will be completed that will include information from the student meeting as well as the required disciplinary actions being imposed on the student.
- This document will be reviewed with the student and be signed by the student. This document will be kept in the student's file.
- The severity of the action (i.e. verbal, written, probation, termination) will be determined by the Program Director and documented on the report being signed.

Zero Tolerance

REMSA Center for Integrated Health and Community Education enforces a zero tolerance policy for the following acts or violations of policies outlined in this handbook. Any violation of the following will result in immediate termination of the program.

- Academic dishonesty
- Sexual harassment

- Bullying or intimidation
- Willful refusal to follow reasonable directions of the Medical Director, Program Director, Program Manager, a Program Instructor, Clinical Preceptor, or Field Preceptor
- Any conduct that endangers the safety and/or well-being of the student, other students, staff members, patients or members of the public.
- Theft, lying, cheating, plagiarism or misrepresentation.
- Use of intoxicants

History

A student's discipline history will be reviewed at any time another issue arises and may be used in determining the severity of current disciplinary actions. Disciplinary history will also be reviewed upon application to other REMSA Center for Integrated Health and Community Education programs, and may affect the students eligibility; all cases will be reviewed by the manager and Program Director.

GRIEVANCES AND CONFLICT RESOLUTION

Chain of Command

For the purposes of reporting a problem, the following chain of command is listed to help students identify the appropriate person to address their concerns to.

Student → Instructor → Course Coordinator → Education Manager/Program Director → Executive Director → Chief Executive Officer

Students may bypass the next level in the chain of command if the grievance involves that individual and attempts to solve the problem directly with them have failed.

A student has the right to file a grievance with the Commission on Postsecondary Education, www.cpe.nv.gov or call 702-486-7330.

Student Grievance

Any student who feels troubled by an action of an instructor, fellow student, clinical preceptor, field preceptor or REMSA Health staff member that affects his/her conditions of learning is encouraged to call that action to the attention of the instructor first. If the issue is not satisfactorily resolved, he/she may then take the problem to the Course Coordinator or the Program Director. If the conflict is not resolved, the issue will be brought forth to the governing body of the REMSA Center for Integrated Health and Community Education in the form of a written grievance to be delivered to the Manager of Education.

If an issue directly involves the Manager of Education so that he/she may not make an objective decision, the student may take the problem directly to the Executive Director.

As timely resolution of complaints or problems is essential, the student must bring his/her complaint or problem to the attention of the Manager of Education or Executive Director within 30 days of the incident(s).

The REMSA Center for Integrated Health and Community Education governing body consists of a REMSA Health Executive Director, Medical Director, Education Manager/Program Director and a representative from the Nevada State EMS Office, or designee if unavailable.

Procedure

Report is received by appropriate person outlined above according to the situation.

After considering all information pertinent to the issue, the governing body will issue a decision in the form of a written report.

The Program Director will then review the report and issue a written decision.

The decision of the Program Director is final.

Conflict Resolution

When a conflict arises, the student should make an effort to resolve that conflict with the involved party. In the classroom, students should seek advice and support from the instructor or the course coordinator. If the issue involves the instructor or course coordinator, the student should refer to the chain of command above and follow-up with the appropriate person.

In the clinical setting, students should work with their assigned preceptor to resolve conflicts and contact the course coordinator immediately.

Protocol Resolution

In medicine, many treatments and patient care options are often correct for the same situations. In the event there is a conflict in the treatment of a patient, the student will work with their preceptor to understand the specific sites' policies and procedures. Students must always adhere to the current approved procedures and medications listed in their syllabus and follow the direction of their assigned preceptor.

If the student feels they need more information or the situation requires reporting they should contact the Course Coordinator for assistance.

Faculty Grievance

All faculty grievances between faculty and staff are handled according to REMSA Health Human Resources Policy 29.

Student Indemnification

As per NRS 394.441 & NRS 394.553 state:

1. The Account for Student Indemnification is hereby created in the State General Fund. The existence of the Account does not create a right in any person to receive money from the Account. The Administrator shall administer the Account in accordance with regulations adopted by the Commission.

2. Except as otherwise limited by subsection 3, the money in the Account may be used to indemnify any student or enrollee who has suffered damage as a result of:

(a) The discontinuance of operation of a postsecondary educational institution licensed in this state; or

(b) The violation by such an institution of any provision of NRS 394.383 to 394.560, inclusive, or the regulations adopted pursuant thereto.

3. If a student or enrollee is entitled to indemnification from a surety bond pursuant to NRS 394.480, the bond must be used to indemnify the student or enrollee before any money in the Account may be used for indemnification.

4. In addition to the expenditures made for indemnification pursuant to subsection 2, the Administrator may use the money in the Account to pay extraordinary expenses incurred to investigate claims for indemnification or resulting from the discontinuance of the operation of a postsecondary educational institution licensed in this state. Money expended pursuant to this subsection must not exceed, for each institution for which indemnification is made, 15 percent of the total amount expended for indemnification pursuant to subsection 2 or \$10,500, whichever is less.

5. No expenditure may be made from the Account if the expenditure would cause the balance in the Account to fall below \$10,500.

6. Interest and income earned on the money in the Account, after deducting any applicable charges, must be credited to the Account.

7. The money in the Account does not lapse to the State General Fund at the end of any fiscal year.

EMERGENCY PROCEDURES AND INFORMATION

Bloodborne Pathogens	<p>Emergency medical services represent a large group of individuals who are reasonably anticipated to be at risk for contact with blood and other potentially infectious materials while in the clinical setting. This policy is established to:</p> <ul style="list-style-type: none"> - Ensure that students who are at risk are educated to prevent or reduce such exposure incidents, and - Address the procedures to follow in the event of a blood borne exposure incident.
Education	<p>Students will be required to attend an orientation session prior to the start of each clinical program. This orientation will include explanations of the OSHA standard for bloodborne Pathogens, epidemiology and symptomatology of bloodborne diseases, modes of transmission of bloodborne diseases, control methods used to control exposure to bloodborne pathogens, the use of personal protective equipment, biohazard labeling and recommendations for post-exposure follow-up.</p>
Prevention	<p>All students who are considered to be at risk in a clinical setting are required to have completed hepatitis B vaccination prior to entry into the clinical setting. A copy of the dates of hepatitis B vaccination will be kept on file in the REMSA Center for Integrated Health and Community Education student records for all students.</p> <p>Students may be exempt from this requirement for medical or religious reasons only. If a student refuses for these reasons, to obtain the vaccination he or she will be required to sign a declination form and this waiver will be kept on file at REMSA Center for Integrated Health and Community Education.</p> <p>All students are required to have medical insurance coverage. A copy of the proof of medical insurance will be kept in the student's file.</p>
Exposure	<p>An exposure incident is defined as a specific occupational incident involving eye, mouth, other mucous membranes, non-intact skin or parenteral contact with blood or other potentially infectious materials, including saliva. The most common example is an injury from a contaminated sharp.</p> <p>All exposures to blood or other potentially infectious materials occurring in the clinical setting need to be reported immediately to the clinical preceptor or director and the employee health service at the site.</p> <p>Students are responsible for all costs and follow-up, which result from an exposure incident. REMSA Health is <u>NOT</u> responsible for any costs incurred as a result of a bloodborne exposure incident. Post exposure protocol would include, at the student's expense, a confidential medical</p>

evaluation and follow-up that includes collection and testing of student and source blood (if available), medically indicated prophylaxis, counseling, and evaluation of subsequent reported illness.

Needlesticks Preventing needle sticks is critical to limiting the students' exposure to blood borne pathogens. Some simple techniques the student can use to greatly limit their risk of exposure and injury are:

1. Dispose of needles immediately after use in a designated sharps container
2. Do not lay them down or place them anywhere that can cause injury or exposure to others
3. Use any protective devices that are provided with the needle
4. Review infection control policies
5. Stay alert and ensure safe handling at all times
6. Wear appropriate personal protective equipment
7. Dispose of needles in appropriate containers
8. Never recap needles
9. Always follow guidelines and standard practice

If you experience a needle stick, follow these steps immediately:

1. Clean the wound with soap and water
2. Follow procedure for clinical site or field internship for seeking medical attention
3. Notify your preceptor
4. Contact program coordinator
5. Call REMSA Health Supervisor at (775) 691-4680
6. Complete an incident report

Infection Control Students will learn proper infection control procedures appropriate for the level of education attending. It is the student's responsibility to understand proper techniques for protecting themselves, their patients and others involved in the care of the patient. If the student has questions regarding infection control procedures, they should contact their course coordinator as soon as possible.

Students are responsible to wear appropriate protective equipment provided in the classroom, lab, clinical and field sites at all times and to practice universal precautions when appropriate.

Exposure Reporting As outlined above, students exposed to a potential blood borne pathogen or have experienced a needle stick injury need to report the exposure immediately. In the classroom or laboratory, students should notify the instructor immediately after they limit their exposure. If exposure occurs in a clinical or field internship, the student should notify their assigned preceptor immediately and begin following that facility's exposure plan.

Injury Reporting If a student is injured during the classroom or laboratory portion of the program, they should notify the instructor and/or course coordinator immediately. The student and the instructor or course coordinator will determine if the student should go to the hospital by ambulance, be evaluated at a physician's office, or urgent care.

If a student is injured at a clinical or field internship location, they should notify their assigned preceptor immediately and contact the course coordinator. The student and preceptor should evaluate the injury to determine which type of medical evaluation/treatment should be sought.

All expenses associated with care and treatment of injuries is the responsibility of the student and their insurance provider.

An injury report should be completed and returned to the course coordinator. This report can be obtained from any course coordinator.

Emergencies

Weather Related Emergencies

Students in the classroom portion of the program must follow directions from program staff during weather related emergencies. This may include remaining indoors, cancelling class or closing the facility. Efforts will be made to contact students regarding school closures prior to the start of class.

Students in clinical and field rotations will take direction from their assigned preceptor. Weather often requires emergency services to utilize more staff and does not necessarily mean that rotations will be cancelled.

Power Related Emergencies

Students in the classroom portion of the program must follow direction from program staff during power outages. Loss of power may result in students being sent home or relocated to a different facility.

Disasters and Mass Causality Incidents

Students may not participate as employees or medical professionals during these events and may be sent home or to their own employer if they currently work for an agency providing emergency care.

Internal Facility Disasters

Students should follow the direction of staff and current evacuation plans for their current location. If someone other than the course coordinator evacuates a student from a facility, the student must contact the course coordinator as soon as possible to ensure every student is accounted for.

PROGRAM RESOURCES

Resource Library

Students attending an EMS course at the REMSA Center for Integrated Health and Community Education have access to a resource library that includes texts and reference materials useful for EMS professionals. These materials are available to checkout and must be returned within 14 days of checking out unless otherwise agreed upon by the course coordinator. Additionally, paramedic students have access to the University of Nevada's library once enrolled as a student.

Computer Access

Students in EMS programs will have access to computers and the internet to assist in research, assignments, and general learning. These computers are reserved for use by EMS students and must be used for class purposes only.

Training Equipment

Little Anne CPR Manikins
 Baby Anne CPR Manikins
 Neonatal Training Manikins
 Obstetrical Training Manikin
 Airway Training Manikins, Adult, Child, Infant, and Neonate
 Intraosseous Infusion Manikins
 Intravenous Training Manikins
 Surgical Cricothyrotomy Training Manikins
 Mega Code Kelly Training Manikins
 Pediatric Training Manikins
 Philips Cardiac Monitors

	Zoll Cardiac Monitors Cardiac Rhythm Generators Basic and Advanced Airways Bandaging and Splinting Supplies Intravenous Cannulation Supplies Training Medications Spinal Immobilization Equipment Sphygmomanometers, Stethoscopes, Penlights Ambulance Gurneys Stair Chairs Stocked, ALS Ambulances
Simulation Equipment	2 - METI Man Adult Wireless Simulation Manikin 2 – Gaumard Neonate Wireless Simulation Manikin 1 – Gaumard One-Year-Old Wireless Simulation Manikin 1 – Gaumard Five-Year-Old Wireless Simulation Manikin 1 – Gaumard Noelle Birthing Simulator
Use of Equipment	If a student would like additional time to practice or to work on specific skills, training equipment may be scheduled by contacting their course coordinator. Time practicing assessments and more advanced procedures on simulation manikins may also be scheduled by contacting the course coordinator.
Availability	The library and computers are available to students anytime the training center is open. Use of training equipment can be scheduled with a course coordinator on a day and time that work for the student and the coordinator.

PROFESSIONAL BEHAVIOR EVALUATION & COUNSELING

Description	<p>There are two primary purposes of an affective evaluation system: 1) to verify competence in the affective domain, and 2) to serve as a method to change behavior. Although affective evaluation can be used to ultimately dismiss a student for unacceptable patterns of behavior this is not the primary purpose of these forms. It is also recognized there is some behavior that is so serious (abuse of a patient, gross insubordination, illegal activity, reporting for duty under the influence of drugs or alcohol, etc.) that it would result in immediate dismissal from the educational program.</p> <p>The two forms to be used are taken from the EMT-Paramedic: National Standard Curricula and were developed by the Joint Review Committee on Educational Programs for the EMT-Paramedic. They represent extensive experience in the evaluation of student's affective domain. The nature of this type of evaluation makes it impossible to achieve complete objectivity, but these forms attempt to decrease the subjectivity and document affective evaluations.</p> <p>As an attempt to change behavior, it is necessary to identify, evaluate and document the behavior. The eleven affective characteristics that form the basis of this evaluation system refer to content in the Roles and Responsibilities of the Paramedic unit of the curriculum. This information is presented early in the course and serves to inform the students what type of behavior is expected of them.</p> <p>The affective evaluation instruments included take two forms: A Professional Behavior Evaluation and a Professional Behavior Counseling Record. The Professional Behavior Evaluation should be completed at the end of each field internship phase or as directed by the course coordinator.</p>
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Evaluation	<p>There are three options for rating the student on this form, “competent,” “inconsistent,” and “inadequate”. For each attribute, a short list of behavioral markers is listed that indicates what is generally considered a demonstration of competence for entry-level paramedics. This is not an all-inclusive list but serves to help the evaluator in making judgments. There are behaviors that warrant an “inadequate” evaluation that are not listed. Any ratings of “inadequate” require explanation in the space provided.</p> <p>For all affective evaluations, the faculty member should focus on patterns of behavior, not isolated instances that fall outside the student’s normal performance. For example, a student who is consistently on time and prepared for class may have demonstrated competence in time management and should not be penalized for an isolated emergency that makes him late for one class. On the other hand, if the student is constantly late for class, they should be counseled and if the behavior continues, rated as “inconsistent” or “inadequate” in time management. Continued behavior may result in disciplinary action.</p>
Frequency	<p>Students in EMS courses should expect to be evaluated on professional behaviors frequently. The specific frequency depends on the program the student is enrolled in. For example, paramedic students will be formally evaluated at the conclusion of each phase of training. This evaluation is ongoing and staff and preceptors are constantly monitoring all interactions with staff, students, medical professionals, patients and families.</p>
Counseling	<p>The second form, the Professional Behavior Counseling form, is used to clearly communicate to the student that their affective performance is unacceptable. This form is used during counseling sessions in response to specific incidents (i.e. lying, falsification of documentation, disrespect/insubordination, etc.) or patterns of unacceptable behavior. As noted before, there is some behavior that is so egregious as to result in immediate disciplinary action or dismissal. In the case of such serious incidents, thorough documentation is needed to justify the disciplinary action. For less serious incidents, the Professional Behavior Counseling form can serve as an important tracking mechanism to verify competence or patterns of uncorrected behavior.</p> <p>On the Professional Behavior Counseling form, the evaluator checks all of the areas that the infraction affects and documents the nature of the incident(s) in the space provided. Space is provided to document any follow-up. This should include specific expectations, clearly defined positive behavior, actions that will be taken if the behavior continues, and dates of future counseling sessions.</p>



REMSA Center for Integrated Health and Community Education

EMS Education Program

Profession Information

Student Handbook - Section B

EMS Profession Information

Emergency Medical Responder (EMR)

Description

The EMR is an out of hospital practitioner whose primary focus is to initiate immediate lifesaving care to patients while ensuring patient access to the emergency medical services system. EMRs possess the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and rely on an EMS or public safety agency or larger scene response that includes other higher-level medical personnel. When practicing in less populated areas, EMRs may have a low call volume coupled with being the only care personnel for prolonged periods awaiting arrival of higher levels of care. EMRs may assist, but should not be the highest level person caring for a patient during ambulance transport. EMRs are often the first to arrive on scene. They must quickly assess patient needs, initiate treatment, and request additional resources.

Functional Job Analysis

EMR Characteristics

The EMR must be a person who can remain calm while working in difficult and stressful circumstances, as well as one who is capable of combining technical skills, theoretical knowledge, and good judgment to insure optimal level of fundamental emergency care to sick or injured patients while adhering to specific guidelines within the given scope of practice. The EMR is expected to be able to work alone, but must also be a team player. Personal qualities such as the ability to "take charge" and control the situation are essential, as are the maintaining of a caring and professional attitude, controlling one's own fears, presenting a professional appearance, staying physically fit, and keeping one's skills and abilities up to date. The EMR must be willing to adhere to the established ongoing medical control and evaluation required for the maintenance of quality medical care.

Self-confidence, a desire to work with people, emotional stability, tolerance for high stress, honesty, a pleasant demeanor, and the ability to meet the physical and intellectual requirements demanded by this position are characteristics of the competent First Responder. The EMR also must be able to deal with adverse social situations, which include responding to calls in districts known to have high crime rates. The EMR ideally possesses an interest in working for the good of society and has a commitment to doing so.

Comments

The focused and limited scope of this level makes it suitable for employee cross training in settings where emergency medical care is not the EMRs primary job function. Examples include firefighters, law enforcement, lifeguards, backcountry guides, community responders, industrial workers and similar jobs. EMRs advocate health and safety practices that may help reduce harm to the public.

Scope of Practice

The EMR functions as part of a comprehensive EMS response, community, health, or public safety system with clinical protocols and medical oversight. They perform basic interventions with minimal equipment to manage life threats, medical, and psychological needs with minimal resources until other personnel can arrive. EMRs are an important link within the 9-1-1 and emergency medical services systems.

Psychomotor Skills

The following are the minimum psychomotor skills of the EMR:

Airway and Breathing

- Administer oxygen
- Establish and maintain an airway with an OPA
- Ventilate patients with the use of a bag-valve mask

Medical/Cardiac Care

- Cardiac monitoring – 12 lead ECG acquisition and transmission
- Defibrillation – automated / semiautomated
- Hemorrhage control Splinting

Pharmacological Interventions

- Use of auto-injector for self or peers

Emergency Medical Technician (EMT)

Description

An EMT is a health professional whose primary focus is to respond to, assess and triage emergent, urgent, and non-urgent requests for medical care, apply basic knowledge and skills necessary to provide patient care and medical transportation to/from an emergency or health care facility. Depending on a patient's needs and/or system resources, EMTs are sometimes the highest level of care a patient will receive during an ambulance transport. EMTs often are paired with higher levels of personnel as part of an ambulance crew or other responding group. With proper supervision, EMTs may serve as a patient care team member in a hospital or health care setting to the full extent of their education, certification, licensure, and credentialing. In a community setting, an EMT might visit patients at home and make observations that are reported to a higher-level authority to help manage a patient's care. When practicing in less populated areas, EMTs may have low call volume coupled with being the only care personnel during prolonged transports. EMTs may provide minimal supervision of lower level personnel. EMTs can be the first to arrive on scene; they are expected to quickly assess patient conditions, provide stabilizing measures, and request additional resources, as needed.

Functional Job Analysis

EMT Characteristics

EMT-Basics work as part of a team. Thorough knowledge of theoretical procedures and ability to integrate knowledge and performance into practical situations are critical. Self-confidence, emotional stability, good judgement, tolerance for high stress, and a pleasant personality are also essential characteristics of the successful EMT-Basic at any level. EMT-Basics also must be able to deal with adverse social situations, which include responding to calls in districts known to have high crime rates.

Comments

Driving the ambulance in a safe manner, accurately discerning street names through map reading, and the ability to distinguish house numbers or business locations are essential to task completion in the most expedient manner possible. Use of the telephone for transmitting and responding to physician's advice is also essential. The ability to

accurately describe to physicians and other concerned staff one's impression of the patient's condition is critical as EMT-Basics work in emergency conditions in which there may be no time for deliberation. EMT Basics must also be able to accurately summarize all data in the form of a written report. Verbal and reasoning skills are used more extensively than math. Math does play a part, however, in determining medication ratios per patient's body weight.

Scope of Practice

The EMT must function as part of a comprehensive EMS response, community, health, or public safety system with defined clinical protocols and medical oversight. They perform interventions with the basic equipment typically found on an ambulance to manage life threats, medical, and psychological needs. EMTs are an important link within the continuum of the emergency care system from an out of hospital response through the delivery of patients to definitive care

Psychomotor Skills

The following are the minimum psychomotor skills of the EMT:

Airway and Breathing

- Administer oxygen
- Establish and maintain an airway with an NPA and OPA
- Ventilate patients with the use of a bag-valve mask
- Administer CPAP

Medical/Cardiac Care

- Cardiac monitoring – 12 lead ECG acquisition and transmission
- Defibrillation – automated / semiautomated
- Hemorrhage control
- Splinting

Pharmacological Interventions

- Administer aerosolized medications
- Administer oral and mucosal medications

Advanced Emergency Medical Technician (AEMT)

Description

The AEMT is a health professional whose primary focus is to respond to, assess and triage non-urgent, urgent, and emergent requests for medical care. They apply basic and focused advanced knowledge and skills necessary to provide patient care and/or medical transportation, and facilitate access to a higher level of care when the needs of the patient exceed the capability level of the EMT. The additional preparation beyond EMT prepares an AEMT to improve patient care in common emergency conditions for which reasonably safe, targeted, and evidence-based interventions exist. Interventions within the AEMT scope of practice may carry more risk if not performed properly than interventions authorized for the EMT/EMT levels. With proper supervision, AEMTs may serve as a patient care team member in a hospital or health care setting to the full extent of their education, certification, licensure, and credentialing. In a community setting an AEMT might visit patients at home and make observations that are reported to a higher level authority to help manage a patient's care.

Functional Job Analysis

AEMT Characteristics

The AEMT is calm while working in difficult and stressful circumstances, and capable of combining technical skills, theoretical knowledge, and good judgment to insure optimal level of fundamental emergency care to sick or injured patients while adhering to specific guidelines within the given scope of practice. They must be able to deal with adverse and often dangerous situations, which include responding to calls in areas known to have high crime and mortality rates.

The AEMT must have the self-confidence to be able to work alone, but must also be a team player. Personal qualities such as the ability to "take charge" and control the situation are essential, as are the maintaining of a caring and professional attitude, controlling one's own fears, presenting a professional appearance, staying physically fit, and keeping one's skills and abilities up to date. The AEMT must be willing to adhere to the established ongoing medical control and evaluation required for the maintenance of quality medical care.

Comments

The learning objectives and additional clinical preparation for AEMTs exceed the level of an EMT. In areas where Paramedic response is not available, the AEMT may be the highest level of EMS personnel a patient encounters before reaching a hospital. AEMTs advocate health and safety practices that may help reduce harm to the public.

Scope of Practice

The AEMT functions as part of a comprehensive EMS response, community, health, or public safety system with medical oversight. AEMTs perform interventions with the basic and advanced equipment typically found on an ambulance. They perform focused advanced skills and pharmacological interventions that are engineered to mitigate specific life-threatening conditions, medical, and psychological conditions with a targeted set of skills beyond the level of an EMT. AEMTs function as an important link from the scene into the health care system.

Psychomotor Skills

The following are the minimum psychomotor skills of the AEMT:

Airway and Breathing

- Administer oxygen
- Establish and maintain an airway with NPA and OPA
- Ventilate patients with the use of a bag-valve mask
- Perform supraglottic airway placement
- Administer CPAP

Medical/Cardiac Care

- Cardiac monitoring – 12 lead ECG acquisition and transmission
- Defibrillation – automated / semiautomated
- Hemorrhage control
- Splinting

Pharmacological Interventions

- Administer aerosolized and nebulized medications
- Administer intravenous, intramuscular and intranasal medications
- Insert an intraosseous cannula / intravenous cannulation
- Enteral and parenteral administration of approved prescription medications

Paramedic

Description

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

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

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

Functional Job Analysis

Paramedic Characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two- person team generally working with a lower skill and knowledge level EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastrointestinal drugs, hormones, antibiotics, antifungals, antiinflammatories, serums, vaccines, anti-parasitics, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge- base current as to changes and trends in administration and use, keeping

abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using nonprescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and remeasure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in a districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exists, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

Scope of Practice

The Paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of the broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In some communities, Paramedics provide a large portion of the out-of-hospital care and represent the highest level of out-of-hospital care. In communities that use emergency medical dispatch systems, Paramedics may be part of a tiered response system. In all cases, Paramedics work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The Paramedic provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate health care facility.

The Paramedic has knowledge, skills, and abilities developed by appropriate formal education and training. The Paramedic has the knowledge associated with, and is expected to be competent in, all of the skills of the EMR, EMT, and AEMT. The major difference between the Paramedic and the Advanced Emergency Medical Technician is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

The Paramedic is the minimum licensure level for patients requiring the full range of advanced out-of-hospital care. The scope of practice is limited to advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

The Paramedic transports all emergency patients to an appropriate medical facility. The Paramedic serves as part of an EMS response system, ensuring a progressive increase in the level of assessment and care. The Paramedic may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Paramedics often perform medical transport services of patients requiring care within their scope of practice.

Psychomotor Skills

The following are the minimum psychomotor skills of the Paramedic:

Airway and Breathing

- Perform endotracheal intubation
- Perform percutaneous cricothyrotomy
- Decompress the pleural space
- Perform gastric decompression

Pharmacological Interventions

- Insert an intraosseous cannula / intravenous cannulation
- Enteral and parenteral administration of approved prescription medications
- Access indwelling catheters and implanted central IV ports for fluid and medication administration
- Administer medications by IV infusion
- Maintain an infusion of blood or blood products

Medical/Cardiac Care

- Perform cardioversion, manual defibrillation, and transcutaneous pacing



REMSA Center for Integrated Health & Community Education

EMS Education Program
Terminal Objectives

Student Handbook - Section C



REMSA EMT and AEMT Programs
Terminal Objectives & Methods of Evaluation
Approved by Advisory Board November 17, 2022

Terminal Objectives	Methods of Evaluation		
	Cognitive Domain	Psychomotor Domain	Affective Domain
1. Synthesize knowledge of skills, sciences and protocols as a foundation for EMT and AEMT practice in the care of individuals, families and populations	<ul style="list-style-type: none"> - Successful completion of Program Internship. - National Registry Written Examination. 	<ul style="list-style-type: none"> - Successful completion of Program Internship - National Registry Skills Examination 	<ul style="list-style-type: none"> - Incorporation of a value system and beliefs into the care of individuals, families and populations as observed by faculty.
2. Demonstrate competencies of assessment, critical thinking, technical skills and communication for designing, coordinating and managing pre-hospital care for individuals, families and populations.	<ul style="list-style-type: none"> - Summative Division Tests with a passing score of $\geq 80\%$. - Weekly quizzes with a cumulative passing score of $\geq 70\%$. 	<ul style="list-style-type: none"> - Division Skills Labs utilizing HPS in realistic scenarios that incorporate patient transfer and transport. - Certifications in BLS 	<ul style="list-style-type: none"> - Demonstrates valuing of new health concepts and ideas in the pre-hospital care of individuals, families and populations as observed by faculty and clinical/intern preceptors.
3. Use knowledge about health care and health care delivery in adverse and chaotic situations, and human diversity in delivery of pre-hospital care.	<ul style="list-style-type: none"> - Summative Division Tests with a passing score of $\geq 80\%$. - Weekly quizzes with a cumulative passing score of $\geq 80\%$. 	<ul style="list-style-type: none"> - MCI Scenario Drill utilizing ICS structure. 	<ul style="list-style-type: none"> - Performs the EMT/AEMT role in a nonjudgmental manner with all patients, families or populations as observed by faculty and clinical/intern preceptors.
4. Integrate research findings, legal and ethical guidelines and evidence based practice in providing pre-hospital care to individuals, families and populations.	<ul style="list-style-type: none"> - Summative Division Tests with a passing score of $\geq 80\%$. 	<ul style="list-style-type: none"> - Successful completion of Program Clinical Experience in hospital setting. - Successful completion of Program Internship. 	<ul style="list-style-type: none"> - Faculty and Preceptors observations and evaluations.
5. Collaborate with the health care team in using health care information and technologies in the delivery of pre-hospital care.	<ul style="list-style-type: none"> - Successful completion of the Program Internship. 	<ul style="list-style-type: none"> - Clinical/Intern Preceptors evaluations. 	<ul style="list-style-type: none"> - Clinical/Intern Preceptors evaluations
6. Advocates as a member of a profession for health care policy and global health care that promotes the health of individuals, families and populations.	<ul style="list-style-type: none"> - Attains employment in the pre-hospital setting upon graduation. 	<ul style="list-style-type: none"> - Post graduation employer surveys. 	<ul style="list-style-type: none"> - Post-graduations student surveys.



REMSA EMT and AEMT Programs

Terminal Objectives & Learning Domain Objectives

Approved by Advisory Board November 17, 2022

Terminal Objectives	Cognitive Domain Objectives	Psychomotor Domain Objectives	Affective Domain Objectives
1. Synthesize knowledge of skills, sciences and protocols as a foundation for EMT/AEMT practice in the care of individuals, families and populations	Applies classroom information to real life situations and experiences when caring for individuals, families, and populations.	Develop a precise personal style of performance with EMT/AEMT technical skills.	Develop the EMT/AEMT role while developing and incorporating a value system and beliefs into the care of individuals, families and populations.
2. Demonstrate competencies of assessment, critical thinking, technical skills and communication for designing, coordinating and managing pre-hospital care for individuals, families and populations.	Synthesizes classroom information utilizing concepts and logic to make assessments and think critically when coordinating and managing pre-hospital care for individuals, families and populations.	Demonstrates the ability to modify the performance of a technical skill as appropriate and defend their choice and decision when managing the pre-hospital care for individuals, families and populations.	Demonstrates valuing of new health concepts and ideas in the pre-hospital care of individuals, families and populations.
3. Use knowledge about health care and health care delivery in adverse and chaotic situations, and human diversity in delivery of pre-hospital care.	Applies classroom information in the design and application of multi-casualty situations and the plan of care for diverse populations of patients.	Performs technical skills with proficiency and competence in adverse and chaotic situations or situations with language/comprehension barriers.	Performs the EMT/AEMT role in a nonjudgmental manner with all patients, families or populations.
4. Integrate research findings, legal and ethical guidelines and evidence based practice in providing pre-hospital care to individuals, families and populations	Interprets and comprehends EMS research findings and applies research into pre-hospital care to define EMS evidence based practice.	Focuses on proficiency in the latest technology based on research findings and evidence based practice within scope of practice.	Integrates new, refined or different beliefs into an existing value system based on research, legal and ethical guidelines and evidence based practice.
5. Collaborate with the health care team in using health care information and technologies in the delivery of pre-hospital care.	Integrates information learned in the clinical and intern settings into real life situations and experiences in the delivery of pre-hospital care.	Demonstrates proficiency in technical skills based on health care policy and procedures.	Works effectively with health care colleagues in hospital and pre-hospital settings.



REMSA Paramedic Program
Terminal Objectives & Methods of Evaluation
Approved by Advisory Board November 17, 2022

Terminal Objectives	Methods of Evaluation		
	Cognitive Domain	Psychomotor Domain	Affective Domain
1. Synthesize knowledge of skills, sciences and protocols as a foundation for paramedic practice in the care of individuals, families and populations	<ul style="list-style-type: none"> - Successful completion of Program Internship. - National Registry Written Examination. - A&P Cadaver Lab at UNR. 	<ul style="list-style-type: none"> - Successful completion of Program Internship - National Registry Skills Examination 	<ul style="list-style-type: none"> - Incorporation of a value system and beliefs into the care of individuals, families and populations as observed by faculty.
2. Demonstrate competencies of assessment, critical thinking, technical skills and communication for designing, coordinating and managing pre-hospital care for individuals, families and populations.	<ul style="list-style-type: none"> - Summative Division Tests with a passing score of $\geq 80\%$. - Weekly quizzes with a cumulative passing score of $\geq 80\%$. - Anatomy and Physiology section tests with a cumulative passing score of $\geq 80\%$. 	<ul style="list-style-type: none"> - Division Skills Labs utilizing HPS in realistic scenarios that incorporate patient transfer and transport. - Weekly airway lab with team approach to airway management and decision making. - Certifications in ACLS, PALS, ITLS 	<ul style="list-style-type: none"> - Demonstrates valuing of new health concepts and ideas in the pre-hospital care of individuals, families and populations as observed by faculty and clinical/intern preceptors.
3. Use knowledge about health care and health care delivery in adverse and chaotic situations, and human diversity in delivery of pre-hospital care.	<ul style="list-style-type: none"> - Summative Division Tests with a passing score of $\geq 80\%$. - Weekly quizzes with a cumulative passing score of $\geq 80\%$. 	<ul style="list-style-type: none"> - MCI Scenario Drill utilizing ICS structure. - Weekly airway lab with team approach to airway management and decision making in chaotic situations. 	<ul style="list-style-type: none"> - Performs the paramedic role in a nonjudgmental manner with all patients, families or populations as observed by faculty and clinical/intern preceptors.
4. Integrate research findings, legal and ethical guidelines and evidence based practice in providing pre-hospital care to individuals, families and populations.	<ul style="list-style-type: none"> - Preparation of case studies during didactic studies and clinical experience. - Summative Division Tests with a passing score of $\geq 80\%$. 	<ul style="list-style-type: none"> - Successful completion of Program Clinical Experience in hospital settings and clinic settings. - Successful completion of Program Internship. 	<ul style="list-style-type: none"> - Faculty and Preceptors observations and evaluations.
5. Collaborate with the health care team in using health care information and technologies in the delivery of pre-hospital care.	<ul style="list-style-type: none"> - Case Presentations of hospital patient during Program Clinical Experience. - Successful completion of the Program Internship. 	<ul style="list-style-type: none"> - Clinical/Intern Preceptors evaluations. 	<ul style="list-style-type: none"> - Clinical/Intern Preceptors evaluations

6. Advocates as a member of a profession for health care policy and global health care that promotes the health of individuals, families and populations.	- Attains employment in the pre-hospital setting upon graduation.	- Post graduation employer surveys.	- Post-graduations student surveys.
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REMSA Paramedic Program

Terminal Objectives & Learning Domain Objectives

Approved by Advisory Board November 17, 2022

Terminal Objectives	Cognitive Domain Objectives	Psychomotor Domain Objectives	Affective Domain Objectives
1. Synthesize knowledge of skills, sciences and protocols as a foundation for paramedic practice in the care of individuals, families and populations	Applies classroom information to real life situations and experiences when caring for individuals, families, and populations.	Develop a precise personal style of performance with paramedic technical skills.	Develop the paramedic role while developing and incorporating a value system and beliefs into the care of individuals, families and populations.
2. Demonstrate competencies of assessment, critical thinking, technical skills and communication for designing, coordinating and managing pre-hospital care for individuals, families and populations.	Synthesizes classroom information utilizing concepts and logic to make assessments and think critically when coordinating and managing pre-hospital care for individuals, families and populations.	Demonstrates the ability to modify the performance of a technical skill as appropriate and defend their choice and decision when managing the pre-hospital care for individuals, families and populations.	Demonstrates valuing of new health concepts and ideas in the pre-hospital care of individuals, families and populations.
3. Use knowledge about health care and health care delivery in adverse and chaotic situations, and human diversity in delivery of pre-hospital care.	Applies classroom information in the design and application of multi-casualty situations and the plan of care for diverse populations of patients.	Performs technical skills with proficiency and competence in adverse and chaotic situations or situations with language/comprehension barriers.	Performs the paramedic role in a nonjudgmental manner with all patients, families or populations.
4. Integrate research findings, legal and ethical guidelines and evidence based practice in providing pre-hospital care to individuals, families and populations	Interprets and comprehends EMS research findings and applies research into pre-hospital care to define EMS evidence based practice.	Focuses on proficiency in the latest technology based on research findings and evidence based practice.	Integrates new, refined or different beliefs into an existing value system based on research, legal and ethical guidelines and evidence based practice.
5. Collaborate with the health care team in	Integrates information learned in the clinical and	Demonstrates proficiency in technical skills based on	Works effectively with health care colleagues in

using health care information and technologies in the delivery of pre-hospital care.	intern settings into real life situations and experiences in the delivery of pre-hospital care.	health care policy and procedures.	hospital and pre-hospital settings.
6. Advocates as a member of a profession for health care policy and global health care that promotes the health of individuals, families and populations.	Applies classroom information to promote the health of individuals, families and populations in both local and global health care policy.	Promotes evidence based practice in the incorporation of new technology.	Scrutinizes the processes used in deriving new values, beliefs and opinions as a member of the profession of paramedicine.



REMSA Center for Integrated Health and Community Education

EMS Education Program

Didactic, Clinical and Internship Syllabi

Student Handbook – Section D



REMSA Center for Integrated Health & Community Education

Didactic Syllabus – Paramedic Program

GENERAL COURSE OVERVIEW

Course	Paramedic Education Program Didactic & Laboratory Phase
Pre-Requisites	Current State of Nevada EMS Certification Current American Heart Association Basic Life Support Provider Admission to the REMSA Paramedic Education Program
Class Schedule	Day: Tuesday, Wednesday and Thursday, 0900-1700 Fire: Days vary depending on the fire shift schedule – 0900-1700 REMSA Center for Prehospital Education 400 Edison Way, Suite B
Faculty	Travis Duffin, Carolyn Schumacher, Alex Ross, Mark DeSimone, Heather Spencer, Jennifer Walters (Director) Office: 400 Edison Way, Suite B Office Hours: By appointment Phone: Travis – (775)353-0741, Jenny – (775)353-0784, Carolyn – (775)353-0745, Alex- (775)353-0729, Heather (775) 353-0704 E-mail: tduffin@remsa-cf.com, jwalters@remsa-cf.com, hspencer@remsa-cf.com cschumacher@remsa-cf.com, aross@remsa-cf.com, mdesimone@remsa-cf.com
Description	Didactic content and theory to assess and treat the health of individuals and families across the lifespan in the pre-hospital setting. The course content is divided into five divisions: Division 1 General professional information: EMS law, medical math, medication administration and pharmacology, roles and responsibilities, infection control, wellness and safety of the paramedic, Special Patient Populations and, Special Considerations, and Patient Assessment Division 2 General A&P and Respiratory/Airway Emergencies Division 3 Cardiology Division 4 Medical Emergencies, Maternal/Child Health Division 5 Trauma, WMD, Hazmat, and MCI operations Anatomy and Physiology of all human systems across the life span will be incorporated into each division.

COURSE CONTENT & RESOURCES

Teaching Strategies	<p>Lecture/Discussion</p> <p>Student Centered Learning Activities</p> <p>Audiovisual Media/Online Resources</p> <p>Case Studies/Written Assignments</p> <p>Testing/Quizzes/Practical Exams</p>
Minimum Expectations	<ol style="list-style-type: none"> 1. To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician and/or Emergency Medical Responder levels.
Objectives	<ol style="list-style-type: none"> 1. Identify the key elements necessary for effective EMS systems operations. 2. Describe the paramedic's role in patient care situations as defined by the U.S. Department of Transportation. 3. Outline the benefits of specific lifestyle choices that promote personal wellness, including proper nutrition, weight control, exercise, sleep, and smoking cessation. 4. List measures to take to reduce the risk of infectious disease exposure. 5. Identify the roles of the EMS community in injury prevention. 6. Relate how laws affect the paramedic's practice 7. Discuss specific prehospital ethical issues including allocation of resources, decisions surrounding resuscitation, confidentiality, and consent. 8. Discuss human anatomy and physiology across the life span as it relates to the care of the patient in the prehospital setting. 9. Describe the value of developing helping-trusting relationships, and work to develop a genuine empathetic and non-possessive approach to the delivery of prehospital care. 10. Identify health information from a wide range of sources. 11. Identify health criteria for individuals, families, and environments (political, social, and cultural). 12. Identify mental health assessment criteria in assessments of all individuals. 13. Identify signs and symptoms of disease states and illnesses related to pathophysiology in all of the human systems across the life span. 14. Describe prehospital treatment modalities, including pharmacology, for disease states and illnesses related to pathophysiology in all of the human systems across the life span. 15. Demonstrate skills associated with treatment modalities for disease states and illnesses related to pathophysiology in all of the human systems across the life span. 16. Describe prehospital treatment modalities for traumatic injuries related to mechanisms of injury in all of the human systems across the life span. 17. Demonstrate skills associated with treatment modalities for traumatic injuries related to mechanisms of injury in all of the human systems across the life span.
Textbooks:	<p>Paramedic Care: Principles and Practice, Pearson (5th Edition).</p> <p>Anatomy and Physiology, Patton (11th Edition).</p> <p>The 12 Lead ECG. In Acute Coronary Syndromes (4th Edition).</p> <p>ECG's Made Easy. (6th Edition)</p> <p>Prehospital Trauma Life Support – Military Edition (PHTLS) (10th Edition).</p> <p>American Heart Association. Advanced Cardiac Life Support (2020 Guidelines).</p>

American Heart Association. Pediatric Advanced Life Support (2020 Guidelines).
American Heart Association. Basic Life Support (2020 Guidelines).

Content & Process

The didactic portion of the REMSA Paramedic Program focuses on knowledge for skills, behaviors, and self-awareness needed by the paramedic to perform a complete health assessment with patients in a variety of prehospital settings. The knowledge acquired in the didactic portion of this program will be utilized throughout the clinical and internship portions of the program and your entire EMS career. An attempt has been made by faculty to coordinate content and skills across systems and topics being studied.

Skills necessary to the completion of a comprehensive health assessment and patient treatment in the prehospital setting have been identified and will constitute a portion of this didactic content in laboratory or scenario settings. Students will be tested using the current Lab Evaluation tool by program faculty. Clinical performance of the skill may be done in respective clinical sites supervised by clinical faculty after lab presentation/practice.

Please read this syllabus carefully and be sure to ask questions when unsure.

GENERAL COURSE CONSIDERATIONS

Accommodations

Any student with a disability needing academic adjustments or accommodations is requested to speak with your faculty or the Program Director, as soon as possible to arrange for appropriate accommodations.

Academic Honesty

Academic dishonesty of any kind is incompatible with behavior inherent in becoming a professional paramedic and is incompatible with being a student in the REMSA Paramedic Program. Academic dishonesty of any type will result in academic and/or administrative disciplinary action. Please refer to the *REMSA Student Handbook* section A, on Academic Dishonesty for specifics.

Cell Phone Etiquette

Turn your cell phone off during class. The first time your cell rings in class, you will be warned. The second time, your cell phone rings, the phone will be confiscated until the end of class.

Attendance

The paramedic curriculum is very fast moving and builds on itself. If you miss classes on one day, it will affect your ability to perform well in the rest of the classes throughout that module. The primary and secondary assessment is the foundation of the prehospital process and the basis for your plan of care for every patient in every setting. Participation includes attending class and contributing to a positive learning environment. If a student's conduct disrupts this positive environment, this conduct can translate into termination from the program.

A portion of your grade in this course will be based on participation and attendance that will be directly related to activities that occur in class to include at a minimum question/answer sessions, lab/skill scenarios, and division test preparation reviews.

If you miss a class, you are responsible for any announcements / assignments made in class. It is your responsibility to get class notes from a fellow classmate. I will gladly answer specific questions about topics covered in a class you have missed. I will not repeat the class lecture on an individual basis.

Late Work Late work will not be accepted. Assignments turned in outside the predetermined due date will be recorded as a zero. Any exceptions to this rule will be at the instructor's discretion.

EXPECTATIONS OF STUDENTS

Information for this course will be presented in class and communications for the entire class or for individuals privately will utilize the students email provided on the enrollment form completed in class. Changes to this email must be submitted to the course coordinator.

If you do not have computer access at home or you have an older model computer that will not run some of the software programs, there are computers available in the REMSA Training Center at 400 Edison Way, Suite B that you may utilize.

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|------------------------|--|
| Before class, you will | <ol style="list-style-type: none">1. Read and comprehend the assigned readings.2. View any assigned media for each assignment.3. Review any A&P that might be necessary for clarity of assessment(s) for that week.4. Complete any written assignments.5. Prepare questions for class if unsure of any content. |
| During class, you will | <ol style="list-style-type: none">1. Clarify any content or procedure which you feel is unclear.2. Discuss objectives which were not answered during study.3. Ask questions to more fully understand process or content regarding the procedure/discussion or topic for the day.4. Not engage in conversations with other students as this is disruptive to your fellow students and rude to faculty. |

Class will begin promptly at 9am. We will incorporate breaks throughout the day. Coming in late is disruptive to the entire class. Please be respectful of both the faculty and other students and arrive on time ready to begin class at 9am. Please eat your breakfast prior to coming to class or wait until the break. There will be no eating in the classroom. We will break for lunch for one half to one-hour midday.

It is faculty expectation that you will read this syllabus and ask questions and get clarification on any part of it that is not clear or understandable.

EXPECTATIONS OF FACULTY

Students may expect faculty to be on time for class and prepared.

Students may expect to have grades for tests posted on the web site within a reasonable time.

Students may expect that faculty will be available for office hours throughout the program. These times will vary so that all students will have an opportunity to meet with faculty regardless of class or work schedules. Faculty will be receptive to accommodating individual appointments for students who have conflicts with normal working hours.

Students may expect the faculty to be approachable, fair, respectful of each student's individuality, and have a sense of humor.

EVALUATION

Lab & Skills	<p>Lab sessions are scheduled throughout the didactic phase of the program. Students will be required to participate in all lab sessions and complete all stations or skills assigned for the labs. Labs are designed to introduce students to skills and assessments building on the lectures and information they receive in the classroom. Skills and assessments will progress from simple to complex based on the current education completed. As new skills are introduced they will be taught and evaluated individually. Once a skill is understood and can be completed correctly, that skill will be integrated into the overall assessments in future labs. An example of this would be use of a glucometer. Students will be taught and evaluated using a glucometer as an individual skill at first. Once the student understands the function, has been taught the indications for use and importance in the overall clinical assessment in the classroom, and has been evaluated using the device, the use of the glucometer will become a tool that can be used in ongoing assessments and labs throughout the program. All labs will be graded using the current REMSA Didactic Lab Evaluation tool or a National Registry Skills Sheet. Both are graded.</p>
Quizzes	<p>Daily or Weekly Quizzes: These quizzes are designed to test the ongoing knowledge level of each student and help students identify areas of needed study. These quizzes will be based on the information taught during the previous day's class or over the preceding week. Test questions are taken from the texts, media, and classroom material for all lectures. They may be multiple choice, short answer, matching, and true/false questions. The minimum passing Daily Division <i>average</i> is 80%.</p>
Exams	<p>Division Tests: A Division Exam will be given at the completion of each division and graded by percentage. Test questions are taken from the texts, media, and classroom material for all lectures in that Division. They may be multiple choice, short answer, matching, and true/false questions. Test questions will cover only that section of content from the beginning of the division to the time of the test. You must pass each Division Test with a score of 80% or better to get credit for the exam and continue in the program. Students scoring 70% to 79% on the Division Test (and initial Pharmacology Test) will be allowed to retest 1 (one) time. If he/she fails the test again (<80%); he/she will be dropped from the course. If the re-test has a passing grade, the grade recorded for the re-test will be 80% regardless of the actual grade on the test.</p> <p>The student must pass each Division Test in order to progress on to the next Division.</p> <p>An 80% Course Grade <i>must be maintained</i> in the Paramedic Program to progress.</p> <p>Only extreme emergencies will be considered as reasons to request an alternative testing time. Requests for testing at an alternative time must be made with the course coordinator prior to the day of the test. Any test missed without prior faculty contact may be recorded as a zero!</p>
Certification	<p>National Certification Modules: In addition to passing each Division, the student must successfully complete the four (4) national certification modules (BLS, ACLS, PALS & PHTLS) by the end of the course.</p> <p>Each of these national certifications will be evaluated and graded using the national course's standard grading system.</p>
Final Exam	<p>At the completion of the didactic portion of the program, the student must pass a comprehensive final exam. The minimum passing grade on the Didactic Final Exam is</p>

80%. Students scoring 70% to 79% on the overall Didactic Final Exam may retest the section receiving the lowest grade once. If the student fails to increase the overall exam grade to at least an 80% following the section retest (allowing one retest per section), they will then be dropped from the course.

Behavior	Students may also be evaluated using the REMSA Professional Behavior Evaluation adopted from the 2002 National Guidelines for Educating EMS Instructors. This evaluation identifies affective behaviors that are critical to your success as an EMS professional. These evaluations will be used to help you grow as an individual and a professional. Poor evaluations will result in counseling and remediation.
Overall	<p>Daily division averages are an average of Division Grades (including quizzes and assignments) and the Division Exam: (Daily Division Grade average + Final Division Exam / 2 = Division Average). Regardless of the students Daily Division average, he/she must pass each Final Division exam with a score of 80% or greater. The first day Pharmacology Test applies to this rule.</p> <p>Extra Credit - Extra credit is not available to individual students. Extra credit opportunities are not typically offered and if they are, will be available to every student in the class.</p>

ATTENDANCE

Process	Attendance will be taken at either the beginning or the end of each class by signing on the daily class roster. If you must miss a class for a good reason, you need to notify faculty of the reason and the date of the class you will be missing prior to the beginning of the class. Faculty will decide if the absence will be excused (see Student Guidebook for definition of excused and unexcused absences).
Limits	A student may miss up to a total of 24 hours of didactic classroom instruction <i>with documented make up work</i> . Special circumstances exceeding the 24 hours will be considered by the Director or Program Coordinator on a case-by-case basis.
Excused	Students with excused absences may make up missed tests and quizzes at the convenience of the faculty. The student is responsible to get the information and assignments he/she missed during their absence (i.e., notes and handouts).
Unexcused	<p>Students with unexcused absences may not make up missed tests and quizzes. The student will receive a 0 score on missed tests & quizzes.</p> <p>Unexcused Absences are grounds for disciplinary action up to and including termination from the program.</p>
Process	<p>Notification of Absence:</p> <p>The student must notify the faculty of an absence prior to the beginning of class. In the event the faculty cannot be reached in person, messages may be left with the faculty or Director.</p>

Leave of Absences	In cases of severe hardship, the Program Manager or Director may, at his/her discretion, grant a brief leave of absence. This can only be done during the clinical and field phases of the program and must not exceed 14 calendar days.
Withdraw	Students may withdraw from the program at anytime for any reason. The student must notify the program coordinator that they wish to withdraw from the program and discuss the reasons to ensure all available resources have been provided to the student. Once the final decision is made to withdraw the program coordinator will complete necessary paperwork and update the student's record in the student information system within 24 hours of the notification. All refunds and financial obligations will be handled per the current refund procedures.
Separation	Students can be separated from the program for academic, behavior, or personal reasons. Students not meeting academic standards outlined in this syllabus and the student guidebook will be separated from the program for failing to meet academic standards. Students may also be separated from behavioral reasons. All students will be evaluated using the Professional Behavior Evaluation throughout the program. Poor evaluations will lead to counseling with the coordinator, program manager, and/or program director. Failure to meet the expectations of the plans derived from these counseling meetings will result in separation from the program. The final separation possibility is a withdrawal initiated by the student. This will be handled based on the details provided in the "withdraw" section of this syllabus. All financial issues related to a separation will be dealt with according to the current refund policy in the student guidebook.

GRADING INFORMATION

Minimum	The minimum average passing Course grade is 80%.		
Categories	Division:	10%	Homework
		30%	Daily or Weekly Quizzes
		60%	Module/Division Exams
	Final Didactic:	75%	Division grades including homework, quizzes, and exams
		25%	Final Didactic Exam
Posting	All grades will be posted in a timely manner in the grade book available online.		
Calculations	Final Grade Calculation will be done as follows: A = 94% to 100% B = 87% to 93% C = 80% to 86% W = <80% withdraw		
Rounding	The final grade, which includes a number following the decimal point will be rounded up to the next tenth IF the number following the decimal point is 0.05 or above. For example, a grade of 91.93 will be rounded to 91.9, and a grade of 91.95 will be rounded to 92.0. The cumulative grade for the Didactic Section of the REMSA Paramedic Program must be 80% or greater in order to continue in the program and move into the Clinical Section of the program.		

SCHEDULE

Class Schedule

The class schedule has been attached to this syllabus. Please read through the entire schedule including the notes at the conclusion of the schedule.



REMSA Center for Integrated Health & Community Education
Clinical Syllabus – Paramedic Program

GENERAL COURSE OVERVIEW

Course	Paramedic Education Program Clinical Phase
Pre-Requisites	Current State of Nevada EMS Certification Current American Heart Association Basic Life Support Provider Current American Heart Association Advanced Cardiac Life Support Provider Current American Heart Association Pediatric Advanced Life Support Provider Current Pre-hospital Trauma Life Support Provider
Class Schedule	<p>Hours and days of the week will vary based on availability of Clinical Resources. Various departments and units at Renown Regional Medical Center, Saint Mary's Regional Medical Center and Northern Nevada Medical Center will be used as clinical sites and settings.</p> <p>Students will schedule their own clinical shifts within the available schedule so that personal obligations can be considered within the limits of resource availability. All clinicals must be completed by the date listed on the clinical schedule provided during scheduling session in class.</p>
Faculty	<p>Travis Duffin, Carolyn Schumacher, Alex Ross, Jennifer Walters (Director) Office: 400 Edison Way, Suite B Office Hours: By appointment Phone: Travis – (775)353-0741, Jenny – (775)353-0784, Carolyn – (775)353-0745, Alex- (775)353-0729, E-mail: tduffin@remsa-cf.com, jwalters@remsa-cf.com, cschumacher@remsa-cf.com, aross@remsa-cf.com</p>
Description	<p>The clinical component of the program is divided into ten clinical areas and designed to give the paramedic student the opportunity to practice and perform assessments and psychomotor skills on patients while under the direct supervision of an RN, paramedic, respiratory therapist, physician, or physician assistant.</p> <ol style="list-style-type: none">1. EMERGENCY DEPARTMENT - 96 hours: eight 12-hour shifts one of which will be done at Saint Mary's, one at Northern Nevada Medical Center, one at Sierra Medical Center, one at Renown South Meadows, one shift at the freestanding ER, and three at Renown2. TRAUMA INTENSIVE CARE UNIT/CARDIAC CARE UNIT - 24 hours: ICU, 8-hours in Trauma ICU, 12 hours in CICU3. CATH LAB – 24 Hours: 12-hours at NNMCM or NNSMC and 12-hours in Saint Mary's Cath lab4. PEDIATRIC INTENSIVE CARE UNIT/NEONATAL INTENSIVE CARE UNIT - 24 hours: 12-hours in PICU, 12-hours in NICU

5. LABOR & DELIVERY - 24 hours: 12 hours at RPMC and 12 hours at NNSMC.
6. PSYCHIATRIC UNIT- Each hospital has an acute psychiatric unit within the emergency department where students will rotate through during their ER clinical.
7. RESPIRATORY - 12 hours: one shift
8. PEDIATRIC EMERGENCY ROOM - 12 hours: one shift
9. REMSA COMMUNICATIONS CENTER – 4 hours: one shift
10. OPERATING ROOM – 12 hours at NNMC or NNSMC
11. MEDICAL EXAMINERS OFFICE – Not required but a bonus option for students to observe autopsies when available

COURSE CONTENT & RESOURCES

Teaching Strategies	<p>Direct patient care, within the paramedic scope of practice, under the supervision of an RN or physician.</p> <p>Written case presentations.</p> <p>Oral case presentations.</p>
Objectives	<p>At the completion of this phase, the student will be able to:</p> <ol style="list-style-type: none"> 1. Perform safely and accurately while observed with minimal cues from RN or physician. 2. Spend minimal time on task. 3. Demonstrate dexterity in skills. 4. Appear relaxed and confident during performance of task. 5. Apply theoretical knowledge accurately each time. 6. Focus on client while giving care. 7. While in the Emergency Department/Respiratory, the student will be able to do the following under the direct supervision of an RN or physician as the opportunity arises: <ol style="list-style-type: none"> a. Perform and write patient assessments b. Assist and review the treatment of medical and trauma cases c. Assist in triaging patients d. Perform twenty (20) successful peripheral IV insertions e. Prepare and administer intramuscular, subcutaneous, and IV medications (within the scope of the paramedic student's practice) f. Record and interpret EKGs g. Perform venapuncture to obtain laboratory blood samples h. Assist in treatment of cardiac arrest; including CPR, defibrillation, airway management, and drug administration i. Perform Orotracheal & Nasotracheal intubation j. Insert Nasal or Oral gastric tube k. Observe the dynamics of the Trauma Team l. Observe the methodology of diagnosis and treatment as performed by the ED physician 8. While in the TICU and CCU, the student will be able to do the following under the direct supervision of an RN or physician as the opportunity arises: <ol style="list-style-type: none"> a. Perform and write patient assessments b. Assist and review the treatment of medical and trauma cases c. Review all cases including patient charts, diagnosis, & treatment plans d. Perform peripheral IV insertion

- e. Perform venipuncture to obtain laboratory blood samples
 - f. Assist in the care of patients with endotracheal or tracheostomy tubes and ventilators
 - g. Perform nasotracheal and endotracheal suctioning
 - h. Review 12 lead EKG interpretation
 - i. Record and interpret EKGs
9. While in the Cath Lab, the student will be able to do the following under the direct supervision of an RN or physician as the opportunity arises:
- a. Observe surgical procedures
 - b. Observe postoperative procedures
 - c. Provide pain management to postoperative patients
 - d. *Under the direct supervision of the Anesthesiologist*, perform LMA and/or endotracheal Intubation.
11. While in the Pediatric and Pediatric Intensive Care Unit, the student will be able to do the following under the direct supervision of an RN or physician as the opportunity arises:
- a. Perform and write patient assessments
 - b. Review all cases including patient charts, diagnosis, & treatment plans
 - c. Demonstrate increased comfort in dealing with pediatric patients
12. While in Labor and Delivery/Nursery, the student will be able to do the following under the direct supervision of an RN or physician as the opportunity arises:
- a. Identify the 3 stages of labor
 - b. Identify common complications of labor and delivery
 - c. Identify abnormal deliveries and appropriate treatment modalities
 - d. Assist in cephalic deliveries
 - e. Observe and assist (if possible) in abnormal deliveries
 - f. Control post partum hemorrhage by fundal massage
 - g. Assist in the assessment and management of the newborn
 - h. Assist in neonatal resuscitation
13. OPERATING ROOM One shift will be conducted with an anesthesiologist throughout their assigned cases during the day. While in the OR the student will have the opportunity to perform the following under the direct supervision of a Physician
- 1. Observe surgical procedures
 - 2. Observe pre and postoperative procedures
 - 3. Assess postoperative patients
 - 4. Provide pain management to pre and postoperative patients
 - 5. Under the direct supervision of the Anesthesiologist, perform basic and advanced airway procedures including endotracheal Intubation, LMA, King Airway, etc.
14. While at the REMSA Communications Center, the student will be able to do the following under the direct supervision of a Communications Specialist when appropriate:
- a. Understand the medical priority dispatching system
 - b. Observe call takers and listen to actual 911 calls
 - c. Observe medical dispatchers utilizing MPD and System Status Management
 - d. Identify key positions in a medical dispatch center
15. While at the Morgue, the student will be able to do the following under the direct supervision of an assistant coroner:
- a. Identify gross human anatomy
 - b. Observe the direct effects of disease processes and/or trauma
 - c. Experience the sights and smells of human bodies in death

Textbooks:

Paramedic Care: Principles and Practice, Pearson (5th Edition).
 Anatomy and Physiology, Patton (10th Edition).
 The 12 Lead ECG. In Acute Coronary Syndromes (4th Edition).
 ECG's Made Easy. (6th Edition)
 Prehospital Trauma Life Support – Military Edition (PHTLS) (9th Edition).

American Heart Association. Advanced Cardiac Life Support (2020 Guidelines).
American Heart Association. Pediatric Advanced Life Support (2020 Guidelines).
American Heart Association. Basic Life Support (2020 Guidelines).

Content & Process

The clinical component of the REMSA Paramedic Program focuses on the opportunity to perform behaviors, skills and assessment techniques based on the knowledge gained in the didactic portion of this course. The paramedic student will practice under the direct supervision of an RN, Physician Assistant or Physician in each clinical area and perform skills and other care management that falls within the Nevada paramedic scope of practice at the discretion of and only as assigned by the RN or physician.

The purpose of the clinical component is to give the student opportunities to perform skills and other aspects of care with patients in a controlled setting prior to practicing in the prehospital setting. This program component also allows the student to network with other health-care colleagues and gain an understanding of their role in the continuation of care from the field. In addition, the student becomes familiar with the local resources and the health care services available to patients in our community.

Please read this syllabus carefully and be sure to ask questions when unsure.

GENERAL COURSE CONSIDERATIONS

Accommodations Any student with a disability needing academic adjustments or accommodations is requested to speak with your faculty or the Program Director, as soon as possible to arrange for appropriate accommodations.

Academic Honesty Academic dishonesty of any kind is incompatible with behavior inherent in becoming a professional paramedic and is incompatible with being a student in the REMSA Paramedic Program. Academic dishonesty of any type will result in academic and/or administrative disciplinary action. Please refer to the *REMSA Student Handbook* section A, on Academic Dishonesty for specifics.

Cell Phone Etiquette Turn your cell phone off when you are with a patient or family. If faculty receives complaints about students talking on their phones or texting when they could be talking advantage of clinical opportunities, the student will be subject to disciplinary measures as outlined in the Student Handbook.

Attendance The paramedic curriculum is very fast moving and builds on itself. The student must notify the Clinical Faculty and Preceptor of an absence or anticipated tardiness prior to the beginning of clinical start time. The student should make every effort to speak in person with the Faculty and Preceptor; however, if this is not possible, a message may be left at phone numbers to be issued to the student prior to his or her clinical experience.

If a clinical shift is missed, it is up to the student to reschedule on an open shift. All clinical shifts must be completed successfully to continue into the internship portion of the program. Successful completion includes attending each clinical shift in its entirety and contributing to a positive learning environment. If a student's conduct disrupts this positive environment, this conduct can translate into termination from the program. Leaving the clinical site prior to the designated end-of-shift time without prior preceptor or director approval constitutes an unexcused absence and warrants disciplinary action.

EXPECTATIONS OF STUDENTS

Information for this course will be posted on the student web site and communications for the entire class or for

individuals privately will utilize the students email provided on the enrollment form completed in class. Changes to this email must be submitted to the course coordinator.

If you do not have computer access at home or you have an older model computer that will not run some of the software programs, there are computers available in the REMSA Training Center at 400 Edison Way, Suite B that you may utilize.

Before clinical, you will	<ol style="list-style-type: none">1. Review any A&P that might be necessary for clarity of assessment(s) for the week2. Complete any written assignments3. Prepare questions for your clinical preceptor if unsure of any content
During clinical, you will	<ol style="list-style-type: none">1. Clarify any care or procedure, which you feel is unclear.2. Discuss the goal of your patient(s) treatment and plan of care with your clinical preceptor.3. Ask questions to more fully understand process regarding the procedure(s)/patient management for the shift.4. Remain focused on the patient care disregarding distractions that may arise.5. Provide preceptor with a daily evaluation form and return form to faculty.6. All clinical data will be entered into FSDAP for tracking purposes.

Students are expected to be on the unit, in uniform and ready to begin care/report with their preceptor at the beginning of the assigned shift. Nametags must be worn at all times on the unit.

It is faculty expectation that you will read this syllabus and ask questions and get clarification as needed.

EXPECTATIONS OF FACULTY

Students may expect faculty to be available via cell phone at any time during a clinical shift to answer questions of deal with student concerns. Faculty will also make unannounced/unscheduled rounds of the units on which students are working when students are scheduled for clinical shifts.

Students may expect that faculty will be available for office hours throughout the program. These times will vary so that all students will have an opportunity to meet with faculty regardless of class or work schedules. Faculty will be receptive to accommodating individual appointments for students who have conflicts with normal working hours.

Students may expect the faculty to be approachable, fair, respectful of each student's individuality, and have a sense of humor.

EVALUATION

Clinical Evaluation	Students will be provided with evaluation tools for the clinical setting. A sample of these evaluations is available in the student guidebook in the "original forms" section. A clinical evaluation must be completed for every shift by the preceptor for that shift. Missing evaluations will result in zero credit for the shift and the student will be required to repeat the shift to receive credit. These evaluations will be reviewed by the program coordinator to ensure criteria are being met and gaps in education can be addressed if needed.
FSDAP	Students are required to enter all clinical data into FSDAP including patient assessments and all skills performed and observed. An accurate tracking of the assessments and skills is required for successful completion of the program. Students are also required to enter a narrative on each patient detailing the condition, treatment, and outcome for the patient. All FSDAP records will be reviewed and audited by the program coordinator.

Missing or incomplete records will not be accepted and the student may be required to complete a clinical experience to make up for missing or incomplete information.

All FSDAP data will be reviewed and used to generate reports that will be reviewed by the program director and the medical director. Insufficient results in student data may result in additional clinical time or scheduled simulation experiences to make up for the gap in education as determined by the medical director.

Case Presentation

During the course of the clinical lab sessions (deadlines will be announced), the student will write and submit to the Clinical Faculty one (1) Patient Case Presentations using the following format:

- Patient Age
- Patient Sex
- Admitting Chief Complaint/Problem
- Patient's medical and familial history.
- Admitting Diagnosis
- Treatment Plan
- Test performed and the significance of results
- Patient's response to treatment
- Interesting or anecdotal details
- Any special medical disciplines involved
- In-depth student research pertaining to the patient's medical condition.

Case Presentations will be a minimum of 3 pages, typewritten & double-spaced. Grading will be based on content & quality of research.

Behavior

Students may also be evaluated using the REMSA Professional Behavior Evaluation adopted from the 2002 National Guidelines for Educating EMS Instructors. This evaluation identifies affective behaviors that are critical to your success as an EMS professional. These evaluations will be used to help you grow as an individual and a professional. Poor evaluations will result in counseling and remediation.

REMSA Protocol Exam

Each student must complete and pass a REMSA Intern Protocol exam based on the most current published protocols from REMSA. Successful completion of this exam is mandatory to progress into the field internship phase. Multiple attempts may be made to be successful.

ATTENDANCE

Process

Attendance will be based on the clinical evaluations you submit. If you must miss a clinical for a good reason, you need to notify faculty of the reason and the date of the clinical you will be missing prior to the beginning of the clinical. Faculty will decide if the absence will be excused (see Student Guidebook for definition of excused and unexcused absences).

Limits

A student may not miss any clinical time and is required to satisfy all clinical hour requirements prior to moving to the field phase of the program. Missed shifts must be made up in the same unit. Students may not substitute other clinical sites or units at anytime. Sites have been chosen to ensure students get experience in a variety of settings and with a variety of patients.

Excused	Students with excused absences must make up the missed clinical shift prior to moving to the field internship phase.
Unexcused	<p>Students with unexcused absences must make up the missed clinical shift prior to moving to the field internship phase.</p> <p>Unexcused Absences are grounds for disciplinary action up to and including termination from the program.</p>
Process	<p>Notification of Absence:</p> <p>The student must notify the faculty of an absence prior to the beginning of the shift. In the event the faculty cannot be reached in person, messages may be left with the faculty or Director.</p>
Leave of Absences	In cases of severe hardship, the Program Manager or Director may, at his/her discretion, grant a brief leave of absence. This can only be done during the clinical and field phases of the program and must not exceed 14 calendar days.
Withdraw	Students may withdraw from the program at anytime for any reason. The student must notify the program coordinator that they wish to withdraw from the program and discuss the reasons to ensure all available resources have been provided to the student. Once the final decision is made to withdraw the program coordinator will complete necessary paperwork and update the student's record in the student information system within 24 hours of the notification. All refunds and financial obligations will be handled per the current refund procedures.
Separation	Students can be separated from the program for academic, behavior, or personal reasons. Students not meeting academic standards outlined in this syllabus and the student guidebook will be separated from the program for failing to meet academic standards. Students may also be separated from behavioral reasons. All students will be evaluated using the Professional Behavior Evaluation throughout the program. Poor evaluations will lead to counseling with the coordinator, program manager, and/or program director. Failure to meet the expectations of the plans derived from these counseling meetings will result in separation from the program. The final separation possibility is a withdraw initiated by the student. This will be handled based on the details provided in the "withdraw" section of this syllabus. All financial issues related to a separation will be dealt with according to the current refund policy in the student guidebook.

GRADING INFORMATION

Categories	15% Case Presentation 25% Protocol Quiz 60% FISDAP data entry for each shift & site hours complete
Posting	All grades will be posted in a timely manner in the grade book available online.
Calculations	<p>Final Grade Calculation will be done as follows:</p> <p>A = 94% to 100%</p> <p>B = 87% to 93%</p> <p>C = 80% to 86%</p> <p>W = <80% withdraw</p>

Overall	<p>Grading will be based on the content & quality of the case presentations as well as attendance and motivation while in the clinical setting as indicated on preceptor daily evaluation forms and FISDAP entry.</p> <p>An 80% Course Grade must be maintained in the Paramedic Program to progress.</p>
Rounding	<p>The final grade, which includes a number following the decimal point will be rounded up to the next tenth IF the number following the decimal point is 0.05 or above. For example, a grade of 91.93 will be rounded to 91.9, and a grade of 91.95 will be rounded to 92.0.</p> <p>The cumulative grade for the Clinical Section of the REMSA Paramedic Program must be 80% or greater in order to continue in the program and move into the Internship Section of the program.</p>

SCHEDULE

Class Schedule	<p>The clinical schedule is provided in class. All students will have the opportunity to sign-up for clinical shifts during the three months following the didactic phase based on current standing in class. The student with the highest academic score in the didactic phase will pick first followed by the second highest, and so on.</p>
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REMSA Center for Integrated Health & Community Education
Internship Syllabus – Paramedic Program

GENERAL COURSE OVERVIEW

Course	Paramedic Education Program Internship Phase
Pre-Requisites	Current State of Nevada EMS Certification Current American Heart Association Basic Life Support Provider Current American Heart Association Advanced Cardiac Life Support Provider Current American Heart Association Pediatric Advanced Life Support Provider Current Pre-hospital Trauma Life Support Provider Successful completion of REMSA Protocol Examination Successful completion of the clinical phase of the REMSA Paramedic Education Program
Class Schedule	Hours and days of the week will vary based on the schedule of the REMSA intern preceptor. The student will work the field schedule of their preceptor for a minimum of 480 hours. This includes holidays, nights, weekends, etc.
Faculty	<p>Travis Duffin, Carolyn Schumacher, Alex Ross, Jennifer Walters (Director) Office: 400 Edison Way, Suite B Office Hours: By appointment Phone: Travis – (775)353-0741, Jenny – (775)353-0784, Carolyn – (775)353-0745, Alex- (775)353-0729 E-mail: tduffin@remsa-cf.com, jwalters@remsa-cf.com, cschumacher@remsa-cf.com, aross@remsa-cf.com</p> <p>REMSA Paramedic Preceptors that have gone through an 8-hour initial preceptor training class. Additionally, prior to the beginning of each internship phase, the coordinator of the program will provide any updates to the program and expectations of the internship.</p>
Description	<p>The internship component of the program consists of 5 phases of evaluation with each phase consisting of specific performance measures. Each phase is given an approximate hourly duration based on the hours per shift. The minimum requirement is 480 hours for all phases.</p> <p>After the completion of each shift during Phases 1-5 it is the responsibility of the preceptor to complete the appropriate daily evaluation form and review the evaluation with the Intern. Daily evaluations will be submitted to the Program Coordinator within one workweek after the shift is completed. The Intern is encouraged to keep a copy of all evaluations.</p> <p>Students will enter all internship patient encounters as well as skills performed and observed into FISDAP.</p>

COURSE CONTENT & RESOURCES

Teaching Strategies Direct patient care, within the paramedic scope of practice, under the supervision of a paramedic preceptor trained and approved by REMSA Center for Pre-hospital Education.

Objectives At the completion of this component of the program, the student will be able to:

1. Perform safely and accurately in the all patient encounter in the pre-hospital setting each time observed with minimal cues from the preceptor.
2. Spend minimal time on task and assessment.
3. Demonstrate precision and dexterity in skills.
4. Appear relaxed and confident during performance of task instilling confidence in the patient and family.
5. Apply theoretical knowledge accurately to every patient encounter.
6. Focus on client while giving care.

Phase 1

Phase 1 duration is approximately 20 hours. In Phase 1 the Intern will be required to meet the following performance measures:

1. Applies knowledge of System Status Management and Medical Priority Dispatched System during field operations.
2. Demonstrates beginning proficiency in accurate BLS assessments, treatment, radio reports, and patient care reports.
3. Demonstrates beginning proficiency in location and operation of equipment.
4. Identifies area base hospital policies and locations.

Phase 2

Phase 2 duration is approximately 20 hours. In Phase 2 the Intern will be required to meet the following performance measures.

1. Operates within the role of attendant for all BLS and ALS patients.
2. Demonstrates consistent proficiency in thorough and accurate BLS assessments, treatment, radio reports, and patient care reports.
3. Consistently demonstrates proficiency and independence in locating and operating equipment.

Phase 3

Phase 3 duration is approximately 60 hours. In Phase 3 the Intern will be required to meet the following performance measures.

1. Consistently demonstrates proficiency in thorough and accurate BLS assessments, treatment, radio reports, and patient care reports. At the completion of Phase 3 the preceptor will have full confidence the Intern can function in a professional capacity, autonomously treating a BLS patient.
2. Demonstrates increasing proficiency and independence in leadership skills, including scene management, implementation of treatment plan, and recognition and organization of all aspects of the prehospital environment.
3. Demonstrates increasing proficiency in effective communication with patient, family, co responders, other medical professionals, and members of the public.

4. Demonstrates increasing proficiency in thorough and accurate ALS assessments, treatment, radio reports, and patient care reports.

Phase 4

Phase 4 duration is approximately 260 shift hours. In Phase 4 the Intern will be required to meet the following performance measures.

1. Demonstrates consistent proficiency in leadership skills including scene management, implementation of treatment plan, recognition and organization of all aspects of the prehospital environment.
2. Demonstrates consistent proficiency regarding effective/appropriate communication with patient, family, co responders, other medical professionals, and members of the public.
3. Demonstrates consistent proficiency in thorough and accurate ALS assessments, treatment, radio reports, and patient care reports.
4. At the completion of Phase 4 the preceptor will complete the Phase 4 Tracking Form. This form is used to summarize the Intern's performance to date, and pinpoint areas for improvement in the final phase of internship.
5. At the completion of Phase 4 the preceptor will have reviewed the Protocol/Patient Encounter Checklist. The preceptor will use realistic in-depth scenarios and assignments to provide training and education related to patient encounters for which the Intern has not had field experience. The preceptor will critique the Intern's ability to apply this knowledge to prospective patient encounters.
6. At the completion of phase 4, student will be evaluated in the simulation lab to determine strengths, weaknesses, and areas needing additional education.

Phase 5 – Capstone Field Internship

Phase 5 duration is approximately 120 hours. In Phase 5 the Intern will be required to meet the following performance measures.

1. Functions independently without cues from the preceptor in the prehospital environment.
2. Consistently demonstrates proficiency in leadership skills including scene management, implementation of treatment plan, and recognition and organization of all aspects of the prehospital environment.
3. Consistently demonstrates proficiency in effective communication with patient, family, and co responders, other medical professionals, and members of the public.
4. Consistently demonstrates proficiency in thorough and accurate ALS assessments, treatment, radio reports, and patient care reports. At the completion of Phase 5 the preceptor will have full confidence the Intern can function in a professional capacity, autonomously treating an ALS patient.
5. Demonstrates retention of performance measures in Phases 1-4.
6. At the completion of phase 5, student will be evaluated and graded on assessment & treatment skills in the simulation lab using patient care scenarios.

Completion

The Intern will submit the following materials to the Program Coordinator in the following sequence:

1. Daily FISDAP entries with preceptor sign-off
2. All daily evaluations to equal 480 hours or 600 hours with extension
3. Two (2) professional behavior evaluations, one prior to phase 4 and one upon completion
4. Successful completion of final patient care simulation

5. Final Field Evaluation completed by preceptor
6. Evaluation of the preceptor by the student

Students will utilize the online patient and skills tracking program chosen by REMSA. Students must complete all required components of the system to be evaluated by the program coordinator prior to successful completion of the program. Students will be required to enter data about assessments performed as well as skills observed and performed. Students must also accurately document the age and sex of each patient encounter. This data will be reviewed and audited by the coordinator, manager, director, and medical director. Missing or incomplete data will need to be redone and may require additional field shifts. Gaps in education will be identified through reports provided by FSDAP and daily evaluations. These gaps may be addressed through a remediation plan or scheduled simulation experiences.

After receipt of all materials, the Program Coordinator will review daily evaluations as well as FSDAP information for accuracy and completeness. A final review of all data will be performed by the medical director prior to successfully completing the course. Once the program director and the medical director have signed off on the successful completion of the student, the program coordinator will notify the National Registry of EMT's the Intern is eligible for cognitive testing.

Textbooks

Paramedic Care: Principles and Practice, Pearson (5th Edition).
 Anatomy and Physiology, Patton (10th Edition).
 The 12 Lead ECG. In Acute Coronary Syndromes (4th Edition).
 ECG's Made Easy. (6th Edition)
 Prehospital Trauma Life Support – Military Edition (PHTLS) (9th Edition).
 American Heart Association. Advanced Cardiac Life Support (2020 Guidelines).
 American Heart Association. Pediatric Advanced Life Support (2020 Guidelines).
 American Heart Association. Basic Life Support (2020 Guidelines).

Content & Process

The internship component of the REMSA Paramedic Program focuses on the opportunity to perform behaviors, skills and assessment techniques based on the knowledge gained in the didactic and clinical portion of this course. The paramedic student will practice under the direct supervision of paramedic preceptor during each field shift and perform skills and other care management that falls within the Nevada paramedic scope of practice in an independent manner at the discretion of the preceptor.

The purpose of the internship component is to give the student opportunities to perform skills and other aspects of care with patients in a real life prehospital setting prior to practicing independently. This program component also allows the student to network with other community public safety and first responding agencies and gain an understanding of their role in the prehospital setting and care of the patient. In addition, the student becomes familiar with the local resources and the health care services available to patients in our community.

Please read this syllabus carefully and be sure to ask questions when unsure.

GENERAL COURSE CONSIDERATIONS

Accommodations

Any student with a disability needing academic adjustments or accommodations is requested to speak with your faculty or the Program Director, as soon as possible to arrange for appropriate accommodations.

Academic Honesty

Academic dishonesty of any kind is incompatible with behavior inherent in becoming a

professional paramedic and is incompatible with being a student in the REMSA Paramedic Program. Academic dishonesty of any type will result in academic and/or administrative disciplinary action. Please refer to the *REMSA Student Handbook* section on Academic Dishonesty for specifics.

Cell Phone Etiquette

Turn your cell phone off during class. The first time your cell rings in class, you will be warned. The second time, your cell phone rings, the phone will be confiscated until the end of class.

Attendance

The paramedic curriculum is very fast moving and builds on itself. The student must notify the Program Coordinator, the preceptor and the Operations Supervisor of an absence or anticipated tardiness prior to the beginning of the field shift.

If an internship shift is missed, the shift hours must be made up at the end of the internship to reach a total of 480 hours. This may extend the internship. Missing an internship shift without notification of the program coordinator, preceptor and Operations Supervisor constitutes an unexcused absence and warrants disciplinary action.

Placement

Students will be assigned a REMSA Health ambulance internship unless an alternate internship site was previously agreed upon by the Program Director and the administration at the alternate internship site before the start of class. Students that are not employed by a partner agency with an existing affiliation agreement are not permitted to perform their internship at alternate sites without the explicit permission of the Program Director. All students will be assigned to a preceptor by REMSA Health faculty based on available preceptors. The Program Coordinator and Program Director will work together to determine the best preceptor based on teaching style and student needs.

EXPECTATIONS OF STUDENTS

Information for this course will be posted on the student web site and communications for the entire class or for individuals privately will utilize the students email provided on the enrollment form completed in class. Changes to this email must be submitted to the course coordinator.

If you do not have computer access at home or you have an older model computer that will not run some of the software programs, there are computers available in the REMSA Training Center at 400 Edison Way, Suite B that you may utilize.

Before field, you will

1. Review any A&P and treatment modalities that were areas of concern documented or discussed by your preceptor on the previous shift.
2. Complete any homework assignments given by your preceptor.
3. Prepare questions for your clinical preceptor if unsure of any previous patient encounters or treatment.

During field, you will

1. Clarify any care or procedure which you feel is unclear.
2. Discuss the goal of your patient(s) treatment and plan of care with your intern preceptor.
3. Ask questions to more fully understand process regarding the procedure(s)/patient management for the shift.
4. Remain focused on the patient care disregarding distractions that may arise.
5. Document patient care on the patient care record with review by your preceptor prior to submission.
6. Document all patient care and encounters in FISDAP for tracking and evaluation.

Students are expected to be at the ambulance, in uniform and ready to begin the shift with their preceptor at least 15 minutes before the beginning of the assigned shift. Student uniforms must be worn at all times in the field.

It is faculty expectation that you will read this syllabus and ask questions and get clarification on any part of it that is not clear or understandable.

EXPECTATIONS OF FACULTY

Students may expect faculty to be available via cell phone at any time during a clinical shift to answer questions of deal with student concerns. Faculty will also communicate with preceptors regarding the student's progress throughout the internship period. Students may expect that faculty will be available for office hours throughout the program. These times will vary so that all students will have an opportunity to meet with faculty regardless of class or work schedules. Faculty will be receptive to accommodating individual appointments for students who have conflicts with normal working hours.

Students may expect the faculty to be approachable, fair, respectful of each student's individuality, and have a sense of humor.

EVALUATION

Daily Evaluations	Students will be evaluated on a daily basis by their preceptors and written daily evaluation forms will be completed. The internship component of the program is a pass-fail component. Areas of concern or areas in which more practice/knowledge is needed, the preceptor will provide scenario and/or skill practice with the student during downtime.
Behavior Evaluations	Students will be evaluated at the conclusion of each phase on their professional behavior and affective domain attributes. This evaluation will be completed by their preceptor and reviewed with the student. This component is pass or fail and consistent progress will be monitored by the preceptor and the coordinator. Areas of concern will be addressed by the preceptor and the coordinator. Individual plans will be developed to address these areas as the need arises.
Final Evaluation	Students will be evaluated at the conclusion of the field internship utilizing the "final evaluation" tool. This evaluation will evaluate and encompass all skills and knowledge deemed necessary of an entry-level paramedic. This evaluation is pass or fail assessment and failure may result in an extension of the internship or dismissal from the program. This evaluation is completed by the intern's preceptor and reviewed by the Program Coordinator to determine any gaps in education that need to be addressed.
Simulation	Students will be evaluated in a simulated patient care scenario at the conclusion of phase four and five. The student must successfully complete the phase five simulation to complete the field internship.
Extension	If the student is in jeopardy of failing the internship, the Program Coordinator, Program Manager, Program Director, and the preceptor will meet with the student and extend the internship up to 120 hours or place the student with a second preceptor for evaluation. A successful internship is based on the student's ability to successfully complete all of the objectives for phase five.

ATTENDANCE

Process	Attendance will be based on the field evaluations you submit. If you must miss a field internship day for a good reason, you need to notify faculty of the reason and the date of the shift you will be missing prior to the beginning of the shift. You must also notify your preceptor that you will be missing the shift. Faculty will decide if the absence will be excused (see Student Guidebook for definition of excused and unexcused absences).
Limits	A student may not miss any field time and is required to satisfy all field hour requirements prior to successfully completing the program. Students will be scheduled for a minimum of 30 hours per week. Missed shifts must be made up prior to completion. Students may not substitute other preceptors for field days. All preceptors must be approved and selected by the Program Coordinator.
Excused	Students with excused absences must make up the missed shift prior to completing the course.
Unexcused	<p>Students with unexcused absences must make up the missed shift prior to completing the course.</p> <p>Unexcused Absences are grounds for disciplinary action up to and including termination from the program.</p>
Process	<p>Notification of Absence:</p> <p>The student must notify the faculty and the preceptor of an absence prior to the beginning of the shift. In the event the faculty cannot be reached in person, messages may be left with the faculty or Director.</p>
Leave of Absences	In cases of severe hardship, the Program Manager or Director may, at his/her discretion, grant a brief leave of absence. This can only be done during the clinical and field phases of the program and must not exceed 14 calendar days.
Withdraw	Students may withdraw from the program at anytime for any reason. The student must notify the program coordinator that they wish to withdraw from the program and discuss the reasons to ensure all available resources have been provided to the student. Once the final decision is made to withdraw the program coordinator will complete necessary paperwork and update the student's record in the student information system within 24 hours of the notification. All refunds and financial obligations will be handled per the current refund procedures.
Separation	Students can be separated from the program for academic, behavior, or personal reasons. Students not meeting academic standards outlined in this syllabus and the student guidebook will be separated from the program for failing to meet academic standards. Students may also be separated from behavioral reasons. All students will be evaluated using the Professional Behavior Evaluation throughout the program. Poor evaluations will lead to counseling with the coordinator, program manager, and/or program director. Failure to meet the expectations of the plans derived from these counseling meetings will result in separation from the program. The final separation possibility is a withdraw initiated by the student. This will be handled based on the details provided in the "withdraw" section of this syllabus. All financial issues related to a separation will be dealt with according to the current refund policy in the student guidebook.

GRADING

Categories	15%	Final Field & Weekly Evaluation Reviews
	25%	Simulation Evaluation
	60%	Field Hours Completion (480 or 600 for extension)

For further information on extended or added hours in this phase see *field internship grading rubrics* in section D of the handbook.

Extension

The Field Internship may be extended to accommodate those students that require more time to achieve the performance measures in Phases 1-5. The Extension phase length is up to director discretion.

Dismissal

Failure to achieve performance measures in the Field Internship, or breach of the Code of Conduct in the student handbook will result in dismissal from the REMSA Paramedic Program. Dismissal from the program will constitute a failure to complete the EMS course and requires reapplication to the program.

An 80% Course Grade *must be maintained* in the Paramedic Program to progress.

SCHEDULE

Class Schedule	All students will be assigned to a preceptor by REMSA based on available preceptors. The Program Coordinator and Program Director will work together to determine the best preceptor based on teaching style and student needs.
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REMSA Center for Integrated Health and Community Education
Paramedic Education Program
Program Description

Student Handbook – Section E
Clinical & Field Internship Guidebook

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The REMSA Paramedic Program

The REMSA Paramedic Education program is a full time, approximately 12-month long program dedicated to educating the next generation of professional paramedics. The program consists of classroom education, clinical site internships and field internships on advanced life support ambulances.

All students are selected after completing a highly competitive entrance process based on test scores, interview success, and a background check. The REMSA program accepts students based on testing and strict guidelines established to ensure student success. Graduates from the REMSA program consistently pass National Registry Exams on their first attempt and within the past 5 years, REMSA has a 100% first attempt pass rate.

Students must complete each stage of the program and adhere to stringent academic and professional standards throughout to remain a paramedic student.

Didactic

Students will spend at least 581 hours in classroom covering a wide range of topics taught by experienced paramedics, nurses, and physicians that still currently work in a busy, urban ALS system. The didactic portion of the program lasts approximately seven months and is divided into seven divisions.

Division 1:	Introduction to Advanced Prehospital Care & Patient Assessment, Geriatric Emergencies, Special Considerations
Division 2:	Pulmonary Emergencies, General Anatomy and Pathophysiology
Division 3:	Cardiology
Division 4:	Medical Emergencies, OB/Gyn, Neonatal, Pediatrics
Division 5:	Trauma Emergencies, Operations
Other:	Clinical Orientation, Final Review and Final Exam

Throughout the didactic portion of the class, basic anatomy and physiology is covered specific to the subject addressed in that division. This instruction provides students with more in-depth education on the pathological causes of disease and relates current topics to their associated physiology. The anatomy and physiology curriculum makes up 56 of the overall 581 total hours covered in the didactic phase.

Students will also participate in standard/advanced certification courses and become certified in the following, during the didactic portion of the program:

Basic Life Support - BLS

Advanced Cardiac Life Support – ACLS

Pediatric Advanced Life Support – PALS

International Trauma Life Support – ITLS or Prehospital Trauma Life Support – PHTLS

Tactical Emergency Casualty Combat- TECC

Clinical Internship

Upon successful completion of the didactic portion of the program, students progress into the clinical internship phase. During this phase, students are introduced to various clinical settings and types of patients allowing them to learn how to properly manage and assess patients as well as using the skills and procedures learned in the classroom.

Emergency Department & Freestanding ER	Medical Examiner
Pediatric Emergency Room	Pediatrics & Pediatric Intensive Care Unit
Trauma Intensive Care Unit	Labor and Delivery Unit
Cardiac Intensive Care Unit	REMSA Communications Center
Respiratory Therapy	Cardiology – Cath Lab
Neonatal Intensive Care Unit	Operating Room

This section consists of at least 228 clinical hours and must be completed prior to attending field internships.

Field Internship

This is the final phase of the REMSA Paramedic Education program. Students will complete a minimum of 480 hours in the field working on an advanced life support ambulance. This phase is divided into multiple phases to allow the student to progress from orientation to operating as a functional, entry-level paramedic.

Phase 1:	20 Hours	Student rides and observes ambulance operations
Phase 2:	20 Hours	Student begins to operate as a BLS partner to Paramedic
Phase 3:	60 Hours	Begins ALS assessments and perfects BLS assessments
Phase 4:	260 Hours	Builds leadership skills and perfects ALS assessments
Phase 5:	120 Hours	Student functions as an entry-level paramedic – Capstone Field Internship

All students are placed with paramedic preceptors that have been trained to teach and evaluate the student's performance throughout the process. It is the preceptor's goal to develop the student to a functioning paramedic by the conclusion of this phase. Preceptors have the ability to extend the internship with additional shifts to ensure the student is able to satisfy the requirements of phase 5.

Clinical and Field Internship Locations

Renown Regional Medical Center

2375 E. Prater Way
Sparks, Nevada 89434
(775) 331-7000

Renown South Meadows

10101 Double R Blvd
Reno, Nevada 89521
(775) 982-7000

Northern Nevada Medical Center

975 Ryland Street
Reno, Nevada 89502
(775) 982-5000

Saint Mary's Regional Medical Center

235 West 6th Street
Reno, Nevada 89503
(775) 770-3000

Washoe County Medical Examiner

990 E.9th Street
Reno, Nevada 89502
(775) 785-6114

REMSA Dispatch

450 Edison Way
Reno, Nevada 89502
(775) 858-5700

Northern Nevada Sierra

625 Innovation Dr
Reno, NV 89511

Northern Nevada ER at McCarran NW

10290 N McCarran Blvd
Reno, NV 89503
(775) 900-6700

Northern Nevada ER at Spanish Springs

1511 Oppio Ranch Parkway
Sparks, NV 89436
(775) 567-5400

REMSA Paramedic Program Preceptor

The preceptor is responsible for direct supervision and evaluation of the paramedic student. Students are encouraged to accompany their preceptor at all times throughout the internship, ask questions, and learn from them. It is up to the student to remain involved, however, the preceptor is key in motivating the student to be a part of the team.

Evaluation forms have been created and provided along with grading rubrics to ensure consistent and objective grading of students throughout the process. Please review each evaluation and be prepared to complete one for the student at the end of each shift.

Learning Environment

To ensure success of each student it is imperative to understand that this is a learning situation. Each student comes to internship sites with varied backgrounds and clinical experience. Some may need additional support and time to learn what may seem like basic skills.

We encourage preceptors to teach in a positive manner. Reinforcing correct skills and procedures and providing a learning opportunity in a positive manner when needed leading to a more successful student.

Evaluation of the Student

Students have been provided the tools to evaluate and report on student performance. We encourage preceptors to read through the evaluation tools and become familiar with them prior to using them to evaluate the student.

Preceptors are encouraged to provide constructive feedback and review their evaluation with the student at the end of the shift. Students will utilize the feedback and scoring to improve their performance and REMSA faculty will review all evaluations to ensure a student is showing continued progress and mastery of necessary skills.

At no time should a student be evaluated on anything other than their directly supervised performance during the observed internship. Evaluation of the student should be strictly focused on their ability to complete the outlined tasks.

Contact Information

If at any time preceptors need to discuss issues (positive or negative) related to a student or need more information, please contact a REMSA staff member immediately.

Travis Duffin
REMSA Education – Clinical Coordinator
302-584-5875
tduffin@remsa-cf.com

Alex Ross
REMSA Education – Paramedic Coordinator
775-353-0729
tduffin@remsa-cf.com

Carolyn Schumacher
REMSA Education – Paramedic Coordinator
775-353-0745
cschumacher@remsa-cf.com

Jenny Walters
REMSA Education- Director
775-353-0784
jwalters@remsa-cf.com

To Do List

- ☐ Read this entire guidebook to ensure understanding of what is expected of preceptors and the tools preceptors have available for evaluating and guiding the student.
- ☐ Complete an evaluation at the end of each shift reflecting the student's performance for that day.

REMSA Paramedic Program Intern

This phase education gives students the opportunity to utilize the knowledge learned in the classroom in a real world setting. Students will be exposed to many different medical settings and patient types. All of the clinical and field internship sites have been chosen by faculty to ensure students are exposed to a large variety of patient conditions, ages, and complaints. This process is designed to take students from observer to an active member of the medical team.

A student's role begins as an observer, watching and learning what to do with all of the knowledge they have gathered over the last six months. As students progress through the process, it is expected that they become active in patient care and working with other medical professionals. It is expected that students practice skills and procedures with every opportunity allowed and they take every opportunity to learn the skills necessary to be a successful paramedic. Remember, preceptors may have new or different ways to do things.

Students are expected to participate. Preceptors will guide students and teach them throughout the process, but they will not force students to engage. Preceptors are actively working and treating patients and cannot be responsible to seek out or force students to get involved, this is up to the student. The more a student participates in the process, the more a student will learn.

Role

Arrive to each site on time and prepared to work. Some areas will be slower than others. This is an opportunity to ask questions, work on assessment skills with patients, or learn new skills. This is not time to sit in a corner or do work unrelated to the clinical site.

Working with Staff

Work with assigned preceptor and staff. REMSA students must display a positive, engaged attitude at all times. Students represent the REMSA program and are responsible to present a well-groomed, prepared, and enthusiastic demeanor at all clinical and field sites.

Students that show an interest and actively participate are consistently more successful in the program and report a more meaningful experience from all clinical sites.

At no time is it acceptable to argue with staff, disrupt patient care or act in a manner that is inconsistent with REMSA's general rules of conduct. It is also unacceptable to disregard preceptor requests or directions at anytime. If Students feel as though a conflict cannot be resolved or they are being treated unfairly, they may excuse themselves for a phone call and contact the program director immediately.

Professional Conduct

Students are expected to act as a professional at all times. The student will be evaluated on their behavior by preceptors and REMSA faculty. Failure to submit and pass all evaluations can lead to failure from the program.

Professional conduct includes attitude, attire, personal appearance, and attendance. Please refer to the policies and procedures section of this guidebook to review specific requirement related to professional conduct.

To Do List

- ☐ Read this entire guidebook to ensure Students understand what is expected of Students and the tools Students have available to Students to ensure Students success.
- ☐ Read and submit all assignments outlined in the clinical and field internship sections of this guidebook.

Policies and Procedures

General Rules of Conduct

Students will adhere to the highest standards of medical ethics in all periods of attendance in class, at affiliate clinical affiliate sites, and during field internship. An important part of the student evaluation will be student-patient relationships. The instructor and/or program director will deal with all infractions of medical ethics.

1. Appearance/Hygiene:

- a. Students must present a neat, professional appearance at all times during the paramedic program. Extremes in hairstyle and/or color, cologne, body jewelry, body piercings and/or make up are not allowed.
- b. Long hair (over the collar) must be tied back.
- c. Mustaches and beards must be short and neatly trimmed.
- d. Fingernails must be kept clean and at a length that will not interfere with patient care. Artificial nails are not allowed at anytime.
- e. General, basic hygiene is imperative to prevent offensive body odors or halitosis.

Extremes in any of the above may result in the student being sent home for corrective measures at the sole and absolute discretion of the program director or preceptor.

2. Personal/Learning Interactions:

- a. To maintain a high standard of professionalism, students will constantly and consistently demonstrate a positive, supportive and motivated attitude to those they come in contact with (patients, peers, other healthcare providers, instructors/preceptors, etc.).
- b. Conflicts between the student and others will be handled in a mature manner. If the conflict involves another student or preceptor, the student may seek arbitration from the Program Director, the Program Director may intervene at his/her discretion and arbitrate.
- c. Derisive, slanderous statements are grounds for immediate disciplinary action up to and including suspension.
- d. Any behavior deemed disruptive, hostile, threatening, or offensive by the program director, instructor, preceptor or fellow student will be investigated immediately. If the allegations are found to have merit, disciplinary procedures will be implemented as detailed in the Disciplinary Guidelines section of handbook.
- e. To maximize the student's learning experience, it is absolutely imperative that each student takes an active role in participation.

3. Uniform/Identification:

- a. Students must wear their uniforms at all times during class, clinical internship, and field internship. "Uniform" is defined as:
 - i. Course approved polo type shirt with approved REMSA Paramedic Program embroidery on the right breast.
 - ii. Black or Navy medic pants.
 - iii. Black boots or heavy shoes with lug (i.e., Vibram) soles.
 - iv. REMSA issued picture ID badge (ID badge must be worn during Clinical Internship).
- b. Uniforms must be kept clean and in good condition.

4. REMSA is not responsible for lost or stolen items on the premises.

5. Learning conduct:

- a. Student shall refrain from distracting behavior.
- b. Turn off and do not answer cell phones/pagers until breaks.
- c. No headphones or similar devices in the classroom or clinical areas.
- d. No food in labs.

- e. Come to class well rested and ready to learn.
- f. Academic dishonesty will not be tolerated

Attendance

1. Tardiness:
 - a. Arrival in the classroom, clinical site or field internship site after the posted start of class constitutes a tardy.
 - b. Chronic tardiness is unacceptable and reflects unprofessional conduct that severely disrupts the classroom environment and will be counted against total hours of absence.
 - c. Chronic tardiness warrants disciplinary action(s). If Students are tardy 3 times, it will equal one absence. (See Disciplinary Guidelines)
2. Absences:
 - a. Maximum Allowable Absences:
 - b. A student may miss up to a total of 24 hours of didactic classroom instruction with documented make up work to be completed and turned in one week following absence.
 - c. Special circumstances exceeding the 24 hours will be considered by the Director on a case-by-case basis.
 - d. A student may miss up to 24 hours of clinical time and 48 hours of field internship hours. All clinical and field hours must be made up.
3. Excused Absences:
 - a. An excused absence is defined as missing all or part of a class after notifying the Clinical Coordinator and preceptor prior to the beginning of class or internship or prior to leaving the class or internship site. Special circumstances exceeding these hour limitations will be considered by the Director on a case-by-case basis.
 - b. Students with excused absences may make up missed tests and quizzes at the convenience of the Coordinator.
 - c. The student is responsible to get the information and assignments he/she missed during their absence (i.e., notes, audiotapes, and handouts).
4. Unexcused Absences:
 - a. An unexcused absence is defined as missing all or part of a class without notifying the Coordinator prior to the beginning of the posted class time or prior to leaving class before dismissal by the director or lead instructor.
 - b. An unexcused clinical or field absence is defined as missing all or part of a shift without notifying the Coordinator and Preceptor prior to the beginning of the posted shift start time or prior to leaving the shift before the posted end of shift time.
 - c. Students with unexcused absences may not make up missed tests and quizzes. The student will receive a 0 score on missed tests & quizzes.
 - d. The student will be responsible for getting the missed didactic information for future tests and quizzes.
 - e. Unexcused Absences are grounds for disciplinary action up to and including termination from the program.
5. Notification of Absence:
 - a. The student must notify the Coordinator and Preceptor of an absence prior to the beginning of class or clinical/field start time.
 - b. In the event the Coordinator or Preceptor cannot be reached in person, messages may be left with the Coordinator and Preceptor.
6. Leave of Absences
 - a. In cases of severe hardship, the Course Director may, at his/her discretion, grant a brief leave of absence. This can only be done during the clinical and field phases of the program and must not exceed 14 calendar days.
7. Procedure for excusing an absence
 - a. Call the program coordinator. Students must contact the course coordinator immediately. This includes events such as sickness, emergencies, and preceptor absence.

- b. Call the preceptor. If students are going to be absent, they must also contact the preceptor they are assigned to in clinical or field internship.
- c. Email. If the student left voicemails for the above contacts, follow-up with an email to each to ensure they know when the student will be absent and why.

Disciplinary Guidelines

1. Infractions requiring disciplinary measures:
 - a. Disciplinary measures may be instituted for, but not limited to, the following infractions:
 - i. Academic dishonesty
 - ii. Profane or abusive language.
 - iii. Sexual Harassment.
 - iv. Any behavior disruptive to the learning environment or the psychological comfort of other students.
 - v. Chronic tardiness.
 - vi. Intimidation or disrespect for a fellow student, instructor, staff member, patient or member of the public.
 - vii. Willful refusal to follow the reasonable directions of the Medical Director, Program Director, a Program Instructor, Clinical Preceptor, or Field Preceptor.
 - viii. Any conduct that endangers the safety and/or well being of the student, other students, staff members, patients, or members of the public.
 - ix. Any behavior that reflects poorly upon the paramedic program, the Director, the Medical Director, the staff, REMSA, or the clinical site.
 - x. Theft, lying, cheating, plagiarism or misrepresentation.
 - xi. Failure to comply with Didactic, Clinical, or Field guidelines.
 - xii. Unprofessional behavior.
 - xiii. Starting or repeating rumor, nuance, or misinformation that is harmful to another.
 - xiv. Use of intoxicants - No person may bring onto campus for ingestion any alcohol, or illegal drugs, or prescribed drugs that may alter the mental state. No person may arrive on campus, clinical site, or for field internship having recently consumed or under the influence of any of the above substances. For the purposes of this rule, "campus" includes any REMSA property (including ambulances), or any clinical or field site.
2. Depending on the severity of the infraction, disciplinary measures may include:
 - a. Verbal reprimand
 - b. Written reprimand
 - c. Probationary status
 - d. Termination from the program
3. In most cases, an escalation of disciplinary measures will be utilized. (i.e., verbal reprimand first, followed by a written reprimand and/or probationary status if undesirable behavior continues.)
4. In the case of severe disciplinary infractions, as deemed by the Course Director, the student may be immediately terminated from the program.
5. Tuition refunds to terminated students will be made in accordance with the refund policy.

Grievance Procedures

1. Any student who feels troubled by an action of an instructor, fellow student, or clinical preceptor that affects his/her conditions of learning is encouraged to call that action to the attention of the instructor first. If the issue is not satisfactorily resolved, he/she may then take the problem to the Director of Program. If resolution of conflict still cannot be reached, the issue will be brought forth to the governing body of the REMSA Training Center in the form of a written grievance to be delivered to the Director of Program.

2. If an issue directly involves the Director of the Paramedic Program so that he/she may not make an objective decision, the student may take the problem directly to the Chief Executive Officer.
3. As timely resolution of complaints or problems is essential, the student must bring his/her complaint or problem to the attention of the Director of Program or Chief Operating Officer within 30 days of the incident(s).
4. The REMSA Training Center Governing Body consists of a REMSA Chief Operating Officer, Chief Medical Officer/Medical Director, Education Manager/Program Director and a representative from the Nevada State EMS Office, or designee if unavailable.
5. After considering all information pertinent to the issue, the governing body will issue a decision.
6. The Program Director will then review the decision.
7. The Program Director will then issue a written decision in the matter. The decision of the Program Director is final.

Sexual Harassment

1. Sexual Harassment is held as a serious offense. Unwanted sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature may be considered sexual harassment when:
 - a. Submission to such conduct is made either explicitly or implicitly a term or condition for an individual's academic success.
2. Such conduct has the purpose or effect of unreasonably interfering with an individual's class performance or creating an intimidating, hostile or offensive class environment.
 - a. Students who experience sexual harassment have a responsibility to bring it to the attention of the Program Director or Chief Executive Officer. All complaints of sexual harassment will be investigated. There will be no intimidation or retaliation against anyone claiming to be a victim of sexual harassment when done so in good faith.

Blood Borne Pathogen Exposure & Needle Stick Reporting

Emergency medical services represent a large group of individuals who are "reasonably anticipated" to be at risk for contact with blood and other potentially infectious materials while in the clinical setting. This policy is established to:

- a. Ensure that students who are at risk are educated to prevent or reduce such exposure incidents, and
- b. Address the procedures to follow in the event of a blood borne exposure incident.

Education Students will be required to attend orientation session prior to the start of each clinical program. This orientation will include explanations of the OSHA standard for bloodborne Pathogens, epidemiology and symptomatology of bloodborne diseases, modes of transmission of bloodborne diseases, control methods used to control exposure to bloodborne pathogens, the use of personal protective equipment, biohazard labeling, and recommendations for post-exposure follow-up.

Prevention All students who are considered to be "at risk" in a clinical setting are required to have completed hepatitis B vaccination prior to entry into the clinical setting. A copy of the dates of hepatitis B vaccination will be kept on file in the REMSA student records for all students.

Students may be exempted from this requirement for medical or religious reasons only. If a student refuses, for these reasons, to obtain the vaccination, he or she will be required to sign a declination form and this waiver will be kept on file in the REMSA Education Department.

All students are required to have medical insurance coverage. A copy of the proof of medical insurance will be kept in the student's file.

Exposure An exposure incident is defined as a specific occupational incident involving eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials, including saliva. A common example is an injury from a contaminated sharp.

All exposures to blood or other potentially infectious materials occurring in the clinical setting need to be reported immediately to the clinical preceptor or director. The employee health service at the agency is also to be notified.

Students are responsible for all costs and follow-up, which result from an exposure incident. REMSA is NOT responsible for any costs incurred as a result of a bloodborne exposure incident. Post exposure protocol would include a confidential medical evaluation and follow-up that includes collection and testing of student and source blood if available, medically indicated prophylaxis, counseling, and evaluation of subsequent reported illness.

Needles Preventing needle sticks is critical to limiting a student's exposure to blood borne pathogens. There are some simple techniques students can use that will greatly limit their risk of exposure and injury.

1. Dispose of needles immediately after use in a designated sharps container
2. Do not lay them down or place them anywhere that can cause others to get stuck
3. Use any protective devices that are provided with the needle
4. Review infection control policies
5. Stay alert and ensure safe handling at all times
6. Wear appropriate personal protective equipment
7. Dispose of needles in appropriate containers
8. Never recap needles

If students experience a needle stick, follows these steps immediately

1. Clean the wound with soap and water
2. Follow procedure for clinical site or field internship for seeking medical attention

3. Notify their preceptor
4. Contact program director or coordinator immediately
5. Call the on-duty REMSA Supervisor at (775) 691-4680
6. Complete an incident report

Clinical Internship

Description

All students entering the Clinical phase of the REMSA Paramedic program must have successfully completed six months of classroom education and all didactic requirements of the program. The Clinical phase is designed to provide students with the opportunity to practice skills and assessments in a clinical setting while being observed and evaluated by a variety clinical staff. The sites chosen represent a variety of clinical areas that will provide a broad exposure to the largest variety of patient ages and conditions.

Clinical Internship Overview

Students will spend approximately 228 hours in Clinical Internships. Sites scheduled will include a mix of local emergency departments, intensive care units, cardiac intensive care units, operating rooms, recovery rooms, labor and delivery units, urgent cares, pediatric treatment units, and psychiatric facilities.

Students will be paired with an onsite preceptor and will be responsible to work as part of the clinical team. It is imperative that the student be self-motivated and participates throughout the entire internship. Failure to complete the objectives of the internship can result in separation from the program. Although the schedule listed below is typical, the Program Coordinator may allow changes based on student and program schedules as necessary. Every effort to provide a well-rounded experience will be made and a minimum of 228 hours will be required.

Typical Clinical Site Hours Scheduled:

Clinical Site	Hours	Shifts
Emergency Department	84	8
Medical Director ER Rotation	12	1
Pediatric Emergency Department	12	1
Trauma Intensive Care Unit	8	1
Neonatal Intensive Care Unit	12	1
Cardiac Intensive Care Unit	12	1
Cardiac Cath Lab	24	2
Respiratory Therapy	12	1
Pediatric Intensive Care Unit	12	1
Labor and Delivery Unit	24	2
Operating Room	12	1
REMSA Communications Center	4	1
Medical Examiner's Office*	TBD	*
Total Hours	228	19

****Optional Shift***

Students Role

Each student is required to complete the minimum amount of clinical internship hours as outlined above. During this phase, the student is required to comply with all REMSA policies and procedures including but not limited to attendance, dress code, professional conduct, etc.

Each student must be self-motivated and actively participate. It is not the preceptor's job to get the student involved. Students must review and adhere to approved procedures as well as approved medications within the paramedic scope of practice.

For every patient encounter, students must accurately track patient type and conditions throughout the clinical internship and document them on the appropriate form or tracking software. Failure to properly document patient encounters may result in failure from the program.

Preceptors Role

Paramedic students will begin clinical sites following six months of classroom education. Clinical internships are the first opportunity many of the students will have to experience a variety of medical settings. Students will come to the clinical setting with the knowledge and tools necessary to be successful during the internship; however, it is up to the preceptor to help the student translate their knowledge into day-to-day practice.

Preceptors will introduce students to their specific units, provide an orientation to the facility, and facilitate opportunities for the students to learn and practice hands on skills and assessments. Preceptors will also be responsible for evaluating and rating the students' performance based on the standards provided in this guidebook.

Although preceptors are primarily responsible for the student while they are participating at the clinical site, they are encouraged to contact a REMSA Education Coordinator at anytime if challenges or questions arise.

Clinical Internship Site Descriptions and Objectives

EMERGENCY DEPARTMENT/PEDIATRIC EMERGENCY DEPARTMENT

At least one 12-hour shift is to be spent accompanying the ED physician or Physician Assistant, and one in the Pediatric Emergency Department. While in the Emergency Department (ED) the student will have the opportunity to perform the following under the direct supervision of a Registered Nurse or Physician:

1. Perform and write patient assessments
2. Assist and review the treatment of medical and trauma cases
3. Assist in triaging patients
4. Perform successful peripheral IV insertions
5. Prepare and administer intramuscular, subcutaneous, and IV medications (within the scope of the paramedic student's practice)
6. Record and interpret EKGs
7. Draw venous blood samples
8. Assist in treatment of cardiac arrest; including CPR, defibrillation, airway management, drug administration
9. Perform Orotracheal & Nasotracheal intubation
10. Insert Nasal or Oral gastric tube
11. Observe the dynamics of the Trauma Team
12. Observe the methodology of diagnosis and treatment as performed by the ED physician

MEDICAL/TRAUMA/CARDIAC INTENSIVE CARE UNITS

During CICU internship students may contact the cardiac cath lab to check availability of procedures that morning, and may observe with approval of lab manager and will work directly with the Cardiologist. While in the medical, trauma ICU, and Cardiac ICU, the student will have the opportunity to perform the following under the direct supervision of a Registered Nurse or Physician:

1. Perform and write full patient assessments
2. Assist in and review the treatment and care plan of medical and trauma cases
3. Review all cases including patient charts, diagnostics, & treatment plans
4. Perform peripheral IV insertion
5. Draw venous samples
6. Assist in the care of patients with endotracheal or tracheostomy tubes and ventilators
7. Perform nasotracheal and endotracheal suctioning
8. Review previous 12 lead EKG interpretation

9. Record and interpret EKGs

CARDIAC CATH LAB

During cardiac cath lab shifts, students will have the opportunity to engage in discussion with the Cardiologist and staff about various treatments and patient management. Students may also perform the following under the direct supervision of a Registered Nurse (RN) or Physician:

1. Observe cardiac catheterization procedures
2. Review previous 12 lead EKG interpretation
3. Record and interpret EKG's
4. Perform peripheral IV insertion
5. Review cases including patient charts, diagnostics, and treatment plans
6. Review cardiac anatomy and physiology.

PEDIATRIC & NEONATAL INTENSIVE CARE UNITS

While in the Pediatric and Neonatal Intensive Care Units, the student will have the opportunity to observe and perform the following under the direct supervision of Registered Nurse or Physician:

1. Perform and write patient assessments
2. Review all cases including patient charts, diagnosis, & treatment plans
3. Increase the student's comfort in dealing with pediatric patients
4. Perform skills and procedures as allowed and directed by preceptor and current scope of practice

LABOR & DELIVERY/NURSERY

While in the L & D / Nursery the student will have the opportunity to observe and perform the following under the direct supervision of a Registered Nurse or Physician:

1. Identify/recognize the 3 stages of labor
2. Identify/recognize common complications
3. Identify/recognize abnormal deliveries and appropriate treatment modalities
4. Assist in cephalic deliveries
5. Observe and assist (if possible) in abnormal deliveries
6. Control post partum hemorrhage by uterine massage
7. Assist in the management, assessment, and care of the neonate
8. Assist in neonatal resuscitation

OPERATING ROOM

One shift will be assigned by education staff to be on rotation with an anesthesiologist throughout their assigned cases during the day. While in the OR/Recovery Unit the student will have the opportunity to perform the following under the direct supervision of a Registered Nurse or Physician:

1. Observe surgical procedures
2. Observe pre and postoperative procedures
3. Assess postoperative patients
4. Provide pain management to pre and postoperative patients
5. Under the direct supervision of the Anesthesiologist, perform basic and advanced airway procedures including endotracheal Intubation, LMA, etc.

RESPIRATORY THERAPY

While in working with Respiratory Therapy, the student will have the opportunity to observe and/or perform the following under direct supervision of the Respiratory Therapist:

1. Ventilation of patients of various ages
2. Use and settings of patient ventilators
3. Assist in the care of patients with endotracheal or tracheostomy tubes and ventilators
4. Perform nasotracheal and endotracheal suctioning

REMSA COMMUNICATIONS CENTER

While in working in the communications center, the student will have the opportunity to observe and/or perform the following under direct supervision of the Communications Specialist:

1. Understand the medical priority dispatching system
2. Observe call takers and listen to actual 911 calls
3. Observe medical dispatchers utilizing MPD and System Status Management
4. Identify key positions in a medical dispatch center

MEDICAL EXAMINERS OFFICE

While in working with the Medical Examiner, the student will have the opportunity to observe and gain in understanding of the processes and work conducted at the medical examiner's office under direct supervision of the Medical Examiner or their designee

Clinical Internship Program Goals and Objectives

Throughout the clinical internship, students will demonstrate the following:

- An understanding of medical/legal issues relating to the practice of EMS
- The ability to serve as a team leader in a variety of emergency and non-emergent situations
- The ability to safely administer approved medications and dosages
- The ability to safely perform endotracheal intubation
- The ability to safely gain venous access in all age groups
- The ability to effectively ventilate intubated and extubated patients of all age groups
- The ability to perform comprehensive assessments on adult patients
- The ability to perform comprehensive assessments on pediatric patients
- The ability to perform comprehensive assessments on geriatric patients
- The ability to perform comprehensive assessments on obstetric patients
- The ability to perform comprehensive assessments on trauma patients
- The ability to perform comprehensive assessments on psychiatric patients
- The ability to perform the appropriate trauma assessment, and formulate and implement a treatment plan
- The ability to perform a comprehensive assessment and formulate / implement a treatment plan for:
 - Chest Pain
 - Dyspnea / Respiratory Distress
 - Syncope
 - Abdominal Complaints
 - Altered Mental Status
 - Obstetric Patients including care of the Newborn and Postpartum Care

Evaluation Standards and Guidelines

Clinical site evaluation forms have been provided to the student and are available in this guidebook. An evaluation must be completed by the preceptor at the end of each clinical site shift. Students will be graded on three areas to include professional attitude, communication skills, and cognitive abilities. The preceptor should refer to the grading criteria provided in this section.

Student Assignments and Responsibilities – Clinical Internship

Case Presentations:

Students will be required to present one case study during the clinical phase of the program. These cases should be based on actual patients seen during the clinical internship phase. The following format should be used to write and present the case presentation.

1. Patient Age
2. Patient Sex
3. Admitting Chief Complaint/Problem
4. Patient's medical and familial history.
5. Admitting Diagnosis
6. Treatment Plan
7. Tests performed and the significance of results
8. Patient's response to treatment
9. Interesting or anecdotal details
10. Any special medical disciplines involved
11. In-depth student research pertaining to the patient's medical condition.

Case Presentations will be a minimum of 3 pages, typewritten & double-spaced. Grading will be based on content and quality of research.

☐ Case Presentation: 1 Date: _____ Grade: _____

Clinical Site Evaluations:

Each student is responsible to turn in one site evaluation per site per day. These evaluations are required to be completed and submitted prior to advancing to the field internship phase of the program. These evaluations must be completed by the students preceptor form that day and be signed by the preceptor. The student is responsible to turn the evaluations into the Program Coordinator in a timely manner for review and completion of this phase of the program. A minimum of 228 hours of clinical site evaluations must be submitted to progress to the next phase.

☐ Minimum Evaluations: Submit at least 228 hours of clinical site time. The student will then be responsible to upload a digital copy of the evaluation to the current skills tracking program by 0000 hours the Saturday following the clinical shift.

☐ Each student will be required to evaluate each site they visited. These evaluations will be provided to the student and responses will be used to evaluate the effectiveness of each site in the REMSA Paramedic Program

☐ Each student will be required to submit one professional behavior evaluation (PBE) from one clinical site.

☐ All shifts on FISDAP must match associated evaluations and be locked prior to moving onto internship phase.

Protocol Exam:

Each student must pass a written protocol exam based on the current REMSA protocols.

☐ Exam Date: _____ Grade: _____

Approved Procedures and Medications

Approved Procedures

The following procedures are approved by the REMSA Paramedic Program and its medical director for the clinical (hospital) rotations. All of the students have been tested, have shown to be competent in the procedures, and are able to perform them with a supervising nurse or physician. The supervising nurse or physician may allow the student to perform or participate in the procedure, depending upon his or her comfort with the students' knowledge and ability.

While being supervised by a Nurse the students may:

- Perform Basic Cardiac Life Support (Chest Compressions, BVM, OPA, NPA)
- Establish Intravenous Access
- External Jugular Cannulation
- ECG Rhythm Interpretation
- Establish Intraosseous Access
- NG Tube Insertion
- Administer Medications from the Approved Medication List below

While being supervised by a Physician, APN, or PA-C the students may:

- Oral and Nasal Intubation
- 12-Lead ECG Interpretation
- Combitube Insertion (or other secondary airway)
- Surgical Cricothyroidotomy
- Defibrillation and Cardioversion
- Transcutaneous Pacing
- Normal and Abnormal Vaginal Delivery
- Needle Thoracostomy
- Administer Medications from the Approved Medication List below

Approved Medications

The following medications are approved to be administered by REMSA Paramedic Students under the supervision of a Nurse, PA-C, APN, or Physician.

Acetaminophen (Tylenol)	Acetylcysteine (Mucomyst)	Activated Charcoal
Adenosine (Adenocard)	Afrin (Oxymetazoline Hydrochloride)	Albuterol
Alteplase, tPA	Amiodarone (Cordarone)	Aminophylline
Amrinone Lactate	Amyl Nitrate	Anitrepase
ASA	Atenolol	Atropine
Bretylium Tosylate	Butorphanol (Stadol)	Calcium Chloride
Calcium Gluconate	Chlorpromazine (Thorazine)	Dexamethasone (Decadron)
Dextrose (50%, 25%, 10%)	Diazepam (Valium)	Diazoxide (Hyperstat)
Digoxin (Lanoxin)	Digoxin Immune FAB (Digibind)	Diltiazem (Cardizem)
Dimenhydrinate (Dramamine)	Diphenhydramine (Benadryl)	Dobutamine (Dobutrex)
Dopamine (Intropin)	Droperidol (Inapsine)	Edrophonium Chloride
Epinephrine	Esmolol (Brevibloc)	Etomidate (Amidate)
Fentanyl (Sublimaze)	Flumazenil (Romazicon)	Furosemide (Lasix)
Glucagon	Glycopyrolate (Robinol)	Haloperidol (Haldol)
Heparin	Hydralazine (Apresoline)	Hydrocortisone (Solu Cortef)
Hydromorphone (Dilaudid)	Hydroxyzine (Vistaril)	Ibutilide (Corvert)

Insulin (NPH, Humulin, Novolin)	Ipecac	Ipratropium Bromide (Atrovent)
Isoetharine (Bronkosol)	Isoproterenol (Isuprel)	Ketamine (Ketalar)
Ketorolac (Toradol)	Labetalol (Normodyne)	Lidocaine (Xylocaine)
Lorazepam (Ativan)	Magnesium Sulfate (MgSO ₄)	Mannitol (Osmitrol)
Meperidine (Demerol)	Metaproterenol (Alupent)	Metaraminol (Aramine)
Methohexital (Brevital)	Methylpredisone (Solu Medrol)	Metoclopramide (Reglan)
Metoprolol (Lopressor)	Midazolam (Versed)	Milrinone (Primacor)
Morphine Sulfate	Nalbuphine (Nubain)	Naloxone (Narcan)
Nifedipine (Procardia, Adalat)	Nitroglycerine (Sublingual and Topical)	Nitroprusside (Nipride)
Nitrous Oxide (Nitronox)	Norepinephrine (Levophed)	Oral Glucose
Oxygen	Oxytocin (Pitocin)	Pancuronium Bromide (Pavulon)
Phenobarbital (Luminal)	Phenytoin (Dilantin)	Physostigmine (Antilirium)
Potassium (40 meq or less in 1 L)	Pralidoxime (2-PAM)	Procainamide (Pronestyl)
Prochlorperazine (Compazine)	Propanolol (Inderal)	Propofol (Diprivan)
Prostaglandin E1 (PG E1)	Promethazine (Phenergan)	Proparacaine (Alcaine)
Racemic Epinephrine	Retaplast (Retavase)	Rocuronium (Zemuron)
Sodium Bicarbonate	Streptokinase (Streptase)	Succinylcholine (Anectine)
Terbutaline (Brethine)	Thiamine (Vitamin K)	Thiopental (Pentothal)
Trimethobenzamide (Tigan)	Vasopressin (Pitressin)	Vecuronium (Norcuron)
Verapamil (Isoptin, Calan, Verelan)	Zofran (Ondansetron)	

Clinical and Internship Grading

In addition to the grades received in the classroom, students in the REMSA Paramedic Education program will also be graded on assignments, quizzes, and completion of the clinical and field internships and will be assigned letter grades based on the work submitted and the satisfaction of the requirements of each of these phases of the program. Due to the nature of these settings and the evaluation tools used to track the progress of each student, the following grading system has been implemented to ensure consistent grading.

Clinical Rotations:

Assignments:	Case Study, Weekly Evaluation Reviews	15%
Quizzes:	Protocol Quiz	25%
Clinical Hours:	Site Hours	60%

Students may exceed the required clinical hours, however, they will only receive the max possible score and will not be given extra credit for exceeding the hours required. Additional hours may be required to ensure the student is making adequate progress towards the program goals and encounter requirements.

Field Internships:

Assignments:	Final Field Evaluation, Weekly Evaluation Reviews	15%
Quizzes:	Simulation Evaluation	25%
Field Hours:	Field Hours	60%

Students may exceed the required field hours, however, they will only receive the max possible score of 480 hours and will not be given extra credit for exceeding the hours required. Additional hours may be required to ensure the student is making adequate progress towards the program goals and encounter requirements.

Grading Scales:

Phase 5 Simulation Experience:		Final Field Evaluation:	
Proficient	100%	Rating of 3 on ¾ or more areas	100%
Adequate	80%	Majority of 2 Ratings	60%
Inadequate	60%	Majority of 1 Ratings	40%
Dangerous	40%		
Professional Behavior Evaluation:		Case Studies / Reports	
Majority of 3 Ratings	100%	Complete/Accurate	100%
Majority of 2 Ratings	60%	Incomplete/Inaccurate	50%
Majority of 1 Ratings	40%		
Weekly Evaluation Review			
Percentage of total	0-100% - See next page for explanation		

Points will be deducted from the "Weekly Evaluation Review" score in each area for the following behavior related issues.

- Late or incomplete data entry into the FISDAP tracking system. All encounters are due by Saturday at 00:00 of the week that the encounters took place.
 - 5 points deducted for each shift with late or incomplete data entry.

- Late or incomplete daily evaluations submitted to REMSA via FISDAP. All evaluations are due by Saturday at 00:00 of the week that the rotations or internship days were completed.
 - 5 points deducted for each evaluation that is submitted late or incomplete.
- Poor scores in the “Professional Attitude” section of the daily evaluations will be reviewed weekly.
 - 1 point deducted for every “1” rating in the professional attitude section.
 - 2 points deducted for every “0” rating in the professional attitude section.

Clinical Site Evaluation Rubric

Students should be evaluated using the current Clinical Site Evaluation form provided by REMSA. This form needs to be completed by the students preceptor at the end of each shift and must be returned to REMSA prior to advancing to the next phase of the program.

Please refer to the grading rubric below to objectively score the student on the criteria outlined on the evaluation.

Domain / Skill	Rating 1	Rating 2	Rating 3
Arrives on time and in appropriate attire wearing ID badge and neatly groomed.	Is late, in inappropriate attire, lacks an ID badge or grooming is inappropriate.	Student is in compliance with some, but not all of the criteria.	Is on time, in uniform, wearing ID badge and is neatly groomed.
Demonstrates enthusiasm, positive attitude & self-direction. Utilizes resources appropriately & performs under stress.	Lacks enthusiasm or displays a negative attitude. Fails to apply self-direction. Fails to perform under stress.	Inconsistently displays a positive attitude or enthusiasm. Infrequently participates as part of the team.	Positive, enthusiastic and acts as part of the team. Uses resources correctly and performs well under stress.
Demonstrates integrity, empathy, and self-motivation. Uses time wisely.	Exhibits unprofessional conduct. Is rude, abrupt, does not participate	Inconsistently participates in internship and acts professionally only occasionally.	Consistently demonstrates professional behavior and participates.
Cooperates with and gains cooperation from others.	Fails to communicate effectively with staff, patients, and families. Does not gain cooperation.	Inconsistently cooperates with staff and others in the care of patient. Often fails to gain others cooperation.	Consistently cooperates with all providers, patients and families.
Gains patients' confidence and communicates procedures so patient comprehends.	Fails to communicate simple concepts. Does not gain patients confidence.	Has difficulty communicating clearly. Attempts to gain confidence.	Consistently communicates effectively and clearly to patients, gaining confidence.
Interacts with patients, families, and providers in a professional manner.	Frequently rude or unprofessional in communication.	Inconsistently communicates in a professional manner.	Consistently communicates and interacts with everyone involved in care.
Displays adequate knowledge of pathophysiology & applies to management of patient care. Realizes limitations / deficiencies and requests assistance. Displays interest in learning.	Lacks understanding of basic concepts and is unable to apply them to patient care. Frequently avoids asking for needed assistance.	Displays inconsistent knowledge of concepts and can only relate them to patient care infrequently.	Displays complete understanding of necessary entry-level knowledge and applies to all patient care scenarios. Requests assistance when needed.
Assessment – immediately recognizes life threatening situations, prioritizes treatment, identifies patient urgency.	Fails to recognize need for immediate response. Unable to prioritize treatment.	Inconsistently recognizes emergent situations and fails to prioritize treatments occasionally.	Recognizes emergent situations, provides effective and appropriate treatments.
Assessment – completes a thorough physical exam based on complaint and injury. Identifies significance of findings.	Unable to complete a thorough physical exam and fails to understand findings.	Inconsistently completes assessments. Unable to choose appropriate exam based on complaint.	Performs complete assessments based on patient complaint.
Assessment – obtains a thorough and accurate history of present illness and previous medical history. Is able to discuss significance.	Fails to obtain significant history. Poor assessment techniques used.	Inconsistently receives and reports full history including present illness and previous medical history. Cannot relate significance of findings.	Consistently completes full medical history interviews and is able to attribute significance to findings.
Prioritizes care, adapts to patients changing condition. Anticipates & prepares for orders. Reassesses patient evaluating effectiveness of treatments. Performs procedures / skills accurately, and completely.	Frequently fails to adapt patients' care to changing conditions. Fails to evaluate effectiveness of treatments. Is unable to perform skills or procedures correctly.	Occasionally adapts care to changes in patients' condition. Has a difficult time anticipating orders. Inconsistently reassesses effectiveness of treatments.	Is able to consistently prioritize, anticipate and reassess effectiveness of treatments for patients changing conditions. Utilizes procedures and skills effectively.
Documents accurately, completely, and legibly, using appropriate terminology.	Fails to document patient care. Uses inappropriate terminology and has grammar errors.	Inconsistently completes documentation, some grammatical errors.	Documents clearly, completely, and legibly with no grammatical errors.

The evaluation includes an option to give the student a “0” as a score. This should be utilized if the student does not even meet the standard of “rating 1.” If Students score a student at a “0” for any category Students should contact the REMSA Education department to discuss Students concerns as soon as possible.

Field Internship

Description

All students entering the field internship portion of the REMSA Paramedic program must have successfully completed the didactic portion of the program as well as the required sites of clinical internships. The field internship phase of the program is designed to provide the student an opportunity to put their didactic knowledge and clinical internship skills together to begin working in a field environment. Students will be expected to progress from observer to team leader throughout this phase of the program. Students will be placed on a ground advanced life support ambulance in the REMSA system unless specified otherwise.

The REMSA EMS system is a busy, urban system that runs an average of 90,000 calls per year in a very diverse region. Students should expect to be exposed to a variety of patients, environments, and first response agencies. All REMSA students will be assigned to a REMSA Paramedic Preceptor that will facilitate ongoing education and evaluate their performance daily as well as prepare the student to function as an entry level paramedic.

Field Internship Overview

The Field Internship will consist of 5 phases of evaluation with each phase consisting of specific performance measures. Each phase is given an approximate hourly duration based on the hours per shift. The minimum requirement is 480 hours for all phases. Additional hours may be required by preceptor and/or education coordinator recommendation based on overall performance.

After the completion of each shift during Phases 1-5 it is the responsibility of the preceptor to complete the appropriate daily evaluation form and review with the Intern with both signing each evaluation for accountability. Daily evaluations will be submitted to the Program Coordinator within one week after the shift is completed. The Intern is encouraged to keep a copy of all evaluations.

During each phase of the Field Internship the Intern will complete the FSDAP Skills/Patients Tracking document. This tool is used to document each intern shift and summarize number of patients seen during each shift including patient assessments, skills performed, etc. This document must be completed and submitted weekly to the Education Coordinator.

Students Role

Each student is required to complete the minimum amount of field internship hours as outlined above. During this phase, the student is required to comply with all REMSA policies and procedures including but not limited to attendance, dress code, professional conduct, etc.

Each student must be self-motivated and actively participate. It is not the preceptor's job to get the student involved. Students must review and adhere to approved procedures as well as approved medications within the paramedic scope of practice.

For every patient encounter, students must accurately track patient type and conditions throughout the field internship and document them on the appropriate form or tracking software. Failure to properly document patient encounters may result in failure from the program.

Preceptors Role

Paramedic students will begin field internship following approximately nine months of classroom education and clinical experiences. Field internships are the first opportunity many of the students will have to function as a paramedic on an ALS ambulance. Students will come to the field setting with the knowledge

and tools necessary to be successful during the internship; however, it is up to the preceptor to help the student translate their knowledge into day-to-day practice.

Preceptors will introduce students to the REMSA EMS system, provide an orientation to the ambulance and local base hospitals, and facilitate opportunities for the students to learn and practice hands on skills, assessments, etc. Preceptors will also be responsible for evaluating and rating the student's performance based on the standards provided in this guidebook using the daily shift evaluation on a daily basis.

Although preceptors are primarily responsible for the student while they are participating at the internship, they are encouraged to contact a REMSA Education Coordinator at anytime if challenges or questions arise.

Field Internship Description and Objectives

- | | |
|---------|---|
| Phase 1 | Phase 1 duration is approximately 20 hours. In Phase 1 the intern will be required to meet the following performance measures. <ul style="list-style-type: none">- Applies knowledge of System Status Management and Medical Priority Dispatched System during field operations.- Demonstrates beginning proficiency in accurate BLS assessments, treatment, radio reports, and patient care reports.- Demonstrates beginning proficiency in location and operation of equipment- Identifies area base hospital policies and locations. |
| Phase 2 | Phase 2 duration is approximately 20 hours. In Phase 2 the Intern will be required to meet the following performance measures. <ul style="list-style-type: none">- Operates within the role of attendant for all BLS and ALS patients.- Demonstrates consistent proficiency in thorough and accurate BLS assessments, treatment, radio reports, and patient care reports.- Consistently demonstrates proficiency and independence in locating and operating equipment. |
| Phase 3 | Phase 3 duration is approximately 60 hours. In Phase 3 the Intern will be required to meet the following performance measures. <ul style="list-style-type: none">- Consistently demonstrates proficiency in thorough and accurate BLS assessments, treatment, radio reports, and patient care reports. At the completion of Phase 3 the preceptor will have full confidence the Intern can function in a professional capacity, autonomously treating a BLS patient.- Demonstrates increasing proficiency and independence in leadership skills, including scene management, implementation of treatment plan, and recognition and organization of all aspects of the prehospital environment.- Demonstrates increasing proficiency in effective communication with patient, family, co-responders, other medical professionals, and members of the public.- Demonstrates increasing proficiency in thorough and accurate ALS assessments, treatment, radio reports, and patient care reports. |
| Phase 4 | Phase 4 duration is approximately 260 shift hours. In Phase 4 the Intern will be required to meet the following performance measures and complete a simulation evaluation at the conclusion. <ul style="list-style-type: none">- Demonstrates consistent proficiency in leadership skills including scene management, implementation of treatment plan, recognition and organization of all aspects of the prehospital environment.- Demonstrates consistent proficiency regarding effective/appropriate communication with patient, family, co responders, other medical professionals, and members of the public.- Demonstrates consistent proficiency in thorough and accurate ALS assessments, treatment, radio reports, and patient care reports.- At the completion of Phase 4 the preceptor will complete the Phase 4 Tracking Form. This form is used to summarize the Intern's performance to date, and pinpoint areas for improvement in the final phase of internship. |

	<ul style="list-style-type: none">- At the completion of Phase 4 the preceptor will have reviewed the Protocol/Patient Encounter Checklist. The preceptor will use realistic in-depth scenarios and assignments to provide training and education related to patient encounters for which the Intern has not had field experience. The preceptor will critique the Intern's ability to apply this knowledge to prospective patient encounters.
Phase 5	<p>Phase 5 duration is approximately 120 hours. In Phase 5 the Intern will be required to meet the following performance measures and complete a simulation evaluation at the conclusion.</p> <ul style="list-style-type: none">- Functions independently without cues from the preceptor in the prehospital environment.- Consistently demonstrates proficiency in leadership skills including scene management, implementation of treatment plan, and recognition and organization of all aspects of the prehospital environment.- Consistently demonstrates proficiency in effective communication with patient, family, co-responders, other medical professionals, and members of the public.- Consistently demonstrates proficiency in thorough and accurate ALS assessments, treatment, radio reports, and patient care reports. At the completion of Phase 5 the preceptor will have full confidence the intern can function in a professional capacity, autonomously treating an ALS patient.- Successful completion of student minimum competencies.- Demonstrates retention of performance measures in Phases 1-4.
Completion	<p>The intern must successfully complete a simulation evaluation during phase four and successfully pass a simulation exam during phase five.</p> <p>The Intern will submit the following materials to the Program Coordinator:</p> <ul style="list-style-type: none">- FIDAP Patient/Skills Tracking (Submitted Weekly - online)- All daily evaluations (Submitted Weekly)- Final Field Evaluation- Evaluation of Preceptor- Two Professional Behavior Evaluations- After receipt of all materials, the Program Coordinator will notify the National Registry of EMT's the Intern is eligible for testing.
Extension	<p>The Field Internship may be extended to accommodate those students that require more time to achieve the performance measures in Phases 1-5. The Extension phase length is up to director discretion.</p>
Dismissal	<p>Failure to achieve performance measures in the Field Internship, or breach of the Code of Conduct in the student handbook will result in dismissal from the REMSA Paramedic Program. Dismissal from the program will constitute a failure to complete the EMS course and requires reapplication to the program.</p>

Student Assignments and Responsibilities – Field Internship

Field Internship Daily Evaluations:

Each student is responsible to turn in one evaluation per site per day. These evaluations are required to be completed and submitted prior to advancing to completing the program. Each evaluation must be signed by the preceptor and the student.

Minimum Evaluations ☐ 10-20-48 daily evaluations, submitted weekly (48, 24 or 10 hour shifts)

Professional Behavior Evaluations:

Each student is responsible to have one Professional Behavior evaluation (PBE) completed at the conclusion of each of the six phases on the field internship. This evaluation measures a student's affective domain attributes and will be used to identify any trends or issues involving a student's behavior. Each evaluation must be completed by the student's preceptor, reviewed by the preceptor with the student, and signed by both parties.

Minimum Evaluations ☐ PBE – Phase 3 ☐ PBE – Phase 5

FISDAP Skills/Patient Encounter Checklist:

Students are required to keep track of patient encounters. All tracking will be entered into FISDAP for tracking and reporting purposes.

This tracking must be completed for each patient regardless of patient complaint and/or condition. Tracking information should be submitted daily through FISDAP to ensure compliance.

Minimum Evaluations ☐ One per patient, submitted weekly

Simulation:

Interns must successfully pass a patient simulation evaluation at the conclusion of Phase 5

- ☐ Simulation practice Scenario, scheduled prior to Phase 5
- ☐ Final patient simulation, scheduled during Phase 5

Final Evaluation:

At the conclusion of the field internship, preceptors will complete a final evaluation on their interns overall performance as an entry-level paramedic. This evaluation must be submitted to the coordinator to successfully complete the course.

☐ Final Field Evaluation

Preceptor Evaluation:

Interns must complete a "Preceptor Evaluation" at the conclusion of Phase 6 and submit to Coordinator.

☐ Preceptor Evaluation

Office Use Only:

- ☐ Summative Exam Score: _____
- ☐ Resource Assessment Survey
- ☐ UNR Payments
- ☐ Rentals/Uniforms
- ☐ Graduation Requirements (SMC)
- ☐ Graduation/Capstone date FISDAP/Quickschools
- ☐ NREMT Course Completion
- ☐ VA student notification of graduation to SCO

Field Internship Grading Rubrics

Patient Care Evaluation

Students should be evaluated using the current Field Internship Evaluation form provided by REMSA. This form needs to be completed by the students preceptor at the end of each shift and must be returned to REMSA prior to advancing to the next phase of the program. Please refer to the grading rubric below to objectively score the student on the criteria outlined on the evaluation.

Domain / Skill	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Assessment & Treatment	Intern fails to perform necessary assessment or treatments based on patient presentation	Intern attempts assessment and treatment of patient, however, lacks skills or knowledge to complete.	Intern performs a basic assessment and provides limited treatments to patient, however, is not acting at a paramedic level.	Intern performs assessment and treatments at a paramedic level, however, requires assistance or guidance from preceptor.	Intern completes assessment and provides necessary treatments based on patient presentation independently and competently without assistance.
Appearance	Intern fails to meet minimum appearance and hygiene requirements addressed in the student handbook.	Intern has some components of approved uniform, however, they appear to be unprepared or do not have everything necessary to perform.	Intern has all component of their uniform and the tools they need to perform, however, they are not prepared and appear to be unprofessional.	Intern is in uniform, has the necessary tools, however, they require guidance or assistance in appearing and acting professional.	Intern is in an approved uniform, clean, well prepared, and has current student ID badge and necessary tools to act as a field paramedic.
Radio Report	Intern fails to perform.	Intern attempts to provide radio reports, however, they fail to provide accurate, concise, applicable reports on patient care and condition.	Intern understands basic concepts of radio reports, however, they are unable to complete a radio report without assistance.	Intern provides radio reports that are consistent and accurate, however, they still require assistance or guidance from the preceptor.	Intern identifies appropriate information and relays it via a radio report to the receiving facility without assistance or hesitation.
Transfer of Care	Intern fails to perform.	Intern understands fundamentals of transfer of care and can perform at EMT basic or intermediate level. Cannot function at paramedic level.	Intern attempts to transfer care to receiving facility. Lacks fundamental information in report and requires intervention from preceptor.	Intern transfers care of patient to receiving facility with an accurate handoff report. Requires assistance or guidance.	Intern presents patient to the receiving facility and staff with a logical and competent hand off report without assistance or guidance.
System Knowledge	Intern has no knowledge of the EMS system.	Intern has a basic understanding of the system. Cannot identify responses required by priority and is unable to anticipate post moves.	Intern understands basic priorities and understands response requirements. Unable to anticipate moves or system needs.	Intern understands dispatch priorities, responds accurately to post moves, and can differentiate between patient conditions that determine different priorities most of the time. Requires assistance and guidance.	Intern understands the EMS system and is able to predict necessary moves,
Problem Solving	Intern fails to problem solve	Intern attempts to problem solve	Intern attempts to problem solve at a	Intern uses current knowledge and	Intern is able to solve problems as

		without success. Lacks the ability to apply knowledge and skills to current situation.	basic or intermediate level. Lacks integration of paramedic level knowledge.	skills to attempt problem solving, however, they still require assistance or guidance.	they arise utilizing appropriate knowledge and skills without assistance or guidance.
Documentation	Intern fails to complete documentation related to patient care	Intern attempts documentation of patient condition and care. Fails to provide necessary information for a complete, accurate patient care report.	Intern completes a patient care report that lacks important details or fails to provide a detailed narrative.	Intern completes a complete and accurate patient care report with the assistance of guidance of preceptor.	Intern completes accurate and detailed patient care reports that contain all necessary information without assistance or guidance.
Leadership	Intern fails to take a leadership role and concedes to lower level responders direction related to medical care.	Intern inconsistently attempts to take a leadership role and frequently fails to maintain authority throughout a call.	Intern takes a leadership role on some calls. Intern fails to take a leadership role on paramedic level calls.	Intern takes a leadership role on all calls. Requires guidance and assistance.	Intern takes a leadership role on scene of medical calls and correctly delegate's tasks to other responders without hesitation while overseeing the care and treatment of the patient.
Application of Critical Knowledge	Intern fails to apply critical knowledge to patient care situations.	Intern lacks critical knowledge necessary to perform at the Paramedic level	Intern functions at an EMT basic or intermediate level. Applies basic knowledge to situation.	Intern functions at a paramedic level and applies appropriate knowledge to assessments, skills, and treatments. Requires assistance or guidance.	Intern utilizes didactic and clinical knowledge to assess, care, and treat patients without assistance or guidance.
Treatment Skills	Intern fails to perform necessary treatment skills required in the situation	Intern attempts to perform necessary treatments. Fails to complete skills accurately or misses critical steps.	Intern chooses appropriate treatments. Lacks the knowledge to complete necessary treatment without assistance.	Intern chooses appropriate treatment, applies appropriate paramedic level knowledge to complete. Requires assistance or guidance.	Intern utilizes appropriate treatments based on patients needs and performs skills competently without assistance or guidance.

The evaluation tool must be completed by the preceptor at the end of each shift. All fields must be completely filled out and comments or notes on the interns progress should be made for each call and overall for the day. The preceptor must review the completed evaluation with the intern at the end of each shift noting what was done well, what needs improvements, and the plan for continued progress in the program.

Daily Performance Evaluation

Interns will also be evaluated on their overall daily performance. Preceptors should rate the intern in the following categories using the same one to five scale on that day's performance. Plans for improvement or behavior modification in any of these areas should be documented on the evaluation form for the coordinator to review.

Domain / Skill	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Appearance, Punctuality, and Ambulance Check	Intern is not in uniform, is missing parts of uniform, or looks unprofessional. Fails to arrive on-time. Cannot complete a pre-shift ambulance check.	Intern is inconsistent in appearance and punctuality and cannot perform an ambulance check without detailed guidance and assistance.	Intern is inconsistent in appearance and punctuality and performs an ambulance check with detailed guidance and assistance.	Intern presents a professional appearance is on time and performs an ambulance check with assistance or guidance from the preceptor.	Intern appears professional throughout the shift, is on time and complete a thorough ambulance check prior to the start of shift.
Initiative and Motivation	Intern demonstrates no initiative or motivation.	Intern shows limited motivation and lacks initiative.	Intern shows motivation and initiative inconsistently	Intern consistently shows motivation but lacks consistent initiative.	Intern arrives motivated and consistently shows initiative.
Interpersonal Skills	Intern lacks skills necessary to facilitate positive interpersonal relationships.	Intern shows ability to build relationships however often fails to utilize their skills.	Intern inconsistently uses skills to build relationships and requires guidance.	Intern uses interpersonal skills to build relationships with assistance.	Intern is effective and competent at building trust and relationships with others.
Communication Skills	Intern fails to communicate with patients, responders, medical professionals, and family members	Intern inconsistently communicates with others and often cannot communicate at the level needed.	Intern is able to communicate at a EMT basic or intermediate level but fails to integrate paramedic skills.	Intern effectively communicates with others and can articulate complex situations with assistance or guidance.	Intern communicates independently and clearly with patients, families, responders, and medical professionals without assistance.
Protocol and Medical Knowledge and Judgment	Intern lacks current protocol and medical knowledge.	Intern has a basic understanding of medical protocols, however, they are unable to apply them to make appropriate judgments.	Intern has solid understanding of protocols at an EMT basic or intermediate level and can make appropriate judgments inconsistently.	Intern understands medical protocols and utilizes this knowledge to make appropriate judgments with assistance or guidance.	Intern has a thorough understanding of protocols and utilizes them as well as their paramedic knowledge to make sound medical judgments.
Performance Under Stress	Intern cannot perform under stress.	Intern performs inconsistently under stress and often gets sidetracked or loses focus when a situation becomes stressful.	Intern performs EMT basic and intermediate assessments, treatments and skills under stress, however, fails to perform more complicated paramedic level interventions.	Intern performs under stress with assistance and guidance from preceptor.	Intern performs consistently under stress without letting it compromise their
Skill Competency	Intern lacks ability to competently perform necessary skills.	Intern inconsistently applies skills at an EMT basic or intermediate level.	Intern has a thorough understanding of EMT basic or intermediate skills but fails to perform at a paramedic level.	Intern is able to perform skills at a paramedic level with assistance or guidance.	Intern chooses and utilizes appropriate skills competently and without guidance or assistance.

Final Practical Evaluation

Interns should be evaluated at the conclusion of their final phase of the field internship using the final evaluation tool. This evaluation covers major concepts and skills necessary to evaluate to ensure the paramedic student intern meets the minimum qualifications of an entry-level paramedic. Preceptors should use the evaluation tool and this rubric to objectively evaluate the intern's performance.

Interns failing to meet the minimum requirements of this evaluation may require remediation and reevaluation or separation from the program.

Domain / Skill	Rating 1	Rating 2	Rating 3
Scene Management			
Initial Safety Assessment and Ongoing Maintenance of Safe Working Environment	Frequently fails to provide a safe and adequate work environment.	Inconsistently determines or provides a safe and adequate work environment or slowly initiates appropriate measures.	Consistently determines safety for patient, self, and team members and ensures an adequate work environment in a timely manner.
Universal Precautions	Frequently fails to use appropriate universal precautions, personal protective equipment or care for equipment appropriately.	Inconsistently uses universal precautions and personal protective equipment or cleans equipment inappropriately.	Consistently uses universal precautions and wears appropriate personal protective equipment specific for patient condition. Cleans and sanitizes equipment in accordance with provider policy and procedures.
Additional Assistance and Equipment Needs Evaluation	Frequently fails to recognize the need for additional assistance and / or equipment.	Inconsistently or slowly recognizes the need for additional assistance or equipment.	Consistently recognizes the need for and requests additional assistance or equipment needed in a timely manner.
Ability to Work with and Direct First Responders	Frequently fails to work well in a team environment. Fails to direct medical care and treatment.	Inconsistently works as a member of a team. Directs some but not all medical care of the patient.	Consistently works well with members of the responding team and accurately directs medical care of the patient.
Crowd Control	Frequently fails to take steps to control crowd or deal effectively with family or bystanders.	Inconsistently initiates or delegates crowd control. Deals ineffectively with family and bystanders.	Consistently initiates or delegates appropriate crowd control and deals effectively with family and bystanders.

Assessment & Treatment

Primary Assessment / Rapid Interventions as Needed	Frequently fails to perform an organized and complete primary assessment within the appropriate amount of time or fails to intervene appropriately.	Inconsistently or slowly performs a complete and / or organized primary assessment. Does not intervene appropriately in a timely manner.	Consistently performs a complete and organized primary assessment within the appropriate amount of time and intervenes appropriately in a timely manner.
Patient History, Medications, Allergies	Frequently is disorganized or unable to elicit appropriate patient information.	Inconsistently or slowly obtains relevant or accurate patient information.	Consistently obtains a relevant and accurate patient history, chief complaint, patient problem, medications and allergies in a systematic and timely manner.
Secondary Assessment	Frequently fails to perform a thorough exam with appropriate inquiry and inspection and / or findings are inaccurate	Inconsistently or slowly performs an exam. Needs assistance in being thorough	Consistently performs a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint. Findings are accurate.
Clinical Impression	Frequently fails to determine a working clinical impression or substantially misinterprets the patient's problem. Cannot	Inconsistently or slowly determines a clinical impression or substantially misinterprets the patient's problem.	Consistently interprets and correlates assessment information correctly.

	formulate a clinical impression for treatment.		
Decision Making / Critical Thinking	Frequently fails to apply critical thinking and is unable to make accurate, timely decisions.	Inconsistently uses ability to critically think through situations and make appropriate decisions.	Consistently is able to apply critical thinking to situations and make decisions in the best interest of the patient.
Chest Auscultation	Frequently fails to demonstrate adequate assessment and identification of basic breath sounds.	Inconsistent knowledge of chest auscultation and breath sounds.	Consistently identifies breath sounds. Adequate knowledge of chest auscultation.
Cardiac Rhythms / 12 Leads	Frequent fails to identify rhythms in a timely manner.	Inconsistently identifies rhythms in an accurate and timely manner.	Consistently identifies rhythms in an accurate and timely manner.
Patient Management / Prioritization	Frequently fails to develop and implement an appropriate plan of action. Fails to prioritize patient needs and transport.	Inconsistently or slowly develops or implements an appropriate plan of action.	Consistently develops and implements an appropriate plan of action. Correctly prioritizes patient needs and transport.
Reassess Patient Response to Therapy	Frequently fails to assess patient response to therapy interventions.	Inconsistently assess patient response to therapy interventions.	Consistently assess patient response to therapy interventions.

Communication

Rapport with Patient and Family	Frequently fails to build a rapport with the patient and/or patient's family.	Inconsistently builds a rapport with the patient or patient's family.	Consistently communicates and builds a positive rapport with the patient and the patient's family.
Direction of Team Members (partners, other agencies, etc.)	Frequently fails to assume leadership role. Does not direct team members appropriately.	Inconsistently assumes leadership role and direction of team members.	Consistently assumes leadership role and directs team members appropriately.
Radio Reports	Frequently fails to recognize the need to utilize medical control. Fails to provide accurate and concise radio reports.	Inconsistently utilizes and recognizes medical control. Reports are disorganized and incomplete.	Consistently utilizes medical control appropriately. Reports are organized and complete.
Documentation on ePCR	Frequently fails to complete patient care reports in an accurate, thorough legible manner.	Inconsistently completes patient care reports in an accurate, thorough and legible manner.	Consistently completes patient care reports in an accurate, thorough and legible manner.
Interpersonal Skills with Team Members (partners and other agencies)	Frequently fails to function as a member of the patient care team.	Inconsistently functions as a member of the patient care team.	Consistently functions as a member of the patient care team.
Hand Off Reports	Frequently fails to provide an accurate and concise patient care hand off report to the receiving facility.	Inconsistently provides an accurate and concise patient care hand off report to the receiving facility.	Consistently provides an accurate and concise patient care hand off report to receiving facility.

Leadership

Leadership	Frequently fails to take on the leadership role for medical calls and as the leader of the ambulance.	Inconsistently takes on the leadership role on medical calls and as the leader of the ambulance.	Consistently fulfills the leadership role on medical calls and on the ambulance.
Professionalism / Attitude	Frequently exhibits unprofessional conduct. Is rude, abrupt, abrasive, and / or hostile.	Inconsistently exhibits a professional demeanor.	Consistently exhibits a professional demeanor.
Takes Feedback and Guidance	Frequently fails to accept feedback; argues with others. Uses excuses to justify mistakes.	Inconsistently accepts feedback. Does not take necessary steps to change performance.	Consistently participates in evaluations of self; accepts feedback and suggestions. Takes necessary steps to correct performance.
Appearance and Grooming	Frequently fails to arrive prepared for shift, out of uniform, or displays poor grooming.	Inconsistently arrive prepared and in uniform. Inconsistently displays acceptable grooming.	Consistently arrives prepared, in uniform and well groomed.

Equipment			
Inventory Maintenance	Frequently fails to perform equipment inventory at the start of shift and does not resupply inventory.	Inconsistently resupplies all inventory following calls.	Consistently performs equipment inventory at the start of shift and resupplies following calls.
Equipment Operation	Frequently fails to use equipment in a safe and correct manner.	Inconsistently demonstrates proper use of all equipment. Needs direction.	Consistently demonstrates the ability to use all equipment correctly.

Airway

Airway Management / Oxygen Therapy	Frequently fails to ensure adequate delivery of oxygen to the patient. Fails to utilize appropriate airway adjunct and/or maintain patency of airway in a timely manner.	Inconsistently assures adequate delivery of oxygen to patient and / or utilization of appropriate airway adjunct. Does not maintain patency of airway in a timely manner.	Consistently assures adequate delivery of oxygen to patient. Uses appropriate airway adjunct. Achieves or maintains patency of airway in a timely manner.
Advanced Airways (ETT, King, Crich, Needle Crich)	Frequently fails to demonstrate correct use of advanced airways. Inadequate knowledge base of indications and contraindications.	Inconsistently demonstrates or recognizes need for use of advanced airways. Needs some guidance to complete the procedure.	Consistently demonstrates correct use of advanced airways in a timely manner.
Needle Thoracostomy	Frequently fails to recognize signs / symptoms of tension pneumothorax. Fails to demonstrate appropriate procedure.	Inconsistently recognizes signs / symptoms of tension pneumothorax. Needs dome guidance to complete procedures.	Consistently recognizes signs / symptoms of tension pneumothorax. Demonstrates correct procedures.
ETCO2 Use and Understanding	Frequently fails to utilize EtCO2 when appropriate and lacks knowledge of its use and cannot correlate findings to patient care.	Inconsistently utilizes EtCO2 and lacks ability to correlate findings to patient care.	Consistently utilizes EtCO2 and correlates findings to patient care.
BVM Use	Frequently fails to utilize BVM appropriately in necessary situations.	Inconsistently utilizes BVM appropriately to manage patient airway needs.	Consistently utilize BVM appropriately when needed.

Circulation

Defibrillation / Cardioversion	Frequently fails to demonstrate correct procedure and indications for use.	Aware of indications for use, needs direction to perform procedure.	Consistently performs correct procedure. Aware of indications for use.
Intravenous Access	Frequently fails to establish IV access due to improper technique.	Inconsistently establishes IV access. Needs some direction to complete procedure.	Consistently uses proper technique. Completes procedure in a timely manner.
Intraosseous Access	Frequently fails to establish IO access due to improper technique.	Inconsistently establishes IO access. Needs some direction to complete procedure.	Consistently uses proper technique. Completes procedure in a timely manner.
External Pacing / Setup / Use	Frequently fails to perform skill correctly or in a timely manner.	Inconsistently or slowly performs skill. Needs direction.	Consistently performs skill correctly and timely.
Cardio-cerebral Resuscitation	Frequently fails to follow established protocol.	Inconsistently utilizes established protocol.	Consistently uses and follows established protocol.

Musculoskeletal

Bandaging / Splinting / CMS Assessment	Frequently fails to apply appropriate and adequate bandages / splints in a systematic and timely manner. Ineffective technique or treatment causing potential harm to patient. Fails to initiate any treatment. Fails to perform complete circulation, motor, sensory (CMS) before and after splinting the patient.	Inconsistently applies appropriate and adequate bandages / splints in a systematic and timely manner.	Consistently applies appropriate and adequate bandages / splints in a systematic and timely manner.
Extrication	Frequently fails to initiate adequate and safe extrication. Does not have sufficient control to protect the	Inconsistently initiates adequate and safe extrication. Does not have	Consistently initiates and directs extrication of patient in a manner

	patient from injury. Fails to recognize the need for advanced extrication or to maintain safety.	sufficient control to protect patient from injury.	that protects the patient from injury.
Patient Positioning	Frequently fails to position patient in an appropriate position based on patient presentation and chief complaint or patient problem.	Inconsistently positions patient in the appropriate position.	Consistently positions patient correctly based on situation.
Spinal Immobilization with CMS Assessment	Frequently fails to initiate spinal immobilization when indicated. Does not know the complete or correct procedure. Fails to establish presence of CMS before and after Immobilization.	Inconsistently initiates spinal immobilization when indicated. Does not know the complete or correct procedure. Inconsistently establishes presence of CMS before and after Immobilization.	Consistently initiates spinal immobilization when indicated. Establishes presence of CMS before and after Immobilization.

Pharmacology

Knowledge of Pharmacokinetics	Inadequate knowledge of indications, contraindications, adverse effects, and dosages of drug therapy.	Inconsistent knowledge of indications, contraindications, adverse effects, and dosages of drug therapy.	Consistent knowledge of indications, contraindications, adverse effects, and dosages
Medication Administration (5 R's)	Unfamiliar with drug administration procedure. Lacks knowledge of the five rights of administration.	Inconsistent knowledge of drug administration procedure.	Consistently administers drugs correctly and in a timely manner.
Medication Math – Dosing Accuracy	Unable to calculate correct drug dosages.	Inconsistently able to calculate correct drug dosages. Lacks understanding of basic formulas.	Consistently calculates drug doses correctly and understands calculation formulas.

Other Skills

Treatment Protocol Knowledge	Unfamiliar with current REMSA medical protocols.	Inconsistent knowledge of current REMSA medical protocols.	Consistent understanding of REMSA medical protocols.
Pain Management / Comfort Care	Unfamiliar with pain management or comfort care concepts. Fails to manage patient's pain correctly and timely.	Inconsistently provides pain management and comfort care measures when indicated.	Consistently provides pain management and comfort care when indicated.
Umbilical Vein Cannulation	Frequently fails to perform skill correctly. Lacks knowledge of correct skill performance.	Inconsistently performs skill correctly. Needs assistance. Has limited understanding of skill performance.	Consistently performs skill correctly using appropriate knowledge of performance expectations.
Nasal Gastric Tube	Frequently fails to perform skill correctly. Lacks knowledge of correct skill performance.	Inconsistently performs skill correctly. Needs assistance. Has limited understanding of skill performance.	Consistently performs skill correctly using appropriate knowledge of performance expectations.

Didactic Field Experience

Description

REMSA Paramedic students have the opportunity to participate in a Didactic Field Experience. This program gives students the opportunity to take their classroom learning into the field and become familiar with everyday Emergency Medical Services and the delivery of prehospital emergency care. Students that have little or no EMS experience or students looking to expand their knowledge will be strongly encouraged to participate in this experience. This experience is not mandatory, however, if a student chooses to participate in it they must adhere to the standards and guidelines listed in the student handbook as well as this section. Students will be placed on an advanced life support ambulance in the REMSA system.

The REMSA EMS system is a busy, high performance urban system that runs an average of 94,000 calls per year in a very diverse region. Students should expect to be exposed to a variety of patients, environments, and first response agencies. Students choosing to participate in the Didactic Field Experience will be scheduled on an ambulance based on ambulance schedule and availability. Students may be placed with different crews depending on the days and times available. No permanent assignments will be made for the Didactic Field Experience.

Didactic Field Experience Overview

The Didactic Field Experience is a voluntary program. Students wishing to participate in this program must meet with the Education Coordinator to review the program details as well as the expectations.

Students may enter this program following the airway lecture of the paramedic education program. Since this experience is built on the student's ability to perform assessments and skills to a certain level, any rides done before this portion of the program will be considered a ride along and students will not be able to assist in any patient care activities and must act as an observer only.

The experience is broken down into three phases. Students will begin in Phase A and begin to practice Basic Life Support assessments and skills. Phase B moves the student into the Intermediate Life Support level and allows them to begin practicing Intermediate assessments as well as any intermediate skills they are currently licensed for or have been trained to perform in class. Phase C is an ongoing learning experience that allows students to practice BLS and ILS assessments and skills as well as any advanced techniques previously learned in the program.

Throughout the experience, students will be allowed to practice to the level they are licensed or current education in the paramedic program at the discretion of the Paramedic on the ALS ambulance they are assigned to. Different paramedics may allow students to do less or more and since students may have different partners throughout the program, they should be prepared to actively seek approval and guidance from the paramedic.

Students Role

Each student is required to complete the minimum amount of field internship hours as outlined above. During this phase, the student is required to comply with all REMSA policies and procedures including but not limited to attendance, dress code, and professional conduct.

Each student must be self-motivated and actively participate. It is not the paramedic's job to get the student involved. Students must review and adhere to approved procedures as well as approved medications within the paramedic scope of practice and practice only within the limits of their education to date.

Understand that the paramedic on the ambulance is the ultimate authority for patient care on the assigned ambulance. Each paramedic may act differently or may allow the student to participate more or less than others. The student is expected to respect the paramedic's discretion and at no time will a student be allowed to argue or directly question a paramedic's decision. All questions or concerns should be forwarded to the education coordinator, or if involving patient care, the on-duty REMSA supervisor.

Paramedic's Role

Paramedic students will begin the field experience following approximately two months of classroom education. Field experiences are the first opportunity many of the students will have to function as a student on an ALS ambulance. Students will come to the field setting with the knowledge and tools necessary to be successful during the experience; however, it is up to the paramedic to help the student translate their knowledge into day-to-day practice.

Paramedics will introduce students to the REMSA EMS system, provide an orientation to the ambulance and local base hospitals, and facilitate opportunities for the students to learn and practice hands on skills, assessments, etc.

Although paramedics are primarily responsible for the student while they are participating in the experience, they are encouraged to contact a REMSA Education Coordinator at anytime if challenges or questions arise.

Didactic Field Experience Description and Objectives

Phase A	<p>Introduction to Advanced Life Support Ambulances and Emergency Medical Services as well as Basic Life Support skills and assessments.</p> <ul style="list-style-type: none">- Applies knowledge of System Status Management and Medical Priority Dispatch System during field operations.- Demonstrates beginning proficiency in accurate BLS assessments, treatment, and skills.- Demonstrates beginning proficiency in location and operation of equipment- Identifies area base hospital locations and specialty care.
Phase B	<p>Progression from EMS introduction and BLS care to Intermediate Life Support skills and assessments as well as additional skills learned to date in the paramedic program.</p> <ul style="list-style-type: none">- Demonstrates proficiency in thorough and accurate BLS assessments, treatment, and skills.- Consistently demonstrates proficiency and independence in locating and operating equipment.- Demonstrates beginning proficiency in accurate ILS assessments, treatments, and skills.- Demonstrates beginning proficiency in assessment and treatment skills learned to date in the paramedic education program.
Phase C	<p>Additional EMS and ambulance experience utilizing BLS and ILS skills and assessments while incorporating assessment and treatment skills learned to date in the paramedic class.</p> <ul style="list-style-type: none">- Consistently demonstrates proficiency in thorough and accurate BLS and ILS assessments, treatment, and skills.- Demonstrates foundational proficiency in assessment and treatment skills learned to date in the paramedic education program.
Completion	<p>Students will progress through this experience at their own pace. There are no pass/fail or completion criteria for this experience other than successful participation in the learning opportunity. Students will be encouraged to complete self-evaluations, as needed outlining what they believe they are doing well and what they feel they need further education or experience with. Paramedics may also contact or submit suggestions or concerns to the education coordinator.</p>
Extension	<p>This experience has no terminal objectives therefore no extensions will be granted or required.</p>
Dismissal	<p>Since this experience is solely designed to provide students with EMS experience and allow them to witness and practice prehospital emergency care there are no academic reasons for dismissal. Students failing to meet behavioral and other non-academic rules laid out in the student handbook may be dismissed for this experience at the discretion of the education coordinator.</p>

Student Assignments and Responsibilities – Didactic Field Experience

Program Eligibility:

Students in the paramedic program must meet all of the eligibility requirements below prior to being admitted into the Didactic Field Experience. Students must meet and review the criteria with an education coordinator and have all required documentation prior to scheduling first experience.

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Provisional Ambulance Attendant License | Expires: _____ |
| <input type="checkbox"/> | American Heart Association BLS for HCP | Expires: _____ |
| <input type="checkbox"/> | Student Guidebook Provided & Reviewed | Date: _____ |
| <input type="checkbox"/> | Completed Didactic work up to Airway Lab | Date: _____ |

Program Limitations:

Each student entering the Didactic Field Experience program agrees to abide by the limitations listed below.

- _____ Only one shift per week will be scheduled per student
- _____ If enrolled in this program, student will not schedule rides during class time
- _____ Student will adhere to shift cancelation policies outlined in the handbook
- _____ Student will maintain current CPR for Healthcare Providers certification
- _____ All shifts must be scheduled through an Education Coordinator
- _____ All Didactic Field Experience shifts will be concluded by the start of Clinical Internships
- _____ Deviation from prescheduled shifts will be communicated to the Education Coordinator

Feedback and Evaluation:

Students agree to self evaluate throughout the process identifying areas of weakness, progress, and potential areas requiring additional education. Although this evaluation is not required after each shift, a minimum of three evaluations must be completed before the conclusion of the Didactic Field Experience.

Minimum Evaluations

- ☐ Conclusion of Phase A
- ☐ Conclusion of Phase B
- ☐ Conclusion of Phase C

REMSA Paramedic Student

Date

REMSA Education Coordinator

Date



REMSA Center for Prehospital Education
Paramedic Education Program
Original Forms