

# City of Frankfort Fire And EMS TEI



## Paramedic Program Policies and Procedures

Reviewed/Revised January 2019

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## **Preamble**

Frankfort Fire and EMS is a Kentucky Board of EMS (KBEMS) approved Training and Education Institute (TEI) offering an array of both certifying and continuing EMS education. Having conducted numerous successful paramedic programs over the last twenty-seven (27) years, our programs have provided Kentucky with nearly fifty (50) practicing paramedics and a first time NREMT pass rate of 70% (2007-2016).

Frankfort Fire and EMS's TEI is committed to providing a safe, professional, and learning educational experience for students seeking paramedic certification. In order to provide this community with such a valuable and professional asset, students and program staff must present themselves in a professional and ethical manner at all times. While it is not practical to develop and cover every possible incident that may occur during your educational endeavor, the following policies and procedures shall be adhered to at all times. Incidents that are not specifically mentioned within this document will be directed by best judgment, practices, professional ethics, and the intent of currently approved policies and procedures of the paramedic program.

Failure to follow both written and unwritten policies and procedures or to conduct one's self in a professional, ethical, and honest manner may result in disciplinary actions up to removal from the program.

## **Program Goal**

*To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.*

### **Accreditation Status**

The City of Frankfort Fire and EMS Paramedic program has been issued a Letter of Review by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). This letter is NOT a CAAHEP accreditation status, it is a status signifying that a program seeking initial accreditation has demonstrated sufficient compliance with the accreditation Standards through the Letter of Review Self Study Report (LSSR) and other documentation. Letter of Review is recognized by the National Registry of Emergency Medical Technicians (NREMT) for eligibility to take the NREMT's Paramedic credentialing examination(s). however, it is NOT a guarantee of eventual accreditation.

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703-8992

[www.coaemsp.org](http://www.coaemsp.org)

## **College Credit**

Frankfort Fire and EMS's TEI is not accredited by a regional or national institutional accrediting body; therefore does not offer academic credits. While Frankfort Fire and EMS's TEI is not

authorized to offer academic credits, it has executed an articulation agreement with Gateway Community and Technical College that allows students who complete all modules within the Paramedic Program and receive their National Registry EMT Paramedic Certificate the opportunity to transfer a maximum of 38 credits to Gateway to be applied towards an Associate in Applied Science Emergency Medical Services - Paramedic degree. Students should refer to Appendix A to review fully executed articulation agreement and additional requirements for credit transfer.

✦ Articulation Agreement is located in Appendix A

### **Statement of Equal Opportunity**

Frankfort Fire and EMS's TEI seeks to provide equal opportunity to all of its students and instructional staff and prohibits discrimination based on race, color, sex, religion, national origin, ethnicity, political affiliation, age, physical or mental disability, as defined by the American's with Disabilities Act (ADA), or marital status.

### **ADA Accommodations**

The Americans with Disabilities Act (ADA) gives federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for qualified individuals with disabilities in public accommodations, employment, transportation, state and local government services, education, etc. A "qualified individual" is an individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

While ADA laws provide for reasonable accommodation to qualified individuals, it does not exempt students from functional position requirements. These requirements are viewed as essential to job performance; however, whenever possible, reasonable accommodations will be made to students with disabilities.

Essential functions are core duties that are the reason a job position exists. Requiring students the ability to perform "essential" functions assures that an individual with a disability will not be considered unqualified because of his or her inability to perform marginal or incidental job functions.

### **Functional Position Description**

The following functional position description for the paramedic is provided as a guide for advising those interested in understanding the qualifications, competencies and tasks recommended to function as a competent paramedic; however, it is the ultimate responsibility of employers to define specific job descriptions.

In general, paramedics should possess good manual dexterity, with the ability to perform all tasks related to highest quality patient care. They should possess the ability to bend, stoop and crawl on uneven terrain, and withstand varied environmental conditions such as extreme heat, cold and moisture. Paramedics must have the ability to work in low light, confined

spaces, and other dangerous environments. In addition, paramedics must have the ability to perform the following essential functions:

1. Clearly communicate verbally via telephone and radio equipment
2. Lift, carry, and balance up to 125 pounds (250 pounds with assistance)
3. Interpret written, oral, and diagnostic forms of instructions
4. Think critically, use good judgment, and remain calm in high-stress situations
5. Walk and work in small spaces, loud noises and flashing lights, various weather conditions, and in various physical environments for extended periods of time, in excess of 8 hours duration
6. Sustain repetitive movements
7. Effectively function with limited sleep and sleep patterns
8. Calculate weight and volume ratios and read small print, both under life threatening time constraints
9. Read and understand the English language, at a 9<sup>th</sup> grade level, manuals and road maps
10. Accurately discern street signs and address numbers
11. Interview patient, family members and bystanders
12. Document, in writing, all relevant information in prescribed format in light of legal ramifications of such
13. Communicate, in English, with coworkers and hospital staff as to status of patient.

### **Restricted Accommodations**

The ultimate question that must be answered in determining ADA accommodations is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?

Based upon the essential job functions above, the following is a list of accommodations that are not allowed in the program. These include, but are not limited to:

1. Students will not be allotted additional time for skills when specific time frames are required.
  - a. Patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.

Students will not be allowed unlimited time to complete a written exam.

- b. This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
  - c. Students may be allowed a maximum of one (1) additional hour to complete written exams upon reasonable request.
2. Students will not be allowed to have written exams given by an oral reader.

- a. 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.
3. Students will not be provided a written exam with a reading level of less than ninth grade.
  - a. KRS requires a reading level of at least the ninth grade to be eligible for licensure.
4. 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.
  - a. Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
  - b. Student must be able to understand and converse in medical terms appropriate to the profession.

**Pregnancy is not considered a disability.**

A female student has the option to voluntarily inform or not inform the school of her pregnancy.

In the absence of voluntary disclosure, the student is considered not pregnant.

The student may stay in the program as long as her performance is not adversely affected or unless contraindicated by the student's physician.

All applicable policies within this document are still valid in the event of a pregnancy. Any policies of contractual clinical sites will apply.

**Support for Breast feeding Mothers**

Students that are breast feeding an infant up to one year of age will have time and supplied an area to express breast milk at work. A refrigerator is available for storage.

**Harassment**

Frankfort Fire and EMS's TEI is responsible for creating and maintaining an educational environment that is free of harassment, including sexual harassment. This requires positive (affirmative) action where necessary to eliminate such practices or remedy their effects. The TEI is responsible for providing education and training programs for all employees in accordance to current City of Frankfort Personnel Policies and Procedures.

The Program Director, Coordinator/Lead Instructor, and all other supporting instructor personnel are responsible for creating and maintaining an educational environment free of discrimination and harassment (including sexual harassment), promptly investigating complaints of discrimination and harassment, and taking corrective action to prevent prohibited conduct.

Students are equally responsible for creating and maintaining an educational environment free of discrimination and harassment through respecting the rights of their classmates and avoiding discriminatory or harassing actions, including sexually harassing conduct.

For the purpose of this document Harassment is defined as conduct that has the purpose or effect of creating an intimidating, hostile or offensive working environment, has the purpose of unreasonably interfering with an individual's educational performance, or otherwise adversely affects an individual's educational opportunities.

Prohibited conduct includes, but is not limited to, epithets, slurs, negative stereotyping, innuendoes, jokes, vulgar gestures, disparaging remarks, verbal conduct consisting of crude or vulgar language, inquiries and disclosures, and offensive verbal comments and commentary, or threatening, intimidating, or hostile acts, written or graphic material that denigrates or shows hostility or aversion that is on the program's premises.

### **Sexual harassment**

Frankfort Fire and EMS's TEI prohibits sexual harassment of one student by another student or instructor. Acts of sexual harassment include, but are not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature when:

- 1) Submission to such is made, either explicitly or implicitly, as a term or condition of an individual's successful completion of the program or portion of the program;
- 2) Submission to or rejection of such conduct by an individual is used as the basis for decisions affecting such individual; or
- 3) Such conduct has the purpose or effect of unreasonably interfering with an individual's educational performance or creating an intimidating, hostile or offensive educational environment.

Students and TEI staff shall refrain from touching, sexual innuendoes or jokes, disparaging remarks, verbal conduct consisting of crude or vulgar language or gestures of a sexual nature, and inquiries or disclosures of sexual habits or proclivities, sexist remarks, offensive sexual flirtations, advances, propositions, and offensive verbal commentaries and sexually suggestive conduct. All students and TEI staff shall assume that all such behavior listed in this paragraph is UNWELCOME.

### **Remedy**

Any TEI staff or student who feels they have been the victim of discrimination or harassment shall immediately file a Problem Resolution Form as set forth in the Problem Resolution section of these policies and procedures and immediately notify the Program Director, Program Coordinator/Lead Instructor, or Instructor in charge. The program staff will promptly and fully

investigate the situation and respond within an appropriate time frame. Based upon investigation findings, the offender will be subject to the strongest disciplinary action justified, including dismissal from the program.

### **Acceptable Physical Contact**

In order to enhance a realistic learning environment and prepare the student for assessment conditions within the pre-hospital emergency field, students will serve in various “role-playing” roles that simulate actual working conditions, i.e. providers, provider helpers, and simulated patients. Therefore, at times, students will be touched by other students and instructors during skills practice and testing. All touching shall be respectfully performed and in accordance with parameters taught. Each student will sign their acknowledgment attesting they have been informed of this activity during course orientation. The signed original shall be kept in each student’s administrative file.

† Student Disclaimer is located in Appendix B

## **Course Description**

Frankfort Fire and EMS’s Paramedic certificate program is designed to provide students with the core knowledge of paramedicine in accordance with the National Scope of Practice. This includes understanding of the pathophysiology, clinical symptoms and treatment as they pertain to the pre-hospital emergency medical or trauma care of the infant, child, adolescent, adult and geriatric patient. In addition, students will have the opportunity to acquire various clinical and practical skills experiences related to pre-hospital emergency medical care.

The program incorporates the following components:

### **Didactic**

The program will consist of approximately 670 hours of intense classroom lecture, testing, scenario and laboratory skills practice that will meet on Tuesdays and Thursdays. In addition to the prescribed weekly course schedule, there will be at least three weekend courses scheduled requiring attendance. While every effort will be made to accommodate the class majority when scheduling, the Program Coordinator shall have final say. Additional exceptions to the course schedule include the following holidays:

- a. New Year's Holiday
- b. Memorial Day
- c. Independence Day
- d. Labor Day
- e. Thanksgiving Holiday
- f. Christmas Holiday

While the majority of the classes will be held in accordance to above, there may be times when additional classroom time will be needed to cover the required material. These will be scheduled in advance and at the Program Coordinator’s discretion.

† A copy of the current course syllabus and objectives can be found in Appendix C.

### **Clinical/Field Experience**

In addition to didactic classroom schedule, each student will be required to spend approximately 415 hours in designated clinical areas. Clinical Internship sites include, but are not limited to, designated time within hospitals, doctor's offices, and long term care centers. Scheduling and tracking of clinical internship time, patient assessments and procedures will be completed utilizing individual student accounts with Platinum software under the supervision of the Program Clinical Coordinator.

Students who do not successfully complete clinical internship requirements within two months following the last day of classroom studies will be subject to formal review by program staff. Upon review, students will be advised of remedial options to include, up to, dismissal from the program.

Those preceptors that have attended Medical Director approved Clinical preceptor training will be allowed to precept the student. Their eligibility will be verified by the Clinical Coordinator. At the conclusion of each clinical site rotation, the student will complete a Student Affective Clinical Site survey. Additionally, the site will complete a Clinical Site Survey on the students and the Program. The results will be shared and reviewed by the Program Director, Medical Director and Advisory Committee members. All feedback will be considered, and any noted program changes documented accordingly.

- † Clinical/field experience assignment requirements can be found in Appendix D.
- † Clinical/field experience objectives/requisite skills and contacts can be found in Appendix E.
- † Approved Sites can be found in Appendix F
- † Evaluation Tools: Clinical Site Student Affective Evaluation and Clinical Site Survey can be found in Appendix G

### **Capstone Field Internship**

Upon satisfactory completion of all didactic and clinical/field experience requirements, students will begin a capstone field internship where they serve as team leaders with an Advanced Life Support Service. During this time students will be required to accumulate, at a minimum, 75- team leads and 375 hours. Of the 75 required Team Leads, 50 may be ALS and 25 BLS. The following apply:

25 Team Leads may be BLS to include ONLY transports to the hospital

50 Team Leads must be ALS

- Must do an ALS assessment and 1 skill that is not an approved EMT skill
- Transfers may count if an ALS assessment and an ALS skill is performed AND it is hospital to hospital

- A Refusal may count if an ALS assessment was completed and 2 ALS skills
- A Determination of Death will count

- 18 of the last 20 ALS patient contacts must be successful as noted on the Capstone Field Critique Guide. These may not include any refusals or determination of Death encounters.

Team leader in a capstone Team Lead will:

Take in the dispatch information and immediately:

- a. Direct a safe approach and size up of a scene.
- b. Direct if the scene is safe to approach.
- c. Determine the necessary equipment needs to be taken to the scene and other additional resources that may be warranted.
- d. Determine the need for Triage.
- e. Direct others in a professional manner as to their functions and roles on the team.
- f. Gather a history from the patient, performs an physical assessment and begins to formulate a treatment plan in accordance with protocol.
- g. Determine on scene care to be administered and when to leave the scene.
- h. Communicate effectively with the patient and family.
- i. Make an appropriate transport destination decision.
- j. Reassess care given to a patient.
- k. Recognize a change in a patient and intervenes immediately.
- l. Efficiently and properly uses EMS equipment with confidence.
- m. Communicate with the destination facility and gives a thorough report.
- n. Communicate effectively with the receiving healthcare provider.
- o. Document thoroughly on the PCR to paint a picture of the incident.
- p. Give feedback to co-workers.
- q. Ensure the ambulance is stocked and in good repair for the next call.

In accordance with the NREMT and CoAEMSP, “**Team Leadership Objective:** The student has successfully led the team if he or she has *conducted a comprehensive assessment* (not necessarily performed the entire interview or physical exam, but rather been in charge-of the assessment), as well as *formulated and implemented a treatment plan* for the patient. This means that *most* (if not all) of the *decisions* have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, first responders or crew.”

Scheduling and tracking of field internship time, procedures, and patient assessments will be completed utilizing individual student accounts with Platinum software under the supervision of the Program Clinical Coordinator.

In addition to completing the 75 team leads and 375 hours of internship, students will be required to take comprehensive, timed exams covering the offered categories. with at least one of these exams being proctored by the Program Coordinator, Program Director, Student Portfolio Manager, or Clinical Coordinator. At least four of the exams (to include the proctored exam) must demonstrate and overall “Good” score. Exam will be accessed via Platinum Testing.

At the conclusion of each capstone field internship site rotation, the student shall complete a Student Affective Clinical Site Survey. Additionally, the site shall complete a Clinical Site Survey on the students and the Program. The results will be shared and reviewed by the Program Director, Medical Director and Advisory Committee members. All feedback will be considered, and any noted Program changes documented accordingly.

Those preceptors that have attended Medical Director approved Capstone preceptor training will be allowed to precept the student. Their eligibility will be verified by the Clinical Coordinator.

Each Capstone preceptor shall be evaluated by the student. These will be reviewed by the Clinical Coordinator and a cumulative report prepared for the Program Director, Medical Director and Advisory Committee Members. All feedback will be considered, and any noted Program Changes will be documented.

A skills examination will be evaluated at the completion of Capstone Field Internship. It will include all tested National Registry psychomotor skills. Testing and retesting of these skills will be at the Medical Director’s discretion only.

Students who do not successfully complete capstone field internship requirements within six (6) months post completion of classroom and clinical requirements will be subject to formal review by program staff. Upon review, students will be advised of remedial options to include, up to, dismissal from the program.

Upon successful completion of all didactic, clinical, and capstone field internship requirements, students will have met the program’s requirements for graduation. Upon formal review of student required state and national documentation and upon the verification of the Medical Director and Program Director, students will receive authorization to sit for National Registry of EMT Paramedic Didactic Exam. At this time a Terminal Competency form shall be completed and evaluated on each student by the Program Director and Medical Director attesting to student entry-level competency

Early eligibility to test the Practical NREMT exam may be granted once all didactic, laboratory, scenario and clinical expectations have been met.

During all Clinical and field experience/internships students will not be substituted as primary staff for ambulances; however, they may be counted toward total daily staffing levels to satisfy meeting National Fire Protection Association levels when applicable.

**Under ABSOLUTELY NO circumstances can a paramedic student perform any clinical skill or assessment while acting as an employee of any department UNLESS AND ONLY IF they are assigned a clinical or capstone field internship for those hours.**

The paramedic student will be assigned to a service by the Clinical Coordinator for both clinical time and capstone field internship time. Then and only then may the student perform skills under the supervision of a licensed paramedic. **The student shall be the third man on the ambulance while in any clinical or capstone field internship experience.**

Individuals that fail to obey this edict shall be subject to discipline up to dismissal from class.

Evaluation Tools: The Golden Rule, Preceptee Evaluation Capstone and Terminal Competency form can be found in Appendix G

### **NREMT Initial Certification**

The National Registry of EMT Paramedic examination requirements are available at [www.nremt.org](http://www.nremt.org). Frankfort Fire and EMS will assist the student in finding a practical site for testing; however, all financial burden of this exam is the responsibility of the individual student. Frankfort Fire and EMS's TEI does not make promise or guarantee a student's initial NREMT certification

### **NREMT Re-licensure/Recertification**

National Registry of EMT recertification information can be found at ([www.nremt.org](http://www.nremt.org)) and is the sole responsibility of the student. Frankfort Fire and EMS's TEI does not make promise or guarantee authorization and/or recertification once students receive initial certification.

### **State Specific Initial Licensure/Certification**

State level authorization and/or re-licensure requirements vary from state to state; therefore, it is impossible to list all pertinent reference regulation information. Students should refer to their state's specific EMS authorizing agency for detailed information regarding initial licensure/certification and continued authorization and/or re-licensure requirements. Frankfort Fire and EMS's TEI does not make promise or guarantee authorization of initial licensure and/or recertification re-licensure once students receive initial certification.

† Kentucky requirements for Initial and Re-licensure is located in Appendix H

### **Program Exposures**

During the course of instruction, clinical/field experiences, and capstone field internship, students will be exposed to a variety of working conditions both indoors and outdoors and in all types of weather. Students may be required to do considerable kneeling, bending, and heavy lifting in >25 pounds. In addition, students will be exposed to various loud noises, communicable diseases, and potential violent or mentally unstable patients.

## **Admissions**

Becoming a paramedic requires a great deal of personal and professional dedication by the student. While we wish we could welcome each and every student into our program, this is

not feasible due to financial and program constraints. Admittance into the Paramedic Program will be based on an unbiased selection process.

### **Advanced Placement**

Frankfort Fire and EMS's TEI does not recognize or participate in "Advanced Placement".

### **Transfer of Credits**

Frankfort Fire and EMS's TEI does not accept transfer credits from other educational institutes.

### **Experiential Learning**

Frankfort Fire and EMS's TEI does not offer "Life Experience" credits.

### **Paramedic Student Eligibility**

Per 202 KAR 7:401 Individuals shall be eligible to enroll as a student in a paramedic education program if the student:

- 1) Is at least eighteen (18) years of age;
- 2) Holds a high school diploma or GED;
- 3) Understands, reads, speaks, and writes the English language with a comprehension and performance level equal to at least the ninth grade of education, otherwise known as Level 4, verified by testing as necessary;
- 4) Holds current unrestricted certification as an EMT in Kentucky or holds current unrestricted registration with the NREMT as an NREMT-B;
- 5) Is not currently subject to disciplinary action pursuant to KRS Chapter 311A (311A.050) that would prevent licensure;
- 6) Meets all additional requirements established by the EMS-TEI; and
- 7) Holds a valid motor vehicle operator's license from a state or territory of the United States.

† KRS Chapter 311A.050 information can be found in Appendix I

† Application Packet Located in Appendix J

### **Selection Process**

Each student applicant will be required to complete the following in order to be considered for placement within the paramedic program:

1. Take an entrance exam comprised of EMT-Basic content.
  - a. A minimum of 70% on EMT- Basic content, at student cost
  - b. The testing software may vary, but is currently Platinum Planner
2. Take a Test of Adult Basic Education (TABE) exam, at student cost.
  - a. Minimum of a ninth grade of education comprehension in Reading, Math, and English.
3. Receive a "Passing" mark on an EMT-B Practical Trauma Patient Assessment in accordance with NREMT testing criteria as graded by the Paramedic Coordinator and one other designee.
4. Sit for an oral interview with the Selection Committee to discuss the following.

- a. Written examination performance
- b. Skills examination performance
- c. Job interest and experience
- d. Training potential
- e. Personal commitment
- f. Career goals and commitment
- g. Leadership qualities
- h. Quality of experience
- i. Relevancy of training or education
- j. Interfering factors to course completion

Upon completion of the admission components/examinations, each candidate's score on EMT Basic and Patient Assessment shall be combined to create a total score. An eligibility list, based upon total score from highest to lowest, will be compiled with the top 20 applicants receiving an invite to attend the program.

### **Selection Committee**

The Selection Committee is responsible for evaluating each student candidate's qualifications and fitness for the program. The selection committee shall be comprised of the following individuals:

- a. Program Director;
- b. Program Medical Director;
- c. Program Coordinator/Lead Instructor; and
- d. One qualified instructor.

### **Tuition**

In addition to the substantial time commitment of the program, the program also imposes a substantial financial commitment as well. While we have attempted to make the program as cost efficient as possible, there are still financial implications.

1) Tuition cost covers the following course items:

- a. All course text books –Appendix K
- b. ACLS, ITLS, and PALS certification and card Fees
- c. Platinum Student account Fees
- d. Two (2) Program Polo Shirts
- e. 10 Panel Drug Screen
- f. Course ID card
- g. Hospital specific required background check
- h. Cost of student search on the OIG-HHS Exclusion Database and the United States General Services Administration Exclusion Database

2) Tuition cost DO NOT cover the Following additional fees:

- a. National Registry testing fees
- b. State testing Fees
- c. State Background checks
- d. Initial State licensure fee
- e. Any required immunizations
- f. Pre-course physical
- g. Liability Insurance
- h. Course extension/remediation fees

Upon notification of acceptance students will be required to furnish a non-refundable deposit of one half (1/2) of the tuition with a completed application packet three (3) weeks prior to the first day of class. The remaining tuition may be paid in installments; however, full course tuition must be paid in full prior to the start of module 9 (Medical Emergencies II). Students who fail to settle financial obligation by the deadline will be allowed to continue to attend didactic course work only, all clinical/field experience and field internships will be suspended until student financial obligations are fulfilled. If obligations remain unsatisfied by the end of the didactic portion of the class, student will be removed from the program. No re-admittance will be allowed.

Students that are sponsored by an agency will be asked to sign an Informed Consent for Sharing Academic Information. The student has the right to refuse to sign this consent. The sponsoring agency will be given a copy of the signed document or informed of the student refusal.

Informed Consent to Share Academic information is in Appendix L

### **Withdrawals**

Students that withdraw from the Program within the first two weeks of class will be refunded any monies above the non-refundable ½ of the tuition deposit and this withdrawal will not count against Program attrition.

Students may voluntarily withdraw from the program at any time upon submitting written notification to the Program Director. Students who withdraw from the program are not considered to have successfully completed the program.

### **Tuition Refunds**

Students who voluntarily withdraw from the program, prior to module 6 (Cardiology I), may be subject to receiving a tuition refund. Tuition refunds (total tuition paid minus (-) the nonrefundable deposit of one half (1/2) of the tuition) will be prorated monthly until module (Cardiology). Once module 6 (Cardiology I) all monies paid to the program will be forfeited and students will not receive any tuition refund.

Students who are expelled from the program, regardless of course duration, paid tuition will be forfeited, and students will not receive any tuition refund.

## **Refresher Course Remediation**

All applicable rules and regulations governing the NREMT Written Examination shall be the responsibility of the individual student. In the event a student from the Frankfort Fire and EMS Paramedic program fails to successfully pass the NREMT written cognitive exam resulting in the requirement of a refresher course, remediation will be made available upon request to the Program Director.

A 40-hour Refresher course is available at a cost of \$35.00/hour. This may include didactic material and necessary skills remediation.

Medical Records:

Affiliate medical agencies may request student medical records regarding immunizations. The student shall sign an Informed Consent for Release of Medical Records to allow the sharing of this information.

Informed Consent for Release of Medical Records can be found in Appendix M

## **Attendance**

Dependability and punctuality are essential attributes within the EMS profession as well as the classroom. To satisfactorily matriculate and continue as a student in this class, you are expected to be present and punctual for classroom instruction and both clinical/field experience and field internships. Once you arrive, you are expected to stay the entire duration or until you have been properly dismissed by an instructor or internship preceptor. Students are required to sign daily attendance sheets for each respective course. Attendance sheet will list the course date, number of classroom or skill hours, subject matter presented, and respective instructor and assisting instructor's names.

Student absences will require immediate notification of the Program Coordinator and a written explanation detailing his/her reasons for being absent or habitually tardy. More than four unexcused absences, as determined by the Program Coordinator, will result in dismissal from the class. In the event an excused or unexcused absence results in more than three consecutive classes being missed, the student must meet with the Medical Director, Program Director and Program Coordinator to discuss options. The student may not be allowed to continue in the class if no option can be identified.

Legitimate reasons will include:

- a. Personal or immediate family-member illness or death
- b. Court appearance
- c. Inclement weather conditions
- d. National Guard Reserve Duty
- e. Other equally compelling reasons

Unacceptable reasons would include:

- a. Vacation
- b. Fishing

- c. Prior work or social commitment
- d. Just didn't feel like coming
- e. Just felt like leaving early

Any test that is missed due to an excused absence may be made up and is the responsibility of the student. This must be coordinated with the Program Coordinator.

Any homework missed due to absence (excused or unexcused) may NOT be made up. The student may fax, text, or e-mail the homework to the Program Coordinator by midnight of the class day.

Any quizzes missed due to an excused absence shall be made up at the Program Coordinator's discretion.

### **Inclement Weather**

In the event of inclement weather or other unforeseen cancellation, an attempt will be made to announce cancellations on the Frankfort radio stations, and the Lexington TV and radio stations. If there is a question, contact the Program Coordinator at assigned contact numbers or Frankfort Fire Department at 502-875-8515 or 502-875-8517. Missed classes will be rescheduled on a day other than a regular class day.

## **Class Performance Standards**

To successfully meet the program's graduation requirements, you are encouraged and expected to meet the following didactic classroom minimum testing standards:

### **Cumulative Score Calculation**

Students must complete the program with a cumulative average score of 79.5%. Calculation of the final cumulative score will be calculated from the following formula:

- |                          |     |
|--------------------------|-----|
| a. Written examinations  | 50% |
| b. Homework/Quizzes      | 10% |
| c. Affective Evaluations | 5%  |
| d. Final examination     | 25% |

### **Written Examinations**

- a. Grades shall be based on a point system rather than percent. **An example of the grading is as follows: These numbers are speculative only.**

Written examination total points:	1300 points total 1300 X 0.50(50%) = 650 points possible
Homework	250 points X .10 (10%) =25  Possible points
Quizzes	250 points total

	250 points X .10 (10%) =25
	Possible points
Final	250 total points 250 X 0.25 (25%) = 62.5 points possible
Affective Evaluations	165 X 0.05 = 8.25 points possible
Total Possible Points	770.75 Total Points Possible
Your written examination points:	1000 total points 1000 X 0.50 =500 points
Your Homework	248 points 248 X .10 = 24.8 points
Quizzes:	230 X .10 =23 points
Your Final	220 total points 200 X 0.25 = 55 points
Affective Evaluations	165 X 0.05 = 8.25 points
Your Total Points	613.05 points
Your Grade	613.05 divided by 770.75 = 79.5%

You would pass!

- b.** All obtained grades are final. There are no retests!

### Critical Modules

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following a critical modules a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

The critical modules are:

- Module III Pathophysiology
- Module IV Pharmacology for Paramedicine
- Module V Respiratory and Airway for the Paramedic
- Module VI Cardiology I-ECG Tracings and 12 Lead for the Paramedic
- Module VII Cardiovascular Illnesses and Treatments in the Pre-Hospital Environment
- Module XI Trauma in Paramedicine
- Summative Review and Evaluation (Retests mandated ONLY if student has passed the course)

## **Cognitive Exam Review**

The Program will be conducting item analysis of all major cognitive examinations; to include validity/reliability testing of the exams. Generally, reviews will be completed using Platinum Group Testing tools which are validated through their system, but we may add some questions of our own. All questions, when offered, will be evaluated for p-values, difficulty and discrimination (national and local if available) and Point Biserial, if sufficient numbers are available, whether or not the material was covered adequately and if the question is vague in its presentation.

Questions may be “thrown out” following this analysis upon approval of the Medical Director. Scores will be adjusted accordingly.

In addition to item analysis, all examinations will be reviewed item by item in a large student group session following the exam or individually using the Platinum Program test review.

The Program shall submit the results of the analysis of validity and reliability of examinations to the Medical Director for review.

### **Reliability**

If an exam, based upon the Kuder-Richardson (KR20), receives less than a 0.70, then the Medical Director, Program Coordinator and Program Director will evaluate the data as to the time correlation the questions were answered to evaluate for cheating, test interruptions, possibility of material not being covered in advance or any other identified cause. Once a cause has been identified, the Medical Director shall direct the outcome.

### **Class Testing Discrimination**

During exam review if a class discrimination value is 0.2 or greater below the national results, or any time the class results are negative, or 0, questions will be reviewed/evaluated by the Medical Director, Program Coordinator and Program Director. Items to be reviewed include:

1. Is a question too easy or difficult?
2. Have top performers done worse on a particular item than poor performers?
3. Has contradictory messages or information been sent?
4. Is the item keyed incorrectly?

Once a problem has been identified, the Medical Director shall determine the outcome.

### **Difficulty Level Determination**

During exam review if the difficulty level is greater than 0.5 or the difficulty value is 0.2 or more above the national results the test items will be reviewed and evaluated by the Medical Director, Program Coordinator and Program Director. Items to be reviewed include:

1. If the questions are correctly keyed?
2. Are the questions misleading?
3. Was the material inadequately covered?

Based upon findings the following corrective measures will be sought:

1. If a question is suspected of being keyed incorrectly, Platinum Educational Group will be contacted immediately to request editing.
2. If the question is one of our own, we will review and rekey the question.
3. If it is misleading, the team will evaluate why and determine the question outcome from that analysis.
4. If material was covered inadequately, this will be reviewed/re-taught/re-tested.

### **P-Values**

During exam review validated questions where 50% or greater of the class has answered incorrectly will be addressed by the following:

The question(s) shall be returned to all students who missed the question electronically and they shall be required to research the answer and cite their findings. The findings are to be returned to the Program Coordinator within the specified time period noted. Failure to return the requested data may result in disciplinary action.

### **Point Bi Serial**

A Point Bi Serial  $< 0.5$  will be reviewed/evaluated by the Medical Director, Program Coordinator and Program Director. The item will be reviewed for relevance to topic, difficulty level and subject covered in advance. Once a problem has been identified, the Medical Director shall direct outcome.

The analysis shall be documented for each individual Modular exam. See Appendix N Major High Stakes Exam Analysis

### **Laboratory Skills Exam**

- a. Students must demonstrate and maintain satisfactory levels of performance and proficiency on all practical skill examinations.
- b. Students will receive a copy of the acceptable pass criteria prior to skill practice for all other skills.
- c. A list of approved lab skills by the Medical Director and the Advisory Committee that require an instructor observed return demonstration is attached in Appendix E
- d. A list of approved laboratory skills by the Medical Director and the Advisory Committee that require successful instructor led testing is in Appendix E
- e. All skill practices shall be recorded on the supplied skill sheet and will either be peer or instructor evaluated. Peer evaluations are not required but encouraged. Instructions will be given regarding acceptable evaluations. All skill sheets shall be uploaded by the student into the Student Portfolio within Platinum Planner. In addition, an individual student binder will maintain all original skill practice and evaluation sheets. This will be kept until the conclusion of the course and then placed with the student file. Instructor led Skill exams are evaluated on pass/fail, based on defined critical criteria. All skill exams will be announced. Module specific skills must be passed before the student can engage in the skill in the scenario or clinical arena.

- f. A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.
- g. A student receiving a fail mark on any instructor led skill examination during the final summative exam or during testing following Capstone Field Internship or fails to take the exam shall be allowed one retest, only with permission of the Medical Director. Subsequent retests on a failed skill shall be at the discretion of the Medical Director
- h. All uploaded skill practices and skill examination shall represent the culmination of an individual's NREMT Student Portfolio.

### **Scenario/Oral Skill Exams**

- a. Scenario exams and enactments shall be practiced during the course. Instruction will be given to evaluators regarding pass/fail criteria. Each practice will be recorded by the instructor or peer, collected, and recorded by in the Student Portfolio and Platinum Software. In addition, the original scenario skill practice and evaluation sheets will be maintained in the afore mentioned student binder.  
Peer evaluations are not mandated but encouraged.
- b. All instructor led scenario enactments shall be graded on a pass/fail basis based on successful point value.
- c. The requisite successfully led Team Leads and Team Members approved by the Medical Director and the Advisory Committee are in Appendix E.
- d. A student receiving a fail mark on any instructor led scenario enactment shall be allowed to retest after attending a review session with the instructor. One successful enactment MUST be recorded during the individual module before the student may engage in that clinical environment. In the even the student fails to achieve this, the student must be evaluated by the Medical Director prior to being allowed to continue in clinicals and the didactic portion of the course. Subsequent retests will be at the Medical Director discretion only.
- e. Students shall demonstrate and maintain satisfactory levels of performance on all oral scenario exams/enactments.
- f. A student receiving a fail mark on a scenario exam/enactment during the summative exam or testing following the capstone field internship shall be retested by the Medical Director.
- g. A list of scenario Team Leads and Team Members approved by the Medical Director and the Advisory Committee are found in Appendix E.
- h. Attendance of scheduled summative high-fidelity manikin scenario enactments is mandatory.

All skill sheets are required to be uploaded to Platinum Planner for laboratory and scenario skills as directed by the Student Portfolio Manager.

### **Clinical/Field Experiences and Field Internship**

- a. Students must demonstrate and maintain satisfactory levels of performance and proficiency during clinical/field experience and field internship. Failure to satisfactorily meet all clinical/field experience and field internship requirements may result in added ride time, clinical/field experience time, an inability to sit for National Registry Paramedic Exam, and/or course failure.
- b. Requisite patient contacts and requisite skills have been established by the Medical Director and approved by the Advisory Committee. These are available in Appendix E.
- c. Frankfort Fire and EMS Paramedic Program will be utilizing Platinum Planner to track paramedic student skills and required patient encounters. In the clinical setting the student will complete a Clinical Skills Verification form and a Patient Assessment Verification form for each visit and this shall be signed by the preceptor to validate the experiences and encounters. Additionally, the student will complete a Patient Assessment on each patient contact. Following the clinical, the student shall input all skills and patient encounters into the Platinum Planner software as well as upload all documents to their student account. These will then be validated by the Clinical Coordinator. Only satisfactory patient assessments will count toward the requisite totals. Only successful skills shall count toward the requisite totals. However, it is encouraged that the student records all unsuccessful attempts at a skill.
- d. During the capstone field internship, the student will complete a self-evaluation of each run and together the student and preceptor will complete the FFEMS EMT-P Student Field Critique following each run. Additionally, a narrative utilizing CHARTE shall be completed on each Team Lead. These shall be uploaded by the student and the skills and patient contacts completed by the student. 18 of the last 20 ALS runs must be satisfactory. These may not include any refusals or determinations of death. The Clinical Coordinator shall verify the uploaded data. Subsequent reports can be generated to account for the skills and patient contacts.
- e. Requisite airway management skills can be found in Appendix E. An explanation of what connotes an airway skill can be found there.
- f. In the event a student cannot acquire the requisite airway skills during the clinical and capstone field internship, they will be allowed to acquire them utilizing the high-fidelity manikin. The allowed successful manikin attempts for airway and ventilation skills are noted. High Fidelity manikin experiences will be offered during didactic portion of the class and if necessary, at the conclusion of all required capstone field internship team leads and all required patient contacts. All other noted skills, all team leads, and patient contacts shall be accomplished in the clinical areas or during field internship. The student shall be required to complete additional time to achieve these.

All clinical paperwork and Field Internship paperwork must be uploaded to Platinum Planner as directed by the Clinical Coordinator.

### **Scholastic Dishonesty**

Any student, following a thorough investigation by the Program Director and Program Coordinator, found “cheating,” using the work of someone else for personal benefit or gain, or falsifying any documentation of clinical/field experience or field internship, will be subject to disciplinary actions up to and including dismissal from the program.

### **Contact Hours**

Upon course completion, students will have amassed a minimum of 1460 contact hours.

Requisite Laboratory skills, Scenario enactments, Scenario Skills, Live Patient Contacts and Clinical skills can be found in Appendix E

### **Health Insurance Portability and Accountability Act (HIPAA)**

Students and Instructors shall abide by all rules and regulations as set forth in the HIPAA ruling. Students will receive detailed education regarding this standard. Both the student and instructor will sign a Confidentiality Statement regarding protection of PHI.

Any discovered breach of this standard by a student or instructor will be subject to disciplinary action up to dismissal from class. Additionally, the Program shall work with any agency regarding reportable breach obligations.

Summary information regarding the HIPAA standard may be accessed at <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html?language=en>

Confidentiality Statement Appendix O

### **Grievance**

The paramedic program is committed and strives to ensure fair and honest treatment of all students, staff, and program partners. Part of this commitment is encouraging an open and frank atmosphere in which any problem or complaint receives a timely response from program administrators. Any student may file a formal complaint, in writing, for a problem or condition they believe to be unfair, inequitable, discriminatory, or a hindrance to education. This is to be completed utilizing the “Problem Resolution Complaint Form” and submitted to the Paramedic Program Coordinator/Lead Instructor.

Within five working days of receipt of Problem Resolution Complaint Form, the Paramedic Program Coordinator/Lead Instructor shall respond to the complainant, in writing, stating their decision regarding the problem and what corrective actions, if any, will be taken.

If the problem is not satisfactorily resolved, the complainant may submit the Problem Resolution Complaint Form and a copy of the Paramedic Program Coordinator/Lead Instructor’s response to the Paramedic Program Director within 3 working days after receipt of the Paramedic Program Coordinator/Lead Instructor’s response. The Paramedic Program Director shall respond to the complainant, in writing, stating their decision regarding the problem and what correction actions, if any, will be taken.

If the complainant still believes the problem is not resolved in a suitable manner, the complainant may appeal the Paramedic Program Director's decision within three working days of the Paramedic Program Director's decision by submitting the Problem Resolution Complaint Form and a copy of the Program Coordinator/Lead Instructor's and Paramedic Program Director's responses to the Chief Executive Officer. Within 10 working days of receipt of the Problem Resolution Complaint Form, the Chief Executive Officer shall respond to the complainant, in writing, stating a decision regarding the problem and what corrective actions, if any, will be taken. The decision of the Chief Executive Officer shall be final.

† Problem Resolution Complaint Form can be found in Appendix P

## **Student Counseling Sessions**

Individual student counseling sessions will be scheduled and conducted on a periodic basis, as outlined below, or upon just cause, i.e. persistent deficiencies in clinical performance and skill and scenario testing, with the Program Medical Director and Program Coordinator. A candid assessment of overall performance and an affective behavioral evaluation will be provided to each student. The purpose of this type of session is not to be unjustifiably critical of performance, but rather to pinpoint areas of weaknesses and strengths. If a problem exists, staff wants to help the student resolve it as soon as possible.

### **Affective Behavioral Evaluation**

The Behavioral evaluation is in keeping with Bloom's Taxonomy to verify that a student possesses integrity, is empathetic, a self-motivator, takes pride in his/her appearance, is self-confident, able to communicate effectively with others, manages time appropriately, is a good team leader and member, respectful, unbiased and able to put others first. The evaluation also serves to bring about a change in identified areas of improvement. Any action plans developed during the evaluation shall be documented on the Performance Improvement Plan. The behavioral evaluation tool has been adopted from the EMT-P National Standard Curriculum. Scores from the Behavioral Evaluation will comprise 5% of the student's overall grade.

#### Scoring:

An average score of three (3) is expected on each of the eleven (11) domains. If a score of less than three is given, there must be valid documentation noted to support the score. A Performance Improvement Plan shall accompany a score less than three.

In addition, these meetings will provide the student with an opportunity to compare personal records with official course records to detect any inconsistencies that may exist between the two. You are encouraged to refute any portion of the record that you feel is incorrect or a misrepresentation of your actual performance.

Following the Module on Cardiovascular Illnesses and Treatment, and prior to Capstone Internship both the student and personnel shall complete the Program Resource Evaluation. The report shall be compiled and distributed to the Program Director, Medical Director, Faculty and Advisory Committee Members. All feedback that reflects program changes will be documented.

The Program Director shall complete a Program Summary Report for distribution upon course completion by all students.

Evaluation tools: Student Program Resource Personnel Program Resource Program Summary Report can be found in Appendix Q

Scheduled counseling sessions will occur at the completion of the following modules:

1. Module V Respiratory and Airway for the Paramedic
2. Module VII Cardiovascular Illnesses and Treatments in the Pre-Hospital Environment
3. Module IX Pediatrics/OB/GYN for Paramedicine
4. Module XII Operations for EMS, prior to commencement of Capstone Field Internship;

Counseling sessions with clinical and internship preceptors will be scheduled on an as need basis based on communication with the Clinical Coordinator and feedback from any student or preceptor.

Following the successful completion of the didactic, laboratory, clinical, and capstone the student shall meet with the Medical Director to complete the Terminal Competency Document.

An “open door” policy will be the rule throughout the class with the Program Coordinator. If you are having problems with the course, the instructors, or clinical/field experience sites, report them immediately so staff can work to resolve these in timely manner. Staff is sincerely interested in your personal growth and development and in assisting you to advance your personal careers.

### **Corrective Action Plan**

Generally corrective actions should begin with the least severe corrective action necessary to change the unacceptable or inappropriate behavior, such as verbal counseling for a first-time minor offense. While all corrective action should be progressive in nature, continuing or initial behavior that violates policy or procedures may skip steps of progression, up to and including removal from the program, based on the actions and circumstances leading to the infraction. Consideration of the following will influence corrective action outcomes:

1. Severity of offense;
2. Willful negligence, and consequences of the student’s behavior in endangering the safety/welfare of other students, staff, preceptor, or citizen;
3. Breaking of laws;
4. Compromising organization policy, objectives, procedures, and/or productivity;
5. The impact or potential impact to the citizens.

All corrective action shall be documented thoroughly through the completion of Performance Improvement Plans (PIP). PIPs will be initiated by the Program Coordinator/Lead Instructor and Program Medical Director with the student to plan objectives to improve behavior and/or performance to meet the program's standards. This plan shall state definitive objectives for achievement and a timeline for improving the behavior and/or performance. A copy of the improvement plan shall be given to the student and the Program Director with the original being kept in the student's administration file.

✦ Performance Improvement Plan and Affective Evaluation form attached in Appendix R

## **Infection Control**

It is the belief of this program to abide by all rules and regulations dictating proper infection control guidelines. The program strongly recommends that the individual have personal medical health insurance coverage. Although unlikely, a student may be exposed to an infectious disease or sustain an injury that may require long term follow-up medical care NOT covered by this program. Prior to entering this program, you will be required to have the following:

1. A current physical examination
2. A current TB skin test
  - a. if you have never had a TB skin test, a 2 step TB skin test is required,
  - b. if you are a positive converter, the program needs verification of positive test and any follow-up care.
3. Documentation of Hepatitis B injections or a waiver
4. Documentation of 2 MMR immunization or titer
5. Varicella titer or physician statement that you have had the disease or proof of the immunization
6. A Tdap immunization.
7. A flu shot if applicable

The student will receive education in infection control procedures prior to clinical rotations. The student shall be required to practice infection control procedures while at any clinical site. Any exposure to blood or body fluids must be reported to your preceptor and to the Program Coordinator immediately. Any required exposure paperwork shall be given to the Program Coordinator for documentation and recommended follow-up. Any initial medical work-up and any follow-up medical care shall be the financial responsibility of the student. The student may make claim to the School insurance for possible reimbursement of the initial medical expenses.

All regulations governing private records shall be upheld by paramedic program. All HIPAA requirements shall be followed. Follow-up will be in accordance with Agency policies and you may be required to continue any follow-up on your private insurance and with your private health care professional.

## **Liability Insurance**

Frankfort Fire and EMS shall require liability insurance through Healthcare Providers Service Organization (HPSO) that the student must provide. Agency sponsored students may be covered under Agency policies. These must be on file with FFEMS Paramedic Program. This policy is a limited coverage policy for unintentional incidents of negligence during student performance of procedures in the clinical areas. It minimally covers isolated medical events that may occur during clinical attendance. THIS IS NOT A MEDICAL INSURANCE POLICY FOR HEALTHCARE. A copy of coverage will be kept in each student's administrative file and forwarded to clinical and field sites to document coverage.

## **Student Conduct**

Students are expected to conduct themselves in a professional and ethical manner at all times. This includes proper decorum and adherence to all applicable rules and regulations in classroom, clinical/field experience and field internship areas.

### **Grooming**

Hair must be well groomed and not of an exaggerated color, beards and mustaches must be neatly trimmed, and no student may have any visible piercing paraphernalia. Additionally, any inappropriate visible tattoos, as determined by the Program Coordinator, must be covered.

### **Class room Attire**

Students shall wear attire that is not offensive or inappropriate. Ideally, students should wear a fire department or EMS provider issued uniform in a neat and professional manner. Shorts shall not be worn under any circumstance. Should a student not have access to a fire department or EMS provider issued uniform, they will be afforded an opportunity to purchase a complete set from the program approved uniform company.

### **Clinical/Field Experience and Field Internship Attire**

Students are required to attend and function efficiently during all Clinical/Field Experiences and Field Internship. It is not uncommon for these locations to have more stringent policies regarding appearance and hygiene. Students shall wear the following uniform during all Clinical/Field Experiences and field Internships:

- a. Course supplied collared polo; and
- b. Navy Duty Pant; and
- c. Black shoe or boot; and
- d. A Black Belt; and
- e. Course Issued Photo ID; or
- f. Hospital Scrub attire as prescribed and provided by the site.

### **Electronic Devices**

- a. Cell Phones -In order to provide students with the best learning environment possible all cell phones, pagers shall be silenced. The use of cell phones shall be limited to class breaks unless an emergency arises. Excessive use of cell phones or pagers will not be tolerated as it causes class room disturbances. Cell phones may be used only at break times while in any clinical or field internship site.

- a. During all cognitive exams, phones will be collected by the instructor until exam is complete.
- b. Computers/l-pads/Other electronic devices - These may be utilized to take notes only during classroom instruction. Any web browsing, streaming or other inappropriate usage may be subject to disciplinary action.

### **Taking of Pictures and Videos**

The taking of photographs and/or video recordings during the paramedic program creates a potential atmosphere for legal complications. While the program recognizes the advantages photographs and video recordings can have during educational settings, their use will be limited to didactic learning domains only. At no time shall a student photograph and/or video record any content during Clinical/Field experience and Field Internship rotations. In addition, at no time shall a student photograph and/or video record any protected health information in accordance to federal HIPAA regulations. Any student found in violation will be subject to disciplinary action, up to, and including expulsion from the program.

### **Tobacco Use**

The use of e-cigarettes, vaping, and tobacco products (dip, chewing, and snuff) are prohibited during classroom, skill laboratory, and clinical/field experience and field internships. Tobacco will be allowed in designated areas only with all trash receiving proper disposal. Any trash left on the premises may result in revocation of this privilege.

### **Substance Abuse**

Students shall not participate in classroom, laboratory skills, Clinical/field experiences, or Field Internship rotations while under the influence of any substance which may cause impairment or negatively affects a student's performance. This includes, but is not limited to, alcohol, illicit drugs, or prescription medications. Should a student be suspected of alcohol or drug abuse, by any staff, other student, during Clinical/field experiences, and Field Internship by preceptors, the Program Director shall be notified immediately. The student(s) shall be removed from class or clinical/internship site and sent for drug/alcohol testing, at the student's expense. Students will remain temporarily prohibited from all class activities until results are returned to the Program Director. Based upon test results students may be subject to corrective action in accordance with program policy and procedure. Failure to submit to testing will result in student removal from the program and forfeiture of all tuition paid.

In the event a student is under the care of a physician and is prescribed a medication which may cause impairment, to include emotional, the student must submit a physician's release statement to the Program Director after the physician has reviewed all core occupational performance standards.

### **Disruptive activities**

Student shall not engage in disruptive activities, i.e. activities that interrupt schedules, activities, or other processes of education. Disrupted behavior will result in disciplinary action, up to, removal from the program. Examples include, but are not limited to the following:

- a. Participate or incite violent behavior such as assault, physical abuses, or threatened physical abuse.
- b. Utilize loud, vulgar, or abusive language.

### **Social Media**

Students shall not publish any PHI or other identifiers of run characteristics on any social media outlet sites, i.e. Facebook, My Space, Twitter, etc. Posting PHI or other identifiers of run characteristics on any social media outlet sites will result in corrective action, up to removal from the program.

### **General Housekeeping**

Purposefully defacing or damaging school equipment shall be subject to a corrective action plan up to dismissal of class and reimbursement for any damages incurred.

Students are responsible for maintaining a clean trash free environment in the laboratory and classroom areas at all times.

### **Student Resources**

An on-site library will be available to students Monday through Friday 0800-1630. Available resources include various medical texts and periodicals. Additionally, computers with Wi-Fi, a copying machine and scanners are available for those that may lack that resource to enter their required paperwork into the Platinum software.

Free Wi Fi will be available in the classroom for students to access necessary sites on their personal electronic device.

Kitchen facilities are available on-site; however, food and drink for purchase are not available on site. There are numerous off-site vendors for this.

Laboratory equipment will be accessible Monday through Friday 0800-1600 for the student's use. All equipment shall be kept in working order. Should any deficiencies be noted, it is to be reported to the Program Coordinator immediately.

A student may request tutoring services through the Program Coordinator. Although not a program service, qualified and experienced instructors will be made available upon request. The student MAY incur an additional cost for this service to be negotiated by the student.

### **Faculty**

To ensure orderly operations and provide the best possible educational environment, instructors are expected to enforce and follow all policies and procedures set forth within this document. This includes displaying themselves in a professional, ethical, and moral manner at all times. As an instructor, one is expected to protect the interests and safety of all students and staff as well as the organization as a whole.

Fraternization between instructors and students is inappropriate and will not be tolerated.

Frankfort Fire and EMS employs part time faculty members. The Program utilizes guest speakers that are experts in their field as lecturers and skill instructors.

### **Instructor Expectations:**

- Maintains a neat and professional demeanor
- Maintains an honest, professional, and open rapport with student, other instructors and administrative staff.
- Demonstrates management and leadership skills. ○ Committed to the philosophy of the FFEMS Paramedic Program.
- Willing to supervise and evaluate student performance in an objective and fair manner.
- Does not use or manipulate students for personal agendas. ○ Is available to meet additionally with students outside of the classroom if needed.
- Responds to student inquiries in a timely manner.

### **Attire**

Instructors shall wear attire that is not offensive or inappropriate for their domain of education.

The following are acceptable attire for instructors:

- Fire department, EMS, or provider issued uniform.
- Collared Polo.
- Dress Shirt.
- Dress Slack.
- Duty or other tactical style pant.
- Other casual business attire.

† At no time shall an instructor wear shorts!

### **Skill Instructor Responsibilities:**

Are responsible for:

- Their student's performance throughout the laboratory sessions.
- Assuring the completion of all assigned paperwork. ○ Assuring the student is competent to perform assigned skills.
- Assuring all necessary equipment is present and in working order.
- Cleaning up your lab area and restocking and replacing equipment as directed.
  - Maintaining safety at all times and reporting any exposures or occurrences.
- Assuring rotations move in a timely manner.
- Being punctual and notifying the Program Coordinator early if you cannot attend an assigned lab.

### **Instructional Staff Responsibilities:**

Are responsible for:

- Using the FFEMS syllabus and other assigned materials for class.
- Preparing lesson plans and conducting classes during the scheduled times using assigned materials.
- Meeting classes on time and holding them for their fully allotted times.
- Using appropriate class management techniques.
- Maintaining accurate and thorough records of student attendance.
- Being receptive to student inquiries.

### **Continued Education**

The healthcare profession is an ever changing and dynamic environment. As evidenced based medicine and technology continue to propel the profession, it creates a learning curve for educators who fail to seek continued education. Therefore, all faculty and instructors must attend specific education courses to remain active as an instructor. The following serves, as a minimum, recommended continued education for faculty and instructors:

- Four hours of Methodology of Instruction education per year;
- Review of National Education Standards prior to course commencement;
- Review and update of pertinent Evidence Based changes; 4. Review of program documentation and tracking software; and
- Review of National Registry Portfolio requirements.
- Attendance at continuing education opportunities.
- Voluntary membership in a professional organization

### **Faculty Grievance**

The paramedic program is committed and strives to ensure fair and honest treatment of all staff and program partners. Part of this commitment is encouraging an open and frank atmosphere in which all problem or complaints receive a timely response from program administrators or other applicable city representative. Any faculty member, preceptor, or preceptor site representative may file a formal complaint, in writing, for a problem or condition they believe to be unfair, inequitable, discriminatory, or a hindrance to education. Formal complaints must be completed utilizing the “Problem Resolution Complaint Form” and submitted to the Paramedic Program Coordinator/Lead Instructor.

#### **Step I**

Within five working days of receipt of Problem Resolution Complaint Form, the Paramedic Program Coordinator/Lead Instructor shall respond to the complainant, in writing, stating their findings regarding the problem and what corrective actions, if any, will be taken.

#### **Step II**

If the problem is not satisfactorily resolved to the complainant’s satisfaction, the complainant may submit the Problem Resolution Complaint Form and a copy of the Paramedic Program

Coordinator/Lead Instructor's response to the Paramedic Program Director within 3 working days after receipt of the Paramedic Program Coordinator/Lead Instructor's response. Upon reviewing submitted documentation, the Paramedic Program Director shall respond to the complainant, in writing, stating their decision regarding the problem and what correction actions, if any, will be taken.

### **Step III**

If the complainant still believes the problem is not resolved in a suitable manner, the complainant may appeal the Paramedic Program Director's decision, within three working days of the Paramedic Program Director's decision, by submitting the Problem Resolution Complaint Form and a copy of the Program Coordinator/Lead Instructor's and Paramedic Program Director's responses to the Chief Executive Officer (CEO). Within 10 working days of receipt of the Problem Resolution Complaint Form, the Chief Executive Officer shall respond to the complainant, in writing, stating a decision regarding the problem and what corrective actions, if any, will be taken. The decision of the Chief Executive Officer shall be final.

Faculty members who are classified as full-time employees may seek additional grievance procedures as outlined in the City of Frankfort Personnel Policies and Procedures handbook.

✦ Problem Resolution Complaint Form can be found in Appendix P

### **Faculty Evaluation**

All faculty members will be evaluated at least once during the didactic and skill portion of the Program by the Program Coordinator or the Program Director. The Program director is responsible for reviewing all evaluations. The instructor will have the opportunity to review the evaluation and any documented notes or feedback. These will be kept in a Faculty Binder

Each class/course presented by an instructor shall be evaluated by the student upon its completion for content and presentation. The instructor will have the opportunity to review these evaluations. All evaluations will be given to the Medical Director and Program Director for review.

All feedback will be taken into consideration and appropriate changes made and documented. These will be contained in a binder for review.

The faculty will complete a Faculty Evaluation at the final faculty meeting following completion of the didactic, laboratory and clinical portion of the program. All feedback will be cumulated and presented to the Program Director, Medical Director and Advisory Committee Members. All feedback that may result in program changes shall be documented.

### **Faculty Meetings**

Periodic faculty meeting will be commenced to address program policies, review program surveys, and provide continuing education. Attendance is mandatory for part time personnel. If one cannot attend, an acceptable written notification should be made to the Program Coordinator. Repetitive failures to attend may result in disciplinary action up to dismissal. Documentation of these meeting will be maintained in the Faculty Binder.

**Graduates**

Six to twelve months following class graduation, the graduate will be asked to complete a graduate survey of the Program. These will be shared with the CoAEMSP, Program Director, Medical Director and Advisory Committee members. Any feedback that results in program changes will be documented.

The student will further be asked to evaluate the program via electronic means by CoAEMSP to assist in the Program's accreditation.

**Employers**

Six to twelve months following class graduation, any employers will be asked to complete an employer survey of the Program. These will be shared with the CoAEMSP, Program Director, Medical Director and Advisory Committee members. Any feedback that results in program changes will be documented.

All evaluations will be kept on file by the Program.

Evaluations: FFDEMS Instructor Observation, FFDEMS Paramedic Course Survey Faculty Skill/Adjunct Instructor Evaluation, Faculty Evaluation, Graduate Survey, Policy and Procedures Verification Form, and Employee Survey can be found in Appendix S

# **Appendix A** Articulation Agreement

**City of Frankfort Fire and EMS Paramedic  
Program Paramedic Certificate  
to  
Gateway Community and Technical College  
Associate Degree Program  
Articulation Agreement**

This articulation agreement is between the City of Frankfort, Kentucky, a municipality of the Commonwealth of Kentucky (hereinafter "City") and Gateway Community and Technical College (hereinafter "Gateway").

WHEREAS, This articulation agreement, which is effective on the date of the final signature, provides transfer admission opportunities for graduates of the City of Frankfort's Fire and EMS Paramedic (EMT-P) Program (hereinafter "Paramedic Program") who are academically qualified and interested in completing an associate degree at Gateway. Students who complete all modules within the Paramedic Program and receive their National Registry EMT Paramedic Certificate may transfer a maximum of 38 credits to Gateway, to be applied towards an Associate in Applied Science Emergency Medical Services - Paramedic degree. Students must meet the twenty-five percent (25%) residency requirements of the degree granting institution and take credits that go toward that degree as specified in the accompanying degree plan table (Appendix B). Other college transfer credits, in addition to those contained within this agreement, may be reviewed for acceptance by Gateway on an individual basis.

NOW THEREFORE, in consideration of the premises set forth herein, the City and Gateway agree to the following terms.

1. Paramedic Program students (graduates) accepted to Gateway receive a maximum of 38 transfer credits for the successful completion of the Paramedic Program and receipt of their National Registry EMT-Paramedic Certificate deemed comparable (based on current course description information, course requirements, and agreement by the representatives of the respective programs) to current Gateway courses. (See Appendix A, accompanying degree plan table for transfer equivalents.)
2. Based on placement testing, the Paramedic Program student may be required to complete developmental courses in English or mathematics prior to obtaining an Associate in Applied Science Emergency Medical Services - Paramedic degree or other degree from Gateway. Also, the Paramedic Program student must complete all prerequisite courses for upper-level courses.
3. This agreement shall include those students who are enrolled in the Paramedic Program commencing in August of 2017 and thereafter. (Prior graduates of the Paramedic Program may be accepted by Gateway on an individual basis, as determined by Gateway's program administrator.)
4. The initial term of this agreement is 5 years. Thereafter, the agreement can be renewed on an annual basis upon the written mutual agreement of each party. This agreement will be reviewed annually and may be revised by mutual consent with a 60-day written notice. In addition, the City and Gateway agree to notify one another in writing of program changes that might affect the transfer of students under this agreement.
5. Both the City and Gateway agree to the right to use each other's names in print and media advertising for the purpose of marketing the programs, described herein. All materials must

be approved in writing by the respective communications, marketing, or City Manager offices at the partner institution.

6. The City agrees to provide to Gateway student information for the express purpose of contacting Paramedic Program graduates directly regarding the degree program between the two institutions described in this Articulation Agreement in compliance with all state and federal laws

7. This agreement is predicated on the satisfactory, and continued, accreditation of the Paramedic Program by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP).

The City and Gateway, recognizing the importance of providing seamless coordination between the respective institutions, hereby enter into this Articulation Agreement.

**City of Frankfort, Kentucky**

**Original signatures on file with Program Director**

William I. May, Jr., Mayor

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

**Gatewood Community and Technical College**

**Original signatures on file with Program Director**

**Name (print)** Fernando Figueroa

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

**Title:** President-CEO \_\_\_\_\_

**City of Frankfort Fire and EMS Paramedic Program  
and  
Gateway Community and Technical College  
Degree Plan Table for Articulation Agreement**

(Name of EMS Program) Modules	Name of College) Courses	College Credits Awarded**
Module 1, Intro to Paramedicine Module 2, Assessment Module 3, Pathophysiology Module 5, Respiratory/Airway	EMS 200- Introduction to Paramedicine	4 credit hours
Module 4, Pharmacology	EMS 210 -Emergency Pharmacology	3 credit hours
Module 6, Cardiac, ECG Module 7, Cardiac	EMS 220 -Cardiovascular Emergencies	3 credit hours
Module 13, Trauma	EMS 230 -Traumatic Emergencies	4 credit hours
Module 8, Medical Emergencies I	EMS 240 -Medical Emergencies I	3 credit hours
Module 9, Medical Emergencies II	EMS 250 -Medical Emergencies II	3 credit hours
Module 12, Behavioral and Special Populations Module 10, Pediatrics Module 11, OB/GYN	EMS 260 -Special Populations	3 credit hours
Module 14, Operations	EMS 270 -EMS Operations	1 credit hour
Modules, 6, 7, 13, 8, 9, 12, 10, 11	EMS 275 -Seminar in ALS	1 credit hour
Modules, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	EMS 285 -Field Internship & Summation	5 credit hours
Modules, 2, 5, 10, 11, 12, 14	EMS 211-Fundamentals Lab	2 credit hours
Modules, 6, 7, 13	EMS 221 -Cardiac & Trauma Lab	1 credit hour
Modules, 4, 8, 9	EMS 231 -Medical Lab	1 credit hour
Modules, 4, 5 (ED, OR)	EMS 215 -Clinical Experience I	1 credit hour
Modules 6, 7, 8, 9, 13 ( ICU, ED, Cath Lab)	EMS 225 -Clinical Experience	1 credit hour
Module 10, 11, 12 (OB, Peds, Behavioral, Other)	EMS 235 -Clinical Experience III	2 credit hours
	<b>Total Credit Award</b>	<b>38 Credits</b>

*\*These transfer courses indicate the maximum number of credits*

*\*\* Credits evaluated by (Gateway Community and Technical College)*

**City of Frankfort Fire and EMS Paramedic Program  
and  
Gateway Community and Technical College  
Degree Plan Table for Articulation Agreement**

<b>Course</b>	<b>Credit Hours</b>
ENG 101 Writing I	3
PSY 110 General Psychology	3
BIO 135 Basic Anatomy and Physiology with Laboratory or BIO 137 AND BIO 139 *	4-8
Quantitative Reasoning	3
Digital Literacy	0-3
Oral Communications	3
Heritage or Humanities	3
AHS 115 Medical Terminology OR CLA 131 Medical Terminology from Greek and Latin	3
AHS 201 Management Principles for Allied Health Providers	3
Total Credits	<b>25-32</b>

## **Appendix B** Student Disclaimer

Frankfort Fire and EMS Paramedic Program

Disclaimer

I understand that during this training program I may be asked to lift, carry, and balance up to 125 pounds (250 pounds with assistance), walk and work in small spaces, maneuver stairs and stairwells, be around loud noises and flashing lights, various weather conditions, and in various physical environments for extended periods of time perhaps in excess of 8 hours duration, and be exposed to machinery and its moving parts. In addition, during my clinical and field internships, I may be exposed to human blood and body fluids, infectious and contagious diseases, possible violence, and possible hazardous materials. I shall also be an attendant in a moving ambulance responding emergently to 911 requests.

Further, I shall be asked to serve as a mock patient in scenarios. Physical contact will be required.

Every attempt shall be made to ensure your safety in all aspects of training and during the clinical and field internship times. Adherence to any dictated safety precautions is mandated.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

## **Appendix C** Course Syllabus And Objectives

# **City of Frankfort Fire And EMS TEI**



## **Paramedic Program Syllabus**



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# Frankfort Fire and Emergency Medical Services Paramedic Program Syllabus

## Program Contact Information

**Program Director: Wayne Briscoe**  
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502.682.2113

**Program Coordinator: Barbara Sauter**  
[bsauter@frankfort.ky.gov](mailto:bsauter@frankfort.ky.gov)  
502.682.7028

**Clinical Coordinator: Joe Sebastian**  
[jsebastian@frankfort.ky.gov](mailto:jsebastian@frankfort.ky.gov)  
502.682.1979

**Portfolio Manager: Gary Gebhart**  
[ggebhart@frankfort.ky.gov](mailto:ggebhart@frankfort.ky.gov)  
502.520.8814

**Meeting Information:**  
City of Frankfort Training Center  
105 Bridge Street  
Frankfort, KY 40601  
Monday 0900-1600  
Thursday 0900-1600

**Start Date: 3/26/2019**  
**Didactic End date: 04/20/2020**  
**Capstone Field Internship:**  
**Last Date of Course Completion:**

## Program Outline

**Course:**  
Paramedic Training Program

### Course Description:

Frankfort Fire and EMS's Paramedic certificate program is designed to provide students with the core knowledge of paramedicine in accordance with the National Scope of Practice. This includes understanding of the pathophysiology, clinical symptoms and treatment as they pertain to the pre-hospital emergency medical or trauma care of the infant, child, adolescent, adult and geriatric patient. In addition, students will have the opportunity to acquire various clinical and practical skills experiences related to pre-hospital emergency medical care.

### Course Objective:

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

### Course Design:

The Paramedic Program is a standards-based curriculum taken from the National EMS Education Standards Paramedic Instructional Guidelines with additional sections added as adopted by the state of KY in 202 KAR 7:601. It is comprised of twelve consecutive learning modules with a Summative Evaluation component and a Capstone Field Internship component. Additionally, each module is enhanced by required clinical rotations in various hospitals, clinics and doctor offices.

Successful completion of the didactic and clinical component is required before continuing into Capstone Field Internship. Successful completion of Capstone Field Internship will allow the student to test the National Registry for Emergency Medical Technician's psychomotor and cognitive examinations. Individual state laws will dictate licensure as a paramedic. This curriculum has been reviewed and approved by the Medical Director.

### **Student Eligibility:**

Per 202 KAR 7:401 Individuals shall be eligible to enroll as a student in a paramedic education program if the student:

- 8) Is at least eighteen (18) years of age;
- 9) Holds a high school diploma or GED;
- 10) Understands, reads, speaks, and writes the English language with a comprehension and performance level equal to at least the ninth grade of education, otherwise known as Level 4, verified by testing as necessary;
- 11) Holds current unrestricted certification as an EMT in Kentucky or holds current unrestricted registration with the NREMT as an NREMT-B;
- 12) Is not currently subject to disciplinary action pursuant to KRS Chapter 311A (311A.050) that would prevent licensure;
- 13) Meets all additional requirements established by the EMS-TEI; and
- 14) Holds a valid motor vehicle operator's license from a state or territory of the United States.

### **Required Textbooks and Readings:**

It is essential the student come prepared to class and have a general understanding of the topic to be discussed. Various textbooks will be utilized throughout this program as learning tools and references for this purpose. They are noted on the individual module syllabi. These will be provided by the program on the first day of class or may be picked up at 300 West Second Street, Suite 3 one week before class.

- AAOS Nancy Caroline's *Emergency Care in the Streets*, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS
- *ECG's Made Easy*, 5<sup>th</sup> Edition, Barbara Aehlert, RN
- *Anatomy and Physiology Learning System*, 4<sup>th</sup> Edition, Edith Applegate
- *The 12 Lead ECG in Acute Coronary Syndromes*, 4<sup>rd</sup> Edition, Tim Phalen, Barbara Aehlert
- *Math for Meds*, 11<sup>th</sup> Edition, Anna M. Curren
- *Advanced Cardiac Life Support*, American Heart Association
- *Pediatric Advanced Life Support*, American Heart Association
- *International Trauma Life Support*, 8<sup>th</sup> Edition, John Campbell, MD FACEP

The necessary readings are noted in the Class Schedule or will be assigned by the instructor prior to the class date.

### **Course Work/Credit Hours:**

The course requires 670 Classroom hours in both laboratory and lecture.

In addition, students are required to complete 415 clinical/field internship hours and a Field Capstone period of a minimum of 375 Hours.

Total commitment is, at a minimum, 1460 Hours.

While Frankfort Fire and EMS's TEI is not authorized to offer academic credits, it has executed an articulation agreement with Gateway Community and Technical College that allows students who complete all modules within the Paramedic Program and receive their National Registry EMT Paramedic Certificate the opportunity to transfer a maximum of 38 credits to Gateway to be applied towards an Associate in Applied Science Emergency Medical Services - Paramedic degree. Students should refer to Appendix A Policies and Procedures to review fully the executed articulation agreement and additional requirements for credit transfer.

### **Clinical/Field Experience:**

A student will be required to complete clinical rotations during the individual modules. These are listed on the individual module syllabi. Clinical paperwork will be provided to the student to have completed.

A calendar outlining the start and stop dates will be provided to the student as well as site options. The following shall serve as the program's minimum skills and patient contact encounters that each student shall accumulate during Clinical/Field Experience rotations. Some skills may be acquired using a high-fidelity manikin. Failure to meet expectations may result in added clinical time. For a more detailed explanation and objectives, Reference Policies and Procedures, Appendices E and F)

**Airway Management:** In accordance with CoAEMSP:

**The paramedic student should have no fewer than fifty (50) attempts at airway management across all age levels (neonate, infant, pediatric and adult). And, in order to demonstrate airway competency, the student should be 100% successful in their last twenty (20) attempts at airway management.** Airway management

The following are considered airway management skills approved by the Advisory Committee and the Medical Director. These shall be tracked by Platinum during the laboratory, scenario and clinical rotations.

**Airway Management skills have been defined and approved by the Advisory Committee to include the following:**

- **Basic airway positioning**
- **Insertion of basic airway adjuncts**
- **Bag-valve mask ventilation**
- **Insertion of Super Glottic Airway devices**
- **Initiation of Continuous Positive Airway Pressure (CPAP)**
- **Orotracheal Intubation via video scope, bougie, or other traditional methods**
- **Nasotracheal Intubation**
- **Cricothyrotomy**
- **Suctioning of an airway**

- Tracheostomy airway care
- Use of the Magill forceps or other basic obstructive airway maneuvers.
- Extubation of ETT, LMA, SGA

**Patient Contact and other requisite skills**

Skills	# Required
Assessment of newborn	2
Assessment of infant (<1)	2
Assessment of toddler (1-3)	2
Assessment of pre-schooler (4-5)	2
Assessment of school age (6-13)	2
Assessment of adolescent (13-17)	5
Assessment of adults ( $\geq 18$ )	25
Assessment of Geriatric Patient/Medical	12
Assessment of a ped trauma	6
Assessment of medical ped	12
Assessment of OB Patients	2
Assessment of Geriatric trauma patients	6
Assessment of psychiatric patients	6
Assessment of plan RX of chest pain	10
Assessment of plan RX of respiratory	10
Assessment of plan RX of syncope	5
Assessment of plan RX of abdominal	10
Assessment of plan RX of altered mental status	10
Assessment of a ped resp distress	5
Assessment of a stroke/TIA	2
Assessment of an ACS	2
Assessment of a dysrhythmia	2
Assessment of a diabetic	2
Assessment of a sepsis patient	2
Assessment of a shock patient	2
Assessment of a toxicological/overdose emergency	2
Correctly Identify rhythm strips during CCU rotations	10/per shift
Assessment of adult trauma 6 must be geriatric	24
Complete a Drug profile on all newly administered medications	NA
Field Internship	75 Patient Encounters

## Frankfort Fire and EMS Paramedic Program

### Requisite number of clinical/capstone skills

Effective March, 2019

Skill	Requisite number of successful skills
a. Comp physical assessment	2
b. Trauma Physical Assessment	6
c. Medical Physical Assessment	40
d. IV therapy	60
e. IV Bolus	22
f. IM SQ	2
g. Inhaled meds	2
h. 12 lead	4
i. Live Intubations	5
m. Airway Management	50
n. Ventilate a patient	10
o. Administer medications	30

The skills listed above have been approved by the Medical Director and the Advisory Committee.

#### Required Clinical Hours

Psych:	8 Hours
Cardiac Cath	8 Hours
ICCU	12 Hours
EMS Internship	125 Hours
ED	158 Hours
OR	32 Hours
Lab	8 Hours
Public Health	8 Hours

Nursery	8 Hours
Labor and Delivery	24 Hours
Pediatrics	24 Hours
Capstone	375 Hours

Advanced skills shall only be performed under the direct supervision of an assigned and properly trained preceptor. In addition, the facility shall be continually updated, by the Paramedic Program Course Coordinator/Lead Instructor, on all approved skills and skills the student is not allowed to perform.

**Current unapproved skills include:**

- Insulin administration**
- Blood product administration**
- Fibrinolytic administration**
- Paralytic administration**
- Propofol administration or similar anesthetic**

**Capstone Field internship:**

A minimum of 375 hours of precepted internship at an Advanced Life Support Emergency Medical Services and documentation of serving as a Team Leader for 75 prehospital patient contacts of which 50 must be ALS patient contacts is required to be completed within six months of didactic completion in order to be successful in this Program and to test for National Registry. The following apply:

- 25 Team Leads may be BLS to include ONLY transports to the hospital
- 50 Team Leads must be ALS
  - Must do an ALS assessment and 1 skill that is not an approved EMT skill
  - Transfers may count if an ALS assessment and an ALS skill is performed AND it is hospital to hospital
  - A Refusal may count if an ALS assessment was completed and 2 ALS skills
  - A Determination of Death will count
  - 18 of the last 20 ALS patient contacts must be successful as noted on the Capstone Field Critique Guide. These may not include any refusals or determination of Death encounters.

Clinical paperwork will be provided to the student as well as site options. Failure to meet these expectations may result in added field time. Successful completion will require cognitive testing and skills testing. Reference Policies and Procedures and Appendices E and F for further explanation.

In accordance with the NREMT and CoAEMSP,

**“Team Leadership Objective:** The student has successfully led the team if he or she has *conducted a comprehensive assessment* (not necessary performed the entire interview or physical exam, but rather been in charge-of the assessment), as well as *formulated and implemented a treatment plan* for the patient. This means that *most* (if not all) of the *decisions* have been made by the student, especially formulating a field

impression, directing the treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, first responders or crew.”

**Under ABSOLUTELY NO circumstances can a paramedic student perform any clinical skill or assessment while acting as an employee of any department UNLESS AND ONLY IF they are assigned a clinical or capstone field internship for those hours.**

The paramedic student will be assigned to a service by the Clinical Coordinator for both clinical time and capstone field internship time. Then and only then may the student perform skills under the supervision of a licensed paramedic. **The student shall be the third man on the ambulance while in any clinical or capstone field internship experience.**

Individuals that fail to obey this Golden Rule shall be subject to discipline up to dismissal from class.

### **Course Requirements:**

The student will be utilizing information technology through the individual student account on Platinum Planner to manage laboratory, clinical, and capstone field internship data. You are expected to have regular access to a personal computer. Two computers will be available Monday through Friday from 0800-1630 at the City of Frankfort Training Center for your individual use as needed.

Professional Liability insurance will be required at the student’s expense. *Every student should have a provision for personal health insurance. This is not provided.*

Prior to entering any clinical or field experience rotations students will be required to have all immunizations as outlined in the Infection Control section of Program’s Policies and Procedures manual.

### **Course Assessments**

#### ***Grading:***

Utilizing a raw point system for each component, a cumulative passing score of 79.5% is required to complete the program. The weighing of these expectations is presented below.

Written examinations	50%
Homework/Quizzes	10% e
Affective Evaluations	5% (See Policies and Procedures for explanation)
Final examination	25%

#### **All grades are final.**

- Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. **Late work is not accepted.**

- Quizzes reflecting the learning objectives developed from Platinum Testing may be administered at the discretion of the instructor. **There are no make-up quizzes administered.**
- Cognitive examinations that reflect the outlined objectives, developed by the Program Coordinator utilizing Platinum Testing, reviewed by the Program Director and approved by the Medical Director will be administered at the conclusion of a module. Dates are noted in the Class Schedule. Make-up exams are allowed at the discretion of the Program Coordinator.

### Critical Modules

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following the critical modules, a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

The critical modules are:

- Module III Pathophysiology
- Module IV Pharmacology for Paramedicine
- Module V Respiratory and Airway for the Paramedic
- Module VI Cardiology I-ECG Tracings and 12 Lead for the Paramedic
- Module VII Cardiovascular Illnesses and Treatments in the Pre-Hospital Environment
- Module XI Trauma in Paramedicine
- Summative Review and Evaluation (Retests mandated ONLY if student has passed the course)

### Additional Testing Requirements

- Following Module VII Cardiovascular Illnesses and Treatments in the Pre-Hospital Environment, the student shall pass the AHA Advanced Cardiac Life Support (ACLS) cognitive examination with an 84%. One retest will be allowed with no change in the original grade only if the skills portion of ACLS has been successfully achieved. Successful completion of this cognitive/skills exam is required to successfully complete the class. In the event a student fails to pass, students will be required to take additional ACLS courses until successful completion is obtained.
- Following Module IX Pediatrics/OB/GYN for Paramedicine, the student shall pass the AHA Pediatric Advanced Life Support (PALS) cognitive examination with an 84%. One retest will be allowed with no change in the original grade only if the skills portion of PALS has been successfully achieved. Successful completion of this cognitive/skills exam is required to successfully complete the class. In the event a student fails to pass, students will be required to take additional PALS courses until successful completion is obtained.
- Following Module XI Trauma in Paramedicine, the student shall pass the ACEP International Trauma Life Support (ITLS) cognitive examination with a 74%. One retest will be allowed with no change in the original grade only if the skills portion of ITLS has

been successfully achieved. Successful completion of this cognitive/skills exam is required to successfully complete the class. In the event a student fails to pass, students will be required to take additional ITLS courses until successful completion is obtained.

### Capstone Field Internship

During Capstone Field Internship, students must obtain a Summative Good on 4 comprehensive timed adaptive tests covering all offered categories. One of these exams must be proctored by the Program Coordinator, Program Director, Student Portfolio Manager, or Clinical Coordinator.

### Laboratory Skills Exam

- i. Students must demonstrate and maintain satisfactory levels of performance and proficiency on all practical skill examinations.
- j. Students will receive a copy of the acceptable pass criteria prior to skill practice for all other skills.
- k. All skill practices shall be recorded on the supplied skill sheet and will either be peer or instructor evaluated. Peer evaluations are not required, but encouraged. Instructions will be given regarding acceptable evaluations. All skill sheets shall be uploaded by the student into the Student Portfolio within Platinum Planner. In addition, an individual student binder will maintain all original skill practice and evaluation sheets. This will be kept until the conclusion of the course and then placed with the student file. Instructor led Skill exams are evaluated on pass/fail, based on defined critical criteria. All skill exams will be announced. Module specific skills must be passed before the student can engage in the skill in the clinical arena.
- l. A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.
- m. A student receiving a fail mark on any instructor led skill examination during the final summative exam or during testing following Capstone Field Internship or fails to take the exam shall be allowed one retest, only with permission of the Medical Director. Subsequent retests on a failed skill shall be at the discretion of the Medical Director
- n. All uploaded skill practices and skill examination shall represent the culmination of an individual's NREMT Student Portfolio.
- o. Reference Policies and Procedures and Appendix E for requisite skills.

### **Scenario/Oral Skill Exams**

- a. Scenario exams and enactments shall be practiced during the course. Instruction will be given to evaluators regarding pass/fail criteria. Each practice will be recorded by the instructor or peer, collected, and recorded by in the Student Portfolio and Platinum Software. In addition, the original scenario skill practice and evaluation sheets will be maintained in the afore mentioned student binder. Peer evaluations are not mandated but encouraged.
- b. All instructor led scenario enactments shall be graded on a pass/fail basis based on successful point value.
- c. The requisite successfully led Team Leads and Team Members approved by the Medical Director and the Advisory Committee are in Appendix E.
- d. A student receiving a fail mark on any instructor led scenario enactment shall be allowed to retest after attending a review session with the instructor. One successful enactment MUST be recorded during the individual module before the student may engage in that clinical environment. In the even the student fails to achieve this, the student must be evaluated by the Medical Director prior to being allowed to continue in clinicals and the didactic portion of the course. Subsequent retests will be at the Medical Director discretion only.
- e. Students shall demonstrate and maintain satisfactory levels of performance on all oral scenario exams/enactments.
- f. A student receiving a fail mark on a scenario exam/enactment during the summative exam or testing following the capstone field internship shall be retested by the Medical Director.
- g. A list of scenario Team Leads and Team Members approved by the Medical Director and the Advisory Committee are found in Appendix E.
- h. Attendance of scheduled summative high-fidelity manikin scenario enactments is mandatory.

### **Clinical/Field Experiences and Field Internship**

- g. Students must demonstrate and maintain satisfactory levels of performance and proficiency during clinical/field experience and field internship. Failure to satisfactorily meet all clinical/field experience and field internship requirements may result in added ride time, clinical/field experience time, an inability to sit for National Registry Paramedic Exam, and/or course failure.
- h. Requisite patient contacts and requisite skills have been established by the Medical Director and approved by the Advisory Committee. These are available in Appendix E.
- i. Requisite satisfactory performance of the clinical skills may be found in the Policies and Procedures and Appendix E.
- j. Frankfort Fire and EMS Paramedic Program will be utilizing Platinum Planner to track paramedic student skills and required patient encounters. In the clinical setting the student will complete a Clinical Skills Verification form and a Patient Assessment Verification form for each visit and this shall be signed by the preceptor to validate the experiences and encounters. Additionally, the student will complete a Patient Assessment on each patient contact.

Following the clinical, the student shall input all skills and patient encounters into the Platinum Planner software as well as upload all documents to their student account. These will then be validated by the Clinical Coordinator. Only satisfactory patient assessments will count toward the requisite totals. Only successful skills shall count toward the requisite totals. However, it is encouraged that the student records all unsuccessful attempts at a skill.

- k. During the capstone field internship, the student will complete a self-evaluation of each run and together the student and preceptor will complete the FFEMS EMT-P Student Field Critique following each run. Additionally, a narrative utilizing CHARTE shall be completed on each Team Lead. These shall be uploaded by the student and the skills and patient contacts completed by the student. Only Team Leads verified as satisfactory by the preceptor shall count toward the requisite total. 18 of the last 20 ALS runs must be satisfactory and shall not include refusals or determination of death runs. The Clinical Coordinator shall verify the uploaded data. Subsequent reports can be generated to account for the skills and patient contacts.
- l. Requisite airway skills can be found in Appendix E. An explanation of what connotes an airway skill can be found there.
- m. In the event a student cannot acquire the requisite airway skills during the clinical and capstone field internship, they will be allowed to acquire them utilizing the high-fidelity manikin. The allowed successful manikin attempts for airway and ventilation skills are noted. High Fidelity manikin experiences will be offered at the conclusion of the didactic portion of the class and if necessary, at the conclusion of all required capstone field internship team leads and all required patient contacts. All other noted skills, all team leads, and patient contacts shall be accomplished in the clinical areas or during field internship. The student shall be required to complete additional time to achieve these.

All clinical paperwork and Field Internship paperwork must be uploaded to Platinum as directed by the Clinical Coordinator.

### **Student Counseling Sessions**

Scheduled counseling sessions will occur at the completion of the following. Affective evaluations will occur at this time.

1. Module V Respiratory and Airway for the Paramedic
2. Module VII Cardiovascular Illnesses and Treatments in the Pre-Hospital Environment
3. Module IX Pediatrics/OB/GYN for Paramedicine
4. Module XII Operations for EMS, prior to commencement of Capstone Field Internship

### **Affective Behavioral Evaluation**

The Behavioral evaluation is in keeping with Bloom's Taxonomy to verify that a student possesses integrity, is empathetic, a self-motivator, takes pride in his/her appearance, is self-confident, able to communicate effectively with others, manages time appropriately, is a good team leader and member, respectful, unbiased and able to put others first. The evaluation also serves to bring about a change in identified areas of improvement. Any action plans

developed during the evaluation shall be documented on the Performance Improvement Plan. The behavioral evaluation tool has been adopted from the EMT-P National Standard Curriculum. Scores from the Behavioral Evaluation will comprise 5% of the student's overall grade.

**Scoring:**

An average score of three (3) is expected on each of the eleven (11) domains. If a score of less than three is given, there must be valid documentation noted to support the score. A Performance Improvement Plan shall accompany a score less than three.

An "open door" policy will be the rule throughout the class with the Program Coordinator. If you are having problems with the course, the instructors, or clinical/field experience sites, report them immediately so staff can work to resolve these in a timely manner. Staff is sincerely interested in your personal growth and development and in assisting you to advance your personal careers.

Reference Policies and Procedures for further details.

**Attendance/Class Canceled:**

Dependability and punctuality are essential attributes within the EMS profession as well as the classroom. To satisfactorily matriculate and continue as a student in this class, you are expected to be present and punctual for classroom instruction and both clinical/field experience and field internships. Once you arrive, you are expected to stay the entire duration or until you have been properly dismissed by an instructor or internship preceptor. Students are required to sign daily attendance sheets for each respective course. Attendance sheet will list the course date, number of classroom or skill hours, subject matter presented, and respective instructor and assisting instructor's names.

Student absences will require immediate notification of the Program Coordinator and a written explanation detailing his/her reasons for being absent or habitually tardy. More than four unexcused absences, as determined by the Program Coordinator, will result in dismissal from the class. In the event an excused or unexcused absence results in more than three consecutive classes being missed, the student must meet with the Medical Director, Program Director and Program Coordinator to discuss options. The student may not be allowed to continue in the class if no option can be identified.

In the event of inclement weather or other unforeseen cancellation, an attempt will be made to announce cancellations on the Frankfort radio stations, and the Lexington TV and radio stations. If there is a question, contact the Program Coordinator at assigned contact numbers or Frankfort Fire Department at 502-875-8515 or 502-875-8517. Missed classes will be rescheduled on a day other than a regular class day.

**Students with Documented Disabilities:**

The Americans with Disabilities Act (ADA) gives federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for qualified individuals with disabilities in public accommodations, employment, transportation, state and local government services, education, etc. A "qualified individual" is an individual who, with or

without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

While ADA laws provide for reasonable accommodation to qualified individuals, it does not exempt students from functional position requirements. These requirements are viewed as essential to job performance; however, whenever possible, reasonable accommodations will be made to students with disabilities.

Essential functions are core duties that are the reason a job position exists. Requiring students the ability to perform “essential” functions assures that an individual with a disability will not be considered unqualified because of his or her inability to perform marginal or incidental job functions.

### **Functional Position Description**

The following functional position description for the paramedic is provided as a guide for advising those interested in understanding the qualifications, competencies and tasks recommended to function as a competent paramedic; however, it is the ultimate responsibility of employers to define specific job descriptions.

In general, paramedics should possess good manual dexterity, with the ability to perform all tasks related to highest quality patient care. They should possess the ability to bend, stoop and crawl on uneven terrain, and withstand varied environmental conditions such as extreme heat, cold and moisture. Paramedics must have the ability to work in low light, confined spaces, and other dangerous environments. In addition, paramedics must have the ability to perform the following essential functions:

1. Clearly communicate verbally via telephone and radio equipment
2. Lift, carry, and balance up to 125 pounds (250 pounds with assistance)
3. Interpret written, oral, and diagnostic forms of instructions
4. Think critically, use good judgment, and remain calm in high-stress situations
5. Walk and work in small spaces, loud noises and flashing lights, various weather conditions, and in various physical environments for extended periods of time, in excess of 8 hours duration
6. Sustain repetitive movements
7. Effectively function with limited sleep and sleep patterns
8. Calculate weight and volume ratios and read small print, both under life threatening time constraints
9. Read and understand the English language, at a 9<sup>th</sup> grade level, manuals and road maps
10. Accurately discern street signs and address numbers
11. Interview patient, family members and bystanders
12. Document, in writing, all relevant information in prescribed format in light of legal ramifications of such
13. Communicate, in English, with coworkers and hospital staff as to status of patient.

### **Restricted Accommodations**

The ultimate question that must be answered in determining ADA accommodations is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?

Based upon the essential job functions above, the following is a list of accommodations that are not allowed in the program. These include, but are not limited to:

1. Students will not be allotted additional time for skills when specific time frames are required.
  - a. Patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. Students will not be allowed unlimited time to complete a written exam.
  - a. This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
  - b. Students may be allowed a maximum of one (1) additional hour to complete written exams upon reasonable request.
3. Students will not be allowed to have written exams given by an oral reader.
  - a. 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.
4. Students will not be provided a written exam with a reading level of less than ninth grade.
  - a. KRS requires a reading level of at least the ninth grade to be eligible for licensure.
5. 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.
  - a. Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
  - b. Student must be able to understand and converse in medical terms appropriate to the profession.

### **Student Conduct:**

Students are expected to conduct themselves in a professional and ethical manner at all times. This includes proper decorum and adherence to all applicable rules and regulations in classroom, clinical/field experience and field internship areas. Reference Policies and Procedures for further details.

### **Corrective Action Plan**

Generally corrective actions should begin with the least severe corrective action necessary to change the unacceptable or inappropriate behavior, such as verbal counseling for a first-time minor offense. While all corrective action should be progressive in nature, continuing or initial behavior that violates policy or procedures may skip steps of progression, up to and including removal from the program, based on the actions and circumstances leading to the infraction. Consideration of the following will influence corrective action outcomes:

1. Severity of offense;

2. Willful negligence, and consequences of the student's behavior in endangering the safety/welfare of other students, staff, preceptor, or citizen;
3. Breaking of laws;
4. Compromising organization policy, objectives, procedures, and/or productivity;
5. The impact or potential impact to the citizens.

All corrective action shall be documented thoroughly through the completion of Performance Improvement Plans (PIP). PIPs will be initiated by the Program Coordinator/Lead Instructor and

Program Medical Director with the student to plan objectives to improve behavior and/or performance to meet the program's standards. This plan shall state definitive objectives for achievement and a timeline for improving the behavior and/or performance. A copy of the improvement plan shall be given to the student and the Program Director with the original being kept in the student's administration file

Reference Policies and Procedures

**Scholastic Dishonesty:**

Any student, following a thorough investigation by the Program Director and Program Coordinator, found "cheating," using the work of someone else for personal benefit or gain, or falsifying any documentation, will be subject to disciplinary actions up to and including dismissal from the program.

**Following are the individual module syllabi.**



## Module I Introduction to Paramedicine

### Course Description:

A general explanation of the overall profession of paramedicine while laying the groundwork for the advanced understanding, treatment and assessment of medical and trauma derangements that a paramedic may encounter.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate

### COURSE GOALS AND LEARNING OUTCOMES

The student will review BLS skills and perform a successful demonstration of these skills.

The student will develop an understanding of the field of paramedicine and their role as a member of the healthcare profession.

1. Discuss the history and evolution of Emergency Medical Services.
2. Understand the different roles in EMS, the present educational requirements of the profession, continuing education, and its connection and interaction with other allied health fields.
3. Look at the oversight of EMS and its importance in improving quality care.
4. Define evidence-based medicine and the role of research.
5. Define wellness and the components of physical, mental, emotional, and spiritual wellbeing.
6. Look at the physiological changes brought on by stress and the different means of reacting to that stress.
7. Define burnout and the effective means to avoid it and/or deal with it.
8. Discuss death, its theorized stages and coping mechanisms.
9. Present a brief overview of disease risk, transmission and general guidelines for protection.
10. Introduce a brief overview of on the job risks.
11. Look at the proper handling and safe lifting and moving practices in EMS.

The student will demonstrate an understanding of the legal and ethical issues surrounding paramedicine as well as their role as a partner in the community.

1. Define ethics and its application to Emergency Medical Services and research.
2. Define the types of law and the legal process.
3. Look at the definitions of assault, battery, libel, slander, false imprisonment, and defamation and their application to EMS.
4. Understand scope of practice and the standard of care for EMS providers.
5. Take an in depth look at the Health Insurance Portability and Accountability Act.
6. Define EMTALA and the role of EMS.
7. Elaborate on the Paramedic-Patient Relationship looking at consent, refusals, special populations, the duty to act, negligence, and abandonment.
8. Understand the role of Advance Directives, DNR orders, and other directives specific to withholding medical care and/or resuscitation in the field.

9. Look at immunity in EMS.
10. Discuss various legislation and its application in EMS to include American Disabilities Act, OSHA, and the Ryan White Act.
11. Illustrate the defense parameters in EMS, used both to protect and defend.
12. Define the various roles of Public Health and how EMS is integrated into these.
13. Look at illness, injury prevention and the role of Public Health and EMS.
14. Explore the role of surveillance in Public Health and the interventions given an outbreak.

The student will demonstrate a fundamental understanding of medical terminology as it relates to paramedicine and the basics of anatomy.

1. Look at the root words for medical terminology.
2. Discuss why medical terminology is important in EMS.
3. Begin to look at the prefix, root word and suffix in medical terminology.
4. Look at various applicable medical terms, abbreviations and short cuts.
5. Understand directional terms when navigating the human body.
6. Understand the basic fundamental principles of inorganic and organic chemistry.
7. Take a brief look at the cell, its components and their individual function.
8. Understand the organ system hierarchy—cell, tissue, organ, organ system.
9. Discuss and define the purpose of, individual tissues, organs, organ function, and organ location of the integumentary, hematopoietic, skeletal, muscular, nervous, sensory, circulatory, respiratory, digestive, urinary, endocrine, and reproductive organ systems.

**HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student’s final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

**NON-CRITICAL COGNATIVE EXAM**

A written examination will be scheduled and announced. Students will have one attempt and will account for 50 % of the student’s final program grade. Exams that are missed due to an excused absence may be made up and is the responsibility of the student; however, retest must be coordinated with the Program Coordinator.

**SKILLS PROFICIENCY VERIFICATION**

Adult/Child/Infant 1 rescuer and 2 rescuer CPR  
 FBAO Conscious Adult/Child/Infant  
 Glucometer NREMT

Cricoid Pressure  
 Joint Splinting NREMT  
 Long Bone splinting NREMT  
 Spinal Immobilization Seated NREMT  
 Spinal Immobilization Lying NREMT  
 Traction Splinting NREMT  
 AED usage adult Child Infant  
 BVM Rescue breathing Adult/Child/Infant NREMT  
 Manual airway maneuvers  
 Basic Airway Adjuncts

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A  
student receiving a fail mark on any instructor led skill examination shall be allowed two  
retests, only after attending a review session and with permission of the Program Coordinator.  
Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**BEGIN CLINICAL ROTATIONS**

8 Hours of Lab  
 8 Hours of Emergency Department  
 8 Hours of Public health  
 10 Hours of Field Clinical

Date	Subject	Didactic Hours	Skill Hours
3/26/19 0900-1600	Orientation to Platinum Planner Orientation to Portfolio BLS Skills review and successful demonstration		6 Adult/Child/Infant 1 rescuer and 2 rescuer CPR FBAO Conscious Adult/Child/Infant Glucometer NREMT Cricoid Pressure Joint Splinting NREMT Long Bone splinting NREMT Spinal Immobilization Seated NREMT Spinal Immobilization Lying NREMT Traction Splinting NREMT AED usage adult Child Infant BVM Rescue breathing Adult/Child/Infant NREMT Manual airway maneuvers Basic Airway Adjuncts
3/28/19 0900-1600	BLS Skills		6
4/2/19	Skills Lab		6

4/4/19 0900-1600	<b>Module I Introduction to Paramedicine</b> Orientation EMS Systems (AAOS Chapter 1) Workforce Safety and Wellness (AAOS Chapter 2) Individual Work assignment passed out	4 1 1	
4/9/19 0900-1600	Workforce Safety and Wellness Ethics / Medical Legal Aspects (AAOS Chapter 4)	1 5	
4/11/19 0900-1600	Public Health (AAOS Chapter3) Medical Terminology (Chapter 7 ) Overview of Human Systems (AAOS Chapter 8) (Applegate )	2 3 1	
4/16/19 0900-1600	Overview of Human Systems (AAOS Chapter 8) (Applegate )	6	
4/18/19 0900-1600	Overview of Human Systems (AAOS Chapter 8) (Applegate ) Therapeutic Communications (AAOS Chapter 5, p.150) Life Span Development (AAOS Chapter 10) Individual Work assignment due	3 2 1	
4/23/19 0900-1600	<b>MODULE I Introduction to Paramedicine -TEST</b>	1.5	

## **Module II Patient Assessment for the Paramedic**

### **Course Description:**

An in depth look at how to gather a history using effective communication skills and perform a physical assessment utilizing a defined process while applying human growth and development principles.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS

### **COURSE GOALS AND LEARNING OUTCOMES**

The student will demonstrate effective communication techniques in gathering a patient history given a variety of situations.

1. Learn how to properly approach a potential patient and establish a rapport.
2. Discuss interviewing techniques and how to adapt them to the circumstance at hand.
3. Discuss the various communication tools and look at their application.
4. Look at the best approach and communication skills to employ given special populations and situations.
5. Define the various stages of development.
6. Discuss the physiological changes, the developmental milestones, challenges, and expectations of the newly born, infant, toddler, preschooler, school aged child, adolescent, early, middle and late adulthood stages.
7. Discuss the best approach of the EMS provider to a potential patient in any given stage of development.
8. Look at how to prepare for the patient interview.
9. Review of interviewing techniques.
10. Learn how to solicit a chief complaint and explore the present illness.
11. Discuss and learn the components of the SAMPLE history and how to best solicit the answers.
12. Look at special situations when gathering a history.
13. Understand cultural competency and its application when assessing and gathering a history.

The student will demonstrate an understanding of how to perform a systematic physical assessment and apply the findings of the history and assessment in a critical manner to make appropriate care decisions.

1. Learn how to identify a problem, set patient care priorities and execute that plan in a timely manner.
2. Review the components of the medical and trauma primary and secondary assessment.
3. Review key physiological hallmarks that need to be assessed at each step and their significance.
4. Look at when a focused exam is appropriate.
5. Define the components of a physical exam.
6. Take a detailed look at the general survey of a patient to include mental status, outward appearance, hair, etc.

7. Utilize the ophthalmoscope and otoscope as well as other physical exam techniques to look at the head, ears, eyes, nose and throat.
8. Learn and practice assessment skills for the chest and utilize the stethoscope to listen to heart sounds and breath sounds.
9. Know the difference between inspection, palpation, percussion and auscultation.
10. Learn and practice how to assess the abdomen.
11. Recognize abnormalities while examining the musculoskeletal system.
12. Understand how to perform a neurological exam and cranial nerve assessment.
13. Understand the process of gathering the correct information, synthesizing it and developing an appropriate action plan in the delivery of EMS care.
14. Apply the 6 R's in the delivery of pre-hospital care.
15. Review the normal values and interpretive components of critical lab values to include the complete blood count, comprehensive metabolic panel, cardiac profile, coagulation studies and thyroid studies.

#### **HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

#### **NON-CRITICAL COGNATIVE EXAM**

A written examination will be scheduled and announced. Students will have one attempt and will account for 50% of the student's final program grade. Exams that are missed due to an excused absence may be made up and is the responsibility of the student; however, retest must be coordinated with the Program Coordinator.

#### **SKILLS PROFICIENCY VERIFICATION**

- Taking a history (NREMT History)
- Complete a Normal Adult Physical Assessment (NREMT Normal Adult Physical Assessment Technique)
- Complete a Trauma Physical Assessment (NREMT Trauma Assessment)
- Complete a Medical Cardiac Physical Assessment (MREMT)
- Use the Ophthalmoscope/Otoscope/Reflex Hammer/Snellen chart

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

Date	Subject	Didactic Hours	Skill Hours
4/23/19 0900-1600	Module II Patient Assessment for the Paramedic Life Span Development (AAOS Chapter 10)	1 2	
	Taking a History (AAOS Chapter 11 p. 519) Cultural Competency Individual Work assignment given out	1	
4/25/19 0900-1600	Therapeutic Communications/Crew Resource Management  Patient Assessment Medical (AAOS Chapter 13)	2 2	2 NREMT Comprehensive Medical Assessment/Obtain a History
4/30/19 0900-1600	Technique of PE/Body System Review (AAOS Chapter 11)	4	2 *NREMT Physical Assessment
5/2/19	Patient Assessment Trauma (AAOS Chapter 11)	2	4 NREMT Comp Medical Assessment NREMT Trauma Assessment NREMT Physical Assessment Ophthalmoscope/Otoscope/Reflex hammer/Snellen char/Breath Sounds Heart Sounds NREMT Obtain a history
5/7/19 0900-1600	Intro to Critical Thinking (AAOS Chapter 12)  General Laboratory Individual Work assignment due	2 1	3 *NREMT Comprehensive Normal Adult Physical Assessment Technique *Ophthalmoscope/Otoscope/Reflex hammer/Snellen char/Breath Sounds Heart Sounds t*NREMT Trauma and NREMT Medical Assessment/Physical Assessment
5/9/19	Skills Lab		6

5/14/19 0900-1600	MODULE II Patient Assessment for the Paramedic	1.5	4.5 hours NREMT Obtain History/NREMT Comp Medical Assessment NREMT Trauma Patient Assessment NREMT Physical Exam Evaluations
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## Module III Pathophysiology

### Course Description:

A general explanation of the cellular derangements that happen to the human body during a response to hypoxia and hypoperfusion to enable the paramedic to understand diseases and treatments.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate

### COURSE GOALS AND LEARNING OUTCOMES

The student will demonstrate a general understanding of pathological processes.

1. Review the anatomy hierarchy looking at the cell in detail, followed by tissues and a review of organ systems.
2. Look at the role of electrolytes and their derangements.
3. Understand perfusion and recognize the effects on the cell, tissues and organs of hypoperfusion that leads to MODS.
4. Understand the systemic inflammatory response.
5. Look at the shock process, the different kinds of shock and their signs and symptoms.
6. Discuss cellular adaptations, injury and cellular death.
7. Explore epidemiology, looking at risk factors for disease, environmental factors, and the role of aging.
8. Discuss neuroendocrine rescue systems within the body.

### HOMEWORK:

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

### Critical Cognitive Exam

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following a critical modules a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

**SKILLS PROFICIENCY VERIFICATION**

None

Date	Subject	Didactic Hours	Skill Hours
5/16/19 0900-1600	<b>Module III Pathophysiology</b> Pathophysiology (AAOS Chapter 9/40) (Applegate) Individual Work assignment given out	6	
5/21/19 0900-1600	Pathophysiology (AAOS Chapter 9/40) (Applegate)	6	
5/23/19 0900-1600	Pathophysiology (AAOS Chapter 9/40) (Applegate)	6	
5/28/19 0900-1600	Pathophysiology (AAOS Chapter 9/40) (Applegate)	6	
5/30/19 0900-1600	<b>MODULE III Pathophysiology</b> <b>Test</b>	2.5	

## Module IV Pharmacology for Paramedicine

### Course Description:

An explanation of the principles of pharmacology and how the paramedic applies these when administering the right medication to patients experiencing various pathologies.

TEXT: AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAO, Math for Meds, 11<sup>th</sup> Edition, Anna M. Curren

### COURSE GOALS AND LEARNING OUTCOMES

The student will demonstrate an understanding of fundamental pharmacological definitions, properties of medications and how to calculate drug dosages.

1. Review of neuro anatomy and fluid and electrolytes.
2. Look at pharmacological definitions, sources of drugs, drug names, forms of drugs, and the legalities of drug administration.
3. Understand pharmacokinetics and pharmacodynamics.
4. Discuss the drug profile, understanding drug responses and interactions.
5. Introduce the sympathetic, parasympathetic, and central nervous system drug classifications.
6. Introduce supplemental drug classifications.
7. Look at weights and measures in pharmacology and the tools of drug preparation.

The student will demonstrate a level of proficiency when administering medications.

1. Know and apply the 6 R's of Medication Administration.
2. Discuss and practice the transdermal application, nasal, nebulized, MDI, enteral, buccal, oral, SL, ocular, optic and rectal routes of medication administration.
3. Discuss and practice the initiation, maintenance and discontinuance of IV therapy.
4. Discuss blood administration.
5. Discuss forms of parenteral drugs and practice drawing up medications for parenteral administration.
6. Practice parenteral medication delivery.

### HOMEWORK:

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

### CRITICAL COGNITIVE EXAM

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following a critical modules a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

### SKILLS PROFICIENCY VERIFICATION

- Dosage and calculations
- Initiating an intravenous drip (NREMT IV Therapy)
- Administering an IV Bolus medication and an IV piggyback medication (NREMT IV Bolus/NREMT IV Piggyback)
- Administering an intramuscular and subcutaneous injection (NREMT IM and Subq Injections)
- Administering a nebulized medication (NREMT Inhalation Drug)
- Administering an Intranasal medication
- Performing an Intraosseous Insertion and infusion (NREMT)

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

Date	Subject	Didactic Hours	Skill Hours
5/30/19 0900-1600	Module IV Pharmacology for Paramedicine General Pharmacology (AAOS Chapter 13) (Currens) Individual Work assignment given out	3.5	
6/4/19 0900-1600	General Pharmacology(AAOS Chapter 14 p. 720) Dosage and Calculations (Currens)	3.5 2.5	
6/6/19 0900-1600	Dosage And Calculations (Currens)	6	Dosage and Calculations Sheets

6/11/19 0900-1600	Dosage and Calculations (Currens) Medication Delivery (AAOS Chapter 43 p. 729)	3  3	
6/13/19 0900-1600	Intravenous Insertion/Blood Products (AAOS Chapter 13 p. 689, 729)	3	3 IM/SC/IN/Neb/Vial/ampule/preloads
6/18/19 0900-1600	IO and Medication Administration Tibia and	2	4 *Drug calculation sheets
	Humeral head adult and child (AAOS Chapter 14 p. 689, 729))		*NREMT IV Therapy *NREMT IV Bolus Medication *NREMT IV Piggyback *NREMT IM and Sub Q Injection NREMT IN administration NREMT Inhalation drug NREMT IO
6/20/19 0900-1600	IV/IO and Medication Administration  Individual Work assignment due		6 *Drug calculation sheets *NREMT IV Therapy *NREMT IV Bolus Medication *NREMT IV Piggyback *NREMT IM and Sub Q Injection *NREMT IN administration *NREMT Inhalation drug NREMT IO
6/25/19	Pharmacology		6 *Drug calculation sheets *NREMT IV Therapy *NREMT IV Bolus Medication *NREMT IV Piggyback *NREMT IM and Sub Q Injection *NREMT IN administration *NREMT Inhalation drug NREMT IO
6/27/19	Skills Lab		6 See above
7/2/19 0900-1600	MODULE IV Pharmacology for Paramedicine	2	4 * NREMT IV Therapy * NREMT IV Bolus Medication *NREMT IV Piggyback *NREMT IM and Sub Q Injection *NREMT IN administration * NREMT Inhalation drug Evaluation * NREMT IO



## **Module V Respiratory and Airway for the Paramedic**

### **Course Description:**

A general explanation of respiratory conditions and how the paramedic will ensure a patient maintains an open airway and adequate ventilation.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate

### **COURSE GOALS AND LEARNING OUTCOMES**

The student will demonstrate an understanding of the importance of opening and maintaining a patent airway, apply anatomical principles while doing so, and demonstrate the techniques in the adult and pediatric patient.

1. Take an in-depth look at the anatomy of the pulmonary System.
2. Discuss in detail the physiology of ventilation and respiration.
3. Discuss Acid base balance and interpret Arterial Blood Gases.
4. Perform a thorough assessment of the pulmonary system to include physical assessment and adjunct assessments.
5. Understand measurements for oxygenation and ventilation.
6. Review basic airway maneuvers and adjuncts as well as oxygen therapy.
7. Discuss the need for a more advanced airway and look at the options.
8. Discuss and practice SGA airway insertion and intubation; the procedures, advantages, complications and troubleshooting of each.
9. Discuss and practice alternative approaches to intubation.
10. Look at the tracheostomy patient and their unique care.
11. Discuss rapid sequence induction and understand the pharmacology involved.
12. Look at the physiology of CPAP and its application.
13. Discuss ventilators, the types, settings and application.

The student will demonstrate an understanding of adult respiratory pathologies and how to critically intervene.

1. Look at the pathophysiology, risk factors, signs and symptoms, and treatment of obstructed airway, infections of the upper airway, disorders/infections of the pleura, chest wall, lungs, restrictive and obstructive lung disease, and pulmonary embolism.
2. Discuss the drug profile for pre hospital medication used to treat respiratory conditions.
3. Discuss the drug classes of cough suppressants, expectorants, antitussives, beta adrenergic drugs, anticholinergic drugs, anti-inflammatory drugs, smooth muscle relaxants, dissociative anesthetics, inhalant gases, and other adrenergic drugs used to treat respiratory conditions.

### **HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

### **CRITICAL COGNITIVE EXAM**

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following a critical modules a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

### **SKILLS PROFICIENCY VERIFICATION**

- CPAP application (NREMT CPAP and PEEP)
- I-gel insertion
- KING Insertion (NREMT SGA)
- LMA Insertion
- Combi Tube Insertion
- Orotracheal intubation (NREMT Orotracheal Intubation)
- Nasotracheal Intubation (NREMT Nasotracheal Intubation)
- Pleural Decompression
- Tracheostomy suctioning and replacement
- Team Lead Respiratory Case (NREMT Team Member/Lead)
- Team Member Respiratory Case

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

### **AFFECTIVE BEHAVIORAL EVALUATION**

An average score of three (3) is expected on each of the eleven (11) domains. If a score of less than three is given, there must be valid documentation noted to support the score. Behavioral evaluation will comprise 5% of the student's overall cumulative grade.

### **BEGIN CLINICAL ROTATIONS**

- 50 Hours of Emergency Department
- 32 Hours of Operating Room
- 15 Hours of Field Clinical

Date	Subject	Didactic Hours	Skill Hours
7/9/19 0900-1600	<p><b>Module V Respiratory and Airway for the Paramedic</b> Anatomy and Physiology Pulmonary System (Applegate Chapter 15)</p> <p>Airway and ventilation the Basics (AAOS Chapter 15) Individual Work assignment given out</p>	3  2	1 ABG interpretation
7/11/19 0900-1600	Airway and Ventilation CPAP PEEP Basic (AAOS Chapter 15) Tracheostomies and their care	2  1.5	2.5 *NREMT CPAP and PEEP Basic Review with Flow restricted device Tracheostomy
7/16/19 0900-1600	Airway and ventilation Intubation and RSI Therapy (AAOS Chapter 15)	4	2NREMT Orotracheal Intubation
7/18/19 0900-1600	Airway and ventilation BIADS SGA (AAOS Chapter 15)	2	4 *NREMT CPAP and PEEP *NREMT SGA Devices (KING I-GEL, LMA, Combi tube) *NREMT Pleural Decompression * NREMT Orotracheal Intubation *NREMT Nasotracheal Intubation
7/23/19 0900-1600	Respiratory Illnesses/Medications (AAOS Chapter 16, 13)	6	
7/25/19 0900-1600	Respiratory Illnesses/Medications (AAOS Chapter 16, 13) Individual Work assignment due		5 *NREMT Team Leader and Team Member Scenario Sheets Respiratory
7/30/19	Lab Skills		
8/1/19	Airway Skills		6 * NREMT CPAP and PEEP * NREMT SGA Devices (KING I-GEL, LMA, Combi tube) * Pleural Decompression *NREMT Orotracheal Intubation * NREMT Nasotracheal Intubation *NREMT Team Leader and Team Member Scenario Sheets Respiratory

8/6/19 0900-1600	Module V Respiratory Emergencies and Airway For Paramedics Exam	2	4 * NREMT CPAP and PEEP * NREMT SGA Devices (KING I-GEL, LMA, Combi tube) *NREMT Orotracheal Intubation * NREMT Nasotracheal Intubation *NREMT Team Leader and Team Member Scenario Sheets Respiratory *NREMT Pleural Decompression
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## Module VI Cardiology I-ECG Tracings and 12 Lead for the Paramedic

### Course Description:

A general explanation of the electrophysiology of the heart and its various heart rhythms and abnormalities depicted on the 12 Lead ECG.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate; ECG's Made Easy, 5<sup>th</sup> Edition, Barbara Aehlert, RN; The 12 Lead ECG in Acute Coronary Syndromes, 4<sup>rd</sup> Edition, Tim Phalen, Barbara Aehlert

### COURSE GOALS AND LEARNING OUTCOMES

The student will demonstrate an understanding of the electrical system of the heart and the rhythm abnormalities possible.

1. Be able to define the ECG paper in detail,
2. Discuss the P wave, PRI, QRS, ST segment, T wave, U wave, QT, P-P, R-R and T-P intervals.
3. Define and recognize a normal sinus rhythm.
4. Understand origins of arrhythmias.
5. Recognize sinus, atrial, junctional and ventricular arrhythmias.
6. Recognize AV Blocks.
7. Understand how to differentiate wide complex tachycardias.
8. Discuss pre-excitation arrhythmias.
9. Recognize paced rhythms.

The student will be able to read and interpret a 12 Lead ECG.

1. Look at the lead placement of a 12 lead ECG and how it reads the electricity being generated by the heart.
2. Understand the difference between a rhythm strip reading and a 12 lead ECG.
3. Recognize what a 12 lead ECG can tell you.
4. Discuss atrial and ventricular enlargement and how it is recognized on the 12 lead.
5. Look at each of the waves of the OPQRST and what is different in a 12 lead.
6. Relate the 12 lead ECG to coronary circulation.
7. Recognize changes on the 12 lead that is indicative of a septal, anterior, lateral, inferior AMI or combinations.
8. Recognize how to utilize ECG to find a RV AMI.
9. Look at the AMI Imposters on the 12 lead.
10. Recognize axis deviation and its significance.
11. Recognize BBB and hemiblocks.

### HOMEWORK:

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

**CRITICAL COGNITIVE EXAM**

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following a critical modules a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

**SKILLS PROFICIENCY VERIFICATION**

- Interpret Static ECG tracings
- 12 Lead (NREMT 12 Lead)

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**BEGIN CLINICAL ROTATIONS**

- 12 Hours at Intensive Care Unit
- 8 Hours of Cath Lab
- 25 Hours Emergency Department
- 25 Hours Field Clinical

Date	Subject	Didactic Hours	Skill Hours
8/8/19 0900-1600	<p>Module VI Cardiology I ECG Tracings and 12 Lead for Paramedicine</p> <p>Cardiovascular Anatomy (Applegate Chapter 12, AAOS Chapter 17)</p> <p>Individual Work assignment given out</p>	6	
8/13/19 0900-1600	Intro to Arrhythmias and the Sinus Rhythms (Aehlert ECG)	6	Skill practice

8/15/19 0900-1600	Cardiovascular ECG Tracings Atrial and Junctional Arrhythmias	6	Skill Practice
8/20/19 0900-1600	Cardiovascular ECG Tracings Ventricular Arrhythmias Putting it all together (Aehlert ECG)	6	Practice arrhythmias
8/25/19 0900-1600	Cardiovascular ECG Tracings AV Blocks and BBB (Aehlert ECG)	6	Practice arrhythmias
8/27/19 0900-1600	Cardiovascular ECG Tracings Pacemakers and Preexcitation (Aehlert ECG)	4	2 Practice Oral Static ECG recognition
8/29/19 0900-1600	Cardiovascular ECG Tracings Wide Complex Tachy and Axis Deviation (Aehlert ECG)	6	
9/3/19 0900-1600	Placing the 12 lead (Aehlert ECG)	1	4 *Oral Static Arrhythmias Placing the 12 lead NREMT Strip Packets
9/5/19 0900-1600	12 Lead AMI IMposters(Aehlert 12 Lead)	5	1 NREMT 12 Lead Oral station on 12 leads
9/10/19 0900-1600	Individual Work assignment due	2	6 1 NREMT 12 Lead Oral recognition of arrhythmias Oral recognition of 12 Lead Packets
9/12/19 0900-1600	MODULE VI Cardiology I exam Arrhythmia Exam	3	3 *NREMT 12 lead *Oral Static ECG Oral Static 12 lead



## **Module VII Cardiovascular Illnesses and Treatments in the Pre - hospital Environment**

### **Course Description:**

A general explanation of the cardiovascular diseases and their pre-hospital treatment as well as an explanation of their definitive treatment guidelines.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate; Advanced Cardiac Life Support, AHA

### **COURSE GOALS AND LEARNING OUTCOMES**

The student will demonstrate how to assess a cardiac patient.

1. Discuss and practice the complete cardiac assessment with an emphasis on heart tones.

The student will demonstrate an understanding of various cardiac etiologies and their treatments.

1. Discuss the acute coronary syndromes: pathophysiology, risk factors, signs and symptoms, pre hospital treatment, emergency department treatment and finally definitive care.
2. Discuss other cardiovascular etiologies and treatments to include congestive heart failure and cardiogenic shock, electrolyte imbalances and their effect on the heart, and vascular disorders.
3. Take an in depth look at cardiovascular pharmacology, discussing drug profiles and mechanism of action of drug classifications to include vasopressors, vasodilators, other adrenergic drugs, cholinergic drugs, statins, anti-platelet drugs, diuretics, fibrinolytic, antithrombin drugs, ACE inhibitors, ARB's, anti-arrhythmic, electrolyte solutions, alkalinizing agents, beta blockers and calcium channel blockers.
4. Review cardiac dysrhythmias and their treatments.

The student will demonstrate an understanding of the "Field Code" in accordance with AHA Advanced Cardiac Life Support guidelines.

1. Review the ACLS algorithms for Pulseless Arrest, Bradycardia, and Tachycardia.
2. Practice ACLS scenarios and treatments.

### **HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

### **CRITICAL COGNITIVE EXAM**

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following a critical modules a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

**SKILLS PROFICIENCY VERIFICATION**

- Dynamic cardiology scenarios
- Cardiac Assessment (NREMT Medical Cardiac Assessment)
- Team Leader in a cardiac case (NREMT Team Lead/Member Assessment)
- Team Member in a cardiac case
- Transcutaneous pacing (NREMT Pacing)
- Defibrillation (NREMT Defibrillation)
- Synchronized Cardioversion (NREMT Synchronized Cardioversion)
- AHA Advanced Cardiac Life Support;
  - Management of Respiratory Arrest
  - Basic Life Support
- Megacode

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**AFFECTIVE BEHAVIORAL EVALUATION**

An average score of three (3) is expected on each of the eleven (11) domains. If a score of less than three is given, there must be valid documentation noted to support the score. Behavioral evaluation will comprise 5% of the student’s overall cumulative grade.

Date	Subject	Didactic Hours	Skill Hours
9/17/19 0900-1600	<p><b>Module VII Cardiovascular Illnesses and Treatments in the Pre-Hospital Environment</b></p> <p>Cardiac Assessment The AHA AMI algorithm (AAOS Chapter 13, 17)</p>	1	
9/19/19 0900-1600	<p>The AMI Medications (AAOS Chapter 13, 17 ACLS Text)</p> <p>Individual work assignment handed out</p>	3	3 <b>Chest Pain Team Leads Team Members</b>

9/24/19 0900-1600	Cardiac Arrest ROSC AHA Algorithm Team Dynamics Review CPR/AED CPR Devices Defibrillation (AAOS Chapter 39, 17) (ACLS Text)	6	NREMT Defibrillation CPR Devices practice
9/26/19 0900-1600	AHA Brady/Tachy Algorithm (AAOS Chapter 13, 39, 17) (ACLS Text)	2	4 *NREMT Team Member/Leader Assessments Chest Pain *NREMT TL TM Cardiac arrest scenario Dynamic therapeutic modalities *NREMT Defibrillation, Pacing, Synchronized Cardioversion
10/1/19 0900-1600	Hyperkalemia (AAOS Chapter 13,39, 17) (ACLS Text)	1	5 *NREMT Team Member/Leader Assessments Chest Pain *NREMT TL TM Cardiac arrest scenario Dynamic therapeutic modalities *NREMT Defibrillation, Pacing, Synchronized Cardioversion
10/3/19 0900-1600	VAD Transplanted heart Cardiovascular Emergencies Life vest (AAOS Chapter 13, 17, 39) (ACLS Text)	2	4 *NREMT Team Member/Leader Assessments Chest Pain *NREMT TL TM Cardiac arrest scenario Dynamic therapeutic modalities *NREMT Defibrillation, Pacing, Synchronized Cardioversion
10/8/19 0900-1600	Cardiology		4 *NREMT Team Member/Leader Assessments Chest Pain *NREMT TL TM Cardiac arrest scenario Dynamic therapeutic modalities *NREMT Defibrillation, Pacing, Synchronized Cardioversion
10/10/19 0900-1600	Cardiology  Individual Work assignment due		4 *NREMT Team Member/Leader Assessments Chest Pain *NREMT TL TM Cardiac arrest scenario Dynamic therapeutic modalities *NREMT Defibrillation, Pacing, Synchronized Cardioversion
10/15/19 0900-1600	Module VII Cardiology Exam II	2.5	3.5 *NREMT Team Member/Leader Assessments Chest Pain *NREMT TL TM Cardiac arrest scenario Dynamic therapeutic modalities *NREMT Defibrillation, Pacing, Synchronized Cardioversion
10/12/19 0900-1600	ACLS**MANDATORY AHA Advanced cardiac Life Support Certifying course	4	4 *Managing Respiratory Arrest *BLS *Megacode

10/13/19 0900-1600	ACLS **MANDATORY	4	4 *Managing Respiratory Arrest *BLS *Megacode
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## Module VIII Medical Emergencies for the Paramedic

### Course Description:

A general explanation of medical conditions to include neurological, endocrine, gastric, genitourinary, renal, geriatric, toxicological, immunologic, hematologic, infectious and environmental.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate

### COURSE GOALS AND LEARNING OUTCOMES

The student will demonstrate an understanding of neurological disorders and their treatments.

1. Take a detailed look at the brain and nervous system anatomy.
2. Understand the neuro pathways involved in nerve transmission.
3. Understand the physiology behind brain autoregulation and the role of carbon dioxide.
4. Discuss and practice the neurological assessment to include various scales to determine stroke.
5. Understand the pathophysiology, risk factors, signs and symptoms and treatment for hemorrhagic and ischemic stroke, seizures, and various types of headaches, brain tumors, and nerve disorders.
6. Look at the mechanism of action and drug profiles for benzodiazepines, barbiturates, fibrinolytic, anticonvulsants, osmotic diuretics and antiplatelet drugs.

The student will demonstrate an understanding of endocrine disorders and their treatments.

1. Discuss the Anatomy and physiology of the endocrine system—the role of hormones in the human body.
2. Look in detail at the pathogenesis of diabetes, its disorders, treatment and complications.
3. Look at other derangements of the endocrine system to include disorders of the pituitary gland, thyroid gland, adrenal gland, and parathyroid gland.
4. Discuss pharmacologic agents to include glucose, insulins, thiamine, and bicarbonate.

The student will demonstrate an understanding of the disorders of the upper and lower gastrointestinal tract and their treatments.

1. Discuss the anatomy and physiology of the GI tract and its accessory organs.
2. Discuss and practice the patient assessment focusing on the GI tract.
3. Discuss the various pathologies of the mouth, esophagus, stomach, intestines, biliary system, and rectum.
4. Look at treatments of the various illnesses to include ostomy care.
5. Practice placement of oro/nasogastric tube.
6. Discuss the mechanism of action and drug profiles of H2 blockers, antacids, proton pump inhibitors, laxatives and antiemetics.

The student will demonstrate an understanding of the disorders that affect the elderly and discuss treatments.

1. Discuss the pathophysiological changes of aging.

2. Discuss and practice the patient assessment focusing on the geriatric patient.
3. Discuss the various pathologies unique to the elderly.
4. Look at how to best communicate with the elderly and how to use the GEMS approach to care.
5. Discuss elder abuse and the role of EMS.

The student will demonstrate an understanding of the renal and genitourinary systems and their disorders and treatments.

1. Discuss the anatomy and physiology of the GU tract.
2. Discuss and practice the patient assessment focusing on the GU tract.
3. Discuss the various pathologies of the kidney, ureters, bladder, and urethra.
4. Look at treatments of the various illnesses to include ostomy care.
5. Practice placement of urinary catheter.
6. Discuss the mechanism of action and drug profiles of diuretics, pain medications and drugs used in hyperkalemia.
7. Understand renal failure and the different types of dialysis and its complications.
8. Look at the anatomy of the male genitourinary tract in particular and the specific conditions that can affect it.

The student will demonstrate an understanding of the effects of toxicological agents on the body and the treatment parameters available.

1. Discuss the definition of a toxin and how it enters the body.
2. Look at the various drug toxidromes to include cardiotoxicity, anticholinergics, methanol, hallucinogens, sedatives, opiates, synthetic drugs, TCA, aspirin, and acetaminophen.
3. Discuss other toxidromes to include corrosives, irritant gases, nicotine, hydrocarbons, ethylene glycol, asphyxiates, lead, iron, mercury, plants and organophosphates.
4. Look at the pharmacological agents used in toxicology, their mechanism of action and the individual drug profiles.
5. Discuss radiation poisoning and its effects.

The student will demonstrate an understanding of the immunological disorders and their treatments that the paramedic may encounter.

1. Review the components of the immune system and the development of cellular and humoral immunity.
2. Understand the types of hypersensitivity.
3. Look at the autoimmune diseases and organ transplant disorders.
4. Look at anaphylaxis, its pathogenesis and treatment.
5. Discuss autoimmune disorders, their etiology and treatment plans.

The student will demonstrate an understanding of the environment and its role in human disorders and the treatments available.

1. Discuss the regulation of body temperature and understand conditions associated with hypothermia and hyperthermia and their treatments.

2. Look at submersion and diving injuries, the epidemiology, signs and symptoms, and the treatment.
3. Understand the effect of altitude on the human body.
4. Discuss electrocution and lightning strikes and the necessary care for these patients.
5. Discuss the different types of environmental envenomation and their treatment.

The student will demonstrate an understanding of hematologic disorders encountered by the paramedic.

1. Review of blood and its production and its components.
2. Look at the disorders of the RBC and their treatments.
3. Discuss coagulation and disorders of platelets and the clotting process that may lead to bleeding.
4. Discuss disorders of the WBC.
5. Explore the pathogenesis of cancers of the blood and the treatment options.
6. Understand blood typing and complications of blood transfusions.

The student will demonstrate an understanding of the infectious agents that cause disease and the paramedic role in these exposures and treatment of the patient.

1. Look at the body's defenses against disease.
2. Spend some time looking at definitions used in infectious diseases.
3. Understand the infecting organism, how it enters the body and causes disease.
4. Look at various infective and communicable diseases, their epidemiology, signs and symptoms, and treatment.
5. Understand the concept of isolation.
6. Look at the role of OSHA in protecting the HCW.
7. Explore the mechanism of action and drug profiles of antibiotics.
8. Discuss drug resistance and the idea of superbugs.
9. Look at other communicable environmental agents.
10. Complete the Kentucky HIV/AIDS Course.

The student will demonstrate an understanding of the disorders of the ears, eyes and neck and the treatments provided by the paramedic.

1. Review the anatomy of the ears, eyes, nose and throat.
2. Discuss the various disorders of the eyes, ears, nose and throat and the necessary pre hospital care that is warranted

#### **HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

**NON-CRITICAL COGNATIVE EXAM**

A written examination will be scheduled and announced. Students will have one attempt and will account for 50% of the student’s final program grade. Exams that are missed due to an excused absence may be made up and is the responsibility of the student; however, retest must be coordinated with the Program Coordinator.

**SKILLS PROFICIENCY VERIFICATION**

- Insertion of the naso/orogastric tube
- Insertion of male/female urinary catheter
- Use of the Epi Pen
- Team Lead/Member - Stroke
- Team Lead/Member - Diabetic
- Team Lead/Member - Seizure
- Team leader/Member—Abdominal Pain
- Team Leader/member—Overdose
- Team leader/member—Anaphylaxis
- Team leader/member Geriatric Sepsis
- Orals Examination

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**BEGIN CLINICAL ROTATIONS**

50 Hours Emergency Department

Date	Subject	Didactic Hours	Skill Hours
10/17/19 0900-1600	<p><b>Module VIII Medical Emergencies for the Paramedic</b>            Neuroanatomy and Physiology            Neurology (AAOS Chapter 18, 8)            New Individual work assignment handed out</p>	5	1 Practice MEND Exam

10/22/19 0900-1600	Sepsis	2	4 NREMT Team Lead/Member Stroke/Seizure
10/24/19 0900-1600	Endocrinology (AAOS Chapter 23)	3	3 *NREMT Team Lead/Member Diabetes/Sepsis
10/29/19 0900-1600	Gastroenterology (AAOS Chapter 20)  Gerontology (AAOS Chapter 44)	2.5  2	1.5 *NG/OG Tube Insertion
10/31/19 0900-1600	Immunology (AAOS Chapter 25)	2	4 NREMT Team Member /Leader Abdominal Pain/Other
11/5/19	Lab Skills		
11/7//19 0900-1600	Toxicology (AAOS Chapter 27)	4	2 *NREMT Team Member /Leader Overdose
11/12/19 0900-1600	Module VIII Medical Emergencies Exam  Renal and Genitourinary (AAOS Chapter 21)	1.5  1.5	3 *NREMT Team Lead/Member Diabetic, Stroke, Seizure, Abdominal Pain
11/14/19 0900-1600	Renal and Genitourinary  Environmental (AAOS Chapter 38)	1  3.5	1.5 *Urinary Catheter Placement *EPI PEN review
11/19/19 0900-1600	Hematology (AAOS Chapter 24) Cancer Therapy Alcoholism	4	2 *NREMT Team Leader/Member Anaphylaxis
11/21/19 0900-1600	Infectious Diseases (AAOS Chapter 26) Includes KY HIV/AIDS Course MANDATORY Antibiotics	4	2 *NREMT Team Leader/Member Overdose
11/26/19 0900-1600	Diseases of EENT (AAOS Chapter 19)  Individual Work assignment due	2	4 *NREMT Team Leader/Member random Orals

12/3/19 0900-1600	Module VIII Medical Emergencies Test II	1.5	3 *NREMTTeam Leads Overdose, allergy/geriatric sepsis orals
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## Module IX Pediatrics/OB/GYN for Paramedicine

### Course Description:

A general explanation of conception, birth, growth and development, anatomy and various conditions unique to the female and pediatric populations.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate; Pediatric Advanced Life Support, AHA

### COURSE GOALS AND LEARNING OUTCOMES

The student will demonstrate an understanding of human growth and development and its implications for the paramedic.

1. Review growth and development with an emphasis on the difference between the adult and child anatomy and physiology at each developmental stage.
2. Introduce the Pediatric Assessment Triangle and the pediatric assessment.

The student will demonstrate an understanding of the various maladies that specifically effect the pediatric population and their treatments.

1. Describe clinical features, diagnosis and management of upper and lower airway obstructions and diseases of the upper and lower airway.
2. Look at the pediatric management of select medical emergencies to include infectious diseases, seizures, hypo/hyperglycemia, GI disturbances and anomalies.
3. Understand what an ALTE is and how to approach this pediatric patient.
4. Discuss sudden infant death syndrome and the EMS approach to care.
5. Discuss the various cardiac anomalies.
6. Look at the various shock states in children and their treatment.
7. Understand rate disturbances in the pediatric patient and their treatments.
8. Discuss pharmacological and equipment differences in children.
9. Discuss and practice intraosseous initiation in both the adult and child.
10. Understand and perform an intraosseous infusion.
11. Successfully complete the AHA Pediatric Advanced Life Support Class.

The student will demonstrate an understanding of pediatric abuse, its recognition and the paramedic role.

1. Discuss the epidemiology, risk factors, recognition and types of child abuse.
2. Discuss infant abandonment and EMS role.
3. Complete the Kentucky pediatric Abusive Head Trauma Course.

The student will demonstrate an understanding of special needs in children.

1. Look at special needs children; etiology of diseases, special equipment, individual pre hospital care.

The student will demonstrate an understanding of specific female conditions and their relevance to paramedicine.

1. Review the female anatomy and physiology.
2. Look at specific gynecological conditions; etiology, signs and symptoms, pre hospital treatment and considerations.
3. Discuss contraception prevention practices.
4. Look at STD's, epidemiology, signs and symptoms treatment and prevention.
5. Discuss sexual assault and the cycle of domestic violence.

The student will demonstrate an understanding of conception, birth, care of the mother, and the complications involved.

1. Discuss ovulation, fertilization, and fetal growth.
2. Define terminology unique to OB.
3. Obtain a history and perform an assessment on a pregnant patient.
4. Look at the physiological changes that occur during pregnancy and how these change a patient assessment.
5. Look at unique complications of pregnancy, their signs and symptoms and treatment.
6. Discuss signs of an impending delivery and the process of delivering a newly born.
7. Discuss complications during delivery and difficult deliveries.
8. Practice a normal vaginal delivery and difficult deliveries on a birthing manikin.
9. Look at the etiology of pre term labor and the role of EMS to include tocolytics.
10. Discuss post-partum complications and pre hospital care.

The student will demonstrate an understanding of the resuscitation and care of the newly born and neonate.

1. Discuss fetal circulation.
2. Discuss the hemodynamic changes that occur at birth.
3. Discuss the assessment and care of a healthy newly born at birth, to include APGAR.
4. Discuss a meconium birth and the role of the medic.
5. Recognize a distressed newly born and look at its resuscitation.
6. Practice resuscitation of the healthy and distressed newly born.
7. Look at the anatomical differences noted in the newly born.

**HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

**NON-CRITICAL COGNATIVE EXAM**

A written examination will be scheduled and announced. Students will have one attempt and will account for 50% of the student's final program grade. Exams that are missed due to an excused absence may be made up and is the responsibility of the student; however, retest must be coordinated with the Program Coordinator.

**SKILLS PROFICIENCY VERIFICATION**

- Team Leader in an OB/GYN
- Team Member in an OB/GYN Case
- Pediatric Assessment (NREMT Comprehensive Pediatric Assessment)
- Transcutaneous pacing, Synchronized cardioversion, Defibrillation
- Intraosseous Infusion (NREMT IO)
- Pediatric Airway (NREMT PED Airway)
- Pediatric SGA
- Normal Vaginal Delivery (NREMT Normal Delivery)
- Abnormal presentation Delivery (NREMT Abnormal Delivery)
- Newly Born Resuscitation
- AHA Pediatric Advanced Life Support;
  - Management of Respiratory Arrest
  - Basic Life Support
  - Pediatric Cardiac Case
  - Pediatric Shock/Respiratory Case

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**AFFECTIVE BEHAVIORAL EVALUATION**

An average score of three (3) is expected on each of the eleven (11) domains. If a score of less than three is given, there must be valid documentation noted to support the score. Behavioral evaluation will comprise 5% of the student's overall cumulative grade.

**BEGIN CLINICAL ROTATIONS**

- 20 Hours of Field Clinical
- 24 Hours of Pediatrics
- 8 Hours of Nursery
- 24 Hours of Labor and Delivery

Date	Subject	Didactic Hours	Skill Hours
12/3/19 0900-1600	<b>Module IX OB/GYN/Pediatrics for Paramedicine</b> Individual Work assignment handed out Pediatric Growth and Development (AAOS Chapter 43)	1.5	
12/5/19 0900-1600	Pediatrics (AAOS Chapter 43)	6	
12/10/19 0900-1600	Pediatrics (AAOS Chapter 43)(PALS Text)	2	4 *NREMT Comprehensive Normal Pediatric Physical Assessment *NREMT IO
			*NREMT Direct Orotracheal Intubation *Peds Basic Airway/SGA
12/12/19 0900-1600	Pediatric Abuse (AAOS Chapter 43) Includes Kentucky curriculum for Pediatric Abusive Head Trauma MANDATORY	3	3 *NREMT Comprehensive Normal Pediatric Physical Assessment *NREMT Team Leader/Member *NREMT IO *NREMT Direct Orotracheal Intubation Peds
12/17/19 0900-1600	Gynecology (AAOS Chapter 22) Obstetrics (AAOS Chapter 41)	2 4	
12/19/19 0900-1600	Obstetrics (AAOS Chapter 41) Neonatology (AAOS Chapter 42)	2 1	3 * NREMT Normal and Abnormal Delivery *NREMT Team Leader/Member OB GYN case NREMT Oral intubation peds
1/2/20 0900-1600	Neonatology (AAOS Chapter 42)  Individual Work assignment due)	4	2 * Resuscitation of the Newly Born **NREMT Team Leader/Member OB GYN case
1/7/20	OB/Neonate		6 NREMT Abnormal Delivery/Normal Delivery Neonatal Resuscitation TL TM OB GYN
1/9/20	Lab Skills		
1/14/20 0900-1600	<b>Module IX Pediatric/OB/GYN Exam</b>	1.5	4.5 * NREMT Normal and Abnormal Delivery *Resuscitation of the Newly Born

1/11/20 0900-1600	PALS**MANDATORY AHA Pediatric Advanced Cardiac Life Support certifying Course	4	4 *Basic Life Support *Management of Respiratory Arrest *Pediatric Cardiac Case *Pediatric Shock/Resp Case
1/12/20 0900-1600	PALS**MANDATORY	4	4 *Basic Life Support *Management of Respiratory Arrest *Pediatric Cardiac Case *Pediatric Shock/Resp Case



## Module X Behavioral/Psychiatric and Special Considerations in Paramedicine

### Course Description:

A general explanation of behavioral and psychological emergencies in the pre-hospital environment and the special situations a paramedic may have a role.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate

### COURSE GOALS AND LEARNING OUTCOMES

The student will demonstrate an understanding of the various psychological and behavioral conditions and how to deescalate given a violent situation.

1. Look at behavioral definitions and their application.
2. Recognize a behavioral emergency and how to safely approach a patient in crisis.
3. Discuss the psychological interview and assessment.
4. Look at specific behavioral and psychological conditions to include, anxiety disorders, cognitive disorders, schizophrenia, mood disorders, substance related disorders, somatoform disorders, factitious disorders, dissociative disorders, eating, impulse control disorders, and personality disorders.
5. Discuss behavioral and psychiatric disorders unique to children and the elderly.
6. Discuss pharmacological agents used to treat behavioral and psychological conditions.
7. Discuss and practice physical restraint.
8. Look at the medical-legal parameters of behavioral emergencies

The student will have an understanding of special populations that require unique care parameters and the role of the paramedic in any given situation.

1. Discuss death and dying and end of life issues.
2. Look at the role of EMS when dealing with a terminally ill patient.
3. Discuss bariatrics and the unique EMS care needed.
4. Look at and discuss various in home life support systems to include ventilators, central venous catheters, feeding tubes, infusion pumps, vagal nerve stimulators and surgical drains.
5. Discuss specific conditions to include Downs syndrome, paralysis, arthritis, polio,
6. Understand the specifics of nursing home patients.
7. Understand the physiology and application of such critical care devices as the Swan Ganz catheter, BiPAP, IABP, and arterial lines.
8. Have an understanding of the types and how to recognize human trafficking
9. Understand the dynamics of autism and the role of the EMS provider when dealing with this population.

The student will have an understanding of the role of critical incident stress management in paramedicine.

1. Define types of stress, the physiological changes in the body, and the phases of stress.
2. Understand how to prevent critical stress.
3. Recognize the need for CISM.

- Define the types of interventions used in CISM and the steps involved.

**HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student’s final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

**NON-CRITICAL COGNATIVE EXAM**

A written examination will be scheduled and announced. Students will have one attempt and will account for 50% of the student’s final program grade. Exams that are missed due to an excused absence may be made up and is the responsibility of the student; however, retest must be coordinated with the Program Coordinator.

**SKILLS PROFICIENCY VERIFICATION**

- Restraint of Patients
- Team Lead/Member - Psych (NREMT Team Lead/Member)
- Accessing IV Ports

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**BEGIN CLINICAL**

**ROTATIONS** 8 Hours of Behavioral.

- 50 Hours of Emergency Department
- 30 Hours of Field Clinical

Date	Subject	Didactic Hours	Skill Hours
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1/16/20 0900-1600	Module X Behavioral/Psychiatric and Special Considerations in EMS Individual Work assignment handed out Patients with Special Challenges (AAOS Chapter 45) Human Trafficking Autism	6	
1/23/20 0900-1600	Behavioral and Psychiatric (AAOS Chapter 28)	6	TL TM Psych
1/28/20 0900-1600	Defensive restraint Critical Incident Stress Management (AAOS Chapter 28)	1  3	2 Restraint TL TM Psych
1/30/20 0900-1600	Critical Care Topics CVC and Hemodynamics Individual work assignment due	3	3 *NREMT Team Leader/Member Psych * Accessing IV Ports
2/4/20 0900-1600	Module XI Behavioral/Special Considerations Exam	1	2 NREMT Team Lead Psych



## **Module XI Trauma in Paramedicine**

A general explanation of traumatic forces and the derangements that result from these and the pre-hospital care that is necessary to decrease mortality and morbidity.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS; Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate; International Trauma Life Support, 8<sup>th</sup> Edition, John Campbell, MD FACEP

### **COURSE GOALS AND LEARNING OUTCOMES**

The student will demonstrate an understanding of forces in trauma and how to initially assess a trauma scene.

1. Understand the factors affecting types of injuries.
2. Look at the etiologies of blunt force trauma and penetrating trauma and the underlying injury patterns that may occur.
3. Look at the stages of blast injuries and the expected physiological outcomes.
4. Understand the concept of multiple trauma and available sores to predict outcomes.
5. Review the scene size-up and the five components involved in this assessment.
6. Review the trauma primary and secondary assessments.
7. Look at decision factors in determining the mode of and destination for transport.

The student will demonstrate an understanding of the pathophysiology of hypoperfusion and the importance of stopping the bleed.

1. Review the anatomy and physiology of perfusion and oxygenation.
2. Look at the physiology of coagulation.
3. Review the pathophysiology of hypoperfusion and shock.
4. Look at patient assessment findings of traumatic shock states.
5. Manage life threatening bleeding from least invasive to more advanced techniques.
6. Practice application of the IT clamp, Israeli bandage, hemostatic gauze, and tourniquet.
7. Discuss fluid administration in trauma.
8. Understand the effects of hypothermia on trauma victims.

The student will demonstrate an understanding of the injuries to the head, neck and face and treatment modalities needed.

1. Review the anatomy and physiology of face, head and neck.
2. Discuss the pathology, assessment and management of injuries to the face, eyes, ears, neck, and oral/dental injuries.
3. Discuss the autoregulation of brain perfusion and intracranial pressure maintenance.
4. Look at head injuries to include skull fractures, lacerations, avulsions, types of hemorrhages and hematomas.
5. Review and practice patient assessment scenarios involving head, face and neck trauma.
6. Review pharmacological agents used in head injuries.
7. Discuss and practice airway control in trauma to include intubation while holding c-spine and cricothyrotomy.

The student will have an understanding of the importance of and the controversies underlying spinal injuries and their unique treatment plans.

1. Review the anatomy and physiology of the spine with a focus on the neuro pathways in the spinal cord and neurotransmission of sensory and motor impulses.
2. Look at trauma forces and their effect on the spine.
3. Discuss bony spinal injuries to include fractures, subluxations, dislocations, and disc derangements.
4. Discuss the categories of spinal cord injuries and the assessment findings associated with each.
5. Discuss spinal shock, its signs and symptoms and treatments.
6. Look at the complications of spinal cord injuries and pre hospital care specifically for these patients.
7. Review and practice spinal motion restriction, considering other options based on evidence based medicine.
8. Discuss assessment findings in spinal injuries to include the NEXUS criteria.

The student will demonstrate an understanding of the injuries to the thorax and the care needed to decrease mortality.

1. Review the anatomy and physiology of the thoracic cavity and its organs.
2. Discuss the pathophysiology, signs and symptoms, and assessment findings with blunt and penetrating trauma to the heart, esophagus, lungs, upper airway, rib cage and great vessels.
3. Practice patient assessment and treatment of a patient with thoracic trauma.
4. Discuss and practice needle chest decompression and sealing of chest wounds.
5. Review breath sounds.

The student will demonstrate an understanding of abdominal traumatic injuries and their treatment in the pre-hospital environment.

1. Review the anatomy and physiology of the abdominal and pelvic cavity and their respective organs.
2. Discuss the pathophysiology, signs and symptoms, and assessment findings with blunt and penetrating trauma to the abdomen.
3. Practice patient assessment and treatment of a patient with abdominal trauma.

The student will demonstrate an understanding of injuries to the soft tissues and the musculoskeletal system and the immediate treatment needed.

1. Review the anatomy and physiology of the musculoskeletal system.
2. Discuss the pathophysiology, signs and symptoms, and assessment findings with blunt and penetrating trauma to the skeletal system, muscles, tendons, and ligaments.
3. Practice patient assessment and treatment of a patient with musculoskeletal trauma.
4. Review and practice splinting, and immobilization of musculoskeletal injuries.
5. Discuss pain control in trauma.
6. Discuss complications of musculoskeletal injuries and their treatments.
7. Look at non-traumatic musculoskeletal disorders, their presentation and pre hospital care.
8. Practice bandaging and splinting.

9. Review the anatomy and physiology of the integumentary and muscular system.
10. Discuss the pathophysiology, signs and symptoms, and assessment findings with blunt and penetrating trauma to the soft tissues.
11. Practice patient assessment and treatment of a patient with soft tissue trauma.
12. Discuss the physiology of wound healing.
13. Look at complications of soft tissue injuries.
14. Discuss crush syndrome and compartment syndrome; pathophysiology, signs and symptoms and treatment.

The student will have an understanding of the kinds of burns and their pre-hospital immediate treatment and long term effects.

1. Look at the pathophysiology of a thermal burn.
2. Looks at types of burns and assessment findings for each.
3. Discuss treatment options for thermal, caustic and electrical burns.
4. Discuss the complications of all types of burns.
5. Understand how burns affect the geriatric and pediatric patient differently.
6. Practice patient assessments and treatments of patients with burns.
7. Discuss burn center criteria for transport decisions.

The student will have an understanding of trauma care.

The student will successfully complete the International Trauma Life Support Course.

#### **HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 10% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

#### **CRITICAL COGNITIVE EXAM**

Critical Modules contain core principles that should be mastered by an entry level paramedic. Following a critical modules a 79.5% cut score is required on the cognitive exam. If this is not achieved, the student is required to be remediated and retest the exam an additional two times to achieve this grade. There will be NO change made to the original grade. If the mandated grade is not achieved, within two weeks the student will be advised of remedial options to include, up to, dismissal from the program. A student that receives a raw score < 70% must attend a remediation session with the Program Coordinator for the exam.

#### **SKILLS PROFICIENCY VERIFICATION**

- Pleural Decompression (NREMT Pleural Decompression)
- Cricothyrotomy (NREMT Cricothyrotomy)

IT Clamp  
 Hemorrhage control (NREMT Bleeding Control)  
 Use of hemostatic Agents  
 Team Lead/Member - Blunt Trauma Pediatric and adult (NREMT Team Lead/Member)  
 Team lead/Member - Penetrating Trauma adult  
 Team Lead/Member - Burns  
 Team Lead/Member - Hemorrhage  
 Integrated Out of Hospital Scenario NREMT

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**BEGIN CLINICAL ROTATIONS**

25 Hours of Field Clinical

Date	Subject	Didactic Hours	Skill Hours
2/4/20 0900-1600	Module XI Trauma in Paramedicine New Individual work assignment handed out Trauma Systems Mechanism of Injury (AAOS Chapter 29)	2	
2/6/20 0900-1600	Hemorrhage and Shock Pathophysiology/Hemorrhage Control (AAOS Chapter 30) Bleeding Control	3 1	2 *NREMT Hemorrhage Control *IT clamp/Hemostatic agents Helmet Removal
2/11/20 0900-1600	Head, Face and Neck Trauma / Cricothyrotomy (AAOS Chapter 15, P.877 33, 34)	4	2 * NREMT Cricothyrotomy *NREMT Trauma Intubation NREMT Hemorrhage Control
2/13/20 0900-1600	Thoracic Trauma (AAOS Chapter35)	3	3 * NREMT Team Leader/Member Blunt trauma ped/adult *NREMT Cricothyrotomy *NREMT Trauma Intubation

2/18/20 0900-1600	Spinal Trauma (AAOS Chapter 34)	3	3 * NREMT Pleural Decompression *NREMT Crich *NREMT Team Leader/Member Penetrating Trauma adult and ped *NREMT Trauma Assessment
2/20/20 0900-1600	Abdominal Trauma (AAOS Chapter 36) Musculoskeletal Trauma (AAOS Chapter 37)	2 2	2 NREMT TL TM penetrating/blunt trauma
2/25/20 0900-1600	Soft Tissue Trauma (AAOS Chapter 31) Pediatric/OB/Elderly Trauma	3 1.5	1.5 NREMT TL TM Blunt penetrating Trauma
2/27/20	Burns (AAOS Chapter32) Ultrasound in EMS	3	3
0900-1600	Individual Work assignment due		* NREMT Team Leader/Member Blunt/Penetrating trauma ped/adult *NREMT Cricothyrotomy *NREMT Trauma Intubation
3/3/20	Lab Skills		6
3/5/20 0900-1600	Module XII Trauma Exam	2	4 *NREMT Hemorrhage Control *NREMT Cricothyrotomy *NREMT Trauma Intubation  *NREMT Crich *NREMT Team Leader/Member Burns, Penetrating Trauma, Blunt Trauma adult and ped *NREMT Trauma Assessment Evaluation
3/10/20 0900-1600	Medical Trauma Scenario Based Evaluations		6 *NREMT TL TM Random *Orals
3/7/20 0900-1600	ITLS**MANDATORY ACEP International Trauma Life Support	4	4 NREMT Trauma Assessments
3/8/20 0900-1600	ITLS**MANDATORY	4	4 NREMT TL TM Trauma Scenario



## Module XII Operations for EMS

### Course Description:

A general explanation of EMS responses given terroristic, HAZ MAT, or rescue operations and the overall incident command system at such and the general guidelines for communication and documentation in EMS.

**TEXT:** AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS

### COURSE GOALS AND LEARNING OUTCOMES

The student will have an understanding of proper communications and documentation in EMS.

1. Look at the different types of EMS Communication systems.
2. Look at the regulatory side of EMS communications.
3. Discuss how best to communicate with other health providers in person and on the radio care.
4. Discuss radio communications specifically: giving a proper radio report, channels, encryption, and etiquette.
5. Discuss the dispatch center; its role in EMS, how it receives and relays calls, communication with patient before arrival of EMS.
6. Discuss the legalities of good documentation.
7. Look at the various charting formats.
8. Discuss the necessary documentation given special circumstances including death, refusals, and work place injuries.
9. Practice writing a narrative.
10. Understand the role of documentation in research.
11. Discuss Quality Management and its components in EMS.
12. Discuss Ambulance compliance components.

The student will have an understanding of the Incident Management system in a disaster response.

1. Look at the role of EMS response given a natural disaster.
2. Look at the role of EMS in a man-made disaster.
3. Discuss the phases of disaster.
4. Define MIMS.
5. Define the components of an Incident Management System and the roles each is responsible for.
6. Look specifically at the roles in the EMS Branch.
7. Discuss the various types of triage and their purposes.
8. Complete an exercise in triage.

The student will demonstrate triage in a given disaster response.

1. Discuss the various types of triage and their purposes.
2. Complete an exercise in triage.

The student will have an awareness of the different roles a paramedic has in rescue.

1. Look at the guidelines for rescue operations.
2. Discuss the steps of a vehicular rescue, looking at the tools used, protective procedures for victim, and the safety procedures for removal of the victim
3. Discuss the rapid extrication versus the Emergency Rescue.
4. Present an overview of the principles behind water, confined spaces, rope, wilderness, and high angle rescues.
5. Look at the evolving tactical rescue medic role.
6. Look at an EMS response to an active shooter.

The student will have an understanding of terroristic environments and the role of the paramedic.

1. Define the different types of terroristic events.
2. Learn how to assess for a terroristic event.
3. Define WMD, CBRNE, and look at incendiary events.
4. Discuss the various chemical, biological and radiological sources of terrorism and the pre hospital care involved.

The student will have an understanding of the various transports a paramedic may initiate and the rules that govern these.

1. Look at the types of ambulances and the regulatory guidelines for their makes.
2. Review the equipment available on the ambulance.
3. Discuss ambulance staffing configurations.
4. Introduce the concepts of safe and defensive driving in scene response and leaving the scene.
5. Discuss aeromedical transports: Purpose, limitations, and difference from ground transport.
6. Learn how to set up a landing zone and communicate with the aeromedical team.

The student will have an understanding of crime scenes and death scenes and the role of the paramedic.

1. Look at the history of determining death.
2. Define death in legal terms.
3. Understand the pathophysiology of death to include rigor mortis, lividity, autolysis and decomposition.
4. Discuss how one determines death.
5. Discuss the role of the coroner and the medical examiner.
6. Look at reportable deaths.
7. Discuss how to deliver the news of death to family and act as an advocate for the family.
8. Define warning signs of a crime scene.
9. Discuss the EMS approach to various potential crime scenes.
10. Discuss EMS actions while operating in a crime scene.
11. Look at the role of EMS with law enforcement at a crime scene.
12. Define contact and cove, concealment, evasion.

13. Define evidence and the ENS role in the chain of custody.

**HOMEWORK:**

Student independent work will be collected at the conclusion of a module, graded and returned to the student prior to testing. These dates are noted in the Class Schedule. Work must be turned in no later than midnight of the due date. Late work is not accepted. Homework assignments will account for 20% of the student's final cumulative program grade.

**QUIZZES:** Unannounced quizzes will be administered periodically at the discretion of the instructor. Quizzes will always be administered promptly at the beginning of a class. These will account for 10% of the overall grade. There will be no make-up quizzes administered if one arrives late without prior notification to the Program Coordinator or is absent for any reason, excused or unexcused.

**NON-CRITICAL COGNATIVE EXAM**

A written examination will be scheduled and announced. Students will have one attempt and will account for 50% of the student's final program grade. Exams that are missed due to an excused absence may be made up and is the responsibility of the student; however, retest must be coordinated with the Program Coordinator.

**SKILLS PROFICIENCY VERIFICATION**

- Give a radio report
- Document an EMS Response
- Properly Triage
- Take part in a vehicular extrication

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed two retests, only after attending a review session and with permission of the Program Coordinator. Subsequent retests on a failed skill shall be at the discretion of the Medical Director.

**AFFECTIVE BEHAVIORAL EVALUATION**

An average score of three (3) is expected on each of the eleven (11) domains. If a score of less than three is given, there must be valid documentation noted to support the score. Behavioral evaluation will comprise 5% of the student's overall cumulative grade.

Date	Subject	Didactic Hours	Skill Hours
3/12/20 0900-1600	<p><b>Module XII Operations for EMS</b> Individual work assignments given out</p> <p>Communications (AAOS Chapter 5) Documentation (AAOS Chapter 6)</p>	2 3	1 Practice Writing Scenario
3/17/20 0900-1600	Ambulance Compliance Disaster Response (AAOS Chapter 51)	1 2	3 Random Orals
3/19/200 0900-1600	Rescue (AAOS Chapter 48)  Overview of IOOHS	5 1	Rope Rescue exercise
3/24/20 0900-1600	Active Shooter Tactical medicine (AAOS Chapter 50)	6	Scenario Skill
3/26/20 0900-1600	Rescue Extrication IMS/MCI/Triage (AAOS Chapter 47)	3 3	Auto Extrication Exercise Practice rapid extrication/Emergency Rescue  Triage exercise
3/31/20 0900-1600	Terrorism (AAOS Chapter 50) Swift Water Rescue(AAOS Chapter 48) Ambulance Operations (AAOS Chapter 46)	4 1	<u>Water rescue</u>
4/2/20 0900-1600	HAZ MAT (AAOS Chapter 49)	3	3 Haz Mat
4/7/20 0900-1600	Crime Scene Preservation Determination of Death (AAOS Chapter 52) Individual Work assignment due	2 2	2 NREMT Integrated Out of Hospital Scenario
4/9/20 0900-1600	<b>Module XIII Operations Exam</b>	2	4 IOOHS

## Summative Review and Evaluation

**Course Description:**

A general review of paramedic content and National Registry skills preparation.

**COURSE GOALS AND LEARNING OUTCOMES**

The student will demonstrate a proficient level of understanding of the paramedic content.

The student will demonstrate a satisfactory level of understanding of the National Registry Testing skill set.

**CRITICAL COGNITIVE EXAM**

A 79.5% is required on the summative exam. If this is not achieved, a student retest is mandated, but ONLY if a student has passed the program with a cumulative grade of 79.5%, there will be NO change made to the original grade.

**SKILLS PROFICIENCY VERIFICATION**

Integrated Out of Hospital Scenario (NREMT Integrated Out of Hospital)  
 Oral Scenario with Medical Director (NREMT Oral Scenario)      Current  
 NREMT Testing not limited to:

- NREMT Patient Assessment Trauma
- NREMT Dynamic Cardiology
- NREMT Static Cardiology
- NREMT Orals
- NREMT IOOHS

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet A student receiving a fail mark on any instructor led skill examination shall be allowed retest by the Medical Director at his/her discretion..

Date	Subject	Didactic Hours	Skill Hours
4/14/20 TBA 0900-1600	High Fidelity Sim Lab ½ class Mandatory ½ class Final Skill Review	8 6 class	NREMT Trauma assessment, Static ECG, Dynamic cardiology, Orals, IOOHS
4/16/20 TBA 0900-1600	High Fidelity Simulation Lab ½ class Mandatory ½ class Final skill Review	8 6 class	NREMT Trauma assessment, Static ECG, Dynamic cardiology, Orals, IOOHS
4/21/20 0900-1600	Final Review	6	NREMT Trauma assessment, Static ECG, Dynamic cardiology, Orals, IOOHS
4/23/20 0900-1600	Final Review	6	NREMT Trauma assessment, Static ECG, Dynamic cardiology, Orals, IOOHS

4/28/20 0900-1600	Final Exam	4	4 Final Exam Skills-All National Registry Tested Skills
4/30/20 0900-1600			4 Skills Retest

### Capstone Field Internship

#### Course Description:

An out of classroom experience in the pre-hospital environment to apply all learning skills and knowledge in a comprehensive manner, while serving as a Team Leader under direct supervision providing patient care. Course must be completed within six months from completion of didactic portion of class.

#### PREREQUISITE:

1. 79.5% passing cumulative score for didactic portion of class.
2. Successful completion of all lab skill/scenario verification,
3. Completion of all clinical assignments,
4. Completion of 25/50 airway management skills,
5. Completion of all but 75 of live patient contacts

#### COURSE GOALS AND LEARNING OUTCOMES

The student will act as Team Leader for 75 prehospital patient contacts of which 50 must be ALS patient contacts. Performance goals include gathering the history, performing the assessment, planning the care, delivering care, delegating appropriate treatment, reassessment of care delivered, critically intervening for changes in patient status, making proper transport decision, giving a thorough radio report, transferring care, and documenting the patient encounter.

In accordance with the NREMT and CoAEMSP,

**“Team Leadership Objective:** The student has successfully led the team if he or she has *conducted a comprehensive assessment* (not necessarily performed the entire interview or physical exam, but rather been in charge-of the assessment), as well as *formulated and implemented a treatment plan* for the patient. This means that *most* (if not all) of the *decisions* have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, first responders or crew.”

During this time students will be required to accumulate, at a minimum, 75- team leads and 375 hours. Of the 75 required Team Leads, 50 may be ALS and 25 BLS. The following apply: 25 Team Leads may be BLS to include ONLY transports to the hospital

50 Team Leads must be ALS

- Must do an ALS assessment and 1 skill that is not an approved EMT skill
- Transfers may count if an ALS assessment and an ALS skill is performed AND it is hospital to hospital

- A Refusal may count if an ALS assessment was completed and 2 ALS skills
- A Determination of Death will count

- 18 of the last 20 ALS patient contacts must be successful as noted on the Capstone Field Critique Guide. These may not include any refusals or determination of Death encounters.

### **SKILLS PROFICIENCY VERIFICATION**

Educated preceptors will evaluate the student on each patient encounter and score accordingly.

Seventy five Team Leads is required to complete this course. Satisfactorily completed capstone experience is defined as a “Satisfactory” rated preceptor documented Field Critique Guide for 18 of the last 20 ALS patient contacts and a completed program patient care report.

Integrated Out of Hospital Scenario with Medical Director (NREMT Integrated Out of Hospital)

Oral Scenario with Medical Director (NREMT Oral Scenario)

Current NREMT Testing not limited to:

NREMT Patient Assessment Trauma

NREMT Dynamic Cardiology

NREMT Static Cardiology

Proficiency is evaluated on pass/fail, based on defined critical criteria outlined on skill sheet. A student receiving a fail mark on skill examination shall be allowed one retest, only after attending a review session and with permission of the Medical Director.

### **SUMMATIVE COGNITIVE EVALUATION:**

In addition to completing the 75 team leads and 375 hours of internship, students will be required to take comprehensive, timed exams covering the offered categories. with at least one of these exams being proctored by the Program Coordinator, Program Director, Student Portfolio Manager, or Clinical Coordinator. At least four of the exams (to include the proctored exam) must demonstrate and overall “Good” score. Exam will be accessed via Platinum Testing.

### **CLINICAL**

375 Hours of Field Internship

## **Appendix D** Clinical and Field Experience Assignments

Date	Clinical Hours	Field Clinical Hours	Allowed Skills New additions <b>noted in bold</b>
4/18/19	Open 8 Hours Public Health Open 8 hours ED		Observation Only  Approved basic skills
5/9/19	Open 8 Hours Lab	Open 10 Hours Field	Approved Basic Skills  Observation Only
5/30/19	Completed 8 hours ED 8 Hours Public Health		
7/2/19	Completed 8 hours Lab  OPEN 50 hours ED	Completed 10 hours  OPEN 15 hours Field clinicals	Approved basic, <b>pharmacy skills</b>
8/6/19	OPEN 32 hours OR	OPEN 25 hours field	Approved basic, pharmacy, <b>airway skills AND Resp adult assessments</b>
9/12/19	Completed 25 hours ED  OPEN 12 hours CCU OPEN 8 hours Cath Lab OPEN 25 Hours ED	Completed 15 hours Field	Approved basic, pharmacy, airway and <b>cardiac</b> skills And Respiratory adult assessments.
10/15/19	Completed 25 hours ED	Completed 25 hours field Open 10 Hours of Field	Approved basic, pharmacy, airway, cardiac skills AND Respiratory, <b>Cardiac Adult Assessments</b>
11/12/19	Completed 12 hours CCU Completed 8 hours Cath Lab Completed 25 Hours ED		
11/14/19	Open 25 Hours ED	Completed 10 Hours Field Open 10 Hours Field Clinicals	Approved basic, pharmacy, airway, Cardiac, <b>Medical skills</b> AND Adult Respiratory, Cardiac, <b>Stroke, AMS, Seizure, Diabetic Syncope and Abdominal Pain Assessments</b>
12/3/19			Approved basic, pharmacy, airway,

			Cardiac, Medical skills AND Adult Respiratory, Cardiac, Stroke, AMS, Seizure, Syncope ,Diabetic, <b>Overdose, Allergy, geriatric, Septic,</b> and Abdominal Pain Assessments
1/14/20	Complete 25 Hours ED OPEN 24 Hours Peds OPEN 8 Hours Nursery OPEN 24 Hours Labor and Delivery OPEN 50 hours ED	Complete 10 Hours Field Open 25 Hours of Field	Approved basic, pharmacy, airway, Cardiac, Medical, <b>OB, Pediatric skills</b> AND Adult Respiratory, Cardiac, Stroke, AMS, Seizure, Syncope ,Diabetic, Overdose, Allergy, Geriatric, Septic, <b>OB, GYN,</b> and Abdominal Pain Assessments AS <b>WELL AS all Pediatric Assessments</b>
2/4/20	Open 8 Hours Behavioral		Approved basic, pharmacy, airway, Cardiac, Medical, OB, Pediatric skills AND Adult Respiratory, Cardiac, Stroke, AMS, Seizure, Syncope ,Diabetic, Overdose, Allergy, Geriatric, Septic, OB, GYN, <b>Behavioral</b> and Abdominal Pain <b>Assessments</b> AS WELL AS all Pediatric Assessments
3/5/20	Completed 24 Hours of Pediatrics	Complete 25 hours Field OPEN 20 hours Field	Approved basic, pharmacy, airway, Cardiac, Medical, OB, Pediatric, And <b>trauma skills</b> AND Adult Respiratory, Cardiac, Stroke, AMS, Seizure, Syncope ,Diabetic, Overdose, Allergy, Geriatric, Septic, OB, GYN, Behavioral, <b>Trauma,</b> and Abdominal Pain <b>Assessments</b> AS WELL AS all Pediatric Assessments
3/19/20	Completed 25 hours ED Completed 8 hours of Nursery Completed 24 Hours of L & D	Completed 20 hours Field Open 10 Hours Field	Approved basic, pharmacy, airway, Cardiac, Medical, OB, Pediatric, And trauma skills AND Adult Respiratory, Cardiac, Stroke, AMS, Seizure, Syncope ,Diabetic, Overdose, Allergy, Geriatric, Septic, OB, GYN, Behavioral, Trauma, and Abdominal Pain Assessments AS WELL AS all Pediatric Assessments
4/9/20	Completed 8 Hours Behavioral Completed 32 Hours OR Completed 25 Hours ED		

4/30/20		Complete 10 Hours Field	
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## **Appendix E** Clinical and Field Experience Objectives/Outcomes

Clinical/Field Experiences  
And  
Field Internship  
Objectives

The following Clinical/Field Experience and Field Internship rotation requirements have been reviewed and approved by the Advisory Committee and the Program Medical Director. The following shall serve as the program's minimum hour requirement and objective for each experience and internship during the program:

Clinical Site	Hours Requirement:
Public Health	8 Hours

Objectives:

- Recognize community preventive programs available to meet the needs of specific populations.
- Observe patient and health professional relationships and communication skills.
- Understand the concept of patient confidentiality in the health care relationship.
- Participate in patient assessments and techniques of physical assessment.

Emergency Department	158 Hours
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Objectives:

- Perform patient assessments, including obtaining a relevant medical history, conducting a physical examination, establishing a plan of care within the paramedic scope of practice delivering that care under supervision and reassessment of the patient outcome.
- Obtain vital signs.
- Assist and review the treatment of trauma and medical emergencies.
- Assist in triaging patients, focusing on recognizing acuity levels of medical and trauma needs.
- Assist with trauma care to include hemorrhage control, sterile technique while suturing, splinting.
- Perform IV and IO insertion on the adult and pediatric patient.
- Draw blood samples and prepare the sample for the appropriate blood study.
- Learn Interpretation and review lab analysis with the physician or nurse.
- Prepare and administer medications to include, oral, SL, IN, Nebulized, transcutaneous, intravenous piggyback and bolus, IO piggyback or bolus, SQ, and IM.
- Record and interpret 12 lead ECG's and apply cardiac monitor and interpret rhythm strips.
- Assist in cases of cardiac arrest to include: CPR, Airway management; oral ETT, KING, bougie usage, basic airway techniques, electrical therapy and medication administration.

- Perform a cricothyrotomy under supervision and apply jet insufflation. (Optional skill)
  - Assist in the use of transcutaneous pacing, defibrillation or synchronized cardioversion.
- Apply and interpret pulse oximetry and capnography.
- Perform aseptic nasotracheal and/or endotracheal suctioning. Performs oral suctioning.
- Administer oxygen, assist ventilations, and observe mechanical ventilation.
- Interpret arterial blood gas values.
- Assist with precipitous complicated and uncomplicated vaginal delivery and care of the newly born.
- Assist with psychiatric interview and assessment if allowed.
- Assist with restraint of uncooperative patient and their follow-up care and treatment.
- Assist with the management of a febrile pediatric patient.
- Assist with post cardiac arrest care to include induction of hypothermia.
- Assist in the access of alternative venous access devices to include implanted ports, CVC, and PICC.
- Perform urinary catheterizations under supervision.
- Perform nasogastric intubation under supervision.
- Assist with eye exams.
- Chart and document patient assessments and care on the student's patient assessment form.
- Observe other procedures not approved by the Kentucky Board of EMS for paramedic assistance or execution.

Operating Suite	32 Hours
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Objectives:

In addition to those objectives noted for the Emergency Department.

- Perform endotracheal intubation or LMA insertion if possible under direct supervision.
- Assist ventilations of a patient undergoing procedures.
- Observe the gross anatomy of the airway under direct visualization.
- Observe gross anatomy of the human body during procedures.
- Observe the aseptic technique and infection control procedures used in the operating suite
- Assist with the recovery of a patient in the post anesthesia unit.
- Properly remove the LMA or endotracheal tube in the post anesthesia area under direct supervision.

Coronary Care Unit/ICU	12 Hours
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Objectives:

In addition to those objectives noted for the Emergency Department:

- Review a patient's chart for complete history of present illness and appropriate plan of care.
- Assist in the care of a ventilated patient to include review of ventilator settings with RT or RN, aseptic suctioning, postural draining, positioning, and sedation protocol.
- Understand and observe arterial lines and Swan Ganz catheters.
- Observe the care of a patient with chest tubes.
- Participate in the care of a patient with a nasogastric tube and/or feedings.
- Observe and interpret telemetry patient ECG's.
- Assist in the personal care of patients and their families.
- Assist in the care of a patient while in intra-facility transport to diagnostic areas.
- Assist in wound care.

Cath Lab	8 Hours
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Objectives:

In addition to those objectives noted for the Emergency Department

- Observe the technique for heart catheterization.
- Observe the anatomy of the cardio-vasculature and abnormalities.
- Observe and interpret the ECG of the cardiac patient.
- Observe the insertion of pacemakers, ICD, etc.
- Assist in the recovery of the Cardiac Cath patient.

Laboratory	8 hours
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Objectives:

- Perform blood draws.
- Observe the analysis of various lab specimens.
- Understand basic lab values and their correlation with patient diagnosis.

Pediatrics	24 Hours
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Objectives:

In addition to those objectives noted for the Emergency Department

- Take an appropriate history utilizing the CIAMPEDS approach.
- Utilize the Pediatric Assessment Triangle in assessing the pediatric patient.
- Demonstrate an understanding of child development when assisting the care of the pediatric patient.

- Recognize the child as part of a family unit and the need to incorporate the family into the care of the pediatric patient.
- Recognize signs of abuse/neglect and the health care professional's role to report and document.
- Observe as allowed the interactions between health care professionals and a grieving family over the loss of a child.
- Understand the importance of well checkups and immunizations in the pediatric population.

Labor Hall/Nursery	24 Hours labor Hall 8 Hours Nursery
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Objectives:

In addition to those objectives noted for the Emergency Department

- Identify and label the three stages of labor and common complications of an abnormal delivery.
- Assist in normal cephalic vaginal deliveries if possible.
- Observe, and assist if possible in abnormal deliveries.
- Identify those factors that place an OB patient at risk for complications.
- Observe fetal monitoring recognizing critical situations.
- Control postpartum hemorrhage by uterine massage and administration of medications.
- Observe the use of tocolytic administration.
- Assist in the management of the newly born, including severing the cord, suctioning, etc.
- Develop skills in assessing the newly born and the need for resuscitation.
- Assist in the resuscitation of the newly born if possible.
- Prepare and administer medications to the newly born if possible.
- Administer oxygen therapy to the newly born.
- Engage in routine assessment and care of the newly born.
- Observe the care of a newborn in a Level II NICU.

Behavioral Health	8 Hours
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Objectives:

- Observe the interview techniques, assessment and management strategies of patients with alcohol/drug addiction suicide, violent behavior, paranoia, OCD, and other related behavioral and psychiatric conditions.
- Assist in the restraint and care of out of control patients as allowed.
- Administer medications as allowed under the direct supervision of the licensed health care provider.
- Observe intake procedures on voluntary as well as involuntary patients.

Field Experience	125 Hours
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Objectives:

- Any objective previously listed.
- Assist in preparing a patient for transport.
- Working with law enforcement and other allied First Responders on scenes.
- Recognizing the use of the Incident Command System.
- Observing the transfer of care of the EMS patient.
- Observing and providing radio reports.

Field Capstone Internship	375 Hours
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Objectives:

- Includes any objective listed above.
- Act as Team Leader for 75 patient contacts, gathering the history, performing the assessment, planning the care, delivering care, delegating appropriate treatment, reassessment of care delivered, critically intervening for changes in patient status, making proper transport decision, giving a thorough radio report, transferring care, and documenting the patient encounter.

During all Clinical/Field Experience and Field Internship rotation, while delivering patient care, the student shall be under the direct supervision of a properly trained preceptor. In addition, prior to any student entering into any Clinical/Field Experience and Field Internship rotation students shall have shown proficiency for all laboratory or skill for which they are approved to perform.

## Program Requirements

I, Dr Lubbers along with the Advisory Board approve the following laboratory skills, scenario encounters, and scenario skills

Frankfort Fire and EMS Paramedic Program									
<b>Laboratory Skills that require successful Instructor observed return demonstration</b>									
<b>Effective March 2019</b>									
prep				i.	Assist with a sterile				
				ii.	Airway Obstruction removal by direct laryngoscopy				
ventilator				iii.	Apply a portable				
				iv.	Assembling a pre load				
				v.	Chest tube monitoring				
pressure				vi.	Cricoid				
				vii.	CVC Access				
				viii.	Drawing from a vial				
ampule				ix.	Drawing from an				
				x.	End tidal CO2 and capnography				
				xi.	ETT medication admin				
removal				xii.	Helmet				
				xiii.	LMA Insertion/removal				
MDI				xiv.					
				xv.	Nasal Spray				
admin				xvi.	NG/OG med				



		v.	Comprehensive Normal Pediatric Physicala			2			
Exam I		vi.	CPAP PEEP			1			
		vii.	CPR AdultChildinfant 1 rescuer/ 2 rescuer			1 e			
		viii.	Defibrillation			2			
		ix.	Direct Oral Adult			10			
ETT		x.	FBAO Conscious infant/child/adult			1 e			
		xi.	Glucometer			2			
		xii.	Hemorrhage Control			1			
		xiii.	IM SC Med			2			
admin		xiv.	Inhaled Medication			2			
		xv.	IN medication			2			
		xvi.	Intraosseous Infusion			2			
		xvii.	Intravenous			2			
Bolus		xviii.	Intravenous Piggy back			2			
		xix.	IV Therapy			2			
		xx.	Joint Splinting			1			
		xxi.	Long Bone			1			
		xxii.	Medical Cardiac Physical			2			
assessment		xxiii.	Nasotracheal Intubation			2			
		xxiv.	Needle crich –with jet insufflation			1			
		xxv.	Normal Delivery with newborn care			1			
		xxvii.	Obtain a history			2			
		xxviii.	Pleural decompression			2			
		xxix.	Spinal Immobilization Seated/Lying			1 e			
		xxx.	SGA			2			
		xxxi.	Synch cardioversion			2			

Splinting	xxxii.	Traction					1			
	xxxiii.	Transcutaneous pacing					2			
	xxxiv.	Trauma adult physical					2			
	xxxv.	Trauma ETT					2			
	xxxvi.	Ventilation BVM 1 rescuer 2 rescuer					1 e			
	xxxvii	Direct oral ETT pediatric					10			
	xxxvii	Percutaneous cricothyrotomy					1			
	Xxxix	stressed newborn resuscitation					1			
	xxxx.	External jugular			1					
	xxxxi.	Female Catheter			1					
	Xxxxii.	Male catheter			1					
		Approved by the Medical Director and the Advisory Committee								

Frankfort Fire and EMS Paramedic Program									
<b>Required Enactments</b>		<b>Scenario</b>							
<b>Effective March 2019</b>									
Scenario		Requisite successful instructor led evaluations							
a.	Manage a blunt trauma ped						1		
b.	Manage a ped resp arrest						1		

c.	Manage a septic geriatric	1				
d.	Manage an allergy anaphylaxis	1				
e.	Manage a adult blunt trauma	1				
f.	Manage cardiac arrest	1				
g.	Manage a rhythm disturbance	1				
h.	Manage a chest pain	1				
i.	Manage diabetic	1				
j.	Manage a hemorrhage	1				
k.	Manage a OB GYN	1				
l.	Delivery of neonate	1				
m.	Manage an overdose	1				
n.	Manage a penetrating trauma	1				
o.	Manage a psych	1				
p.	Manage a seizure	1				
q.	Manage an abd pain	1				
r.	Manage a geriatric stroke	1				
s.	Manage a burn	1				
t.	Manage a ped cardiac	1				
u.	Manage a ped shock	1				
v.	Manage a ped resp distress	1				
w.	Team Members	10				
x.	Manage an adult stroke	1				
y.	Manage an adult Respiratory condition	1				

Approved by the Medical Director and the Advisory Committee									

Frankfort Fire and EMS Paramedic Program									
Requisite scenario enactment skills									
Effective March 2019									
Skill						Requisite Successful skill		Additional	
						during scenario		Live or	
								Scenario	
a.	12 Lead ECG					2			
b.	Abnormal delivery with newborn care					2		4	
c.	Comprehensive Normal Adult Physical exam					2			
d.	Comp Normal Ped Physical					2			
e.	CPAP PEEP					2		2	
f.	CPR AdultChildinfant 1 rescuer 2 rescuer					2 e			
g.	Defibrillation					4		10	
h.	Direct Oral Adult ETT					2		12	
i.	FBAO Conscious infant/child/adult					1 e			
j.	Hemorrhage Control					2			
k.	IM SC Med admin					2		2	
l.	Inhaled Medication					2			

m.	IN medication				2			
n.	Intraosseous Infusion				4			2
o.	Intravenous Bolus				2			10
p.	Intravenous Piggy back				2			
q.	IV Therapy				10			15
r.	Joint Splinting				2			
s.	Long Bone				2			
t.	Medical Cardiac Physical assessment				2			10
u.	Needle crich –with jet insufflation				4			2
v.	Distressed newly born resuscitation				2			4
w.	Normal Delivery with normal newborn				2			4
x.	Obtain a history							8
y.	Pleural decompression				2			2
z.	Spinal Immobilization Seated/Lying				2			
aa.	SGA				6			12
bb.	Synch cardioversion				4			10
cc.	Traction Splinting				2			
dd.	Transcutaneous pacing				4			10
ee.	Trauma adult physical exam				2			6
ff.	Trauma ETT				2			2
gg.	Ventilation BVM 1 rescuer 2 adult/child rescuer				1 e			
hh.	Direct Oral ETT Peds				2			12
Approved by the Medical Director and the Advisory Committee								

I, Dr. Walter Lubbers, MD, Paramedic Program Medical Director, have reviewed and approved the following advanced skills and patient contact encounters. Therefore, the following shall serve as the program's minimum skills and patient contact encounters that each student shall accumulate during Clinical/Field Experience and Field Internship rotation:

Skills	# Required
Assessment of newborn	2
Assessment of infant (<1)	2
Assessment of toddler (1-3)	2
Assessment of pre-schooler (4-5)	2
Assessment of school age (6-13)	2
Assessment of adolescent (13-17)	5
Assessment of adults ( $\geq$ 18)	25
Assessment of Geriatric Patient/Medical	12
Assessment of a ped trauma	6
Assessment of medical ped	12
Assessment of OB Patients	2
Assessment of Geriatric trauma patients	6
Assessment of psychiatric patients	6
Assessment of plan RX of chest pain	10
Assessment of plan RX of respiratory	10
Assessment of plan RX of syncope	5
Assessment of plan RX of abdominal	10
Assessment of plan RX of altered mental status	10
Assessment of a ped resp distress	5
Assessment of a stroke/TIA	2
Assessment of an ACS	2
Assessment of a dysrhythmia	2
Assessment of a diabetic	2
Assessment of a sepsis patient	2
Assessment of a shock patient	2
Assessment of a toxicological/overdose emergency	2
Correctly Identify rhythm strips during CCU rotations	10/per shift
Assessment of trauma adults 6 must be geriatric	24
Complete a Drug profile on all newly administered medications	NA
Field Internship	75 Patient Encounters

- Note- While the above specify specific age groups and various patient complaint modalities, a single patient may fit into two (2) separate assessment requirements, e.g. a 7 year old child with a traumatic injury would be awarded credit to both the assessment of a school aged child **and** assessment of a trauma patient.

It is the sole responsibility of the student to ensure that they only perform those skills of which he/she **have been approved to do** and are within the scope of practice of an EMT or Paramedic.

Documentation of all skills and patient contact encounters shall be recorded utilizing Platinum Planner within a timely manner. This process shall be dictated by the Clinical Coordinator.

All skills and contacts shall be reviewed by the Clinical Coordinator. Any deficiencies noted shall be brought to the attention of the Program Coordinator and may be cause for corrective action, up to removal from the program.

Advanced skills shall only be performed under the direct supervision of an assigned and

Frankfort Fire and EMS Paramedic Program										p
Requisite number of clinical/capstone skills										r
Effective March, 2019										o
										e
										r
										l
										y
Skill					Requisite number of successful skills					t
a. Comp physical Pediatric assessment					2					r
b. Trauma Physical Assessment					6					a
c. Medical Physical Assessment					40					i
d. IV therapy					60					n
e. IV Bolus					22					e
f. IM SQ					2					d
g. Inhaled meds					2					p
h. 12 lead					4					r
i. Live Intubations					5					.
m. Airway Management					50					I
n. Ventilate a patient					10					n
o. Administer medications					30					a
										d
										d
										i
The skills listed above have been approved by the Medical Director and the Advisory Committee.										o
										n
										,
										t
										h

e facility shall be continually updated, by the Paramedic Program Course Coordinator/Lead Instructor, on all approved skills and skills the student is not allowed to perform.

**Current unapproved skills include:**

**Insulin administration**

**Blood product administration**

**Fibrinolytic administration**

**Paralytic administration**

**Propofol administration or similar anesthetic**

**Airway Management skills have been defined and approved by the Advisory Committee to include the following:**

- **Basic airway positioning**
- **Insertion of basic airway adjuncts**
- **Bag-valve mask ventilation**
- **Insertion of Super Glottic Airway devices**
- **Initiation of Continuous Positive Airway Pressure (CPAP)**
- **Orotracheal Intubation via video scope, bougie, or other traditional methods**
- **Nasotracheal Intubation**
- **Cricothyrotomy**
- **Suctioning of an airway**
- **Tracheostomy airway care**
- **Use of the Magill forceps or other basic obstructive airway maneuvers.**
- **Extubation of ETT, LMA, SGA**

Ideally, all skills will be acquired during Clinical/Field Experience or Field Internship rotations; however, this may not be achievable for all skills. Due to various limitations which may be encountered during Clinical/Field Experience or Field Internship rotations the following may be accomplished utilizing high fidelity manikins in lieu of live patient encounters: ○ Intubation

- ✦ Two (2) successful intubations of a high fidelity manikin under direct supervision will equal one live intubation
- Bag-valve Mask Ventilation
  - ✦ Three (3) successful application of BVM on the high fidelity manikin will equal one live BVM.
- All other Airway Management skills
  - ✦ Three (3) other successful airway applications on the high fidelity manikin will equal one live airway management.

**Original Signature on File with Program Director**

Signature

\_\_\_\_\_ Date

## **Appendix F** Clinical/Field Experience and Field Internship Sites

**Approved Clinical Sites**

Facility	Contact	Services
<b>Saint Elizabeth Medical Center, Inc.</b> Covington Campus 1500 James Simpson Way Covington, KY 41011	<b>Joshua C. Ishmael 1</b> Medical Village Dr. Edgewood, KY 41017 Office:859.301.2480	<b>Emergency Department</b> <b>OB</b> <b>OR</b> <b>ICU/CCU</b> <b>Behavioral</b>
<b>Saint Elizabeth Medical Center, Inc.</b> Edgewood Campus 1 Medial Village Drive Edgewood, KY 41017	<b>Joshua C. Ishmael 1</b> Medical Village Dr. Edgewood, KY 41017 Office:859.301.2480	<b>Emergency Department</b> <b>OB</b> <b>OR</b> <b>ICU/CCU</b> <b>Behavioral</b>
<b>Saint Elizabeth Medical Center, Inc.</b> Florence Campus 4900 Houston Road Florence, KY 41042	<b>Joshua C. Ishmael 1</b> Medical Village Dr. Edgewood, KY 41017 Office:859.301.2480	<b>Emergency Department</b> <b>OB</b> <b>OR</b> <b>ICU/CCU</b> <b>Behavioral</b>
<b>Saint Elizabeth Medical Center, Inc.</b> Ft. Thomas Campus 85 N. Grand Ave Ft. Thomas, KY 41075	<b>Joshua C. Ishmael 1</b> Medical Village Dr. Edgewood, KY 41017 Office:859.301.2480	<b>Emergency Department</b> <b>OB</b> <b>OR</b> <b>ICU/CCU</b> <b>Behavioral</b>
<b>Saint Elizabeth Medical Center, Inc.</b> Grant Campus 238 Barnes Road Williamstown, KY 41094	<b>Joshua C. Ishmael 1</b> Medical Village Dr. Edgewood, KY 41017 Office:859.301.2480	<b>Emergency Department</b> <b>OB</b> <b>OR</b> <b>ICU/CCU</b> <b>Behavioral</b>
<b>Saint Elizabeth Medical Center, Inc.</b> Owen Campus 330 Roland Ave Owenton, KY 40359	<b>Joshua C. Ishmael 1</b> Medical Village Dr. Edgewood, KY 41017 Office:859.301.2480	<b>Emergency Department</b>
<b>Norton Children's Medical Associates</b> 4 Physicians Park Frankfort, KY 40601		<b>Pediatrics</b>
<b>Franklin County Health Department</b> 851 East West Connector Frankfort, KY 40601	<b>Sally Brunner</b> 851 East West Connector Frankfort, KY 40601 (502) 564-9336	<b>Community Public Health Clinic</b>

<b>Frankfort Regional Medical Center</b> 299 King's Daughters Drive Frankfort, KY 40601	<b>Linda Grow</b> 299 King's Daughters Drive Frankfort, KY 40601 502.223.9990	<b>Emergency Dept</b> <b>OB</b> <b>OR</b> <b>Nursery</b> <b>ICU/CCU</b> <b>Behavioral</b>
---	--	--

**Field Experience and Field Internship Sites**

<b>Service</b>	<b>Contact</b>
Anderson County EMS 1191 US 127 South Lawrenceburg, KY 40342	Bart Powell 1191 US 127 South Lawrenceburg, KY 40342 502-839-7378
Frankfort Fire and EMS 300 West 2 <sup>nd</sup> Street, Suite 3 Frankfort, KY 40601	Joe Sebastian 300 West 2nd Street, Suite 3 Frankfort, KY 40601 502-875-8511
Georgetown/Scott County EMS 141 South Broadway Georgetown KY 40324	Brandon Remley 41 South Broadway Georgetown KY 40324 (502) 863-7841
Jessamine County EMS 101 South Second Street, Ste. B Nicholasville, KY 40356	Aaron Stamper 101 South Second Street, Ste. B Nicholasville, KY 40356 859-887-2987
Winchester Fire Department 44 N Maple ST Winchester, KY 40392	EMS Officer Brad Case 44 N Maple ST Winchester, KY 40392 (859) 744-1587
Dry Ridge Fire Department 31 Broadway Street Dry Ridge, KY 41035	Kevin Stave 31 Broadway St Dry Ridge, KY 41035
Gallatin County EMS 501 West Main Street Warsaw, KY 41095	Miranda Baker 501 West Main Street Warsaw, KY 41095 859.567.4477

# Appendix G

Golden Rule

Clinical Site Student Affective Evaluation

Clinical Site Survey

Preceptee Evaluation Capstone Field Internship

Terminal Competency



Frankfort Fire and EMS Paramedic Program

**Golden Rule**

**Under ABSOLUTELY NO circumstances can a paramedic student perform any clinical skill or assessment while acting as an employee of any department UNLESS AND ONLY IF they are assigned a clinical or capstone field internship for those hours.**

The paramedic student will be assigned to a service by the Clinical Coordinator for both clinical time and capstone field internship time. Then and only then may the student perform skills under the supervision of a licensed paramedic. **The student shall be the third man on the ambulance while in any clinical or capstone field internship experience.**

Individuals that fail to obey this Golden Rule shall be subject to discipline up to dismissal from class.

I have read and understand this Golden Rule.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Clinical Site Student Affective Evaluation

## CLINICAL/CAPSTONE SITE AFFECTIVE EVALUATION BY STUDENT

### Clinical Site Affective Evaluation Cath Lab FRMC

Frankfort Fire and EMS Paramedic Program

The purpose of this survey instrument is to evaluate our clinical resources. The data will aid the program in ongoing program improvement.

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Check the rating that indicates the extent of your agree with each statement. Please do not skip any rating. If you do not know about a particular area, please check N/A.

**5 = Strongly Agree    4 = Generally Agree    3 = Neutral (acceptable)**  
**2 = Generally Disagree    1 = Strongly Disagree    N/A = Not Applicable**

### I. Preceptors

**PRECEPTORS EFFECTIVELY...**

- |   |                            |                            |                            |                            |                            |                              |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 1. Explained your role as a preceptee. ....   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 2. Oriented you to the clinical environment and co-workers . ....   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 3. Attempted to provide quality learning experiences . ....   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 4. Took time to discuss your progress. ....   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 5. Promoted a judgement free environment to discuss concerns freely. ....                                 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 6. Demonstrated and explained treatment procedures and plans. ....  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 7. Provided you with adequate support and supervision. ....   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 8. Served as a positive role model. ....  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| 9. Preceptor challenged me to think "critically" to seek a true understanding of illness and injury. .... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |

Comments:

### II. Clinical Site

- |   |                            |                            |                            |                            |                            |                              |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| A. The hands on time was adequate at this site                | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| B. Other employees were accepting of me as a student          | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| C. This clinical site is worthwhile                           | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| D. The site offered no logistical problems.                   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |
| E. The clinical times offered were accommodating to my needs. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A |

Comments:

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

### III. Clinical Resources

#### A. CLINICAL ROTATIONS

##### 1. Facility

- a. The hospital/field internship facility offered an adequate number of procedures for me to meet clinical objectives. .... 5 4 3 2 1 N/A
- b. The hospital/field internship facility offered an adequate variety of procedures for me to meet clinical objectives. .... 5 4 3 2 1 N/A
- c. The hospital/field internship facility provided a variety of current equipment. .... 5 4 3 2 1 N/A

##### 2. Experiences

- a. The hospital/field internship rotation is of sufficient length to enable me to complete clinical objectives. .... 5 4 3 2 1 N/A
- b. Overall, the hospital/field internship rotation provided similar competencies to all students. .... 5 4 3 2 1 N/A

#### B. CLINICAL INSTRUCTION

1. Hospital/field internship instructors are sufficiently knowledgeable to provide instruction to me. .... 5 4 3 2 1 N/A
2. Clinical instructors are consistent in their evaluation of student performance. .... 5 4 3 2 1 N/A
3. There are sufficient numbers of instructors for the number of assigned students. .... 5 4 3 2 1 N/A

Comments:

Please rate the OVERALL quality of this clinical experience.

Exceptional     Excellent     Adequate     Needing Improvement     Inadequate

Did this clinical rotation contribute to your paramedic learning? Why? Why not?

Does this clinical experience need improvement? Why?

**Thank You!**

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

# Clinical Site Survey

Revision Date: September 2018

## Paramedic Clinical Site Survey

The primary goal of a Paramedic education program is to prepare a student to function as a competent entry-level Paramedic. We need your feedback and candid responses to fully evaluate if we are meeting the needs of our communities of interest.

This survey is designed to help the program faculty determine the strengths and areas for improvement for our Paramedic program. All data will be kept **confidential** and will be used for program evaluation purposes only. Thank you in advance for your valuable feedback regarding the educational process.

### Background Information:

Your name and Clinical site name are requested below for tracking purposes; however, you can choose to remain anonymous.

### Rater Information:

<b>Optional:</b> First Name:	
<b>Optional:</b> Last Name:	

### Clinical site:

<b>Optional:</b> Name:				
<b>Optional:</b> In what month and year did the students conduct clinicals at your location?				
	Month:		Year:	

Directions: Indicate your rating of each of the statements by marking an "X" in the appropriate column. A rating of "5" is the best and a rating of "1" is the worst.

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
<b>I. Paramedic Knowledge Base (Cognitive Domain)</b>					
<b>The Graduate</b>					
1. Had the EMS knowledge necessary to function in a healthcare/EMS environment.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2. Had the general medical knowledge necessary to function in a healthcare/EMS environment.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. Was able to rapidly assess patient acuity.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. Was able to collect relevant information from patients.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5. Was able to evaluate relevant patient information.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6. Was able to formulate an appropriate treatment plan.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
7. Utilized sound judgment while functioning in a healthcare/EMS environment.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b>II. Paramedic Clinical Proficiency (Psychomotor Domain)</b>					
<b>The Graduate</b>					
1. Effectively performed a broad range of clinical skills.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2. Possessed the skills to perform thorough patient assessments.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. Was able to perform approved procedure with little oversight or additional instruction.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. Was able to interpret diagnostic information efficiently.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b>III. Paramedic Behavioral Skills (Affective Domain)</b>					
<b>The Graduate</b>					
1. Was able to Communicate effectively as a Paramedic student.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2. Conducted himself/herself in an ethical manner.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. Conducted himself/herself in a professional manner.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. Functioned effectively as a team member during clinical rotations.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Revision Date: September 2018

5. Accepted feedback and worked effectively with supervisory/preceptor personnel.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
6. Was self-directed and responsible for his/her actions.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
7. Arrived to clinical rotations prepared, on time, and dressed professionally.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
8. Contributed to a positive work environment during their clinical rotations.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
9. Had a genuine desire to attend and learn paramedic skills during clinical rotations. (Was not there to just satisfy course requirements).	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
10. Had a positive and learning attitude.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1

#### IV. Paramedic Program Preceptor Training

##### The Preceptor

1. The program offered sufficient preceptor training prior to arrival of students.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
2. Roles and Expectations were clearly defined regarding my role as a preceptor.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
3. Daily required forms were clearly defined and easily interpreted.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
4. The program offered a sufficient quantity of preceptor forms.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
5. The program offered sufficient post clinical data to me as a preceptor to allow for personal and professional growth.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1
6. Program faculty communicated effectively to properly schedule student rotations.	[ ] 5	[ ] 4	[ ] 3	[ ] 2	[ ] 1

- Please rate and comment on the OVERALL quality of this Paramedic program's students during clinical rotations.
  
- Please provide comments and suggestions that would help this program to better prepare future paramedic students for clinical rotations.

**Preceptee Evaluation Capstone Field Internship**  
**Frankfort Fire and EMS Paramedic Program**  
 Preceptee's Evaluation of Preceptor Performance Capstone

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

Preceptee: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Clinical Site: \_\_\_\_\_ Unit: \_\_\_\_\_

Did the preceptor	Satisfactory	Needs Improvement	Unsatisfactory
1. Clearly explain your responsibilities as a preceptee?			
2. Orient you to your work environment/Introduce you to coworkers?			
3. Attempt to plan learning experiences that helped you achieve objectives?			
4. Make time to discuss your progress toward meeting your objectives?			
5. Make you feel comfortable discussing your concerns and asking questions?			
6. Demonstrate and explain patient treatments and procedures in a manner that was easily understood?			
7. Provide you with adequate support and supervision in the clinical area?			
8. Encourage individual and independent growth and direct involvement in hands on experience?			
9. Serve as a positive role model and teacher during your clinical/internship experience?.			

What recommendations/ suggestions / comments do you have for improving the program?

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## Terminal Competency



# CoAEMSP Terminal Competency Form

CoAEMSP Program Number: 600XXX

Paramedic Program Name:

We hereby certify that the candidate listed below has successfully completed all of the Terminal Competencies required for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and as such is eligible for State and National Certification written and practical examination in accordance with our published policies and procedures.

Name of Graduate:

### PROGRAM REQUIREMENTS successfully and fully completed on

Written Examinations (list those courses that require final exam)

(1)	(5)	(9)
(2)	(6)	(10)
(3)	(7)	(11)
(4)	(8)	(12)

- Paramedic Portfolio
- Practical Skills Sheets (all program required skills sheets)
- Clinical Tracking Records (attended all required areas, completed required skill repetitions, etc)
- Field Internship Tracking Records (number of team leads, achieved objectives, etc)
- Affective learning domain evaluations
- Student Counseling Form(s), as applicable

Medical Director Signature:  
(Digital or handwritten)

Date:

Program Director Signature:  
(Digital or handwritten)

Date:

*CoAEMSP Terminal Competency Form 10/2016*

**CARD COURSE CERTIFICATIONS** (if applicable, prior to graduation):

Select	on

**AFTER GRADUATION - OUTCOMES**

National Registry or State Paramedic certification on

Employed performing Paramedic duties as of  
At

Employer Survey completed as of  
(Surveyed within 6 to 12 months after graduation)

Graduate Survey completed as of  
(Surveyed within 6 to 12 months after graduation)



# **Appendix H** Kentucky Initial Licensure and Re-licensure Requirements



## Paramedic Initial Checklist

<b>Section A: All Paramedic Applicants must submit the following items:</b>											
	Must NOT have been found guilty of, entered a guilty plea, or Alford plea to a felony offense or have completed a diversion program for a felony offense or been subjected to discipline that would prevent certification at the time of application. (DO NOT PROCEED UNTIL YOU HAVE CONTACTED KBEMSlegal@kctcs.edu KRS 311A.050)										
	Must be 18 years of age or older										
	A completed Paramedic Application through your <a href="#">KEMSIS account</a> .										
	Current Cardiopulmonary Resuscitation (CPR) for the Healthcare Provider Certification ( <a href="#">AHA</a> , <a href="#">ASHI</a> , <a href="#">ARC</a> , <a href="#">NSC</a> , <a href="#">AAOS/ECSI</a> )										
	Completion of CHFS approved <a href="#">HIV/AIDS Course</a> Available courses are listed here: <a href="http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm">http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm</a>										
	Motor Vehicle Operators License (Driver's License) from a US State or Territory										
	High School Diploma / General Education Development (GED), or High School/College Transcripts with graduation date.										
	Current Advanced Cardiac Life Support (ACLS) Certification ( <a href="#">AHA</a> , <a href="#">ASHI</a> )										
	<p>Background Check less than 6 months old</p> <p style="padding-left: 20px;">KBEMS ONLY uses Verified Credentials for any new applicant in Kentucky. You must link directly to KBEMS Specific Verified Credentials</p> <p>Background Check from the <a href="#">KBEMS website</a> or the link is provided below. Background check MUST be less than 6 months old at the time of application.</p> <p style="padding-left: 20px;">Verified Credentials <a href="https://client.verifiedcredentials.com/kbems/default.cfm">https://client.verifiedcredentials.com/kbems/default.cfm</a></p> <p style="padding-left: 20px;">If you have ever been certified by the state of Kentucky, you can submit a background check that is less than 6 months old through the Administrative Office of the Courts (AOC) through this link: <a href="http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx">http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx</a></p>										
<b>Section B: Initial – Applicants applying for the first time from a Kentucky approved course must submit the items from Section A and Section B</b>											
	NREMT-NRP Certification										
	Paramedic Course Completion Form <a href="#">KBEMS-E19</a>										
	<a href="#">Determination of Death Certification</a>										
	Initial Fee \$75.00 Total (\$65.00 Initial Certification Fee + \$10.00 Application Fee)										
<b>Section E: Reinstatement- Applicants applying for reinstatement must submit items in Section A and Section E</b>											
	Must be within five (5) years of your Kentucky expiration date.										
	<a href="#">Determination of Death Certification</a>										
	Fees Submitted \$275.00 Total (\$150 Reinstatement Fee + \$65.00 Certification Fee + \$10.00 Application Fee + \$50.00 Late Fee)										
	60 Continuing Education Requirements (See Below)										
<p>Within twelve (12) months preceding application for reinstatement, Evidence of successful completion of the National Standard Curriculum for Emergency Medical Technician Paramedic Refresher Course OR Continuing Education hours that meet the requirements of the curriculum</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">30 Hours in Mandatory Subjects</td> <td style="width: 50%; border-bottom: 1px solid black;">30 Elective Hours from Mandatory or Below Subjects</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Two (2) Preparatory</td> <td style="border-bottom: 1px solid black;">Airway, Breathing and Cardiology</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Four (4) Airway Management</td> <td style="border-bottom: 1px solid black;">Medical Emergencies</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Five (5) Cardiac Management</td> <td style="border-bottom: 1px solid black;">Trauma</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Four (4) Medical or Behavioral Emergencies</td> <td style="border-bottom: 1px solid black;">Obstetrics and Pediatrics</td> </tr> </table>		30 Hours in Mandatory Subjects	30 Elective Hours from Mandatory or Below Subjects	Two (2) Preparatory	Airway, Breathing and Cardiology	Four (4) Airway Management	Medical Emergencies	Five (5) Cardiac Management	Trauma	Four (4) Medical or Behavioral Emergencies	Obstetrics and Pediatrics
30 Hours in Mandatory Subjects	30 Elective Hours from Mandatory or Below Subjects										
Two (2) Preparatory	Airway, Breathing and Cardiology										
Four (4) Airway Management	Medical Emergencies										
Five (5) Cardiac Management	Trauma										
Four (4) Medical or Behavioral Emergencies	Obstetrics and Pediatrics										

Five (5) Trauma	Operational Tasks
Two (2) Obstetrics or Gynecology	
Five (5) Pediatrics	
Three (3) Operations	

Notice: All return checks shall be subject to a processing charge in the amount of Twenty Five Dollars (\$25.00). In addition, any sanctioned which may result in a fine, suspension, or license revocation. applicant or licensee issuing a check which is returned shall be deemed to have violated KRS 311A.050 (2) (a). That person shall be



## Paramedic Renewal Checklist

All Paramedic Renewal Applicants must submit the following items:

Complete Renewal Application (ALL LEVELS) through individual <a href="#">KEMSIS account</a> .
Renewal Fee \$50 .00 Maintains current completion of CPR for the Healthcare Provider

### Additional Requirements

Maintains current Advanced Cardiac Life Support (ACLS) Certification
Maintains evidence of completion of current Pediatric Abusive Head Trauma training

<p>Maintain evidence of either:</p> <ul style="list-style-type: none"> <li>• Current registration by the NREMT as an NREMT-Paramedic OR</li> <li>• Successful completion of the University of Maryland Baltimore Campus Critical Care Emergency Medical Transport Program OR</li> <li>• Successful completion of 60 hours of Continuing Education of which: Only actual course contact hours can be claimed up to a maximum of sixteen (16) hours per course may be claimed for obtaining, maintaining, or instructing provider certification in:             <ul style="list-style-type: none"> <li>○ Advanced Cardiac Life Support (ACLS) ○ Pediatric Advanced Life Support (PALS) ○ Basic Trauma Life Support (BTLS) ○ Pre-Hospital Trauma Life Support (PHTLS) ○ Pediatric Education for Pre-Hospital Providers (PEPP)</li> <li>• Thirty (30) of the required (60) hours shall be obtained in the following areas:                 <ul style="list-style-type: none"> <li>○ Two (2) Preparatory ○ Four (4) Airway Management ○ Five (5) Cardiac Management</li> <li>○ Four (4) Medical or Behavioral Emergencies ○ Five (5) Trauma</li> <li>○ Two (2) Obstetrics and Gynecology</li> <li>○ Five (5) Pediatrics ○ Three (3) Operations</li> <li>• Thirty (30) Elective hours from mandatory or below subjects ○ Airway, Breathing and Cardiology                     <ul style="list-style-type: none"> <li>○ Medical Emergencies ○ Trauma</li> <li>○ Obstetrics and Pediatrics</li> <li>○ Operational Tasks</li> </ul> </li> <li>• At minimum of ONE (1) hour must be completed in Disaster Management or Mass Casualty Incidents (MCI)</li> </ul> </li> </ul> </li> </ul> <p><b><i>IT IS NOT NECESSARY TO SEND DOCUMENTATION OF CONTINUING EDUCATION UNTIL REQUESTED.</i></b></p>
--

### Additional Information

The Kentucky Board of Emergency Medical Services office may audit a Paramedic's continuing education records.
Paramedics shall maintain documentation of all continuing education for four years from the date of completion.

**Appendix I** KRS Chapter 311A.050

**311A.050 Restrictions on persons not licensed or certified -- Activities prohibited to persons licensed or certified -- Reporting of prohibited activities -- Penalties and disciplinary action.**

(1) No person shall:

- (a) Call or hold himself or herself out as or use the title of emergency medical technician, first responder, paramedic, first responder instructor or instructor trainer, emergency medical technician instructor or instructor trainer, or paramedic instructor, paramedic instructor trainer, or paramedic course coordinator unless licensed or certified under the provisions of this chapter. The provisions of this subsection shall not apply if the board does not license or certify a person as an instructor, instructor trainer, or course coordinator in a particular discipline regulated by the board;
- (b) Operate or offer to operate or represent or advertise the operation of a school or other educational program for first responders, emergency medical technicians, paramedics, or instructors or instructor trainers for first responders, emergency medical technicians, or paramedics unless the school or educational program has been approved under the provisions of this chapter. The provisions of this paragraph shall not apply to continuing education provided by a licensed ambulance service for anyone certified or licensed by the board given by an ambulance service for its employees or volunteers; or
- (c) Knowingly employ a first responder, emergency medical technician, paramedic, or an instructor or instructor trainer for first responders, emergency medical technicians, or paramedics, or paramedic course coordinator unless that person is licensed or certified under the provisions of this chapter.

(2) No person licensed or certified by the board or who is an applicant for licensure or certification by the board shall:

- (d) If licensed or certified, violate any provision of this chapter or any administrative regulation promulgated by the board;
- (e) Use fraud or deceit in obtaining or attempting to obtain a license or certification from the board, or be granted a license upon mistake of a material fact;
- (f) If licensed or certified by the board, grossly negligently or willfully act in a manner inconsistent with the practice of the discipline for which the person is certified or licensed;
- (g) Be unfit or incompetent to practice a discipline regulated by the board by reason of negligence or other causes;
- (h) Abuse, misuse, or misappropriate any drugs placed in the custody of the licensee or certified person for administration, or for use of others;
- (i) Falsify or fail to make essential entries on essential records;
- (j) Be convicted of a misdemeanor which involved acts that bear directly on the qualifications or ability of the applicant, licensee, or certified person to practice the discipline for which the person is an applicant, licensee, or

certified person;

- (h) Be convicted of a misdemeanor which involved fraud, deceit, breach of trust, or physical harm or endangerment to self or others, acts that bear directly on the qualifications or ability of the applicant, licensee, or certificate holder to practice acts in the license or certification held or sought;
  - (a) Be convicted of a misdemeanor offense under KRS Chapter 510 involving a patient or be found by the board to have had sexual contact as defined in KRS 510.010(7) with a patient while the patient was under the care of the licensee or certificate holder;
  - (b) Have had his or her license or credential to practice as a nurse or physician denied, limited, suspended, probated, revoked, or otherwise disciplined in Kentucky or in another jurisdiction on grounds sufficient to cause a license to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth;
  - (c) Have a license or certification to practice in any activity regulated by the board denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license or certification to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth;
  - (d) Violate any lawful order or directive previously entered by the board;
  - (e) Have been listed on the nurse aide abuse registry with a substantiated finding of abuse, neglect, or misappropriation of property; or
  - (f) Be convicted of, have entered a guilty plea to, have entered an Alford plea to a felony offense, or completed a diversion program for a felony offense.
- (3) It shall be unlawful for an employer of a person licensed or certified by the board having knowledge of the facts to refrain from reporting to the board any person licensed or certified by the board who:
- (g) Has been convicted of, has entered a guilty plea to, has entered an Alford plea to a felony offense, or has completed a diversion program for a felony offense;
  - (h) Has been convicted of a misdemeanor or felony which involved acts that bear directly on the qualifications or ability of the applicant, licensee, or certified person to practice the discipline for which they are an applicant, licensee, or certified person;
  - (i) Is reasonably suspected of fraud or deceit in procuring or attempting to procure a license or certification from the board;
  - (j) Is reasonably suspected of grossly negligently or willfully acting in a manner inconsistent with the practice of the discipline for which they are certified or licensed;
  - (k) Is reasonably suspected of being unfit or incompetent to practice a discipline regulated by the board by reason of negligence or other causes, including but not limited to being unable to practice the discipline for which they are licensed or certified with reasonable skill or safety;

(f) Is reasonably suspected of violating any provisions of this chapter or the administrative regulations promulgated under this chapter;

(k) Has a license or certification to practice an activity regulated by the board denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license or certification to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth;

(l) Is practicing an activity regulated by the board without a current active license or certification issued by the board;

(m) Is reasonably suspected of abusing, misusing, or misappropriating any drugs placed in the custody of the licensee or certified person for administration or for use of others; or

(n) Is suspected of falsifying or in a grossly negligent manner making incorrect entries or failing to make essential entries on essential records.

(4) A person who violates subsection (1)(a), (b), or (c) of this section shall be guilty of a Class A misdemeanor for a first offense and a Class D felony for each subsequent offense.

(1) The provisions of this section shall not preclude prosecution for the unlawful practice of medicine, nursing, or other practice certified or licensed by an agency of the Commonwealth.

(2) The filing of criminal charges or a criminal conviction for violation of the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the office of the board from instituting or imposing board disciplinary action authorized by this chapter against any person or organization violating this chapter or the administrative regulations promulgated thereunder.

(3) The institution or imposition of disciplinary action by the office of the board against any person or organization violating the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the filing of criminal charges against or a criminal conviction of any person or organization for violation of the provisions of this chapter or the administrative regulations promulgated thereunder.

**Effective:** July 12, 2006

**History:** Amended 2006 Ky. Acts ch. 243, sec. 3, effective July 12, 2006. -- Created 2002 Ky. Acts ch. 211, sec. 9, effective July 15, 2002.

## **Appendix J**

Application Packet  
Applicant Letter  
Acceptance Letter  
Registration Form

## Applicant Letter

Dear Applicant:

Frankfort Fire and EMS's Paramedic Program is a certificate program only. College credit, up to 38 hours, will be awarded upon successful completion and acquisition of your National Registry of Emergency Medical Technicians (NREMT) paramedic certificate and all requirements set-forth by Gateway Community and Technical College.

Frankfort Fire and EMS's Paramedic Program will begin March 26, 2019. The classes will be held on Tuesdays and Thursdays from 0900-1600. They will be held in the City of Frankfort Training Center, 105 Bridge Street, in Frankfort. Didactic and Clinical rotations tentatively will be completed May 1, 2020. Capstone Field Internship should be completed within six (6) months from classroom graduation.

The cost of the Program is \$6000.00 The tuition shall include:

- i. All course text books
- j. ACLS, ITLS, and PALS certification and card Fees
- k. Platinum Student account Fees
- l. Two (2) Program Polo Shirts
- m. 10 Panel Drug Screen
- n. Course ID card
- o. Hospital specific required background check
- p. Student search on the OIG-HHS Exclusion Database

and the United States General Services Administration Exclusion Database The tuition will not cover:

- q. National Registry testing fees
- r. State testing fees
- s. State Background checks
- t. Initial State licensure fee
- u. Any required immunizations
- v. Pre-course physical
- w. Liability Insurance
- x. Course extension/remediation or tutoring fees

Upon notification of acceptance students will be required to furnish a non-refundable deposit of one half (1/2) of the tuition with a completed application packet by February 15, 2019. The remaining tuition may be paid in installments; however, full course tuition must be paid in full prior to August 6, 2019. Students who fail to settle financial obligation by the deadline will be allowed to continue to attend didactic course work only, all clinical/field experience and field internships will be suspended until student financial obligations are fulfilled. If obligations remain unsatisfied by the end of the didactic portion of the class, the student will be removed from the program. No re-admittance will be allowed.

Students who voluntarily withdraw from the program, prior to August 6, 2019, may be subject to receiving a tuition refund. Tuition refunds (total tuition paid minus (-) the non-refundable deposit of one half (1/2) of the

tuition) will be prorated monthly until August 6, 2019... Following this date, all monies paid to the program will be forfeited and students will not receive any tuition refund.

In order to be eligible for entry into this course, the student must be eighteen years old, and have the following complete and on file: Starred items are needed immediately for consideration into the class. (No later than February 15, 2019)

- A background check from every state of residence in the last five years at time of application to test for paramedicine. This will be accomplished through KBEMS web site.
- High School Diploma or GED \*\*
- Current Kentucky EMT card \*\* (If you are a National Registry EMT, you can apply to become a Kentucky certified EMT. If you do not hold a National Registry or KY EMT certification, you must obtain these for admittance into class)
- Current American Heart Association Healthcare Provider card \*\*
- Kentucky Driver's License \*\*
- Physical examination within last 6 months to include a current TB skin \*\*
- Health record verification of: (Most of these are on your baby shot record) **These will be required BEFORE you can begin any clinical rotations.**

Three Hepatitis B injections or a hepatitis B antibody titer. You may choose to sign a waiver for these

Two MMR (Measles, Mumps, Rubella) injections or MMR titers

Physician signed verification of chicken pox or a chicken pox titer (varicella titer) or varicella immunization

Current Tdap immunization

Flu shot if applicable

Hepatitis A or waiver

Testing for entry into this program is a step process:

1. Must complete a TABE test at own cost. Attached is an information sheet. Results are due by February 15, 2019. A passing score at ninth grade level in all categories is required.
2. Sit for a computer-generated examination of basic EMT knowledge at the City of Frankfort Safety Building, 300 West Second Street... A passing score of 70% is required. Optional Dates are December 5 or 6 at 0900. Please schedule this date by emailing me at [bsauter@frankfort.ky.gov](mailto:bsauter@frankfort.ky.gov) or calling me at 502 682 7028. (Point score added into total score)
3. Perform a satisfactory trauma assessment in accordance with the enclosed National Registry Evaluation Sheets. This will be administered on December 17 or 18 at 105 Bridge Street Please schedule this date as well. (Point score added into total score)
4. Sit for an Interview with the Selection Committee. This is TBA and will be early January, 2019.

Upon completion of the admission components/examinations, each candidate's score shall be combined to create a total score. An eligibility list, based upon total score from highest to lowest, will be compiled with the top 20 applicants receiving an invite to attend the program. The mission of this Program is to offer an educational experience for EMS and Fire Services. Therefore, sponsored candidates (those candidates whereby the agency will be paying the tuition and insurance) will be given priority over individuals. Of the twenty slots, 7 are reserved for FFEMS candidates leaving 13 open slots.

**Number of applicants will be limited, therefore, notify this office as soon as possible of your intent to test for entry.**

A copy of the Course Catalog and the policies is available for your review if you need any further information regarding this class. Upon acceptance, a copy will be distributed to you.

Thank you for taking the time to consider becoming a paramedic with Frankfort Fire and EMS. We look forward to working with you.

Sincerely,

Barbara Sauter, RN BSN  
Program Coordinator  
Frankfort Paramedic Training Program

## Acceptance Letter

Dear Paramedic Candidate:

It was a pleasure to meet with you recently during your paramedic pre testing. This letter serves as confirmation of your acceptance into the Frankfort Fire and EMS Paramedic Training Program. In lieu of you having to come to Frankfort for an informal interview to inform you of class expectations, I have decided to send you this communique.

Enclosed is the course catalog for the class. It is self-explanatory. I want you to take the time to read prior to class. On the first night of class, I will be going over this document in its entirety and collecting the form verifying you have read and understand the content. Should you have any concerns once you have read this material, feel free to contact me by email, phone, mail, text—whatever your preference.

I want you to understand the time and monetary commitment you are about to undertake. Please understand this is a demanding curriculum and will require a great amount of studying to achieve its expectations. This will need to be a major focus in your life for the next year while in the classroom. Mine and Chief Briscoe's expectations are also high, but I can assure you we will make every effort to assist you in assimilating this material. We want you to succeed and be a confident paramedic. Our paramedic pass rate is available upon request. Due to the demand of the course content, you may be requested to come in on unscheduled dates and practice or remediate material. Make sure your family members, significant others, etc. are on board with you in this endeavor. In the past, students have become overwhelmed when they did not appreciate the commitment they have made.

Your fellow students will become a second family to you during the next year. I look forward to molding your minds around paramedicine. It is a fun and challenging course. Please contact me if you have any concerns. If not, I will be in contact in \_\_\_\_\_ to clear up any details that have not been addressed. I will be ordering your books in \_\_\_\_\_. Upon first payment to me, I will give them to you, otherwise, you will receive them the first night of class.

I look forward to seeing you \_\_\_\_\_

Respectfully,

Barbara Sauter, RN BSN  
Frankfort Fire and EMS Paramedic Training Program  
300 West Second Street, Suite 3  
Frankfort, KY 40601  
502 682 7028 Cell

**Registration Form**

Frankfort Fire and EMS paramedic Program  
Registration Form

**PLEASE PRINT ALL INFORMATION**

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

OK to text? \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone at work: \_\_\_\_\_

May we contact you there? \_\_\_\_\_

**Contact Information in case of emergency:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

KY EMT Number: KEMSIS \_\_\_\_\_

\_\_\_\_\_  
Signature

### Application Checklist for Paramedic Class

Student Name: \_\_\_\_\_

1. \_\_\_\_\_ High School Diploma or GED
2. \_\_\_\_\_ Current KY EMT card or NREMT card
3. \_\_\_\_\_ Current BLS Healthcare Provider Card
4. \_\_\_\_\_ KY Driver's license
5. \_\_\_\_\_ Current Physical Exam within 6 months of start date
6. \_\_\_\_\_ Current TB skin test
7. \_\_\_\_\_ Current Hep B information
8. \_\_\_\_\_ Waiver Hep B
9. \_\_\_\_\_ Two MMR immunizations
10. \_\_\_\_\_ Varicella proof or vaccine
11. \_\_\_\_\_ Tdap vaccine
12. \_\_\_\_\_ Hepatitis A or waiver
13. \_\_\_\_\_ TABE test scores
14. \_\_\_\_\_ Tuition deposit
15. \_\_\_\_\_ Registered with National Registry
16. \_\_\_\_\_ KEMSIS account set up
17. \_\_\_\_\_ Flu shot if applicable
18. \_\_\_\_\_ Student Course Catalog
19. \_\_\_\_\_ Liability Insurance
20. \_\_\_\_\_ Student disclaimer, Student policies and procedures, Confidentiality statement, Student tuition form, Agency Waiver, Medical Release

# **Appendix K** Course Text Books

## Frankfort Fire and EMS Paramedic Program Approved Texts

AAOS Nancy Caroline's Emergency Care in the Streets, 8<sup>th</sup> edition, Andrew Pollak, MD, FAAOS

ECG's Made Easy, 5<sup>th</sup> Edition, Barbara Aehlert, RN

Anatomy and Physiology Learning System, 4<sup>th</sup> Edition, Edith Applegate

The 12 Lead ECG in Acute Coronary Syndromes, 4<sup>rd</sup> Edition, Tim Phalen, Barbara Aehlert

Math for Meds, 11<sup>th</sup> Edition, Anna M. Curren

Advanced Cardiac Life Support, 2015 Guidelines American Heart Association

Pediatric Advanced Life Support, 2015 Guidelines American Heart Association

International Trauma Life Support, 8<sup>th</sup> Edition, John Campbell, MD FACEP

# **Appendix L** Informed Consent to Share Information

Frankfort Fire and Emergency Medical Services  
Paramedic Program

Informed Consent for Sharing Academic Information

I, \_\_\_\_\_ (print name) am having my complete tuition for the FFEMS  
Paramedic Program paid for by \_\_\_\_\_ (Print institution).

I am being informed in writing that the above institution representative manager may call and inquire about my academic performance. I am giving permission to the Medical Director, Walt Lubbers MD, Program Director, Wayne Briscoe and Program Coordinator, Barbara Sauter to discuss any of the following with this representative manager.

1. Grades on modular exams, homework, affective evaluations, and quizzes
2. Cumulative GPA
3. Clinical evaluations from preceptors
4. Clinical performance
5. Clinical complaints
6. Field internship preceptor evaluations
7. Field Internship performance
8. Field Internship complaints
9. Absenteeism/Tardiness
10. Personal Improvement Plans (PIP)
11. Lab and scenario skill performance
12. Any infraction against policies and procedures

I have read, been verbally informed of the above and have had an opportunity to ask questions and have them answered satisfactorily.

I give my permission willingly to allow the Medical Director, Walt Lubbers MD, Program Director, Wayne Briscoe and Program Coordinator, Barbara Sauter to discuss all listed items with my representative manager  
\_\_\_\_\_ (Please Print) when requested.

Any direction/actions taken by the representative manager is outside the disciplinary actions or policies of the FFEMS Paramedic Program.

Notary:

\_\_\_\_\_  
Student Please Print

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# **Appendix M** Informed Consent to Release Medical Information

Frankfort Fire and EMS Paramedic Program

Informed Consent for Release of Medical Records

I \_\_\_\_\_ (print name) give my permission voluntarily to allow Program Director, Wayne Briscoe, and or Program Coordinator, Barbara Sauter to give hard copies of my health information to contractual clinical and field internship sites as required in the policies and procedures of the Frankfort Fire and Emergency Medical Services Paramedic Program.

In the event of a health exposure, I further give my permission for medical records regarding said exposure to be shared with the Frankfort Fire and EMS Paramedic Program Director and Program Coordinator to be placed into my school record. Further dissemination of these medical records will be granted only with my permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notary:

# **Appendix N** Major High Stakes Exam Analysis

## Major/High Stakes Exam Analysis

**Program Name:**

**Course Name:**

**Course Dates:**

**Course Number:**

**Exam Date:**

**Exam Name/Topic:**

**Lead Instructor:**

Number of students  
completing exam:

Statistical Analysis of  
Questions Conducted:

Y  N

Highest Score:

Point biserial:

Y  N

Lowest Score:

Difficulty index:

Y  N

Cut Score:

Cronbach's alpha:

Y  N

Class Average:

KR20:

Y  N

Class Median:

Other:

Y  N

**Content areas receiving unexpected low scores**

**Recommendations from learning prescription if applicable**

**Changes made to exam if applicable**

**Strategies to address low performing areas**

**Program Director/Lead Instructor comments:**

**Exam results reviewed with:**

Faculty

Y  N

Date:

Medical Director

Y  N

Date:

**Program Director:**

**Date:**

**Medical Director:**

**Date:**

# **Appendix O** Confidentiality Statement

**FRANKFORT FIRE & EMS**  
**Paramedic Program**  
**Policy on Confidentiality and Dissemination Of**  
**Patient Information**

Given the nature of our work, it is imperative that we maintain confidentiality of patient information that we receive in the course of our work. Frankfort Fire & EMS's Paramedic Program prohibits the release of any patient information to anyone outside the organization and discussions of protected health information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include but are not limited to peer review, internal audits, and quality assurance and billing. I understand that Frankfort Fire & EMS's Paramedic Program provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of their patients. I understand that it is necessary, in the rendering of program education, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use of disclosure for treatment, payment and health care operations.

I agree that I will comply with all confidentiality policies and procedures set in place by Frankfort Fire & EMS during my voluntary participation with Frankfort Fire & EMS's Paramedic Program. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Frankfort Fire & EMS immediately and understand that the patient whose rights have been violated has the right to file charges against me for such actions.

I have read and understand all privacy policies and procedures that have been provided to me by Frankfort Fire & EMS Paramedic Program. I agree to all conditions of my voluntary participation set forth in this agreement.

*Signature:* \_\_\_\_\_

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

*Printed*

*Name:* \_\_\_\_\_

*Witness:* \_\_\_\_\_

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

A file of signature examples of employees who document in medical records shall be maintained by the Program Administration Office.

\_\_\_\_\_  
Signature and title as in written records

\_\_\_\_\_  
Initials

# **Appendix P** Problem Resolution Form



## **Appendix Q**

Student Progress Resource Evaluation  
Personnel Progress Resource Evaluation  
Program Summary Report

**Student Program Resource Evaluation**

**Program Resource Survey Completed By Students**

Name of Program sponsor (School):

Paramedic Program Number: (the 600xxx number assigned by CoAEMSP)

Date:

The purpose of this survey instrument is to evaluate the Program resources of your school. The data will aid the Program in ongoing program improvement.

**INSTRUCTIONS:** Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you are not able to evaluate a particular area, please check N/A.

**N = No      Y = Yes      N/A = not able to evaluate**

**I. Program Faculty**

**A. Faculty effectively...**

- |  |                            |                            |                          |       |
|--|----------------------------|----------------------------|--------------------------|-------|
| 1. facilitate learning and interact with students in the classroom. ....     | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> | N/A   |
| 2. facilitate learning and interact with students in the laboratory. ....    | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> | N/A   |
| 3. provide supervision/coordination in the hospital clinical setting.<br>N/A | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> | ..... |
| 4. provide supervision/coordination in the field internship.<br>.....        | <input type="checkbox"/>   | <input type="checkbox"/> Y | <input type="checkbox"/> |       |

**B. The number of faculty is adequate...**

- |   |                            |                            |                          |     |
|---|----------------------------|----------------------------|--------------------------|-----|
| 1. for classroom instruction. ....                                    | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> | N/A |
| 2. for laboratory instruction. .... N/A                               | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> |     |
| C. Faculty effectively communicate and support student learning. .... | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> | N/A |
| D. Faculty assist me with my academic needs. ....                     | N/A                        |                            |                          |     |

## II. Medical Director

- A. I know who the program Medical Director is ..... N Y N/A  
B. The Medical Director interacts with students. .... N Y N/A

Comments:

## III. Support Personnel

- A. Learning assistance is available as requested ..... N Y  
N/A  
B. Admissions personnel provide adequate assistance as needed ..... N Y  
N/A  
C. Staff/faculty provide adequate and timely academic advising as needed. ....  
N Y N/A

Comments:

## IV. Curriculum

- A. adequately covers the necessary cognitive content for the entry-level Paramedic N Y   
N/A B. adequately covers the necessary skill and simulation activities for the entry-  
level Paramedic ..... N/A N Y  C.  
includes relevant and necessary hospital and field internship experiences for the entry-  
level Paramedic ..... N/A N Y  D. is  
appropriately sequenced to allow learning to occur and applied from the classroom  
through the laboratory, clinical experiences, to the field internship N/A N Y

Comments:

## V. Financial Resources

- A. Personnel assist me with my questions regarding Program financial obligations      N      Y  
 N/A      B. Support services for financial aid/scholarship is offered (where either is available)      N  
 Y      N/A

Comments:

## VI. Facilities

### A. Classrooms

1. are adequate in size.....  N  Y  N/A  
 2. have adequate lighting .....  N  Y  N/A  
 3. contain adequate seating. ....  N  Y  N/A  
 4. have adequate ventilation (e.g., A/C, heat). ....  N  Y  N/A  
 5. have adequate instructional equipment (e.g., boards, projectors). ....  N  Y  N/A

### B. Laboratory facilities are.....

1. of adequate size and configuration for activities that prepare students to perform effectively in the hospital clinical and field internship experiences ...  N  Y  N/A      2 accessible  
 to students outside regularly scheduled class times .....  N  Y  N/A  
 3. equipped with the amount and variety of **equipment** necessary to perform required laboratory activities. ....  N  Y  N/A  
 4. equipped with the amount and variety of **supplies** necessary to perform required laboratory activities. ....  N  Y  N/A

Comments:

## VII. Hospital Clinical Resources

**A. Hospital Clinical Rotations**

1. Facilities offer an adequate number and variety of patient pathologies, ages, and procedures to meet clinical objectives. ....  N  Y  N/A

2. Experience is of sufficient length to meet the clinical objectives.....  N  Y  N/A

3. Overall, the hospital clinical rotations provide similar opportunities to achieve required competencies for all students. ....  N  Y  N/A

**B. Hospital Clinical Instruction**

1. Orientation to assigned hospital clinical units is adequate. ....  N  Y  N/A

2. Hospital clinical preceptors are sufficiently knowledgeable to provide instruction .....  N  Y  N/A

3. Preceptors are consistent in their evaluation of student performance .....  N  Y  N/A

4. Program faculty are available to assist with clinical issues when needed .....  N  Y  N/A

Comments:

## VIII. Capstone Field Internship Resources

### A. Field Internship Experience

1. The field internship agencies provide an adequate number and variety of patient ages, pathologies, and procedures to meet the field internship objectives and minimum competencies. .... N Y N/A
2. The field internship is of sufficient length to meet the internship objectives and minimum competencies ..... N Y N/A
3. Overall, the field internship rotations provide similar opportunities to develop competencies for all students. .... N Y N/A

### B. Capstone Field Internship Preceptorship

1. Orientation to the assigned EMS field internship agencies is adequate. .... N Y N/A
2. Paramedic field internship preceptors are sufficiently knowledgeable to provide instruction and mentoring ..... N Y N/A
3. Field internship preceptors are consistent in their evaluation of student performance ..... N Y N/A
4. Program faculty are available to assist with field internship issues when needed N Y N/A
5. I felt prepared to be a team leader..... N Y N/A

Comments:

## IX. Learning Resources (program and hospital/affiliate)

- A. Library resources are available and accessible (physical or virtual)..... N Y N/A
- B. Reference materials are adequate to support assignments. .... N Y N/A
- C. Technology/computer resources/access are available and adequate. .... N Y N/A

Comments:

## X. Physician Interaction

- A. Physician/student interaction facilitates the development of effective communication skills between Paramedics and physicians. .... N Y N/A
- B. Contact is sufficient to provide a physician perspective of patient care ..... N Y N/A
- C. Overall, exposure to physicians in the program is adequate. .... N Y N/A

Comments:

**Please rate the OVERALL quality of the resources supporting the program.**

Not Sufficient       Marginal       Sufficient

**Which resources are the strongest contributors to your learning? Why?**

**Which resources need improvement? Why?**

**Comments/suggestions to improve the program's overall resources?**

**Which resources need improvement? Why?**

**Comments/suggestions to improve the program's overall resources?**

**Personnel Program Resource Evaluation**

**Program Resource Survey Completed By Program Personnel**

Name of Program sponsor (School):

Paramedic Program Number: (the 600xxx number assigned by CoAEMSP)      Date:

The purpose of this survey instrument is to evaluate our Program resources. The data will aid the Program in ongoing planning, appropriate change, and development of action plans to address deficiencies. Unless specified, all sections should be completed by **program faculty, Medical Director(s), and Advisory Committee** members.

**INSTRUCTIONS: Consider each item separately and rate each item independently. Check the rating that indicates the extent you agree with each statement. Please do NOT skip a rating. If you do not know about a particular area, please check N/A. If you are not able to evaluate a particular area, please check N/A.**

**N = No                  Y = Yes                  N/A = not able to evaluate**

**I. Program Faculty (completed by Medical Directors & Advisory Committee members)**

**A. Faculty effectively...**

- 1. keep the Advisory Committee informed of program status and changes. .... N Y N/A
- 2. respond to changes in needs and expectations of communities of interest ..... N Y N/A
- 3. foster positive relations with hospitals and field internships agencies ..... N Y N/A
- 4. encourage student participation in professional activities ..... N Y N/A

Comments:

**II. Medical Director (completed by Program Faculty & Advisory Committee members)**

- A.** Reviews and approves educational content for appropriateness and accuracy ..... N Y N/A
- B.** Reviews and approves required number of patient contacts and procedures..... N Y N/A
- C.** Reviews and approves instruments and processes used to evaluate students ..... N Y N/A
- D.** Reviews the progress of each student throughout the program..... N Y N/A
- E.** Ensures the competence of each graduate..... N Y N/A
- F.** Engages in cooperative involvement with the program director..... N Y N/A
- G.** Ensures educational interaction of physicians with students ..... N Y N/A

Comments:

**III. Support Personnel**

- A.** Clerical support is adequate to meet program needs..... N Y N/A
- B.** Admissions personnel are adequate to meet program needs..... N Y N/A
- C.** Personnel are adequate to assist with financial obligation issues ..... N Y N/A
- D.** Staff/faculty provide adequate and timely academic advising as needed. .... N Y N/A

Comments:

**IV. Curriculum.....**

- A. adequately covers the necessary cognitive content for the entry-level Paramedic N Y N/A
- B. adequately covers the necessary skill and simulation activities for the entry-level Paramedic N Y N/A
- C. includes relevant and necessary hospital and field internship experiences for the entry-level Paramedic..... N Y N/A
- D. is appropriately sequenced to allow learning to occur and applied from the classroom through the laboratory, clinical experiences, to the field internship N Y N/A

Comments:

## V. Financial Resources (to be completed by program personnel)

- A. Program budget provides sufficient.....
  - 1. equipment to achieve competencies ..... N Y N/A
  - supplies to achieve competencies ..... N Y N/A
  - 2. number of faculty for classroom instruction ..... N Y N/A
  - 3. number of faculty for clinical coordination ..... N Y N/A
  - 4. number of faculty for field internship coordination..... N Y N/A
  - 5. budget for faculty professional development..... N Y N/A

Comments:

## VI. Facilities

### A. Classrooms

- 1. are adequate in size..... N Y N/A
- 2. have adequate lighting..... N Y N/A
- 3. contain adequate seating. .... N Y N/A
- 4. have adequate ventilation (e.g., A/C, heat). .... N Y N/A
- 5. have adequate instructional equipment (e.g., boards, projectors). .... N Y N/A

### B. Laboratory facilities are.....

- 1. of adequate size and configuration for activities that prepare students to perform effectively in the hospital clinical and field internship experiences..... N Y N/A
- 2. accessible to students outside regularly scheduled class times. .... N Y N/A
- 3. equipped with the amount and variety of **equipment** necessary to perform required laboratory activities. .... N Y N/A
- 4. equipped with the amount and variety of **supplies** necessary to perform required laboratory activities. .... N Y N/A

Comments:

## VII. Hospital Clinical Resources

### A. Hospital Clinical Rotations

1. Facilities offer an adequate number and variety of patient pathologies, ages, and procedures to meet clinical objectives. .... N Y N/A
2. Experience is of sufficient length to meet the clinical objectives..... N Y N/A
3. Overall, the hospital clinical rotations provide similar opportunities to achieve required competencies for all students. .... N Y N/A

### B. Hospital Clinical Instruction

1. Orientation to assigned hospital clinical units is adequate..... N Y N/A
  2. Hospital clinical preceptors are sufficiently knowledgeable to provide instruction ..... N Y N/A
  3. Preceptors are consistent in their evaluation of student performance ..... N Y N/A
4. Program faculty are available to assist with clinical issues when needed..... N Y N/A

Comments:

## VIII. Capstone Field Internship Resources

### A. Field Internship Experience

1. EMS agencies provide an adequate number and variety of patient ages, pathologies, and procedures to meet the field internship objectives and minimum competencies. .... N Y N/A
2. The field internship is of sufficient length to meet the internship objectives and minimum competencies..... N Y N/A
3. Overall, the field internship rotations provide similar opportunities to develop competencies for all students. .... N Y N/A

### B. Capstone Field Internship Preceptorship

1. Orientation to the assigned EMS field internship agencies is adequate..... N Y N/A
2. Field internship preceptors are sufficiently knowledgeable to provide instruction and mentoring ..... N Y N/A
3. Field internship preceptors are consistent in their evaluation of student performance ..... N Y N/A
4. Program faculty are available to assist with field internship issues when needed..... N Y N/A
5. The student is prepared to be a team leader..... N Y N/A

Comments:

## IX. Learning Resources

- A. Library resources are available and accessible (physical or virtual).....  N  Y  N/A
- B. Reference materials are adequate to support assignments. ....  N  Y  N/A
- C. Computer resources are available and adequate.....  N  Y  N/A

Comments:

## X. Physician Interaction

- A. Physician/student interaction facilitates the development of effective communication skills between Paramedics and physicians. ....  N  Y  N/A
- B. Physician contact is sufficient to provide a physician perspective of patient care  N  Y  N/A
- C. Overall, exposure to physicians in the program is adequate. ....  N  Y  N/A

Comments:

**Please rate the OVERALL quality of the resources supporting the program.**

- Not Sufficient       Marginal       Sufficient

**Which program resources provide students with the most support?**

**Which resources need improvement? Why?**

**Comments/suggestions to improve the program's overall resources?**

## Program Summary Report

### Program Summary Report

Program Site: \_\_\_\_\_ Course Start Date: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Course Number: \_\_\_\_\_  
Program Director: \_\_\_\_\_ Lead Instructor: \_\_\_\_\_

Number of students enrolled: \_\_\_\_\_  
Number of students completing: \_\_\_\_\_  
Number of students unsuccessful: \_\_\_\_\_  
Number of course evaluations completed: \_\_\_\_\_

Summary of reasons for drops:

Top 3-5 positive student comments:

Top 3-5 negative student comments/concerns:

Strategies to address concerns:

Program Director comments:

Course evaluations reviewed with:	Y	N	Date:
Faculty			
Medical Director			
Management team			
Advisory Committee			

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix R

Performance Improvement Plan  
Affective Evaluation Form

## PERFORMANCE IMPROVEMENT PLAN

**TO:** (name)  
**FROM:** (Instructors name)  
**DATE:** (insert date)  
**RE:** Performance Improvement Plan (PIP)

The purpose of this Performance Improvement Plan (PIP) is to define areas of concern, gaps in your educational performance, reiterate Frankfort Fire & EMS' TEI expectations, and allow you the opportunity to demonstrate improvement and commitment.

**Areas of Concern:**

*Bullet point issues and how students lack of performance and/or behavior has affected his/her performance, patients, instructional staff, and patients.*

**Observations, Previous Discussions or Counseling:**

*Recap dates/times you have addressed the issues in the recent/relevant past. Reference previous documents when applicable.*

**Step 1: Improvement Goals:** These are the goals related to areas of concern to be improved and addressed:

1.	
2.	
3.	

**Step 2: Activity Goals:** Listed below are activities that will help you reach each goal:

Goal #	Activity	How to Accomplish	Start Date	Projected Completion Date

**Step 3: Resources:** Listed below are resources available to you to complete your Improvement activities (may include other people’s time or expertise, funds for training materials and activities, or time away from usual responsibilities.)

1.	
2.	
3.	

*[OPTIONAL: This can be incorporated as part of Step 3: Resources, above]* **Instructional Staff Support:** Listed below are ways in which your instructional staff will support your Improvement activities.

1.	
2.	
3.	

**Step 4: Expectations:** The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal:

1.	
2.	
3.	
4.	
5.	

**Step 5: Progress Checkpoints:** The following schedule will be used to evaluate your progress in meeting your Improvement activities.

Goal #	Activity	Checkpoint Date	Type of Follow-up (memo/call/meeting)	Progress Expected	Notes


**Follow-up Updates:** You will receive feedback on your progress according to the following schedule:

Date Scheduled	Activity	Conducted By	Completion Date

**Timeline for Improvement, Consequences & Expectations:**

**Signatures:**

Print Student's Name: \_\_\_\_\_

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

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

Print Instructor Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

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

Medical Director Signature: \_\_\_\_\_

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

## Behavioral Evaluation

Name \_\_\_\_\_ Week # \_\_\_\_\_

### 1. Integrity

Your Score:		Required attributes to obtain the recommended score
	1	Major infraction of 1 (or more) areas of #3 or many minor infractions in most areas of #3.
	2	Minor infractions of 1 area of #3 but otherwise complaint with all aspects described in #3.
	3	Consistent honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.
	4	Consistently honest, assists other classmates in understanding confidential issues and in developing documentation skills.
	5	Always honest, leads by example and models exemplary behaviors regarding integrity. Consistently turns in paperwork that is complete and accurate prior to due date.

### 2. Empathy

Your Score:		Required attributes to obtain the recommended score
	1	Being deliberately disrespectful of others, making fun of others, being condescending or sarcastic to others, clearly uncomfortable dealing with the emotional displays of patients.
	2	Being uncompassionate towards others or responding inappropriately to emotional responses because of discomfort with emotional displays. Acting coolly towards patients in distress and not acting as a patient advocate.
	3	Showing compassion to others, responding appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient, can direct patients and their families to available community resources.
	4	Able to show compassion and respond appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient, can direct patients and their families to available community resources.
	5	Seeks out opportunities to serve in the community, when the situation arises can provide contact information on assistance agencies, has the ability to set troubled patients at ease and actively listens to their problems and concerns.

3. Self-motivation

Your Score:		Required attributes to obtain the recommended score
	1	Consistently failing to meet established deadlines, unable to demonstrate intrinsic motivation requiring extra extrinsic motivation from instructors, failing to improve even after corrective feedback has been provided by faculty, requiring constant supervision to complete tasks or being asked to repeat a task that is incorrectly performed.
	2	Failing to meet 1-3 tasks as described in #3 but obviously making attempts to attain acceptable standards.
	3	Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement, consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.
	4	Occasionally completing and turning in assignments before the scheduled deadline, volunteering for additional duties, consistently striving for excellence in all aspects of patient care and professional activities, seeking out a mentor or faculty member to provide constructive criticism, informing faculty of learning opportunities.
	5	Never missing a deadline and often completing assignments well ahead of deadlines, reminding other students of deadlines, supporting faculty in upholding the rules and regulations of the program, taking seriously opportunities to provide feedback to fellow students, seeking opportunities to obtain feedback, assisting faculty in arranging and coordinating activities.

4. Appearance and Personal

Hygiene

Your Score:		Required attributes to obtain the recommended score
	1	Inappropriate uniform or clothing worn to class or clinical settings. Poor hygiene or grooming.
	2	Appropriate clothing or uniform is selected for a majority of the time, but the uniform may be unkempt (wrinkled), mildly soiled, or in need of minor repairs, appropriate personal hygiene is common, but occasionally the individual is unkempt or disheveled.
	3	Clothing and uniform is appropriate, neat, clean and well maintained, good personal hygiene and grooming.
	4	Clothing and uniform are above average. Uniform is pressed and business casual is chosen when uniform is not worn. Grooming and hygiene is good or above average.
	5	Uniform is always above average. Non-uniform clothing is businesslike. Grooming and hygiene are impeccable. Hair is worn in an appropriate manner for the environment and student is free of excessive jewelry. Make-up and perfume or cologne usage is discrete and tasteful.

5. Self-confidence

Your Score:		Required attributes to obtain the recommended score
	1	Does not trust personal judgment, is unaware of strengths or weaknesses, and frequently exercises poor personal judgment.
	2	Needs encouragement before not trusting personal judgment, is aware of strengths but does not readily recognize weakness, sometimes makes poor personal choices.
	3	Demonstrates the ability to trust personal judgment demonstrates an awareness of strengths and limitations, exercises good personal judgment.
	4	Stands by his/her choices when challenged by an authority figure, aware of strengths and weaknesses and seeks to improve, exercises good personal judgment and often serves as a mentor for classmates.
	5	Stands by and can defend personal choices when challenged by an authority figure, actively seeks to improve on areas of weakness, seeks out opportunities to assist other classmates in developing their self-confidence.

6. Communications

Your Score:		Required attributes to obtain the recommended score
	1	Unable to speak or write clearly and is unable to correct behavior despite intervention by instructors, does not actively listen (requires instruction to be repeated or appears unable to follow directions) resistant to learning new communication strategies.
	2	Needs work to speak or write clearly, knows how to actively listen although sometimes is unable to model good listening skills, able to identify alternative communication strategies needed in various situations but is still developing the skill to perform alternative strategies.
	3	Speaks clearly, writes legibly, listens actively, adjusts communication strategies to various situations.
	4	Working on improving speaking and writing abilities, models active listening skills, able to modify communication strategies easily in various situations and able to effectively communicate a message in these various settings.
	5	Working on self and assisting classmates in improving speaking and writing abilities, models and is able to demonstrate active listening techniques to other students, is comfortable utilizing a variety of communication styles, may have proficiency in another language, including sign language.

## Time management

Your Score:		Required attributes to obtain the recommended score
	1	Often late to class or clinical sites, upon arrival needs additional time to be ready to begin (changing into uniform, gathering supplies, etc.) frequently late in turning in assignments, requires constant reminder about due dates and may blame others if a due date is missed.
	2	Occasionally late in arriving to class or clinical sites, occasionally late in turning in assignments or requires reminding about deadlines.
	3	Consistent punctuality, completes tasks and assignments on time.
	4	Seldom late to class or clinical, generally ready to begin class or clinical prior to the actual start time, completes tasks and assignments by due date (and occasionally in advance of due date) with minimal need for remainder.
	5	Punctual (or early) nearly 100% of the time, completes tasks and assignments prior to the due date, seldom requires reminding about deadlines or due dates, may assist instructor in reminding classmates about due dates.

7.

## Teamwork and diplomacy

Your Score:		Required attributes to obtain the recommended score
	1	Manipulating the team or acting with disregard of the team, being disrespectful of team members, being resistant to change or refusing to cooperate in attempts to work out solutions.
	2	Sometimes acting for personal interest at the expense of the team, acting independent of the team or appearing non-supportive, being somewhat resistant to change or occasionally unwilling out work to a solution.
	3	Placing the success of the team above self-interest, not undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to solve problems.
	4	Placing success of the team above self-interest, supporting and holding up the team by shouldering additional responsibilities, actively seeking to include all members of the team in decision making processes where appropriate, welcoming change and remaining flexible, helping to open the lines of communication.
	5	Placing success of the team above self-interest (even if that means a negative outcome to self) taking a leadership role and using good management skills while leading, involving all appropriate team members in the decision making process, suggesting and implementing changes to benefit the team, seeking ways to keep communication and dialogue going.

8.

Your Score:		Required attributes to obtain the recommended score
	1	Disrespect of authority, being argumentative, using inappropriate words or outbursts of anger, deliberately undermining authority in words or actions or trying to provoke others, frequently unable to act in a professional manner.
	2	Being polite when required, occasionally overhead using demeaning or derogatory language but confining it to situations other than in patient care settings, occasionally acting unprofessional on the job.
	3	Being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.
	4	Being polite even when a situation is not going in his/her favor, always using respectful language when describing situations even when not in public areas, modeling good professional behaviors.
	5	Serving as a “peacemaker” in volatile situations, able to take abusive language or disrespect from patients (or coworkers) without reacting negatively towards the individual, modeling good professional behaviors even when outside of the classroom setting.

9. Patient advocacy

Your Score:		Required attributes to obtain the recommended score
	1	Unable to deal with patients because of personal biases, actively demeaning or degrading patients with words or deeds, unconcerned about patient rights, feelings or considerations, frequently takes shortcuts during care of patients because it is “easier” or “faster.”
	2	Occasionally has difficulty dealing with patients because of personal bias or feelings, not always able to place the needs of the patient first.
	3	Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interest, protecting and respecting patient confidentiality and dignity
	4	Not allowing personal bias or feelings to interfere with patient care despite strong negative feelings or biases towards a patient or situation, actively advocating for patient rights, protecting confidentiality.
	5	Models patient advocacy and able to defend the need to advocate for patient rights, seeks out opportunities to help fellow classmates learn the principles of patient advocacy, when the opportunity presents itself can be called upon to follow through on an advocacy issue even if it occurs on their time off work.

10. Careful delivery of services

Your Score:		Required attributes to obtain the recommended score
	1	Unable to perform skills at entry level or requiring constant monitoring or reinforcement to perform skills, required to recheck tasks because of omissions or inaccuracies in performances or documentation, unwilling to learn policies, procedures or protocols, deliberate unwillingness to follow the letter or spirit of rules or regulations.
	2	Occasionally performing skills below the entry-level, requiring monitoring to ensure completeness and accuracy in completing tasks, occasional minor breeches in policies, procedures or protocols attributed to lack of knowledge but demonstrating a willingness to learn, may follow the letter of, but not always the spirit, of rules and regulations.
	3	Performing skills at an entry-level capacity a majority of the time, performing complete equipment and supply checks, demonstrating careful and safe ambulance operations, following policies and procedures and protocols, following orders.
	4	Can be trusted to function independently with only minor supervision, does not need to be reminded to perform routine tasks like maintenance checks, and follows the letter and spirit of all rules, regulations, policies and procedures.
	5	Functions independently and able to correct mistakes by self-reflection, able to assist in the development of rules, regulations, policies and procedures, will assist in monitoring fellow students in the completion of tasks and may be able to assist fellow student identify weakness and strengths.

General Comments

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\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

Student agreement of ratings is not required for form to be completed.

# Appendix S

FFEMS Instructor Observation  
FFEMS Paramedic Course/Presenter Survey  
Faculty Skill/Adjunct Instructor Evaluation  
Faculty Evaluation  
Graduate Evaluation  
Employer Evaluation  
Policy and Procedure Verification Sheet

### **Instructor Observation Process**

The following process outlines a consistent method to document classroom observations and provide feedback to individual instructors. The observation process is designed to function within the faculty development process. Observation sessions can be conducted by the Program Director or as part of a peer to peer feedback and development program.

1. Schedule time to observe an instructor in the classroom or lab setting. Notifying the instructor is not necessary other than to determine a time that would yield valuable information.
2. Observe the class/lab/scenario and make notes about specific observations. Observations to consider include:
  - a. Instructor preparation
  - b. Instructor interaction with students
  - c. Classroom management
  - d. Mentoring of students
  - e. Instructor helpfulness
  - f. Presentation style
3. Complete the *Instructor Classroom Observation* form.
  - a. Make comments and recommendations based on specific observations in each section of the document, particularly if the rating was something other than a three.
  - b. The overall comments section should reflect a summary of comments throughout without being repetitive.
  - c. The opportunities for instructor development/action plan section should include the following parameters:
    - i. Specific
    - ii. Measurable
    - iii. Achievable
    - iv. Realistic
    - v. Time-bound
  - d. Items in the opportunities for instructor development/action plan section should contain the following:
    - i. Instructor development area of concentration
    - ii. Developmental opportunity

- iii. Resource for development (texts, articles, online resources)
    - iv. Time frame for opportunity
    - v. Follow-up instructions
  - e. Leave the comments by instructor section blank for comments.
4. The Program Director schedules a time to meet with the instructor and review the observation document.
  5. Provide specific feedback on the observations and recommendations.
  6. Explain the opportunities for development and action plan(s) allowing for negotiation of objectives and timelines as necessary.
  7. Provide necessary resources for achieving developmental goals.
  8. Allow an opportunity for the instructor to write comments.
  9. Sign and date the document (both observer and instructor).
  10. Copy the document.
    - a. Provide a copy to the instructor
    - b. Place original in instructor's file
  11. Follow-up on development/action plan as outlined in the observation document.
    - a. Record results of follow-up
    - b. Place recorded results in the instructor's file

**Instructor Classroom Observation†**

**Instructor Name:**

**Date observed:**

**Topic(s):**

**Length:**

**Observed by:**

<b>Preparation</b> <i>Describes the Instructor...--&gt;</i>	<b>Not very well at all</b>	<b>Not well</b>	<b>Well</b>	<b>Very well</b>	<b>No opportunity to observe</b>
1. Well prepared for class	1	2	3	4	N/A
2. Well organized	1	2	3	4	N/A
3. Displayed wisdom	1	2	3	4	N/A
4. Knows the subject well	1	2	3	4	N/A
5. Appeared professional	1	2	3	4	N/A
6. Accounted for different learning styles	1	2	3	4	N/A

**Comments:**

<b>Interaction with Students</b> <i>Describes the Instructor...--&gt;</i>	<b>Not very well at all</b>	<b>Not well</b>	<b>Well</b>	<b>Very well</b>	<b>No opportunity to observe</b>
1. Treated students as equals	1	2	3	4	N/A
2. Treated students with respect	1	2	3	4	N/A
3. Courteous to students	1	2	3	4	N/A
4. Flexible with students	1	2	3	4	N/A
5. Approachable	1	2	3	4	N/A
6. Genuinely interested in the students' opinions	1	2	3	4	N/A
7. Understanding	1	2	3	4	N/A
8. Cares about the students	1	2	3	4	N/A
9. Sensitive to the student needs	1	2	3	4	N/A
10. Patient	1	2	3	4	N/A
11. Fair	1	2	3	4	N/A

**Comments:**

<b>Classroom Management</b> <i>Describes the Instructor...--&gt;</i>	Not very well at all	Not well	Well	Very well	No opportunity to observe
1. Created a feeling of goodwill in the class	1	2	3	4	N/A
2. Got everyone involved	1	2	3	4	N/A
3. Encouraging	1	2	3	4	N/A
4. Allowed enough time for questions	1	2	3	4	N/A
5. Used class time well	1	2	3	4	N/A
6. Made clear what standard of work was expected	1	2	3	4	N/A
7. Ability to motivate	1	2	3	4	N/A
8. Demonstrated how work should be done	1	2	3	4	N/A
9. Stimulated students to follow-up on points raised in class	1	2	3	4	N/A
10. Authoritative	1	2	3	4	N/A
11. Listened to students	1	2	3	4	N/A
12. Displayed a sense of humor	1	2	3	4	N/A
13. Remained on task	1	2	3	4	N/A

**Comments:**

<b>Mentoring</b> <i>Describes the Instructor...--&gt;</i>	Not very well at all	Not well	Well	Very well	No opportunity to observe
1. Served as a role model	1	2	3	4	N/A
2. Fostered personal relationships	1	2	3	4	N/A
3. Gave of self	1	2	3	4	N/A
4. Willing to help on a personal level	1	2	3	4	N/A
5. Believed in students	1	2	3	4	N/A
6. Challenged students	1	2	3	4	N/A
7. Suggested specific ways to improve	1	2	3	4	N/A
8. Encouraged independence	1	2	3	4	N/A

**Comments:**

<b>Helpfulness</b> <i>Describes the Instructor...--&gt;</i>	Not very well at all	Not well	Well	Very well	No opportunity to observe
1. Made self available for consultation	1	2	3	4	N/A
2. Provided positive feedback	1	2	3	4	N/A
3. Made self available outside of class time	1	2	3	4	N/A
4. Returned graded assignments promptly	1	2	3	4	N/A
5. Provided feedback on written work	1	2	3	4	N/A

**Comments:**

<b>Presentation</b> <i>Describes the Instructor...--&gt;</i>	Not very well at all	Not well	Well	Very well	No opportunity to observe
1. Charismatic	1	2	3	4	N/A
2. Displayed a professional attitude	1	2	3	4	N/A
3. Made the objectives of each lesson clear	1	2	3	4	N/A
4. Used audio/visual aids well	1	2	3	4	N/A
5. Provided clear demonstrations	1	2	3	4	N/A
6. Made the aims of testing clear	1	2	3	4	N/A
7. Stressed the important points of the lesson	1	2	3	4	N/A
8. Presented material in an interesting way	1	2	3	4	N/A
9. Enthusiastic	1	2	3	4	N/A
10. Communicated well	1	2	3	4	N/A
11. Good speaking voice	1	2	3	4	N/A
12. Used relevant examples	1	2	3	4	N/A
13. Used a variety of teaching methods	1	2	3	4	N/A

**Comments:**

**Overall comments by observer:**

**Opportunities for instructor development/action plan:**

**Comments by Instructor:**

---

**Observer Signature:**

---

**Date:**

---

**Instructor Signature:**

---

**Date:**

---

**Program Director Signature:**

---

**Date:**

## Course Evaluation

**Course:** \_\_\_\_\_ **Dates of Course:** \_\_\_\_\_  
**Lead Instructor:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Please provide comments as applicable for all questions.	Strongly Disagree <b>1</b>	Disagree <b>2</b>	Neutral <b>3</b>	Agree <b>4</b>	Strongly Agree <b>5</b>
1. The course was well organized.					
Comments:					
2. The course met my educational needs and expectations.					
Comments:					
3. The level of material presented was appropriate to my level of care.					
Comments:					
4. The lead instructor ran the course smoothly.					
Comments:					
5. The instructors were knowledgeable about the subject matter.					
Comments:					
6. The skill instructors were knowledgeable and facilitated learning.					
Comments:					
7. The skill stations and simulations were beneficial.					
Comments:					
8. Skill instruction was consistent with classroom instruction.					
Comments:					
9. This course prepared me to function as an EMS provider.					
Comments:					

<b>Please provide comments as applicable for all questions.</b>	<b>Strongly Disagree</b> 1	<b>Disagree</b> 2	<b>Neutral</b> 3	<b>Agree</b> 4	<b>Strongly Agree</b> 5
10. I would recommend this course to others.					
Comments:					
11. Overall evaluation clinical experience:					
12. Overall evaluation of field internship:					

**Please provide comments, as applicable, to the following aspects of the class.**

Instructor(s) (Please be specific):

Course materials (textbook, online resources):

Examinations:

The most positive aspect of this course was:

The least positive aspect of this course was:

List any additional comments or recommendations:

## Presentation Evaluation

**Course:** \_\_\_\_\_ **Topic:** \_\_\_\_\_

**Presenter Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Please provide comments as applicable for all questions.	Strongly Disagree <b>1</b>	Disagree <b>2</b>	Neutral <b>3</b>	Agree <b>4</b>	Strongly Agree <b>5</b>
1. The presenter was knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
2. The presenter was prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
3. The material was presented clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
4. There was sufficient time scheduled to cover the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
5. The presenter engaged participants throughout the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
6. The presenter was professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
7. The activities were beneficial for the topic. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Comments:

### Skill/Adjunct Instructor Evaluation

**Course:** \_\_\_\_\_ **Date(s) of Course:** \_\_\_\_\_  
**Skill/Adjunct Instructor:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Please provide comments as applicable for all questions.	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
1. The instruction was consistent with course content. Comments:					
2. The instructor was knowledgeable in the skill or scenario presented. Comments:					
3. The instructor was professional. Comments:					
4. The instructor was supportive of the students. Comments:					
5. The instructor demonstrated a positive attitude. Comments:					
6. The instructor allowed for a maximum use of hands-on practice during the sessions. Comments:					
7. The students were allowed to progress through the skill/scenarios uninterrupted (other than for safety reasons). Comments:					

Comments:



D. Hospital/Field Internship Faculty	<input type="checkbox"/>					
E. Other Paramedic Faculty	<input type="checkbox"/>					
F. Science Faculty	<input type="checkbox"/>					
Curriculum is sufficient to meet program goals.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
A. Depth and scope of program	<input type="checkbox"/>					
B. Course Sequencing	<input type="checkbox"/>					
C. General Education and Science Courses	<input type="checkbox"/>					
D. Paramedic Theory and Skill Development	<input type="checkbox"/>					
E. Emergency Department	<input type="checkbox"/>					
F. Operating Room	<input type="checkbox"/>					
G. ICU/CCU	<input type="checkbox"/>					
H. Pediatrics	<input type="checkbox"/>					
I. Psychiatry	<input type="checkbox"/>					
J. Obstetrics	<input type="checkbox"/>					
K. Trauma	<input type="checkbox"/>					
L. Field Experience	<input type="checkbox"/>					
Clinical/Field Coordination is sufficient to meet program goals.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
A. Communication by program with clinical/field internship sites/preceptors	<input type="checkbox"/>					
B. Hospital/Field Internship evaluation Instruments	<input type="checkbox"/>					
C. Parallel experiences among students	<input type="checkbox"/>					
D. Supervision of students	<input type="checkbox"/>					
E. Consistency of evaluation of students	<input type="checkbox"/>					

What do you consider to be the major strengths of the program?

What areas do you believe need improvement?

Thank you for completing this questionnaire.

## Paramedic Graduate Survey

The primary goal of a Paramedic education program is to prepare the graduate to function as a competent **entry-level** Paramedic. As part of the national accreditation process, we need your feedback and candid responses to fully evaluate if we are meeting the needs of our communities of interest.

This survey is designed to help the program faculty determine the strengths and areas for improvement for the Paramedic program. All data will be kept **confidential** and will be used for program evaluation purposes only. Thank you in advance for your valuable feedback regarding the educational process.

## Paramedic Graduate Survey

**1. Please enter demographic data. The information is not shared and is reviewed collectively with all responses.**

Your Name (First & Last)

How many months since you graduated from the Paramedic program?

Length of employment as a Paramedic at time of this survey (# of months)

## Paramedic Graduate Survey

### Cognitive

2. Do you meet the competencies of an *entry-level* Paramedic in the **COGNITIVE** (knowledge) domain?

**Please Select**

3. Which area(s) is(are) deficient or needs improvement:

- |   |  |
|---|--|
| <input type="checkbox"/> Safety                         | <input type="checkbox"/> Trauma  |
| <input type="checkbox"/> Patient Assessment and History | <input type="checkbox"/> Operations  |
| <input type="checkbox"/> Wellness                       | <input type="checkbox"/> Special Considerations (pediatrics, geriatrics, etc.)       |
| <input type="checkbox"/> Documentation                  | <input type="checkbox"/> Introductory (medical legal, pathophysiology, airway, etc.) |
| <input type="checkbox"/> Pharmacology                   | <input type="checkbox"/> Other (please list)   |
| <input type="checkbox"/> Medical Emergencies            |  |

## Paramedic Graduate Survey

### Psychomotor

4. Do you meet the competencies of an *entry-level* Paramedic in the **PSYCHOMOTOR** (skills) domain?

**Please Select**

5. Check the area(s) that is(are) deficient or needs improvement:

- |  |   |
|--|---|
| <input type="checkbox"/> Airway Management and Ventilation | <input type="checkbox"/> Trauma Management          |
| <input type="checkbox"/> Physical Examination - Adult      | <input type="checkbox"/> Special Patient Management |
| <input type="checkbox"/> Physical Examination - Pediatric  | <input type="checkbox"/> Circulation Management     |
| <input type="checkbox"/> Medication Administration         | <input type="checkbox"/> Other (please list)        |
| <input type="checkbox"/> Medical Management                |   |

## Paramedic Graduate Survey

### Affective

6. Do you meet the competencies of an *entry-level* Paramedic in the AFFECTIVE (behavior) domain?

**Please Select**

7. Which area(s) is(are) deficient or needs improvement:

- |   |  |
|---|--|
| <input type="checkbox"/> Teamwork and Diplomacy | <input type="checkbox"/> Empathy             |
| <input type="checkbox"/> Respect                | <input type="checkbox"/> Integrity           |
| <input type="checkbox"/> Patient Advocacy       | <input type="checkbox"/> Leadership          |
| <input type="checkbox"/> Self-Confidence        | <input type="checkbox"/> Reflective Practice |
| <input type="checkbox"/> Appearance and Hygiene | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Communications         |  |

## Paramedic Graduate Survey

### Final Thoughts + Thank You

8. Are you satisfied with your educational preparation?

**Please Select**

9. Final Thoughts. Please share any additional information you wish the program or the accrediting agency to know.

Thank you for giving your time and sharing your feedback.

## Paramedic Employer Survey

The primary goal of a Paramedic education program is to prepare the graduate to function as a competent **entry-level** Paramedic. As part of the national accreditation process, we need your feedback and candid responses to fully evaluate if we are meeting the needs of our communities of interest.

This survey is designed to help the program faculty determine the strengths and areas for improvement for the Paramedic program. All data will be kept **confidential** and will be used for program evaluation purposes only. Thank you in advance for your valuable feedback regarding the educational process.

**1. Please enter demographic data. The information is not shared and is reviewed collectively with all responses.**

Your Name (First & Last)

Graduate's/Employee's Name (First & Last)

How long has the graduate been a Paramedic?

## Paramedic Employer Survey

### Cognitive

2. Does the graduate meet the competencies of an *entry-level* Paramedic in the **COGNITIVE** (knowledge) domain?

**Please Select**

3. Which area(s) is(are) deficient or needs improvement:

- |   |  |
|---|--|
| <input type="checkbox"/> Safety                         | <input type="checkbox"/> Trauma  |
| <input type="checkbox"/> Patient Assessment and History | <input type="checkbox"/> Operations  |
| <input type="checkbox"/> Wellness                       | <input type="checkbox"/> Special Considerations (pediatrics, geriatrics, etc.)       |
| <input type="checkbox"/> Documentation                  | <input type="checkbox"/> Introductory (medical legal, pathophysiology, airway, etc.) |
| <input type="checkbox"/> Pharmacology                   | <input type="checkbox"/> Other (please list)   |
| <input type="checkbox"/> Medical Emergencies            |  |

## Paramedic Employer Survey

### Psychomotor

4. Does the graduate meet the competencies of an *entry-level* Paramedic in the **PSYCHOMOTOR** (skills) domain?

**Please Select**

5. Check the area(s) that is(are) deficient or needs improvement:

- |  |   |
|--|---|
| <input type="checkbox"/> Airway Management and Ventilation | <input type="checkbox"/> Trauma Management          |
| <input type="checkbox"/> Physical Examination - Adult      | <input type="checkbox"/> Special Patient Management |
| <input type="checkbox"/> Physical Examination - Pediatric  | <input type="checkbox"/> Circulation Management     |
| <input type="checkbox"/> Medication Administration         | <input type="checkbox"/> Other (please list)        |
| <input type="checkbox"/> Medical Management                |   |

## Paramedic Employer Survey

### Affective

6. Does the graduate meet the competencies of an *entry-level* Paramedic in the **AFFECTIVE** (behavior) domain?

**Please Select**

7. Which area(s) is(are) deficient or needs improvement:

- |   |  |
|---|--|
| <input type="checkbox"/> Teamwork and Diplomacy | <input type="checkbox"/> Empathy             |
| <input type="checkbox"/> Respect                | <input type="checkbox"/> Integrity           |
| <input type="checkbox"/> Patient Advocacy       | <input type="checkbox"/> Leadership          |
| <input type="checkbox"/> Self-Confidence        | <input type="checkbox"/> Reflective Practice |
| <input type="checkbox"/> Appearance and Hygiene | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Communications         |  |

## Paramedic Employer Survey

### Final Thoughts + Thank You

8. Are you satisfied with the educational preparation of the graduate?

**Please Select**

9. Final Thoughts. Please share any additional information you wish the program or the accrediting agency to know.

**Thank you for giving your time and sharing your feedback.**

**Policies and Procedures Verification**

Frankfort Fire and EMS

Paramedic Training Program

Policies and Procedures Verification

I have received a copy of the Frankfort Fire and EMS Paramedic Program Policies and Procedures.

I have had an opportunity to read the Frankfort Fire and EMS Paramedic Program Policies and Procedures.

I have attended an educational opportunity explaining the policies and procedures and have been given the opportunity to ask questions for clarification.

I understand the Frankfort Fire and EMS Paramedic Program Policies and Procedures.

I agree to abide by the standards set forth in these Frankfort Fire and EMS Policies and Procedures.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Notary