CUYAHOGA COMMUNITY COLLEGE
Emergency Medical Technology

PROGRAM HANDBOOK

Version 9.3

ODPS EMS Accreditation 312
CoAEMSP600596

Table of Contents

I. WELCOME

Dear EMT/Paramedic Student:

On behalf of the faculty and administration, we welcome you to the Cuyahoga Community College EMT Department Program. As you embark on this journey, remember that the Cuyahoga Community College Paramedic Program is not just a steppingstone but a significant milestone in your career. Graduates of our program who meet the educational requirements are eligible to apply to take the National Registry of EMT's (NREMT) licensing examination.

The program curriculum at Cuyahoga Community College is challenging and rewarding and requires significant outside time commitments to be successful. We understand that students must continue to work as they seek to advance themselves academically. Still, you must make the appropriate lifestyle adjustments before beginning the program and utilize the resources available here at the College to ensure your success.

Remember, you are not alone in this. The faculty and administrative staff are here to guide and support you throughout this program. We are proud to participate with you in your professional development of skills managing the emergency patient. We have developed this Program Handbook to facilitate the successful completion of your respective program and to assist you with preparation leading up to the NREMT certification exam. You can always count on us for support and guidance.

The clinical portion of your training is not just a requirement but a vital link between your patient's prehospital care and area hospitals. This program is designed to satisfy the U.S. Department of Transportation and Ohio Department of Public Safety, Division of EMS standards. The speed and quality of your skills are highly dependent upon your motivation and will demand continual self-analysis of your strengths and weaknesses for continued growth. The selection of clinical sites and site preceptors will present you with learning experiences that will enable you to give quality prehospital patient care. Your role in the clinical portion is of utmost importance and will significantly contribute to the quality of patient care.

You are encouraged to read the handbook carefully and keep it for future reference. This resource is designed to support you throughout your journey as an EMT/Paramedic student. If you have questions about its content, please clarify with the faculty or direct your questions to the EMT program staff.
We wish you success!

Sincerely,

EMT Program Faculty and Staff

II.   PROGRAM DESCRIPTION
A.   PROGRAM INTRODUCTION

Dear EMT/Paramedic Student:

This handbook, which contains information related to the clinical education of paramedic students at Cuyahoga Community College, is a testament to the invaluable contribution of our clinical personnel. We are grateful for their efforts in assisting the education of our students.

Our EMT Department is a mark of quality, being fully accredited by the State of Ohio and CoAEMSP. We adhere to the National Standard Curriculum for the education and training of paramedics. Our program consists of EMT and Paramedic training. The EMT program is 164 hours, encompassing 24 hours of field time. The Paramedic program is three semesters, during which students are in class approximately twelve hours a week. In addition, you are required to complete 152 hours of clinical time and 276 hours of squad time. They may receive certification in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Advanced Trauma Life Support (ATLS), Medical Life Support (AMLS), and NREMT Paramedic. As students' progress through the program, they are taught laboratory skills appropriate for prehospital or clinical settings.

The student will be given a document that verifies the skills the student has been approved by the lab staff to perform in the field and clinical settings. The students must present the document to the field and clinical preceptors for verification when asked. If a student attempts to perform a skill that has not been verified or is not in the Ohio EMT/Paramedic scope of practice, the student will receive a failing grade for the course.
Most of our students work in the field of EMS while attending school and may or may not be sponsored by their employer. Many are married with children. The student age ranges between 20 and 40 years old. It is a challenging year for the students and their families, and we are very proud of their work and the time commitment they dedicate.

The following pages contain objectives for various units, sample forms, skill steps, and general information regarding the educational time spent at the College and in the EMT Program. Rest assured; we have a dedicated department ready to assist you at 216.987.4449. If you have any questions at any time, please feel free to contact us.

I am eagerly looking forward to working with you and guiding you through this transformative journey. The path to becoming an EMT/Paramedic is not just a career choice but a life-changing experience. Thank you for embarking on this journey with us!

Bernard Schweter, PhD, Paramedic, EMS-I
EMSI Program Manager: EMT
Department 216.987.4449

B.   APPROVAL/ACCREDITATION

The Tri-C EMT Training Program is approved by the Ohio Department of Public Safety, Division of EMS (ODPS-EMS) as an EMS Training Center. Graduates of this state-approved program are eligible to apply to take the National Registry of EMTs (NREMT) licensing examination. Applicants must meet all ODPS-EMS and NREMT requirements to hold a Paramedic license.

Successful completion of the Tri-C EMT/Paramedic Program does not guarantee eligibility for national registration, state certification, or licensure. A student with a criminal background may be excluded from the testing or certification process. Denial of testing /certification privileges is a National Registry and State of Ohio issue, and it is the student's responsibility to ensure eligibility. A student having questions or concerns about eligibility should contact the Ohio Department of Public Safety's Division of EMS at (800)-233-0785, or the National Registry of EMT's at (614)- 888-4484.

The Tri-C EMT/Paramedic Program is fully accredited through CoAEMSPs, CAAHEP, and the State of Ohio. Through the accreditation process, which includes a thorough review of the program, curriculum, resources, faculty, and staff, as well as site visits of the program, our program is compliant with the nationally- approved Standards and Guidelines for educational programs as established by the EMS profession. CAAHEP accredits more than 2,200 educational programs that prepare health professionals in thirty-two (32) different disciplines. Accreditation is one step in a process meant to protect the public and ensure a supply of qualified health care professionals. For more information about accreditation, please visit the organizations listed below.

Ohio Department of Public Safety—EMS Division
1970 West Broad Street, Columbus, Ohio 43223
614.466.9447 or 800.233.07855
Tri-C EMT Program, EMS Division Accreditation #312

Committee on Accreditation of Educational Programs for the
Emergency Medical Services Professions (CoAEMSP)
8301 Lakeview Parkway, Suite 111-312
Rowlett, Texas 75088
214.703.8445
Tri-C EMT Program, CoAEMSPs Accreditation #600596

Committee on Accreditation Allied Health Education Programs (CAAHEP)
24000 US Highway 19 N, Suite 158
Clearwater, Florida 33763
727.210.2350

C.   PROGRAM HISTORY:

The Emergency Medical Technician (EMT) program at Cuyahoga Community College (CCC) has been a trusted institution since its establishment in 1972, made possible by a Federal Core Curriculum Project Grant. Thomas McCort, a member of the Biology Department, was the first program coordinator, and Dan McNutt was appointed as the first EMT Instructor. Mr. McNutt continued his career at Tri-C by accepting the position of program manager when Mr. McCort left the program. Over the last 45 years of service, Mike Kingery, Art Olah, John Kubincanek, Dan Beil, and Edward Bak have all contributed to the program's success. The current program manager is Bernard Schweter.

In 1973, the first EMT courses were offered at the CCC Metropolitan Campus. With the development of the City of Cleveland Emergency Medical Services (CEMS) in 1975, the college became the initial training facility for new employees to meet their goal to begin service in October as EMTs. CEMS employees continued their training in our paramedic program, which permitted the city to increase their level of care to the community by assigning four ambulances with advanced life support protocols for emergency care. While the initial training was designed to meet those employed in the EMS and Fire service, it was determined we were not meeting the demand to train other students looking for a change in their careers. We began admitting students who wanted to become EMTs but were not already employed to provide a pool of candidates for the various EMS organizations seeking new employees.

As the demand for the EMT program grew in the Cleveland area, the program demonstrated its adaptability by expanding to other campuses. The Basic program was extended to the West Campus in Parma and to the East Campus in Highland Hills. The East Campus also became the new paramedic training facility. The program further expanded to off-site locations, including the City of Cleveland Fire Academy, Cuyahoga Valley Career Center, and the University Hospital Richmond facility, showcasing its commitment to meeting the needs of the community.

In 2006, the administrative structure of the program was reorganized to improve accountability and coordination of program activities across the college domain. Changes in this structure included the hiring of full-time Clinical Preceptors on the Metropolitan Campus who report to the Program Manager. The Program Manager would serve under the direction of the Associate Dean of Health Careers at the Metro Campus, Barbara Mikuszewski, in collaboration with her counterparts at the East, West, and Westshore Campuses.

The program has fostered a strong collaboration with the Tri-C Fire Academy under the direction of Commander Teddie Huffman. The Fire Academy, operated through the Tri-C Workforce and Economic Development Division (WEDD), now known as Workforce, Community and Economic Development (WCED), offers EMS continuing education through EMS Advanced Training, part of the Public Safety Training Institute, recently renamed the Public Safety Center of Excellence, at WCED. This partnership has allowed the paramedic program to be available at the West Campus,

demonstrating the program's commitment to working with other institutions for the benefit of the community.

St. John Westshore Hospital, now recognized as UH St. John Medical Center, was the original paramedic training site for the far west side of Cuyahoga County. In 2011, the Westshore Campus became a reality in the city of Westlake. With the only building on campus housing the Health Career and Science programs, we were able to offer the EMT program at another college campus and relocate the paramedic program to a new training facility. This program still has a close collaboration between the Westshore Campus and the hospital. We now offer our program at four different campuses, allowing easy access to all areas of the community.

Bernard Schweter became the Program Director in April 2024. Tri-C became Nationally Accredited in January of 2015. Over the last few years, many changes have occurred. We now offer a new Associate of Applied Science degree in Fire – Emergency Medical Services, combining the firefighter program with the EMT courses.

D.   CUYAHOGA COMMUNITY COLLEGE MISSION, VISION, AND PHILOSOPHY

1.   Tri-C's Mission, Vision, & Philosophy/Values and Minimum Expectation for the EMT Program:

a)   Mission: To provide high quality, accessible, affordable educational opportunities, and service - including university transfer, technical and lifelong learning programs. To promote individual development and improve the overall quality of life in a multicultural community.

b)   Vision: Cuyahoga Community College will be recognized as an exemplary teaching and learning community that fosters service and student success. The college will be a valued resource and leader in academic quality, cultural enrichment, and economic development characterized by continuous improvement, innovation, and community responsiveness and service.

c)   Values: To successfully fulfill the mission and vision, Cuyahoga Community College is consciously committed to diversity, integrity, academic excellence, and achievement of individual and institutional goals. We are dedicated to building trust, respect, and confidence among our colleagues, students, and community.

d)   Minimum Expectation: To prepare Paramedics who are competent in the cognitive (knowledge)m psychomotor (skills), and affective (behavior) learning domains to enter the profession.

E.   PROFESSIONAL MEMBERSHIPS

1.   Professional Memberships:

a) National Association of Emergency Medical Technicians

  (1)   http://www.naemt.org/join/membership-categories

b) Ohio Association of Emergency Medical Services (OAEMS)

  (1)   http://oaems.weebly.com

F.   PROGRAM ADMISSION

1.   General:

a) All Emergency Medical Technology (EMT) programs at Tri-C fall under the School of Health Careers and Nursing. The EMT courses have a limited number of openings each year, with specific requirements that must be met prior to admission. Therefore, applicants to any EMS program may be subject to additional background checks, drug screening and/or health requirements.

b) All candidates for the various EMS programs offered are required to complete the following items listed on the College website at the following links based on their program of study:

  (1)   [BASIC] EMT-Basic, Short-Term Certificate

  (2)   [MEDIC] Paramedic, Certificate of Proficiency

  (3)   Emergency Medical Technology, Associate of Applied Science

  (4)   Fire—Emergency Medical Services, Associate of Applied Science

c)   Additional information about the steps in the application process are:

  (1)   Apply to Tri-C (if not already a student.)

  (2)   Complete the requisite English and Math Assessments.

  (3)   Complete the Health Careers Program Application AND the EMT Program applications (2) - Student Information and Self-Evaluation forms.

d) In accordance with Ohio law, for any application seeking enrollment in a Paramedic program, the applicant must have a current and valid EMT state card. After the initial steps in the application process are completed, then complete the following items:

  (1)   Background Check Information: admissions requirement to any Health Careers program with information here.

  (2)   Drug Screening: If the assigned clinical site requires a drug screen, the student will be notified by their respective program manager or via the onboarding process at that clinical site. Students should not complete a drug screen unless instructed to do so.

  (3)   Student Health Requirements and Immunization Information: Health Careers students may be subject to health and immunization requirements throughout their courses of study at Tri-C. Proof of certain immunizations is required for the Health Careers and Nursing programs. Full details are included in the Health Requirement Guide.

  (4)   Basic care or Advanced EMT care, covered here in OAC Chapter 4765.

2.   Program Orientation:

a) [MEDIC] Before beginning the paramedic program, a mandatory orientation will be held to inform all students about it and the support services available. Students who do not attend an orientation session will forfeit their reserved seats.

b) [MEDIC] Students who accept a slot in the paramedic program (with a specific starting date for paramedic courses) and do not attend orientation, decline a slot after orientation, do not attend the first day of class, do not meet all medical record, health insurance, CPR, and background check requirements will be required to re-start the application process. Students admitted for a fall semester may reapply after September 1st; students admitted for a spring semester may apply after February 1st. Students must meet all current admission requirements listed at the time of application.

3. **Disqualification of Applicant:**

a) Ohio Administrative Code (OAC) precludes admission of students to EMT certification courses with a felony on their record. The State of Ohio, Division of EMS Board EMS individually reviews the applications for certification of those with misdemeanor convictions after a background investigation by Division staff. They may choose not to certify these individuals. These applications are managed by the Ohio EMS Board on a case-by-case basis, after course completion. There is no mechanism to pre-review the circumstance to determine certification eligibility.

b) Students charged or convicted of a felony or misdemeanor involving moral turpitude while in the program may be suspended or referred for dismissal from the program.

G. DESCRIPTION OF THE PROFESSION

1. **Emergency Medical Responder (EMR):**

   a) A full description can be found here in the Appendices..

2. **Emergency Medical Technician (EMT):**

   a) A full description can be found here in the Appendices.

3. **Advanced Emergency Medical Technician (AEMT):**

   a) A full description can be found here in the Appendices..

4. **Paramedic:**

   a) A full description can be found here in the Appendices.

H. EMT PROGRAM CONTACT INFORMATION

CUYAHOGA COMMUNITY COLLEGE

EMT DEPARTMENT

METRO HEALTH CAREERS AND SCIENCES

2900 Community College Avenue

Cleveland, Ohio 44115

216-897-4449

Program Director

Bernard Schweter, PhD, Paramedic, EMSI

216.987.2163

Bernard.Schweter@tri-c.edu

Joseph Viola, BS, Paramedic, EMSI
216.987.5689
Joseph.Viola2@tri-c.edu

Dena Jurcisek, RN, BSN, EMT-P, EMSI
216.987.4451
Dena.Jurcisek@tri-c.edu

Clinical Preceptor—Metropolitan Campus
Steven Westcott, MS, Paramedic, EMSI
216.987.5689
Steven.Westcott@tri-c.edu

Clinical Preceptor—Eastern Campus
David Grice, MS, EMT-P, EMSI
216.987.2932
David.Grice@tri-c.edu

Assistant Professor, EMT
Kevin Barnard, MS, NRP, EMSI
216.987.4446
Kevin.Barnard@tri-c.edu

Assistant Professor, EMT
Jason Moyer, BS, Paramedic, EMSI
216.987.4685
Jason.Moyer@tri-c.edu

Assistant Professor, EMT
Monyulona James, BSPH, EMT-P, EMSI
216.899.8869
Monyulona.James@tri-c.edu

Medical Director
Boris Garber, D.O.
bgarber@metrohealth.org
Click Here to see more about Dr. Garber

I. EMT PROGRAM/CLINICAL PERSONNEL DEFINITION

1. <u>EMT Program Director:</u>

a) The program director (director) is responsible for all aspects of the program, including, but not limited to the following: administration, organization, and supervision of the program, continuous quality review and improvement of the educational program, academic oversight, including curriculum planning and development; and orientation/training and supervision of clinical and capstone field internship preceptors.

b) The director is also responsible for hiring instructors at the college, ensuring that objectives for the education of paramedics are being met and collaborating closely with the departmental instructors. Additionally, the director is responsible for assuring that the program meets the State of Ohio accreditation standards and that National Registry examinations are conducted according to required guidelines. If the college clinical coordinator is unavailable or the clinical site personnel need clarification on EMT Department standards, the director will be an appropriate contact person.

2. <u>Site Preceptor:</u>

a) The Site Preceptor is a hospital staff member participating in your clinical experience. On a prehospital ALS unit, the assigned paramedic is the site preceptor.

b) The site preceptor of the assigned unit directly supervises the paramedic student while the student is working and training on that unit.

c) The preceptor may assign another appropriate person to assist with the student's learning experience. Each of these clinicians should have sufficient knowledge, experience, and teaching abilities to guide students in accomplishing all clinical objectives. The preceptor should also serve as a mentor and role model for professionalism.

d) Students must be under direct supervision of a site preceptor when in the clinical education setting. Site preceptors are educators responsible for teaching, observing, and evaluating clinical performance based on objectives outlined for a given clinical rotation. Because the clinical setting can be an intimidating experience for students, it is important for the site preceptor to assist the student in transitioning from the classroom to the clinical setting. In the hospital setting, a preceptor may be a physician, registered nurse, physician assistant, nurse anesthetist, or a respiratory therapist. The site preceptor also completes the student skill evaluation form and the student incident form when needed. All student deficiencies or inappropriate behavior shall be forwarded to the college clinical coordinator.

3. <u>Clinical Site Coordinator:</u>

a) The Clinical Site Coordinator is usually the EMS Coordinator or designated contact person of the hospital, or rescue service that Tri-C students are assigned to. The clinical site coordinator is contacted by the college clinical coordinator to establish schedules and be a liaison between the college and the clinical site. The clinical site coordinator collaborates with the clinical staff to assure assignment of appropriate site preceptors, posting of schedules, designating where forms are to be turned in and that attendance sheets are posted for students sign-in and sign-out. If there is an incident on an in-hospital or EMS field unit pertaining to a Tri-C EMT Program student, the site coordinator will contact the college clinical coordinator.

4. <u>College Clinical Coordinator:</u>

a) The college clinical coordinator is responsible for, but not limited to, the following: coordination of clinical education, ensuring documentation of the evaluation and progression of clinical performance, ensuring orientation to the program's requirements of the personnel who supervise or instruct students at clinical and capstone field internship sites; and coordinating the assignment of students to clinical and field internship sites.

b) The college clinical coordinator is also responsible for contacting the EMS Coordinator or designated person at each clinic site for initially establishing a schedule for EMT Program students, reviewing paperwork and desired objectives for the student learning experience. After times are established, the college coordinator assigns the student times, assuring only one student per rotation where required by the clinical unit.

c) They provide various forms as needed and will collect those forms from the site coordinator. The college clinical coordinator works with the teaching staff in the EMT Program to determine the skills and knowledge base of EMT Program students. Each student will have documentation signed by the appropriate instructor confirming successful specific skills in the college laboratory.

5. **Faculty/Instructional Staff/Lead Instructor:**
   a) Instructional faculty includes full or part-time or adjunct faculty, instructional staff, preceptors, or any other title associated with the individual responsible for the supervision and/or assessment of the student. Faculty/instructional staff demonstrate effective teaching techniques as measured by student evaluations and educational outcomes. In cases where the program director delegates specified responsibilities to a lead instructor, the Lead Instructor is responsible for performing those duties which may include teaching students and/or assisting in the coordination of the didactic, lab, clinical, and/or field internship instruction.

6. **Medical Director:**
   a) The medical director is responsible for medical oversight of the program, including but not limited to, the following: review and approve the educational content of the program to include didactic, laboratory, clinical experience, and capstone field internship to ensure it meets current standards of medical practice. Review and approve the required minimum numbers for the required patient contacts and procedures listed in program accreditation standards. Review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, field experience, and capstone field internship. Review each student's progress throughout the program and help determine appropriate corrective measures.
   b) It is recommended that corrective measures occur in cases of failing academic or clinical or field internship performance. Ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains. Engage in cooperative involvement with the program director; and ensure the effectiveness and quality of any Medical Director responsibilities delegated to an Associate or Assistant Medical Director. Lastly, it is recommended that the Medical Director interaction be in a variety of settings, such as lecture, laboratory, clinical, capstone field internship—with interactions by various synchronous electronic methods as well.

J. NON-DISCRIMINATORY & DIVERSITY PRACTICES
1. **General:**
   a) To successfully fulfill the mission and vision, Cuyahoga Community College is consciously committed to diversity, integrity, academic excellence, and achievement of individual and institutional goals. We are dedicated to building trust, respect, and confidence among our colleagues, students, and the community.
   b) Diversity: At Cuyahoga Community College, we are fortunate to have a true mosaic of people that contribute daily to create a magnificent learning environment. The college's position is that diversity enriches not only the institution but society. We are committed to appreciating diverse perspectives and valuing the collective differences and similarities that make us who we are.

c) *Discrimination*: Discrimination against any individual based upon a person's age, ancestry, color, disability, genetic, information, military status, national origin, race, religion, sex, sexual orientation, or veteran status is prohibited. Any employee, student or other person who wishes to report discrimination or harassment based on any of the protected classes, should contact the following:

    a. Office of Inclusion and Diversity Cuyahoga Community College, 2500 East 22nd Street Cleveland, Ohio 44115 216-987-0204.

d) Additionally, the College's Title IX (related to sex discrimination) Coordinator is housed at the above address and can be reached at 216-987-3949. Refer to this link for further information: 3354:1-42-01 College Policy on affirmative action, inclusive excellence, equal opportunity, discrimination, and harassment.

III. PROGRAM EXPECTATIONS

A. PROGRAM DESCRIPTION

1. Certificate Programs:
a) [BASIC] Emergency Medical Technician—Basic, Short-Term Certificate
b) [MEDIC] Paramedic, Certificate of Proficiency

2. Associate Degree Programs:
a) Emergency Medical Technology, Associates of Applied Sciences
b) Fire—Emergency Medical Services, Associates of Applied Sciences

B. PROFESSIONAL STANDARDS

1. General:
a) In addition to the College's Policies and Procedures, additional professional standards and ethical standards to uphold are listed in the following:

b) Meet all conditions in the Ohio Administrative Code, Chapter 4765-9 Ethical Standards of Conduct & Chapter 4765-9-01, Professional Standards of Conduct for a Holder of a Certificate to Practice.

c) Paramedic students MUST have a State of Ohio and/or NREMT EMT, AEMT, EMT-I license prior to enrolling in the class. A copy of the license must be on file prior to the first scheduled date of the Paramedic class.

d) This license must remain in effect throughout the Paramedic program. If the EMT or AEMT licenses/certifications lapse, the student will be dropped from the program. This is governed by the following: Ohio Administrative Code, Rule 4765-8-01 Qualifications for a Certificate to Practice

C. CURRICULUM, PROGRAM GOALS & LEARNING OUTCOMES

1. Certificate Programs:
a) [BASIC] Emergency Medical Technician—Basic, Short-Term Certificate
b) [MEDIC] Paramedic, Certificate of Proficiency

2. Associate Degree Programs:
a) Emergency Medical Technology, Associates of Applied Sciences
b) Fire—Emergency Medical Services, Associates of Applied Sciences

3. <u>**Curriculum Design and Alignment:**</u>
   a) All Tri-C EMT programs are designed to meet or exceed that required by accreditation standards and Ohio Law. More information can be found here as to the full make-up of courses.

       (1)   EMR/First Responder: <u>OAC Chapter 4765-12</u>

       (2)   EMT-Basic: <u>OAC Chapter 4765-15</u>

       (3)   EMT-Intermediates: <u>OAC Chapter 4765-16</u>

       (4)   EMT-Paramedics: <u>OAC Chapter 4765-17</u>

       (5)   A full detailed description of the contents approved by <u>Ohio for EMS Curriculum Standards can be found here.</u>

D.   ACKNOWLEDGEMENT OF PROGRAM POLICIES

1. <u>**General:**</u>
   a) Each student is required to sign a student contract acknowledging they have read, understood, and agreed to abide by all Program and College policies, procedures, and academic and behavioral guidelines. If a student has any questions or concerns regarding the course or its policies, they should first discuss the questions or concerns with faculty. If more clarification is needed, the student may request an appointment with the Program administration. This Handbook Acknowledgement Form can be found in the Tri-C EMT Program Handbook here in the Appendices.

   b) Student requests for exemptions from or substantive changes in course policies must first be in writing and then submitted to program faculty or staff. Requests are forwarded to the program director/delegates for review.

E.   STUDENT RESPONSIBILITY STATEMENT

1. <u>**General:**</u>
   a) The EMT Program student is responsible for receiving this Handbook and adhering to the standards and procedures contained herein. Any information contained herein is subject to modification, deletion, or change.

       (1)   When program policy changes, the Handbook will be updated and communicated via the student's Tri-C email and with an announcement on the course Blackboard/Brightspace sites.

   b) Students are also responsible for having their current address, secondary email address and telephone number reported to the Enrollment Center at any campus. This information can also be updated through My Tri-C space.

F.   STUDENT COMMUNICATIONS & EMAIL PROCEDURE

1. <u>**General:**</u>
   a) Cuyahoga Community College (CCC) has established email as an official and primary means of communication with students. An official Cuyahoga Community email address is required for all students. The college expects that every student will receive email at his or her CCC email address and will read email on a frequent and consistent basis. A student's failure to receive and read college communications in a timely manner does not prevent that student from knowing and complying with the content of such communications.

b) Students have the option to redirect (auto-forward) email sent to their CCC email address. However, it's crucial to understand that students who choose to redirect email from their official CCC email address to another address do so at their own risk. If an email is lost due to forwarding, it does not absolve the student from the responsibilities associated with communications sent to their official CCC email address. This underscores the importance of students' accountability in managing their email communication.

c) Students having course questions or concerns are to address them to their primary course instructor. If the student feels they have received an inadequate response, the student should then address the questions of concern to the EMT Program Chair by scheduled appointment or email. If this does not resolve the student's concern, they may contact the EMT Program Director by respective appointment.

d) Students having clinical-related questions must first contact the college clinical coordinator for their course. If an important message needs to be shared with EMT Program faculty and staff, verbal communication may not be sufficient. Students may write a detailed and dated message to the instructor or staff member and may choose to have two copies if desired. If requested, the instructor or staff member can sign both copies so that the student may keep one for their own records. While infrequently required, having a personal copy or electronic version of communication can help prevent miscommunication in general. Communicating with an instructor or staff member via Tri-C email is always acceptable.

G.   STUDENT CONDUCT AND PROFESSIONAL CODE OF ETHICS REGULATIONS AND GUIDELINES

1.   Academic & Clinical Honor Code:

a) An academically dishonest act intentionally violates the community of trust upon which the pursuit of trust is based. For EMS providers, academic and clinical dishonesty violates the standards of moral and ethical conduct established by the EMS profession.

b) Moreover, it violates the trust developed between us, our patients, and other healthcare providers. Any student found to have committed or to have attempted to commit any act of dishonesty, including cheating, plagiarism, falsification or other forms of academic dishonesty, is subject to the disciplinary sanctions outlined by the Student Judicial System in 3354:1-30.6. Student judicial system.

c) The following illustrate specific acts of academic dishonesty that are antidotally observed in our programs:

(1)   Any use of external assistance during an exam, such as:

(a)   Communicating in any way with another student during an exam.

(b)   Copying material from another Student's exam.

(c)   Allowing another Student to copy from your exam.

(d)   Using unauthorized notes, unauthorized websites, calculators, electronic devices, and any other form of devices.

(2)   Any intentional falsification or invention of data or information in an academic or clinical exercise.

(a) Inventing, altering, or falsifying data for a patient report.

(b) Submitting materials as your own when someone else completed or created the work.

(c) Communicating false, altered, or incomplete information in clinical care and/or clinical documentation.

d) Refer to the Student Conduct Code 3354:1-30-03.5 and Student Judicial System for more information about violations and College disciplinary procedures; specifically:

a. Penalties for Academic Dishonesty are defined in the Student Judicial System 3354:1-30-03.6 – (D) Sanctions.

b. Plagiarism as Academic Dishonesty is defined in Tri-C Student Handbook via My Tri-C Space on the Student Services tab under College Guidelines.

2. EMT Professional Code of Conduct:

a) The policies and procedures of both Tri-C and the EMT Program are intended to provide a safe and professional educational experience for EMS students and represent the College, EMT Program, and EMS profession with respect and high standard. It is important for each student to understand and follow both the letter and spirit of each policy. Sometimes, situations will present themselves not covered by specific language of the policies and procedures. In such cases, students, faculty, and staff will be guided by best judgment, best practices, professional ethics and code, and the intent of current written policies and procedures.

b) Regardless of written language, students must always present themselves as a professional member of the pre-hospital and healthcare community. Students who fail to represent and display these standards, whether written or unwritten, will be considered in violation of policies and subject to disciplinary proceedings. These items are in accordance with OAC Chapter 4765-9-01— Professional standards of conduct for a holder of a certificate to practice.

3. Student Conduct Code:

a) Student Conduct Code is listed in the College Student Handbook and Policies listed in Student Conduct Code and Student Judicial System.

Students are required to behave in a manner that does not interrupt or disrupt classroom or laboratory activities.

(1) Examples of disruptive behavior include but are not limited to tardiness, private conversations during class, sleeping in class, inappropriate or offensive behavior, defiance of or disrespect toward instructor(s), ignoring the instructor's instructions, or attempting to redirect or disrupt the orderly flow of instruction. Disruptive behavior can result in disciplinary action, which could include failure of the EMT Program.

(a) Students are required to Interact with and address all faculty, administrators, staff, and guests with appropriate respect. Common courtesy during communication is also required.

(b)   Students must respect their instructors and fellow classmates, and instructors/preceptors will be respectful of each student. Any behavior such as inappropriate verbal or physical/sexual advances is a severe offense and will not be tolerated and will be considered sexual or other harassment. Any instance of such behavior is to be reported to the instructor immediately, which will start the investigative and disciplinary processes that could result in a failing grade.

4.   Electronic Devices Policy:

a) All cellular phones/pagers must be turned off and stored during lectures, skill sessions, and while participating at a clinical site. In the event a student is expecting an emergency call, prior notice must be given to the instructor, and allowances may be made. Any student who interrupts the college's normal function, either in or out of the classroom, may be asked to leave the area. They will be subject to disciplinary action.

b) Laptops and tablets are allowed during class time for class-related matters and approved use by the instructor(s). Smartwatches are allowed in class; however, during examination(s), they are to remain off until the conclusion of the exam. A student may be subject to disciplinary action if laptops or tablets are not being used appropriately, as listed above. If a student has any ACCESS Office-approved accommodations related to this, they will always be honored.

(1)   Electronic devices, as previously mentioned, are prohibited for use while immediately engaging in patient care (bedside or the back of ambulance with a patient) during clinical settings. The policy also includes any patient care reporting or charting into an electronic device until patient care has been formally transferred or terminated.

(2)   Violation of the electronic device policy will result in the following actions:

a. The student will not be permitted to have electronic devices in the classroom.

b. Using a personnel electronic device during an exam will be considered academic dishonesty, and the academic dishonesty policy will be followed. No personnel electronic device shall be visible during any exam.

(3)   The use of a camera or any recording device during any patient care violates HIPA and is cause for immediate failure of the course.

(a)   1st Infraction: Level I Student Counseling

(b)   2nd Infraction: Level II Student Counseling/ Performance Improvement Plan

(c)   3rd Infraction: Level III Student Counseling

5.   Social Media, Free Speech Policy, and HIPPA Law:

a) Social Media & Free Speech Policy:

(1)   Health Insurance Portability and Accountability Act (HIPAA) Law:

(a)   Posting and communication through any form of social media serve various purposes ranging from entertainment to the provision of public service announcements. Social media, for the purposes of this policy, includes (but is not limited to) actual conversations, texting, transmission of images/pictures through phones and other electronic devices, as well as social networks (such as, but not limited to) Twitter, Instagram, Snapchat, and Facebook. The EMT Program students must behave professionally and respectfully when referring to patients, peers, preceptors, and instructors they encounter. While the use of social media is a matter of individual choice and freedom of expression, it's important to remember that this freedom comes with a responsibility to adhere to specific laws, policies, and procedures.

(b)   Throughout the EMT Program, students may become aware of confidential information and situations in class, lab, and clinical/field time. The HIPAA Act, associated privacy regulations, and federal, state, and local laws regarding patient confidentiality restrict the ability of a patient's protected health information (PHI). This PHI is not to be discussed or shared on social media at any time, in addition to any release of PHI that violates HIPAA.

(c)   In clinical rotations or skill labs that include cadaveric specimens or actual patients, photography or sharing of any images is strictly prohibited. This rule is non-negotiable unless it's solely being used for a photography/GPS location app for clinical shift checking-in and checking-out purposes. Photography is allowed for the location app as described and with care, not to capture any cadaveric specimens or actual patients. An example of an approved app is Timestamp to document arrival and departure at a specific location.

(2)   Students must still abide by all program, clinical site, and proprietary program/software guidelines; also, in further appropriate instances as it relates.

(a)   Additional details regarding this section can be found at:

(b)   3354-1-60-03-free-speech.pdf (tri-c.edu)

(c)   3354-1-60-03-1-free-speech-violaitions-procedure.pdf (tri-c.edu)

(d)   Tri-C Clinical Experience Acknowledgement, Release, Indemnification, and Confidentiality Agreement

(e)   US Department of Health and Human Services—Health Information Privacy; HIPPA for Professionals.

H.   CLASSROOM SKILLS PRACTICE
1.   <u>General:</u>

a) During this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills, at times, using human subjects. All students are hereby advised that both non-invasive and invasive skills will be practiced on classmates and that classmates will be practicing these same skills on you. These practice sessions develop the tasks, dexterity, and tactile feel necessary for each skill in real situations under the control and supervision of program instructors. The instructors will use patient manikins wherever practical to avoid any discomfort or uncomfortableness with our students. These skills will involve limited physical contact with all areas of the human body, including the chest and pelvis (with strict avoidance of breasts and genitalia).

b) The EMS Program is acutely aware of the importance of hands-on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or an observer, are required to display tact and professionalism and behave under ethical and legal guidelines.

c) It is crucial that students feel comfortable during skills practice. If at any point a student thinks that the practice of a particular skill places them in an uncomfortable position, they have the responsibility to communicate this to the instructor. This should be done before beginning the skills practice or at any point during it.

d) At any time, should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor crosses a line of professionalism into overt sexual contact, the student should follow the procedure listed in the official college student handbook for filing a complaint. Any student who perceives they have been treated in a discriminative manner on the grounds of sex may consult with or file a written complaint following the official college student handbook.

e) Specific skills which will be practiced in this program, and which may involve practice in or around the chest and pelvis include:

Traction Splinting	Auscultations of Breath Sounds
Foreign Body Airway Obstruction	Assessment of Pulse and Respirations
Patient Assessment/Physical Exam	Application of ECG Electrodes
Blood Pressure by Palpation	Application of 12-Lead ECG Electrodes
Blood Pressure by Auscultation	Supine Spinal Immobilization
Dressing and Bandaging	Seated Spinal Immobilization
Splinting	Application of a Tourniquet

I. PROGRAM DRESS CODE AND UNIFORM STANDARDS

1. General:

a) Each student is required to adhere to the program dress code and may only be allowed to participate in clinical sessions if appropriately dressed. Failure to comply with this code and standards within this policy will be subject to the EMT Program Deficiency Point System.

2. Exemptions:

a)   Any deviation in the dress code must be approved and documented in writing by the EMT Program Director or their appointee.

b) Religious Accommodations that affect the Program Dress Code and Uniform Standards, along with instructions on how to seek them, are found in in [Tri-C Procedure 3354:1-60-04.1 Religious Accommodation Procedure.](#)

3. **Dress Code and Uniform Standard:**

a) All EMT students are to practice cleanliness and good personal hygiene.

(1) Students will wear only the approved program shirt, navy blue trousers, and a plain black belt. All clothing will be clean and free of wrinkles and stains; a program shirt will be tucked into trousers for the clinical rotation, class, and lab. No jeans or scrubs are permitted.

(2) Clinical site may have specific clothing requirements, which then becomes the required dress code at that clinical site. Applicable and necessary body substance isolation adornment supersedes uniform standards.

(3) Plain black shoes or boots made from non-porous material with closed toe and closed heel. No athletic/ tennis shoes are permitted.

(4) The Tri-C photo ID with clip (no lanyards) and assigned hospital system ID must be worn near the collar, facing forward (visible).

(5) Hair to be pulled back and neat. Long hair (past the collar) to be worn "up." Hair should be of a natural color.

(6) Fingernails should be clean and short, not extending beyond the fingertips. Neither nail polish nor artificial nails are permitted.

(7) Make-up should look natural and appropriate for daytime. Wearing false eyelashes is prohibited.

(8) No glitter in any form is allowed on a student's person.

(9) The only acceptable jewelry is a plain wedding band and a pair of small post earrings (one in each earlobe). No visible gauging, additional ear piercings, or tongue rings are permitted. All other visible body piercing is not allowed.

(10) Excessive perfumes and colognes are not permitted.

(11) Anything that could detract from a professional appearance should not be worn.

(12) Jackets worn in the field will be dark in color and free from writing, logos, or patches (no Tri-C Fire Academy or company/department clothing/logos permitted).

(13) If a student chooses to purchase a Tri-C EMT Program job shirt, it must be worn with a program polo shirt underneath it. Sweatshirts and hoodies are not allowed.

(14) No hats or baseball caps are permitted, except for a stocking (watch) cap during field shifts in inclement weather. Watch caps must be navy blue or black in color and free from any logos/ writing/patches (no Tri-C Fire Academy or company/department clothing/logos permitted).

(15) No visible tattoos are allowed. All tattoos must be covered with a natural appearance (e.g., not an endorsement/advertisement; [please refer here](#).

(16) If required by the clinical site, students must wear safety vests in hazardous conditions such as motor vehicle collisions (MVC) or any other situation as directed by clinical site preceptors or departmental members.

J.   HEALTH & PHYSICAL REQUIREMENTS

1.   __Functional Job Skills & Requirements:__

a) The Functional Job Descriptions, outlined in here in the Appendices., describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT and paramedic students.

2.   __Immunization and Health Requirements:__

a) The College establishes health requirements, standards, and physical requirements that meet the expectations of employers, field experience locations and/or clinical sites. All students must abide by and meet these requirements or provide criteria to earn an approved exemption for those items allowed. Requirements can be found here in the School of Nursing and Health Professions—Immunization and Health Requirements Guide.

IV.   ACADEMIC REQUIREMENTS & PROGRESSION

A.   DEGREE REQUIREMENTS

1.   __Certificate Programs:__

a) [BASIC] Emergency Medical Technician—Basic, Short-Term Certificate
b) [MEDIC] Paramedic, Certificate of Proficiency

2.   __Associate Degree Programs:__

a) Emergency Medical Technology, Associate of Applied Science
b) Fire—Emergency Medical Services, Associate of Applied Science

B.   ILLNESS/ADA

1.   __Illness:__

a) In the event a student becomes ill or injured while in Program-related activity, the priority is to ensure the appropriate level of emergency care for the student based upon the seriousness of the condition. All costs associated with managing an illness or injury, even during class-related activities, are the student's responsibility. The student also retains all the normal patient rights as anyone else and deemed appropriate based on their healthcare providers.

b) Students should report an infectious disease, transmissible from person-to-person or by direct contact with an affected individual or the individual's discharges, or by indirect means following the guidelines in the link below. The Ohio Administrative Code (OAC) provides guidelines through the Communicable Disease Rules found here. For a student who is infected with one of these illnesses and, if the illness occurs on campus, follow the steps as listed here: https://www.tri-c.edu/administrative-departments/business-continuity/infectious-and-contagious-illness-reporting.html

2.   __Americans with Disabilities Act (ADA):__

a) The Cuyahoga Community Colleges Student Accessibility Services (SAS) department will handle all matters concerning the Americans with Disabilities Act.

    b) An accommodation made by SAS does not guarantee State Certification as an EMT or Paramedic. The student is responsible for addressing any necessary accommodations with the State of Ohio EMS Department.

C. PROGRAM REQUEST TO TRANSFER TO ANOTHER CAMPUS POLICY
1. General:
    a) A student can request a move from one campus to another if the following is reviewed and approved.

        (1) The course faculty members/lead instructors both agree to the transfers, and there are open seats in the requested course.

        (2) The course requested for transfer runs congruently with the original course enrolled in. For example, the transfer cohort started in the same month and year. A student who begins a cohort must consistently finish in the same month.

D. [MEDIC] PARAMEDIC TERMINAL COMPETENCIES EVALUATION
1. CoAEMSP Terminal Competencies:
    a) CoAEMSP has developed a Terminal Competency form that programs can use to provide consistent verification of each student's accomplishment of program competencies. The form documents successful completion of didactic, laboratory, clinical, and field internship components of the curriculum and affective learning domain evaluations. It also includes a section for tracking the outcomes of the individual after graduation. The form provides for the signatures of both the Program Director and the Medical Director.

    b) At a minimum, the items which have been deemed the Tri-C Paramedic Program's terminal competencies are:

        (1) A list of several *Written High Stakes Examinations*, to include end of module final exams and final cumulative summative examination.

        (2) Fully completed Student Minimum Competency (SMC) Matrix Requirements (required minimum, competencies, and patient contacts.)

        (3) Documented Skill Competencies

        (4) Affective Learning Domain Evaluations (lab, clinical, field, capstone)

        (5) Capstone Field Internship Tracking Records (number of team leads, achieved competencies)

        (6) Graduation Requirements Report

        (7) Summative Comprehensive Final Evaluation in the cognitive, psychomotor, and affective areas.

        (8) Successful completion of following card course certifications; AHA ACLS, AHA PALS, AHA BLS, ITLS, and AMLS

    c) The *CoAEMSP Terminal Competency Form* used by the Tri-C Paramedic Program is available here.

E. ATTENDANCE & ABSENCE POLICIES
1. Overall Attendance Procedure:

a) Students must attend scheduled class sessions like lectures/lab, clinical, video-based sessions, and practicum. All infractions regardless of the setting will count towards the corresponding lecture final grade average. All attendance issues are cumulative for that given module, regardless of what setting they are earned in. Student Attendance is further defined in the Tri-C Student Attendance Policy.

b) Attendance is defined as physically being in class and actively participating. Students must be physically in class until the instructor gives proper dismissal. Students leaving before they are formally dismissed by the instructor are considered non-compliant and will be counted absent.

c) It is the student's responsibility to monitor and track their attendance violations and accumulative demerits for each given module to stay attuned to any potential academic jeopardy in their future. They can communicate with their lead instructor and clinical coordinator as needed for this information as well.

    (1) The College is committed to providing accommodation for religious reasons. Please see the college Policies and Procedures link for information. Additional information is here in Tri-C Policy 3354-1-60-04 Religious Accommodations.

F. EMT PROGRAM ATTENDANCE GUIDELINES (PER 8-WEEK SESSION)

1. Successful Completion for Each Eight Week Session:

a) Successful completion of each 8-week course will be based on achieving the required number of clinical hours and all clinical specialty areas assigned to each course. It will not consider required skills (the student must meet the minimum skill numbers for program completion).

b) The following criteria will be followed to determine completion status of clinical activity at the end of each course:

    (1) **100% + hours** completed = pass

    (2) **80-99.9% hours** completed = passing grade with assignment of clinical probation and written plan for making up deficient activity

    (3) **79.9% and below hours** completed = failing grade for paramedic theory course that student is currently enrolled in.

2. Absence Procedure:

a) If a student believes they will be absent, the student must contact the appropriate program staff or instructor prior to the assigned time. In lecture and lab settings, the lead instructor/lab coordinator can create a remediation session for lecture and lab content missed; hospital and field rotations do not allow this. Absences will be documented, and appropriate actions will be as follows:

    (1) 1st Infraction: a counseling form is generated, and 3 demerit points are awarded.

    (2) 2nd Infraction: a counseling form is generated, and 3 demerit points are awarded. Program Improvement Plan (PIP) is created for the student.

    (3) 3rd Infraction: a counseling form is generated, and 3 demerit points are awarded. The student has now demonstrated a pattern of excessive absenteeism, generated excessive demerit points, and is subject to earning a failing grade for the course.

b) [EMT Program Deficiency Point System is provided here for reference](#).

3. **Tardiness Procedure:**
    a) A student is deemed tardy if they arrive after a scheduled time. Tardiness of thirty (30) minutes or more after the assigned time will be counted as an absence. Tardiness may cause the student to be ineligible to receive credit on instructor-assigned coursework given while deemed tardy. Instructor discretion is allowed in this situation. Tardiness will be documented, and appropriate actions will be as follows:
       (1)   1st Infraction: verbal warning
       (2)   2nd Infraction: a counseling form with demerit points.
       (3)   3rd Infraction: a counseling form with demerit points. PIP is warranted for the student.

4. **Clinical Attendance Reporting Procedure:**
    a)   To provide adequate notification to the college clinical staff and the clinical site. The following procedure must be followed immediately upon realizing that you (the student) will be tardy, absent, or required to leave early from a clinical site:

       (1)   Notify your designated College Clinical Coordinator immediately via those preferred communication routes (mobile phone, call, text) of your deviation from the scheduled clinical activity.

       (2)   Immediately after calling/texting notification, email your College Clinical Preceptor outlining the circumstance for your deviation from the affected clinical activity.

       (3)   At the first opportunity (once in class), complete an EMT Program Attendance Form and submit it to your College Clinical Preceptor. Attach any documentation to the shift in Platinum Planner via a document/ photo upload.

    b)   The original documentation will be placed in your clinical file. A copy of the documentation will be provided to your course instructor to document the tardiness /absence/early departure as part of your attendance record.
    c)   Failure to complete each step of this reporting procedure, or not completing it at all, will lead to steps in the EMT Program disciplinary process.

5. **Missed Certification Courses in Paramedic Capstone Phase:**
    a) Missed certification courses (BLS, ACLS, PALS, PHTLS, ITLS, AMLS, etc.) must be made up during an additional course offering at another campus scheduled certification course at the sole discretion of the course/program instructor.

b) The student will need to arrange time with the course/program instructor, either via step a (above) or on the student's own time, cost, and arrangement to complete the objectives that were missed for that certification course by the end of the capstone phase of the paramedic program.

c) The EMT Program recognizes special circumstances. However, the certification course and missed objectives must still be met in accordance with this section.

d) Appropriate documentation is required in any of the following special circumstances.

   (1)   Jury duty and subpoenas

   (2)   Event of death of an immediate family member (defined by the College as a spouse, child, parent, siblings, legal guardian, grandparent, or legal court advocate)

   (3)   Military Duty

   (4)   Religious accommodations

   (a)   Extended leave due to medical restrictions. If extended or prolonged absences are required, the Program Director will consult with the College for acceptable accommodation in student placement. Regulatory statutes limit how long a student is permitted to complete a program.

6.   Rationale behind Section F—EMT Program Attendance Guidelines:

a) The EMT Program Attendance absence and tardiness policy was developed to satisfy the State of Ohio minimum hour requirements outlined in:

   a. <u>EMT Basic Curriculum</u>: OAC Rule 4765-15-02| Emergency medical technician curriculum; specifically stating an EMT training program shall consist of a minimum of one hundred fifty (150) hours.

   b. <u>EMT Paramedic Curriculum</u>: OAC Rule 4765-17-04 Paramedic Curriculum; specifically stating a Paramedic training program shall consist of a minimum of five hundred (500) hours being devoted to the didactic and laboratory portion of the EMS training program and at least four hundred (400) hours being devoted to the clinical and field training portion, to include minimum skill set competency as outlined in paragraph (D) of this rule.

V.   ACADEMIC STATUS

A.   ACADEMIC STATUS & GRADING:

1.   Tri-C Academic Status:

a) The College procedure on Academic Status explains the college's academic probation and dismissal process, including the GPA requirements for each level of credit hours attempted. Good Academic Standing, Dean's List status, probation and dismissal are explained by opening the underlined links: College Procedure on Academic Status.

b) The Standards of Academic Progress information provides details on how financial aid is impacted based on grade point average and progress toward degree completion: Satisfactory Academic Progress. Federal regulations require that students make measurable progress towards completion of their course of study to continue to remain eligible for federal aid. The College reviews the academic progress of all students and notifies students receiving federal financial aid each semester of their status.

2. Grade Point Average (GPA):

a) General:

(1)   The link to the Tri-C Grade Point Average outlines the awarding of a GPA.

b) EMT Grading GPA:

(2)   Enrolled students must maintain a minimum overall 2.00 grade point average, which is equivalent to an 80% average. More details in the follow sections.

3. Grading:

a) General:

(1)   The link to the Tri-C Procedure on Grading explains the grades and awarding of credits, auditing of courses and pass/no pass use. At the program level, there are grading scales and/or rubrics that faculty provide to guide students on course grading. The EMT grading scales are defined in the course syllabi.

b) Reason for Policy:

(1)   CoAEMSP has requirements in place for fair and evaluated testing for all Paramedic programs. The program must have a policy in place to describe and define the Testing Policy and use of EMT Testing. As such, CoAEMSP has indicated this requirement in the following statement:

(a)   CoAEMSPs Statement: "IV. Student and Graduate Evaluation/Assessment, A. Student Evaluation, 1. Frequency and Purpose: Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of students' progress toward and achievement of the competencies and learning domains stated in the curriculum."

(b)   Rationale of Statement: "The Program is conducting item analysis of examinations; to include validity/reliability in testing of the exams. Generally using Platinum Group Testing tools which are validated through their system, but the Program may add some questions of our own. All questions, when offered, will be evaluated for p-values, difficulty & discrimination (national and local if available) and Point Biserial, if enough are available."

(c)   <u>Requirement to Submit:</u> *"The program will have the physician director and advisory board review and approve all high stakes exams (Final exams and any other exams used to determine continued progression through the program). The Program shall submit the results of the analysis of validity and reliability of the major examinations (e.g., item analysis, correlation to external exams) to the advisory board. We will also submit to the advisory board the interpretation of the validity and reliability data and describe changes that were made to examinations based on that interpretation."*

c)   Make-Up Exams:

    (1)   Make-up quizzes, midterm exams, and final exams are at the sole discretion of the faculty/lead instructor. The instructor reserves all the right to deduct points for failure to take and/or make up the test in a timely manner what.

d)   College Lab Grade:

    (2)   The paramedic class *LAB GRADE* is ***Pass/Fail*** based on the total laboratory performance. If the student fails the lab portion of any module/class, the student will receive a <u>failing grade for the entire course</u>.

e)   Clinical Experience Grade:

    (1)   The paramedic class *CLINICAL GRADE* is ***Pass/Fail*** based on the total performance criteria in the College and Program Handbooks. If the student fails the clinical portion of any module/class, the student will <u>receive a failing grade for the entire course</u>.

f)   Overall Course Grade Determination & Outcome:

    (1)   If a student fails any lab or clinical section of the paramedic program, the student will earn a failing grade for the entire course regardless of the lecture grade.

    (2)   Passing the course final exam with an 80% or higher is required, in addition to a cumulative grade score of 80% to "pass" each course level and become eligible to take the NREMT EMT and Paramedic Certification Tests.

    (3)   The EMT Program recognizes the grading policies are more stringent than other programs and classes offered at the College. We strive to set higher goals for our students; thus, our students will strive for higher knowledge and skill techniques such as practicing EMTs and Paramedics.

        (a)   [MEDIC] Paramedic Program Grading Scale:

            (i)   See diagram below:

Academic Score =	94% & above =	A				Final Course Grade
	87% - 93.99% =	B	(-)	Any penalties for Unexcused Absence of Evaluations	(=)	
	80% - 86.99% =	C				
	74% - 79.99% =	D				
	Under 74% =	F				

1. Pass/No Pass Grade Option:

(4) Students can select up to 12 credits taken Pass/No Pass (P/NP) to fulfill degree requirements at Tri-C. However, courses used as pre-requisites or core courses for all the Health Careers and Nursing Programs must have traditional letter grades. Therefore, if you applied or have been accepted into a Health Career or Nursing program you can't take this class as a Pass/No Pass option.

(5) Student Affective Behavior (behavior/professionalism) Grading:

(a) To satisfy CoAEMSP requirements, each student will be evaluated in the affective domain by the course instructors throughout each course in didactic, lab, and clinical areas. Affective behavior is monitored during **EVERY** lecture, lab and clinical experience by the instructor, staff, or clinical site preceptor, respectively. In addition, an Affective Assessment Report will be generated by each instructor in each area and given to the Program Director and put in each student's permanent file at the end of each module.

(b) If any student receives an unsatisfactory rating in any area, the student will be placed on Probationary Status and individually remediated and counseled (level one counseling form for EMT-B students) on affective evaluation deficiencies as appropriate.

(c) Any student who receives unsatisfactory ratings in any area per 8-week **module will be penalized one letter grade for the overall class grade.** A student with negative markings on ANY final affective evaluation during EMT 130L or EMT 2371 will meet with the Program Director and the Medical Director to determine eligibility to advance to the National Registry exam.

4. <u>EMT Program Disciplinary & Student Counseling Process:</u>

a) EMT Program Disciplinary Process:

(1) Tri-C and the EMT Program believe in progressive discipline to inform the student of a problem and to help present strategies to solve it.

(2)   The EMT Program Disciplinary & Counseling Process is to be used as a method to guide, remediate, and help redirect any program student to help them achieve their educational goals, as well as provide a method that ensures the rigors set forth by the College, accreditation standards, and Ohio Division of EMS. This process is applied to all students while actively engaged in the class, lab, or clinical/field setting, or any other time the student is under the auspices of the Tri-C EMT Program.

(3)   <u>Expectations</u>: Any student failing to adhere to the program or college policies may be subjected to the EMT program's disciplinary and counseling process: the process is outlined below and documents violations of the program or college policy or required behaviors. Progression through the levels occurs when repeated violations of the same nature occur throughout the course or cohort. The disciplinary process may forgo the formal student counseling process if the behavior or action violates expectations set forth in the program manual. warrants failure of the course based on the program manual. In the case of severe or dangerous or harassing behaviors or actions, the student will be entered into the college's early alert system.

    (a)   **LEVEL 1**: The student is provided with a verbal warning, with documentation of the event recorded on a program counseling form. An electronic copy of the form will be provided to the student and placed in the student's course file.

    (b)   **LEVEL II:** The student receives a written warning, with documentation of the event recorded on a program counseling form. An electronic copy of the form will be provided to the student and placed in the student's course file.

    (c)   **LEVEL III:** The student is entered into a Performance Improvement Plan (PIP), with documentation of the event recorded on a counseling program form. The student also receives 4 points through the EMT Program Deficiency Points System. An electronic copy of the form will be provided to the student and placed in the student's course file. The instructor of record for issuing the PIP will be responsible for following through with the student to assure all conditions of the PIP are satisfied.

    (d)   **LEVEL IV:** The student is referred to the Program Director, with documentation of the event recorded on a program counseling form. The student also receives 6 points through the EMT Program Deficiency Points System. An electronic copy of the form will be provided to the student and placed in the student's course file.

5.   <u>Due Process, Grade Disputes, & Complaint Policies:</u>

a) Due Process:

    (1)   Please refer to the course syllabus, EMT Program Handbook, and Tri-C Student Handbook for additional information.

b) Grade Disputes:

(1)   Any student with a course grade grievance can pursue a grade dispute. The student should first discuss the grievance with the faculty member/course instructor. If a resolution cannot be achieved after this first meeting, students are to follow the Procedure on Student Grade Disputes Tri-C Grade Dispute Procedure in accordance with the Tri-C Student Handbook Tri-C Student Handbook. This process cannot begin until the final grade is posted.

c)   Complaint Policies:

(1)   <u>General/Program Complaint</u>:

(a)   The College and EMT Department strive to provide every student with a successful and positive educational experience. As part of an effort to continuously improve the College, while also resolving legitimate student concerns, the College and EMT Department maintain a student complaint and grade dispute procedure. Any student who is dissatisfied with an aspect of his or her collegiate experience involving a faculty member or other employee may seek resolution of the matter with the College and initiate the complaint process as outlined within the 3354:1-30-03.4 Procedure on student complaints or using the General Complaint or Concern Tri-C Procedure located in the Tri-C website.

(2)   <u>Clinically Related Complaint</u>:

(a)   There will be a mediation process when students express a complaint. The program director will forward the complaint to the clinical preceptors at each campus. The managing clinical preceptor will describe the history and concerns surrounding the event. The group will discuss the issue and agree on a reasonable solution. If a solution cannot be decided on, the issue will be moved forward to the Program Director, who will provide the final resolution of the issue in writing.

6.   <u>Student Change of Contact Information:</u>

a)   General:

(1)   Use My Tri-C Space to submit a change of address, phone, or personal email. Use the "Student Tab" in the "My Info" section to access and update this information. The EMT Program must be informed in writing of any name, address, or other contact information updates. Additionally, the provided student name must accurately match that of the ADB/Complio profile, clinical onboarding forms, waivers, Platinum Planner profile, etc.

7.   <u>Prohibited Conduct Procedure & Weapons/Substance Abuse:</u>

a)   General:

(1)   Students are subject to the <u>Tri-C Policies/Procedures 3354:1-20–03.1 Prohibited Conduct Procedure, 3354:1-20-05 Alcohol, Drugs, and Tobacco Policy, 3354:1-50-04 Safety and Security Policy</u>.

(2)   No firearms/weapons/knives, illegal drugs, or alcohol are allowed during the clinical rotations, school, etc. The policy includes alcohol on your breath.

(3)   During any presence or participation in Program-related activities, students shall not be under the influence of any mood-altering substances, e.g., alcohol or any other substances (legal or not), that could potentially impair the student's mental, emotional, or physical abilities. Students must follow the Tri-C policies and procedures throughout all aspects of any Tri-C EMT program and the policies and procedures of all clinical and field sites. The student will also fall under the EMT Professional Standards and Code of Ethics policies listed in this handbook.

(4)   If a student displays any conduct that provides for reasonable suspicion of a mood-altering substance, the College's police department and any law enforcement agency responsible for the jurisdiction of a clinical or field site will be requested to investigate.

(5)   Violations of all policies and procedures applicable to these topics will result in the student being suspended (pending investigation) and disciplined, which could result in the student earning a failing grade for the course.

8.   Program Withdrawal:

a) General:

(1)   When a student is considering withdrawing from a course, they should be mindful of the course withdrawal dates. Depending on the date of withdrawal, a student may forfeit a refund and risk receiving a failing grade. If a student encounters any extenuating circumstances that prevent the completion of a course or program, the student will need to follow withdrawal instructions from the program administrators.

b) Program Failure (absence):

(1)   A student will fail the program as the result of excessive absences.

c) Program Dismissal (behavior):

(1)   Serious behavioral problems may lead to dismissal through the Student Conduct Code.

9.   Probation:

a) General:

(1)   Successful completion of the program requires dedicated commitment and adjustments to social and personal activities. To progress to the next sequential EMT Program course offerings and to graduate, students must earn a minimum letter grade of "C" in all lectures, lab, and clinical courses of the curriculum.

(2)   Each student should actively monitor his or her academic standing throughout the semester. Should a student fall below an 80% cumulative average at any time, the student will receive a written warning and be placed on academic probation. In addition, the student may be required to attend mandatory tutoring sessions to reinforce any knowledge weakness the student may demonstrate during evaluations.

(3)   Program academic probation is the limitation whereby the student does not continue in the EMT Program course sequence until the cause of the probation is rectified. A student placed on academic probation will be required to meet with the Program Director and/or the Associate Dean of Health Careers for counseling.

(4)   A student on academic probation may be required to participate in tutoring sessions outside of class hours or perform remedial work. Grounds for program academic probation for students enrolled in any EMT Department Program are:

(a)   A cumulative GPA or EMT Program course GPA of less than 2.0, regardless of hours attempted or earned by the student.

(b)   Evidence of any non-professional conduct or inappropriate behavior.

(c)   A student will be placed on immediate probation for failing to pass a final examination, project, or any competency required by the course. The failure to complete hospital specialty units during any course will cause the course's failure. The student will not be offered a makeup session due to the limited schedule of the specialty units.

(d)   Students may be placed on probationary status for other reasons, including, but not limited to, attendance, lab performance, clinical performance, classroom dress, and any behavior issues.

(e)   Only one Program Academic Probation is allowed.

10.   Dismissal:

a) General:

(1)   A failure of the EMT Program can result from misbehavior listed on the course syllabus, EMT Program Handbook, and/or College Student Handbook.

(2)   Furthermore, a student will be given an immediate failing grade for the following (but not limited to) issues:

(a)   Failure to follow College policies and procedures regarding the use of drugs, alcohol, tobacco, cheating, and any other forms of misbehavior.

(b)   Any falsification of a student's clinical or laboratory records

(c)   If a student is suspended or terminated from using any EMT Program course data, LMS, or testing platforms (e.g. EMS Testing, Platinum Planner, JB Learning, etc.) and unable to continue using it as determined by the data or testing platform representatives as a requirement of the EMT Program,

(d)   A student's cumulative grade point average and/or EMT-based course grade is below 2.0, or "D" average in courses at the end of the semester following his/her Program Academic Probation.

(e)   A student receives notice that they are on academic probation for a second time in their EMT Program course of study.

(f)   A student fails to do required remedial or make-up work within the timeframe set by or to the satisfaction of the Program Director and/or their designee. Remedial or make-up work may be required of students for other reasons determined by the Program Director as necessary for Program progression.

(g)   Any assigned clinical affiliate denies the student access to their facilities regardless of academic or technical performance during any semester of the program. A student can be denied access to a clinical affiliate for, but not limited to:

(i)   Excessive absenteeism

(ii)   Tardiness and/or leaving early from the clinical site.

(iii)   Unprofessional or inappropriate behavior

(iv)   Failure to demonstrate an appropriate level of EMT Program care ability.

(v)   Refer to the clinical site policies for additional reasons for denial to a clinical site affiliate.

(vi)   A student's performance demonstrates any of the following:

(vii)   A safety concern for a patient, the patient's visitors, the student(s), and/or other clinical personnel.

(viii)   Unprofessional conduct of any form.

(ix)   Acting outside of the scope of practice for the enrolled EMT Program course they are enrolled in (or outside of the stipulations in this handbook) regardless of the quality of grades.

11.   Reinstatement/Readmission to the Program:

(1)   <u>General</u>: If a student leaves the program for any reason other than disciplinary action (academic dismissal, health, or personal challenges), they must do the following to be readmitted to the program:

(a)   A written request to return to the program must be submitted, reviewed, and approved by the program director.

(b)   Written documentation from their medical provider that the student could return if they left for health reasons.

(c)   The student must have a plan for educational success that must be approved by the program director and will become a mutually agreed upon contract. Failure to abide by this contract will result in the student earning a failing grade.

(2)   A student may return once (for a total of two (2) attempts) with the above conditions on a space available basis.

(3)   Students who fail or are dismissed from a course/cohort will be required to start a new cohort beginning with EMT-2330.

(4)   If readmission is granted, the student is under probationary status for the remaining length of the program. A student under probationary status will be subject to a failing grade/dismissal should another Program Academic Probation occur.

(5)   Due to the rapid changes in health technology, students may be required to repeat courses they have already successfully completed or demonstrate proficiency through a written and/or practical examination. Students will be required to repeat any clinical experience already completed.

(6)   The student meeting the admission requirements listed in this section is not given preference over new applicants for program admission.

(7)   The Tri-C Procedure on Academic Status explains the college's academic probation and dismissal process including the GPA requirements for each level of credit hours attempted. The Tri-C Procedure on the Request for Course Reinstatement Due to Non-Payment,

12.   Program Completion & Licensing:

(1)   <u>General</u>:

(a)   To successfully complete the certificate programs offered in the EMT Program and establish eligibility for the certification examination, students must first:

(i)   Successfully complete all applicable classroom, academic, clinical, field internships, and attendance requirements where applicable.

(ii)   Submit any additional requirements (not exclusive) to finish the paramedic clinical component and complete the program. These requirements are:

    (a)   2360 and 2371 completed Affective Field Evaluations

    (b)   Preceptor Handbook

    (c)   Paramedic Clinical Competency Sign-Off Form

    (d)   All Issued Hospital IDs

    (e)   Proof (picture) of the End-of-Course Program Survey having been completed.

(iii)   Complete and document all applicable clinical requirements.

(iv)   Demonstrate skills competence as required in the laboratory, clinical, and field settings.

(v)   Demonstrate overall cognitive, psychomotor, and affective competence to the satisfaction of faculty, clinical & field internship preceptors, Program Director, and Medical Director.

(vi)   Not be under investigation or subject to disciplinary action for violation of Tri-C rules, regulations, or policies, and not have any outstanding balance on their student accounts.

(vii)   Return any books, equipment, and other materials borrowed from Tri-C and the Tri-C EMT Program.

VI. <u>LANGUAGE PROFICIENCY REQUIREMENTS:</u>

A.   LANGUAGE PROFICIENCY REQUIREMENTS:

1. **College and Program Requirements:**
   a) The College establishes proficiency requirements to enter a college level course in English Language Proficiency Requirements for Admission Policy and specific scores can be reviewed on the linked information.

I. STUDENT RESOURCES:

A. TUTORING:

1. Tutoring Services:
   a) Tutoring Services are offered at each campus tutoring center which supports a wide variety of subjects. It is the student's responsibility to seek their support.

2. Student Conferences/Assistance:
   a) Faculty and staff are available, simply upon request by the student, to provide additional instruction and tutoring with skills and curriculum. In cases where they cannot immediately provide these resources, they will work to direct the student to where they can find assistance as needed.

   b) The EMT Program recommends that students meet with their instructors and clinical coordinators at least once a month to provide clear objectives and document the following:

      (1) Allow the instructor(s) to:

         (a) Provide an overall evaluation of the student's classroom and clinical performance.

         (b) Provide the student with specific performance improvement recommendations.

         (c) Address student concerns.

      (2) Allow the student to:

         (a) Discuss the overall evaluation of classroom and clinical performance.

         (b) Discuss methods of performance improvement and develop a plan for improvement (if necessary).

         (c) Communicate course performance concerns the instructor(s) or clinical coordinator.

B. STUDENT ACCESSIBILITY SERVICES:

1. Student Accessibility Services:
   a) Student Accessibility Services:

      (1) Provides support to students with disabilities at all College campuses, sites, locations, or online courses. To receive services, students must schedule an appointment with a student advisor and provide documentation of a disability. The Student Accessibility Handbook is another source of information for students.

   b) EMT Program Student Testing and Certification:

      (1) The following information should be reviewed here as it affects students with accommodations. A checklist for a student applying for accommodations with the NREMT is here and the full policy of NREMT regarding this circumstance can be found here.

B.   **STUDENT SAFETY:**
1.   **Safety and Security:**
a)   General:
(1)   The college is committed to providing a safe and secure environment as outlined in the Tri-C Policy 3354:1-50-04 Safety and Security.
b)   Student safety is also addressed further in this handbook here.

C.   **OTHER RESOURCES:**
1.   **Additional College Resources:**
a)   CLEP (College Level Examination Program)
b)   Credit by Exam (CBE) Credit for Prior Learning
c)   Standardized Training and Certification Programs (ACE)
d)   Transfer Centers on each campus provide information on transferring to and from Tri-C, Credit for Prior Learning, Articulation Agreements and Statewide Transfer Guarantees.
e)   Transfer Students
f)   University Partnership by School are available for students interested in transferring to a particular school or program.

II.   ACCREDITATION AND CREDENTIALING:
A.   COLLEGE AND ACADEMIC PROGRAM ACCREDITATIONS:
1.   **Overview of College and Academic Program Accreditations:**
a)   The College's accreditation by the Higher Learning Commission is maintained and updated at this link.
b)   The EMT Program information is maintained on the program webpage and updated at this link listed. Additional information can be found here.
c)   The EMT Program is accredited by:
(1)   The State of Ohio Emergency Medical Services Division with accreditation #312.
(2)   The Committee on Accreditation of Educational Programs for the Emergency Services Professions (CoAEMSP) with accreditation #600596.

2.   **Boards, National, and/or State Testing:**
a)   National Registry of Emergency Medical Technicians (NREMT)

III.   COSTS:
A.   TUITION AND FEES:
1.   **Overview on Tuition and Fees:**
a)   The College Tuition and Fee Schedule includes program related fees and supplies as part of the program cost is listed here. Further details on supplies are listed below.
b)   Regarding specific information on tuition, fees, and additional program-specific costs, please visit here for further details (specifically pages 3-5).

B. **SUPPLIES:**

1. <u>**EMT-Program Specific Supplies Costs:**</u>
   a) Visit here for further estimates of program-specific supply fees.

C. **FINANCIAL RESPONSIBILITY:**

1. <u>**Overview on Financial Responsibility:**</u>
   a) To determine what costs may be covered by financial aid, visit one of the college's financial aid offices located at each campus. Visit Tri-C Financial Aid & Scholarships here.

D. **LICENSE, APPLICATION, CERTIFICATION, AND/OR EXAMINATION COSTS:**

1. <u>**Overview of Costs for License, Application, Certification, & Examination:**</u>
   a) Emergency Medical Responders information is here.
   b) Emergency Medical Technician information is listed here.
   c) Paramedic information is listed here.
   d) The State of Ohio Division of EMS does not charge to be certified within the State of Ohio.

IV. <u>FIELD AND CLINICAL EXPERIENCES:</u>

B. **CLINICAL EXPERIENCE & PURPOSE OF CLINICAL EDUCATION**

1. <u>**General:**</u>
   a) The purpose of clinical experience and education is to provide students with opportunities to reinforce knowledge, skills, and abilities acquired in the classroom and laboratory settings. When provided with opportunities to practice with actual patients, students transition from a basic understanding to an advanced level of comprehensive application and analysis.
   b) During this cognitive and psychomotor transition from simplistic tasks to those that are more complex, the student will develop a valuable and functional index of care modalities to be used when treating patients as a provider. Upon completion of the clinical education requirements, student proficiency will increase in the following performance areas:
      (1) Clinical Behavior/Judgment
      (2) Assessment
      (3) Therapeutic Communication and Cultural Competency
      (4) Psychomotor Skills
      (5) Professionalism
      (6) Decision-Making and Prioritization
      (7) Record Keeping
      (8) Patient Complaints
      (9) Scene Leadership
      (10) Scene Safety

2. <u>**Educational Progress of Field/Clinical Internship:**</u>
   a) [EMT/MEDIC] Phase One—Observational Phase:

(1)   In this phase, the crew performs patient management while the student observes evolution (e.g., Interview, Physical Exam, Management). The preceptor explains processes and how to be a team leader. The pace of patient management is dictated by patient acuity. The preceptor also introduces skills on live patients and answers student questions.

b) [MEDIC] Phase Two—Instructional Phase:

(1)   In this phase, the student begins the team-leading process while the preceptor guides the student's progress and takes corrective measures in real-time as necessary. The student must complete a specific number of chief complaints and impressions and, over time, requires fewer corrective measures.

(2)   When applicable, the preceptor should define a specific number of corrective measures allowed and, if necessary, move the student back to the observer role. When indicated, the student would be marked as unsuccessful and receive no credit for the evolution. Students should learn from their mistakes regardless of where they are in this phase.

c) [MEDIC] Phase Three—Evaluation Phase:

(1)   In this phase, the preceptor continues to observe the student but takes a partner-type role while they observe and assist in the documentation process. They are careful not to complete the form for the student, and the student should not ask for the preceptor's documentation either. The preceptor assumes control of the patient if, at any time, the patient's or staff's well-being is jeopardized.

d) [MEDIC] Phase Four—Optimal Evaluation Phase:

(1)   In this phase, the student should be able to function as a paramedic with little or no prompts. In the course's final months, the preceptor should feel comfortable that the student is at the level of an entry-level paramedic. However, the preceptor must still always observe the student.

e) [MEDIC] Phase Five—Evaluation Phase Competency:

(1)   The student should be prepared to take the National Registry Exam for EMT-P and provide patient care safely, efficiently, appropriately, and accurately under the guidance of medical control or using standing orders.

f) [MEDIC] Phase Six—Remediation Phase (as needed):

(1)   The student is still learning how to manage an EMS call, which is an ongoing process. Corrective measures during the call are an essential remediation tool, and the preceptor should offer prompts to promote a high level of learning. With remediation, it should be timely, but the preceptor still ensures appropriate care remains paramount. Remediation must be purposeful and define how and when skills should be performed. Students with trouble with skills or concepts should be removed from the team leader role and remediated after the call. If more advanced remediation is needed, simulated skill development is warranted, and the pressure associated with live patient management is removed, allowing for individual skill development.

A.   FUNCTION OF THE CLINICAL HANDBOOK:

1.   General:

a) Students attending clinical and field internship areas represent themselves, their respective EMS employment, the Cuyahoga Community College, and the Tri-C EMT Program. Students are required to adhere to the attendance and behavior expectations outlined in the College's policies and procedures, the EMT Program Handbook, and the policies and procedures of clinical/field sites.

b) The clinical handbook is designed to provide students enrolled in the program with complete, accurate, and current information about it and inform them about the policies and procedures for successful completion.

c) Any information contained herein is subject to modifications, deletions, or changes. Approved modifications, deletions, or significant changes will be communicated to the student as they occur. For additional information, please refer to the Tri-C Student Handbook, Tri-C EMT Program Student Handbook, applicable program syllabi, and colleague catalog.

d) The clinical handbook, a legal document, verifies a Paramedic student's successful completion of the practical skills required by the U.S. Department of Transportation and the Ohio Department of Public Safety, Division of EMS. You can access your file at any time, as arranged by the clinical coordinator. However, it's important to note that the college is legally obligated to retain and secure your file. Further details on the student record and permanent file can be found in a subsequent section.

e) To use the clinical handbook effectively, the student will:

    (1) Review the objectives in a didactic setting.

    (2) Perform the skills and review the critical elements in the lab.

    (3) Obtain the college instructor's signature, permitting the student to perform the same skill in the clinical setting.

    (4) Perform the skill in the clinical setting while being observed by the clinical preceptor.

    (5) Obtain the clinical preceptor's signature indicating the student's performance of the skill.

    (6) Review the handbook checklist as required with the student's college coordinator.

B. CLINICAL CURRICULUM DESIGN

1. Clinical Course Experience Objectives:

a) General/Purpose:

    (1) Students will be prepared to demonstrate knowledge, skills, abilities, and basic competencies in the didactic and laboratory setting. If the student is unable to demonstrate competency in the didactic/laboratory environment, the student WILL NOT BE ALLOWED TO SCHEDULE/APPEAR FOR CLINICAL SHIFTS. Clinical shifts/rotations and objectives follow the progression established by the didactic course modular sequence.

    (2) [MEDIC] Each Paramedic clinical curriculum rotation was designed to complement each didactic module. Each didactic module introduces a skill or skills that will be validated by an instructor in a controlled laboratory setting.

(3)   Once a skill or skills have been validated in this manner, the student will be free to practice the skill in the clinical setting under the supervision of a clinical preceptor.

(4)   As an EMS provider, the paramedic engages a wide distribution of patient types. While each pre-hospital clinical patient contact may afford the student growth, the distribution of patient types may not provide the student with a formative experience.

(5)   For this reason, the students are additionally placed in the hospital clinical environment. The clinical and field experiences were designed to give the student opportunities to grow into a competent EMT/Paramedic. The experience is an opportunity to develop and demonstrate critical thinking skills, psychomotor proficiency, and affective accountability. Upon completion of the curriculum, the student will assume the roles and responsibilities of an entry level Paramedic provider.

2.   [MEDIC] Emergency Department Clinical Experience:

a)   General/Purpose:

(1)   The purpose of the clinical experience in the Emergency Department is to provide the student with opportunities to observe and participate in the care management of urgent and emergent patients. During this rotation, students should be able to practice and demonstrate the competencies listed below under direct supervision.

(2)   During this rotation, students should have the opportunity to practice and demonstrate the competencies listed below under direct supervision.

(3)   Clinical Objectives are:

- Always demonstrate professionalism.
- Anticipate treatment plan and verbalize rationale for treatments.
- Assist in process of patient triage.
- Assist with cardiac arrest management.
- Always demonstrate professionalism.
- Establish rapport with patients, families, and team members.
- Identify and verbalize pathophysiology that may contribute clinical findings.
- Perform airway assessment and management.
- Perform and assist with orthopedic assessment and stabilization.
- Perform and assist with the assessment and management of shock, cardiac, medical, and neurological emergencies.
- Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
- Perform endotracheal intubations.
- Perform other duties as assigned within paramedic scope of practice.
- Perform peripheral IV access and administer intravenous fluids.
- Perform skills under stressful situations.
- Perform wound care.
- Performance of a complete patient assessment (medical history and physical examination).
- Phlebotomize patients for laboratory specimen analyses.
- Prepare, administer, and record medications by route designated as "within scope of practice."

- Record and interpret electrocardiograms.

3.   [MEDIC] Intensive Care Unit Clinical Experience:

a) General/Purpose:

(1)   The purpose of the clinical experience in the Intensive Care Unit is to provide the student with opportunities to observe and participate in the care management of patients with intensive care needs. Intensive Care Units on this rotation include the Surgical ICU (Intensive Care Unit), Neurological ICU, Cardiovascular ICU, and respective step-down units. During this rotation, students should have the chance to practice and demonstrate the competencies listed below.

(2)   During this rotation, students should have the opportunity to practice and demonstrate the competencies listed below under direct supervision.

(3)   Clinical Objectives are:

- Performance of a complete patient assessment (medical history and physical examination)
- Anticipate treatment plan and verbalize rationale for treatments.
- Identify and verbalize pathophysiology that may contribute clinical findings.
- Assist in process of patient triage.
- Perform respiratory assessment including breath sounds and observe for signs of adequate perfusion.
- Perform ventilations using a bag-valve-mask.
- Perform on-going monitoring, including intrinsic respiratory rate, tidal volume, breath sounds, respiratory compliance, pulse oximetry, and end-tidal CO_2.
- Evaluate and monitor patients recovering from administration of anesthetics and/or have been extubated.
- Performance of a complete patient assessment (medical history and physical examination)
- Perform airway assessment and management.
- Assist and perform medication administration by nebulizer, tracheostomy care, upper & lower airway suctioning, and ventilator management.
- Perform peripheral IV access and administer intravenous fluids.
- Assist/Perform central line monitoring/maintenance.
- Assign Glasgow Coma Scores; discuss rationale with Preceptor.
- Prepare, administer, and record medications by route designated as "within scope of practice".
- Phlebotomize patients for laboratory specimen analyses.
- Perform airway assessment and management.
- Record and interpret electrocardiograms.
- Perform asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
- Assist with cardiac arrest management.
- Perform wound care.
- Perform and assist with orthopedic assessment and stabilization.
- Perform and assist with the assessment and management of critical care patients.
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Always demonstrate professionalism.

- Perform other duties as assigned within paramedic scope of practice.

4. [MEDIC] Labor & Delivery—Obstetric and Neonatal Unit Clinical Experience:

a) General/Purpose:

(1) The purpose of the labor and delivery clinical experience is to provide the student with the opportunity to observe and participate in the care of the patient in labor, through the process of child delivery, and in the post-partum period.

(2) This experience is also an opportunity to observe and participate in the care of neonatal patients in the neonatal intensive care unit. Students should become more acutely aware of signs of impending delivery and assist with or facilitate the birth of a newborn.

(3) This clinical experience should be focused on developing abilities to effectively communicate with pediatric patients and parents/guardians. During this rotation, students should have the opportunity to practice and demonstrate the competencies listed below under direct supervision.

(4) Clinical Objectives are:
- Assessment of the patient in the 3 stages of labor.
- Demonstrate appropriate abilities to time contractions, monitor fetal heart tones, maternal vital signs, and neurological status.
- Identify signs of imminent delivery.
- Describe pathological and/or physiological causes of abnormal delivery.
- Observe and assist in a minimum of two vaginal deliveries.
- Observe caesarian sections at the discretion of the preceptor.
- Demonstrate ability to calculate APGAR score and provide rationale for all neonatal patient contacts.
- Demonstrate ability to calculate pediatric GCS and provide rationale for all neonatal patient contacts.
- Perform airway, temperature, and cord maintenance of newborn.
- Demonstrate skills in post-partum maternal care.
- Performance of a complete obstetric patient medical history and physical examination
- Anticipate treatment plan and verbalize rationale for treatments.
- Identify and verbalize pathophysiology that may contribute clinical findings.
- Assist in process of obstetric patient triage.
- Perform peripheral IV access and administer intravenous fluids.
- Prepare, administer, and record medications by route designated as "within scope of practice".
- Assist with cardiac arrest management.
- Perform wound care.
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Always demonstrate professionalism.
- Perform other duties as assigned within paramedic scope of practice.

5. [MEDIC] Pediatric Emergency Unit Clinical Experience:

a) General/Purpose:

(1) The purpose of this clinical experience is to provide students with an opportunity to observe and participate in the assessment and care management of pediatric patients.

(2) This clinical experience should be focused on developing abilities to effectively communicate with pediatric patients and parents/guardians. During this rotation, students should have the opportunity to practice and demonstrate the competencies listed below under direct supervision.

(3) <u>Clinical Objectives are:</u>

- Perform pediatric patient assessment.
- Obtain and analyze vital signs.
- Estimate body weight and mass of pediatric patients.
- Calculate therapeutic fluid volume needed to support or resuscitate a pediatric patient suffering from volume depletion or shock.
- Anticipate treatment plan and verbalize rationale for treatments.
- Identify and verbalize pathophysiology that may contribute clinical findings.
- Assist in process of pediatric patient triage.
- Prepare, administer, and record medications by route designated as "within scope of practice".
- Phlebotomize patients for laboratory specimen analyses.
- Perform airway assessment and management.
- Record and interpret electrocardiograms.
- Perform IV/IO access, endotracheal intubation, asynchronized cardioversions, synchronized cardioversions, and transcutaneous pacing.
- Assist with cardiac arrest management.
- Perform and assist with orthopedic assessment and stabilization as well as assessment and management of shock and neurological, cardiac, and medical emergencies.
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Always demonstrate professionalism.
- Perform other duties as assigned within paramedic scope of practice.

6. [MEDIC] Operating Room/Anesthesiology Unit Clinical Experience (if available)

a) General/Purpose:

(1) The purpose of this clinical experience is to provide students with an opportunity to observe and perform respiratory assessment, airway control, and assisted ventilations. Students should receive instruction from Anesthesiologist and Anesthetist. The student should also be provided with opportunities to observe and perform techniques taught in class if given the chance. These techniques and experiences will empower the student to become more proficient in performing pre-hospital intubations.

(2) During this rotation, students can practice and demonstrate the following competencies under direct supervision.

(3) Clinical Objectives are:

- Perform pre-intubation assessment including breath sounds and observe.

for signs of adequate perfusion.

- Categorize airways according to grade and Mallampati classification.
- Perform peripheral IV access.
- Prepare for and perform endotracheal intubation or blind insertion airway device
  insertion under direct supervision.
- Perform ventilations using a bag-valve-mask.
- Perform on-going monitoring, including intrinsic respiratory rate, tidal volume, breath sounds, respiratory compliance, pulse oximetry, and end-tidal CO2.
- Evaluate and monitor patients recovering from administration of anesthetics and/or have been extubated.
- Record and interpret electrocardiograms (if permitted).
- Perform skills under stressful situations.
- Establish rapport with patients, families, and team members.
- Always demonstrate professionalism.
- Perform other duties as assigned within paramedic scope of practice.

C. CLINICAL & PRACTICUM SHIFT STANDARDS

1. Clinical & Practicum Shift Scheduling:

a) All clinical scheduling will be done through the program's approved vendor and the Tri-C EMT Program College Clinical Coordinators. The college's approved vendor is a student-instructor interface used to schedule clinical shifts. Students must provide a valid email address so notifications about shifts can be forwarded to the student. It is the student's responsibility to remember a shift is scheduled. Students are not permitted to attend clinical shifts during course didactic times. Preplanning and caution should be exercised when scheduling clinical shifts.

b) When preparing for availability or signing up for clinical shifts, students must remember that minimum skills and minimum hours requirements must be met to graduate from all EMT Department programs/courses. College Clinical Coordinators may release shifts or request availability from students. Students cannot "self-dispatch" to a clinical or field shift. Students are prohibited from seeking additional clinical sites, clinical site shift days, clinical site shift times, or attempting to seek modifications to existing agreements.

c) Violations are subject to disciplinary action and possible clinical course failure. All attempts at modification to existing clinical site parameters must first be presented to the College Clinical Coordinator who will work with the Program Director to determine if any modifications are warranted.

2. Clinical & Practicum Attendance:

a) Clinical attendance is a requirement for all EMT Department programs. The number of clinical and practicum (EMS rotations) shifts available to students is limited, and strict attendance enforcement must be imposed. Failure to comply with course procedures and policies causes the student to be removed from the clinical/field shift and zero credit for those hours.

b) All clinical or practicum rotations must be done as a student observer or third rider at a college-approved clinical site and while the student is participating/present in the patient compartment of an ambulance. This process is designed to give you the best learning experience.

3. **Location Changes at Clinical & Practicum Shifts:**

a) A student must notify the site preceptor and college clinical coordinator before leaving the clinical/field location. The student must explain why the departure is necessary and must be cleared **before** leaving the clinical site. Students cannot claim the remaining shift hours after departing the clinical site. In certain circumstances, a student is occasionally asked to transfer to a department ambulance base or fire department station within that given organization.

b) Students can be moved at the clinical site's request, and they must notify the college clinical coordinator immediately via their preferred communication method. It is crucial that this location change is also reflected in writing in the shift documentation and emailed to their college clinical coordinator.

c) Students are allowed a meal break of at most 30 minutes if at a hospital site and one 15-minute break every four hours (for shifts greater than eight (8) consecutive hours. If a student doesn't take a lunch break, that time cannot be used to shorten the shift or leave earlier than the listed time on Platinum.

d) All breaks must be coordinated with the clinical site preceptor. If a student needs to leave for a meal at a hospital site, it must be coordinated with the clinical site preceptor, which will go towards the allowed meal break time. A student cannot leave for meals if at a fire department or ambulance service clinical site.

e) No clinical or field shifts will be permitted during the designated class and lab times as detailed in the course details and descriptions for the course they are enrolled in.

f) Failure to follow these parameters will result in loss of credit and disciplinary measures listed in the EMT Program Deficiency System.

4. **Prohibited Dates for Attending Clinical and Field Activity:**

a) No clinical or field time will be scheduled for or attended on any date observed as a holiday by the College or dates outside of the established academic sessions detailed in the College Academic Calendar here. No clinical or field time will be scheduled for or attended during the winter break between the end of the Fall semester finals week and the first day of class for the Spring semester.

b) Students are not permitted to attend clinical/field activity outside of regular module dates unless they fail to complete 100% of their required hours for the given module during the established timeframes for each module and receive an incomplete that must be reconciled before the next module's start. These situations will be handled on a case-by-case basis, with regular communication between the students and the college clinical coordinator and clear deadlines for completion. The College's policy on incomplete grades can be found in the college handbook and course syllabus.

c) College holidays are also provided in the 354:1-41-02.3 College holidays procedure

The following days are observed by the College as holidays:		
1. New Year's Day	2. MLK Day	3. Memorial Day
4. Juneteenth	5. Independence Day	6. Labor Day
7. Veteran's Day	8. Thanksgiving Day	9. The day after Thanksgiving
10. Christmas Eve	11. Christmas Day	12. New Year's Eve
13. Winter Holiday Leave		

A. REQUIREMENTS FOR CLINICAL ADMISSION

1. Overview:

a) All required clinical documentation and assigned tasks must be completed by the final Friday during week 8 of EMT2330. Failure to meet these requirements will result in a failed grade for the course, underscoring the importance of timely completion.

2. Required Items for Clinical Admission:

a) Students must submit the following documentation and provide proof they have said items:

    (1) [MEDIC] Copy of current and valid State of Ohio EMT card

    (2) Copy of current and valid Driver's license or State ID

    (3) Copy of Tri-C college ID along with ID holder and clip

    (4) Tri-C EMT program shirt in good condition

    (5) American Heart Association (AHA) BLS Provider Card/Certificate

3. Required Statuses for Clinical Admission:

a) Students must have the required statuses for these said items:

    (1) Full compliance status in ADB Complio

    (2) Completion of all facility-specific required onboarding

    (3) Completion of Tri-C HIPAA Training

    (4) Completion of any other items included on the Required Documentation Checklist

B. CLINICAL ORIENTATION, AFFILIATION, & PERFORMANCE EXPECTATIONS

1. Clinical Performance Expectations:

a) General:

    a. The Cuyahoga Community College EMT Department collaborates with community clinical agencies to provide the clinical experiences necessary for EMT and Paramedic education. Students are required to abide by the policies of the individual clinical agencies while in the agency for learning experiences. More importantly, students are required to maintain honesty and integrity in the learning situation. For example, errors made in the clinical area should be reported so they can be corrected to maintain patient safety and to aid the students' own future learning.

2. **Clinical Affiliation Policies:**

   a) General:

      (1)   Students obviously are not expected to know all the policies of each hospital they may attend. Therefore, the hospitals are obligated to give directions to our students attending their respective institutions. Students are required to follow all directives provided by the employees of those institutions in all situations. In doing so, this removes a certain degree of responsibility from the student. Students who fail to follow directives place themselves at risk of violating a policy or procedure of that institution. Violating affiliate policies will subject the student to disciplinary action, including earning a failing grade.

3. **Clinical Orientation & Grace Period:**

   a)   General Clinical Orientation:

      (1)   All EMT Program students will receive a clinical orientation either over the course of a couple days (EMT-B) or the course of several days and ancillary "primers" before each new module (EMT-P).

      (2)   At minimum, students will review the following:

         (a)   the Tri-C EMT Program/Clinical Handbooks, including the course syllabus.

         (b)   [MEDIC] the Field Internship Manual (given closer to EMT-2371)

         (c)   [MEDIC] the terminal competency requirements and milestones

         (d)   the attendance policy, especially outlining how tardiness and absences will be addressed and circumstances for review and variances.

      (3)   Additional general information will include (at a minimum):

         (a)   The maximum amount of time to complete the clinical rotations/modules as established by the program.

         (b)   Training sessions on the correct usage of the clinical data tracking system.

         (c)   Review of dress code and student conduct at clinical sites.

         (d)   Review of skills, medications, and activities students are allowed to perform as part of their scope of practice while under a clinical site preceptor.

         (e)   Scheduling changes and updates.

         (f)   Recent clinical events and teachable moments.

   b) [MEDIC] Clinical Grace Period:

      (1)   Throughout EMT2330 and the entire program, students will have continuous access to step-by-step guides and instructional videos for the documentation program.

(2)   These resources ensure every student has the necessary tools to learn and improve their skills. Assignments and practice shifts may be assigned to students in EMT2330 to allow them to practice the documentation process. Assignments and practice shifts may be assigned in EMT2330 to allow the students to practice the documentation process.

(3)   During the first two (2) weeks of EMT2350, each student will be given a 'grace period' for all documentation as a learning curve. This period may be extended on a case-by-case basis if necessary.

(4)   The clinical coordinator will provide feedback by commenting on Platinum Planner and/or emailing. The student is required to review the feedback and adjust their data entry accordingly to reflect the required specifications for the Program and accreditation standards.

(5)   After the 'grace period,' the documentation rubric will be the primary assessment method for clinical documentation.

4.   Confidentiality Policy:

a) General:

(1)   Students must always hold specific patient and institutional information in the strictest confidence. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes guidelines for maintaining the confidentiality of patient information. It imposes significant penalties for breach of this confidentiality or any unauthorized disclosure of confidential patient information. Part of the law allows patients the right to control their personal health information. The patient might share personal information with you as the healthcare provider and expect the information to be guarded per the HIPPA guidelines.

(2)   The healthcare provider must avoid assuming the patient wants their information shared with family members. HIPAA affects students as with any other healthcare provider. Students are included in the HIPAA definition of the workforce and, therefore, must know and follow all policies and practices related to HIPAA. Faculty and students have full access to patient information for treatment purposes in clinical and field internship environments but need to use the information for school/learning purposes without identifying that patient. In accordance with Tri-C Clinical Experience Acknowledgement, Release, Indemnification, and Confidentiality Agreement all Tri-C EMT Program students will sign and agree to the following:

(a)   Except within the structured teaching-learning situation, all aspects of the patient's immediately related information and data shall not be discussed with any other person or persons under any circumstance.

(b)   Proper identification as stated in the Tri-C Program/Clinical Handbook requirements is required before reading charts/records.

(c)   Under no circumstances is the student to photocopy or record in any way any part of the patient's charts/records. For ECGs ascertained in the clinical setting and used in Platinum Planner or the Paramedic ECG notebook, all patient-specific identifiers (e.g., name, medical record number, date of birth, SSN, etc.) must be removed from the ECG.

(d)   Under no circumstances is a student to remove from the clinical/field site any reports or records pertaining to patient/client-protected medical records. Please refer to (3) above for additional information related to ECGs.

(e)   EMT Program students may become privileged to clinical/field site-protected healthcare information. All items are confidential and treated as listed in the Confidentiality Policy.

(3)   Students who divulge clinical/field site protected health information or protected patient healthcare information acquired during EMT Program courses are violating College Conduct and Confidentiality policies and will be recommended for disciplinary action, which can include being suspended from clinical activity pending an investigation, earning a failing grade, and/or being subject to additional disciplinary actions.

(4)   Students failing to honor the fundamental ethical rights of the patient or clinical/field site will be recommended for disciplinary action, which can include suspension from clinical activity pending an investigation, earning a failing grade, and/or being subject to additional disciplinary actions.

(5)   The student recognizes that the disclosure of confidential information may cause irreparable injury to the patient or owner of such information and that, accordingly, the patient or owner of such information may seek legal action against the student.

(6)   Penalties regarding HIPPA:

(7)   Not following policies related to HIPPA can result in the termination of student privileges. It can also create problems with the relationship between Tri-C and its clinical and field internship affiliates for future students. Penalties for intentionally breaking the law may include fines and possible imprisonment.

3.   Student Travel:

a) General:

(1)   To achieve an effective and efficient educational experience, a significant portion of clinical rotations must occur at sites that provide access to more substantial numbers of patients presenting with common problems encountered in the delivery of prehospital care. The Cuyahoga Community College and its contracted affiliations assume no responsibility for expenses or incidents (i.e., accidents, etc.) incurred because of travel or transportation that students must arrange to satisfy course requirements. Because of the many hours students commute to class, lab, and clinical modules, students must ensure they have reliable and consistent transportation to succeed in any EMT Program.

4. **Program Expectations of the Clinical Site Preceptor:**

a) General:

(1)	As a clinical expert, the preceptor will provide both instruction and guidance to students in the clinical setting. The preceptor should provide the student with constructive feedback so that performance may improve as the student progresses through the clinical experience. The preceptor also completes any applicable student evaluation at the conclusion of the shift.

(2)	The EMT Program is required by CoAEMSP to have a preceptor training program in place to assure quality clinical rotations occur during paramedic training in the Field Internship phase. The EMT program provides this training for free to any preceptors or clinical sites. The Field Internship preceptors must be paramedics with greater than 2 years of full-time experience and have completed Preceptor Training. For more information on this, clinical sites and students can contact the program director.

(3)	To help the student gain the utmost of his/her experience at the clinical site, the preceptor should empower the student to be successful by:

(a)	Reading/reviewing student scope of practice.

(b)	Reading/reviewing student clinical competencies to be demonstrated.

(c)	Orienting the student to department personnel, patient care modalities, equipment/supply locations, policies/procedures, and flow of patients through the department.

(d)	Supervising/assisting the student by providing clinical decision support and/or feedback regarding all patient interactions (includes approaches to collecting patient medical history, physical examination findings, lab result interpretation, clinical signs interpretation, and treatment plans).

(e)	Demonstrating, assisting, and evaluating the student's performance of approved skills.

(f)	Suggesting corrective actions or alternative approaches to technique when appropriate.

(g)	Answering questions concerning assessment, clinical judgment, and care management decisions.

(h)	Offering clinical expertise gained through previous patient contact experience.

(i)	Correlating clinical experience with didactic knowledge.

(j)	Completing clinical performance evaluation and providing students with summative observations and suggestions for improvement in future clinical shifts/rotations.

C.   OHIO LAWS APPLICABLE TO EMS FIELD/CLINICAL SKILLS TRAINING & SCOPES OF PRACTICE

1.   <u>General:</u>

   a)   Under Ohio Administrative Code (OAC) 4765-49 (C) (1), persons training to be a paramedic may perform all skills allowed for in the scope of practice for paramedics, while the student is under the direct supervision and in the immediate presence of an paramedic, registered nurse, physician assistant, or physician and while the student is receiving clinical training that is required by the program, unless the services, care, or treatment is provided in a manner that constitutes willful or wanton misconduct.

   b)   As per OAC 4765-50—Unauthorized Practice, a student **MAY NOT** perform any invasive procedures outside of their current level of training while participating in emergency medical activities **NOT** scheduled or approved by Cuyahoga Community College EMT preceptor staff.

       (1)   As an example: a student certified as an EMT-Basic, enrolled in a paramedic program, and working as part of the normal staffing of an ambulance, CANNOT perform any skills outside their current certification scope of practice.

   c)   While acting in a manner described in OAC 4765-49 (C) (1), students can perform the skills listed in the following:

       (2)   First Responder/EMR student: OAC 4765.35

       (3)   EMT/EMT-B student: OAC 4765.37 and listed in EMR.

       (4)   AEMT student: OAC 4765.38 and listed in EMR and EMT.

       (5)   Paramedic student: OAC 4765.39 and listed in EMR, EMT, & AEMT.

   d)   For an improved list of skills in scopes of practice (and associated details), please refer to the "AT-A-GLANCE EMS SCOPE OF PRACTICE MATRIX" document found in the attached link HERE.

D.   PREPARING FOR THE CLINICAL EXPERIENCE

1.   <u>General Items:</u>

Prior to arriving to any clinical site, the student is responsible for completed the following preparatory tasks:

   a)   Read the objectives for that clinical site.

   b)   Review skills sheets for the clinical shift. Pay special attention to skills that contribute to summative clinical competencies.

   c)   Review medications that may be administered at the clinical site. Expect the clinical preceptor to evaluate your knowledge of any medications administered during the clinical shift. If you cannot demonstrate knowledge, the clinical preceptor will not allow you to demonstrate skills.

   d)   Promptly report to the clinical site at designated date/time and in appropriate attire as outline in the Clinical Handbook and associated College and EMT Program Handbook.

   e)   Review and adhere to all college policies and procedures in addition to specific policies and rules of a given clinical site. Always maintain patient confidentiality as described in this handbook and its attachments.

f) Be cognizant of opportunities to fulfill course requirements as they pertain to skills, patient age, complaint, and impression.

g) Be prepared to review and discuss treatments/procedures you observe/perform.

h) Ask the preceptors questions away from the patient about treatments/procedures you may observe/perform but be cognizant of the preceptor's time. In most cases, it is acceptable to ask questions, but do not question a Physician's clinical decisions or orders.

E.   BEHAVIOR AND CONDUCT AT CLINICAL SITES

1.   General:

a) All students are required to report on time, in uniform, and with the proper paperwork and equipment for all clinical sessions. The student is required to observe and participate appropriately in all aspects of patient care and comply with all reasonable requests of hospital and EMS service personnel. Under no circumstance are students allowed to stay back from any call while in the clinical field experience or conduct the patient assessment, treatment, and all applicable standards of patient care.

b) Students cannot use recliner chairs, break areas, or sleep during any clinical shifts. Students should not lift stretchers or gurneys while patients are on them. Preceptors, patients, patient's families, and staff members will be treated in a courteous and appropriate manner and always display a professional attitude.

c) Lewd, vulgar, or defamatory statements or actions will not be tolerated while at the clinical site.

d) The use of loud, rude, or defamatory statements or disrespect in the clinical sites will result in disciplinary measures or earn a failing grade from the course.

e) Students who violate facility or field site departmental policy and are banned from the clinical site by the administration will receive a failing grade for the course. Violations can take many forms, such as inappropriate behavior at the site, bringing a weapon of any form into a hospital or field site, or not following the preceptor's directions. Interfering with the proper care of a patient, either verbally or physically, will not be tolerated by a clinical or field site and will initiate an immediate suspension from the site and the issuing of a failing grade for the course. Suppose a complaint is filed against a student by a clinical or field site. In that case, all clinical coursework will be suspended until a full investigation is completed by either the college-assigned preceptor, student affairs, or the college detective. See Due Process section.

2.   Upon Arrival:

a) Upon arrival, the student must make immediate contact with and determine their clinical site preceptor. The student should confirm that the preceptor understands the purposes/goals/expectations of the student's clinical rotation. [MEDIC] The site preceptor should review your Paramedic Skills Competency Checklist at the beginning of each clinical session and ensure you are not asked to perform unauthorized skills.

3. <u>Dispute Resolution While at Clinical Sites:</u>

a) In the clinical setting, the saying, "The preceptor is always right," will apply in most situations. As students, you are their responsibility, and being in the clinical setting is a privilege. The student can address personal conflicts or disagreements with a preceptor or staff member and must do so privately and at times when patient care will not be compromised. The addressed preceptor has final responsibility for clinical/patient care decisions; students are directed to follow all clinical instructions of the preceptor and not attempt to evaluate, treat, or imply a different pathway outside that of the preceptor.

b) If a student feels that care rendered by a preceptor is inappropriate, they will relinquish all patient care to their preceptor. As it relates to patient care as a student, additional sections are covered in other locations of the handbook. If a situation occurs, the student is to contact their College Clinical Coordinator at the earliest opportunity, inform them of the problem and details, and create a written account of what occurred that attests to their account of the situation. The Program Director or their designee will investigate the situation and determine if further action is warranted. Remember that per the college policy, submitting a falsified document to a college official is cause for dismissal from the college.

4. <u>Lack of Concern for Training:</u>

a) The student who demonstrates a lack of appropriate concern for training may be sent home by the site preceptor and subject to earning an unexcused absence. This includes, but is not limited to sleeping during a clinical shift, or showing up to a clinical unprepared, out of uniform, or additional items within the handbook, including but not limited to items in the <u>Tri- EMT Program Clinical Site Visit Check sheet found here.</u>

5. <u>Enforcement of Program Standards in Clinical Setting:</u>

a) Any Tri-C College Clinical Coordinator or their designee conducting departmental business in any capacity can perform random site visits on a Tri-C EMT Program student regardless of campus assignment or primary course clinical coordinator. Furthermore, suppose any observed violation is witnessed while a Tri-C EMT Program student is in a clinical experience capacity. In that case, the student shall be removed immediately from that clinical (or after returning to the clinical site base). Additionally, the required program paperwork can be completed during the observed violation or retroactively, carrying the same weight and meaning in either circumstance. Any Tri-C College Clinical Coordinator or their designee can act based on a verified infraction violation, regardless of whether they observe it. The standard upheld includes, but is not limited to, the <u>Tri- EMT Program Clinical Site Visit Check sheet found here.</u>

F. PERFORMING NEW PROCEDURES AT CLINICAL SITES

1. <u>General:</u>

a) In your clinical orientation training, the college clinical coordinator will review the handbook and procedures regarding skills performed in clinical sites.

b) The program and clinical handbooks require the student to review the skill objectives and critical elements in the didactic setting first in the college lab sessions. Students must verify the program instructor's signature is recorded on applicable skill sheets, which permits the skill to be performed in the clinical setting. These signatures must be present to demonstrate clinical skills. The student and clinical/field site preceptor are responsible for verifying if the student is signed off to perform any skills at clinical/field sites.

c) When performing a new procedure and while under the supervision of the clinical site preceptor, the student must:

  (1) Verify the order, treatment, and/or intervention back to the clinical site preceptor.

  (2) Review the procedure in an applicable protocol or procedure book before acting.

  (3) Assemble the needed supplies and equipment.

  (4) Discuss the procedure step-by-step with your preceptor prior to entering the patient's room (if in hospital setting).

  (5) Perform the procedure under supervision with your preceptor.

  (6) Be prepared to critique and evaluate your performance with the preceptor after performing the procedure.

G. REPORTING INCIDENTS AND ERRORS AT CLINICAL SITES

1. General:

a) All incidents and errors must be reported immediately to the site preceptor and College Clinical Coordinator. The patient's physician (in hospital sites) or medical control physician (field shift) will be notified of the incident to take appropriate action if desired. At their direction, steps will be recommended for both the patient and the student.

b) It is the responsibility of the student involved to complete a Tri-C Incident Report. The report will be filed according to the facility or field site policy and a copy will be retained by the instructor in the student's file. If a student is involved in an incident, it is their duty to report it immediately and file an incident report. An incident report will be copied and filed with the clinical site and school. Any medical cost incurred because of the incident or error will be the sole responsibility of the student's medical insurance carrier (i.e., needle stick will result in E.D./lab visit, etc.)

c) The Tri-C Student Incident Report in fillable format is here.

d) Please refer to the Illness section of this document for additional information.

H. SAFETY PRECAUTIONS AT CLINICAL SITES

1. General Safety Precautions:

a) Students must ensure good physical and mental health sufficient to perform the paramedic student's duties, which are described in additional places in this document. The student's physical and psychological health was verified by submitting medical information and the health release form for clinical onboarding requirements. Neither the College nor any of its affiliates are liable for accidents or illnesses that occur to students during scheduled program hours or activities.

b) A safe environment implies freedom from injury with a focus on helping to prevent falls, electrical injuries, fires, burns, and poisonings. The student must be aware of potential safety problems, including workplace violence, terrorism, and bioterrorism, and know how to report and respond when safety is threatened. Therefore, the student will:

    (1)   Be knowledgeable of the use of all equipment and supplies.

    (2)   Check all equipment and supplies for defects or damage before each use and report any discrepancies immediately.

    (3)   Manage equipment carefully to prevent injury to yourself and others.

    (4)   Store all equipment and supplies in the proper location.

    (5)   Use principles of body mechanics when lifting, pulling, or pushing objects.

    (6)   Remove any hazardous objects or spills from the floors or patient care area immediately.

    (7)   Minimize distractions; concentrate on the procedure being performed.

    (8)   Any questions about your ability to perform a procedure should be discussed with a preceptor or instructor.

    (9)   Never run in rooms or hallways.

    (10)   Know the procedure to report/implement a facility's emergency codes.

    (11)   Faculty/staff should be notified immediately of pregnancy or other medical condition. Student's clinical assignments may need to be made to prevent exposure to radiation and highly communicable diseases—if possible. See additional information here: Tri-C Pregnancy Accommodation Procedure.

c)   Repeated or flagrant disregard of safety policies, rules, precautions, or guidance from instructors, staff, and site preceptors are subject to discipline and the student at risk of earning a failing grade.

2.   <u>Specific Safety Precautions:</u>

a) <u>Driver's Compartment</u>: The student is not allowed in the driver's compartment while the vehicle is in motion and a patient is on board. Again, if a patient is being transported, the student must remain with the patient and preceptor. Students are not allowed to drive any clinical site vehicles during a scheduled clinical shift, regardless of whether they are employees at that site.

b) <u>Seat Belt Use:</u> While the vehicle is underway, the student shall be seated in the patient compartment. The student shall always wear their seat belt unless patient care dictates otherwise and the preceptor does not say otherwise.

c) <u>PPE/Body Substance Isolation (BSI)</u>: When in the clinical/field internship setting, in all cases involving patient care, BSI will be taken. The student is responsible for communicating and inquiring with clinical staff about the location and use of gloves, goggles, and any other necessary BSI precautions.

    a.   The student shall always follow all recommended universal precautions when performing any patient care procedures. No exceptions.

d) <u>Safety Vests</u>: Students must wear their reflective safety vests during any situation that puts him/her in danger such as highway traffic scenes.

I. CLINICAL SHIFT DOCUMENTATION

1. <u>Overall Clinical Shift & Patient Care Reports:</u>

a) Overview: Patient Reports are due on the date and time assigned by your clinical preceptor. Reports must be done using the format designated by the clinical preceptor to be considered successfully completed. No late work will be accepted, and any late submissions will negatively impact your grade. Additional EMS Clinical/Practicum hours may be necessary to complete all the patient care reports and skills required to pass the course.

b) Most of the clinical documentation will be completed via Platinum Planner. However, specific paperwork must be taken for the clinical/field internship shift. Students arriving without paperwork will be required to obtain the necessary documents before their clinical/field internship time can begin. Documents from prior shifts are NOT to be presented to any preceptor for a "retro" signature. ALL DOCUMENTATION IN THE PLATINUM PLANNER IS REQUIRED TO OCCUR BEFORE LEAVING THE SHIFT.

c) In addition, PRECEPTOR EVALUATIONS ARE REQUIRED TO OCCUR PRIOR TO LEAVING THE SHIFT and may not be accepted "retroactively." Forgery of the preceptor's signature/initials/comments or any other form of falsification of the documents is grounds for dismissal from the program. All signatures must be from the preceptor you worked with during your clinical shift.

d) (c) The officer of the station or anyone not immediately acting as your preceptor may not sign your evaluation sheets since these forms are to evaluate your performance during a specific run or patient with your assigned preceptor.

e) Every patient contact should be entered into the Platinum Planner program, as this is our only method of documenting patient encounters and ensuring students meet the criteria for age-specific and problem-specific patient contacts. This includes any EMS runs that result in a patient assessment and no transport (for example, AMA, treatment and release, transfer care to a different unit for transport). All EMS runs placed in Platinum Planner are subject to audit and compared to the clinical/field sites' call log, dispatch record, or hospital registration record.

f) It is crucial that every patient care run is accurately documented in Platinum Planner. If there are patient care runs in the journal and no corresponding documentation in Platinum Planner, it will be assumed the student only participated in part of the shift. As a result, those hours will be deducted from the total clinical time. If you encounter any difficulty with data entry, please contact the Tri-C EMS Program Clinical Coordinator or other Tri-C faculty for assistance.

2. <u>Assessment Rubric:</u>

a) Purpose:

    a. The assessment rubric serves as a guide for the paramedic student, outlining the correct documentation required by the clinical program standards. It is also used to evaluate the student's documentation performance in Platinum Planner. The assessment rubric is a living document on the EMT/paramedic page of the clinical website. This document is also thoroughly explained in the paramedic clinical orientation. Students should refer to the Tri-C EMT Clinical Website for the most current version of this document.

3. <u>**Standards for EMT/Paramedic Program Documentation:**</u>

a) Purpose:

    a. The documentation rubric guides the student regarding the correct shift documentation required by the clinical program standards. It is also used to grade the student's documentation performance. The documentation rubric is a dynamic document found on the EMT/paramedic page of the clinical website. This document is explained in the EMT and paramedic clinical orientation as well.

b) Documentation Rubrics:

    a. Depending on your specific program, varying items are required and evaluated of students in their respective programs of study.

        (1) [BASIC] For EMT-Basic students, use the following:

            (a) [BASIC] Tri-C EMT-130L Clinical Paperwork Rubric found here.

            (b) [BASIC] EMT-B Patient Care Report via Platinum Planner.

        (2) [MEDIC] For Paramedic students, use the following:

            (a) [MEDIC] Tri-C Paramedic Clinical Documentation Rubric.

            (b) [MEDIC] 1.0 Tri-C Paramedic Patient Care Report.

c) [BASIC] For EMT students, the Tri-C EMT Basic Patient Care Report will be completed in Platinum Planner for each patient contact. At the EMT-Basic student level, students are required to complete the following mandatory items:

        (1) Run number and level of care,

        (2) The patient's age, gender, chief complaint, pertinent history/history of present illness, past medical history. Allergies and medications are optional but preferred.

        (3) The initial assessment findings for AVPU, orientation, Glasgow Coma Scale, and the status of the following: airway, breathing, circulation, skin color, temperature, and condition, along with capillary refill.

        (4) Vital signs information of blood pressure, pulse, respirations, lung sounds, SpO2, blood glucose, and MSPs.

        (5) Treatment rendered, a run report narrative which includes the following: OPQRST, pertinent positive/negative findings, interventions & responses, the medical/trauma presentation, and the student's patient impression.

d) [MEDIC] For Paramedic students, the Tri-C Paramedic Clinical Documentation Rubric is applied and found here. To help ensure the paramedic student meets all the requirements for this section, students should also reference the Platinum Planner Operations Checklist found here.

4. **[MEDIC] Standards for Team Leader and Team Member:**

    a) Overview:

        (1) [MEDIC] For paramedic students, in your field and capstone internships, you will be either in the role of a team member or team leader depending on your skill and module progression.

    b) Definitions:

        (2) Team Leader: occurs during the capstone field internship experience in which students apply the concepts acquired and demonstrate that they have achieved the terminal goals for learning established by their educational program and are able to demonstrate entry- level competency in the profession including the cognitive, psychomotor, and affective learning domains. The capstone experience occurs after the didactic, lab and clinical, and optional field experience components have been completed and of sufficient volume to show competence in a wide range of clinical situations. A successful team lead should be clearly defined for preceptors and students to assist in inter-rater reliability.

    c) Team Leadership Scoring Requirements:

        (3) During the Internship Phase of paramedic training (EMT 2360/2371), the student must have requested evaluation for team leadership prior to arrival at the scene of this call-in order to establish a "Team Leader Attempt". Completed team leads must have scores of at least "2" during EMT2360 and "3" during EMT2371 to be considered successful.

J.   FIELD AND CLINICAL SHIFT EVALUATIONS

1. **[MEDIC] Tri-C Preceptor Evaluation of Student—Paramedic:**

    a) Overview:

        (1) Evaluations are essential for determining student competency. The clinical shift evaluation must document times, student name, date, and the preceptor ratings and feedback (if provided). The evaluations assist the Program in determining if the student can appropriately apply knowledge, skills, and abilities acquired in the didactic and laboratory settings in real-time patient care situations. Accurate and timely documentation of students' clinical experience is essential for course completion.

        (2) Evaluation without signatures will not be accepted. Any falsification of evaluations constitutes an act of academic dishonesty and is immediate grounds for disciplinary action as per the College and EMT Department Handbooks (additional information below). The student evaluation is completed by the site preceptor per patient assessment or at the end of the clinical shift. Comments by the preceptor are encouraged, both positive and constructive, and their rationale behind the scoring.

            (a) Grading Values:

                (i) 1 Point: Needs significant improvement (needs intensive assistance and education to improve).

                (ii) 2 Points: Need moderate improvement (needs further education and practice to improve)

  (iii) 3 Points: Competent—Appropriate for experience level (functioning at the required level in the program).

 (b) Categories being Scored are:

  (i) Student Engagement:

   (a) The student independently sought appropriate learning experiences, participated in patient care, practiced required skills, sought advice to improve skills, demonstrated competent delivery of patient care required of a paramedic student.

  (ii) Professionalism/Attitude:

   (a) The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, teamwork, respect, careful delivery of service, appropriate time management, appropriate appearance, and personal hygiene. The student reported to clinical assignments on time and in full uniform.

  (iii) Communication Skills:

   (a) The student interacted with patients and other health care professionals on a "student role" at an appropriate level.

  (iv) Psychomotor Skills:

   (a) The student was able to thoroughly describe all elements of applicable procedures and could accomplish psychomotor skills independently and proficiently.

  (v) Team Leadership (EMT 2360 & 2370 only):

   (a) Sets priorities, directs team, adapts to evolving information. Management of the call was satisfactory given the students phase of education. Performs at an entry-level ability.

 (c) Special Notes to the Field Preceptor:

  (i) See above section.

   (a) Preceptor Verification of Total Hospital Shift Patient Assessments:

 (d) In the hospital-site clinical setting, paramedic students must conduct a set minimum number of patient assessments based on the number of hours their shift(s) is. Occasionally, due to low patient census, we recognize that the student could potentially not see this minimum number of patients. If due to low patient census, the preceptor must verify in the "Hospital shift ONLY—comments if minimum # of patient assessments not completed" that the low number of assessments was no fault of their own.

 (e) <u>Minimum Number of Patient Assessments for Shift:</u>

  (i) 4 Hour Shift: 2 Patient Assessments

  (ii) 6 Hour Shift: 4 Patient Assessments

  (iii) 12 Hour Shift: 6 Patient Assessments

2. [BASIC] TRI-C PRECEPTOR EVALUATION OF STUDENT—EMT BASIC:

a) Overview:

(1) Evaluations are essential for determining student competency. The clinical shift evaluation must document times, student names, dates, preceptor ratings, and feedback (if provided). The evaluations assist the Program in determining if the student can appropriately apply knowledge, skills, and abilities acquired in the didactic and laboratory settings in real-time patient care situations. Accurate and timely documentation of students' clinical experience is essential for course completion.

(2) The evaluation must have signatures to be accepted. Any falsification of evaluations constitutes an act of academic dishonesty and is immediate grounds for disciplinary action as per the College and EMT Department Handbooks (additional information below). The site preceptor completes the student evaluation per patient assessment or at the end of the clinical shift. Comments by the preceptor are encouraged, both positive and constructive, and their rationale behind the scoring.

(3) For EMT-Basic students, their Preceptor Evaluation of Student will match that of Section O-1 in the above section, but the only categories that are scored are Student Engagement, Professionalism/Attitude, Communication Skills, and Psychomotor Skills.

K. CLINICAL SITE EVALUATION

1. Clinical Site Evaluation Form:

a) General:

(1) The clinical site evaluation is a tool for EMT Program students designed to evaluate the overall experience, level of instruction, and the facility in general. Each student must complete the clinical site evaluation when entering the clinical rotation information in Platinum Planner.

(2) The evaluation must be entered following the shift submission parameters and aligned with the Standards of Documentation section.

(3) See Clinical Documentation Rubric for outcomes if not completed as required.

L. PRECEPTOR EVALUATION OF STUDENT

1. Preceptor Evaluation of Student:

a) General:

(1) The preceptor evaluation is designed for the preceptor to assess the student during their experiences at the field/clinical sites.

(2) The preceptor evaluation must be completed in Platinum Planner for each shift after the submission parameters.

(3) The Standards of Documentation section will be followed for all documentation to monitor/evaluate submission compliance.

b) Categories for the Preceptor Evaluation of Student include:

(1) Student engagement:

(a) The student independently sought appropriate learning experiences, participated in patient care, practiced required skills, sought advice to improve skills, demonstrated competent delivery of patient care required of a paramedic student.

(2)   Professionalism/Attitude:

(a)   The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, teamwork, respect, careful delivery of service, appropriate time management, appropriate appearance, and personal hygiene. The student reported to clinical assignments on time and in full uniform.

(3)   Communication Skills:

(a)   The student interacted with patients and other health care professionals on a "student role" at an appropriate level.

(4)   Psychomotor Skills:

(a)   The student was able to thoroughly describe all elements of applicable procedures and could accomplish psychomotor skills independently and proficiently.

(5)   Interview/Exam/Treatment:

(a)   The student shown the wherewithal and knowledge on conducting a detailed patient interview and comprehensive physical examination to lead to appropriate treatment that a trained paramedic would conduct.

(6)   Team Leadership (EMT2360 and EMT2371 Only):

(a)   The student sets priorities, directs the team, adapts to evolving information. Management of the call was satisfactory given the students phase of education. Performs at an entry-level ability.

(7)   Rating Scale: The rating scale for evaluation is as follows:

(a)   The rating scale for evaluation is here.

M.   SITE VISIT EVALUATION FORM

1.   General:

a)   At any time, program faculty or staff may visit students while engaged in clinical or Capstone activity. During this visit, a program Site Visit Evaluation Form will be completed to document the visit and placed in the student's program clinical file. During the visit, should "NO" be reported in any area on the rubric for non-compliance with a policy, the student will be sent home immediately, losing credit for the shift and incurring an unauthorized absence for the occurrence. A counseling form documenting the details of the event will be completed and placed in the student file along with the associated documentation. Clinical Site Visit Evaluation Form provided here.

b)   Should the communication be received from a clinical or field site that addresses a deficiency of any items listed on the site visit evaluation form for a specific student or infraction addressed or referenced in this handbook, the circumstances surrounding the deficiency will be investigated and, if necessary, further action will be taken. This is addressed here in this document.

N.   STUDENT MINIMUM COMPETENCY & CLINICAL REQUIREMENTS

1.   Student Minimum Competency:

a) Overview:

(1)   Students must have all clinical and capstone requirements for the module (or program) completed by the Friday of the week preceding finals week for that module unless given express written consent from their respective college clinical coordinator and substantial supporting documentation for needing this variance. The variance is not guaranteed and will be on a case-by-case basis, and all decisions will be final.

(2)   For clinical course completion, paramedic students must have all clinical and/or capstone requirements met for the program to be considered successfully completed.

(3)   Minimum published clinical and capstone hours must be completed during each module as indicated in the SMC clinical document and *"Successful Completion For 8-Week Module" section here*. Additional hours may be completed to obtain skills, but the hours will not count towards the required hours for the upcoming module. 80% of the required hours for each module must be completed.

2.   Purpose:

a)   The purpose of the SMC clinical requirements document is to provide guidance to the student with regards to the minimum number of hours, procedures and categories of patient contacts required in the clinical and field setting by the clinical program standards.   It is also used to grade the student's documentation performance.

b)   Student Minimum Competencies are statistically important skills and encounters collected called the Student Minimum Competencies (SMC) Matrix Requirements as set forth by CoAEMSP and the Tri-C EMT Program.

covering, required minimums set for by the State of Ohio Division of EMS and our national accreditor various skill sets, competency-level encounters, and skills, and the various patient contact types a paramedic be prepared to render help. The College reserves the right to add items to the SMC to better round our paramedic students, while not lowering the stringency placed mentioned by the agencies above.

c)   Formative skills and contacts must be completed before any Competency-level skills can be started.

d)   Students may not return to the clinical (hospital) setting once the capstone phase of the program begins.

O.   HOURS:

1.   Program Hours:

a)   All Tri-C EMT Program hours regarding classroom activities, unless otherwise instructed, will be listed in Program Description section and the Program Admission section of this document, as well as the College and EMT Programs websites.   Individual course syllabus and course descriptions can also be found on the College's website. Faculty are always available on class days to meet with students. Office hours can vary, so students are encouraged to make advance arrangements/appointments if it is necessary to meet on a non-class day.

P.   SERVICE REQUIREMENTS:
1.   <u>Program Service Hours:</u>
a) The Tri-C EMT Program no longer requires service hours for our students.

Q.   HOLIDAYS:
1.   <u>College Holiday Procedure:</u>
a) The College holidays procedure lists recognized holidays. These dates are included as part of the College closed days on the Academic Calendar. In addition to these dates, the College will close for Thanksgiving Recess and Winter Break. No credit courses will be offered on campus during Spring Break.

R.   EMERGENCY CLOSURES & INCLEMENT WEATHER:
1.   <u>Snow/Inclement Weather Days:</u>
a) For all classes on-ground, online, or blended, no lecture and/or lab-based class previously scheduled will take place as described in the following college policy: https://www.tri-c.edu/administrative-departments/campus-police/emergency-closing.html

b) For clinical activities and how it relates to emergency closures and inclement weather, the EMT/Paramedic Program will follow the procedures listed below:

(1) If the College issues an Emergency Closure for <u>*any reason*</u> and for a specific campus which <u>*isn't*</u> the campus where a student's lecture-based classes occur, the student is to continue "business as usual" and conduct activities as normal.

(2) If the College issues an Emergency Closure for a specific campus that is <u>*not weather-related in nature*</u> (power outage, water outage, etc.) the student is still required to attend any scheduled clinical shift(s) as normal.

(3) If a student is present at any clinical site and the College issues an Emergency Closure that <u>*is weather-related in nature*</u>, students are:

(a) Permitted to remain at that clinical site and complete the remaining clinical hours for that shift as described in Platinum Planner.

(b) Allowed to leave that clinical site early for their own safety and at a time that is convenient and not to disrupt the clinical site. Students are to check-out of that shift, accurately document the clinical hours completed, and immediately contact their clinical coordinator prior to their departure as described in this Handbook here: "Location Changes at Clinical & Practicum Shifts."

(4) If a student is not present and/or clocked-in at a scheduled clinical site and the College issues an Emergency Closure that <u>*is weather-related in nature*</u>, students are:

(a) Not permitted to attend any clinical activities for that day.

(b) Required to mark themselves absent for any shifts that day on Platinum Planner.

(c) Follow the direction listed in the Handbook here: "Clinical Attendance Reporting Procedure."

(d)   These specific absences are non-punitive in nature; meaning, no absence or demerits will be credited.

(5)   Pursuant of Ohio Attorney General Opinion 86-502, the sheriff of a county may declare a snow emergency and temporarily close county and township roads within his jurisdiction for the preservation of the public peace.

(6)   In accordance with Attorney General Opinion 97-015, a sheriff may also close state and municipal roads as well. Snow Emergency Classifications are described as:

(a)   Level 1: Roadways are hazardous with blowing and drifting snow. Roads may also be icy. Motorists are urged to drive very cautiously.

(b)   Level 2: Roadways are hazardous with blowing and drifting snow. Roads may also be very icy. Only those who feel it is necessary to drive should be out on the roads. Motorists should use extreme caution.

(c)   Level 3: All roadways are closed to non-emergency personnel. No one should be driving during these conditions unless it is absolutely necessary to travel, or a personal emergency exists. Those traveling on the roads may be subject to arrest.

(7)   In the well-being of student safety, students who have a scheduled clinical in or live in any county that is under a Level 3 Snow Emergency, are not permitted to attend that clinical shift and will follow the direction listed above in Section IV—R: Emergency Closures and Inclement Weather. Furthermore, if a student is concerned for their safety while traveling to any clinical site and no college closure or Level 3 Snow Emergency has been declared, students are advised to call off from their shift, follow all steps for clinical shift absences in this handbook, and accept any subsequent demerits and/or disciplinary measures as laid out in earlier sections herein.

(8)   An excellent, real-time app and website is called OHGO (link), which is available for Apple and Android devices. This is managed by the Ohio Department of Transportation (ODOT) and provides real-time updates to travel and road conditions for both weather, accident, or other hazardous conditions that may impede normal travel. Students can use this free platform to plan appropriately when commuting to class and clinicals.

S.   INTERNSHIPS, PRACTICUM, FIELD EXPERIENCE, & COOPERATIVE EDUCATION:

1.   See section attached here.

VII. APPENDICES

A. APPENDIX A—STUDENT ACKNOWLEDGEMENT OF TESTING AND CERTIFICATION

Upon successfully completing the Program, students will be permitted to take the National Registry of EMT (NREMT) cognitive exam. "The course must have been completed no more than two years prior to making application for certification from the State of Ohio." After three unsuccessful attempts of the National Registry Cognitive Exam, the student will need to contact the Program Director to complete a refresher program. After successful completion of the refresher program, three more attempts are given to successfully pass the National Registry Cognitive Exam. Reference: OAC 4765.29–Examination

To set up to take the NREMT exam follow these steps:
1. Go to www.nremt.org and create a NREMT account (log on to your account if you have one already).
2. After you have created an account or logged onto your account you will create an application for the level of the class you just completed. Fill in all the information specific to your completed program that NREMT asks for.
3. The Program Director will approve your application to the test and after that you can pay for your test and schedule it with the NREMT.

The initial certification examination shall consist of a cognitive computer-based exam established by the NREMT.
- The passing score for the written portion of the examination shall be determined by the NREMT.
- The written examination shall remain valid for one year from the date of successful completion.
- The reinstatement examination and the examination in lieu of continuing education shall be established by the board and the NREMT, and a passing score on these tests shall be determined by the NREMT.
- See National Registry Testing Accommodations for taking the cognitive exam.

After passing the NREMT cognitive exam, the student must reach out to the Program Director. He will then complete the information on the student portal, releasing the ODPS application. The student must now complete the ODPS application to get their Ohio EMS certification. You cannot practice until you complete and receive your ODPS certification number. A person MUST be state certified prior to representing themselves to an employer for application or hiring into an EMT position. National Registry certification is not sufficient to function as an EMT Provider in Ohio. State certification is required. Reference: OAC: Section 4765.28—Applying for Certificate to Practice.

An applicant for a certificate to practice as an EMT Provider in Ohio must meet the following requirements:
1. Submit a completed application on a form approved by the board.
2. Successfully complete an EMS training program through an accredited institution, pursuant to section 4765.17 of the Revised Code and Chapter 4765-7 of the Administrative Code and receive a certificate verifying completion of such program at the level for which the certificate to practice is sought. Such a program must have been completed no more than two years prior to making the application.
3. Meets requirements set forth in the OAC: Section 4765.30—Qualifications for Certificate to Practice

Reciprocity with Other States
Requirements for EMS certification or licensure vary significantly from state to state. Students who anticipate wishing to practice in another state must contact the agency responsible for credentialing EMS personnel in that state to obtain information regarding requirements for reciprocity. In most cases, that state will not allow you to practice within their boundaries until reciprocity requirements have been met.

B. APPENDIX B–STATE OF OHIO SCOPES OF PRACTICE CORE COMPETENCIES

State Board Emergency Medical, Fire and Transportation Services
Ohio Department of Public Safety, Division of EMS

CORE COMPETENCIES

	Airway Management	EMR	EMT	AEMT	PARAMEDIC
1	Open and maintain the airway	x	x	x	x
2	Oropharyngeal airway adjunct	x	x	x	x
3	Nasopharyngeal airway adjunct	x	x	x	x
4	Manual removal of obstructed airway	x	x	x	x
5	Laryngoscopy for removal of airway obstruction			x	x
6	Oral suctioning	x	x	x	x
7	Endotracheal (ET) tube suctioning through a previously established airway or a stoma		x	x	x
8	Tracheostomy tube replacement ᴬ			x	x
9	Cricothyrotomy, surgical ᴬ				x
10	Cricothyrotomy, needle ᴬ				x
11	Apply and obtain readings of pulse oximeter, CO-oximeter, and capnography or capnometry equipment	x	x	x	x
12	Oxygen administration				
	a. Nasal cannula	x	x	x	x
	b. Simple face mask	x	x	x	x
	c. Non-rebreather mask	x	x	x	x
	d. Mouth-to-barrier devices, mask, mouth, nose, or stoma	x	x	x	x
	e. Partial rebreather mask		x	x	x
	f. Venturi mask		x	x	x
13	Ventilation management				
	a. Bag valve mask	x	x	x	x
	b. Ventilation with a flow-restricted oxygen-powered device	x	x	x	x
	c. Positive pressure ventilation devices (manually triggered or automatic ventilators)		x	x	x
14	Ventilator management - 16 years of age or older ᴬ				x

#					
15	Non-emergent ambulance transport of a stable patient less than 16 years of age who has a chronic condition requiring a tracheostomy tube and a ventilator provided the patient's caregiver accompanies the patient during transport. The caregiver must have received appropriate training in use of the patient's ventilator. A caregiver is not required to accompany the patient if the patient is accompanied by an Ohio licensed registered nurse or respiratory therapist, or other appropriately trained and licensed Ohio healthcare provider. [A]					X
16	Orotracheal intubation [A]					X
	a. Apneic patients				X	X
	b. Pulseless and apneic patients				X	X
17	Nasotracheal intubation [A]					X
18	Dual lumen airway [A]					X
	a. Apneic patients				X	X
	b. Pulseless and apneic patients		X		X	X
19	Extraglottic airways [A]					X
	a. Apneic patients				X	X
	b. Pulseless and apneic patients		X		X	X
20	CPAP administration and management			X	X	X
21	BiPAP administration and management					X
22	High flow nasal cannula					X
23	Positive end-expiratory pressure (PEEP)					X
24	End tidal CO_2 monitoring and detecting			X	X	X
25	Oxygen humidifier equipment application and monitoring			X	X	X
26	Chest tube placement – assist only					X
27	Chest tube monitoring and management					X
28	Nasogastric (NG) tube placement					X
29	Orogastric (OG) tube placement					X

[A]The utilization of waveform capnography is mandatory for all patients requiring invasive airway devices with the exception of stable patients with no cardiac or pulmonary complaints or symptoms unless ordered by the transferring physician. An invasive airway device is any airway device inserted or pre-positioned into a patient's airway by means of the mouth, directly into the trachea, or into the trachea by means of a tracheostomy tube, cricothyrotomy or nasotracheal intubation. Dual lumen and extraglottic airways, even though they are blindly inserted into the hypopharynx or the esophagus, are considered invasive airway devices.

	Cardiac Management	EMR	EMT	AEMT	PARAMEDIC
1	Cardiopulmonary resuscitation (CPR)	X	X	X	X
2	Chest compression assist devices	X	X	X	X
3	Automated external defibrillator (use of an AED)	X	X	X	X
4	Manual defibrillation			X	X
5	Negative impedance threshold devices		X	X	X
6	Administration of cardiac medication				X
7	Set up cardiac monitor in the presence of an AEMT or Paramedic		X		
8	Cardiac monitor strip interpretation			X	X
9	Cardioversion				X
10	Transcutaneous cardiac pacing				X
11	Transvenous cardiac pacing – monitoring and maintenance				X
12	12-lead EKG performance and interpretation				X
13	12-lead EKG application assisting a Paramedic who is present		X	X	
14	12-lead EKG set up and application for electronic transmission [b]		X	X	X

[b] An EMT or AEMT may set up and apply a 12-lead electrocardiogram when assisting a Paramedic or for the purposes of electronic transmission if all of the following conditions are met: 1) performed in accordance with written protocol; 2) EMT or AEMT shall not interpret the electrocardiogram; 3) delay in patient transport is minimized; and 4) EKG is used in conjunction with destination protocols approved by the local medical director.

	Medical Management	EMR	EMT	AEMT	PARAMEDIC
1	Epinephrine administration via auto-injector	X	X	X	X
2	Epinephrine administration via SQ or IM routes			X	X
3	Epinephrine administration via IV or IO route				X
4	Aspirin administration		X	X	X
5	Oral glucose administration		X	X	X
6	Oral over-the-counter (OTC) analgesics for pain or fever		X	X	X
7	Nitroglycerin administration (patient assisted) [c]		X	X	X
8	Nitroglycerin administration (non-patient assisted)			X	X
9	Aerosolized or nebulized medications administration (patient assisted) [c]		X	X	X
10	Administration of aerosolized or nebulized medications (non-patient assisted)			X	X
11	Naloxone administration via auto-injector	X	X	X	X

#	Skill				
12	Naloxone administration via intranasal route	X	X	X	X
13	Naloxone administration via ETT, IM, IV, IO, or SQ routes			X	X
14	Medication administration (protocol-approved) [D]			X	X
15	Administration of intranasal medications (in addition to naloxone) [D]			X	X
16	Immunizations for influenza to firefighters, EMTs, AEMTs, or Paramedics (ORC 4765.391)				X
17	Set up of IV administration kit in the presence of an AEMT or Paramedic		X		
18	Transport of central/peripheral IV without an infusion		X	X	X
19	Intravenous access and peripheral initiation			X	X
20	Access indwelling catheters and implanted central IV ports				X
21	IV maintenance and fluid administration			X	X
22	Maintenance of medicated IV fluids				X
23	Central line monitoring				X
24	IV infusion pump				X
25	Intraosseous needle insertion			X	X
26	Saline lock initiation			X	X
27	Peripheral IV blood specimens			X	X
28	Maintenance of blood administration				X
29	Thrombolytic therapy initiation and monitoring				X

[C] Patient Assisted Definition: May assist with 1) patient's prescription upon patient request and with written protocol – OR – 2) EMS-provided medications with verbal medical direction.
[D] See "AEMT Medications Approved by the EMFTS Board."

	Trauma Management	EMR	EMT	AEMT	PARAMEDIC
1	Long spine board	X	X	X	X
2	Short spine board	X	X	X	X
3	Splinting devices	X	X	X	X
4	Traction splint		X	X	X
5	Manual cervical immobilization	X	X	X	X
6	Cervical immobilization device (CID)	X	X	X	X
7	Helmet removal		X	X	X
8	Rapid extrication procedures		X	X	X
9	Needle decompression of the chest			X	X
10	Soft tissue management	X	X	X	X
11	Management of suspected fractures	X	X	X	X
12	Controlling of hemorrhage	X	X	X	X
13	Wound packing	X	X	X	X

	Basic Performances	EMR	EMT	AEMT	PARAMEDIC
1	Personal protective equipment (PPE) Selection/donning/doffing	X	X	X	X
2	Taking and recording of vital signs	X	X	X	X
3	Emergency moves for endangered patients	x	x	x	x
4	Patient Care Report (PCR) documentation	X	X	X	X
5	Trauma triage determination per OAC 4765-14-02	X	X	X	X

	Additional Services	EMR	EMT	AEMT	PARAMEDIC
1	Emergency childbirth management [£]	X	X	X	X
2	Glucose monitoring system use (with Clinical Laboratory Improvement Amendments (CLIA) waiver in place		X	X	X
3	Blood analysis				X
4	Eye irrigation	X	X	X	X
5	Eye irrigation with Morgan lens				X
6	Maintenance of blood administration				X
7	Thrombolytic therapy initiation and monitoring				X
8	Mechanical patient restraints		X	X	X
9	Telemetric monitoring devices and transmission of clinical data, including video data		X	X	X

[£]An EMR may only assist with emergency childbirth management.

Emergency Medical Services in Hospital	EMR	EMT	AEMT	PARAMEDIC
June 30, 2021-October 1, 2022: A first responder, emergency medical technician-basic, emergency medical technician-intermediate, and emergency medical technician-paramedic may perform emergency medical services in any setting, including in any area of a hospital, if the services performed under the direction and supervision of one of the following: _(1) A physician;_ _(2) A physician assistant designated by a physician;_ _(3) An advanced practice registered nurse designated by a physician._ [£]	X	X	X	X
Prior to June 30, 2021 and after October 1, 2022: In a hospital, an EMT, AEMT or Paramedic may perform emergency medical services in accordance with the following conditions: only in the hospital's emergency department (ED) or while moving a patient between the ED and another part of the hospital; only under the direction and supervision of a physician, a physician assistant designated by a physician, or a RN designated by a physician (ORC 4765.36). The EMT, AEMT, or Paramedic cannot perform any service outside the scope of practice of his or her certificate to practice.		X	X	X

[£]House Bill 110

Additional Services in a Declared Emergency	EMR	EMT	AEMT	PARAMEDIC
In the event of an emergency declared by the governor that affects the public's health, an EMS provider may perform immunizations and administer drugs or dangerous drugs, in relation to the emergency, provided the EMS provider is under physician medical direction and has received appropriate training regarding the administration of such immunizations and/or drugs. (OAC 4765-6-03)	X	X	X	X
EMS certificate holders are permitted to administer vaccinations so long as the route of administration is within the scope of practice and the certificate holder administers the vaccine pursuant to medical direction and training on the specific vaccine, which includes adherence to the recommendations and instructions of the Food and Drug Administration. [a]	X	X	X	X
[a] EMFTS Board motion				

Nerve Agent or Organophosphate Release	EMR	EMT	AEMT	PARAMEDIC
An EMS provider may administer drugs or dangerous drugs contained within a nerve agent antidote auto-injector kit, including a MARK I® kit, in response to suspected or known exposure to a nerve or organophosphate agent provided the EMS provider is under physician medical direction and has received appropriate training regarding the administration of such drugs within the nerve agent antidote auto-injector kit. (OAC 4765-6-05)	X	X	X	X

Withdrawing of Blood for Evidence Collection	EMR	EMT	AEMT	PARAMEDIC
Withdraw blood for the purpose of determining the alcohol, drug, controlled substance, metabolite of a controlled substance, or combination content of the whole blood, blood serum, or blood plasma only if the medical director provides authorization, a written protocol, and training. It may only be performed in the course of the provision of emergency medical treatment and at the request of a law enforcement officer, and only in response to a request for emergency medical treatment and transport to a health care facility. A clinically competent patient may refuse transport. Withdrawal of blood shall not be done: 1. If the physical welfare of the patient, EMS provider, or other person would be endangered 2. If it causes an unreasonable delay in treatment or transport of the patient or any other person 3. Consent of the patient is not obtained (an unconscious person or a person with a condition rendering the person incapable of refusal shall be deemed to have consented) 4. From a pre-existing central venous access device 5. Withdrawal of blood violates any rule in this chapter (OAC 4765-6) 6. The person is deceased (OAC 4765-6-06)			x	x

AEMT Medication Administration Approved by the EMFTS Board

A certified AEMT may administer medications from the following list, provided the AEMT is under physician medical direction and has received appropriate training regarding the administration of such medications. A medication that does not appear on the following list SHALL NOT be added to the department's AEMT protocol.

Benzodiazepines	Nalbuphine
Bronchodilators	Naloxone
Dextrose in water	Narcotics or other analgesics for pain relief
Diphenhydramine	Nitrous oxide
Epinephrine 1 mg per 1 ml (subcutaneous or intramuscular)	Oral ondansetron [ɰ]
Glucagon	Sublingual nitroglycerin
Ketamine	Tranexamic acid
Lidocaine for pain relief after intraosseous needle insertions	

[ɰ] A certified AEMT may administer oral ondansetron for patients age 12 years or older.

The approved route of administration of any specific medication is stated in the respective EMT, AEMT, and Paramedic curriculum. The EMS provider shall administer medications only via the route addressed in each respective curriculum and consistent with their level of training.

As stated in the introduction of this Ohio EMS scope of practice matrix, added competencies are elective services that are not required to be taught and are not included in the statewide approved initial training curricula for EMRs, EMTs, AEMTs, and Paramedics. For services classified as added competencies, the medical director is responsible for providing the education for each specific service he or she elects to authorize. Analogous to core competencies, the medical director must also provide training, a written protocol, continuing education, and a quality assurance program for each added competency.

	State Board Emergency Medical, Fire and Transportation Services **Ohio Department of Public Safety, Division of EMS**				
	ADDED COMPETENCIES				
	Medical Management	**EMR**	**EMT**	**AEMT**	**PARAMEDIC**
1	Epinephrine administration IM via syringe for anaphylaxis[2301]		X		
2	Ultrasound-guided peripheral IV access[2301]				X
3	Metered-dose or nebulized bronchodilator administration[2401]		X		
4	Glucagon administration via intranasal or IM routes for hypoglycemia[2401]		X		
5	Initiation of blood or blood products[2401]				X

[2301]EMFTS Board approval on 12/13/2023; effective January 1, 2024
[2401]EMFTS Board approval on 6/26/2024; effective June 26, 2024

C. APPENDIX C—TRI-C STUDENT INCIDENT REPORT

CLICK HERE TO FILL OUT THE REQUIRED FORM!
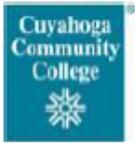
CUYAHOGA COMMUNITY COLLEGE
STUDENT INCIDENT REPORT

Please Check One:

☐ **Injury**   ☐ **Illness** ☐ **Near-Miss**

Instructions:
1. Notify your course instructor by the end of the class where then injury/illness/near miss occurred.
2. Complete this form in its entirety, sign it and have your faculty advisor sign it.
3. Scan and email the signed form to leslie.jones@tri-c.edu within one day of the injury/illness/near miss.

SECTION 1 – BASIC INFORMATION

Student's Name:	Faculty Advisor's Name:
Student's College I.D.:	Faculty Advisor's Title:
Date of Injury/Illness/Near-Miss:	Faculty Advisor's Office Address:
Address where Injury/ Illness/Near-Miss occurred:	Department and Campus:
Student's Home Address:	Faculty Advisor's Office Telephone Number:
City, State, Zip:	Faculty Advisor's Email:
Home Phone Number:	
Witness Name(s):	Where you participating in a course or clinical experience? ☐ Yes ☐ No
What action was taken (check all that apply): ☐ Went to Hospital ☐ Went to private doctor ☐ Went Home ☐ Returned to class ☐ Received first aid/self-treatment ☐ Refused any action	If you went to a hospital or private doctor, list the name and address of the treatment facility:

SECTION 2– Description of Injury/Illness/Near-Miss (use additional paper if needed)

In your own words, describe how the injury/illness/near-miss occurred: In your own words, what object or substance directly caused the injury/illness/near miss:

SECTION 3 – Nature of Injury/Illness/Near-Miss and Body Part(s) Affected

What body part(s) were injured? For, example, "left leg".	What was the nature of the injury to the body part? For example, "cut" or "burn".

SECTION 4 – Injury/Illness/Near-Miss Prevention Information

What could be done to reduce the possibility of a similar injury/illness/near-miss occurring in the future?

SECTION 5 – Signatures

Student signature and date:	Faculty advisor signature and date:

3/8/13

D. APPENDIX D— OVERALL TECHNICAL STANDARDS, ESSENTIAL FUNCTIONS OF POSITIONS, & DESCRIPTIONS OF EMS PROVIDERS

The full listing of this information is located at: ############## link to Google Drive once up

Statement of Receipt for the Overall Technical Standards, Essential Functions of Positions & Descriptions Emergency Medical Services Provider

I, _____, have received and read the information regarding the competencies and tasks of the Emergency Medical Services Provider as described in the "Functional Position Description - Emergency Medical Services Provider".

I further understand that should I have any questions regarding the standard functional job description as it pertains to the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008, I shall communicate those questions openly and freely with any faculty or staff member of Tri-C's Student Access Services and EMT Program Academy at Cuyahoga Community College.

_____   _____

Signature   Date

E. APPENDIX E—EMT PROGRAM DEFICIENCY POINT SYSTEM

EMT PROGRAM

DEFICIENCY POINT SYSTEM

EMT2330, EMT2340, EMT2350, EMT2360, EMT2371, EMT1302, EMT130L

Point Value	Occurrence
	Tardiness (Late Check In) or Early Departure (Early Check Out)
	If a student gets sent home from a clinical or field site early due to operational concerns/issues, contact must be made with clinical coordinator PRIOR to departure to discuss situation with hospital/prehospital site personnel.
2	• 1-29 minutes
3*	• 30 or > minutes
	A student will be considered absent if greater than 30 minutes of clinical time is missed. The student will not attend any shift with a late check in greater than 30 minutes past the assigned start time.
	Absence
3*	Absence – 1st Occurrence
	No call/text received by clinical coordinator/Instructor prior to start time of shift/class +1 point for total of 4
3*	Absence – 2nd Occurrence
	No call/text received by clinical coordinator/Instructor prior to start time of shift/class +1 point for total of 4
3*	Absence – 3rd Occurrence
	No call/text received by clinical coordinator/Instructor prior to start time of shift/class +1 point for total of 4
	Dress Code Violations
2	Violation of dress code
5	• Refusing to adjust to dress code after instructor addresses the violation with the student
	Counseling Action
4	• Disciplinary Counseling – Step 3
6	• Disciplinary Counseling – Step 4
	Consequences
≥5	The student will receive a counseling form. Faculty/staff members may, at their discretion, implement a written counseling action prior to 5-point accumulation to help ensure student success.
10	Failure of current module – a student who accumulates 10 points will receive an F in the Theory Course they are currently enrolled in.

1. Rationale behind Appendix E—EMT Program Deficiency Points System:

c) The EMT Program Deficiency Points System policy was developed to satisfy the State of Ohio minimum hour requirements and CoAEMSP Affective Behavior Standards outlined below:
   a. EMT Basic Curriculum: OAC Rule 4765-15-02| Emergency medical technician curriculum; specifically stating an EMT training program shall consist of a minimum of one hundred fifty (150) hours.
   b. EMT Paramedic Curriculum: OAC Rule 4765-17-04 Paramedic Curriculum; specifically stating a Paramedic training program shall consist of a minimum of five hundred (500) hours being devoted to the didactic and laboratory portion of the EMS training program and at least four hundred (400) hours being devoted to the clinical and field training portion, to include minimum skill set competency as outlined in paragraph (D) of this rule.
   c. CoAEMSP Affective Behavior Standard is attached below.

CoAEMSP Affective Behavior Evaluation
Please rate the following attributes of professional behavior and affect. Some examples are included but others may be appropriate.
1. Integrity
Consistent honesty; trustworthy with the property of others; trustworthy with confidential information; complete and accurate documentation.
2. Compassion
Acts to support others who are suffering, actively listens to patients and families and demonstrates concern.
3. Accountability
Takes responsibility for actions, complete assignments, open to constructive feedback.
4. Respect
Polite to others, does not use derogatory or demeaning terms; has a manner that brings credit to the profession.
5. Empathy
Responds appropriately to the response of patients and family members; demonstrates respect for others; supportive and reassuring to others.
6. Self-Motivation
Takes initiative to complete assignments; takes initiative to improve and/or correct behavior; takes on tasks and follows through without constant supervision; shows enthusiasm for learning and improvement; consistently strives for excellence in all aspects of patient care and professional activities; accepts constructive feedback in a positive manner; takes advantage of learning opportunities.
7. Appearance and Personal Hygiene
Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.

8. Self-Confidence
Demonstrates the ability to trust personal judgment, demonstrates an awareness of strengths and limitations; exercises good personal judgment.

9. Communications
Speaks clearly; writes legibly; listens actively; adjusts communication strategies to various situations.

10. Teamwork and Diplomacy	
Places the success of the team above self-interest; not undermining the team; helps and supports other team members; shows respect for all team members; remains flexible and open to change; communicates with others to resolve conflict.	

11. Patient Advocacy	
Does not allow personal bias or feeling interfere with interactions with others; places the needs of patients above self-interest; protects and respects patient confidentiality and dignity.	

12. Cultural Competency	
Maintains awareness of the assumptions and biases related to cultural issues and how they may affect patients, peers and all others involved in the delivery of medical care. Seeks to learn about others' cultural identities and looks at how one's own background and social environment have shaped the individual. Provides culturally competent, equitable and medically appropriate care to each and every patient no matter their background.	

F. APPENDIX F—STUDENT MINIMUM COMPETENCIES

Cuyahoga Community College
Student Minimum Competencies – Clinical Fall 2024 Paramedic Program

*All items marked by an asterisk MUST be completed by the designated due date in EMT2360.

EMT2350/40/60	Hours	Actual
Adult ED	104	
Field	186	

EMT2350	Hours	Actual
Peds ED (formative)	8	
Respiratory	8	
Total Hours	**16**	

EMT2340	Hours	Actual
Peds ED (formative)	8	
Total Hours	**8**	

EMT2360	Hours	Actual
Peds ED (formative and competency)	24	
Labor & Delivery	8	
Total Hours	**32**	

EMT2371	Hours	Actual
Field Internship	120	
Total Hours	**120**	

| **Total Hours** | **464** | |

Patient Contact By Age Form = Formative/Comp = Competency		Actual
Adult - 19 years to less than 65 years (Form)*	30	
Adult - 19 years to less than 65 years (Comp)	30	
Geriatric - 65 years and greater (Form)*	15	
Geriatric - 65 years and greater (Comp)	15	
Any Age – Pediatric Age Group (Form – 2350/2340)*	15	
Neonate - More than 0 to less than 1 month (Comp)*	2	
Infant - 1 month to less than 1 year (Comp)*	2	
Toddler - 1 year to less than 3 years (Comp)*	2	
Preschooler -3 years to less than 6 years (Comp)*	2	
School Age/Preadolescent - 6 years to less than 13 years (Comp)*	2	
Adolescent - 13 years to less than 19 years (Comp)*	2	
Any Age - Pediatric Age Group (Comp)*	3	

Opportunity – Pathologies Form = Formative/Comp = Competency		Actual
Assessment of Abdominal Pain (Form)*	10	
Assessment of Abdominal Pain (Comp)	5	
Assessment of Altered Mental Status (Form)*	10	
Assessment of Altered Mental Status (Comp)	5	
Cardiac Arrest (Form – Live or Sim)	1	
Cardiac Arrest (Comp – Live or Sim)	1	
Cardiac Dysrhythmias (Form)*	10	
Cardiac Dysrhythmias (Comp)	6	
Cardiac Pathologies or Complaints (Form)*	12	
Cardiac Pathologies or Complaints (Comp)	6	
Complicated OB Delivery (Form – Live or Sim)	2	
Distresses Neonate (Form – Live or Sim)	1	
Distresses Neonate (Comp – Live or Sim)	1	
Medical Neurologic Pathologies or Complaints (Form)*	8	
Medical Neurologic Pathologies or Complaints (Comp)	4	
OB Delivery – Normal or Complicated (Comp – Live or Sim)	2	
OB Delivery with Normal Newborn Care (Form – Live or Sim)	2	
Other Medical Conditions or Complaints (Form)*	12	
Other Medical Conditions or Complaints (Comp)	6	
Psychiatric/Behavioral (Form)*	12	
Psychiatric/Behavioral (Comp)	6	
Respiratory Pathologies or Complaints (Form)*	8	
Respiratory Pathologies or Complaints (Comp)	7	
Trauma (Form)*	18	
Trauma (Comp)	9	

Cuyahoga Community College
Student Minimum Competencies - Clinical Spring 2024 Paramedic Program

Required Medication Administrations Form = Formative/Comp = Competency		Actual
IM Injection (Comp)	3	
SQ Injection (Comp - Live or Sim)	1	
IV Bolus Medication (Comp)	10	
IV Infusion Medication (Comp - Live or Sim)	2	
Nebulized Medication (Comp)	5	
Other Requirements **Form = Formative/Comp = Competency**		
IV Access (Comp)	30	
IO Access (Comp – Live or Sim)	2	
Chest Compressions (Comp – Live or Sim)	2	
Defibrillation (Comp – Live or Sim)	2	
Synchronized Cardioversion (Comp – Live or Sim)	2	
Transcutaneous Pacing (Comp – Live or Sim)	2	
PPV with BVM (Comp – Live or Sim)	10	
Supraglottic Airway (Comp – Live or Sim)	10	
Cricothyrotomy (Comp – Live or Sim)	2	
Endotracheal Suctioning (Comp – Live or Sim)	2	
FBAO Removal with Forceps (Comp – Live or Sim)	2	
Needle Decompression (Comp – Live or Sim)	2	
Oral Endotracheal Intubation - Adult (Comp – Live or Sim)	10	
Oral Endotracheal Intubation - Peds (Comp – Live or Sim)	10	
Lead II ECG Interpretation (Comp) with ECG Submission Completed by the End of EMT2360*	30	
ALS Ambulance Run (Comp)	50	
Practice Team Lead (Form) (EMT2340/2360)*	10	
Capstone Team Lead (Comp) (EMT2371)	20	

*All items marked by an asterisk MUST be completed by the designated due date in EMT2360.

Capstone Prerequisite Skills Sim Requirements (Scenarios To Be Completed In Lab By the End of EMT2360)		Actual
Cardiac Arrest	1	
Cardiac Pathologies or Complaints	1	
Complicated Obstetric Delivery – Breech	1	
Complicated Obstetric Delivery – Prolapsed Cord	1	
Distressed Neonate	1	
Medical Neurologic Pathologies or Complaints – Geriatric Stroke	1	
Other Medical Conditions – Geriatric Sepsis	1	
Psychiatric/Behavioral	1	
Respiratory Pathologies or Complaints – Pediatric	1	
Trauma – Adult	1	
Trauma – Pediatric	1	

Cuyahoga Community College
Paramedic Program V8.24.1

Ohio #312

CoAEMSP #600596

Version 9.3; 83

Summer 2024

Patient Assessments in the Clinical Setting
Students should complete pt. assessments (PA) in conjunction w/ a preceptor (RN,EMT-P). Preceptor should be present & observe all PAs that are performed solely by student.

It is mandatory to complete the following **minimum** number of patient assessments (contacts) per hospital shift:
- 4-hour shift – 2
- 6-hour shift – 3
- 8-hour shift – 4

Failure to complete the above listed minimum patient assessment in any eight-hour clinical rotation will result in a loss of credit for the affected shift, and no credit will be given.

A completed patient assessment must be submitted in Platinum for each documented patient in order to receive full credit for the patient contact.

No patient assessments are completed in Respiratory.

PEARLS: The L&D rotation should include patient assessments on expectant females and neonatal (remember, a minimum of two competency-level neonatal assessments are needed for successful program completion). The pediatric rotation is the best place to get the patient assessments for the pediatric all age groups.

Successful Clinical Completion for Each Eight Week Course:

Successful clinical completion for EMT2350 and EMT2340 will be based on the following:
- Completion of all required specialty clinical hours for the eight-week course

Successful completion of EMT2360 will be based on completion of the following:
- Completion of all required Adult ED program hours
- Completion of all required Field program hours before Capstone (2371) requirement
- Completion of all required formative adult and geriatric age contacts
- Completion of all required formative and competency pediatric age contacts
- Completion of all formative pathologies and complaints
- Completion of a minimum of 30 successfully documented Lead II ECG Interpretations
- Completion of a minimum of 10 "practice" team leads
- Completion of all Sim Requirement Scenarios

Failure to successfully complete the minimum listed requirements above for each designated 8-week course will result in the issuance of a failing grade for the affected course.

At least 24 hours of Adult ED and 24 hours of Field time must be completed during each module - 2350, 2340 & 2360.
No more than 12 hours in a row may be completed for ED shifts, and no more than 16 hours in a row may be completed for field shifts.

G. APPENDIX G—PROGRAM HANDBOOK ACKNOWLEDGEMENT FORM

I, _____, have read and understood the Tri-C EMT Program Handbook. I agree to conduct myself in accordance with the provision of the Program Handbook, Clinical Handbook (if separate from Program Handbook), and the Tri-C Policies, Procedures, and applicable Code of Conduct. I also accept responsibility for my conduct or actions that may result in disciplinary action.

_____ I understand that I must successfully complete all the requirements set forth in the course syllabus and clinical rotations with passing evaluations. I further understand that additional clinical time may be necessary (beyond the minimum hours or skills numbers) to show passing cognitive knowledge, psychomotor skills, affective behaviors, or meeting required objectives.

_____ I understand that my failure to meet all the requirements set forth in the course syllabus, Program Handbook(s), and clinical objectives as outlined in these guidelines, syllabus, and Tri-C Policies and Procedures and/or any failing grade I receive for any portion of the Program (Didactic, Lab, Clinical, or Field Internship) will:

> 1) prevent me from continuing with any paramedic certification/licensing exam, and

> 2) require that I retake the entire series to complete the paramedic program

_____ I understand that I must successfully complete all Clinical requirements before I am able to participate in any certification licensing exam.

_____ I understand I may be required to complete additional work, as assigned by the Clinical Coordinator, Program Director, and/or Medical Director not outlined on the syllabus, to show mastery and successful completion of Program Clinical Rotations.

_____ I understand that the Paramedic Program is a significant commitment and must be a priority. I have discussed, as appropriate, with my family the necessary time commitment, and I am ensuring I could complete this program. I understand Clinical time is in addition to normal class time and I have prepared my life schedule to accommodate this.

_____ I understand that that program may sometimes conflict with my work or job. I have discussed, as appropriate, my program requirements with my place of employment, and I am assuring I will not have a conflict with the successful completion of this program.

_____ Date _____ (Student)

_____ Date _____ (Clinical Coordinator)

_____ Date _____ (Program Director)

_____ Date _____ (Medical Director)

CoAEMSP
Terminal Competency Form

CoAEMSP Program Number: 60XXXX

Paramedic Program Name:

We hereby attest 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

Program Overall Score

List of Written High Stakes Examinations (including the final cumulative summative examination)

	Score				Score				Score
(1)			(8)			(15)			
(2)			(9)			(16)			
(3)			(10)			(17)			
(4)			(11)			(18)			
(5)			(12)			(19)			
(6)			(13)			(20)			
(7)			(14)			(21)			

☐ Completed Student Minimum Competency (SMC) Matrix Requirements (required minimums, competencies, and patient contacts)

☐ Documented Skill Competencies

☐ Affective Learning Domain Evaluations

☐ Clinical/Field Experience Tracking Records (attended all required areas, completed required competencies)

☐ Capstone Field Internship Tracking Records (number of team leads, achieved competencies)

☐ Graduation Requirements Report

Terminal Competency Form

Page 2

Summative Comprehensive Final Evaluation
☐ Cognitive
☐ Psychomotor
☐ Affective

☐ Academic Advising Documentation (each term)

☐ Student Counseling Form(s), as applicable

Medical Director Signature: Sign here ➤   **Date Approved:**
(Secure Digital or handwritten)

Program Director Signature: Sign here ➤   **Date Approved:**
(Secure Digital or handwritten)

Please Note: If the Associate or Assistant Medical Director has approved the terminal competency, then the program must be able to provide evidence the program Medical Director has delegated this duty to the Associate or Assistant Medical Director for review during on-site evaluations or at any point evidence is requested by the CoAEMSP.

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

Select ▼ on

Select ▼ on

Select ▼ on

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)

I. APPENDIX I—TRI-C EMT PROGRAM ATTENDANCE FORM

◇

Cuyahoga Community College
EMT Program Attendance Form

Student Name: _____

Class: □ Day □ Night

Campus: □ Metro □ East □ West □ Westshore

Course: □ 2330 □ 2350 □ 2340 □ 2360 □ 2371 □ 1302 □ 130L

Occurrence Date:

Type of Occurrence: □ Absent □ Late Check In □ Eary Check Out

Late Check In/Early Check Out Time: □ 1-29 Minutes □ ≥ 30 Minutes

Please Check One:

□ Class

□ Lab

□ Clinical

      Hospital / Squad:

      Clinical Area:

Call or text received on mobile phone prior to start time:

□ YES □ NO

Follow-up email received prior to end time of affected shift:

□YES □ NO

Total Points for this occurrence: _____

Instructor / Staff Comments:

Faculty / Staff Signature:

Date Filed:
V3

J. APPENDIX J—COAEMSP STUDENT COUNSELING FORM

CoAEMSP
Credible education
through accreditation

Committee on Accreditation
of Educational Programs for the
Emergency Medical Services Professions

CoAEMSP®

Student Counseling Form

Program Number: _____   **Date:** _____

Program Name: _____   **Course Number:** _____

Student Name: _____   **Course Start Date:** _____

Reason for Counseling:

		Class	Lab	Clinical	Field
☐	Attendance	☐	☐	☐	☐
☐	Academic Performance	☐	☐	☐	☐
☐	Skill Acquisition/Performance	☐	☐	☐	☐
☐	Affective Behavior	☐	☐	☐	☐
☐	Administrative Probation (financial/other)	☐	☐	☐	☐

This student has been counseled regarding the following:

Previous Performance Improvement Plan (PIP) Completed:	Y ☐ N ☐ Date: _____
Previous Counseling:	Y ☐ N ☐ Date: _____
Dismissal:	Y ☐ N ☐ Date: _____

Student Comments:

Student Signature: _____   **Date:** _____

Faculty Signature: _____   **Date:** _____

Program Director Signature: _____   **Date:** _____

Student Counseling Form (Revised 10-2020)

K.   APPENDIX K—COAEMSP PERFORMANCE IMPROVEMENT PLAN

CoAEMSP
Credible education through accreditation

Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

Performance Improvement Plan (PIP)
Confidential

Student Name: ____   **Date:** ____

Program Name: ____

Course Number: ____   **Course Start Date:** ____

The purpose of this Performance Improvement Plan (PIP) is to identify areas of concern and gaps in your performance, reiterate the Paramedic program expectations, and allow you the opportunity to demonstrate improvement and commitment.

Areas of Concern: issues and/or poor performance and/or behavior.

1.	
2.	
3.	

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing "tab".]

Observations, previous discussions, or counseling: dates/times the issues were addressed in the recent/relevant past. Reference previous documents when applicable.

1.	
2.	
3.	

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing "tab".]

Improvement goals and expectations: goals related to areas of concern to be improved and addressed and timelines.

	Goal/Expectation	Required Completion Date
1.		
2.		
3.		
4.		

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing "tab".]

Performance Improvement Plan (PIP) Form (Revised 10-2020)

Page 1

Resources: resources available to complete the improvement activities.

1.	
2.	
3.	

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing "tab".]

Timeline for improvement, expectations, and consequences:

Effective immediately, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations, or any display of misconduct will result in further disciplinary action, up to and including dismissal from the Paramedic program. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this Performance Improvement Plan (PIP), your enrollment will be terminated. Failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including dismissal from the Paramedic program.

The contents of the PIP are confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with the assigned Paramedic program faculty member.

During this performance improvement process, you are expected to communicate on a regular basis with the Paramedic program faculty to discuss your progress.

PIP Start Date: ____   **PIP Re-evaluation Date:** ____

This information has been reviewed with the student.

Student Signature: ____   **Date:** ____

Faculty Signature: ____   **Date:** ____

Program Director Signature: ____   **Date:** ____

Other Signature: ____   **Date:** ____

Performance Improvement Plan (PIP) Form (Revised 10-2020)

Page 2

L.   APPENDIX L—TRI-C EMT PROGRAM DISRUPTION POLICY

EMT Department Disruption Policy:

In the event of an emergency that would require the College to partially or totally close physical locations (i.e., campuses, facilities, buildings, etc.), students will receive direction from the Program Director and/or their instructor(s).

Communications with Students During Emergency/Disaster Situations

All students shall receive official communication through their Tri-C email accounts. Students are required to regularly check their Tri-C email account for information related to their enrollment. Should a catastrophic event occur where multiple modes of communications are not accessible (i.e., phones, internet, or electrical grid, etc.), students should monitor whatever means of communication are available (i.e., radio, emergency broadcast, etc.) and await further instruction from the College and/or the program. It is critical that students keep their Emergency Contact information updated in My Tri-C Space so the College and program can reach students during emergency and/or disaster situations.

Responses/Timeframes for Emergency/Disaster Situations

The following information outlines general College and program responses to emergency and/or disaster situations based on the timeframe of events. More detailed instructions and information will be provided based on the nature and severity of each situation as it evolves.

1. One (1) to Five (5) Day Shut Down

A one (1) to five (5) day closure would have a relatively minimal impact on program operations during most times of the year except for the first (1st) week of classes and finals week. Appropriate accommodation will be made by the Program Director in consultation with college administrators to reschedule examinations and/or make up lost hours. Clinical field experiences that must be postponed or delayed will be addressed by the Program Director with each individual student to ensure required hours are met. Normal tuition refund policies will remain in effect absent communication from the College President to the contrary.

2. One (1) Week to Two (2) Week Shut Down

In the event of a forced shut down of a campus or facility housing program courses/labs for one (1) to two (2) weeks, on-line and distance learning courses will continue normal operations. Faculty teaching on campus classes will continue instruction by holding a minimum of one (1) class session via distance learning methods which may include but are not limited to an LMS platform(s), video lectures, PowerPoint presentations, or reading and writing assignments emailed to students by the course instructor.

In case of a postponed or delayed clinical field experience, the Program Director will address this with each student to ensure required hours are met. Normal tuition refund policies will remain in effect absent communication from the College President to the contrary. The program with the College Administration will adjust the academic calendar as needed to adhere to accreditation, federal financial aid requirements and other regulatory and/or grant requirements.

3. Shutdowns Lasting Longer than Two (2) Weeks

In the event of a forced closure or shut down of a campus facility housing program, or courses/labs for more than two (2) weeks, on-line and distance learning courses will continue normal operations. Faculty teaching on campus classes will continue instruction by holding class sessions via distance learning methods which may include but are not limited to an LMS platform(s), video lectures, PowerPoint presentations, or reading and writing assignments emailed to students by the course instructor.

In the event of a postponed or delayed clinical field experience the Program Director will address this with each individual student to ensure required hours are met.

Courses that the Campus President and/or the Dean of Learning & Engagement (Academic Affairs) deems inappropriate for distance learning (e.g. labs, field experiences, etc.) shall be addressed in accordance with college academic guidelines (i.e., cancellation, refund, 'Incomplete' grades assigned, etc.).

Alternatively, the Campus President may also move a course to an alternate College facility after obtaining consensus with the College Administration and program.

Normal tuition refund policies will remain in effect absent communication from the College President to the contrary. The College will adjust the academic calendar as necessary to adhere to accreditation, federal financial aid requirements and other regulatory and/or grant requirements.

Notification to the State EMS Department and CoAEMSP

The Program Director is responsible for contacting the State of Ohio EMS Department and the accreditor, CoAEMSP to notify them of any emergency that has resulted in the shutdown of the program or the activation of a continuation of instruction plan:

a. Advising what type of emergency occurred and how the college and program is addressing the continuation of instruction.

b. Provide details and updates of the situational response plan to be initiated during the disaster as necessary; and

c. Make any requests for approval of modification to the program of instruction and/or student registry testing, as necessary.

M. APPENDIX L—GLOSSARY OF COLLEGE & PROGRAM TERMINOLOGY

<u>Academic</u> Behavior refers to the standards required for students to complete coursework designated for their specific program of study, degree, and/or certificate.

<u>Accreditation</u>: is granted by CAAHEP when a program is in substantial compliance with the accreditation Standards. It remains in effect until due process has demonstrated cause for its withdrawal.

<u>Accreditation Standards</u>: is the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions

<u>Advanced Life Support</u>: Procedures performed on patients that go beyond basic life supports tactics. ALS procedures include invasive interventions, such as endotracheal intubation, rapid sequence intubation, and surgical/needle cricothyrotomy for airway management, intravenous/intraosseous vascular access via catheter insertion for drug and fluid delivery. Examples of cardiac ALS procedures are ECG interpretation, transcutaneous pacing for bradycardia, cardioversion for tachycardias/SVT, and defibrillating ventricular fibrillation. An example of an ALS procedure for respiratory emergencies is performing a thoracostomy to relieve tension pneumothorax.

<u>Appeal Panel</u>: refers to an approved body of individuals designated to review and make a determination on a decision that the student found unfavorable.

<u>Capstone Experience</u>: is a set of activities occurring toward the end of the educational process to allow students to develop and practice high-level decision making by integrating and applying their Paramedic learning in all educational domains.

Clinical Experience: is planned, scheduled, educational student experience with patient contact activities in settings, such as hospitals, clinics, free-standing emergency centers, and may include field experience.

CoAEMSP: is the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.

Closing: refers to the closure of the College or a specific campus or campuses for a designated reason (e.g. weather, natural disaster, utility outage, etc.). Emergency Closing. *See program handbook for closing guidance for students at clinical/experiential learning/practicum sites.

Code: refers to the Student Conduct Code (3354: 1-30-03.5) and Student Judicial System (3354:-1-30-03.6) and identifies prohibited conduct and clarifies when the code applies to student behavior.

College Clinical Coordinator (aka *Preceptor, internal*): refers to the position listed as Preceptor, Internal, but who is also listed in program accreditation policy and descriptions as fulfilling the same roles and responsibilities as a Preceptor, Internal. Further description is listed in EMT Program Roles.

"Competent": The student performs the skill / objective in a satisfactory manner. The student requires little to no prompting from his/her preceptor to fulfill the skill / objective. The student displays little to no hesitancy when performing / attempting to perform the skill / objective. The student is at or near an entry-level paramedic in his/her ability to manage the skill / objective.

Complaint: refers to a matter that the complainant believes requires institutional attention. Select the appropriate category here: Student Complaints, Concerns and Compliments.

Conduct: refers to student behaviors as it relates to prohibited actions as described in the Student Code of Conduct and related College Policies and Procedures. Student Code of Conduct can be found here Student Conduct Code and Student Judicial System.

Contractor/Vendor: refers to any individual or entity that has been contracted/retained to provide a service to the College.

Credit Course: refers to coursework that awards academic credit towards a degree and/or certificate.

"Deficiency": The student has not met the skill / objective in a satisfactory manner. The student requires consistent prompting from his/her preceptor to fulfill the skill / objective. The student displays a considerable amount of hesitancy when performing / attempting to perform the skill / objective. The student requires constant supervision while attempting to perform the skill / objective.

Disciplinary Action: refers to corrective remedies imposed because of findings and recommendations from a program conduct meeting, level one hearing, and/or program professional conduct committee review.

Dismissal, (College): refers to separation of the student from the College for a definite period. Conditions for readmission are outlined in the Student Code of Conduct sanction descriptions.

Dismissal, (Programmatic): refers to separation of the student from a specific academic program. Conditions for readmission are specific to each program.

EMT: refers to the role in and/or healthcare provider in which a certified EMT-Basic healthcare provider is acting in.

EMT Program (aka The Program): refers to the entire Tri-C EMT Department and all EMR/First Responder, EMT-Basic, ADV-EMT, and Paramedic Programs, in addition to any future programs under its auspice.

Ethics: refers to generally accepted professional standards of behavior as documented in the Codes of Conduct, Professional Ethical Standards, etc. of external professional organizations, licensure boards, etc.

Expulsion: refers to permanent separation of the student from all College locations, events, and activities. An expulsion is denoted on a student's permanent transcript.

Faculty: refers to any permanent College employee assigned full-time to instruct credit course(s).

Field experience: Planned, scheduled, educational student time spent on an advanced life support (ALS) unit,
which may include observation and skill development, but which does not include team leading and does not contribute to the CoAEMSP definition of field internship. This experience focuses on the student's progression from attaining competency in individual skills (i.e., intravenous therapy, patient assessment, history taking,
medication administration) to managing the scene, the patient, and other team members.

Field internship: Planned, scheduled, educational student time on an advanced life support (ALS) unit to develop and evaluate team leading skills. The primary purpose of the field internship is a capstone experience managing the Paramedic level decision-making associated with prehospital patients.

Grade Dispute: refers to a challenge to a recorded grade (final grades only — does not apply to individual assignments or midterm grades) and must be filed by a student to the Academic Affairs Office at the campus to which the course was associated no later than sixty (60) days after the disputed grade is recorded. Link: Student Complaints, Concerns and Compliments.

Grievance: refers specifically to the ADA/Section 504 Grievance Procedure as outlined in the Student Handbook and available here: Student Complaints, Concerns and Compliments.

Guidelines: refers to operating principles specific to a college program or department.

Instructor/Adjunct Faculty: refers to any individual assigned to instruct a credit/non-credit course, workshop, training seminar, summer camp, etc.

Lead Instructor refers to any individual assigned to instruct a credit/non-credit course, workshop, training seminar, summer camp, etc. that is the lead teaching member in charge of the

administrative tasks of course direction, administrative tasks, and overseeing. This person can also be a Faculty, Instructor/Adjunct Faculty, or Lecturer with the Lead Instructor designation.

<u>Learning Domains:</u> are categories of teaching/learning/evaluation consisting of cognitive, (knowledge), psychomotor (skills), and affective (behavior).

<u>Lecturer</u>: refers to a full-time instructor with a specific term related contract who has all the duties and responsibilities of a full-time faculty member at the college.

"Needs Guidance": The student is starting to perform the skill / objective in a satisfactory manner. The student requires some prompting from his/her preceptor to fulfill the skill / objective. The student displays some hesitancy when performing / attempting to perform the skill / objective. The student is not near that of an entry-level paramedic in his/her ability to manage the skill / objective.

<u>Non-Credit Course</u>: refers to coursework that does not award academic credit towards a degree and/or certificate.

<u>Paramedic [Medic, EMT-P]:</u> refers to the role in and/or healthcare provider in which a certified EMT-Paramedic healthcare provider is acting in.

<u>Peer Panel</u>: refers to a body of individuals consisting of faculty in a specific discipline who evaluate a student's specific request regarding a disputed grade.

<u>Policy</u>: refers to documented operating principles for the College as approved by the Board of Trustees.

<u>Policy and Procedure</u>: Policies and procedures act as the operating principles for Cuyahoga Community College. All official College policies must be approved by the College's Board of Trustees and all official procedures must be reviewed and approved by the Office of Legal Services prior to the effective date.

<u>Portfolio</u>: is a skills assessment system that documents the evaluation of the progression of each student over time through individual skills acquisition, scenario labs, and clinical and capstone field internship. This assessment system should represent best practices in education, measurement, and documentation of the affective, cognitive, and psychomotor domains.

"Professional": The student performs the skill / objective in a more than satisfactory manner. The student requires no prompting from his/her preceptor to fulfill the skill / objective. The student displays no hesitancy when performing / attempting to perform the skill / objective. The student is at or surpassing that of an entry-level paramedic in his/her ability to manage the skill / objective.

<u>Program</u>: is a system of Paramedic curriculum delivery that meets all provisions of the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions.

<u>Program Improvement Plan (PIP):</u> a program/accreditation standard which outlines the behavior or conditions which have been identified and the student is counseled over, which lists the needed behavior improvements, methods to do so, and potential outcomes if the behavior is not improved.

<u>Preceptor: "Internal" / "External"</u>
- Internal preceptor refers to an employee of Cuyahoga Community College who works with students in matters related to experiential learning.
- External preceptor refers to an employee of a clinical or experiential site who is not an employee of Cuyahoga Community College. External preceptors supervise student experiential learning and often provide feedback and assessments of the student to the program.

<u>Probation, College (Academic):</u> refers to a status that follows a student is not performing at a successful level. The College's Academic Probation policy is found here: Procedure on Academic Status

<u>Probation, College (Behavioral):</u> refers to a written reprimand for a designated period and includes the probability of more severe disciplinary action if the student violates any College rules during the probationary period. College Behavioral Probation is found here Student Conduct Code and Student Judicial System

<u>Probation, Programmatic</u>: refers to a student being placed on probation because of a corrective action panel specific to a program.

<u>Procedure</u>: refers to documented standard practices of how a board-approved policy is carried out.

<u>Professional Conduct Committee</u>: refers to a committee established to review a student's academic performance and/or professional behavior at the programmatic level and may make appropriate recommendations pertinent to any eligible behavioral modification and/or remedial actions.

<u>Professionalism and Professional Conduct</u>: refers to behavioral expectations and guidelines set forth in programmatic, clinical, experiential, and professional associations and organizational guidelines. These expectations and guidelines may appear in various forms such as a code of ethics, clinical facility guidebooks, and /or practicum/internship expectations, etc. These expectations and guidelines are in addition to the College's official policies and procedures.

<u>Protocols</u>: refer to step-by-step processes specific to a college program or department.

<u>Readmission</u>: refers to the delineated process for the reinstatement of a student after a period of separation from the College and/or a college program.

<u>Reinstatement</u>: refers to the process by which a student returns to good standing at the College or in a specific academic program after a period of probation/suspension/dismissal.

<u>Remediation</u>: refers to a program-specific process of improving student performance. Remedial actions are not disciplinary actions.

<u>Responsible Employee</u>: refers to any individual required to act based on reportable misconduct. All College employees must adhere to the reporting requirements prescribed in applicable laws, regulations, and College mandates.

<u>Sanction</u>: refers to any corrective action taken because of a student's behavioral decision.

Staff Member: refers to any employee (part time/full time) of Cuyahoga Community College in a noninstructional role who performs duties as assigned.

Syllabus: is a document that describes a body of instruction (e.g., course). It must include learning goals, course objectives, and competencies required for graduation (Standard III.C), but often includes the course description, days/times of class meetings, required textbooks and other reference materials, attendance policy, evaluations (e.g., test, quizzes, projects, research papers), grading policy, ADA statement, content outline, and weekly topic outline.

Standards: (1) refers to guidelines established by accreditation and approving bodies (e.g. state governing bodies) that a program must adhere to maintain status. (2): are the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions, which are the minimum requirements to which an accredited program is held accountable.

Student: refers to anyone enrolled in a course of study at the College whether in a credit or non-credit course, workshop, training seminar, summer camp, etc. Applicants may also be considered 'students' under certain delineated circumstances.

Suspension: refers to a temporary separation from the College or a specific academic program for a defined period as results of academic or behavioral issues. Eligibility for readmission may be contingent upon satisfactory or specific condition imposed at the time of suspension.

Team Lead: Team leads are a capstone component of the program. Capstone refers to a culminating student experience in which students apply the concepts that they have learned to solve real-life problems. It is an opportunity for students to demonstrate that they have achieved the terminal goals for learning established by their educational program and to demonstrate entry level competency in the profession. The CoAEMSP Policies and Procedures Manual define a capstone experience as: "Activities occurring toward the end of the educational process to allow students to develop and practice high-level decision making by integrating and applying their Paramedic learning."

Terminal Competencies: are the activities required to successfully complete the Paramedic program

Withdrawal: refers to the process through which a student withdraws or is removed from coursework.