

HEALTH CAREER INSTITUTE'S

**EMERGENCY MEDICAL SERVICES
PROGRAM
STUDENT HANDBOOK**

**EMT-B'S and Paramedics
Must read this book before entering the
EMS Program**

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Emergency Medical Services Programs
STUDENT HANDBOOK

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PHILOSOPHY

Health Career Institute is a private postsecondary educational institution whose mission is to provide high-quality training that prepares students to enter the workforce. The school offers general education and professional programs at the certificate level and the A.S. Degree level in the fields of healthcare, and fire science. These programs are designed to instill the knowledge and skills of professional practice as well as foster the values of higher education and social responsibility. In business since 1998 as a 501C3 non-profit corporation formed under the laws of the Federal Government and the State of Florida. HCI encompasses a staff that is comprised of working paramedics, firefighters, and nurses in the pre-hospital and hospital setting.

Health Career Institute's programs in Emergency Medical Services and Fire Science emphasize a practical approach that move a student through to the completion of the applied training program and into the workforce.

INSURANCE

Liability:

The college enrolls in a student blanket professional liability policy with a major insurance carrier. This policy provides \$1,000,000 limits of liability for each medical incident and \$3,000,000 aggregate. The cost to the student is less than enrolling in an individual professional liability policy with comparable coverage. Premiums are due annually, and are included in tuition.

The student blanket professional liability policy covers students while they are participating in clinical activities which are a part of, and a requirement of, the student's curriculum and will pay a patient's claim if they are injured by a student participating in an EMS Programs clinical experience.

Health:

Students are financially responsible for any medical or emergency treatment in the event of injury or exposure to a communicable disease during EMS clinical. Health insurance must be maintained for the time you are in the program.



ETHICAL AND LEGAL BEHAVIOR

As students in clinical facilities, the students are considered as "loaned employees" and fall under the same jurisdiction as employees of the hospital. Clinical sites are drug-free workplaces, and some require proof of drug screening. Students may be called upon to submit to a drug test anytime there is reasonable cause. Refusal to submit to drug or alcohol test will result in withdrawal from the program.

Only those students who perform in an ethical and legal manner will be recommended to test for state and national certification. The faculty further believes that honest behavior in classroom, skills laboratory and the clinical setting transfers to the graduate in the world of employment. Any student involved in unethical or illegal behavior will be subject to program termination.

ATTENDANCE POLICY

Classroom:

Students are expected to attend all classes however absences should be kept to a minimum. Each semester class such as EMT and Paramedic semester classes only two absences are allowed. Absences exceeding this percentage will result in administrative withdrawal. If the student has emergency circumstances they should go to the department head for advisement. The student is responsible to make-up any work missed.

Skills Lab:

Students are expected to attend all scheduled skills lab experiences. If a skills lab is missed, the student must make up the required hours. Students are allowed one missed scheduled lab per semester.

ER and Field Clinical:

Students are expected to attend all scheduled days of clinical practicum. In the event of a clinical absence due to extenuating circumstances the student must reschedule with the department head. The student should be aware that clinicals may not be able to be rescheduled based on availability.

All clinical rotations must be completed in full before the student can graduate. Students arriving more than 30 minutes late must reschedule clinical experience. If you leave early for any reason, the entire clinical must be repeated. Students are allowed no more than one missed clinical per regular semester. The second missed scheduled clinical during a regular semester will result in administrative withdrawal if the student can not be rescheduled.



NO DUTY STATUS

No student can be on call or subject to call during any portion of the training program such as lecture, lab or hospital time. During ride time the student is allowed to be a third person only. Not part of the EMS crew such as the driver. The student must ride in the patient compartment with the preceptor/paramedic in charge on that vehicle. The student may not be left alone in the back compartment with the patient. The student must be in addition to the two other working members of the crew, the paramedic in the patient compartment and the driver.

Extenuating Circumstances:

Extenuating problems such as emergency surgery, severe illness, or family emergency may be petitioned as a hardship case. These will be dealt with on an individual basis with the instructor. The student will be required to submit a statement of the problem. A written response will be sent back to the instructor from the director and placed in the student's file.

Drop Procedure:

Withdrawing from a course is a formal procedure which the student must initiate and he/she may do this in Admissions or Counseling. If the student stops attending and does not withdraw, the student will receive a grade of "F." Students are encouraged to discuss plans to withdraw with the instructor. Students often drop when assistance may be available that would enable them to continue. The last date of class will be considered for the refund policy. See prorated refund policy for each program.



Program Refund Policy

1. Refunds for Classes Cancelled by HCI.

If tuition and fees are collected in advance of the start date of the program and the class is canceled by the school, 100% of the tuition and fees collected will be refunded. The refund will be made within 30 days of the planned start date.

2. Refunds for Students Who Withdraw On or Before the First Day of Class:

If tuition and fees are collected in advance of the start date of the program and the student does not begin classes or withdraws on the first day of classes, the student will be reimbursed 100% except for the \$ 50.00 non-refundable registration fee.

3. Refunds for Students Enrolled Prior to Visiting the Institution

Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three days following either attendance at a regularly scheduled orientation or following a tour of the facilities and inspection of the equipment.

4. Refunds for Students Enrolled in Continuing Education or Limited Contract Instruction

Health Career Institute's short-term classes such as BLS, ACLS and PALS classes are fully refundable except a \$ 25 administrative fee.

5. Refunds for Withdrawal after Classes Commence

(a) Refund Policy for Programs Obligorating Students for Periods of less than 12 Months

- (i) After the first day of classes and during the first 10% of the period of financial obligation, the school will refund 90% of the tuition:
- (ii) After the first 10% of the period of financial obligation and until the end of the first 25% of the period of obligation, the school will refund at least 50% of the tuition.
- (iii) After the first 25% of the period of financial obligation and until the end of the first 40% of the period of obligation, the school will refund at least 25% of the tuition.
- (iv) After the first 40% of the period of financial obligation, the school will retain all of the tuition.



EMT PROGRAM PRORATA \$ 75.00 per credit hour (12 credits)

TABLE OF REFUND POLICY TABLE FOR EMT @ 12 week Program

Tuition	\$ 900
Shirt	35
Background fee	50
Books/workbook	165
Lab/Clinical fee	100
Malpractice Ins.	50
Registration Fee	50
Total Cost	\$ 1350

% in Class	Time Equation In days	% of Refund	Refund Amount
1 day -10%	1- 7	90%	\$ 810
10%- 25%	8-21	50%	450
25%- 40%	22-41	25%	225
More than 40%	Over 41	0%	No Refund

PARAMEDIC PRORATA PER SEMESTER

TABLE OF REFUND POLICY TABLE FOR PARAMEDIC PER SEMESTER @ 12 WEEKS PER SEMESTER \$ 75.00 per credit hour (47 credits)

Semester I		Semester II and III	
Tuition	\$1125	Tuition	\$1200
Background check	75	Certifications:	
Shirts	35	ACLS/BTLS/PALS etc	335
Lab/Clinical fee	215	Lab/Clinical	215
Malpractice Ins	50	Malpractice Ins	50
Books/workbook	300		
Registration Fee	50	Registration Fee	50
Total Cost	\$ 1850 per semester		

Semester I

Semester II and III

% in Class	Time Equation In days	% of Refund	Refund Amount	% in Class	Time Equation In days	% of Refund	Refund Amount
1 day -10%	1- 7	90%	\$ 1012	1 day - 10%	1- 7	90%	\$ 1080
10%- 25%	8-21	50%	562	10%- 25%	8-21	50%	600
25%- 40%	22-41	25%	281	25%- 40%	22-41	25%	300
More than 40%	Over 41	0%	No Refund	More than 40%	Over 41	0%	No Refund



CLINICALS/EXTERNSHIPS

GENERAL GUIDELINES FOR CLINICAL EXPERIENCE

1. All students will arrive on time and will report to the ER nurse/proctor or rescue service paramedic/proctor in charge. The student will remain in the assigned area at all times, unless directed otherwise by the supervisor or preceptor. Clinical experience is an integral part of training. Students will be expected to take part in assisting personnel as necessary and requested.
2. Attire for students will be in Health Career uniforms.. A school Polo shirt identifying the student as such will be worn with blue or black EMT or docker pants. Shirts must be tucked in with a black belt and enclosed black shoes. No other patches will be worn on uniform.
3. Students will read and be responsible for rules, medical protocols and operating procedures pertaining to the area to which they are assigned. All students will be expected to have attended orientation to specialty units prior to clinical experience.
4. A professional and courteous manner will be maintained at all times. All patients are to be treated with understanding and respect. Do not get involved in controversies over policy or departmental operations. Refer any questions or complaints to the person in charge.
5. Emergency Department personnel have specific duties which do not involve your instruction. Please respect their time commitments.
6. Observing is an important tool to learning. Use discretion while in the Emergency Department setting. Students will obtain permission from the attending physicians or proctor in charge prior to assisting in patient care.
7. When initiating communication with the patients, students will identify themselves as an E.M.T. or Paramedic student-- this is imperative.
8. In the event of procedural errors students will report the incident immediately to the proctor in charge and the program director.
9. Confidentiality will be adhered to at all times. Do not discuss patient care in any open area of the Emergency Department or hospital. This can lead to misinterpretation and poor public relations for the hospital and the program. Failure to maintain full confidentiality will result in withdrawal from the Program.
10. In clinical areas students will demonstrate safe practice in skills consistent with their program of instruction and listed in their skills list. Only Paramedic students will be allowed to administer medications under the direct supervision of the proctor or other appointed personnel.
11. Upon completion of daily clinical experiences and prior to leaving, students will report to the proctor in charge. The students are not allowed to just leave for any reason without checking out with the preceptor or instructor. If at an EMS agency and the preceptor is not available the station captain can sign the paperwork. No preceptor or instructor is to sign any paperwork that does not have the correct information on it such as: correct hours the student was present, correct date etc. No preceptor or instructor can sign if they did not have direct contact with that student on that day. **No person from a different station or agency can sign the student's paperwork.**



ACCIDENTS AND/OR INJURY IN THE CLINICAL SETTING

ALLIED HEALTH DIVISION GUIDELINES

1. A student who is injured in the clinical setting should immediately notify his/her clinical preceptor and instructor.
2. A written summary of the occurrence and care rendered will be submitted by the student to the instructor, and the Director of Health Career Institute.
3. All clinical facilities by contractual agreement must provide access to acute emergency care in the event of accident or injury to a student.
4. A student is responsible for all expenses charged by the clinical facility in rendering medical care.
5. The school and the clinical facility are not responsible for any claims for expenses that result from an action of a student in the clinical setting.
6. Students in the EMS are required to show proof of medical (hospitalization) insurance.

INCIDENT REPORTS

Incident reports (Risk Management Forms) are utilized in the clinical setting when an error or accident has occurred (i.e. injury involving student, patient, staff, visitor, etc.) In the event that an accident or error occurs, the student will first notify the Preceptor and the EMS Director.

A Hospital Incident

Report (Risk management Form) and a College Incident Report are to be completed. The physician will then be notified according to hospital protocol.

The student is responsible for following the hospital's policy and procedures for reporting the incident.



CONFIDENTIALITY

Patient's Right to and Release of Information

POLICY:

Patient information shall not be released to any person or entity not directly involved in patient care.

PURPOSE:

1. To ensure the patient that any information about his/her condition, care, and treatment is kept absolutely confidential.
2. To familiarize EMS personnel what information that may share with other family members.

SPECIAL INSTRUCTIONS:

1. Patient information is not discussed with anyone not directly involved in the delivery of care. Information is never discussed outside a normal work area, nor in any public area.
2. Information is not relayed to anyone including friends, family members, or significant others without first consulting preceptor.
3. EMS /ED personnel in charge of the patient's care may:
 - A. Relate what the family could observe if they were present: sat up, resting well, etc.
 - B. Give condition status, i.e., condition remains good. For an adverse change in condition, the family is advised to call the physician for his/her opinion.
4. Birth and deaths become a matter of public record and may be reported. Tact and sensitivity **must** be used in reporting death events to family members and significant others.
5. Requests for additional information are referred to the patient and/or physician.
6. Inquiries made by news media representatives and persons other than the patient's family are referred to a hospital or rescue service information officer or his/her designee.



UNIVERSAL PRECAUTIONS - AIDS POLICY

HCI Programs involve clinical experiences in which students may be assigned to administer care to individuals who are HIV (Human Immunodeficiency Virus) seropositive, or who have ARC (Aids Related Complex) or AIDS. Students will, in every case, be expected to treat all patients with concern and dignity inherent in professional standard of care. At the same time, students will be expected to follow all recommended guidelines for prevention of HIV transmission.

Health Career Institutes students and faculty will follow the recommended guidelines for "Prevention of HIV Transmission in Health Care Settings" published by the CENTERS FOR DISEASE CONTROL, Atlanta, Georgia, as well as the policies of the various institutions in which we have clinical experience. To standardize the delivery of health care to all patients and to minimize the risk of transmission the students will:

1. Be taught basic skills in isolation techniques according to CDC specifications, and handling of body fluids in the skills laboratory before actual clinical practice of these skills on a patient.
2. Be provided classroom instruction related to HIV treatment, modes of transmission and prevention.
3. Receive hospital policies for blood and body fluid prevention.
4. Utilize the following blood and body fluid precautions consistently on all patients:
 - a. Gloves should be worn when touching blood and body fluids, mucous membranes or non-intact skin of all patients, or when touching items or surfaces soiled with blood or body fluids (including performing venipuncture and other vascular access procedures).
 - b. Hands should be washed immediately before gloving and again after removing gloves. Hands should also be washed immediately and thoroughly when contaminated with blood or body fluids.
 - c. Gloves should be changed between each patient.
 - d. Gowns or plastic aprons, masks, and protective eyewear should be worn for any procedures likely to result in or prone to splashing of blood or body fluids.
 - e. Used needle should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or manipulated by hand. Disposable needles, syringes, scalpel blades and other sharp items should be placed in puncture resistant containers for disposal.
 - f. Soiled linen should be handled as little as possible with minimum agitation. All soiled linen should be bagged and tied closed at the location where it was used.
 - g. Gloves are to be worn for post-delivery care of the umbilical cord and until all blood and amniotic fluid have been cleaned from the infant's skin.
 - h. When universal blood and body fluids precautions are implemented on all patients, isolation/labeling of the patient's room, chart, or specimens is not to be done. Upon death, state law requires that a tag be affixed to the body of anyone known to have blood born pathogen.
 - i. Specimens of blood and body fluids should be placed in a leak-proof container. When collecting the specimen, care should be taken to prevent contamination of the outside of the container. All containers (except blood tubes) should be placed in a zip-lock bag.



(Universal precautions cont'd)

j. Mouthpieces and resuscitation bags should be used in place of mouth-to-mouth resuscitation.

5. A hospital and college incident report is to be completed if the student is exposed to blood or body fluids through needle stick or cut, mucous membrane (splash to the eyes or mouth), or cutaneous (through skin which is chapped, abraded or has dermatitis) means. Follow-up screening will be recommended according to hospital/school guidelines. The cost of follow-up will be paid by the student.

6. Follow Center for Disease Control's Universal Precautions on all patients, and follow precautions for invasive procedures.

TESTING POLICY

1. Seating arrangement, leaving the room and stopping examination for violations of the test taking policy is at the option of the instructor(s).

2. Information found on or in the vicinity of the student during a period of testing will be grounds for termination of the testing procedure. A grade of zero will be recorded and averaged into the final grade.

3. If there is evidence of verbal or non-verbal communication between students during the examination, the examinations will be taken up by the instructor from the participating parties. A grade of zero will be recorded and averaged into the final grade.

4. All students are to remain seated during a testing situation, but should raise his/her hand if there is a need to communicate with the instructor.

5. Violation of the testing policy is grounds for dismissal from the course with an "F" grade because of unprofessional behavior. A statement to this effect will be placed in the student's personal file.

6. All examinations, tests, and pop quizzes, both written and verbal, must be taken on the date announced. Failure to take a test on the announced date will cost the student 5 points off for each calendar day the students does not take the test. Weekends will count 10 points.

7. In certain extraordinary circumstances, arrangements may be made with the instructor to take an examination in advance without incurring any penalty.

8. The lowest acceptable grade on any written exam is: 80% for Paramedic students 75% for EMT-B students.

Two test scores below these levels during any course will constitute an automatic "D" grade in that specific course and the student will have failed the course and will be academically withdrawn.



EXAMS

Comprehensive Finals:

EMT: If the student obtains a grade below 75% on the EMT comprehensive final or midterm exam the student will receive a D for the respective course and will not pass the course.

Paramedic: If the student receives a grade below an 80% on the comprehensive paramedic final or cumulative semester exam the student will receive a D for the respective course and will not pass the course.

Scale for determining a letter grade is as follows:

A = 93 - 100

B = 85 - 92

C = 75 - 84

D = 70-75

F = Below 70—

****EMT Minimum passing score is 75%

****Paramedic Minimum Passing score is 80%

In order to remain in any EMS certificate program, the student must maintain a grade of (75% or above EMT—80% or above for Paramedic) in all courses.

- Grades will be reviewed at midterm and at the end of the semester.
- The student is responsible to complete all clinical hours by the end of each semester for graduation of that semester or for that program.
- The student must follow the Readmission Policy of the school in order to be readmitted to the program. Upon readmission the student will be required to repeat the course, and all co-requisites courses during the term in which the unsatisfactory grade was earned. The student must successfully complete all courses with a grade of 75% or better in order to progress.

Student Responsibility:

While both classroom and clinical experiences are often structured by faculty, the student is expected to assume an active role in managing his/her own learning experiences. The student is responsible for all material discussed, contained in reading assignments, and all announcements made in classes from which he/she is absent.



POLICY FOR GRADE INFORMATION

Policy for Grade Information - In compliance with the Buckley Amendment.

1. No grades will be posted.
2. No grades will be given over the telephone to a student or any other person.
3. Students may obtain unit examination grades at designated times as set by the course instructor(s).
4. Any student wishing to have a grade prior to receiving the official grade report should submit a stamped self-addressed envelope to the instructor immediately after the final examination.

Disputes Concerning Grades:

Students who have questions or disagreement concerning their grades or evaluations must discuss this with their instructor within five calendar days. Grades are final after that time.

Clinical Practicum Dress Code:

To ensure that the students dress in a professional manner with consideration of the patients, their families, and the physicians, the students shall wear appropriate professional attire when entering the clinical facilities, during work, and when leaving the facilities.. Attire for students will be a clean EMS Programs staff shirt with navy blue or black battle dress utility (BDU) pants and black shoes or boots polished to a high luster. The student staff shirts may be worn only while participating at an authorized EMS department clinical activity. Any other use of these shirts is strictly prohibited and will be considered fraud, and is grounds for dismissal from any EMS program.

GRIEVANCE PROCEDURE

The grievance procedure allows the student to verbalize a complaint, perceived injustice, or unresolved conflict with another individual. The goal is to assist the student in resolving that grievance. Students are encouraged to attempt to resolve the issue as soon as possible after the occurrence. If a problem arises, students will follow the chain of command.

The chain of command for EMS programs is:

1. The lead instructor in the class.
2. The EMS Director Tina Palermo
3. The EMS Medical Director John Halpern MD



INAPPROPRIATE BEHAVIOR AND UNSAFE PRACTICE

If the student performs unsafe care or exhibits inappropriate behavior during the course of the semester, the clinical preceptor and the EMS Director will identify and discuss this problem with the student as soon as possible after the occurrence. A written contract will be written to document the occurrence. Steps to resolve the problem will be discussed, and the student is expected to improve. The written contract will identify specific areas for improvement, a plan to achieve expected outcomes, a specified time period to correct the deficiency, and a designated time period for evaluation. Repeated incompetent actions and/or disruptive behavior in the clinical settings will be grounds for removal from the clinical prior to the completion of the clinical rotation. The clinical preceptor has the right to refuse the return of the student to that specific clinical facility. If the identified problems are not resolved the student will receive a failing clinical grade and cannot continue on in the program.

SCHOOL ADMISSION REQUIREMENTS

1. 18 Years of Age
2. High School Diploma or G.E.D.
3. Completed application and enrollment form.

ADMISSION REQUIREMENTS FOR EMS PROGRAMS ARE IN ADDITION TO ABOVE REQUIREMENTS.

EMT- EMERGENCY MEDICAL TECHNICIAN

4. A current AHA CPR for Healthcare Provider Card.
5. A physical form signed by a physician.
6. FDLE
7. Drug Screen Panel
8. Copy of Driver's license

PARAMEDIC PROGRAM

9. (All of the above also includes) Currently licensed as a Florida State EMT or will have certification by the end of Semester I of the Paramedic Program.

NOTE: EMT AND PARAMEDIC STUDENTS CAN NOT BE SUBJECT TO CALL IN ANY WAY DURING DIDACTIC, SKILL, OR CLINICAL PORTIONS OF THE CLASS.



To be offered admission into the EMS Programs, you must complete an application form available through the Emergency Service Program, and have all the required pre-requisites before the application is deemed complete. Any applicants not accepted will receive a letter as to the reason and their application will be kept on file for one year.

If a student leaves the EMT/Paramedic sequence for any reason, he or she must reapply for admission. A student may apply for re-admission and be accepted into the EMS program sequence one time. If a student fails to complete requirements twice, we are not obligated to accept further applications.

SELECTION OF STUDENTS

The following will be considered when selecting and prioritizing applicants for EMS Courses.

1. Completion of the applicant packet including all prerequisites related to individual programs, including financial payment.
2. Admission is based on a first come first serve.
3. Upon admission into the programs all materials will be given to student, such as: agendas, schedules, program objectives, outlines, requirements for graduation, student handbook, skill sheets, program forms.

DISCLOSURES

LICENSURE STATUS AND ACCREDITATION STATUS

Health Career Institute is licensed by the Commission for Independent Education on an annual basis. Any credits earned at this facility are transferred at the discretion of the receiving institution.

SPECIAL REQUIREMENTS OR LIMITATIONS FOR CAREER CLASSES

FELONY STATUS

If you have been convicted or pled no contest, regardless of adjuration, to a felony charge, you are required to submit documentation of the date, location, facts and disposition of the charge, and, as applicable, documentation of your civil rights after the felony conviction. When applying to take the Florida State Exam for EMT and Paramedic or any Health Professional Licensure through the State of Florida.

PHYSICAL LIMITATIONS

All students applying to the EMT and Paramedic Program must have a “physical Authorization” form or its equivalent filled out by a family physician. This form is at the end of the catalog .No student will be allowed to attend clinical until this form is on file.



TRANSFER OF COURSES FROM ANOTHER INSTITUTION

Transfer of CPR, HIV, EMT or Paramedic from another institution will be accepted if the course is equivalent to courses in our institution and according to the Florida State Statutes for EMT and Paramedic Programs.

Health Career Institute will forward transcripts to any educational institution requesting this information. These courses shall therefore satisfy any prerequisites or school requirements to continue in subsequent programs.

For example: CPR is required to enter the EMT program

EMT certification is a prerequisite for the Paramedic Program.

EMERGENCY MEDICAL TECHNICIAN PROGRAM

The EMT-Basic Program is designed to instruct a student to the level of emergency medical technician who serves as a vital link in the chain of the health care team. This 1994 D.O.T. National Standard Curriculum incorporates all skills necessary for the individual to provide emergency medical care at a basic life support level with an ambulance service, pre-hospital provider or other specialized service.

EMT ADMISSION REQUIREMENTS

Registration is considered complete only when the following requirements are met.

The application will then be stamped for the date of completion of all paperwork with tuition. Student handbook and objectives will be given to the student at that time.

1. A current BLS for Healthcare Providers (CPR) issued by The American Heart Association.
2. HS Diploma or GED
3. 18 years of age
4. Physical or health clearance from a physician (Health forms provided)

Pre-Requisite: 18 years old at time of state exam

ENROLLMENT IS BASED ON FIRST COME FIRST SERVE

EMT PROGRAM HOUR BREAKDOWN

Included in Lecture hours	Lecture includes workbook (22 hours)	Lab	Externship	Total
CPR- 8 Hours HIV- 4 hours Orientation- 8	150	40	60	250



EMT PROGRAM

GOALS AND OBJECTIVES

The goal of Health Career Institute EMT Program is to produce competent, entry-level EMT's to serve in career positions in the state of Florida. In accordance with the 1994 EMT DOT National Curriculum this goal will be accomplished through the following objectives.

1. To develop in the EMT an understanding of the Emergency Medical System, including, but not limited to the roles and responsibilities of the EMT.
2. To prepare the EMT to provide quality care and to function competently and effectively in a pre-hospital system as an EMT. The graduate EMT will be able to demonstrate basic life support skills and knowledge in patient encounters.
3. To prepare the EMT student to take the Florida State EMT certification exam.
4. To assist the graduate EMT in the recognition of their need for continuing education.

CLASS ATTENDANCE

Students are expected to attend all classes and activities for the courses in which registered. Class attendance policies are in accordance with individual program guidelines. An accurate record of attendance will be kept for each class. See individual attendance policy under attendance guidelines.

Students will be granted excused absences for in the case of a substantial emergency. Instructors will decide on the validity of the excuse.

WITHDRAWAL POLICY

A student wishing to withdraw from any program **must fill** out a withdrawal form in order to get reimbursed. A student may be withdrawn for excessive absences and a WX will be documented as the grade for up to 50 percent of the program. For completion of more than 40 percent of the program a W will be given. See refund policy for explanation of add/drop period.

EMT GRADUATION REQUIREMENTS

The EMT student must complete the following to be considered for graduation. These requirements must be complete before taking the final exam.

1. Complete all class, lab and clinical hours as stated above.
2. Pass each module exam, comprehensive mid-term and cumulative final with a 75%.
3. Demonstrate competencies in required critical tasks including passing a comprehensive final scenario.
4. All required paperwork turned in.
5. Meets all financial requirements.
6. Complete a minimum of 15 patient contact reports in the following categories:



EMT PROGRAM INFORMATION REGARDING GRADUATION

CONTACT REPORTS SPECIFIC OBJECTIVES:

The following goals must be successfully accomplished within the context of the learning environment.

The items in bold are essentials and must be completed as part of the 10 patient contact reports to be turned in.

Trauma

The student must demonstrate the ability to perform a comprehensive assessment on at least 4 trauma patients in the pre-hospital hospital setting.

At least one of these assessments should be pediatric.

At least one of these assessments should be geriatric.

Medical

The student must demonstrate the ability to perform a comprehensive assessment on at least 6 medical patients in the pre-hospital, hospital setting.

At least one of these assessments should be obstetric in nature.

At least one of these assessments should be chest pain related.

At least one of these patients should be a respiratory patient.

At least one should be geriatric in nature.

At least one should be pediatric in nature.

At least one should be behavioral.

At least one should be neurological in nature.

Example: A pediatric patient with shortness of breath would fit into two categories as would a geriatric with chest pain.

EXPLANATION OF TYPES OF TESTS GIVEN

COGNITIVE TESTS

Weekly and daily tests are given to evaluate student progress in the classroom. The midterm and final exam are cumulative and must be passed with a 70%. There are no make-up exams for the Cumulative Mid-term and Cumulative Final Exam.

PSYCHOMOTOR/SKILLS

The students must show competency in all skill sheets given. A final scenario will be given at the end of the course on a pass/fail basis.

Pass / Fail criteria for the Final Practical Skills Evaluation Exam is as follows:

1. Fail up to three stations – retake the station with a different evaluator.
2. Fail any station on a retake – meet with Program Director for direction.
3. Fail two or more stations on the second attempt – meet with Program Director for direction course.



AFFECTIVE

The student will be evaluated on skill competency as well as professionalism, conscientiousness and interest in learning in the classroom and in the field.

WRITTEN EXAMS

Weekly tests are given to evaluate the student's progress in the classroom. The midterm and final are cumulative and must be passed with a score of 75% there are no make-ups for the midterm or final exam.

GENERAL RULES REGARDING EXAMS:

1. EMT passing grade for all exams is a 75%. The student is allowed two failed tests **total** within the entire program.
2. If the student fails more than two exams they will be academically withdrawn.
3. All tests are scheduled on the agenda with chapters and date of exam unless otherwise changed in class by the instructor.
4. The student must take the exam on the date it is scheduled or the student will receive a maximum of 75% on the exam if taken later without an excused absence from the Director.
5. The midterm and final exam must be passed with a 75%, on the first attempt, or the student will be academically withdrawn from the program.

STRICT RULES REGARDING EXAMS WHEN:

1. The student who does not achieve a 75% on a weekly exam.
 - a. The student must retake the exam to prove competency in the material covered.
 - b. The exam must be retaken that week as scheduled with the program director. If the student does not retake the exam within this time will constitute a failed exam and count for failing two exams.
 - c. The retest must be passed with a minimum score of a 75%. If the student fails the re-test they will be academically withdrawn from the program.
 - d. If the student passes the retest they will retain their original-test score averaged into their grades not the retest score.
 - e. As above the student is only allowed two test failures total a regular test and a retest.
2. The student misses the scheduled exam:
 - a. The student must call the school and make arrangements to take the exam within one week of missing the exam as scheduled by the program director.



EMT: IMPORTANT RULES REGARDING HOSPITAL SCHEDULING

Key Points

WHAT HAPPENS WHEN?

- The student misses a scheduled hospital time without an EXCUSED absence from the CLINICAL COORDINATOR.
 - a. The student can not just miss a prescheduled hospital time. The hospital times are set in advance and only a certain amount of students are allowed per day per instructor. These hospital times are limited through out the county. The student is given ample time to look at their schedule and schedule them accordingly.
- If a student is sent home from the hospital due to a problem with the student that is inexcusable this time will count as a reschedule and come out of their rescheduling fee.
- If the student has an emergency or is sick and contacts the CLINICAL DIRECTOR as discussed in orientation then it is considered an EXCUSED absence and will be rescheduled.
- The student does not adhere to the dress code policy for hospital or ride time. The student will be sent home and rescheduled from their rescheduling fee.
- The student has to be rescheduled due to a fault of their own may not have an opportunity to reschedule based on availability of clinical times.



PARAMEDIC PROGRAM

PARAMEDIC PROGRAM DESCRIPTION

The paramedic program prepares the graduate to function in a pre-hospital setting at an advanced level and to be able to demonstrate advanced knowledge in patient assessments, administration of medications, EKG monitoring, and advanced resuscitation procedures.

GOALS AND OBJECTIVES

The goal of Health Career Institute's Paramedic Program is to produce competent, entry-level paramedics to serve in career positions in the state of Florida. In accordance with the 1998 DOT National Curriculum this goal will be accomplished through the following objectives involving the three domains of learning.

1. At the completion of the course, the student will demonstrate the cognitive ability to comprehend, apply, and evaluate the clinical information relative to his/her role as an entry-level paramedic.
2. At the completion of the course, the student will demonstrate technical and entry-level proficiency in all psychomotor skills necessary to fulfill the role as paramedic.
3. At the completion of the course, the student will demonstrate the affective personal behaviors consistent with professional and employer expectations for the entry-level paramedic.
4. At the completion of the course, the student will be able to manage a team of rescuers, supervise and perform assessment of the scene/patient and apply currently acceptable patient care protocols, given a pre-hospital emergency care scenario.
5. At the completion of the course, the student will contribute in a positive manner to the learning environment. Become an active participant in the teaching and learning process and seek learning opportunities outside of the classroom.
6. At the completion of the course, the student will demonstrate clinical competence while assigned to patient care responsibilities.
7. At the completion of the course, the student will be familiar with the hospital environment, including policies, practices, equipment, and skills as they relate directly to or indirectly to the paramedic in the field.



PARAMEDIC PROGRAM

PROGRAM HOURS @ 40 weeks

1102 hours	692 hours of lecture and lab (502 lecture/190 lab)
	240 hours of EMS ride time (includes time for reports/paperwork)
	160 hours of hospital time (includes time for reports/paperwork)
	10 hours CPR and HIV (6 hours of CPR and 4 hours HIV)

1102 Total hours

Note: Uniform and shoes will be according to dress code. This will be discussed during orientation.

Payment plans can be made as follows

\$ 1850 must be submitted with application.

\$ 1850 must be made before attending second semester class

\$ 1850 must be made prior to attending third semester class

Admission Requirements:

All of the school requirements on page 10 of the HCI catalogue including Florida State Certification as an EMT or must receive it before the start of second semester.

The Paramedic student must complete the following to be considered for graduation. These requirements must be complete before taking the final exam.

1. Complete all class, lab and clinical hours.
2. Pass each module exam, comprehensive mid-terms and cumulative final with an 80%.
3. Demonstrate competencies in required critical tasks including passing a comprehensive final scenario.
4. All required paperwork turned in including completion of all ride time hours and verification.
5. Meets all financial requirements.
6. Complete a minimum of required types of a minimum of ALS patient contact reports in the outlined.



PARAMEDIC PROGRAM CURRICULUM

The 1998 National Standard Curriculum paramedic course consists of three components of instruction: didactic skills, laboratory and clinical experiences (which include hospital and pre-hospital internship.) The student will progress through the learning objectives and they will demonstrate their competency as an entry level paramedic.

PRE-HOSPITAL (EMS Provider 240 Hours): HOSPITAL (Clinical 160 Hours)

The paramedic students will be in the pre-hospital and hospital clinical setting during their three-terms of the paramedic course. The students will have completed an intensive four (4) weeks of classroom and lab before they start in either of the clinical settings. All students are expected to represent Health Career Institute at the clinical agency in a positive, professional manner.

Professionalism is considered an integral part of the Paramedic Curriculum. The following attributes have been outlined in the DOT curriculum and are incorporated into the learning/ teaching environment and are expected from the student. These include: integrity, empathy, self-motivation, appearance, personal hygiene, self confidence, communications, time management, teamwork, diplomacy, respect, patient advocacy and careful delivery of service.

PARAMEDIC PROGRAM OBJECTIVES LECTURE AND SKILL LAB

LECTURE OBJECTIVES

1. To develop in the paramedic student an understanding of Emergency Medical Systems.
2. To prepare the student to provide quality care and to function competently and effectively in the pre-hospital system.
3. To prepare the student to successfully complete the state paramedic certificate exam.
4. To assist the paramedic student in the recognition of their need for continuing education.



SKILL PSYCHOMOTOR OBJECTIVES

1. The student must demonstrate the ability to safely perform advanced airway procedures such as, but not limited to, endotracheal intubation, LMA, Combitube, needle chest decompression, needle cricothyroidotomy, and the NG tube.
2. The student must demonstrate the ability to safely administer medications.
3. The student must demonstrate the ability to safely gain venous access including, but not limited to, Intraosseous, jugular and peripheral I.V.s.
4. The student must demonstrate the ability to effectively ventilate unintubated patients of different age groups.
5. The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients of different age groups with, (but not limited to), Syncope, Altered Mental Status, Obstetric Patients, Pediatric Patients, Abdominal Pain, Chest Pain Respiratory, Medical Patients, Trauma Patients, Psychiatric Patients

A program or medical director must verify a student's competency in the use of the skills listed (but not limited to) a lab setting prior to the clinical setting. Competency includes the understanding of indications and contraindications in performing the skills. The student is only allowed to practice skills that are within the scope of the program. The student can not perform skills that they have not completed in class. The student must be under the direct supervision of a nurse, physician or paramedic (preceptor, instructor etc) while administering any medications or any advanced skills.

IMMUNIZATIONS:

Required: Annual tuberculosis screening, Tetanus Toxoid within the last 10 years
Measles immunity by 2 doses after age 1 or positive titer, Rubella immunity by 1 dose after age 1 or positive titer, and Hepatitis B – at least started in the series of 3.

PATIENT CONFIDENTIALITY:

All information regarding patients is considered strictly confidential. Information about a patient taken for course documentation will not include the patient's name or any other identifying numbers or information. Example: no home address, no hospital number. The student will be sharing about patient conditions in case reviews and submitting patient care reports to the instructors for review, but these will not contain confidential information. In the hospital clinical experience the student will gain permission from the charge nurse or the patient's nurse to review the medical chart of a patient that they are not assigned to.

The students will be signing a Statement of Confidentiality as part of the Hospital Clinical Experience Orientation. This signature binds the student to maintain patient confidentiality throughout the course.



UNIFORM ESSENTIALS

- A watch with a second hand
- A stethoscope
- A small notebook and pen (for the pocket)
- (optional) trauma scissors
- ACLS quick reference guide
- A pleasant, welcoming disposition

You will only perform skills in the hospital and/or pre-hospital after you have been checked off as able to perform that skill in a lab setting. An example would be IV's: You will do five successful IV starts in the lab setting, before being able to perform IV starts in the clinical setting still under close supervision by IV nurses, program instructors or preceptors.

SCOPE OF PRACTICE

In the hospital clinical setting, all medication administration will occur under the direct supervision of an RN (or physician). In the pre-hospital setting, all medication administration will occur under the direct supervision of your assigned preceptor. You will be expected to have an understanding of the medication to be administered which includes, as a minimum; clinical indications, side effects, usual routes / dosages, cautions in administering the medication, as well as contraindications.

PATIENT SAFETY

Patient safety is of prime concern. Behaviors that compromise this are not tolerated.

EVALUATIONS

There will be frequent evaluations of your performance as you progress through the paramedic program. During lecture and lab, you can expect frequent feedback, constructive criticism, and reinforcement of successful performance by faculty. Clinical experiences will also offer many opportunities for performance review. It is your responsibility to solicit feedback from faculty in all areas of your training, and to accept constructive criticism in a receptive and professional manner.



HOSPITAL AND CLINICAL EXPERIENCE

The hospital clinical portion of the Paramedic program allows the student to be involved in patient assessment and treatment first hand. The clinical education represents the most important component of paramedic education since this is where the student learns to synthesize cognitive and psychomotor skills. The experience in the hospital setting allows the student to gain from the expertise of experienced instructors and gives a wider range of age and conditions of patients than similar hours in the pre-hospital setting. The hospital clinical time enables the student to build a database of patient experiences that serves to help in clinical decision making and patient care decisions later in the pre-hospital setting.

The paramedic student needs to recognize that they are an essential component of the continuum of care and serve as linkages among health resources. Although the paramedic will primarily provide care to emergency patients in an out-of-hospital setting, the in-hospital setting allows the student to learn their skills in a more controlled environment.

HOSPITAL LEARNING OBJECTIVES

Learning objectives and the specific documentation requirements for each specific clinical area will follow. The minimum hours for the clinical areas are:

- Emergency Room - ER-120 hrs
- Care - 16 hrs ICU
- Operating Room - 16 hrs
- Obstetrics - Labor / Delivery - 16 hrs
- Pediatrics - 16 hrs
- Intravenous Therapy - 8 hrs
- Psychiatric / Behavior Emergency - 8 hrs.

There are also some program minimum numbers for specific skills concerning age specificity, pathologies and different types of patient reports.



[Paramedic Program Information for Hospital and Pre-Hospital](#)

[SCHEDULING FOR PRE-HOSPITAL AND HOSPITAL](#)

All pre-hospital and hospital clinicals must be completed at facilities contracted by the Institute, as specified by the DOT. Scheduling must be done through the Clinical Coordinator. Students may not schedule clinicals independently, as this may cause a conflict with other schedules. There will be an effort made to get individual schedules out to each student in a timely manner. The clinical coordinator will work with you to coordinate your clinical experiences with life events, but the student also needs to realize there are many factors to consider.

You will periodically receive a personal schedule that will include the agency, the unit, and the assigned time. It is the responsibility of the student to refer to their most current schedule and make corrections with the clinical coordinator as needed.

If you need to adjust your schedule you must do so at least a week before the scheduled clinical. If a clinical instructor must cancel your clinical experience, you will need to reschedule, however, your grade will not be affected.

[DOCUMENTATION PRE-HOSPITAL AND HOSPITAL](#)

At the end of each shift, the hospital instructor or pre-hospital preceptor supervising you will sign your Clinical Verification Form. As proof of your clinical rotation and performance, you will submit documentation as specified in the hospital and pre-hospital clinical section, such as certain skills that were performed, documented and verified by the instructor or preceptor. At no time is any student to leave the hospital or pre-hospital area without checking out with their assigned instructor or preceptor. This is for accountability and safety purposes

[IMPORTANT RULES FOR CLINICALS](#)

1. Each student will complete the assigned hours of pre-hospital and hospital clinical experience.
2. For Pre-hospital the student will be functioning on an ALS ambulance as a third rider. The paramedic student will not be subject to call at any time during this internship.
3. There must always be a paramedic supervising your ride time and he or she must be in the back of the ambulance at all times.
4. The student will never be part of the assigned two-person crew. Only one paramedic student is allowed on the ALS ambulance at a time.
5. The student will not leave the hospital or pre-hospital area at any time without checking with the assigned instructor or preceptor. A verification form of hours and skills will be signed off at the end of the internship day.



ASSIGNMENT OF AGENCY/INTERNSHIP

You may express a preference for agency assignment; however, instructors will make the final decision regarding agency placement.

Because we are committed to providing you with the optimum internship experience, we will make an effort to place you in an agency that may be your career goal, and/or an agency that can help you to best progress as a paramedic.

If you are currently employed by an agency and it is approved for you to intern at that agency, you will be assigned to an approved preceptor on a different shift. For example if you are normally assigned to A shift, you will be interning on B or C shift. This allows for fair, objective evaluation of your performance.

ASSIGNMENT OF PRECEPTORS

Your instructor will assign you to a pre-hospital agency and preceptor prior to your first ride time. Note: You may not arrange for your own internship site or preceptor! If you do so, this will be grounds for disciplinary action, up to and including dismissal from the program.

Qualifications

Preceptors must meet the following qualifications: They must be approved by the Medical Director. The preceptor must be a paramedic and have been employed with the service for a minimum of 1 year. These preceptors were recommended by the service supervisor and approved by the service medical Director.

Preceptors will meet with the clinical coordinator Jim Herig or the EMS Director Tina Palermo at least once per year. This orientation will cover

1. Welcome and introduction of the staff.
 2. Structure of the core and overview of the field internship program.
 3. The student manual will be given to the preceptor and one kept at the provider for reference.
 4. All documentation will be reviewed with preceptor and explained.
- decision making. If a preceptor is uncomfortable with you and your performance, they are asked to contact the clinical instructor.



EXPECTATION OF THE PARAMEDIC STUDENTS

Your presence in this program suggests that you are committed to becoming a skilled paramedic; the key to reaching this goal is development of your communication skills. If you can communicate with your patient and their family in a clear, concise and caring manner, you will find their distress is eased, they feel confident in your skills, and your job is made easier! Empathy is most important. Talk with and treat your patient as you wish to be treated. Learn to communicate with the patient care team (your preceptors, other agencies, and hospital staff) sufficiently so that they too may gain confidence in you and your decisions. You are entering their domain and must learn their rules. Physician communications are very important. You must be able to communicate your observations, assessment, and treatment in an organized fashion. The M.D. will be required to make crucial patient care decisions based on your input. It's got to make sense. This report may be given by radio, on the phone or in person. This is a crucial part of being a paramedic.

PARAMEDIC IN CHARGE ROLE

As you practice your patient care skills, remember to be patient. These skills come with practice. When your team members feel confident in your abilities, they will allow you to practice procedures in the paramedic scope of practice. By the time you have completed 100 hours of internship, we expect you to be assuming the role of the Paramedic in Charge (PIC) (at the discretion of your preceptor).

AGENCY RULES

It is your responsibility to follow all rules of the EMS agency, including proper attire, documentation, schedule, behavior, and adherence to supervisors' directions. If you fail to follow agency rule, they may dismiss you from your internship site. If you are dismissed for failure to follow agency rule, you may not be placed at another agency, which will result in your failure to successfully complete the program.

EXPECTATION OF PRECEPTORS

Preceptors will be supervising you during your clinical experience. This is the part of your training where you learn to put the theory of class to practice in patient assessment and treatment. We encourage preceptors to involve you immediately in patient care, taking vitals and performing various aspects of assessment and care. As soon as they are comfortable with you, they will increase your responsibilities and your opportunities for



DOCUMENTATION LOGS

Skill logs document the performance of individual skills in a clinical or field setting. The skill log must include the following information:

- Description of successfully performed skills (i.e. IV NS 18 ga ,left forearm.)
 - Date the skill was successfully completed.
 - Preceptor or instructor's signature and credentials (RN, MD, Paramedic).
 - Patient assessments that are performed during the clinical and field setting must be accompanied with documentation of assessment findings.
2. Time Logs document the total number of hours spent in the clinical or field internship. Time logs must include the following information.
- Name of the hospital or field provider for each rotation.
 - Date with start and completion times of the clinical or field internship rotation.
 - Preceptor's signature and credential (RN, Paramedic) and comments.
3. Run Reports will be completed for each patient assessment these will be used to assist in assessing student performance and contributes to quality improvement The report provides information concerning the students ability to perform:
- Patient Assessment Information
 - Past and present Medical History
 - Documentation of BLS and ALS treatment provided

To be accepted, these charts must be: 1. Written in black or blue ink. 2. Be legible 3. Have no more than two spelling errors. If a chart is illegible, is incomplete, or has more than two spelling errors, you will be required to re-write the chart. You will have one week to rewrite the chart if you want credit for the call. Resubmit the chart as follows: Identify the corrected chart by writing "rewrite" clearly at the top. Attach the rewrite to the original chart and resubmit both charts. You must include a copy of the ECG for each patient that is monitored if you want credit for the call.



PARAMEDIC: IMPORTANT RULES REGARDING WRITTEN EXAMS

WRITTEN EXAMS

Weekly tests are given to evaluate the student's progress in the classroom. The midterm and final are cumulative and must be passed with a score of 80% there are no make-ups for the midterm or final exam.

GENERAL RULES REGARDING EXAMS:

1. Paramedic passing grade for all exams is a 80%. The student is allowed two failed tests **total** within an individual semester.
2. If the student fails more than two exams they will be academically withdrawn.
3. All tests are scheduled on the agenda with chapters and date of exam unless otherwise changed in class by the instructor.
4. The student must take the exam on the date it is scheduled or the student will receive a maximum of 80% on the exam if taken later without an excused absence from the Director.
5. The cumulative semester exams and final exam must be passed with a 80% on the first attempt or the student will be academically withdrawn.

SRTICT RULES REGARDING EXAMS WHEN:

The student does not achieve a 80% on a weekly exam.

- The student must retake the exam to prove competency in the material covered.
- The exam must be retaken within 7 days of the failed exam or the failure to retake the exam within this time will constitute a failed exam and count for failing two exams.
- The retest must be passed with a minimum score of an 80%.
- If the student passes the retest they will retain their original-test score averaged into their grades not the retest score.
- As above the student is only allowed two test failures total a regular test and a retest.

The student misses the scheduled exam:

- The student must call the school and make arrangements to take the exam within one week of missing the exam.
- If the student does not have an excused absence for the missed exam than the student will receive a maximum of 80% for the exam. This will deter the students from missing exams and getting information from classmates.

An excused absence is at the discretion of the lead instructor.



SPECIFIC GUIDELINES FOR PATIENT CONTACT REPORTS

PSYCHOMOTOR SKILLS

The following goals must be successfully accomplished within the context of the learning environment. Clinical experiences should occur after the student has demonstrated competence in skills and knowledge in didactic and laboratory components of the course. The items in **BOLD** are essentials and must be actual patients in the clinical setting. Items in italics are recommendations to achieve the essentials. If the program is unable to achieve the recommendations on live patients in a clinical setting, alternative learning experiences (simulations, programmed patient scenarios) can be developed. If alternatives to live patients are used, the program will increase the number of the skills that must be performed to demonstrate competence.

When utilizing the below list the student will obtain credit for one patient encounter. For example: If a patient has both chest pain and shortness of breath, the student can utilize the patient for one experience of chest pain or respiratory, but not for both.

The student must demonstrate the ability to safely administer medications.

The student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.

The student must demonstrate the ability to safely perform endotracheal intubation.

The student should safely, and while performing all steps of each procedure, successfully intubate at least 5 times to live patients.

The student must demonstrate the ability to safely gain venous access in all age group patients.

The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.

The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.

The student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups.

Ages

The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.

The student should perform a comprehensive patient assessment on at least 30 (including newborns, infants, toddlers, and school age) pediatric patients.

The student must demonstrate the ability to perform a comprehensive assessment on adult patients.



The student should perform a comprehensive patient assessment on at least 50 adult patients.

SPECIFIC GUIDELINES FOR PATIENT CONTACT REPORTS

The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients.

The student should perform a comprehensive exam on at least 30 geriatric patients.

PATHOLOGIES

The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients.

The student should perform a comprehensive patient assessment on at least 10 obstetric patients.

The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.

The student should perform a comprehensive assessment on 40 trauma patients.

The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.

The student should perform a comprehensive patient assessment on at least 20 psychiatric patients.

COMPLAINTS

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 30 patients with chest pain.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients with dyspnea/respiratory distress.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with syncope.



SUMMARY CHART OF SPECIFIC PATIENT CONTACT REPORTS NEEDED

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status. The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status.

TEAM LEADER SKILLS

The student must demonstrate the ability to serve as a team leader in a variety of pre-hospital emergency situations. The student should serve as the team leader for at least 50 pre-hospital responses.

<u>Psychomotor Skills</u>	<u>Ages</u>	<u>Pathologies</u>		<u>Complaints</u>	
Administer Medications	<i>15 times to live patients</i>	Obstetric patients	<i>Pt. assessment 10 live pts.</i>	Chest Pain	<i>Pt. assessment 30 pts.</i>
Perform Endotracheal Intubations	<i>Successfully intubate 5 times live patients</i>	Trauma patients	<i>Pt. assessment 40 live pts.</i>	Dyspnea	<i>Pt. assessment 20 Adults 8 Pediatrics</i>
Ventilate unintubated patients	<i>20 times to live patients of various age groups</i>	Psychiatric patients	<i>Pt. assessment 20 live pts.</i>	Syncope	<i>Pt. assessment 10 pts.</i>
Successfully gain venous access	<i>25 times to live patients various age groups</i>			Abdominal Pain	<i>Pt. assessment 20 pts.</i>

PACKET AND CERTIFICATE OF COMPLETION

Packets are due on or before the Friday before finals week. The packets will include all charts, daily activities, summary sheets organized by date before submitting. If the student successfully completes all the required program graduation criteria, including passing the cumulative final, the student will receive a certificate of completion

on the last day of class. The institution reserves the right to send the roster of graduates to the State of Florida Bureau of EMS **within** the required 14 day period. In most cases the college will promptly submit the roster of completion prior to the 14 day period.



I have either received or printed a copy of Health Career Institute's EMS Student Handbook from the school or at www.healthcareerinstitute.com website and understand the contents and deem myself responsible for all content.

Printed Name: _____

Student's Signature: _____

Date: _____