



**UNIVERSITY OF IOWA HEALTH CARE EMSLRC
PARAMEDIC**

Program Syllabus and Handbook

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Program Policies and Procedures

Paramedic Education Program

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Contents

Human Dignity, Discrimination and Sexual Harassment Statements	1
I. Tuition and Financial Policies	4
Veterans Administration Benefits	4
Withdraw and Readmission	5
Advanced Standing and Prior Experience Credit	5
College Credit and Estimated Costs	5
Remediation	6
Performance Measures	6
II. Introduction, Program Purpose and Goals	
Program Goal	7
Program Purpose	7
Program Description	7
Programmatic Accreditation	7
Outcomes	8
Admission Criteria	9
Technical Standards	9
Occupational Hazards	12
III. ADA Statement	
Qualified Individuals	13
Reasonable Accommodations	13
IV. Documentation Requirements for Admission	
Health Insurance	14
Iowa EMT or AEMT	14
BLS Certification	14
Education	14
Proof of Identity	14
Clinical Pre-requisites	14
FEMA Student ID	14
V. General Class Information	
Location and Meeting Times	15
Texts	15
Learning Management System	16
Computing Resources	16
Dress Code	16
Uniforms	16
Personal Appearance	17
Attendance	17
Evaluation and Grading	18
Quizzes and Exams	18
Homework and Assigned Projects	18
Affective Evaluations	19
Comprehensive Didactic Exam	20
Step Exams	20

Capstone Testing	21
Community Service	21
Instructor Office Hours	21
Communications	21
Program Topic Areas	22
VI. Professional Behavior Evaluation Guidelines	24
VII. Student Counseling, Evaluation and Completion	
Program Completion	26
VIII. Decorum	
Personal Communications	27
Recording	27
Visitors	27
Preparation	27
Breaks	27
Tobacco Use	27
Facility	27
Computer Use and Social Media	28
IX. Health and Safety	
Immunization Status	29
Exposure, Illness, Injury and Infection Control	29
X. Certification and Licensure Testing	
National Registry of Emergency Medical Technicians	31
State of Iowa and AMANDA Registration	31
XI. Professional Conduct, Probation, Termination and Grievance Policy	
Confidentiality	32
Corrective Action Process	32
Mandatory Reporting	32
Oral Warning	32
Written Notice	32
Probation	32
Academic	33
Administrative	33
Suspension from the Program	33
Suspension from Clinical	33
Termination	34
Academic	34
Disciplinary	34
Academic Dishonesty	35
Appeal Process	36
Problem Solving Process	36
XII. Student Minimum Competencies (SMC)	38
XIII. Clinical Experience	
Scheduling Clinical Shifts	41
Documentation Required	41

Clinical Requirements	42
Student Preparation	42
PPE Bags	42
Attendance	43
Tardiness	43
Illness	43
Rescheduling Clinical Shifts	43
Scope of Practice	44
Supervision in Clinicals	44
Performance as a Crew Member	44
Clinical Goals and Objectives	44
Patient Contact Requirements	47
Field Internship	48
EMS Field Leads	48
ALS Field Lead Definition	48
Alternative Clinical Sites	48
Clinical Suspension	49
Conduct During Clinical Shifts	49
Down Time	49
General Guidelines and Expectations	49
Documentation of Clinical Shifts	50
Patient Care Reports	51
Abbreviations	51
Clinical and Field Evaluations	51
Weekly Assignments	51
Medication Reports	52
Fire Suppression	52
Operation of EMS Vehicles	52
Clinical Coordinator Visit	52
Clinical and Field Preceptor Authority	52
Student Injury and Reporting	53
Failure to Attain Minimum Numbers	53
XIV. Appendices	
Student Agreement Form	54
Communicable Disease and Program-related Injury Policy	56
Waiver and Authorization to Release Information Form	58
Student Confidentiality and Responsibility Form	60
Acknowledgement of Student Status Form	62

EMS Education Human Dignity Statement

The uniqueness of all individuals participating in Emergency Medical Services education is recognized, as well as their diversity, which can be a resource that enriches the learning environment through sharing of differing perspectives. As such, an equal learning opportunity is provided to all participants of the University of Iowa Hospitals and Clinics EMSLRC education programs.

This is supported by:

- Ensuring equal opportunity to all students, faculty, and staff.
- Prohibiting all discrimination and harassment.
- Encouraging students, faculty, staff, and preceptors to communicate and behave in a manner that is sensitive to, and acknowledges, the viewpoints of others.
- Regarding diversity as a resource that enriches the learning environment through the sharing of differing perspectives, experiences, and ideas.
- Removing barriers to teamwork through collaboration, problem solving and the constructive resolution of conflicts.
- Adherence with the Discrimination, Intimidation, and Sexual Harassment policies of the University of Iowa.

Students, faculty, staff, and preceptors are expected to treat each other with respect at all times. Inappropriate behavior will not be tolerated and may result in removal from the program.

University of Iowa Statements

This handbook serves as the syllabus for the EMSLRC Paramedic education program. The following are University of Iowa statements of policy. Where there is an inconsistency between the University of Iowa statements below and the course handbook, the University of Iowa policy below will prevail.

Non-discrimination Statement

The University of Iowa prohibits discrimination and harassment on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives a person of consideration as an individual (<https://opsmanual.uiowa.edu/community-policies/human-rights>). For more information, contact the Office of Equal Opportunity and Diversity (<https://diversity.uiowa.edu/eod>, or 319-335-0705, or diversity@uiowa.edu). Students may share their pronouns and chosen/preferred names in MyUI, which is accessible to instructors and advisors.

Sexual Harassment /Sexual Misconduct and Supportive Measures

The University of Iowa prohibits all forms of sexual harassment, sexual misconduct, and related retaliation. The Policy on Sexual Harassment and Sexual Misconduct governs actions by students, faculty, staff, and visitors. Incidents of sexual harassment or sexual misconduct can be reported to the Title IX and Gender Equity Office or to the Department of Public Safety. Students impacted by sexual harassment or sexual misconduct may be eligible for academic supportive measures and can learn more by contacting the Title IX and Gender Equity Office. Information about confidential resources can be found here. Watch the video for an explanation of these resources.

Classroom Expectations

Students are expected to comply with University policies regarding appropriate classroom behavior as outlined in the Code of Student Life. While students have the right to express themselves and participate freely in class, it is expected that students will behave with the same level of courtesy and respect in the virtual class setting (whether asynchronous or synchronous) as they would in an in-person classroom. Failure to follow behavior expectations as outlined in the Code of Student Life may be addressed by the instructor and may also result in discipline under the Code of Student Life policies governing E.5 Disruptive Behavior or E.6 Failure to Comply with University Directive.

Mental Health

Students are encouraged to be mindful of their mental health and seek help as a preventive measure or if feeling overwhelmed and/or struggling to meet course expectations. Students are encouraged to talk to their instructor for assistance with specific class-related concerns. For additional support and counseling, students are encouraged to contact University Counseling Service (UCS). Information about UCS, including resources and how to schedule an appointment, can be found at <http://counseling.uiowa.edu>. Find out more about UI mental health services at: <http://mentalhealth.uiowa.edu>.

Basic Needs and Support for Students

Student Care & Assistance provides assistance to University of Iowa students experiencing a variety of crisis and emergency situations, including but not limited to medical issues, family emergencies, unexpected challenges, and sourcing basic needs such as food and shelter. More information on the resources related to basic needs can be found at: <https://basicneeds.uiowa.edu/resources/>. Students are encouraged to contact Student Care & Assistance in the Office of the Dean of Students (Room 135 IMU, dos-assistance@uiowa.edu, or 319-335-1162) for support and assistance with resources.

Sharing of Class Recordings

Some of the sessions in this course may be recorded or live-streamed. Such recordings/streaming will only be available to students registered for this class. These recordings are the intellectual property of the faculty and they may not be shared or reproduced without the explicit, written consent of the faculty member. Further, students may not share these sessions with those not in the class or upload them to any other online environment. Doing so would be a breach of the Code of Student Conduct, and, in some cases, a violation of state and federal law, including the Federal Education Rights and Privacy Act (FERPA).

Free Speech and Expression

The University of Iowa supports and upholds the First Amendment protection of freedom of speech and the principles of academic and artistic freedom. We are committed to open inquiry, vigorous debate, and creative expression inside and outside of the classroom. Visit the [Free Speech at Iowa website](#) for more information on the university's policies on free speech and academic freedom.

Accommodations for Students with Disabilities

The University is committed to providing an educational experience that is accessible to all students. If a student has a diagnosed disability or other disabling condition that may impact the student's ability to complete the course requirements as stated in the syllabus, the student may seek accommodations through [Student Disability Services](#) (SDS). SDS is responsible for making Letters of Accommodation (LOA) available to the student. The student must provide a LOA to the instructor as early in the semester as possible, but requests not made at least two weeks prior to the scheduled activity for which an accommodation is sought may not be accommodated. The LOA will specify what reasonable course accommodations the student is eligible for and those the instructor should provide. Additional information can be found on the [SDS website](#).

Absences for Religious Holy Days

The University is prepared to make reasonable accommodations for students whose religious holy days coincide with their classroom assignments, test schedules, and classroom attendance expectations. Students must notify their instructors in writing of any such Religious Holy Day conflicts or absences within the first few days of the semester or session, and no later than the third week of the semester. If the conflict or absence will occur within the first three weeks of the semester, the student should notify the instructor as soon as possible. See [Operations Manual 8.2 Absences for Religious Holy Days](#) for additional information.

I. Tuition and Financial Information

An application fee of \$50.00 is due upon application to the Paramedic program. This application fee is not refundable unless the program is cancelled. The tuition for the Paramedic program is \$8,000.00 which includes handouts, lab supplies, and disposable items. An additional \$1,000 is charged for the text package and associated access keys. All tuition fees are due no later than the first day of class unless other arrangements have been made through the EMSLRC Business Office. Applicants who are accepted into the program must confirm their attendance and pay a \$500.00 non-refundable seat deposit that is applied to the program tuition. Checks and money orders should be made payable to the EMSLRC.

Any student who becomes greater than 60 days past due to the EMSLRC on outstanding invoices will be placed on administrative probation and may not participate in clinical activities until the outstanding balance has been paid. Students may not take the final didactic exam or begin field internship until the balance of the entire tuition is paid. In the event of a payment plan, a breach of the terms of the payment plan will result in the suspension and expulsion of the student from the program.

Unless otherwise indicated by the program, all uniforms, texts, tools, and equipment for personal use (stethoscopes, penlights, etc.), parking, testing fees, and incidental expenses are the responsibility of the student. As of September 16, 2020, the State of Iowa requires an Iowa DCI and FBI background check prior to state certification as a Paramedic (see Iowa Administrative Rules 641-131.3(147A); 641-131.6(6)). A certification fee of \$30.00 and a background check fee of \$50.00 will be due to the Iowa Department of Public Health upon making the certification application. Current national certification exam fees can be obtained from the National Registry of Emergency Medical Technicians (www.nremt.org). Travel and transportation to and from class and to clinical and field sites is the sole responsibility of the student.

Veterans Administration Benefits

Veterans who are eligible for Chapter 31 Vocational Rehabilitation and Employment or Chapter 33 Post-9/11 GI Bill benefits are considered covered individuals for the purpose of this policy. Any covered individual may attend or participate in this course of education during the period beginning on the date on which the individual provides to the educational institution a certificate of eligibility for entitlement to educational assistance under Chapter 31 or Chapter 33. A certificate of eligibility includes a “Statement of Benefits” obtained from the Department of Veterans Affairs’ (VA) website – eBenefits, or a VAF 28-1905 form for Chapter 31 authorization purposes and ending on the earlier of the following dates: 1) the date on which payment from VA is made to the institution or 2) 90 days after the date the institution certified tuition and fees following the receipt of the certificate of eligibility.

Covered individuals under this policy will not incur any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or a requirement to borrow additional funds because of the individual’s inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from VA under Chapter 31 or Chapter 33. Covered individuals shall submit a certificate of eligibility for entitlement to educational assistance no later than the first day of a course of education and cooperate with the University veterans benefits coordinating staff to provide the additional information necessary for the proper certification of enrollment by the educational institution.

The program may require additional payment for any amount that is the difference between the financial obligation of the student and the amount of VA benefit disbursement. In the event that a covered student voluntarily withdraws or is withdrawn from the program, the student will be responsible for any amount the program is required to refund to the VA for the student’s failure to complete the program.

Withdrawal and Readmission

Students who voluntarily withdraw from the program or who are unable to meet the academic requirements of the program and are asked to withdraw are eligible for a refund of tuition according to the following schedule:

Within the first week of class:	80%
Within the second week of class:	50%
Within the third week of class:	30%
Within the fourth week of class:	10%
After the fourth week of class:	0%

A student who finds it necessary to withdraw should have an exit conference with the director of the EMSLRC before leaving. Students who are requested to withdraw from the program are not eligible for readmission into the current course, and students who have withdrawn for acceptable personal reasons may reapply for admission into a subsequent course with approval of the program director. Readmission to the training program may be only at an appropriate time in the curriculum and as decided by the program director.

EMSLRC reserves the right to request withdrawal of any student whose conduct, academic achievement, clinical work, or field work is not satisfactory or in compliance with the policies contained in this manual or the policies of the clinical/field site. Students who were dismissed from the class due to poor academic achievement may be given the opportunity to enroll in a subsequent paramedic class. This will be at the discretion of the program director and availability of class space. A student who is dismissed from the program for disciplinary or academic reasons, or who fails to withdraw by making written notification to the program director in accordance with the timeframes above, will be responsible for the full program tuition, and is not entitled to any refund.

Advanced Standing Admission

The EMSLRC does not offer advanced placement for healthcare practitioners (physicians, nurses, respiratory therapists, etc.). The program does not provide credit for military or other medical training.

Prior Experience Credit

The program does not provide credit for work experience, including military training, or military medic experience, or for previous paramedic education or courses.

Transfer of Credit

The EMSLRC does not accept the transfer of credit for previously completed paramedic coursework. The University of Iowa *may* evaluate credit from other schools towards the completion of a University of Iowa degree on a case-by-case basis. This evaluation is not attached to nor controlled by the EMSLRC. Persons seeking transfer of college credit should contact the University of Iowa college directly.

College Credit and Estimated Costs

Participants in the Paramedic education program are also enrolled as students at the University of Iowa as non-degree seeking students through an agreement with the Carver College of Medicine and the College of Liberal Arts and Sciences. Upon successful completion of the program, the participant is eligible to receive 30 semester hours to be applied as elective credit towards an undergraduate degree awarded by the University of Iowa College of Liberal Arts and Sciences or the University College. Students are

responsible for paying the mandatory university fees for each semester they are enrolled which are separate from those charged by the EMSLRC.

Estimated Costs:

Paramedic Program (Paid to Program)	\$ 8,000.00
Texts and uniforms	\$ 1,000.00
Additional uniforms	\$ 200.00
Clinical Health Requirements:**	\$ Varies
Background Check and Drug Screen:	\$ 100.00
University Fees (for 30 credit hr.)	\$ 1,500.00
TOTAL:	\$10,800.00
NREMT Written Exams (Post-course)	\$125.00
NREMT Psychomotor Exam (if taken off-site)	\$250.00-350.00
Iowa Certification Application	\$30.00
Iowa DCI/FBI Background Check	\$50.00

*Uniforms include shirts and outerwear. Students are required to attend class in serviceable, presentable uniforms but are not mandated to purchase any minimum number.

**This will vary by student depending upon current health status, availability of past vaccination records, and any applicable health insurance. An individual's costs to meet requirements may be considerably more or less.

Remediation Policy

A student, who attempts the NREMT examination *within 30 days* of becoming eligible and fails the first three attempts at the exam within 90 days of the first attempt, will be eligible to receive remediation from the program at no additional charge. The student must meet with the lead instructor and promptly follow any remediation plan that is put in place by the lead instructor. This may include independent study, computer adaptive or other needs testing, and homework assignments as well as attendance at specific class sessions. Failure to promptly attempt the NREMT exams (within 30 days) after becoming eligible, failure to promptly communicate testing status, or failure to complete improvement and remediation plans will end the program's responsibility and the student's eligibility to receive remediation services.

Program Performance Measures

Performance measures such as pass rates, attrition, and positive placement are available for review on the EMSLRC website.

II. Introduction, Purpose, and Goal

Program Goal

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

Program Purpose

This program is designed for individuals interested in providing care to patients in the pre-hospital setting at the advanced life support level. It will provide the participant with opportunities to gain knowledge, skills, and attitudes necessary for licensure and practice as a Paramedic.

Program Description

The University of Iowa Health Care EMSLRC Paramedic Program is approved by the Iowa Department of Public Health, Bureau of Emergency and Trauma Services (Program #18). The program curriculum exceeds that of the U.S. Department of Transportation and is based on the 2009 National Standards for EMS Education, as well as the laboratory, clinical, and field skill recommendations of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions and the National Registry of Emergency Medical Technicians.

Programmatic Accreditation

The University of Iowa Health Care EMSLRC Paramedic program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs

727-210-2350

www.caahep.org

To contact CoAEMSP:

214-703-8445

www.coaemsp.org

Program Outcomes

Upon successful completion of the program, the properly motivated and capable graduate will:

- Integrate comprehensive knowledge of EMS systems, safety/wellbeing of the paramedic, and medical/legal and ethical issues, which is intended to improve the health of EMS personnel, patients, and the community.
- Integrate a complex depth and comprehensive breadth of knowledge of the anatomy and physiology of all human systems.
- Integrate comprehensive anatomical and medical terminology and abbreviations into the written and oral communication with colleagues and other health care professionals.
- Integrate comprehensive knowledge of pathophysiology of major human systems.
- Integrate comprehensive knowledge of life span development.
- Apply fundamental knowledge of principles of public health and epidemiology including public health emergencies, health promotion, and illness and injury prevention.
- Integrate comprehensive knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.
- Integrate complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
- Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
- Integrate assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.
- Integrate comprehensive knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.
- Integrate a comprehensive knowledge of the causes and pathophysiology into the management of shock, respiratory failure, or arrest with an emphasis on early intervention to prevent arrest.
- Integrate assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient.
- Integrate assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for patients with special needs.
- Be knowledgeable of operational roles and responsibilities to ensure safe patient, public, and personnel safety.

Admission Criteria

Admission requirements for this program include:

- Submission of an application and one letter of reference.
 - At least 17 years of age*
 - Submit a high school diploma, GED, or an unofficial college transcript*
 - Ability to read, write, and speak English*
 - Be able to meet the minimum requirements for the cognitive and psychomotor components of the program with reasonable and appropriate accommodations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA)*
 - Active Iowa EMT or AEMT certification upon start of the program*
 - Copy of a current driver license or government-issued ID
 - Completion of the pre-admission interview process.
 - Field site visit and panel interview
 - Wonderlic® test score of 18 or greater.
 - Completion of an EMT knowledge test.
 - Obtain course required criminal background check prior to the first day of class.
 - Obtain a 10-panel drug test no later than 14 days after the start of class.
 - Submit clinical health requirements to UI Student Health no later than 14 days after the start of class.
 - Apply to the University of Iowa. Once accepted and registered in the EMSLRC program pay the student fees for each semester of the course.
 - Computer access (with audio and video), with internet access, camera, and microphone (capable of working with remote meetings, i.e., Zoom), email, and printer for homework.
- *State of Iowa regulatory requirement. See IAC 641-139.4(4)

Technical Standards

Clear academic and technical standards assure that decisions concerning entrance for all students are based upon non-discriminatory criteria. Federal law requires the provision of reasonable accommodations to persons with disabilities who possess “the academic and technical (non-academic) standards” for admission or participation in the EMS programs and courses. In courses where enrollment is limited and based on selective criteria, having clearly spelled out academic and technical standards assures the absence of discrimination against qualified persons with disabilities who have succeeded with reasonable accommodations. Having technical standards available also assists potential applicants with or without disabilities to assess their ability to succeed in the program and the EMS Profession. Technical Standards for admission are all non-academic criteria that are essential to participate in the EMS program. These technical standards include personal and professional attributes, skills, knowledge, physical, medical, safety, and other requirements that an individual must meet to be eligible for admission to and retention in the EMS program.

Students admitted to the EMS program are expected to be able to complete curriculum requirements which include physical, cognitive, and affective core competencies that are essential to the functions of the entry level EMS provider. These core competencies are the minimum and essential skills necessary to protect the public. These abilities are encountered in unique combinations in the provision of safe and effective EMS care. Progression in the program may be denied if a student is unable to demonstrate the technical standards with or without reasonable accommodations.

General Knowledge and Skills required of all EMS Personnel

- Ability to communicate verbally via telephone and radio equipment.
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance).
- Ability to interpret written, oral and diagnostic information.
- Ability to use good judgement and remain calm in high-stress situations.
- Ability to work effectively in an environment with loud noises and flashing lights.
- Ability to function efficiently throughout an entire work shift.
- Ability to calculate weight and volume ratios and read small print under both life-threatening and time constraints.
- Ability to read and understand English language manuals and GPS/road maps.
- Ability to accurately discern street signs and address numbers.
- Ability to interview patients, family members and bystanders.
- Ability to document, in writing, all relevant scene and patient information.

Cognitive:

- Recall, collect, analyze, synthesize, and integrate information from a variety of sources.
- Measure, calculate, reason, analyze, and synthesize data.
- Problem-solve and think critically to apply knowledge and skill.
- Communicate verbally, and through reading and writing, with individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
- Relay information in oral and written form effectively, accurately, reliably, and intelligibly to individuals and groups, using the English language.

Examples of learning activities found in the EMS curriculum and related to industry standards:

- Process information thoroughly and quickly to prioritize and implement EMS care.
- Sequence or cluster data to determine patient needs.
- Develop and implement an EMS plan of care for patients in the pre-hospital setting.
- Differentiate fine/subtle differences in medical word endings.
- Report verbally and in writing patient data to members of the healthcare team.
- Perform math computations for medication dosage, calculations/computations both with and without a calculator.

Physical:

- Coordinate fine and gross motor movements.
- Coordinate hand/eye movements.
- Maintain balance from any position.
- Navigate level surfaces, ramps, and stairs.
- Function with both hands free for performing psychomotor tasks.
- Maneuver in small, confined areas.
- Attend to cognitive and psychomotor tasks for up to 48 hours.

Examples of learning activities found in the EMS curriculum and related to industry standards:

- Transfer patients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering the patient to the floor.
- Perform cardiopulmonary resuscitation (CPR).
- Lift or move (turn, position) patient or objects, pull or push objects, weighing up to 50 pounds.
- Reach to shoulder or higher level to place or access equipment such as intravenous fluid bags, bend or squat to access equipment.
- Carry equipment and supplies to the patient location.

- Manipulate small equipment and containers, such as syringes, vials, ampules and medication packages, to administer medications.
- Dispose of needles in a sharps container.
- Complete assigned periods of practice (24-48-hour shifts, days, evenings, or nights).

Sensory:

- Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lecture, small group activities, demonstrations, and application experiences.
- Collect information through observation, listening, touching, and smelling.
- Use and interpret information from diagnostic maneuvers.

Examples of learning activities found in the EMS curriculum and related to industry standards:

- Detect changes in skin color or condition (pale, ashen, grey, or bluish).
- Draw up a prescribed quantity of medication into a syringe.
- Detect sounds related to bodily functions using a stethoscope.
- Observe and collect data from recording equipment and measurement devices used in patient care.
- Communicate with patients and members of the healthcare team in person and over the phone/radio in a variety of settings.
- Detect foul odors of bodily fluids, the environment, and spoiled foods.
- Detect changes in skin temperature.
- Detect unsafe temperature levels in heat-producing devices used in patient care.
- Detect anatomical abnormalities, such as subcutaneous crepitus, edema or infiltrated intravenous fluids.
- Feel sensations such as an arterial pulse.

Behavioral:

- Demonstrate emotional stability to function effectively under stress and adapt to changing environments.
- Maintain effective, mature, and sensitive relationships with others.
- Examine and modify one's own behavior when it interferes with others or the learning environment.
- Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance.

Examples of learning activities found in the EMS curriculum and related to industry standards:

- Exercise judgement to meet acceptable timeframes for patient care delivery (acceptable timeframes are reflected by the ability to carry out the usual patient care assignment for a particular point in the program within the allotted clinical time), work effectively under stress, and adapt to rapidly changing patient care environments.
- Accept accountability for actions that resulted in patient care errors.
- Deal effectively with interpersonal conflict if it arises; maintain effective and harmonious relationships with members of the healthcare team.

Occupational Hazards

The nature of EMS work creates certain occupational hazards. These potential job hazards include but may not be limited to:

- Injuries from body motion such as excessive physical effort, awkward posture, or repetitive movements.
- Treating patients with infectious illnesses and exposure to blood, body fluids, and airborne pathogens.
- Slips, trips, and falls.
- Handling and exposure to hazardous materials and drugs.
- Motor vehicle and air transport crashes that may result in injury or death.
- Being struck by motor vehicles while operating on emergency scenes.
- Injuries from violence and assaults.
- Exposure to critical incidents that may be disturbing or impact mental health.

III. ADA Statement

The American's with Disabilities Act prohibits discrimination against a qualified individual with a disability by a covered entity because of that individual's disability.

Disability is defined by the act as:

- A physical or mental impairment that substantially limits one or more of the major life activities.
 - Major life activities: Caring for oneself, performing manual tasks, sitting, standing, lifting, reaching, walking, seeing, speaking, breathing, learning, working, and participating in community activities.
- A few conditions which potentially meet the definition of disabled include cerebral palsy, diabetes, cardiac disease, back disorders, epilepsy, muscular dystrophy, multiple sclerosis, visual impairments, hearing impairments, mental retardation, emotional illness, cancer, HIV carrier, asthma, learning disorders, cosmetic disfigurement, anatomical loss, and organic brain syndrome.
- Temporary impairments, which do not substantially limit an individual's major life activities, are not covered by the ADA. Examples include pregnancy, advanced age, appendicitis, sprains, certain fractures, and influenza.

Qualified Individuals

A qualified individual with a disability is a person who "with or without reasonable accommodation, can perform the essential functions of the position that the individual holds or desires." "Essential Functions" mean job duties that are fundamental to the position, not merely marginal or peripheral functions of the position. "Essential Functions" are defined in the functional job analysis.

Reasonable Accommodation

The Emergency Medical Services Learning Resources Center at University of Iowa Health Care is obligated to provide reasonable accommodations to qualified students with disabilities, which may include academic adjustments, auxiliary aids and/or program modifications. Accommodations that fundamentally alter the nature of the academic program, could potentially jeopardize the health and safety of others, or cause an undue burden to the program are not considered reasonable accommodations.

Students who need reasonable accommodations to meet the above requirements are encouraged to contact the Human Resources Representative for Emergency Medicine at the University of Iowa Hospitals and Clinics (UIHC-EMS-HR@healthcare.uiowa.edu) to determine if reasonable accommodations can be made.

IV. Documentation of Requirements for Participation:

Health Insurance

Each student is responsible for their own health needs, including health insurance coverage which is required while enrolled in the program. The health insurance coverage shall be enough to satisfy the minimum standards of coverage as defined by the Iowa Board of Regents. Students who do not provide proof of insurance will be automatically enrolled in a university policy at additional cost.

Students are financially responsible for all medical care related to exposure/injuries/illnesses.

Iowa EMT or Advanced EMT Certification

Active Iowa EMT or AEMT certification and an active EMS student registration in AMANDA is required for participation and must be maintained throughout the Paramedic program. A student may be accepted into the program with NREMT certification and a pending Iowa certification application when a waiver has been issued by the Bureau of Emergency Medical and Trauma Services. However, the student who is attending on a waiver may not participate in clinical or field activities or practice procedures on live patients until an active Iowa EMT or AEMT certification has been obtained.

BLS Certification

American Heart Association BLS certification must be maintained throughout the Paramedic program. AHA BLS certification training is provided at the beginning of the Paramedic program and participation is mandatory for all students regardless of their current BLS certification status.

Education

Students must provide copies of a high school diploma, certifications of completion, GED or transcripts, and college transcripts.

Proof of Identity

Provide a copy of a valid Driver's License, State Issued Identification Card, or other government issued photo ID.

Clinical Pre-requisites

Documentation of clinical and field experience pre-requisites must be provided. These are listed in detail in the clinical section of this document.

FEMA Student ID

All Paramedic program students must establish a FEMA student identification to participate in required online learning activities. The FEMA student ID can be obtained by going to:

<https://cdp.dhs.gov/femasid>.

V. General Class Information

Class Location and Meeting Times

All classes will be held at:

University of Iowa Hospitals & Clinics EMSLRC
South 608, General Hospital (Elevator C to Floor 6)
200 Hawkins Drive
Iowa City, Iowa 52242

The didactic portion of the program will be held from 0830 to 1630 based on a 24-hours on, 48-hours off firefighter work schedule. Following a three-week rotation, class will meet Monday and Thursday of the first week, Wednesday the second week, and Tuesday and Friday of the third week following the University of Iowa academic calendar. Most clinical rotations will be scheduled by the student concurrently with the second semester; however, several foundational rotations will be completed in the first semester. Field internship will be scheduled by the student during the final semester. Meeting locations are subject to change daily and will be announced by the instructor.

Program Texts

Program texts will be ordered by the program and are included as a surcharge in the program tuition. Texts will be delivered to students prior to the start of class.

Caroline, N.

Emergency Care in the Streets 9th. Edition.

Jones and Bartlett Learning. ISBN: 9781284237474 and 9781284237498

Salmon, M., & Pomerantz, D. S.

Paramedic Calculations for Medication Administration.

Jones and Bartlett Learning. ISBN: 9780763746834

Jones and Bartlett Learning

2020 Nurse's Drug Handbook.

Jones and Bartlett Learning. ISBN: 9781284167900

Garcia, T. B., & Miller, G. T.

Arrhythmia Recognition: The Art of Interpretation 2 Ed.

Jones and Bartlett Learning. ISBN: 9781449642334

Lawner, B., Touzeau, C., & Mattu, A.

ECG Cases for EMS.

Jones and Bartlett Learning. ISBN: 9781449609184

National Association of Emergency Medical Technicians

Prehospital Trauma Life Support 10th Ed.

Jones and Bartlett Learning. ISBN: 9781284272253

American Heart Association

Advanced Cardiac Life Support Student Manual (2020)

ISBN: 9781616697723

American Heart Association

Pediatric Advanced Life Support Student Manual (2020)

ISBN: 9781616697853

Learning Management System

The Paramedic program utilizes the Canvas® learning management system throughout all phases, including clinical and field experience. Homework will be assigned through Canvas® and program handouts will be posted there as well.

Computing Resources

All students in the Paramedic program must have regular access to a computer with voice and video capabilities. An internet connection with enough bandwidth to connect to Zoom® meetings and a valid email account are also required. Students may find a tablet computer or iPad® will be of great help. Having a tablet computer will also make the documentation of clinical and lab skills much easier and can serve as a reference tool during internship with installed apps. Students should avoid depending upon a smart phone as a computing device.

Each student is provided a University of Iowa email address for use by the program and fellow students. The usage of the student's email address is solely for use as an educational resource and course communication. At no time will fellow students or program staff use this access for personal benefit. Computer and email usage should be consistent with common sense, common decency, and civility. ***The only method of communication in the program is the student's Ulowa (student@uiowa.edu) email.***

Dress Code

There are many factors which enter the professional development of the paramedic. Among those factors are appearance and demeanor. To prepare the paramedic student for working within the pre-hospital environment, the professional appearance of the paramedic student is of utmost importance throughout the program. The following dress code is enforced as a part of the affective domain evaluation and grade. The student is expected to wear the program uniform in the classroom setting and is expected to be in class uniform when entering the school. All attire must be clean, neat, and modest, and good personal hygiene is expected. Other items may be purchased at most department stores or a shop that specializes in public safety apparel.

Uniform

- ***Departmental uniforms or clothing items which indicate affiliation and/or rank with an agency may NOT be worn in the classroom, clinical, or field environment.***
- Navy blue paramedic student uniform shirt. Uniform shirts are issued to the student through the EMSLRC.
- Navy blue uniform pants (EMS style or "Dickies" style workpants are appropriate). Jeans or denim, yoga pants or leggings, and scrub bottoms are not permitted at any time.
- Black shoes or boots (appropriately polished with black shoestrings if applicable); black or navy-blue socks (if visible); plain black belt.
- UIHC student name tag (issued by the program) must be worn above waist level. No part of the ID can be obscured.
- Watch with a second hand or equivalent, stethoscope, writing implement and trauma scissors.
- Navy blue or black jacket or coat with no writing or insignias or an EMSLRC Paramedic student jacket.
- Black EMSLRC sweatshirt (optional).
- A plain black hat, with no insignia or patches, may be worn during ambulance field experience and internship.

Personal Appearance

- The student must always be clean, neat, and well groomed. During all phases of the program, appropriate attire must be worn. Students inappropriately dressed will be asked to return home and change clothes.
- Hair, shoulder-length or longer, must be tied back when in the clinical and field areas.
- Facial hair must be kept trimmed and in accordance with facility and or agency policy and must not interfere with an N-95 mask seal.
- Fingernails must be kept short and clean. Clear nail polish is permitted.
- The wearing of jewelry and accessories must not interfere with assigned duties and must not pose an infection threat or physical hazard, to self, or to another person. For safety reasons, hoop earrings, hoop nose rings, hoop eyebrow rings and eyebrow “barbells” are not allowed.
- Tattoos, piercings (chin, cheek), and body art with wording, images or placement that is inappropriate or offensive in a professional work environment must be covered or removed during class and clinical time.
- UIHC student ID badges must be worn at all times. The ID must be worn above the waist, without attachments, and with picture and name forward, immediately visible to patients, visitors, and other staff. Pins and awards are to be attached to clothing. Pins attached to the ID badge will damage electronic chip embedded in the badge.
- All uniforms must always be kept in good condition and clean. Multiple uniforms may be needed to achieve this.
- Shirts must always be tucked in.

Clinical and field sites may alter these requirements for their facilities. If a site dictates a standard that is different from this dress code, the facility policy will prevail.

Attendance

Due to the volume of the material to be covered and the pace at which it will be presented, attendance will be expected at all classes. Students may miss no more than 40 hours of the didactic portion of the course. Absences for health reasons greater than three consecutive days will require a medical excuse from a physician, nurse practitioner, or physician assistant. Attendance that results in absences greater than the above published thresholds may result in termination from the course. In the event of illness, the student should notify the EMSLRC office, voice mail at (319) 356-2597. The call should be made at a minimum of one (1) hour before class begins. Students are expected to take responsibility for obtaining class notes, handouts, and make-up assignments when necessary.

Participants are expected to be on-time, in their seat, and ready to participate in class activities at the designated starting time and at the time designated for return from breaks or meal periods. Tardiness will result in affective domain point deductions. Excessive tardiness will be grounds for professional behavior counseling and disciplinary action. Students are required to submit a written explanation, on a program-supplied form, to the Lead Instructor for any absence or tardy.

There will be no make-up for the “card” courses (i.e., ACLS, PALS, etc.) that are provided in the program outside of the standard remediation process. Students who are absent during any part of these courses will be required to successfully complete those courses on their own, at their expense, before they will be allowed to complete the program. If taken outside of the EMSLRC, the ACLS and PALS courses must be an American Heart Association course resulting in an AHA completion card.

In the event of poor weather, the Paramedic class will use the closing of classes at The University of Iowa as a guide. Students will not be assigned to clinical or field rotations and will not be expected to attend class during the following holidays: New Year’s Day; Martin Luther King Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day; Friday after Thanksgiving Day; Christmas Eve; Christmas Day.

Evaluation and Grading

There are seven modules in the Paramedic program. A 75% average in each module, and an 80% overall course average is required to successfully complete the program. In addition, each student must meet established minimum averages for quiz, exam, homework, and affective domain scores. Students may not share answers with other students, take tests in groups, or otherwise distribute test questions or answers. The instructors reserve the right to allow or limit references during specific tests, set testing time limits, or conduct testing during class time. Quiz and test items are based upon the national education standards and objectives and are not cross-referenced to any specific text. The answers to quizzes and tests may be found in the texts, supporting materials or handouts, or in the instructor’s lecture. All module exams will be closed book. Exams may be proctored and conducted on-site or online with a secure browser.

Quizzes (Cut score 70%)

There will be frequent quizzes throughout the program. Quizzes may be provided online as well as in the classroom. There will be online pre and post quizzes. A 70% score is required to pass the quiz. As quizzes are provided online, technical issues are always a possibility. Students should attempt quizzes as early in the week as possible and as a rule the quizzes will not be reset. The division exam cannot be taken until all quizzes have been completed.

Division Exams (Cut score 80%)

Division exams may be made up if missed. The student will be allowed to retake a failed exam twice. The student is required to meet with the lead instructor and medical director after failing a second attempt and complete remediation activities before making a third attempt. The student will not be excused from class activities while undertaking remediation. The failure of the third attempt of any exam is failure of the course. Each division exam must be passed to continue to the next section.

Homework and Projects (Cut score 70%)

Students will have other assigned material throughout the program which could include one or more projects, attendance at grand rounds and lectures, simulation activities with outside agencies, and regular activities to be completed online in Canvas. Some of these activities may be in addition to the regular class schedule, and in those cases the program will give as much advance notice as possible. If a student is absent, it is the student’s responsibility to request assigned material. Assigned material may be submitted up to two class periods after the due date with a 10% points deduction. Assigned material will not be accepted greater than two class periods past the due date.

Drug cards are included in the homework and projects category and will be completed by each student during the class. Up to three points are awarded for each drug card that is turned in on time and complete.

Drug card books will be inspected on the dates indicated on the program schedule and must be kept current and must be legible. Cut and paste of material from online or other references is prohibited and will be considered plagiarism. Late drug cards will receive a deduction of one point for each week the cards are late. Students may not take the module exam until all drug cards are current.

Affective (Professional Behavior) Evaluations (Cut Score 80%)

The student will receive affective student evaluations during the didactic portion, and throughout the clinical and field phases of the program. These will be in the form of Professional Behavior Evaluation and if needed the Professional Behavior Counseling Record. These will be filled out by instructors having frequent contact with the students and reviewed at the completion of each module. The purpose of the affective student evaluation is to verify competence in the affective domain and to serve as a method to modify undesirable or unprofessional behavior. Each student must have a satisfactory affective evaluation prior to completion of the program.

Each squad is assigned ALS equipment they are responsible for during the course. Points will be deducted from the grade of each squad member for equipment that was not checked, equipment that is missing or broken and not reported to the instructor, missing supplies or empty medication vials, and med boxes and airway bags that are unkempt, disorganized, or not stocked and arranged according to program standards.

The affective domain score will be calculated as follows: Each student will receive 100 professional behavior points for the course. Professional behavior infractions will result in points being deducted from the affective domain score. Students will be given the opportunity to regain points by performing community service or service within the program for infractions that fall into a minor nature, generally those infractions listed under cause for administrative probation. While points may be recovered towards the affective domain score, such service will not erase absences or clinical cancellations.

Infraction Penalty

Each absence (with email or call to instructor)	- 2 points
Each absence (no show, no call)	- 5 points
Each tardy – includes from lunch and breaks	- 1 point
Each occurrence of being out of uniform	- 5 points
Each call-off from a clinical or field shift	- 3 points
Each occurrence coming to class unprepared	- 2 point
Use of an “off-limits” area or resource	- 5 points
Disrespect towards student/instructor/staff	-10 points
Failure to check and/or maintain equipment	- 2 points

Penalty Reduction Activities

Community service	+1 point/4 hours
Program service	+1 point/4 hours
EMT student tutoring	+1 point/4 hours

Students who receive counseling for repetitive unacceptable behavior will be required to meet with the Program Director and/or the Medical Director to determine their continuation in the course. In cases of severely unacceptable behavior the student may be immediately terminated from the program.

Comprehensive Didactic Exam (Cut score 80%)

There will be a comprehensive final exam at the completion of the didactic portion of the program, and the student must receive a passing score of 80% on this exam to start the clinical phase of the program. Two retakes will be allowed on the final exam, and failure of the first retake will require a meeting with the lead instructor and/or the medical director plus completion of a plan of remediation prior to the third and final attempt. Failure of the third attempt will result in termination from the program.

Didactic Final Psychomotor Exam

There will be a final psychomotor exam at the completion of the didactic portion of the program and the student must pass this exam to start the field internship phase of the program. There are three stations in the practical exam:

- Cardiology (Dynamic and Static)
- Oral Case
- Patient Care Scenario – Team Leader
- The evaluators will not provide any coaching or prompting. They will only observe your performance and give you patient information when indicated.
- You will be provided with a Paramedic partner for the patient care scenario station. The partner will follow your direction but will not volunteer any information or perform any task without being asked.
- Successful demonstration of psychomotor skills is determined by a score of 80% or greater of the available points for each individual skill (i.e., static and dynamic cardiology are two skills), and no critical fail criteria being checked. Successful completion of the scenario case is determined by satisfactory completion of all components of the Team Leader evaluation and no actions that would endanger the patient or the team.
- The evaluator will not tell you in the station if you passed or failed the station.
- You will be told if you passed or failed the exam after you have completed all the stations.
- If you fail two or less stations, you may retest the missed stations on the same day if time permits.
- If you fail three or more stations, or if you fail any re-tested stations, you will be required to arrange a meeting with the lead instructor and the medical director prior to retaking the entire practical exam on another day. The lead instructor and/or medical director may require completion of a remediation plan prior to another attempt on the exam.
- If you fail three or more stations, or if you fail any re-tested stations, any scheduled field shifts will be cancelled until the meeting with the lead instructor and medical director has taken place.
- Failure of the second attempt of the practical exam constitutes failure of the course.

Step Exams

There will be five step exams during the clinical and field phases of the program. The Step 1, Step 3, and Step 5 exams consist of a written test and out-of-hospital simulation scenario. The Step 2 and Step 4 exams consist of an oral examination with the Medical Director and a written test. An 80% score must be achieved on each element of the step exam to progress further. Failure of any element of the step exam will result in suspension from clinical or field activities until the exam has been passed. Two retakes will be allowed on each step exam, and failure of the first retake will require a meeting with the lead instructor and/or the medical director plus completion of a plan of remediation prior to the third and final attempt. Failure of the third attempt will result in failure of the course.

Capstone Written and Psychomotor Exams – Terminal Competency Week

Each student must pass a series of final, capstone written, oral, and simulation examinations in order to complete the program. This examination will occur after all coursework, clinical, and field internship hours have been completed. Two retakes will be allowed on the capstone exam, and failure of the first retake will require a meeting with the lead instructor and/or the medical director plus completion of a plan of remediation prior to the third and final attempt. Failure of the third attempt will result in failure of the course.

The student must present a photo identification and may not take any belongings into the testing room. There will be a three-hour time limit to complete the capstone exam. The student may utilize the restroom but may not access any belongings while outside of the testing room, including books, notes, or phones during this time. The student may not leave the building except for an emergency. Leaving the facility prior to completing the exam will constitute a failure.

Community Service

The class will be assigned one or more community service projects over the term of the didactic program. Community service projects are designed to allow the students to engage and learn more about the community they will be serving. Projects will be assigned and approved by the lead instructor, and participation is mandatory for all students. Students may not be compensated for performing community service projects.

Instructor Office Hours

EMSLRC instructors and the clinical coordinator maintain office hours to assist students and answer questions. Drop-in visits will only be accommodated during scheduled office hours. Otherwise, students will need to schedule an appointment with their instructor or clinical coordinator. Office hours for each instructor are posted outside the instructor office suite and are subject to change from week-to-week.

Communications

Students may email or text their instructor at any time. However, it should be remembered that instructors will only reply to emails and text messages during the normal business hours of 0800-1700 Monday through Friday exclusive of holidays.

Program Topical Outline (See Canvas site for course schedule)

Semester 1 (EMS: 3101)

I. Boot Camp

- A. Orientation
- B. BLS Skills Verification

II. Roles, Responsibilities, and Operations

- A. EMS Systems
- B. Workforce Safety and Wellness
- C. Research
- D. Documentation
- E. Communications
 - 1. System Communication
 - 2. Interpersonal Communication
- F. Medical-legal and Ethics
- G. Public Health and Epidemiology
- H. Emergency Response Vehicles
- I. Incident Management
 - 1. Incident Management
 - 2. MCI
 - 3. Terrorism and Disaster Operations
 - 4. Rescue Operations
 - 5. Air Medical Operations

III. Preparatory

- A. A&P, Pathophysiology, and Life Span Development
- B. Pharmacology
 - 1. Foundational pharmacology, fluid and electrolytes
 - 2. Medical math
 - 3. Medication administration and mechanics
 - 4. Vascular access
 - a. Intravenous
 - b. Intraosseous
 - 5. IV Medications
 - 6. Inhaled medications
 - 7. Intramuscular and subcutaneous medications
 - 8. Intranasal
- C. Assessment
 - 1. Scene Assessment
 - 2. Primary assessment
 - 3. History taking
 - 4. Secondary assessment
 - 5. Monitoring devices
 - 6. Reassessment
- D. Airway Management
 - 1. Airway A&P
 - 2. Airway assessment
 - 3. BLS airway management
 - 4. ALS airway management

IV. Shock and Resuscitation

Semester 2 (EMS: 3102)

V. Medicine

- A. Respiratory
- B. Neuro
- C. EENT
- D. Abdominal and GI Complaints
- E. Genitourinary and Renal
- F. Endocrine
- G. Hematologic
- H. Immunologic
- I. Infectious
- J. Toxicology and Hazmat
- K. Psychiatric
- L. OB/Gyn
 - 1. Newborn Resuscitation

VI. Cardiology

- A. Cardiac A&P, Pathophysiology
- B. ECG Rhythms
 - 1. ECG Basics and Electrophysiology
 - 2. Sinus Rhythms
 - 3. Atrial Rhythms
 - 4. Junctional Rhythms and AV Blocks
 - 5. Ventricular Rhythms
- C. 12-Lead ECG
 - 1. 12-lead Acquisition
 - 2. Interpretation
 - 3. Special Considerations
- D. Cardiovascular Conditions
 - 1. ACS
 - 2. Angina
 - 3. Heart Failure
- E. Advanced Cardiac Life Support

VII. Trauma

- A. Trauma Systems, MOI, Field Triage
- B. Bleeding and Soft Tissue Injury
- C. Burns
- D. Face, Neck, Head, and Spine Trauma
- E. Thoracic Trauma
- F. Abdominal and Genitourinary Trauma
- G. Orthopedics
- H. Environmental Emergencies

VIII. Special Considerations and Challenges

- A. Vulnerable Groups
 - 1. Child Abuse
 - 2. Elder Abuse
 - 3. Human Trafficking
- B. Pediatric Advanced Life Support

IX. Clinical Experience (Concurrent with didactic coursework)

Semester 3 (EMS: 3103)

X. Field Internship

XI. Step Examinations (5)

XII. Terminal Competency Week (5 days)

- A. Capstone Simulations
- B. Capstone Presentations
- C. Medical Director Oral Examinations
- D. Capstone Written Examination
- E. Exit Interview

VI. Professional Behavior Evaluation Guidelines

Integrity

Examples of professional behavior include but are not limited to consistently honest; can be trusted with the property of others; can be trusted with confidential information; completely and accurately documenting patient care and learning activities.

Empathy

Examples of professional behavior include but are not limited to showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

Self-Motivation

Examples of professional behavior include but are not limited to taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.

Appearance and Personal Hygiene

Examples of professional behavior include but are not limited to having appropriate clothing and uniforms that are neat, clean and well maintained, maintaining good personal hygiene and grooming.

Self-Confidence

Examples of professional behavior include but are not limited to demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.

Communications

Examples of professional behavior include but are not limited to speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.

Time Management

Examples of professional behavior include but are not limited to being consistently punctual; completing tasks and assignments on time.

Teamwork and Diplomacy

Examples of professional behavior include but are not limited to placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect

Examples of professional behavior include but are not limited to being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

Patient Advocacy

Examples of professional behavior include but are not limited to not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service

Examples of professional behavior include but are not limited to mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

VII. Student Counseling, Evaluations and Completion

At least three (3) progression evaluations will be scheduled with the student during the Paramedic Education Program for discussing the student's progress and status.

- Midway through the didactic segment with the lead instructor and/or the medical director.
- At the completion of the didactic segment with the lead instructor and/or medical director.
- At the completion of the clinical and field segments, prior to state and/or national examinations with the lead instructor, program director, and the medical director.

The program will counsel a student having specific academic, clinical, or field problems as needed. This may include a student who is having difficulty understanding a portion of the assigned material and asks for assistance; and anytime the student displays or is reported to have displayed poor affective domain in an academic, clinical, or field setting.

Should further assistance be required, the student may be referred to the Student Disability Services Office or the College of Medicine Counseling Services. When a student does not meet the 80% minimum passing grade on a major exam (module and final didactic passing grades) or it is determined that they are not performing at an acceptable level in either the clinical or field portion of the program, the student will be asked to meet with the lead instructor to discuss the areas in which they are having difficulty and develop an improvement plan. A student who is having personal issues that interfere with didactic, clinical, or field performance should request to meet with the lead instructor to develop a plan of action for success in the program.

Program Completion

Program completion will be determined by:

- Minimum score of 75% in each module and an overall score of 80%.
- A satisfactory final affective domain evaluation (professional behavior).
- Successful demonstration of psychomotor skills.
 - Successful demonstration is determined by a score of 80% or higher in each of the advanced skills testing stations as conducted by the program with no critical failures.
 - Documentation of completion of all required lab skills and simulations.
 - Successful completion of the terminal competency skills.
- Successful completion of the step exam requirements during clinical and field internship.
- Successful completion of ACLS and PALS.
- Completion of clinical and field requirements including all skills, patient contacts, and team leads.
- Successful completion of the comprehensive capstone examinations.
- Complete competency form signed by the Medical Director.
- Exit interview and approval of the course Medical Director.
- Complete payment for the entire program.

VIII. Decorum

Personal Communications

Calls and text messages may not be answered, and students should not leave the classroom during lecture or the lab during skills sessions to receive or return calls. If a student is expecting a call of a critical nature, the student should discuss the situation with the instructor, who has the authority to make case-specific exceptions.

Recording

Audio recording devices are permitted during lectures at the discretion of the instructor. No recording or communication devices (cell phones, smart watches, personal recording devices, etc.) are allowed out or accessible during quiz reviews or testing. Phone calls and texts may not be made during exams.

Visitors

Visitors are not permitted in the classroom without the prior permission of the instructor and may not be a regular occurrence. This includes children, family members, and friends of students. In no case will visitors utilize classroom seats that displace other students, and visitors cannot disrupt the class or members of the EMSLRC staff in any manner.

Preparation

Students must be prepared for class each day. Students should have appropriate learning tools and implements such as: texts, pen, pencil, paper, notebooks, policy manuals, skills manuals, etc. On lab days, students should always wear a watch with second hand, and have a stethoscope.

Breaks

Regularly scheduled breaks will be given throughout the class period. These breaks should be used for returning phone calls, using the restrooms, obtaining snacks or beverages. Special circumstances should be prearranged with the instructor. After all breaks, students must return to the classroom or skills group on time or are subject to the tardiness policy.

Tobacco Use Policy

Smoking and use of tobacco products of any kind is not permitted anywhere on university property in accordance with the Iowa Smokefree Air Act. Violators are subject to citations and a \$50 fine. Please see the campus smoking policy at <https://hr.uiowa.edu/policies/tobacco-free-campus>.

Facility

Students are not permitted to use facility equipment, including phones, fax machines, staff or faculty computers, or copiers without the permission of a faculty or staff member. Students may not enter any faculty office or area or the equipment storeroom without faculty permission. Designated areas of the facility as defined by the faculty are off-limits. A refrigerator and microwave oven in the break area are provided for student use. The designated computer resources may only be used for academic work.

While on breaks, please respect other students, faculty, and staff with their activities. The facility is used for many other classes and activities. Students are asked to respect the physical property of the facility and its cleanliness. All student areas should be neat and clean prior to leaving the facility at the end of class. Students must wipe down their work surface and straighten chairs and tables at the end of class each day. Faculty or staff should be notified of any facility issues so that timely maintenance or repair can

occur. Housecleaning responsibilities will be shared by the students and explained further during the first day of class.

The class will be assigned a regimen of house chores in which all students are required to participate. Clean-up and set-up of skills equipment is the students' responsibility under the direction of the faculty. These housecleaning responsibilities will be explained in detail the first week of class. The EMSLRC facility should be cared for with respect and dignity. If you are responsible for, or you see a mess, clean it up.

Expectations include but are not limited to:

- Keeping the classroom free of trash and debris.
- Wiping work surfaces at the end of each day.
- Pushing chairs in and returning all classrooms to an equal or better condition than found.
- Keeping break areas clean and in order.

There is a set of EMS equipment assigned to each squad. This includes an adult airway bag and medication box. Each squad is responsible for assuring that this equipment is checked before each class session and ready for a response. Other equipment and response-readiness tasks may be assigned as needed.

Computer Usage and Social Media

The program has the right to monitor the use of all University computing resources to ensure that applicable policies are being followed. Use of the program computer resources is subject to university rules and regulations, and all federal, state, and local laws. Professional behavior guidelines extend to social media to the extent that student postings involve the program, its faculty, participants, and clinical and field sites. Students are cautioned to exercise good taste in social media postings that represent the program, instructors, and/or fellow students, and reference the Human Dignity Statement for guidelines.

Students may not, at any time, post to social media information or images that were derived from clinical or field experiences.

IX. Participant Health and Safety

Provision of emergency medical services poses inherent occupational risks for EMS responders. These risks include violence, assaults, verbal threats and aggression, motor vehicle crashes, infectious diseases, lifting injuries, sprains and strains, psychological trauma, hazardous chemical response and exposures, and exposure to extremes of cold and heat. Good physical health is necessary for an individual to maintain the pace and physical demands of this field. Universal infection control precautions will be observed and practiced with all patients (for the patient's and the participant's safety).

Immunization Status

Students enrolled in the EMSLRC Paramedic Education Program must comply with the immunizations and health screening policy of the program, clinical/field sites, and the University of Iowa. Students must complete the Student Health Immunization form and complete a University of Iowa Health Science Student Health Screen Form (see Appendix A) no later than fourteen days following the first day of class. Failure to complete either screening may result in the student not being allowed to enter or remain in the program. The below listed immunizations are required by many of the program's clinical sites. Some sites may not provide the opportunity for a declination waiver, and the student will need the immunization before entering the site. Students who are barred from a site due to immunization status will be responsible for making up lost clinical hours or opportunities at an alternate, affiliated clinical site. Clinical sites may establish new requirements for screenings and immunizations at any time, based on current epidemiology. Students will be required to comply with any added requirements of a clinical site while they are enrolled in the program.

The program is not responsible for the student's inability to complete the program requirements because of a lack of, or refusal to obtain immunizations required by a clinical site.

Health Screening	University of Iowa Health Science Student Health Screen Form
Measles, Mumps, Rubella (MMR)	2 doses of MMR vaccine if born after 1957 -or- Positive blood test indicating immunity
Chickenpox (Varicella)	Received 2 doses of vaccine -or- Positive blood test indicating immunity
Tetanus, Diphtheria, and Pertussis	Tdap within 10 years
Hepatitis B	Hepatitis B 3 dose vaccination series -and- Hepatitis B Surface Antibody Titer
Tuberculin Skin Test (TST)	2 TST with one test within the past 12 months

Results must be entered on University of Iowa Health Science Student Health Screen Form.

Exposure, Illness, Injury, and Infection Control

Course participants may be exposed to communicable and other diseases, and the potential exists for injury to occur. It is the student's responsibility to take all necessary precautions to avoid injuring themselves or contracting and transmitting diseases. If a course participant is injured or comes in contact with a known infectious case, they must report this immediately to the preceptor and the ambulance service or hospital unit supervisor. The student should seek the necessary medical treatment and contact the clinical coordinator immediately. Course participants are responsible for all diagnostic, treatment, and transportation costs that arise from exposure, illness, or injury during the program.

Any participant who has a communicable disease (common cold, influenza-like illness, etc.) should not participate in practical skill stations or have direct patient exposure in the clinical and field settings. These individuals may attend class (if their condition permits) and observe others in the practical stations. Patients in the hospital or ambulance, classmates, or fellow health care providers should never be put at risk from course participants with an infectious disease. Any participant with a history of chronic health problems, pregnancy, recent surgery, or back injury may be required to present a medical release from a physician. The instructor always has the option to request such a release at their discretion (at no cost to the program).

All student performance in the classroom, lab, clinical, and field settings will be supervised by the instructor, lab instructors, and/or preceptor(s). Each participant must address any problem or concern that he/she may have regarding his/her safety immediately to the individual directly involved with the training in progress, or the preceptor at the clinical or field site. If any problems should occur at a clinical site, the clinical coordinator or their designee should be contacted. Directions given by training personnel should be followed accurately and, if not understood, should be clarified to prevent problems. All students will perform with due regard for personal safety as well as the safety of patients and others involved with patient care. At no time will the participant perform any act which they, the instructors, or the preceptor deem unsafe, or that the participant or preceptor feels is an inappropriate action for the participant to take. All manikins, airway adjuncts, etc. will be properly cleaned with disinfectant between participant's uses. Due to the nature of the training, it is imperative that participants always maintain good personal hygiene habits including frequent handwashing.

X. Certification and Licensure Testing

National Registry

All students must establish a National Registry account upon starting the program. This is the only way program completion can be entered. The NREMT testing fee does not need to be paid at this time. Instructions and a link to the NREMT are located on the course LMS.

Upon completion of the entire program the student will be eligible to take the written examination for the purposes of national certification and certification by the State of Iowa. ***This examination is not provided by the program.*** There are separate fees for the certification examination that are not included in the program tuition. The National Registry will provide the student with an Authorization to Test (ATT) letter once the program has certified that the student is complete, and the student has paid the National Registry written exam fee through their online NREMT account. The written examination is held off site and is scheduled by the student in accordance with instructions provided by the National Registry. Information on National Registry certification process can be obtained at: www.nremt.org.

State of Iowa AMANDA

All EMS students must register in the State of Iowa AMANDA portal within 14 days of starting the Paramedic program. Registration as a student provides the legal authority to participate in clinical activities and perform procedures under supervision that would normally be out of the EMT scope of practice. During the field internship phase of the program, the student will make a certification application to the State of Iowa and pay the \$30.00 registration fee. As of September 16, 2020, the State of Iowa requires an Iowa DCI and FBI background check prior to state certification as a Paramedic (*see Iowa Administrative Rules 641-131.3(147A); 641-131.6(6)*). This background check is different from the background check performed as a pre-requisite for clinical and field rotations. A background check fee of \$50.00 will be due to the Iowa Department of Health and Human Services upon making the certification application. The certification and background check fees are not refundable. It should also be noted that the state background check can take up to eight weeks to complete.

XI. Professional Conduct, Probation, Termination, and Grievance Process

Appropriate conduct is the hallmark of a professional. Course participants are expected to consistently exhibit courteous and professional behavior with patients and their families, other health care providers, classmates, and instructors.

Confidentiality

Confidentiality is a critical element of professional patient care. Participants should only discuss patients, their symptoms, diagnosis, behavior, etc. with the personnel assigned to that individual case. Questions regarding the patient and his/her care should be directed to the doctor, nurse, EMT, or paramedic directly involved with patient care, and only in a private setting.

The federal privacy regulations, commonly known as HIPAA, protect Private Health Information (PHI) of patients that you may encounter. Violation of this law can result in the student being charged criminally, as well as personal responsibility for civil damages, and inability to become certified and licensed.

Corrective Action Process

Whenever the performance or conduct of a student falls below a desirable level, the lead instructor will inform the student promptly. The action to be taken depends on the seriousness of the incident and the student's past record.

Mandatory Reporting

To comply with applicable laws and state regulations, the program may be required to make notification of alleged wrongdoing to state agencies. The program will potentially report allegations of abuse of vulnerable populations and actions that are in violation of state EMS regulations to the appropriate state agency.

Oral Warning

Typically, the first step will be an oral warning. The oral warning will be documented and placed in the student's permanent file. An oral warning is not subject to appeal by the student.

Written Notice

A written notice of corrective action may be issued to a student when appropriate. The written notice of corrective action is placed in the student's permanent file. A written notice of corrective action is not subject to appeal by the student. The program and medical directors will be kept apprised of any disciplinary action taken. Any time a student receives two or more disciplinary actions they may be required to meet with the program director or medical director to discuss the actions or omissions which resulted in the disciplinary actions, and to discuss an action plan to prevent the necessity of any further disciplinary action.

Probation

Students placed on probation will be notified in writing of the terms and conditions of probation. A student who fails to comply with the terms of probation may be terminated from the program.

Academic Probation

Students may be placed on probation on academic grounds at the discretion of the program. A student on academic probation may be required to attend weekly tutoring sessions or complete other educational activities as a condition of their probation status. Grounds for academic probation include, but are not limited to:

- Failure of five or more quizzes.
- Failure of the first attempt of two module examinations.
- Failure of two or more clinical assignments or failure of one assignment more than one time (poor clinical evaluations, failure to lock clinical reporting, late data submission).
- Failure to advance academically in the clinical or field setting, requiring the development of a plan for improvement.

Administrative Probation

Students may be placed on administrative probation at the discretion of the program. Grounds for administrative probation include, but are not limited to:

- Failure to comply with the standards of ethics, professional behavior, and conduct.
- Failure to comply with a request or directive from a faculty member.
- Failure to comply with the attendance policy.
- Failure to comply with the dress code.
- Failure to complete or tardiness in submitting required documentation.
- Failure to comply with the rules of classroom, clinical site, or field station decorum.
- Failure to comply with the exposure control policy.
- Failure to comply with reporting procedures for incidents and unusual occurrences.
- Maintaining a past-due tuition balance of greater than 60 days.

Suspension from the Program

When appropriate (as deemed by the Program Director or the Program Medical Director), a student may be suspended from any/all portions of the program. The student may be contacted by the program staff by any means necessary to be apprised of the suspension. The student shall receive, at the earliest convenience, written documentation related to the reason and terms of the suspension. This form will be placed in the student's permanent file. The student may request, in writing within ten (10) days of written notice of suspension from the program, a meeting with program staff to discuss the suspension.

In extreme circumstances, any instructor involved with the training program may suspend a student, pending review, for a serious violation. In these cases, the student will immediately refrain from any activity relating to the paramedic training program and if directed to do so by the instructor will immediately leave the training or clinical site. The lead instructor will notify the program director and schedule a meeting with the student, at the lead instructor's earliest convenience, to review the merit of the suspension and to consider disciplinary action.

Suspension from Clinical/Field Shifts (Pending Investigation)

If a student is asked to leave a clinical or field site for reasons pertaining to performance or behavior, or if the program receives a request that a student be withdrawn from a clinical or field site, the student will be immediately suspended from any further clinical or field shifts. The student may be contacted by the program staff by any means necessary to be apprised of the suspension. The suspension will remain in effect until the matter is investigated, and the student meets with the program director and medical

director. Such investigation will be completed within three business days, and the meeting scheduled within seven business days of the suspension.

Termination

A student may be terminated from the program for not satisfying the academic or disciplinary policies and rules outlined in the Course Policy Manual, with or without being placed on probation, as follows:

Academic Grounds

- Failure to meet academic standards as outlined in the grading policy.
- Continued sub-standard academic performance after being placed on academic probation.
- Failure to meet the conditions of a plan for improvement during the clinical or internship phase of the program.
- Failure to meet all conditions of a remediation program.
- Failure to meet course requirements during any phase of the program.

Disciplinary Grounds

- Substantial or repeated violation(s) of the standards of ethics, professional behavior and conduct set forth in this manual.
- Repeated absences, tardiness or early departure as outlined in the attendance policy.
- Repeated failure to comply with applicable dress codes.
- Failure to complete submission of required documentation after notice by program administration.
- Repeated or substantial failure to comply with the rules of classroom, clinical site, or field station decorum.
- Repeated tardiness in submitting clinical or field internship documentation or assignments.
- Continued administrative violations after being placed on administrative probation.
- Repeated or substantial failure to comply with the exposure control policy.
- Repeated substantial failure to comply with the reporting procedures for incidents and unusual occurrences.
- Failure to participate in necessary investigatory proceedings for an incident or unusual occurrence.
- Drinking, selling, or possessing intoxicating liquor while in the classroom, clinical or field rotation settings; reporting to class or clinical rotation drunk or impaired by intoxicating liquor.
- Unauthorized use, possession, or sale of a controlled substance at any time throughout the program; reporting to class, clinical or field rotations impaired by an unauthorized controlled substance.
- Insubordinate defiance of authority, refusal to comply with proper orders, wanton disregard of directives, or insolence.
- Theft of property, actual or attempted.
- Dishonesty, deliberate misrepresentation, or falsification of facts; exaggeration or concealment of a material fact in connection with any official document; or withholding of material facts in connection with matters under official investigation.
- Falsification of clinical or field documentation.
- Loss of, intentional damage to, unauthorized use of, or destruction of program or clinical site property, records, or information.
- Fighting, threatening, inflicting harm on another, physical resistance to lawful authority, indecent or immoral conduct, while in class or at a clinical or field site.

- Unauthorized possession or use of firearms, dangerous weapons, or explosives while in class or at a clinical site.
- Serious inefficiency, improper judgment, or incompetence that severely hampers productive operations, safety, or the health of others.
- Falsification of records including claiming hours and skills for clinical or field shifts that were not attended and self-completion of instructor or preceptor evaluations on clinical or field documentation.
- Compromising an examination or quiz through unauthorized possession, use, or furnishing to others examination or quiz information or materials.
- Discrimination or harassment of others. Creating an intimidating, hostile, or offensive environment.
- Breach of confidentiality of non-public information.
- Performance of a technical skill or procedure that is beyond the student's scope of practice.
- Operation of an EMS vehicle while in student status at a clinical or field site.
- Participating in fire suppression activities, interior attack, or activities in a hot zone.
- Performing skills outside of the student's licensed scope of practice when not functioning in a student capacity.
- Failure to pay tuition invoices and having a past-due balance of greater than 180 days.

Upon termination, the student will be notified in writing of the reasons for the termination. This documentation will also be placed in the student's file. The program director may request an exit interview at the time of termination.

Students who are terminated for disciplinary reasons are not eligible for re-enrollment.

Academic Dishonesty

Students are subject to removal from the program for all forms of academic misconduct, including but not limited to cheating, fabrication, plagiarism, multiple submissions, or facilitating academic dishonesty. For the purposes of this policy, the following definitions apply:

- *Cheating.* Cheating includes, but is not limited to, the use of unauthorized materials, information, or study aids in any academic exercise; taking advantage of testing materials improperly obtained and posted by others; helping another student commit an act of academic fraud; or the failure to observe the expressed procedures or instructions of an academic exercise (e.g., examination instructions regarding alternate seating or conversation during an examination).
- *Fabrication.* Fabrication includes, but is not limited to, falsification or invention of any information or citation in an academic exercise. This includes submission of false clinical and field internship forms and data and taking credit for attendance hours at field or clinical sites when the student did not actually attend the clinical or field shift, taking credit for the performance of skills when the skills were performed by another, and entering preceptor evaluations on clinical and field shifts.
- *Plagiarism.* Plagiarism includes, but is not limited to, the use of another's words or ideas as if they were one's own; including but not limited to representing, either with the intent to deceive or by the omission of the true source, part of or an entire work produced by someone other than the student, obtained by purchase or otherwise, as the student's original work; or representing the identifiable but altered ideas, data, or writing of another person as if those ideas, data, or writing were the student's original work.

- *Multiple Submissions.* Multiple submissions includes, but is not limited to, the resubmission by a student of any work which has been previously submitted for credit in identical or similar form in one course to fulfill the requirements of a second course, without the informed permission/consent of the instructor of the second course; or the submission by a student of any work submitted for credit in identical or similar form in one course to fulfill the requirements of a concurrent course, without the permission/consent of the instructors of both courses.
- *Other Forms of Dishonesty.* Other forms of dishonesty, including but not limited to fabricating information, knowingly furnishing false information, or reporting a false emergency to the program or to program officials acting in the performance of their duties.

Appeal of Termination

If a student is terminated on disciplinary grounds, he or she may file a written appeal with the program director. The appeal must be filed within five business days of the effective date of the termination. It must include an explanation of the circumstances of the termination, and specific and detailed reasons why the student believes the termination was unjustified. The student may also submit any relevant witness statements. An appeal lacking this information will be summarily denied without further action. The program director (or their designee) will review the appeal and take any action reasonably necessary to reach a decision, including interviewing the student and any relevant witnesses. The program director will issue a decision on the appeal within five working days of the date it is filed.

If the student does not agree with the findings of the program director, they may file a written appeal with the medical director if the medical director was not actively engaged in the termination of the student. The appeal must be filed within five business days of the date of the program director's decision. It must include an explanation of the circumstances of the termination, and specific and detailed reasons why the student believes the termination was unjustified. The student may also submit any relevant witness statements. An appeal lacking this information will be summarily denied without further action. The medical director (or their designee) will review the appeal and take any action reasonably necessary to reach a decision, including interviewing the student and any relevant witnesses. The medical director will issue a decision on the appeal within three business days of the date it is filed.

If the student does not agree with the findings of the medical director, or the medical director was involved in the initial termination process, the student may file an appeal with the Associate Chief Nursing Officer (ACNO) with responsibility for the EMSLRC. The appeal must be filed within five business days of the date of the last determination (medical director or program director). It must include an explanation of the circumstances of the termination, and specific and detailed reasons why the student believes the termination was unjustified. The student may also submit any relevant witness statements. An appeal lacking this information will be summarily denied without further action. The director (or their designee) will review the appeal and take any action reasonably necessary to reach a decision, including interviewing the student and any relevant witnesses. The (ACNO) will issue a decision on the appeal within five business days of the date it is filed. The decision of the nursing director will be final and binding.

Problem Solving Process

The program recognizes that occasionally a student may feel they have just reason for a complaint about the class. The program wishes to identify causes of dissatisfaction and to ensure fair and equitable treatment for its students while protecting the privacy of involved individuals and not allowing complaints

to monopolize classroom or lab time. The easiest and quickest way to resolve a complaint is through informal verbal discussion with the instructor. Students are encouraged to use this method whenever possible.

Should an informal discussion fail to bring about resolution of a problem, a more formal system for resolving complaints is available.

Step One:

Notification to the instructor in writing of the complaint. The written complaint should be dated, signed, and presented to the instructor. The complaint **MUST** contain the following elements:

- The nature of the complaint or concern.
- The impact that the issue has upon the student and his/her ability to be successful in the program.
- At least one appropriate and reasonable suggestion for resolution of the complaint.

Step Two:

The instructor will conduct the necessary investigations to obtain all the facts relating to the complaint and set a date and time for a conference between the student, the instructor, the program director, and potentially the medical director. The intent of the conference is to discuss the problem, explore possible solutions, and decide on a course of action.

Step Three:

A written response summarizing the agreed upon course of action will be made available to the participant within ten (10) business days after the conference. The decision of the conference is final.

XII. Student Minimum Competencies (SMC)

Each Paramedic student is required to maintain a competency portfolio and submit the completed documentation to successfully complete the program. The portfolio consists of four sections: 1) Skills Lab skills and scenarios; 2) Simulation Lab; 3) Clinical and Field Experience; 4) Field Internship.

Skills and Scenario Lab

The skills lab component consists of documentation of progress towards performance of each of the skills required by the National EMS Scope of Practice, CoAEMSP Student Minimum Competencies, and the program. The student will update the online tracking system after each skills lab, simulation, clinical, and field shift. Because the portfolio is designed to document progression towards competency in the skill, ALL attempts, including unsuccessful attempts must be documented. There are no negative consequences for documenting unsuccessful attempts. In fact, documentation that shows 100% success from the first attempt will be called into question as being inaccurate. When the minimum number of repetitions and the minimum degree of consecutive successful attempts has been achieved, an instructor will document a final check-off of the skill.

Competency in EMT skills will be evaluated prior to the start of the Paramedic program during an orientation and Boot Camp session (see Table 12-1). Each student will demonstrate the skill for evaluation by an instructor. Students who have an unsuccessful evaluation of any skill(s) will be remediated and re-evaluated. Demonstrated competency in all EMT skills is required before progressing into the advanced life support (Paramedic) skills.

Paramedic skills will be demonstrated by an instructor during scheduled lab sessions. Students will be allowed opportunity to practice skills. Peer documentation will occur in the student's individual squads prior to instructor skill verifications, recording all attempts both successful and unsuccessful. When all members of a squad are confident with the skill, and the minimum number of *consecutive* successful attempts at the skill have been completed, the squad may request an instructor evaluation (see Table 12-2). All skill attempts must be complete and accurately documented. If a student presents to an instructor for skills verification and is unsuccessful or apparently unprepared, all prior peer evaluations of that skill will be voided for all members of the squad.

Successful instructor evaluations must be complete for an individual skill before the student will move into the scenario lab evaluation. In the scenario lab, the student will perform several skills in the context of a patient care scenario. Successful scenario skill evaluations must be completed before moving into simulation.

Limited clinical and field experience is scheduled in the early phases of the program. These experiences include a phlebotomy rotation where the student will perform blood draws, a rotation in same-day surgery or the infusion suite where the student will be given the opportunity to establish IV access, respiratory therapy, and EMS field experience where the student will perform limited skills and lead BLS calls under the supervision of a preceptor. Certain skills must be completed in the skills and scenario labs with successful instructor evaluations before attending these shifts (see Table 12-2).

Table 12-1.

EMT Competencies Evaluated (CoAEMSP SMC Table 5)

EMT Skill	Skills Lab		Scenario Lab	Simulation	Formative Clinical	Summative Clinical	Field Internship
	Peer Evaluation	Instructor Evaluation					
Insert NPA	--	1	--	--	--	--	--
Insert OPA	--	1	--	--	--	--	--
Perform oral suctioning	--	1	--	--	--	--	--
Perform FBAO removal – adult	--	1	--	--	--	--	--
Administer oxygen by nasal cannula	--	1	--	--	--	--	--
Administer oxygen by NRM	--	1	--	--	--	--	--
Ventilate with a BVM – adult	--	1	--	--	--	--	--
Ventilate with a BVM – child	--	1	--	--	--	--	--
Ventilate with a BVM - infant	--	1	--	--	--	--	--
Apply a tourniquet	--	1	--	--	--	--	--
Apply a cervical collar	--	1	--	--	--	--	--
Perform spinal motion restriction	--	1	--	--	--	--	--
Transfer a patient to a stretcher	--	1	--	--	--	--	--
Operate an ambulance stretcher	--	1	--	--	--	--	--
Splint a suspected long bone injury	--	1	--	--	--	--	--
Splint a suspected joint injury	--	1	--	--	--	--	--
Apply a traction splint	--	1	--	--	--	--	--
Stabilize an impaled object	--	1	--	--	--	--	--
Dress a soft tissue injury	--	1	--	--	--	--	--
Apply an occlusive dressing	--	1	--	--	--	--	--
Perform an uncomplicated delivery	--	1	--	--	--	--	--
Assess vital signs	--	1	--	--	--	--	--
Perform a trauma assessment	--	1	--	--	--	--	--
Perform CPR – adult	--	1	--	--	--	--	--
Perform CPR – child	--	1	--	--	--	--	--
Perform CPR - infant	--	1	--	--	--	--	--
Operate an AED	--	1	--	--	--	--	--

Table 12-2.

Paramedic Skill Competencies (Based on CoAEMSP SMC Table 3)

Skill	Skills Lab		Scenario Lab	Simulation	Formative Clinical	Clinical	Field Internship
	Peer Evaluation	Instructor Evaluation					
Blood draw ¹	2	1	--	--	15	5	--
Establish IV access ¹	5/5	1/1	2	--	25 80% Success Rate		--
Establish an external jugular IV	2	1	--	--	--	--	--
Administer IV infusion medication	2	1	2	2*			--
Administer IV bolus medication	2	1	2	--	10 100% Success Rate		--
Administer IM medication	2	1	2	--	5	2	--
Administer nebulized medication	2	1	1	--	5	2	--
Establish IO access	3/3	1/1	4	2*			--
Perform PPV with a BVM	2	1	4	10*			--
Basic ventilator management	--	1	--	--	--	--	--
Perform orotracheal intubation	5/5	1/1	2	10* 80% Success Rate			--
Perform nasotracheal intubation	2	1	--	--	--	--	--
Perform endotracheal suctioning	2	1	2	2*			--
FBAO removal with forceps	1	1	2	2*			--
Perform needle cricothyrotomy	2	1	2	2*			--
Insert a supraglottic airway ²	6	3	2	10*			--
Insert an OG/NG	2	1	1	--	--	--	--
CPAP and Peep	2	1	1	--	--	--	--
Adult comprehensive assessment	--	1	3	--	5	2	--
Obtain a history ³	2	--	--	--	5	2	--
Airway assessment ³	2	--	--	--	5	2	--
Neuro assessment ³	2	--	--	--	5	2	--
Cardiac assessment ³	2	--	--	--	5	2	--
Perform needle decompression	2	1	2	2*			--
Synchronized cardioversion	2	1	2	2*			--
Perform defibrillation	2	1	2	2*			--
Perform transcutaneous pacing	2	1	2	2*			--
Perform chest compressions	2	1	2	2*			--
Mechanical CPR (Lucas/Autopulse)	--	1	--	-	--	--	--

¹ Must be completed prior to phlebotomy and DOSA rotations.

² Complete 2 peer and 1 instructor evaluation of at least three different types of supraglottic airway (Combitube, King, Igel, LMA)

³ Must be completed prior to completing the Comprehensive Physical Assessment.

⁴ Minimum completed during EMS Field Experience. Additional BLS team leads count towards BLS leads in Field Internship.

⁵ ALS field leads only count during Field Internship.

*May be completed with simulation.

XIII. Clinical Experience

Clinical rotations will start when the student has successfully completed the first semester of the Paramedic program and passed the written and psychomotor exams. The student must have lab skills and scenarios completed at 100%. Some clinical rotations may have additional pre-requisites that must be met before the student will be allowed to schedule hours in those areas. Clinical rotations will run concurrently with the second semester class session. Students will assume full responsibility for scheduling their shifts based on their personal, work, and class schedules. Paramedic students will participate in both hospital and field rotations. These experiences are an integral part of the Paramedic program learning experience. It is imperative that the student fully understand the clinical requirements of the Paramedic program and be prepared to meet those requirements.

Clinical experience completed before approval is received from the clinical coordinator, or attending the wrong clinical site, will be disallowed and the student will be required to repeat the clinical hours.

Field experience is arranged through a variety of EMS providers. Providers are selected for the range and depth of experience they can afford the paramedic student. The program will attempt to allow students to select clinical and field sites; however, on occasion the program may need to assign sites based on availability and demand.

Scheduling Clinical Shifts

The available clinical rotation sites and shifts for the following month will be posted on the scheduling application no later than the first of the month. The program will attempt to provide at least one month of scheduling for all clinical sites. At times, because of hospital restrictions, shorter notice may become necessary. Shifts may also be posted with shorter periods because they became available at the last minute, and likewise, may be removed because of factors within the clinical site. Due to hospital preference some rotations will require special scheduling that will be discussed in class, and limited options may be available.

The schedule will open on the first and CLOSE on the 10th of the month *preceding* the actual month scheduled (i.e., the December schedule will close on 10 November). Unless otherwise noted, once the month's schedule has closed, the student or intern may not sign up for further shifts for that month. The transferring of rotations is not allowed without the expressed consent of the Clinical Coordinator and the clinical or field site.

The field internship may only be started when all hospital clinical rotations, clinical skills, and the didactic portion of the program has been completed. The student must complete the field internship within the 12-week summer semester or receive an extension. For some specialty rotations, the students may be provided a schedule outlining the dates in which those sites are available to the Program for rotations. This schedule will include close dates of each specific site and unit.

Documentation Required for Clinical and Field Participation:

Background Check:

Applicants wishing to be accepted into the EMSLRC Paramedic Education Program must complete the below background check prior to the first day of class. Students who have not completed the checks by

the first day of class will be dropped from the class with no refund. The EMSLRC uses a third-party vendor (Castlebranch) for background checks and drug tests. Background checks and drug screens are required for all EMS students that enroll in a class that has clinical and field requirements.

1. Go to: <https://portal.castlebranch.com/ni27>
2. Select Place Order
3. Select the appropriate package
EMT Students: NI27bgdt: Background check and drug test

Any questions regarding Castlebranch and their process should be directed to them at 888-723-4263 or <https://mycb.castlebranch.com/help>. Questions regarding the background check or drug screen policy should be directed to the EMSLRC at 319-356-2597 or emslrc@uiowa.edu.

Student Health Documentation (*subject to change at any time*):

Students enrolled in the Paramedic program must comply with the immunizations and health screening policy of the program, the clinical and field sites, and the University of Iowa. Students must complete the Student Health Immunization form and complete a University of Iowa Health Science Student Health Screen Form no later than 14 days following the first day of class. Failure to complete either screening may result in the student not being allowed to enter the program.

Clinical Requirements

Student Preparation

Prior to arrival on a clinical unit, students receive classroom instruction on the conditions which are common to the specific clinical area and have learned, practiced, and been initially tested on the skills that will be practiced during their clinical experience. The students will review the objectives for the clinical experience, as well as any specific procedures which they may have an opportunity to practice.

Most students will complete more than the minimum skills required in each skill category. The student should document all skills completed even if those skills are above the minimum required. While students may be required to complete additional hours to meet skills goals, the minimum clinical hours must be met even if the skills goals are met earlier. All students must establish an account on the skills tracking site. All clinical scheduling and skills tracking are done through the skills and clinical tracking website.

Exceptions may be made in cases of personal hardship such as injury, illness, or military deployment, and community emergencies that prevent the student from completing the requirements in a timely manner. Clinical and field times may be extended to allow students to complete skills. Personal exceptions shall be requested in writing and will be considered by the program director who will make the final determination whether to grant an exception. Exceptions due to community events that impact the program are driven by government, university, and accreditation bodies and are taken into consideration by the program administration and communities of interest.

PPE Bags

Each paramedic student will be issued a PPE bag containing. Paramedic students are required to have this bag with them during all clinical and field shifts. Replacement stock should be obtained from the EMSLRC. The PPE bag is on loan and should be returned at the end of the course. There will be an \$80.00 charge if the PPE bag must be replaced due to loss or theft or is not returned at the end of the program.

Attendance

Attendance at clinical and field shifts is a requirement. Each student is required to call into 319-356-8130 leave a voice mail message at the time of clocking in and time of clocking out of a clinical or field shift. The student must remain in the assigned area for the entire shift except for approved breaks. Students may leave their assigned area for one 30-minute lunch/dinner break. One 15-minute break for each four-hour period worked may be taken. Breaks and/or meals may not be taken at the end of the shift. The student must notify the charge nurse or preceptor before leaving for break or meals.

If a student is unable to attend the scheduled rotation, they should call the clinical or field site and speak with the charge nurse or shift supervisor to inform the preceptor and staff at least one hour prior to shift. They should also notify the clinical coordinator by a voice mail message 319-356-3635, at least one hour prior to the scheduled start of the shift.

Students who fail to notify the clinical coordinator or clinical site of an absence may be placed on probation (first time) or dismissed from the program (second time). Prolonged illness or multiple absences may prevent attainment of course objectives resulting in an incomplete or failing grade in the course. A record of absences for clinical shifts will be maintained by the clinical coordinator.

Tardiness

Tardiness is not tolerated during the clinical rotation. In the event of tardiness, the student must contact the assigned clinical area or field site and the clinical coordinator to inform them of the anticipated time of arrival. Late arrival may result in refusal of admittance to the site. Students must schedule make-up hours for tardiness or illness with the clinical coordinator.

Illness

Students who are ill are expected to seek appropriate care. Students should notify the clinical coordinator and assigned clinical areas of their illness at least one hour before the start of the clinical shift. It is the student's responsibility to contact the clinical coordinator and to reschedule the missed hours. The clinical coordinator may request medical clearance before allowing the student to return to the clinical area.

Rescheduling Clinical Shifts

All missed clinical and field shifts must be rescheduled. Clinical and field hours are valuable and often difficult and time consuming to reschedule. If a student misses a shift, a \$50.00 rescheduling fee will be assessed per shift and must be paid prior to rescheduling. If any of the following criteria are met a rescheduling fee will not be charged. The shift will be noted as a missed shift and must be rescheduled.

- Death in the family with appropriate documentation.
- Illness with provider documentation.
- Illness of significant other/child with provider documentation.

Each student is limited to a maximum of six (6) rescheduled shifts. Excessive missed shifts may be cause for counseling and/or dismissal from the program, regardless of the cause.

If for any reason a preceptor instructs a student to leave the clinical or field site, they shall do so immediately. A student may be asked to leave a site for reasons other than their performance or behavior. These could include the student's safety, security issues, internal or external disasters, or situations in which the staff and the clinical site cannot adequately monitor students and maintain quality care to its patients. In any case, the student should not question the preceptor or other clinical site staff regarding

the reason for being asked to leave. The student's next action should be to contact (within 3 hours from when asked to leave the site) the clinical coordinator (or designee) and advise them of the situation. The clinical coordinator (or designee) will then conduct an informal investigation into the situation to determine the reason the student was instructed to leave the site. If the reason is found to be due to a student deficiency or inappropriateness, the clinical coordinator (or designee) will initiate a formal investigation and follow the disciplinary channels and the rescheduling fee will apply.

Scope of Practice

In the clinical and field settings, the student can perform any skill in which they have been trained and is identified in the scope of practice of a paramedic as defined by the State of Iowa Department of Health and Human Services Bureau of Emergency Medical and Trauma Services.

Supervision

The student must be under supervision during the clinical and field phase of training. Direct supervision will be provided by physicians, physician assistants, registered nurses, nurse practitioners, respiratory therapists, and paramedics in each of the clinical and field areas. Supervision may also be provided by the clinical coordinator or program faculty during clinical visits. The clinical coordinator and assigned preceptor are responsible for both teaching the student and observing performance of procedures outlined in the objectives.

Performance as a Crew Member

At no time may a paramedic student function as a paid or volunteer member of the minimum staffing of an ambulance crew while performing in the scope of a paramedic student. The paramedic student also may not perform ALS interventions or procedures while working as an EMT or in a non-EMS health care occupation such as a nursing or medical assistant. Paramedic clinical and field experience is considered separate from the student's employment as an EMS or medical provider. The paramedic student must function as the third person in the ambulance and must always be under the supervision of a paramedic preceptor. In the field setting, if a paramedic preceptor becomes incapacitated or is separated from the physical presence of the student, they cease to be a preceptor and cannot supervise the student.

At no time may the paramedic student provide ALS patient care independently.

Clinical Goals and Objectives

Clinical education is an important aspect of any professional health care education program. Clinical education provides students with an opportunity to:

- Perform only skills in the clinical setting which have previously been practiced in the skills laboratory.
- Integrate theory and practical skills in the treatment of actual patients.
- See expert clinical practice, including communications with patients and peers, assessment, decision-making, priority setting, and treatment. An emphasis is placed on the pathophysiology of observed disease processes.

Clinical and field preceptors have a significant impact on the educational experience the student has during this phase of education. They are the student's primary resource and reinforce the student's didactic knowledge, technical skills, and evaluate performance. The clinical and field experience is a time to:

- Refine assessment skills.
- Further develop practical skills.
- Enlist constructive feedback on performance.

- Develop professional relationships with colleagues.
- Actively seek learning experiences.

Goals

- To provide the student with an opportunity to perform assessment and treatment skills learned in the didactic portion of the program.
- To expose the student to the most current concepts in emergency medicine.
- To allow the student to develop a working relationship with other members of the healthcare team.

Objectives

Upon completion of the clinical experience, the student should be able to:

- Perform comprehensive assessments on pediatric, adult, and geriatric patients.
- Report this information in a brief, organized, and accurate manner, and correctly document this information.
- Describe the pathophysiology, signs and symptoms, and appropriate prehospital care and rationale for any disorders discussed during didactic presentations or described in assigned textbooks.
- Demonstrate correct knowledge of basic and advanced airway management.
- Demonstrate and describe correct resuscitation.
- Take and properly record accurate vital signs on the patient record.
- Perform venipuncture for withdrawing blood samples.
- Initiate, maintain, and discontinue intravenous and intraosseous vascular access.
- Prepare and administer medications by intravenous, intraosseous, intramuscular, subcutaneous, sublingual, inhalation, and atomized routes.
- Accurately interpret the cardiac rhythm observed and determine appropriate treatment modalities.
- Demonstrate and document a neurological assessment.
- Demonstrate proper technique for lung auscultation and correctly interpret the findings.
- Identify and demonstrate the correct procedures for treating fractures and hemorrhage.
- Develop and maintain rapport with health care professionals.
- Instill patient confidence using appropriate communication.
- Demonstrate sensitivity to and provide support for the physical and emotional needs of both the patient and their family.

Table 13-1.

Minimum Clinical Hours Requirements

Phase I Clinical	58 hrs.
Phlebotomy	8 hrs.
DOSA (Same-day Surgery) or Infusion Suite	6 hrs.
Respiratory Therapy	8 hrs.
EMS Field Experience	36 hrs.
Phase II Clinical	320 hrs.
Emergency Department	108 hrs.
Urgent Care	24 hrs.
Anesthesia (OR)	40 hrs.
Labor and Delivery	24 hrs.
Burn Unit	12 hrs.
Mental/Behavioral Health	16 hrs. required
• Crisis Stabilization Unit (CSU)	
Critical Care Areas	48 hrs. required
<i>12 hours CVICU required. Choose an additional three shifts from at least two of the following:</i>	
• Cardiovascular ICU (CVICU)	
• Surgical/Neuro ICU (SNICU)	
• Medical ICU (MICU)	
Pediatrics	48 hrs. required
<i>Choose four shifts from at least two of the following:</i>	
• SFCH Level 10	
• Peds/Neonatal Transport	
• Pediatric Clinic	

Note: Optional clinical sites subject to availability.

Table 13-2.

Patient Contact by Age Group (Based on CoAEMSP SMC Table 1)

	Formative exposure in clinical or field experience	Exposure in clinical or field experience	Totals	Minimum by age	
				Min.	Age
Pediatric patients w/ complaint	15	15	30	2	Neonate 0-30 d
				2	Infant 1-12 m
				2	Toddler 1-2 yr.
				2	Preschool 3-5 yr.
				2	School-age 6-12 yr.
				2	Adolescent 13-18 yr.
Adult	30	30	60	19-65 yrs.	
Geriatric	9	9	18	> 65 yrs.	

Table 13-3.

Patient Conditions Required in Simulation and Clinical (Based on CoAEMSP SMC Table 2)

(1) Pathology or Complaint	(2) Simulation - Completed prior to field internship	(3) Formative exposure in clinical or field experience*	(4) Exposure in clinical or field experience**	Total (Columns 3 and 4)
Trauma	1 Pediatric 1 Adult	18	9	27
Psych/Behavioral	1	12	6	18
OB Delivery w/ Newborn Care	4	--	--	++
Complicated OB Delivery	4	--		
Distressed Neonate (0-30 d)	4	--	--	++
Cardiac complaints	1	12	6	18
Cardiac arrest	4	--	--	++
Cardiac dysrhythmias	--	10	6	16
Medical neurological	1 Geriatric CVA	8	4	12
Respiratory complaint	1 Pediatric 1 Geriatric	8	4	12
Other medical conditions	1 Geriatric Sepsis	12	6	18

*Conducts patient assessment and performs motor skills when appropriate and available and assists with development of a management plan on a patient with some assistance while being evaluated.

**Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance.

++Will be completed in simulation - clinical and field exposures will replace simulated exposures.

Patient Contact Requirements

The student must perform the following types and numbers of patient encounters and procedures. Procedures are valid if performed in the clinical setting, and only if done in the presence of an approved preceptor and documented on a patient care report. These numbers have been established by the program based on experience of students achieving competency, approved by the program directors, and endorsed by the Program Advisory Committee.

Field Internship

The capstone event for the paramedic program is the field internship phase in which the paramedic student transitions from student to intern. During field internship, the paramedic intern is expected to possess the ability to manage calls, assess patients, identify needed treatment, and delegate such actions as needed. Communication with the team, patient, bystanders, and co-responders is vitally important. The paramedic intern will be required to document 70 field leads total (BLS and ALS). Ten BLS team member/team leader will be required in the field experience phase of the program. In the field internship phase, 20 BLS team leads and 40 ALS team leads will be required. Eighteen of the last 20 team leads (BLS and ALS) in field internship must be successful to successfully complete field internship.

Paramedic students must complete the didactic portion of the Paramedic program, passing all exams, and complete all clinical hours and skill requirements before they may enter the field internship phase of the program.

Table 13-4.

Field Internship Minimum Hours Requirements

Phase III Field Internship	368 hrs.
Field Internship at primary field site	252 hrs. required
Field internship at 1-2 alternate sites	108 hrs. required

EMS Field Leads (BLS and ALS FIELD LEADS)

Note that 60 field leads are the *minimum*. Eighteen of the last 20 leads in the series must be successful in order to meet this requirement. This is a rolling block of field leads meaning that after the student has documented 50 field leads of any type, the requirement is met when out of the final 20 leads, 18 are successful. Successful is defined as a preceptor rating of “2” in the Team Leadership category of the Field Evaluation with no or minimal intervention by the preceptor.

ALS Field Lead – Definition

An ALS field lead is defined as any call where the student performed the assessment and two or more ALS interventions were indicated or performed. An ALS intervention is one that falls outside of the scope of practice of an EMT. For this definition, cardiac monitoring, 12-lead acquisition with interpretation, CPAP, and supraglottic airways are considered ALS interventions. Each individual medication administration (other than oxygen, IV fluids, and saline IV flushes) is considered an ALS intervention. The student does not need to perform the intervention but must recognize the intervention is needed and direct another crew member to complete the intervention. ALS interventions that were indicated but deferred due to scene time, transport time, failed procedure, or other tactical considerations may be counted towards the definition of ALS team lead if the student assessed the patient and led the call. Justification for an ALS team lead should be documented in the narrative for each call.

Alternative Clinical and Field Sites

From time to time students have a connection with or discover a clinical or field site at which they would like to perform clinical rotations. In these cases, the student should provide the program with contact information, and the program will attempt to establish a clinical affiliation with the site. All proposed sites must be within the state of Iowa. Under no circumstances may students schedule or attend clinical or field rotations at a site until an affiliation agreement has been executed.

Clinical Suspension

The clinical coordinator may suspend a student from signing up for shifts, or cancel shifts already assigned if the student is delinquent in submitting documentation from prior clinical shifts. Such suspension is not a suspension from the program, rather stops the student's participation in clinical activities until they are current on documentation and data entry. Students who have repeated issues with documentation may have further disciplinary action taken.

Conduct During Clinical and Field Rotations

The paramedic student must realize the importance of maintaining professional and courteous conduct throughout the clinical rotations as well as the entirety of the program. Being allowed at clinical sites is a privilege and not a right. If a student fails to follow the policies and procedures of the program, actions will be taken by the instructor or clinical coordinator to correct the deficiency. These actions include, but are not limited to, suspension and possible termination from the program.

Down Time

Paramedic students are expected to assist the clinical site staff during "down time" with activities not usually associated with typical paramedic functions (i.e. stocking of apparatus or rooms, making of beds or cots, routine activities needed for overall patient care, etc.). Functions in this area are also taken into consideration when evaluating the student's affective domain performance. The more involved the student is in all aspects of the clinical site rotations, the more accepted the student will be by site staff. The student should not be idle while the site staff completes their assigned tasks. If all tasks have been completed, the student should utilize their time efficiently to further their studies by reading appropriate text and periodicals.

Class related study materials may be taken to clinical sites to occupy the student's down time (with the permission of the facility). Non-class related reading material, electronic games, music players, etc. may not be taken to clinical rotations. Cellular phones may be carried during clinical rotations with the approval of the preceptor and in accordance with facility policy; however, they shall be in vibrate or silent mode, and may not be used in any manner (voice, photo, or text) while on a response or in the presence of a patient. If pagers are worn, they should be set on vibrate or silent mode. Some facilities may prohibit the use of cell phones or electronic devices in any patient care area and students are expected to abide by all facility policies.

In certain hospital clinical units, "scrubs" are the acceptable dress. It will be the responsibility of the student to purchase this attire if it is not loaned by the clinical site. Further information regarding when this attire is to be worn, and the approved colors of scrubs, will be explained during clinical orientation.

General Guidelines and Expectations for Clinical Rotations

- Upon arrival at the field site or clinical facility the student should ask for the nurse or paramedic in charge. At fire departments it is customary to ask for the officer in charge. This person will arrange for orientation to the department. Each student seems to benefit most working on a "buddy system" with a specific preceptor. The staff should be made aware of any specific objectives the student may have for the clinical or field experience.
- The preceptor and patient care staff are always in charge of the evaluation and treatment of patients. All activities will be under their direction. Patient care cannot be compromised at any time.

- Questions will arise and are encouraged; however, the student should not discuss a patient's condition while they are with the patient or discuss a condition in front of bystanders or family members. Under no circumstances is a student to question decisions in front of the patient or patient's family or bystanders.
- If there is any question about the performance of a skill, the student should have a preceptor demonstrate the skill first, or directly supervise the performance.
- The charge nurse or field preceptor has the option to dismiss any student from the clinical area at their discretion.
- Bring appropriate necessary equipment: Clinical Resource Manual, iPad, PPE bag, penlight, stethoscope, watch with a second hand, and a pen.
- Students may not arrange their own clinical or field rotations. These must be scheduled through the clinical coordinator.
- Students must remain in their scheduled clinical or field area unless permitted to leave on scheduled breaks.
- Students must complete all hour requirements as well as skill and patient assessment requirements prior to entering the field internship.
- Included in all clinical rotations is a half hour lunch break.
- Cell phones must be silenced for clinical and field rotations. Adhere to site policy regarding use of cell phones during breaks.
- All paramedic students should be familiar with HIPAA and have read and signed the HIPAA policy. Students acknowledge they understand the material and how it affects clinical and field rotations. All questions regarding the HIPAA Education packet or HIPAA in general should be directed to the clinical coordinator, who will work with the facility privacy officer, to provide answers to questions. Specifically, no patient records or copies are to be taken from the sites. Student notes cannot contain any patient identifying information. Rhythm strips and 12-lead EKGs without identifying information are acceptable.
- If a student experiences any form of harassment during a clinical, contact the clinical coordinator or program director immediately.

Documentation of Clinical and Field Rotations

Required Clinical Documentation

During the clinical and field experience students are expected to complete documentation of their progress. During the clinical experience students are responsible for completing all documentation electronically and submitting shift documentation within 48-hours of the end of the shift. Students will log patient contacts and complete a preceptor evaluation and one site evaluation using Platinum Planner®. Students will have their preceptors do an evaluation of them using Platinum Planner®. For the field internship, students will be required to complete electronic documentation.

The student will also be responsible for submitting weekly progress reports that include a weekly journal and graduation report. Students will be responsible for using Platinum Planner® to acquire the graduation report. This assignment reminds each student to be mindful of their overall progress within the program and ensures that the student and program faculty are viewing progress regularly. This information will be e-mailed to the clinical coordinator. Weekly reports are due no later than 11:59 PM on Sunday of the completed week. Failure to submit reports on time will subject the student to the potential of being placed on academic probation. If no shifts are completed during a given week the student may elect to not submit

a journal entry; however, a graduation report must be sent unless arrangements have been made with the clinical coordinator. Student documentation should be saved in the following format:

student last name_WK13_Journal

student last name_WK13_GradReport

Patient Care Reports

Students are expected to provide a note for each patient assessment claimed in the clinical and skills tracking site as well as document justification for any skills claimed. During the field internship, a completed narrative must be submitted for each claimed field lead. Use time wisely and attempt to stay ahead. During slow times complete the clinical note and field narratives. Students must use the clinical and skills tracking site to complete all charting.

Abbreviations

Refer to Emergency Care in the Streets 9th Edition for standard abbreviations. The medical abbreviation list in the text (p.251-261), is concise and provides a standard. These abbreviations will be accepted but must be used judiciously. The patient notes and narratives should be concise while providing a picture of the patient and treatment.

Clinical and Field Evaluation

The student's preceptor will complete an evaluation for each clinical rotation. This evaluation may be on a paper worksheet or electronic. The student is not to enter ratings for the preceptor. Instead, it is the function of the preceptor to enter appropriate ratings after the student has self-rated. It is also important to assure that the preceptor completes the overall shift evaluation. In the event the preceptor does not complete the evaluation or sign the shift evaluation, the student should write that the preceptor did not sign. Students may not sign the evaluation on behalf of the preceptor.

Students will be evaluated based on completion and quality of documentation, submission of weekly assignments (journal entry, graduation report and scenario), answers on the quiz and submission of all preceptor evaluations. Each clinical and field site needs one evaluation per shift. Student documentation will be reviewed by the clinical coordinator and a progress reports will be issued based on the quality of the student's documentation.

Weekly Assignments

Regular assignments such as quizzes will be assigned during the field internship phase of the program. Failure to complete the quiz on time will result in a 50% reduction of the final score. A student who fails to submit a quiz the first time will receive a remediation assignment. Timely completion of the remediation assignment will result in a 10% addition to the missed quiz score.

Students must submit a journal entry each week. This journal entry must be at least 500 words in length and should include items encountered during the completed clinical week. Students are encouraged to share thoughts about their time in each unit, what went well, and what did not. The journal entry must be completed for each week a student is completing clinicals. On weeks where no shifts are scheduled, a journal entry is not required. In addition to the clinical journal, students must submit a current graduation report. Both assignments must be submitted by e-mail. Graduation reports must be submitted as a pdf file type and journal entries as a Microsoft Word or pdf document.

Each week an assignment will be posted on Canvas. The student will be responsible for finishing the assignment. These assignments could be a quiz or a discussion board. The journal entry, graduation report and weekly assignment, along with all shift documentation are due by 11:59 PM on Sunday of the completed clinical week.

Medication Reports

The initial use of any medication must be documented on the Student Medication Formulary form found in Appendix A of the Clinical Resource Manual. This tool is to reinforce knowledge of pharmacology. A minimum of 15 different medications must be documented within your clinical experience. Examples of this include home medications, in-patient medications, and drugs administered by the student.

Whenever administering a medication, the student must verbalize to the preceptor:

- Patient allergies
- The drug classification and indications of use
- Appropriate dose range
- Route of administration
- Desired effects
- Potential adverse effects

Fire Suppression

The paramedic student is participating in the field experience or internship as a medically oriented EMS student. There will be **NO FIRE SUPPRESSION OR FIRE GROUND ACTIVITIES** performed by the student, regardless of their prior training or position in their home department. This includes special operations in the hot zone such as extrication, technical rescue, hazardous materials, and water rescue. Fire ground rehab and medical monitoring activities as assigned by Command in the *cold zone* are acceptable. If the preceptor must participate in fire ground activities as part of their normally assigned duties, the EMS student will stay clear of any activity that may put them in danger, preferably in or near their assigned response unit or another area designated by the preceptor or the incident commander.

Operation of EMS Vehicles

Paramedic students may not drive an EMS vehicle at any time while functioning within the scope of this program as a student or paramedic intern.

Clinical Coordinator Visits

The paramedic intern should be prepared to see the clinical coordinator at their clinical rotations. The clinical coordinator will visit each intern at some point during the intern's clinical rotation experience – not necessarily each shift. The clinical coordinator will assess the intern's appearance, progress, and written documentation during these visits. The clinical coordinator may have the intern complete a verbal or written quiz or may utilize any assessment process deemed appropriate by the clinical coordinator.

Clinical/Field Preceptor Authority

The clinical and field preceptors have final authority over the paramedic student/intern during clinical and field rotations. While responding to ambulance calls, the intern is to be seated in an approved, assigned riding position with a seat belt on. The program always encourages seat belt use. It is at the discretion of the field preceptor whether the intern will be belted in during patient treatment and transport. Some EMS organizations may restrict lifting or patient movement by non-employees. If at any time the

student/intern performs actions not approved by the lead paramedic or preceptor, the student/intern may be asked to leave the site.

Student Injury/Incident Reporting

It is an Iowa Board of Regents requirement that all paramedic students have personal health insurance while in the program. Students involved in incidents which result in personal injury, injury to another person, or damage to property should report the incident to the clinical coordinator. If such incidents occur while on clinical rotations, the incident report procedure for the facility or agency involved should be followed as well as the University of Iowa Health Care procedure. As soon as any danger or threat has passed, the student must complete an incident report outlining the events immediately preceding, during, and any action taken following the incident. This report must be submitted to the clinical coordinator as soon as practical. Financial responsibility for injuries that occur during the classroom, lab, clinical, or field setting are the responsibility of the student.

- Any exposure or incident that could result in injury or other consequences must be reported to the clinical coordinator within the first 24 hours of occurrence.
- Contact/report should be made with the clinical coordinator as soon as possible. If contact cannot be made with the clinical coordinator, contact the lead instructor or EMSLRC Director. If the injury is significant, the student will be taken to the closest Emergency Department based on the preceptor's assessment.

Failure to Attain Minimum Numbers

Access to various patient age groups and impressions can be difficult to predict, as well as opportunities to perform individual skills. Clinical and field sites may have periods of low census or call volumes, or the presence of other learners may impact available procedure opportunities. The clinical coordinator will monitor student clinical rotations such as through the weekly grad reports that are required. If a student is having difficulty obtaining the necessary encounters, the clinical coordinator will meet with the student and take one or more of three options:

- Extend the clinical hours with the recognition that the extension may delay the start of field internship or on-time graduation.
- Reassign the student to another clinical or field site.
- Provide opportunities to complete the encounters through simulation where permitted.

Individual age groups, impressions, and skills requirements will not be waived. Students will not be allowed to graduate without obtaining the required numbers as listed in the SMC for their cohort. If a student has concerns that they are not receiving the opportunity for SMC completion, they should arrange a meeting with the clinical coordinator during the posted office hours.

Student Agreement

Emergency Medical Services Learning Resource Center

I, _____ agree at all times to follow the policies, guidelines, rules and regulations of the UIHC EMSLRC Paramedic program, a copy of which I have received and has been explained to me.

I further understand that:

- Health insurance and costs for healthcare related to this course will be my responsibility.
- Obtaining a background check and documenting health status is a requirement of the program that must be completed at my expense and by the deadline prescribed by the program.
- All testing related to certification and licensure is at my expense.
- Failure of the Paramedic Program may result from:
 - Any deviation from the policies and guidelines outlined in the EMSLRC Paramedic Training Program Policy Manual
 - Any behavior less than polite or failure to maintain professional behaviors at the discretion of the lead instructor, course coordinator, program director, and/or medical director.
 - Failure to maintain a grade average of 75% upon completion of any module or complete the program with an 80% grade average or higher.
 - Failure to complete clinical rotations in a timely manner.
- I understand that my relationship with the Paramedic program is directly with the school, that I am not entitled to representation from my sponsor, employer or labor union in any matters that may arise, and that any collective bargaining agreement that may exist between a sponsoring employer and a labor organization of which I am a member or represented by does not apply to my relationship with the program.

I have reviewed and understand the Technical Standards for the Paramedic program. I hereby:

[] State that I am **capable** of meeting the standards **without** accommodation.

[] State that I am **capable** of meeting the standards but will **require accommodations**. I will submit documentation of my need for and requested accommodations in accordance with the program policy.

[] State that I am **incapable** of meeting the standards **with or without** accommodation.

I have read and agree to the above conditions as a student in the UIHC EMSLRC Paramedic Program.

Student Signature _____ Date _____

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Communicable Disease and Program-Related Injury Policies

Emergency Medical Services Learning Resource Center

I understand that as a student in the Paramedic program, I may be exposed to communicable and other medical diseases, be exposed to the potential for personal injury, or suffer loss to my personal property. I further understand it is my responsibility to take all necessary precautions against contracting and transmitting such diseases, follow appropriate safety procedures, and take the necessary steps to safeguard my property. If I do come into contact with a known disease, or suffer injury or loss of personal property, I will immediately report such exposure, injury, or loss to my Lead Instructor or clinical coordinator.

I understand I will be responsible for all health care or any other associated costs from my exposure to communicable or other disease, injury, and loss of property.

I understand that the University of Iowa, University of Iowa Health Care, the EMSLRC Paramedic program, and its clinical and field affiliates will not be held responsible for the cost or liability in any form resulting from disease exposure, illness, physical injury, or property loss suffered by myself as a participant in the Paramedic training program.

I have read and understand the above.

_____	_____
Student Signature	Date
_____	_____
Witness Signature	Date

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Waiver and Authorization to Release Information

Emergency Medical Services Learning Resource Center

By signing this waiver I authorize the University of Iowa Health Care EMSLRC (Program) and its representatives to obtain or receive information regarding my background, and any pertinent information the Program may need to determine my acceptance into the Paramedic Program, and to determine my suitability for clinical experience.

I understand that the Program will maintain my personal information, including background and health information that I may provide to the Program as confidential; however, I authorize the Program to release background and health information that it has on file to a clinical or field site upon the site's request in accordance with the executed Clinical Affiliation Agreement between the Program and the site for the purpose of determining or documenting suitability for placement in the clinical setting.

I understand the Program uses various forms of technology in the educational programs offered, such as, but not limited to, photographs and/or recordings. These may be used in the interest of education, research, demonstration of program activities, teaching, or other education or health science use. I give permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Program, in perpetuity, and for other use by the University of Iowa and the EMSLRC. I will make no monetary or other claim against the University of Iowa and the EMSLRC for the use of the photograph(s)/video.

A photocopy reproduction of this release shall be, for all intents and purposes, as valid as the original. The Program may retain this form in any file it deems appropriate.

I have read and understand the above.

Printed Name _____ Date _____

Signature _____ Date _____

Program Representative _____ Date _____

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Student Confidentiality and Responsibility Statement

Emergency Medical Services Learning Resource Center

The undersigned hereby acknowledges his/her responsibility under applicable Federal law and the Agreement between the University of Iowa (“University”) and the affiliated clinical sites (“Clinical Site”) to keep confidential any information regarding hospital or EMS patients, as well as all confidential information of Clinical Site. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Clinical Site, except as required by law or as authorized by Clinical Site.

The undersigned further agrees that for and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of Clinical Site, the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the Program operated by University at Clinical Site unless such injury or loss arises solely out of Clinical Site’s negligence or willful misconduct.

Date: _____

Program Participant:

Printed Name

Signature

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Acknowledgement of Student Status in Clinical and Field Rotations

Emergency Medical Services Learning Resource Center

STUDENT: _____

PROGRAM: PARAMEDIC

I understand that experience in the clinical and field setting is required for successful completion of the EMS education program I am enrolled in, and that I may only attend clinical and field experience at sites where a clinical affiliation agreement has been put in place between the University of Iowa Hospitals and Clinics and the site.

I hereby acknowledge that:

My presence and role in the clinical site is that of an EMS student, and that while in the role of a student, I am not an employee of the clinical or field site although my employer may choose to pay my wages and benefits for worktime as a paramedic student.

I am not entitled to any compensation in the form of wages, healthcare insurance, unemployment benefits, workers' compensation, or any other benefits that the clinical site may offer to its employees.

While in the role of a student at a field site, I may not act as part of the regular staffing of an EMS unit. Furthermore, at any time that I am working in the capacity of a crewmember on an EMS unit either in a paid or volunteer capacity; or, I am riding on a fire or EMS unit in an observer or other capacity and I have not been scheduled through the UIHC EMSLRC program, I am not a student of the UIHC EMSLRC program, and that I may not perform any skills that are outside of the legal scope of practice for my current level of EMS licensure. I understand that violation of this provision may result in my termination from the program and possible administrative action against my provider license.

Signed: _____ (Student)

Date: _____

Program Representative: _____

Date: _____

