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<td>Program Evaluation</td>
<td>740.00</td>
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<tr>
<td>EMS Specifics</td>
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MISSION STATEMENT
EMS Programs provides quality initial and continuing education in Emergency Medicine to the citizens and industries in our service delivery area, by evaluating quality of instruction through employer surveys, student feedback, student examinations, and advisory board input.

Emergency Medical Technician-Paramedic

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

Emergency Medical Technician-Intermediate

“To prepare competent entry-level Emergency Medical Technician-Intermediates in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,” with or without exit points at the Emergency Medical Technician-Basic and/or First Responder levels.
I have read and been informed of the Course Policies and Procedures and agree to conduct myself in a professional manner consistent with the EMS profession, EMS TRAINING PROGRAM, and all clinical settings I may be involved. I understand that failure to carry out the responsibilities and duties discussed in the Course Syllabus, and Program Policies and procedures may jeopardize my status as an EMS student. Furthermore, I accept all of the conditions of this class outlined in the above stated documents. I also acknowledge that I have received a copy of the above-mentioned documents. In conclusion, if I feel I cannot support and comply with the policies and statements for any reason, I will withdrawal myself or decline my position in the class.

Printed Name: _____________________________________

Signature: ________________________________________

Date: ____________________________________________

Course Coordinator or Instructor: ______________________

TDH Course Number: ______________________________

Course Level: ____________________________________

Course Location: _________________________________
EMS PROGRAM STAFF

We are very proud of our instructional staff and are pleased to have these individuals as a part of our EMS Education Program. All of the staff has EMS experience and they bring to the classroom a diverse background to assist the student in the learning process.

EMS Programs Coordinator
Ronold L. Morton, LP
903-639-1153

Clinical Coordinator
Tim Auvenshine, P

EMS Instructional Specialist
Tim Auvenshine, P
Michael Williams, P
Michael Harper, P

Medical Director
Kimberly Barbolla, DO
MEDICAL DIRECTOR AUTHORITY

The EMS Program Medical Director is responsible for the following areas of the EMS Programs:

1. Course Content
2. Content Delivery
3. Content Accuracy
4. Clinical Competency
5. Skill Proficiency
6. Student Knowledge & Skill Proficiency

Furthermore, as the Medical Director of this program she has the authority to prevent any student from going into the clinical setting. In addition, she is responsible for approving each student’s final competency evaluation which allows each student to receive a course completion certificate. If she has any reservations or concerns about any student she is allowed to prevent that student from receiving a CCC.
PROGRAM DIRECTOR/COORDINATOR AUTHORITY

The EMS Program Director is responsible for the following areas:

1. Course Content
2. Content Delivery
3. Content Accuracy
4. Clinical Competency
5. Skill Proficiency
6. Student Knowledge & Skill Proficiency
7. Student Evaluations
8. Instructor Credentials
9. Specialty Course Coordination & Delivery
   a. ACLS
10. Guest Instructor Credentials
11. Evaluation Tools Design and Revision
12. General Program Coordination
13. Program Budget
14. Special Topics
   a. Public Relation Events
   b. Student Counseling
   c. Course Records
   d. TDH Document Submission

The Program Director in conjunction with the Course Coordinator and the Medical Director will work together to ensure each student has a proper educational experience. The Program Director can supersede either the Course Coordinator, or Instructor if their exists sufficient evidence to warrant it. The Program Director will also be actively involved in course content delivery, design and revision. Like the Medical Director, the Program Director has the authority to prevent any student from participating in the clinical environment. If he has any reservations or concerns about any student he is allowed to hold that student’s course completion documentation after consultation, with the Medical Director and Course Coordinator.
CLINICAL COORDINATOR AUTHORITY

The Clinical Coordinator is responsible for the following areas
1. Clinical Competency
2. Clinical Scheduling
3. Clinical Monitoring
4. QI/QA of Student Clinical Reports
5. Preceptor Interface
6. Clinical Skills
7. Public Relation Events
8. Course Content Delivery

The Clinical Coordinator in conjunction with the Program Director, Course Coordinator and the Medical Director will work together to ensure each student has a proper educational experience. The Clinical Coordinator may also be actively involved in course content delivery, design and revision. Like the Medical Director, Program Director, Course Coordinator, the Clinical Coordinator has the authority to prevent any student from participating in the clinical environment. If he has any reservations or concerns about any student he is allowed to suspend the student’s clinical experience after consultation, with the Medical Director, Course Coordinator and Program Director.

INSTRUCTOR AUTHORITY

The course instructor is responsible for the following areas
1. Course content
2. Content delivery
3. Content accuracy
4. Skill proficiency
5. Student knowledge assessment
6. Student evaluation
7. Evaluation tool design and revision

The instructor in conjunction with the Course Coordinator, Program Director, and the Medical Director will work together to ensure each student has a proper educational experience.
CHAIN OF COMMAND

The following diagram details the chain of command for students to follow when filing a grievance with the EMS Programs. This pertains to evaluations (written and skills), clinical experience and general conflicts.

Students should not confront their Field or Clinical Preceptor if they have a conflict with that individual. Those issues should be directed to the appropriate higher individual. Students should also follow the “Chain of Command” when experiencing program difficulty. Adhering this will result in a swifter resolution of the problem. Refer to the SOP’s 220.00 referring to appeals for more detail.
CLASS SCHEDULE

Students will be given a class schedule before beginning of course and the Coordinator will go over it that night.

KNOWLEDGE & SKILLS OBJECTIVES

Knowledge and Skills Objectives are set forth by the EMS Programs, its Advisory Board, and the Texas Department of Transportation (DOT), National Standards Curriculum. A copy of the objectives is made available in the classroom. Students are strongly encouraged to familiarize themselves with these objectives. All testable information is addressed in the knowledge and skills objectives. Evaluation of these objectives will be accomplished through written examination, skills proficiency verification, clinical preceptor (CP) evaluation, and national registry board’s examination. Students are responsible for all knowledge and skill objectives upon completion of the related modules in the didactic setting. It is imperative that students attempt to maintain proficiency in all covered knowledge and skills objectives throughout the course to ensure a positive outcome in their final competency validation.

Student Selection and Appeals

To fairly select those persons wishing to become ECAs and EMTs, Intermediates, and Paramedics. To have an appeals process for students wishing to appeal the selection committee.

1. Selection of students will be based on applicant’s educational background, general health and physical ability.

   A. Able to lift 100 lbs. and move this amount 10 feet.

   B. Ability to use all senses.

   C. Free of casual contact diseases.

   C. Ability to walk up and down stairs.

   D. Be 18 years of age and have a high school diploma or GED.

2. Applicants wishing to appeal the decision of the selection committee must do so in writing within 10 days of notification.

Selection committee consists of the Medical Director, Dean of Health Sciences, and EMS Coordinator.
EMS PROGRAMS DISABILITY ACCOMMODATION POLICY

The EMS Program is dedicated to providing the least restrictive learning environment for all students. Therefore, support services for students with disabilities are provided on an individual basis, upon request. Any student who has a disability and request for accommodation should inform the course instructor who will direct the student to the Office of Disability Services (ODS). Students may also go to the www.panola.edu website and look under student services for students with disabilities.

The ODS serves students requiring special support services due to:

- Visual/Hearing Impairment
- Learning Disability
- ADD/ADHD
- Mental/Psychological Disorders
- Neurological Disorder
- Brain Injury
- HIV/AIDS
- Chronic Illness
- Physical and Orthopedic Impairments
- Other Disabilities

Contact The Office of Disability Services (ODS) at (903) 693-1123 to schedule an intake interview.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMT. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

- Students cannot be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be no accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the state written certification exam. Documentation confirming and describing the disability should be submitted according to policy for consideration. There are certain accommodations that should not be allowed in EMS training because they are not in compliance with the essential job functions of an EMT.
Four of these are as follows:

- Students should not be allowed additional time for skills with specific time frames. Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
- Students should not be allowed unlimited time to complete a written exam. This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
- Students should not be allowed to have written exams be given with an oral reader. The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
- Students should not be provided a written exam with a reading level of less than grade eight because the profession requires a reading level of at least grade eight to work safely and efficiently.

Because of the critical nature of the tasks needed in emergency situations, accommodation requests need to be considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant’s rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?
All policies are in accordance with the College Student for the current academic year. The following information is presented only as a reference for Academic and Disciplinary Appeals. Students are strongly encouraged to review the College Student Handbook for additional procedures.

**Student Academic Complaints**

The following procedure has been adopted by the EMS PROGRAM to secure, at first possible level, prompt and equitable resolution of student complaints, including those alleging discrimination on the basis of race, religion, color, sex, including sexual harassment, national origin, disabling condition or age. The student may be represented at any level of the complaint.

If the complaint involves a problem with an instructor, the student shall discuss the matter with the instructor before requesting a conference with the division chairman as outlined in Level One.

**Level One**

A student who has a complaint shall request a conference with the EMS Director/Coordinator, who shall schedule and hold a conference with the student.

**Level Two**

If the student is not satisfied with the outcome of the conference with the division chairman or counselor, the student has 15 calendar days to request a conference with the Dean of Instruction or designee(s), who shall schedule and hold a conference. Prior to or at the conference, the student shall submit a written complaint that includes a statement of the complaint and any evidence in its support, the solution sought the student’s signature, and the date of the conference with the EMS Director/Coordinator.

**Level Three**

If the student is not satisfied with the outcome of the conference with the dean, the student has 15 calendar days to request a conference with the Vice President of Panola College or designee, who shall schedule and hold a conference. Prior to or at the conference, the student shall submit the written statements required at Level Two and the date of the conference with the vice president.

**Level Four**

If the student is not satisfied with the outcome of the conference with the vice president, the student has 15 calendar days to request a conference with the Medical Director, who shall schedule and hold a conference. Prior to or at the conference, the student shall submit the written statements required at Level Two and the date of the conference with the vice president.

**Level Five**

If the student is not satisfied with the outcome of the conference with the Medical Director, the student may submit to the College President a written request to place the matter on the agenda of the Board of Trustees.
The College President or designee shall inform the student of the date, time, and place of the meeting. The Board President shall establish a reasonable time limit for complaint presentations. The Board shall listen to the student’s complaint and take whatever action it deems appropriate.

The Board’s consideration shall be based on the complaint records developed at the administrative reviews and no new evidence shall be received by the Board. Each side shall be entitled to make oral arguments based on the complaint record within the time restrictions established by the Board.

**Executive Session**
If the complaint involves complaints or charges about an employee, it will be heard by the Board in executive session unless the employee in question requests it to be public.

**Appeals Process**
Appeals shall be conducted in accordance with the Panola College Student Handbook; section entitled “Penalties & Appeals.”

**General Policies**
The following activities will not be tolerated and are grounds for disciplinary proceedings as outlined in the Panola College Student Handbook.

1. Sexual Harassment
2. Possession of or use of alcohol, illicit substances, or other mind altering substances which may impair vision, speech, or mental status during classroom or clinical rotations.
3. Assault
4. Unauthorized use, possession or storage of any weapon, fireworks, or explosive on College premises or at any College sponsored activity.
5. Disruptive activity.
6. The manufacturing, possessing, controlling, selling, transmitting, using, or being party to any dangerous drug, controlled substance, or drug paraphernalia on College premises or at College-sponsored activities.
7. Theft of public or private property or of services on College property or at College-sponsored activities. This also includes knowingly possessing such stolen property.
8. Furnishing false information.
9. Forgery
10. Committing such acts that constitute disorderly conduct as defined in the Texas Penal Code.

The aforementioned items are a synopsis of main disciplinary issues. The student is strongly encouraged to refer to the Panola College Student Handbook for further detailed information.
Prerequisites for the ECA and EMT-Basic courses are as follows.

**High School Diploma**
All students must have a high school diploma or GED, or be a senior and enrolled in high school.

**CPR**
AHA CPR-Health Care Provider is a requirement before completing the course and beginning clinical rotations (if applicable). If the student is scheduled to begin clinical rotations and has not received the appropriate CPR credentials, then the student will be suspended from clinical rotations until the appropriate credentials are obtained.

CPR is not included as part of the course information, but will be offered to the student at a time other than scheduled class time and ALL students will be held accountable for this information. Students can ask their instructor about where to obtain this credential.

**Healthy Screening Evaluation**
For students participating in clinical rotations, all students must undergo a baseline physical examination. Students will be given these forms during the first day of class. A baseline physical exam evaluates a student’s current healthy status. This is crucial in the unlikely event of a Blood Borne Pathogen exposure for which the student will require follow-up screening and evaluation. The student MUST also provide proof of immunizations as outlined in section 150.00 Immunizations. All immunization records must be turned in by the end of the second week of class or expulsion from class may occur.

**Drug Screen**
All students will have a drug screening done prior to starting clinicals. This is done at the college and is in your student fees.

**Criminal History**
All students will have a background check done. This is at the students expense. Students who have a history of a Felony or a Class B Misdemeanor or higher should contact their instructor or course coordinator. In order to become certified the student’s criminal history must be evaluated if they have a history of an aforementioned conviction. Failure to report this criminal history can result in either certification probation or decertification. Criminal histories will be evaluated by National Registry and then again by DSHS. Passing one does not necessarily mean you will pass the other.

**Intermediate/Paramedic prerequisites**
In addition to the above, a prospective student must have completed a basic EMT program and be certified by the TDSHS prior to starting clinicals in either class.
Panola College Health Science Department
Immunization Requirements

- Physical Exam – must be done prior to starting the program using the approved form found below.

VACCINES
(Required)

- MMR Vaccine (Measles, Mumps, Rubella - Two doses required. Students born prior to 1/1957 are exempt from MMR vaccine.) If you cannot produce records for two MMR vaccines, you may provide three positive titers (one each for Measles, Mumps, and Rubella). Even if you do produce records for two MMRs, you still must have a rubella titer – see below.

- Tetanus /Diphtheria Booster (Within last 10 years)

- TB Skin test (Annually, must remain current throughout nursing program. If ppd is positive, a clear chest exam is required on a form from your primary provider.) *TB skin tests have to be read 48-72 hours after administration, otherwise, the test will have to be repeated.

- Hepatitis B Vaccine – series of three shots. The first and second shots must be completed before clinicals begin and you must stay on schedule for shot three and the titer.

TITERS
(Required)

- Varicella – IgG ; A positive varicella titer must be provided. If titer comes back negative you must receive the varicella vaccine again and then have titer repeated

- Hepatitis B – HBsAB (To be done one month after the series has been completed. If titer is negative the series must be repeated and a second titer done.)

- Rubella – IgG - If titer is negative vaccine must be repeated and a second titer done.

Physicians First in Carthage, TX offers the above immunizations as well as the physical exam required for the program.

Call 903-694-4824 to schedule an appointment today with Andrea Oliver, RN, FNP

All immunization records must be turned in by the end of the second week of class or expulsion from class may occur.
**Illness or Injury**

1. Ill students are requested to call the coordinator or instructor and should not report to class or clinical areas. Students will be allowed to make up lost time.

2. All injuries sustained while in the clinical, education, or ambulance will be reported to the coordinator and/or checked by the E.R. doctor on duty. Students are responsible for all cost incurred.

3. Students will adhere to all safety policies/procedures of hospital or ambulance entities.

**Physical & Immunization Forms**

The following pages provide forms for the physical and immunization forms that will be provided to enrolled students.
1. Student Name: _______________________________  Date of Physical: _________________
2. Birthday: _____________  Age: _______  Height: _______  Weight: _______  BP: _____________
3. Pertinent Past History (Illnesses, Surgeries, and Injuries): ..............................................................
4. Chronic Illness: .................................................................................................................................
5. Vision:  R 20/____  L 20/___  □ Color blind  □ Glasses  □ Contacts
6. Hearing  R _______  L _______  Aid? _____________________
7. Check (√) the following if normal. (×) if abnormal, and comment below:
   □ Skin  □ Lymph nodes  □ Abdomen
   □ Orthopedic  □ Spine  □ Neurologic
   □ ENT  □ Head/Neck  □ Genitalia
   □ Lungs  □ Heart  □ Menses
8. Adaptations made or recommended: ............................................................................................................
9. Current medications: ..............................................................................................................................
   _____________________________________________________________________________________________

I have examined this student and have found no condition appearing to prevent him/her from performing the duties of an
EMS student with the possible exception of:
   _____________________________________________________________________________________________

Provider’s signature: _______________________________  Date: _____________________

Provider’s Name (printed): _______________________________
Provider’s Address: _______________________________
Provider’s Phone: _______________________________

Office Seal or Stamp of Provider
MUST
be provided in this box.
# Tests and Immunizations Required by Texas State Law/Clinical Facilities

This form is provided for your benefit. If immunization records are provided on another document, this form need not be completed and returned.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>SSN#</th>
</tr>
</thead>
</table>

## Tuberculin Skin Test: (PPD-TB Test)
Or Chest X-ray (required IF skin test is positive)
**Must Have Been Tested Within the Last 12 Months**

<table>
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<tr>
<th>O Positive</th>
<th>O Negative</th>
<th>Date</th>
</tr>
</thead>
</table>

X-Ray results:

## Diphtheria, Tetanus (TD): One dose within 10 years

Date of Immunization:

## Measles (Rubeola)
Those born on or after January 1, 1957, must show proof of either:

A. Two doses of measles vaccine by/or after their first birthday and at least 30 days apart *

OR

B. Serologic test positive for measles antibody

<table>
<thead>
<tr>
<th>Date: ____________________</th>
<th>Results: ________</th>
</tr>
</thead>
</table>

## Mumps
Those born on or after January 1, 1957, must show proof of either:

B. One doses of mumps vaccine by/or after their first birthday *

OR

• Serologic test positive for mumps antibody

<table>
<thead>
<tr>
<th>Date: ____________________</th>
<th>Results: ________</th>
</tr>
</thead>
</table>

## Rubella
Those born on or after January 1, 1957, must show proof of either:

C. Serologic test positive for Rubella antibody

• If titer is negative vaccine must be repeated and a second titer done.

<table>
<thead>
<tr>
<th>Date of titer: _____________</th>
<th>Results: ________</th>
</tr>
</thead>
</table>

## Varicella (Chicken Pox)
Must show proof of either:

A. Serologic titer positive for Varicella antibody

• If titer comes back negative you must receive the varicella vaccine again and then have titer repeated

| Date: _______________ | Results: __________ |
IMMUNIZATION ADDENDUM

In the below section, “I” refers to the student reading this passage.

I realize that there is a potential that I may be exposed to blood or other body fluids during the course of patient care. By signing this student contract I realize this potential and I agree to hold harmless the EMS PROGRAM College as a result of my exposure. I also realize that it is in my best interest to have an HIV baseline evaluation and to have the HBV series. By also signing this contract I understand the importance of these and agree to hold harmless the EMS PROGRAM if I am exposed to HIV or HB. Furthermore, I shall incur any and all testing and evaluation costs associated to an exposure that I may be involved in. I furthermore understand that I have the right to refuse to participate in HBV immunization and HIV baseline screening due to exclusions from compliance.

51.933. IMMUNIZATION REQUIREMENTS; EXCEPTION

(d) No form of immunization is required for a person's admission to an institution of higher education if the person applying for admission:

(1) submits to the admitting official:

(A) an affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine within the United States in which it is stated that, in the physician's opinion, the immunization required poses a significant risk to the health and well-being of the applicant or any member of the applicant's family or household; or

(B) an affidavit signed by the applicant or, if a minor, by the applicant's parent or guardian stating that the applicant declines immunization for reasons of conscience, including a religious belief; or

(2) is a member of the armed forces of the United States and is on active duty.

(d-1) An affidavit submitted under Section (d)(1)(B) must be on a form described by Section 161.0041, Health and Safety Code, and must be submitted to the admitting official not later than the 90th day after the date the affidavit is notarized.

(e) The exception provided by Subsection (d)(1)(B) does not apply in a time of emergency or epidemic declared by the commissioner of public health.
The following items are general course policies. Infractions will result in student counseling.

**Cellular Phones, Pagers, Hand-Held Radios**

Students may not bring to class or clinicals cellular phones, pagers, hand-held radios or other personal communication equipment. If a student’s job requires that he/she carry such equipment, then the device(s) will be placed in silent notification mode. *This will not be tolerated and the student will be subjected to disciplinary actions and the device turned off or removed from the student for the remainder of the class.*

**Attitude**

Students should constantly strive to present a respectful and professional attitude towards instructors, fellow students, clinical preceptors and other individuals who they may interface with during the course of their education.

Poor attitudes will not be tolerated and students will not be allowed to enter the clinical and EMS rotations of the course if the coordinator and medical director deems that the student has a poor attitude. Students should be enthusiastic about this learning experience, and will show a good attitude and empathy towards patients and instructors at all times. Both instructors and students must realize that due to the intensity level of this course, not everyone will have positive attitudes at all times. However, in order for the student to SUCCEED in this course he/she must have a positive attitude and avoid belittling other students, instructors, or clinical agencies.

If the student has a personality conflict with an instructor, fellow student or clinical preceptor (CP), the student should follow the chain of command in resolving the situation.

Disciplinary action will be sought through the proper channels for the following:

1. Absences
2. Excessive tardiness
3. Infractions of the "dress code"
4. Violation of any hospital or affiliate policy
5. Attitude problem causing distraction
6. Unsatisfactory evaluations
The following are not tolerated and ARE grounds for IMMEDIATE expulsion:
1. Cheating on any exam.
2. Falsification of any records or state clinical reports.
3. Drinking alcohol or being intoxicated on "duty" or in the classroom or clinical or EMS settings.
4. Use of mind altering drugs or substances in the classroom or clinical setting.
5. Theft
6. Willful damage of Panola College, hospital or EMS property
7. Conviction of a felony without advising the course coordinator.
8. Divulging confidential information including patient confidentiality.
9. Sexual harassment or assault.
10. Constant disruption of class instruction.

Classroom Participation
Students should strive for excellence both in and outside the classroom. It is important that students participate in all classroom activities, including skills labs.

Student Handbook
Students should strive to abide by these policies and the Student Handbook for their respective campus. www.panola.edu, go to current students, go to The Pathfinder.

Student Contract
You must sign this student contract which indicates you accept the rules and regulations of the course and know what is to be expected of you. You have the right to ask questions and receive a conference to discuss any policies you do not understand.

Course Completion
You must complete the course as outlined in this policy manual in order to be granted a course completion certificate (CCC). The Course Coordinator and Medical Director will withhold any student’s CCC if the student does not satisfactorily complete the course requirements.

Office Hours
You may contact any instructor that releases their phone numbers to you. Office hours for the coordinator are posted outside room 121 of the Health Science Building.
SUBSTANCE ABUSE POLICY

We seek to provide educational experiences and opportunities for student development and growth, with a strong commitment to instructional excellence in an environment free of unnecessary risks to the safety and well-being of students, faculty, staff, and patients/clients. It is the desire of the faculty to provide support for both students and faculty when problems arise related to impairment of allied health student practice, either due to alcohol and other drug (AOD) abuse or mental illness.

For the purposes of this policy, an impaired student is defined as one whose performance endangers EITHER their own learning process or patient/client health and safety and would, if demonstrated by a Registered Nurse (RN) or other healthcare professional, be considered a violation of the Nurse Practice Act or other applicable licensure laws. Impairment may be evident in the classroom, learning laboratory, or the clinical area. Such impairment can result from:

1. AOD abuse or dependency (prescription or illicit)
2. Mental illness
3. Physical illnesses/conditions with psychological or physical complications/deficits.

The EMS TRAINING PROGRAM regarding substance abuse, e.g. standards of conduct and unlawful possession or distribution of illicit drugs/alcohol. Because of concerns for public and patient/client safety, as well as professional and ethical responsibilities, faculty in the Allied Health Division will identify students enrolled in Allied Health Programs who appear to be impaired as a result of AOD abuse/dependency or physical and/or mental health problems.

Consistent with professional practice and standards, any person who observes behavioral or physiological characteristics suggestive of impairment is obligated to consult with a faculty member/Program Director regarding those concerns. Both the identity of the reporting individual and the identified student will be held in confidence to the maximum extent possible under applicable laws. The validity and accuracy of the information reported will then be investigated. Any of the following may be signs/symptoms/behaviors that may suggest impairment:

a. Physiological characteristics of the substance abusing person including, but not limited to:
   - smell of alcohol on breath, other unexplained body or breath odor
   - flushed face, reddened eyes
   - diaphoresis, pallor
   - pupillary changes--abnormal constriction or dilatation
   - slurred speech
   - weight loss
   - sudden hyperactivity vacillating with lethargy or vice-versa
   - blackouts, seizures
   - impaired coordination--psychomotor skills, gait
- fine hand tremor
- numerous injuries/accidents with vague or unusual explanations
- declining health

b. Behavioral characteristics of the substance abusing person including, but not limited to:
- extreme and rapid mood changes, irritability, loss of orientation
- excessive absenteeism, tardiness, frequently leaves unit/class
- unusual/frequent excuses or apologies for failure to meet deadlines
- isolation/withdrawal from group—professionally and socially
- decreased classroom and clinical productivity, fluctuating performance
- inappropriate physical appearance, unkempt appearance
- excessive use of mouthwash, mints, etc.
- arriving early and staying late at work (clinical, class) for no apparent reason
- overly solicitous to administer meds (especially narcotics) for own or others patients
- greater discrepancies in documentation of controlled substances administration
- uses PRN medications more frequently with maximum PRN dosage given
- alone in medication room more than others
- may have many somatic complaints requiring more Rx for self

If a student demonstrates characteristics of impairment while in the clinical area, the faculty member will:

a. Relieve the student from the client assignment immediately. The student will not be left alone at any time. Another faculty member or the Program Director will be called in to help the involved faculty member with the other students in the clinical area, while the suspected student is being observed and counseled.

b. Carefully document data on indicators of substance abuse cited above. Include witnesses as appropriate (e.g. staff, faculty, etc.) The student will then meet with the faculty member and the Program Director to discuss options for continuance in the program and develop a plan for referral/treatment. The student cannot return to the clinical area until a contract of agreement for return to the program is formulated by the Program Director, the Clinical Instructor, and the student. **Impaired practice can be grounds for immediate dismissal from the program and reporting to the appropriate licensing agency for investigation.** The student may also be referred for further disciplinary action by the College. Reporting to the appropriate licensing agency may result in the individual's inability to sit for the licensing examination and receive a license.

Records of the student in question, relating to suspected impaired practice, will be kept confidential, and will not be included in the student's official academic file. Exceptions would exist if the student comes under other disciplinary process for violations on campus or at college sponsored activities, or if reporting to the appropriate licensing agency is necessary.
Students are required to sign a patient confidentiality policy with all clinical agencies prior to beginning clinical rotations. This policy also applies to ambulance rotations, even though a confidentiality policy has not been signed by the student. Students are not allowed to speak to other students, co-workers, layperson’s, patients, instructors, patient family members, or ancillary personnel about ANY patient’s condition, treatment, or demographic information (Name, address, etc.). Furthermore, students are not allowed to contact any patient and discuss his/her medical treatment or any other patient’s medical care. **Additionally students will not identify the patient’s name on any of their clinical documentation.** At times in the classroom we may discuss student’s clinical experiences. This is to share educational experiences, and AT NO TIME will ANY identifying patient information be discussed. These clinical experiences will not be discussed outside the classroom with ANYONE. Any student breaching patient confidentiality will be IMMEDIATELY EXPELLED from the course **without opportunity for re-entry.** By signing this contract the student understands that this is the ONE & ONLY warning he/she will receive regarding patient confidentiality.

Further confidentiality issues within the program apply directly to the student’s performance in the course. At no time should a student who is counseled discuss this with other students or ancillary personnel. Instructors will also adhere to this. In other words any information relating to student performance is considered confidential and will not be released to other students, spouses, parents, or employers.

Students are required to sign a “Confidential Information Release Form.” This form allows for the review or release of student performance records, clinical records, health and immunization records to the student only. These records will not be released to anyone without the expressed consent of the student. Documentation of this release will then be placed in the student’s file. This release also allows for review of documents by any regulatory agency that the EMS Programs is accountable to.
Confidentiality Statement

I understand that information concerning a patient’s condition may **NEVER** be discussed either inside or outside the clinical facility or field internship services and may never be released without proper authorization. I further understand that release of confidential information either about a patient or the hospital or ambulance service is a serious breach of ethics, and also may involve legal proceedings and loss of privileges, and is grounds for *immediate dismissal* from the course.

Date:______________________________

School #___________________________

__________________________________
SIGNATURE (must be legible!)

__________________________________
PRINT NAME

__________________________________
WITNESS
While the student is engaged in course instruction, the student is considered a STUDENT. As such the student WILL NOT portray themselves as an ECA, EMT, EMT-Intermediate or a Paramedic until he/she has successfully completed the skills and written examination (NREMT Exam) prescribed by the Texas Department of State Health Services or other certification or licensing agency. If any student is found to be in violation of this, the student will be immediately counseled and removed from all EMS Course Curricula and immediately reported to the Texas Department of State Health Services.

ATTENDANCE POLICY

This course is approved by the Texas Department of State Health Services on total number of hours. Part of the basis for approval is that we follow established guidelines on the number of student contact hours and course content.

One of the factors that influence a student's success is regular attendance in all classes. An accurate record of each student's attendance is kept by each instructor. A student who has absences (unexcused) totaling (16 hours of class time for Basic) and (24 hours per semester for Intermediate/Paramedic) WILL NOT be granted a course completion. Extenuating circumstance for excessive tardiness and absences will be evaluated on a case-by-case basis. Students who have excessive tardies or absences will be required to participate in MANDATORY tutoring sessions to ensure mastery of material. Please refer to your student handbook for the definition of excused absence. Three tardies constitutes one absence. Students, who leave class early for ANY reason, will also be counted as absent.

It is the student’s responsibility to find out what material was covered during the missed class time and to make up any work missed within 2 class days. Class lecture material can be obtained from other students or by contacting the instructor. Either way it is YOUR responsibility to find out the material missed.

If the student is aware that they are going to miss any class, the student WILL notify the course coordinator or instructor as soon as possible. The instructor may contact the student to advise the student of material covered or schedule changes.

CE STUDENTS

Students who are receiving continuing education are required to stay for each lecture and participate in all skill labs and take a verification quiz. Failure to attend will result in the CEU Certificate being withheld.
COMPLETION POLICY

Students must complete the required coursework prior to the end of the semester they are enrolled. There will be no extra time granted to complete work. Students not turning in all required work will receive a failing grade for that semester.

PERFORMANCE EVALUATIONS

During the course, the student’s knowledge, skills, and affective behavior will be evaluated by the following:

1. Written exams
   a. Quizzes
   b. Module exams
   c. Algorhythm quizzes
   d. Task performance of skills
2. Class participation
3. Attendance
4. Evaluations and observations done by the course instructor and preceptors in the clinical and ambulance settings.
5. Performance evaluations will be reviewed and discussed in a one on one basis with the student.
WRITTEN EVALUATIONS

Listed on the course outline are the major written exams and one comprehensive final examination. These exams can consist of multiple choice, short answer, true/false and/or essays. Any material in the form of lecture, handouts, books, films, overheads, etc. are testable materials. Evaluations consist of:

1. Quizzes
2. Module exams
3. Algorhythm quizzes

Written exams will be reviewed after each exam is given. Anyone missing a question will be allowed to have it explained.

QUIZZES

Quizzes (Pop Quizzes) may be announced or unannounced. These can not be made up. Students who are not in attendance of a quiz will receive a “0” for those points.

ALGORHYTHM QUIZZES

Paramedic level students will receive algorhythm quizzes in conjunction with the cardiac module. These quizzes will be of various formats (true/false, multiple choice, fill in the blank, or short answer.) Total Missed quizzes must be made up within two (2) class days. There is no opportunity to retest these quizzes.
MODULE EXAMS

Each module exam will be worth no more than 100 points and the final worth 100 points. A grade of 70% or better is required on each exam. Students must meet these criteria in order to participate in clinical rotations.

Missing major exams is STRONGLY DISCOURAGED. However, we understand that unforeseeable and extenuating circumstances may prevent a student from taking a scheduled exam. If this occurs, the student MUST CONTACT THE INSTRUCTOR THE DAY OF THE EXAM to discuss the absence. The student MUST reschedule within two (2) class days according to the instructor’s schedule.

If the student fails to make an 70% or better on any one major exam the student WILL retest the exam. **THIS DOES NOT APPLY TO MISSED MAJOR EXAMS. STUDENTS MAY ONLY RETAKE 4 (FOUR) EXAMS per semester. NO EXAMS WILL BE THROWN OUT.** It is the discretion of the course coordinator to schedule make-up exam days. Failure to make 70 or better on the retest will result in academic conference and counseling for further action. There is no makeup for the final exam and no retest.
GRADE POLICY

Students will receive a grade ledger in their course packet available from the copy center. Students MUST maintain an OVERALL grade of 80% in the course to be eligible to participate in clinical rotations. Students who do not achieve this will have their clinicals IMMEDIATELY suspended and participate in REMEDIATION thru tutoring sessions.

Below is the corresponding percentage to letter grade.

- 90%-100%: A
- 80-89.99%: B
- 70-79.99%: C
- 60-69.99%: D
- 50-59.99%: F

GRADE APPEALS

After the graded exam is returned, questions and answers can be appealed. To appeal an answer to any exam question you must first appeal in writing to the course instructor the DAY the exam is returned. If the student feels the response was not satisfactory then you may appeal to the course coordinator. If the student feels the response was not satisfactory then you may appeal to the program director. If the student feels the response was not satisfactory then you may appeal to the medical director. A timely response will be made. Additional grade appeals will follow the policy addressed in this handbook and the Student Handbook.

1. Students must pass the final exam (failure of final will mean dismissal from course), skills testing and have complete clinical requirements.

2. All grades will be averaged at end of course with quizzes averaged and counted as one (1) major grade.

3. Students wishing to know their average may do so any time during course.

4. Number of exams will be dependant on the level of the course being taught.

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Exams, Quizzes</td>
<td>25%</td>
</tr>
<tr>
<td>Skills Testing</td>
<td>25%</td>
</tr>
<tr>
<td>Clinical requirements and notebook</td>
<td>25%</td>
</tr>
<tr>
<td>Final Exam (must pass, no retest)</td>
<td>25%</td>
</tr>
</tbody>
</table>
MISSED QUizzes/EXAMS

Students who miss ANY quiz will be offered an opportunity to take the quiz during the next class session ONLY if the absence is EXCUSED. If unexcused, the student forfeits the quiz. This applies only to scheduled quizzes.

An excused absence must be documented or is classified as:
1. Illness of immediate family member with physicians documentation.
2. Death of family member with documentation.
3. Personal injury or illness documented by physician.
4. College function or activity.
5. Personal considerations that are evaluated individually by the course instructor.

MISSED MAJOR EXAMS

If the student misses a major exam for ANY reason (excused or unexcused) the student will only be allowed to sit for the exam once. THERE ARE NO EXCEPTIONS to this policy. Refer to policy 270.00 and 260.00 for grades and module exam policy.
TUTORING

Credit Courses
Tutoring is available by appointment from any of the EMS Program staff. All students are STRONGLY encouraged to participate in these sessions, if they are experiencing any difficulties with didactic information or skills. Impromptu tutoring sessions will be scheduled at the discretion of the instructors.

Offsite Courses
Tutoring for offsite courses (i.e., credit and non-credit classes in other locations other than Carthage) will be scheduled on an as needed basis by the instructor.

REMEDIATION

Students who require remediation on skills or module exams will contact their instructor for instructions. Usually these activities take place during tutoring sessions.
SKILLS EVALUATION

You must pass each skill in order to be cleared to perform that skill in the clinical and hospital setting. Students who perform a skill who are NOT cleared to perform that skill will be held accountable for their actions and face POSSIBLE course expulsion.

You will be given ample notice of any day in which we will test your skills. All basic and advanced skills will be evaluated throughout the course according to Panola College guidelines. At the end of the course you will be required to prove your competency by performing all skills at the Basic and Advanced Level. All skills evaluations will supersede any previous evaluations. All skills are evaluated by certified state Instructors and will have a non-biased attitude. The instructor will tell the student of their pass/fail status. If a student fails a skills test on any module, he or she can receive remedial guidance and retest that skill. The student is allowed a maximum number of retest that is determined by the level of certification the student is attempting to obtain. If the student exceeds the maximum retest, all clinical and field rotation time will be IMMEDIATELY suspended and that student will be REMOVED from the course. Course instructors are available for any practice skills training the student may wish to participate in.

The maximum number of skills that the student can fail for each certification level follows. If the student exceeds the maximum allotted, then the student WILL NOT be given a CCC, and the student MUST REPEAT the ENTIRE course.

ECA: 3 Retest maximum
EMT: 3 Retest maximum
EMT-P 1: 3 Retest maximum
EMT-P 2: 3 Retest maximum

Paramedic students are REQUIRED to have ALL skills evaluated at the end of the EMT-P 2 semester. Students testing at EMT-I are required to have ALL skills evaluated at the end of the EMT-P 1 semester.
RETRAINING AND RETESTING POLICY

WAIVER OF EMS SKILLS RETRAINING

DATE:________________ TIME:________________

I, __________________ waive my right to retraining in the skill(s) area in which I was tested and failed. I wish to be retested immediately, on the date and at the time noted on this document. I realize that I am only allowed one retest out of my allotted 3 on this date.

_________________________________   ___________________________________
  Signature      Witness

EMS SKILLS RETRAINING CERTIFICATION

Candidate:____________________________________________  S.S. No.:_______________________

Date of Original Test:___________________________________  School/City:____________________

Skill: Date Retrained by: Training Hours

_______________________ _____________________ ________________ _____

_______________________ _____________________ ________________ _____

_______________________ _____________________ ________________ _____

_____________________________________________ __________________________________
  Instructor/Coordinator        Date

** Attach additional pages as necessary
To assure professional appearance of all students.

**POLICY:**

1. The student will be clean and present a professional appearance.
2. The student will sign up for all rotations thru FISDAP.
3. The student will cancel no more than ONE (1) scheduled rotation, each additional cancellation will result in a deduction of 5 points from clinical notebook.
4. The student will abide to all rules of the agency in which he is serving the clinical time.
5. The student will not smoke while dressed in Panola College uniform.
6. The student will obey his/her clinical supervisor at all times.
7. The student will contact the clinical coordinator immediately should a serious problem arise.
8. The student will carry the required equipment to each rotation and be prepared to assist in any way directed.
9. The student at no time and under no ones direction will be allowed to perform a skill he has not been trained or will be trained to do.
10. The student will not consume any alcoholic beverage or non-prescribed medication 24 hours prior to the assigned rotation.
11. The student will complete all necessary paperwork and turn in at the assigned times. Failure to do this will result in a failure of the course.
12. Each student must have a stethoscope and a nametag.
### COMPETENCY REQUIREMENTS

<table>
<thead>
<tr>
<th>Competency</th>
<th>Basic Students</th>
<th>Paramedic 1 Students</th>
<th>Paramedic 2 Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Lead</td>
<td>2</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Respiratory</td>
<td>2</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Cardiac</td>
<td>2</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Medical</td>
<td>2</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Medical: GI/GU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>2</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>OB Patients</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric Pts</td>
<td></td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Adult</td>
<td>2</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Neonate/Pediatric</td>
<td>2</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Geriatric</td>
<td>2</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Birth</td>
<td>1</td>
<td></td>
<td>If Possible</td>
</tr>
</tbody>
</table>

### Advanced Skills

<table>
<thead>
<tr>
<th></th>
<th>25 Successful</th>
<th>10 Intermediate / 15 Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intubations</td>
<td>5</td>
<td>Minimum of 2 Intermediate / complete Paramedic</td>
</tr>
<tr>
<td>EKG</td>
<td>10</td>
<td>Paramedic only</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>15</td>
<td>Paramedic only</td>
</tr>
</tbody>
</table>

### CLINICAL TIME REQUIREMENTS

<table>
<thead>
<tr>
<th>Clinical Location</th>
<th>EMSP 1062 Basic</th>
<th>EMSP 2066 Intermediate</th>
<th>EMSP 2067 Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>72</td>
<td>40 MINIMUM</td>
<td>30 FLEX</td>
</tr>
<tr>
<td>L&amp;D</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>OR</td>
<td>15 MINIMUM</td>
<td>15 FLEX</td>
<td>10</td>
</tr>
<tr>
<td>ICU</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Ambulance (EMS)</td>
<td>72</td>
<td>127 MINIMUM</td>
<td>127 MINIMUM</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>144</strong></td>
<td><strong>192</strong></td>
<td><strong>192</strong></td>
</tr>
</tbody>
</table>

**NOTES**

| Minimum Required Time    | Advanced Requirements may fluctuate in fall and spring based upon competencies achieved |

All clinical time must be complete prior to the end of the semester in order to receive course completion certificate.

Students not meeting the minimums will be required to do simulations in the Panola College Sim Lab until the Director and Medical Director are assured that the student is competent to perform.
DEFINITION OF A “RUN”

EMSP 1062:
A run is accepted as a BLS run if the patient is TRANSPORTED to a hospital and the student performs two (2) or more basic skills. The skill must meet the following conditions: 1. it must be a skill that has been taught in the classroom. 2. It must be a skill that the student has shown competence in performing by being cleared by the Course Coordinator, Dr. Saylak, or an instructor.

Transported means that:
1. The patient was transported to a Hospital Facility by the ambulance the student is assigned to
2. The patient received care from the student and EMS crew, but was transported by a second unit other than the assigned student’s unit.
3. The patient was being transported by the primary unit and the unit experiences mechanical difficulties and another unit was called to complete the patient transport.
4. The patient was receiving care from the primary unit’s crew and care was transferred to an air ambulance crew.

If a patient is in full cardiac arrest in the field and BLS & ALS interventions are conducted with the student participating and the patient is pronounced in the field without transport to a hospital, this may be counted as a BLS or ALS run respectively. These situations will be evaluated on a case-by-case basis.
EMSP 2066:
A run is accepted as an ALS run if the patient is TRANSPORTED to a hospital and the student performs two (2) or more skills, one of which is an attempt to perform an IV, ET or MAST on a patient. The attempt must meet the following conditions: 1. It must be a skill that has been taught in the classroom. 2. It must be a skill that the student has shown competence in performing by being cleared by the Course Coordinator, Dr. Barbolla, or an instructor.

EMSP 2067:
A run is accepted as an MICU run if the patient is TRANSPORTED to a hospital and the student performs two (2) or more skills one of which is an attempt to perform: EKG, MEDICATION ADMINISTRATION, or ELECTRO-CARDIAC THERAPY. EMT-Intermediate skills do not count for an ALS transport, unless an EMT-P skill is also performed. The attempt must also meet the following conditions: 1. It must be a skill that has been taught in the classroom. 2. It must be a skill that the student has shown competence in performing by being cleared by the Course Coordinator, Dr. Barbolla, or an instructor.

A run is accepted as a BLS run if the patient is TRANSPORTED to a hospital and the student performs two (2) or more skills basic skills. The skill must meet the following conditions: 1. It must be a skill that has been taught in the classroom. 2. It must be a skill that the student has shown competence in performing by being cleared by the Course Coordinator, Dr. Barbolla, or an instructor.

Transported means that:
1. The patient was transported to a Hospital Facility by the ambulance the student is assigned to
2. The patient received care from the student and EMS crew, but was transported by a second unit other than the assigned student’s unit.
3. The patient was being transported by the primary unit and the unit experiences mechanical difficulties and another unit was called to complete the patient transport.
4. The patient was receiving care from the primary unit’s crew and care was transferred to an air ambulance crew.

If a patient is in full cardiac arrest in the field and BLS & ALS interventions are conducted with the student participating and the patient is pronounced in the field without transport to a hospital, this may be counted as an BLS or ALS run respectively. These situations will be evaluated on a case-by-case basis.
PRACTICUM SCHEDULING

The FISDAP calendar is used to schedule ambulance and clinical times. It is YOUR responsibility to keep track of when and where you are scheduled. Furthermore, it is your responsibility to keep an accurate record of your hours. There are no excuses when the end of the course, comes and you are short hours. The solution is simple-YOU WILL NOT BE AWARDED A COURSE COMPLETION UNTIL ALL PRACTICUM REQUIREMENTS HAVE BEEN MET TO THE SATISFACTION OF THE PROGRAM DIRECTOR, COURSE COORDINATOR, AND MEDICAL DIRECTOR. Once you have scheduled on the calendar, changes are only allowed by going through either the course coordinator or clinical coordinator at the EMS Programs Office. STUDENTS ARE NOT ALLOWED TO SCHEDULE THEMSELVES AT A CLINICAL/FIELD SITE REGARDLESS OF INFORMATION GIVEN TO THE CONTRARY. IF THIS OCCURS THIS TIME WILL NOT BE COUNTED TOWARDS COMPLETING PRACTICUM REQUIREMENTS. IF THIS OCCURS, DISCIPLINARY ACTION WILL BE TAKEN.

No more than 2 students are allowed in the ER. Only 1 student is allowed at a time in the L&D, ICU/CCU, & OR. Only 1 student is allowed at each EMS sites for each time block. All students must register with FISDAP for clinical and field scheduling. It is up to the student to make sure that they remember their assigned date and time. ALL EMS agencies rider release waivers and orientation forms MUST be signed and turned in to the course coordinator prior to one (1) week of beginning field rotations.

Students who do not call and cancel their clinical or field rotation and fail to show-up for their scheduled shift more than once (1 time) will have remaining clinical and field time SUSPENDED and be EXPELLED from the course. Any student caught forging clinical or field information on their rotation report forms, will be IMMEDIATELY REMOVED from the course. NO EXCEPTIONS!

CLINICAL & FIELD ROTATION INFORMATION
You will be provided with the clinical policies prior to participating in any rotations. Students are NOT allowed to participate in hospital rotations for more than 12 consecutive hours.
PRACTICUM ABSENCE/TARDY

Students SHOULD NOT miss or be tardy for any clinical rotations. Clinicals should be treated as a job. As a result, students should make every possible effort to be early and on time for all rotations. If the student is unable to arrive at the clinical site on time or must be absent due to extenuating circumstances, the student will first contact the clinical site then contact the clinical coordinator at their earliest convenience. This is a strict policy and infractions ARE NOT TOLERATED. Students breaching this policy face mandatory counseling and possible expulsion.

Students are not allowed to rotate at any other time unless previously cleared with the clinical site and the course coordinator. No more than TWO, clinical and field rotations shall be rescheduled. To cancel or reschedule a clinical or field shift, you must turn in a request to the clinical coordinator at least 48 hour in advance of your shift. Failure to do this may result in suspension from clinicals and academic counseling.
PRACTICUM GRADE

The practicum grade will be based on the criteria provided in the course syllabus. Any questions regarding how the practicum grade is awarded should be directed to the clinical coordinator.

Student Documentation

To teach students how important documentation is and to provide documentation as to state requirements.

POLICY:

1. Student will provide documentation as to clinical and ambulance cases they assisted with, by filling out ambulance run sheets and patient assessment sheets.

2. Students will be evaluated and evaluation sheets turned in from the clinical area and ambulance preceptors that they worked with.

3. Skills evaluation sheets will be checked off on each student as they perform skills in class or clinical area.

3. All forms will be distributed to students prior to starting clinicals or are available from the coordinator or instructors.

5. Clinical documentation will account for 25% of overall grade. Students will be graded on completeness and neatness of all documentation and attendance.
CLASSROOM DRESS CODE

Classroom dress code should be comfortable dress appropriate for the classroom experience. Students should refrain from wearing crude or suggestive clothing. Additionally, if students wear clothing that is not appropriate, students will be asked to change or cover.

CLINICAL DRESS CODE

Clinical dress code consists of the following:

1. Panola College EMS Training Program shirt. STUDENTS MAY NOT WEAR THEIR SERVICE AFFILIATION UNIFORM.
2. Dark blue or black dress slacks or uniform pants.
4. Dark colored shoes or boots. (NO OPEN TOED SHOES)
5. Name Tag supplied by the EMS Programs. NAMETAGS MUST BE WORN AT ALL TIMES. Nametag to be center above the right breast pocket or on the right side of the shirt.
6. EMS Certification Patch: students who currently hold an EMS certification may sew this patch on the right shoulder, 1” below the seam.
7. Long hair must be pulled back at all times in a conservative manner. Suggest no butterfly clips.
8. Men should be clean shaven or groomed mustache and beard.
9. Fingernail polish shall be clear. Colored nail polish is prohibited.
10. Jewelry
   a. No Jewelry shall be worn including any body piercing that are visible or may be visible (i.e., tongue rings, earrings, belly button)
   b. Students, who have other body parts pierced, should ensure that the piercing is covered and not visible to clinical staff and patients.
   c. The only VISIBLE jewelry that a student is allowed to wear is a Wedding Band, and watch with a second hand.
11. Students will not wear heavy perfumes, colognes or makeup.

The clinical dress code is designed to make students readily visible, and reduce the student’s chances for communicable disease exposure, as well as to present a professional appearance. You MUST wear your uniform to class before signing up for clinical.

ALL CLINICAL SITES WILL SEND THE STUDENT HOME IF THE REQUIRED DRESS CODE IS VIOLATED. Students who leave L&D in their scrubs must wear a lab coat supplied by the clinical site. If the student is floating to another clinical site in the hospital from L&D, the student MUST change back into their clinical uniform. All students are required to arrive at the clinical site in the clinical uniform.
PRACTICUM INSURANCE

All students are required to pay for Medical Malpractice Liability Insurance during the registration process through the EMS Program. This fee is already added into the course fees. The policy is a $1,000,000/$3,000,000 Policy as required by our clinical sites. The policy only covers acts of negligence or medical malpractice that may occur while the student is participating in the clinical setting. It does not cover any incidents where the student is injured or exposed during the clinical or laboratory setting. Costs associated with injury or exposure to the student is incurred by the student.

Cost $65.00 per student
PROGRAM/COLLEGE FEES

All fees must be paid in accordance with College policy. Students who do not pay their fees will be dropped from the course by College policy.

**Proposed Fee for ECA First Responders**

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>205.00</td>
</tr>
<tr>
<td>ECA Book + WB</td>
<td>65.00 (or current cost)</td>
</tr>
<tr>
<td>BP/Stethoscope</td>
<td>30.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>300.00</strong></td>
</tr>
</tbody>
</table>

**Proposed student fees for Basic EMT:**

*may be subject to change due to cost of books and immunizations*

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition (in district)</td>
<td>448.00 (out of district extra)</td>
</tr>
<tr>
<td>Insurance, CPR</td>
<td>115.00</td>
</tr>
<tr>
<td>EMT-B Books + Active learning WB</td>
<td>115.00 (or current cost)</td>
</tr>
<tr>
<td>BP/Stethoscope</td>
<td>30.00</td>
</tr>
<tr>
<td>Shirt</td>
<td>30.00</td>
</tr>
<tr>
<td>TB Testing</td>
<td>10.00</td>
</tr>
<tr>
<td>HBV Immunization</td>
<td>125.00 (for series)</td>
</tr>
<tr>
<td>Background/ Immunizations Check</td>
<td>60.00 Approx</td>
</tr>
<tr>
<td>Drug Screening</td>
<td>40.00 approx</td>
</tr>
<tr>
<td>FISDAP</td>
<td>30.00</td>
</tr>
<tr>
<td>HESI Exit Exam</td>
<td><strong>25.00</strong></td>
</tr>
<tr>
<td><strong>Total Approx.</strong></td>
<td><strong>1008.00</strong></td>
</tr>
</tbody>
</table>

**Proposed Fee for EMT Intermediate**

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition (in district)</td>
<td>952.00 (out of district extra)</td>
</tr>
<tr>
<td>Insurance</td>
<td>65.00</td>
</tr>
<tr>
<td>Book + WB</td>
<td>307.45 or current cost</td>
</tr>
<tr>
<td>BP/Stethoscope</td>
<td>30.00</td>
</tr>
<tr>
<td>Shirt</td>
<td>30.00</td>
</tr>
<tr>
<td>TB Testing</td>
<td>10.00</td>
</tr>
<tr>
<td>HBV Immunization</td>
<td>125.00 (for series)</td>
</tr>
<tr>
<td>Background/ Immunizations Check</td>
<td>60.00 Approx / unless done in basic</td>
</tr>
<tr>
<td>Drug Screening</td>
<td>40.00 approx</td>
</tr>
<tr>
<td>ATT Course</td>
<td>150.00</td>
</tr>
<tr>
<td>FISDAP</td>
<td>80.00</td>
</tr>
<tr>
<td><strong>Total Approx.</strong></td>
<td><strong>1829.00</strong></td>
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</table>
### Proposed Fee Paramedic

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Tuition (in district)</td>
<td>854.00 (out of district extra)</td>
</tr>
<tr>
<td>Insurance</td>
<td>65.00</td>
</tr>
<tr>
<td>Book + WB</td>
<td>307.45 or current cost (if not purchased previously)</td>
</tr>
<tr>
<td>BP/Stethoscope</td>
<td>30.00</td>
</tr>
<tr>
<td>Shirt</td>
<td>30.00</td>
</tr>
<tr>
<td>TB Testing</td>
<td>10.00</td>
</tr>
<tr>
<td>HBV Immunization</td>
<td>125.00 (for series)</td>
</tr>
<tr>
<td>Background/Immunizations Check</td>
<td>60.00 Approx / unless done in basic/int</td>
</tr>
<tr>
<td>Drug Screening</td>
<td>40.00 approx</td>
</tr>
<tr>
<td>ACLS Class Fees</td>
<td>150.00</td>
</tr>
<tr>
<td>FISDAP</td>
<td>80.00 unless purchased during Intermediate</td>
</tr>
<tr>
<td>HESI Exit Exam</td>
<td>41.00</td>
</tr>
<tr>
<td><strong>Total Approx.</strong></td>
<td><strong>1772.00</strong></td>
</tr>
</tbody>
</table>

Proof of required immunizations, background check and drug screen within the last year, and if they have been in our program and have a uniform shirt and stethoscope will reduce cost.

**Suggested:**
Wrist Watch with second hand

*National Registry Exam testing and state application fees are not included above (see following pages).*
TEXAS DEPARTMENT OF HEALTH EXAM FEES

The Texas Department of State Health Services (TDSHS) requires that fees be paid at the time the student makes application. These fees can only be waived if the student currently volunteers for a REGISTERED First Responder or EMS agency. However if the student volunteers for one service and is paid by another, then the student is required to submit the appropriate fees.

Students will receive their TDSHS Application (or may go online) at the completion of the course. TDSHS Fees are NON-REFUNDABLE.

National Registry Testing

Testing for National Registry will be allowed only after all requirements for course completion have been met (e.g., attendance, class average, modular skills testing, and final exam module score). This course deals with medical techniques that can not only be rapidly life saving, but if improperly applied, can be life threatening. It is imperative that individuals certified in these techniques demonstrate sound, mature, stable judgment. If the Medical Director and the Course Coordinator feel that any student is incompetent, the student will not be allowed to take the National Registry examination, until the Medical Director is comfortable with the student’s knowledge and skills. Students are not allowed to sit for NR exams without the approval of course instructors, coordinator and medical director although classroom requirements are completed.

Upon completion of all requirements, the student will be issued a course completion certificate signed by the course coordinator. The students will then schedule themselves to sit for the NR exam. Students will be shown how to go on line and look up the region they wish to test at. The student will then be instructed on further administrative paperwork. IT IS THE STUDENT’S RESPONSIBILITY TO SCHEDULE HIMSELF/HERSELF FOR THIS EXAMINATION.
REQUIRED TEXTBOOKS

All required and recommended textbooks for the course will be listed on the course syllabus that is provided at the beginning of the class.

EMT Basic, EMT Prehospital Care 4th Edition; Henry, Stapleton, Edgerly

Intermediate and Paramedic – Paramedic Practice Today; Aehlert

Pharmacology for the Prehospital Professional; Guy
Exposure Protocol

**The purpose:**

To establish a procedure for students to follow in case of exposure to infectious agents in a clinical setting.

**Definitions:**

**Appropriate Personnel:** person(s) in charge of medical supervision at the clinical site (i.e., the EMS Supervisor or the charge nurse at the hospital.)

**Exposure:** contact of an infectious agent with an open wound, area where skin integrity is compromised, mucous membrane or through a puncture of the skin by a sharp instrument.

**Direct contact:** contact with an infectious agent that comes straight from the source.

**Indirect contact:** contact with an infectious agent through an intermediate source. (such as from clothing or other equipment)

**Infectious agent:** any substance that is capable of causing infection. (Body fluids such as blood, urine, fecal matter etc.)

**Mucous membrane:** a membrane rich in mucous glands, specifically one that lines body passages and cavities which communicate directly with the exterior. (i.e. eyes, nose, mouth)

**Open wound:** an injury that is not covered, enclosed, or scabbed over.

**Preceptor:** person(s) directly in charge of your activities (i.e., the attending paramedic, the ER technician, or the RN.)

**Skin integrity compromised:** if there is evidence of chapped skin, dermatitis, abrasion, open wound or needle stick, etc.
Procedure if exposure has occurred:

1. Determine if an exposure has occurred based on the given definition.
2. Notify the preceptor and the appropriate personnel at the clinical facility that you have been exposed and the method of exposure.
3. Consult ER Physician at closest care facility as to appropriate course of action.
4. Have blood drawn for a baseline lab evaluation at the closest appropriate care facility.
5. Contact Panola College EMS personnel and inform them of the exposure within 6 hours of the exposure. Emergency numbers are located in the course packet.
6. Complete the appropriate agency form for the clinical site at which the exposure occurred and turn that form in to the preceptor.
   If no agency form exists, leave a copy of the EMS Program Health Hazard Exposure Form.
7. Complete the EMS Program Health Hazard Exposure Form and turn it in to the course instructor.
8. Consult exposure prophylaxis chart.

If you have come in direct or indirect contact with an infectious agent that has not compromised the skin but still want to fill out paperwork for documentation purposes, follow the steps below.

1. Determine if an exposure has occurred based on the given definition.
2. Notify the preceptor at the clinical facility that you think you have been exposed and how.
3. Complete the EMS Programs Health Hazard Exposure form and turn it in to the course instructor.

Prompt reporting is recommended in order to start Post-Exposure Prophylaxis (PEP) within one to two hours.

*Students will incur all costs of any medical treatment received.*
Protocol for treatment of needle stick and other blood or body fluid exposures.

Wound care/ first aid

1. Irrigate wound with NS, sterile water or tap water
2. Flush mucous membranes with NS or tap water
3. Wash wound with soap and water

A. Lab evaluation
   1. Source patient - HbsAg, anti-HIV, and anti HCV
   2. Exposed personnel – anti-HBs, anti-HIV, and anti-HCV

B. Tetanus Prophylaxis
   1. Tetanus and diphtheria toxoids (Td) ½ cc intramuscularly (IM) if > 10 years since last booster
   2. Tetanus immune globulin not needed
SEE FOLLOWING PAGES
EMS Programs
Health Hazard Exposure Form

Student Information
Name ____________________________ SSN ______________________
Address ____________________________ Home Phone ______________________
Class ____________________________ Course Number ______________________
Work Phone ______________________

Exposure Information
Date ____________________________ Call/Patient # ______________________
Location ____________________________
Were you exposed to blood, body fluids, or other potentially infectious materials?   □ No  □ Yes
Source Individual (Patient, Client, Prisoner, Unknown, etc.) ______________________
Name ____________________________ Address ____________________________
Disposition of Source Individual (Hospitalized, Incarcerated, Ambulance etc.)
Was Screening of Source Individual Requested?   □ No  □ Yes  To Whom did you Make Request? ______________________

Methods of Exposure
☐ Inhalation  ☐ Ingestion  ☐ Absorption  ☐ Injection  ☐ Unknown

Communicable Disease
☐ HIV/AIDS  ☐ Chickenpox  ☐ Hepatitis B  ☐ Herpes  ☐ Measles
☐ Meningitis  ☐ Mumps  ☐ Syphilis/Gonorrhea  ☐ Tuberculosis  ☐ Other

Hazardous Materials
Identify ____________________________

Level of Treatment
☐ None  ☐ At Scene  ☐ Panel Physician  ☐ Hospital  ☐ Public Health  ☐ Other

Personal Protective Equipment
☐ None  ☐ Gloves  ☐ Mask  ☐ Eye Protection  ☐ Gown/ Apron  ☐ Other

Description of Incident

Was anyone else exposed?   □ No  □ Yes  If yes, Please complete
Name ____________________________ Dept. ____________________________ Position ______________________
Name ____________________________ Dept. ____________________________ Position ______________________

Test Results of Source Individual
☐ Source Unknown  ☐ Denied Consent
HIV ☐ Neg. ☐ Pos. ☐ Date
HBV ☐ Neg. ☐ Pos. ☐ Date
Meningitis ☐ Neg. ☐ Pos. ☐ Date
TB ☐ Neg. ☐ Pos. ☐ Date

-For Medical Use Only-

Student Treatment
☐ HIV Screening  Dates Baseline  ☐ Neg.  ☐ Pos.
2nd Date  ☐ Neg.  ☐ Pos.
3rd Date  ☐ Neg.  ☐ Pos.
4th Date  ☐ Neg.  ☐ Pos.

☐ Hepatitis B Vaccine  Dates 1st  HbsAb  Date
2nd Date  Result
3rd Date

Series Completed  Booster

☐ Immune Globulin (HBIG)  Date

☐ Meningitis  Medication  Date

Init Student Informed of Results  Date
Person Performing Counseling  Date
Employee Offered Treatment  Date
Person Performing counseling  Date
Init Student Informed of Ramifications  Date
Person Performing Counseling  Date
Init ☐ PPD  Date  ☐ Neg.  ☐ Pos.
X-Ray Date  ☐ Neg.  ☐ Pos.
Physician’s Name ____________________________
Signature ____________________________
☐ Other
Please give a detailed description of the event in which you were exposed.
Program Evaluation

**OBJECTIVE:**

To review the course structure and make improvements where needed. To evaluate instructors, clinical, ambulance areas, and preceptors for quality; and make changes in any area that deems necessary.

**POLICY:**

1. All students will be asked to evaluate all instructors and guest lectures throughout the course.

   All students will be asked to evaluate course, instructors, clinical, ambulance area, and preceptors. Evaluations will be anonymous and students will not have to sign forms.

2. Evaluations will then be reviewed by coordinator and medical director and changes made where needed.
To ensure all state requirements are fulfilled for ECA and students have a complete learning experience.

**POLICY:**

1. Student will be required to complete a minimum of 48 hours of didactic and skills training.

2. Each student must finish the course with an average of 80%.

3. Student must successfully complete the state required skills evaluation consisting of:

   * Patient Assessment
   * Airway Management
   * Bandaging and Splinting
   * Spinal Immobilization

   * AED
   * R & I of Hazardous Materials
   * Communication and Documentation
   * Traction Splinting

4. Students will also be required to show current CPR card for healthcare provider.
To ensure all state requirements for EMT are fulfilled and that student is able to provide proper patient care.

**POLICY:**

1. Students will be required to complete a minimum of 158 hours of didactic and skills training.

2. Each student must finish the course with an average of 80%.

3. Students must successfully complete the state required skills evaluation consisting of:
   * Patient Assessment
   * Airway Management
   * Bandaging and Splinting
   * Spinal Immobilization
   * Nebulizers (hand-held and small volume)
   * Epi Pen
   * Pneumatic Anti Shock Garment
   * AED
   * R & I of Hazardous Materials
   * Communication and Documentation
   * Traction Splinting

4. Students will also be required to show current CPR card for healthcare provider.

5. Clinical hours will be done at Good Shepherd Medical Center – Longview and Marshall, East Texas Medical Center-Carthage, Shelby Regional Medical Center, and Nacogdoches Medical Center. Field internship will be done at Marshall Fire Department, East Texas Medical EMS and North East Texas EMS.

   A. Seventy-two (72) hours in E.R. (Watching childbirth may be deducted from ER hours).
   B. Seventy-two (72) hours required at ambulance service and four (4) emergency ambulances runs.
**SUBJECT:**

EMT-I Specific

**OBJECTIVE:**

To ensure all state requirements for EMT-I are fulfilled and that students are able to provide proper patient care.

**POLICY:**

1. Students will be required to complete a minimum of 312 hours of didactic and skills training plus 192 hours of clinicals.

2. Each student must finish the course with an average of 80%.

3. Students must successfully complete the state required skills evaluation consisting of:

   * All skills needed for basic EMT
   * Venipuncture - IV Therapy
   * Intubation

4. Students will also be required to show current CPR card for healthcare providers or show proficiency by demonstrating skills.

5. Clinical hours will be done at Good Shepherd Medical Center – Longview and Marshall, East Texas Medical Center-Carthage, Shelby Regional Medical Center, and Nacogdoches Medical Center. See Policy Number 300.00 for number of hours each department.

6. Field internship will be done at Marshall Fire Department, East Texas Medical EMS and North East Texas EMS. See Policy Number 300.00 for number of hours each department. Emergency runs will include at least one on the following:

   A. I.V.s - Blood Draw
   B. Intubation
   C. MAST Application

6. Students will show proficiency in intubations and if possible complete 3 intubations and 20 successful I.V. sticks along with 10 blood draws.

<table>
<thead>
<tr>
<th>IV</th>
<th>20 Intermediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Draw</td>
<td>10 Intermediate / 10 paramedic</td>
</tr>
<tr>
<td>Intubations</td>
<td>Minimum of 3 intermediate if possible</td>
</tr>
</tbody>
</table>
SUBJECT:
Paramedic Specific

OBJECTIVE:
To ensure all state requirements for Paramedic are fulfilled and that students are able to provide proper patient care.

POLICY:
1. Students will be required to complete a minimum of 576 hours of didactic and skills training and 192 hours of clinicals.
   A. Each student must finish the course with an average of 80%.
   B. Students must pass final exam.
4. At the conclusion of the course all students will have successfully completed all state required skills. This will include all basic and intermediate skills, plus:
   * ECG Recognition  * Drug Administration
   * Defibrillation – Cardioversion  * Megacodes
5. Students will also be required to show current CPR card for healthcare providers or show proficiency by demonstrating skills.
6. Clinical hours will be done at Good Shepherd Medical Center – Longview and Marshall, East Texas Medical Center-Carthage, Shelby Regional Medical Center, and Nacogdoches Medical Center. See Policy Number 300.00 for number of hours each department.
7. Field internship will be done at Marshall Fire Department, East Texas Medical EMS and North East Texas EMS. See Policy Number 300.00 for number of hours each department. Emergency runs will include at least one on the following:
   * I.V.s - Blood Draw  * Defibrillation/Cardioversion
   * Intubation  * Drug Therapy
   * MAST Application
8. Students will show proficiency in intubations and if possible complete 7 intubations, 20 successful I.V. sticks along with 10 blood draws, 20 readings of EKG strips and 15 medication administrations.

<table>
<thead>
<tr>
<th>IV</th>
<th>20 paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Draw</td>
<td>10 paramedic</td>
</tr>
<tr>
<td>EKG</td>
<td>20</td>
</tr>
<tr>
<td>Intubations</td>
<td>7</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>15</td>
</tr>
</tbody>
</table>
**SUBJECT:**

Student Participation

**OBJECTIVE:**

Students will practice skills and techniques, on mannequins and other students, before using skills on actual patients.

**POLICY:**

1. Students will be required to participate in all skills training classes.

2. All skills will be practiced on mannequins or other students, in a classroom setting, until proficient.

3. Under direct supervision of preceptors and duty personnel, student will use their skills in clinical and ambulance settings.
OBJECTIVE:

To show what is expected of students.

POLICY:

1. Field Internship Objectives on following pages.
<table>
<thead>
<tr>
<th>Subject</th>
<th>Field Internship Preceptor Handbook</th>
<th>Policy Number: 800.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued:</td>
<td>10/05/2007</td>
<td>Revised:</td>
</tr>
</tbody>
</table>

Field Internship Preceptor Handbook

This handbook will be given to all clinical and field locations. It contains roles and responsibilities, requirements and qualifications, guidelines for preceptors to abide by and to help in the learning process of students during internship.

All preceptors will be given a class on this handbook, prior to student rotations through clinicals.

Located under preceptor handbook tab.