

Paramedic Program Student Policy & Procedure Manual



Program Goal

The Northwell Health System Emergency Medical Institute (EMI) Programs are intended for individuals interested in providing care to patients in a pre-hospital setting. The overall goal of this program is to prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Course Description

This course has been developed to meet and/or exceed the standards as set forth in the *National Emergency Medical Services Education Standards* (<http://ems.gov/pdf/811077a.pdf>). The course builds upon the foundational knowledge of the Emergency Medical Technician and provides additional breadth (amount of material) and depth (level of detail) of knowledge necessary for the paramedic to practice in today's workforce. In addition, the course integrates experiences from outside the traditional 911 (emergency) role of paramedics to facilitate entry into other areas of paramedic practice including community-based paramedicine, interfacility transport, and specialty/critical care transport. This program is also approved by the New York State Department of Health Bureau of Emergency Medical Services.

Computer Proficiency Required

It is expected that the student will have a working knowledge of personal computers, a word processing program, internet browsing, and email use. In addition, some specific software packages may also be used during the program.

Admissions Policy and Procedures

Interested persons shall complete an online application for the program along with following documentation:

- Copy of your high school diploma, or equivalent
- Copy of your New York State EMS Provider credentials
- Copy of your New York State Driver's License, or equivalent

Once received, the application shall be reviewed for completeness and, if deficient, the applicant shall be directed to submit required documentation. The applicant is encouraged to attend an open house session to become familiar with the program. Once the application is completed, the applicant shall be provided information on how to access Montage, our web-based interview platform. If accepted into the program, the applicant will be scheduled for our web-based testing program, where they will be required to complete both general knowledge EMT and math online assessments.

After the applicant has completed the online assessments and the application package has been deemed complete (with letters of recommendation), applicant packages are submitted to an admissions committee for review and acceptance. Applicants will be notified of acceptance into the program at least thirty (30) days in advance of the scheduled start date of the program unless the applicant has been placed on the wait list. Applicants placed on the wait list may be notified of acceptance up to five (5) days prior to the scheduled start date of the program. Accepted applicants may defer enrollment to the next scheduled program.

Course Objectives

The objectives of this program are:

- Cognitive: Demonstrate the ability to comprehend, apply, and evaluate clinical information as it relates to the student's role as an entry-level paramedic.
- Psychomotor: Demonstrate technical proficiency and clinical competency in all skills necessary to fulfill the role of an entry-level paramedic within the state of New York.

- Affective: Demonstrate personal behaviors consistent with professional and employer expectations for a paramedic.

This program contains information, skills training, and field internships that will enable an individual to:

- Demonstrate an understanding of basic human anatomy and physiology.
- Provide appropriate Basic Life Support (BLS) and Advanced Life Support (ALS) when faced with life-threatening situations.
- Demonstrate the correct utilization of basic and advanced life support equipment in a pre-hospital/emergency setting.
- Transmit presenting medical conditions in a professional manner utilizing modern radio and telemetry equipment.
- Provide patient care in accordance with medical control direction, and current local protocols.

Completion of On-Line Learning Objectives

All students must complete the following on-line courses prior to the New York State Practical Skills Examination:

- IS-100 for Healthcare: <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
- IS-200 <http://training.fema.gov/is/courseoverview.aspx?code=IS-200.HCa>
- IS-700: <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>
- IS-5a: <https://training.fema.gov/is/courseoverview.aspx?code=IS-5.a>
- WMD/Terrorism Awareness: <https://teex.org/class/AWR160/>
- Internet-Basic Emergency Medical Services (EMS) Concepts for (CBRNE) Events – AWR – 111: <https://teex.org/class/AWR111/>

After completing each of the on-line courses, students are required to take and pass an online examination(s). At the end of each exam, students will enter all required personal information. Upon successful completion of the examination(s), a course certificate for each course will be emailed to you. This certificate must be submitted to your Instructor Coordinator prior to the specified deadlines.

Class Location and Time

Please refer to the course schedule for more detailed information as to course times and locations.

Class Cancellations

Classes will only be canceled by the Emergency Medical Institute when inclement weather or some other factor indicates that class cancellation is in the best interest of the students and staff. Every effort will be made to contact you at the email address that you have provided during registration. In the event of inclement weather and/or some other extenuating circumstance, please be sure to check your email before heading to class. Your best reference for obtaining the status of any class or program will be through our website at: www.LearnEMT.org.

Communications

Each student will fill out a student information card the first day of class. This will contain personal information used for communications between the Instructor Coordinator and student. If there are any changes during the program, you must update the CIC and online platform as soon as possible. For any emergencies that need immediate attention, please **contact your CIC via email or phone. If by phone, leave a message if they don't answer.**

Reporting Structure

The Course CIC is the immediate supervisor of the class, whether on rotations or during class. He or she is responsible for your actions. If an issue arises, the first person a student should ask for help is the instructor supervising them at that time. This may be a skills instructor or the course CIC. If the skills instructor is not able to help the student, the student should explain to the skills instructor why there is still a concern and that the student will be contacting the course CIC to obtain the answer via email or in person. The course CIC will give you an answer or find the answer and get back to you. The course CIC is responsible for the course, training, and education and has the sole responsibility to teach. Under very rare circumstances should additional guidance be needed after the course CIC has given you an answer, the course CIC's supervisor is the Program Director. The Program Director is responsible for the overall administration of the program, not the individual or the day-to-day education. As with the skills instructors, the student should explain to the course CIC why there is still a concern and that they will be reaching out to the Program Director. There is an appeals process, detailed below. Your course CIC is your greatest resource, as well as your best ally to advocate and accomplish the goal of becoming an excellent, well-respected Paramedic.

Any staff member is available for educational content questions. Course structure and requirement questions should be directed to the course CIC. The course CIC is the primary instructor and most familiar with the individual course.

Fire Alarm

In the event of a fire alarm, please observe the following:

- 1) Immediately leave the building; do not make any stops along the way.
- 2) The meeting place for both suites (101 and E130) is the grassy area across the roadway, near the eastern entrance of 1981 Marcus Avenue.
- 3) Team leaders will make sure they have all their teammates and notify the CIC if any student is missing. If no CIC is there, notify the nearest staff member of any missing students.

Emergency Response

In the event of any other emergency (AED alarm, medical/trauma patient, unauthorized person, etc.), one person should stay at the emergency, a second person should secure and evacuate the area, and a third person should immediately notify the CIC, as long as it is safe to do so, in the safest form of communication. If you are alone, do not leave unless it is unsafe to stay, and notify the CIC via telephone. Assistance and support are encouraged while you are awaiting emergency response personnel. Program supplies are not allowed to be used during medical emergencies, such as IV catheters, medications, monitors, etc. Northwell Health CLI is not a responding agency for emergencies.

Program Dress Attire

Paramedics are health care professionals, and it is expected that students will demonstrate professionalism, in both thought and action. While participating in any session, students are required to wear attire appropriate for that setting. Team members must wear their ID badge above the waist, using a recommended lanyard or non-magnetic holder, with the photo

facing forward so it can be clearly seen. Student must also have their EMT certification cards and skills approval letters with them.

You are expected to exercise good personal hygiene prior to clinical and field internship rotations. You are also expected to bring the appropriate equipment to clinical rotations as outlined below. Clothing must be made of opaque material and not be revealing. Clothing should reflect professionalism and avoid language that is inflammatory or offensive. This dress code also applies to personal belongings, such as laptops and backpacks. White undershirts should be worn under all uniforms, and only the topmost button is unbuttoned. Hats should not be worn in any building. Hair should be worn away from the face in a manner that does not interfere with vision or providing medical care or create an exposure risk. Students should have short, natural nails no greater than ¼ inch beyond the tip of the finger. Artificial nails (nail extenders, tips or wraps) and any glued-on ornaments are not permitted. Nails should be free from chipping or peeling nail polish and any glued-on ornamentation. Facial hair must be kept short to maintain an adequate seal for an N-95 mask or hood (provided on the ambulances). Visible tattoos should be modest and discreet. Visible body piercings (except in ear lobes) are not acceptable generally. Team members may not wear jewelry that interferes with their ability to perform assigned work or that creates a safety concern.

1. *Classroom Setting*-While participating in any didactic, psychomotor skills, or simulation sessions, students shall wear the program uniform or business attire, with student's ID card visible above the waist unless directed otherwise.
2. *Skills/Simulation/Standardized Patients*-While participating in these exercises, students shall wear their program uniforms.
3. *Ambulance Setting*-While participating in the field on ambulance rotations, students shall wear their program issued uniforms. If a program uniform is not yet available, the student shall wear black pants with a white button-down shirt, and black work shoes or boots. All students are required to be properly groomed and in compliance with Center for EMS policy and procedures. Students will be provided a copy of the policy and are required to comply, or risk being dismissed from the clinical rotation.
4. *Clinical Setting* -While participating in the indoor clinical setting, students shall wear business attire (shirt and tie, pants, and blouse), shirt tucked in with a belt, with a white laboratory jacket.

Sneakers (EXCEPT ALL BLACK WORK SNEAKER), Jeans, open-toed or high-heeled shoes, sandals, or another slipper-type footwear is prohibited.

Any student not wearing the appropriate attire for the program shall be dismissed, considered absent from the session, and responsible for all course work presented.

Further Requirements

You are required to have the following equipment for all practical skills in lab sessions as well as on rotations:

* Those items in bold should be brought and carried on your person, to all class sessions, as well as rotations.

- Watch with second counter hand (AT ALL TIMES)
- Northwell ID card
- Black pen (AT ALL TIMES)
- Pencil – during classes
- Personal Electronic Device (i.e.: tablet/laptop/phone) – capable of accessing the internet

- CPR and EMT certifications
- Penlight
- Stethoscope
- EMS Shears/Scissors
- Student skills ID card

Paramedic Program Identification

All students shall be issued a program identification card that shall be displayed in compliance with the dress code, whenever the student is actively involved in any aspect of the paramedic program. This includes during, going to and from class sessions, and clinical experiences. Students are also required to have their current EMT/CPR certification cards and skills card with them.

Though some students may already have identification as Northwell Health employees, employee identification cards are not to be displayed when performing functions as part of the paramedic program. Only student ID cards should be displayed.

Parking at Northwell EMI and Other Locations

Students will only park in appropriate unreserved parking areas. Students may not park in spots that are designated as reserved. Areas marked as Handicapped are to be used only by persons who have been designated by the New York State Department of Motor Vehicles as eligible to occupy such a space. Parking will always be in accordance with all required traffic laws and ordinances.

Smoking Policy

Any type of smoking, or electronic cigarettes are prohibited within any buildings. In addition, smoking is only allowed in designated areas when on rotations/in class. During class, the only designated area for smoking is outside the fence, off the property, on the southern part of the property. The loading dock, outside any door, or in any parking lot is unacceptable.

Liability / Malpractice Insurance

All students are responsible for their own medical coverage while in courses and programs at the Emergency Medical Institute. In the event of an illness or injury while participating in activities of EMI sponsored course, the student is solely responsible for all care and treatment necessary for their condition. Northwell Health does not assume, nor extend, any medical coverage for these events. Therefore, the students should maintain an appropriate level of medical coverage at all times during the program.

Each student will be required to maintain his or her own liability insurance, with a minimum coverage of one million dollars (\$1,000,000) per occurrence, and three million dollars (\$3,000,000) aggregate. www.hpsso.com

Students must have proof of insurance with the following:

- Document must clearly name the student as the insured.
- Coverage limits that either meet or exceed the limits delineated above.
- Effective date of coverage starting the first day of the program.
- Expiration date, at a minimum, past the last date of the program.

Electronic Devices

All electronic devices, except those permitted and integral to the program, are prohibited while class is in session. However, these devices may be used anytime outside of sessions. These devices include cell phones, tablets, gaming systems, etc.

Using a cell phone while in the classroom is disrespectful to the faculty and distracting to other students, and therefore is not allowed. Cell phones are to be shut off while the student is in class or placed in silent mode. Any student who needs to keep his/her phone on because of a possible emergency call (sick child at home, family member in the hospital), must receive **prior permission from the CIC** for each class session and maintain the phone in vibrate or silent mode. The student will leave the classroom if he/she needs to respond to an emergency call.

No cell phones should be kept out unless allowed by the CIC. At times, cell phones may be utilized during class under the direction of the CIC.

Audio and visual recording of any session is strictly forbidden, unless as part of the structured learning of the program. Permission of the session instructor is necessary and must be submitted in writing prior to the session.

Social Media

It is expected that students shall participate on various social media sites. However, all students must adhere to the Northwell Health System Policy titled ***Social Media Acceptable Use***, Part 8 Section 11. A copy of this policy shall be provided to students as part of their student orientation.

Students should remain aware that personal activities outside of the class sessions, that directly and adversely impact the educational environment inside the program, shall be considered to have happened as if the activities occurred within the program. Those activities will be considered a breach of professional conduct and expectations and addressed accordingly.

Students may be directed to create a Facebook account through which program correspondences and files may be shared via a private closed group.

Laptop/Tablet Devices

Each student is required to have their own laptop or tablet device. This device is an integral part of the program and shall be utilized for research, textbooks, email, and other functions.

Calculator Use Policy

It is the policy of the Emergency Medical Institute to recognize technological advances to aid practitioners in the performance of their duties and responsibilities. Medication calculations are a required skill in the performance of advanced life support interventions. However, it is also the policy of the New York State Department of Health to not permit the use of calculators during state certification and practical skills examinations, and students must therefore be prepared to perform medication calculations without the aid of a calculator. Students may be allowed use of an approved calculator in class sessions and on some examinations as directed by the CIC. Use of calculators may be suspended at any time at the discretion of the IC.

Students will be issued calculators for use throughout the course on designated exams. Students are not permitted to use calculator memory to take secure test content out of the room. Students who attempt to remove secure test content from the room by any method will have their test scores invalidated. Calculators may not be shared, and communication between calculators is prohibited during testing. Calculators must operate in silent mode.

Google Mail Accounts

Students may be directed to create a Google Mail account through which program correspondences and files may be shared. Therefore, it is essential that all students frequently check their Google Mail accounts for program information, including, but not limited to, policy and syllabus changes, session schedule changes, adverse weather program closures, and clinical experience information.

Consumption of Food and Beverages

Food and beverages are NOT permitted in classrooms. Water bottles when capped will be permitted. **Under no circumstances** are food or beverages of any type (capped or not) allowed in the simulation/skills/computer room areas. Under no circumstances are food or beverages of any type allowed in Suite E137 when labs are being performed.

Tuition, Financial and Liability Considerations

Tuition for the program is \$13,00.00, excluding personal liability/malpractice insurance. Payment in full shall be made by 1600 hours the day before the program is scheduled to begin. A \$1,750.00 non-refundable deposit is necessary to confirm a seat in the program once an acceptance offer is made to the candidate. Students electing to delay making their tuition payment in full run the risk of education materials not being available the first day of class, and as a result may adversely impact their initial progress in the course.

Verification of Membership in an EMS Agency

During registration students who are members of a New York State EMS Providing Agency will be given a New York State Department of Health *Verification of Membership in an EMS Agency (DOH-3312)* Form.

Students will be instructed on how to properly complete the form. Students are responsible for having the bottom half of the form completed and signed by an Officer or Chief from their Sponsoring Agency. **The signer must be authorized to attest your membership in that agency.** This completed form must be returned to your CIC during the orientation part of the program.

Tuition Refunds

Partial tuition refunds are available to a student withdrawing, or being academically dismissed, from the program any time before six (6) months from the official start date of the course (less than or equal to 180 days). Date of withdrawal is the date written request from the student is received by the Course Instructor Coordinator. Date of academic dismissal is the date formal written or verbal notification is given to the student by the Course Instructor Coordinator. This policy does not apply to students who have elected to pay their tuition via an installment plan.

Students submitting Full Tuition (\$13,000.00)

Withdrawal Time Period	Tuition	Refund Amount
Prior to First Session.	\$1,750 Non-Refundable Deposit	\$11,250.00*
Within 30 days	\$5,625.00	\$5,625.00*
Within 60 days	\$6,575.00	\$4,675.00*
Within 90 days	\$7,525.00	\$3,725.00**
Within 120 days	\$8,475.00	\$2,775.00**
Within 150 days	\$9,425.00	\$1,825.00**
Within 180 days	\$10,375.00	\$875.00**
After 180 days	\$11,250.00	\$0.00**

*** An additional fee of 5% of the tuition amount will be retained for any tuition payment remitted by debit or credit card.**

**** Any refunds after 60 days will be disbursed as a check, regardless of how the payment was originally remitted.**

Students being dismissed for violation of the academic honesty policy, or for professional misconduct, are not entitled to a refund of any portion of their tuition.

Attendance Policies

Class attendance is required at all sessions and scheduled rotations. If a student has an emergency, and must be absent or late to class, they are required to contact the Instructor Coordinator **as soon as possible** via email or phone.

Absences

Attendance at all sessions (including distance learning sessions) and scheduled rotations is mandatory. New York State certification requirements indicates that candidates for EMT/AEMT certification be in attendance for all class/lab sessions. Students are responsible for all materials of the program. In a New York State Paramedic Course, **more than 6 absences may result in dismissal from the program. This is not to suggest that 6 absences are allowed.** Rather, it reflects the reality that there are times that one cannot attend class. After 3 absences, students will be given a verbal warning. After 5 absences the student will receive a written warning and may have to meet with the Medical Director. If a 6th absence occurs, the student will be placed on probation, which can result in further disciplinary action being taken, including dismissal from the program.

Skills Sessions

There are approximately thirty-four (34) skill integration and/or simulation sessions during this program. **Attendance at these sessions is integral to the program.**

All missed sessions must be made up as described below. There are no excused absences, nor does making up work change the number of absences. Makeup sessions/activities are not to interfere with regularly scheduled classes or other activities and must be completed within 14 days from the date of the absence. Failure to abide by this makeup policy may result in disciplinary proceedings. Missed lectures may be made up in any one of the following manners, in consultation with and approval of the CIC:

- Submit a written report on the topic no less than five pages in length
- Write 25 multiple choice questions, with answers and page references, on the missed session
- Another activity agreed upon and approved by the CIC
- Additional clinical rotations

Students are not permitted to re-schedule assessment evaluations during any period that is already encumbered with course work on the schedule. All rescheduled assessments must be completed outside of the normally scheduled course dates and class hours.

Lateness

Class sessions are expected to start promptly at the designated time. This means ready to do the assigned activities for the duration of class. Student lateness/disappearance is unprofessional, insulting, and distracting to the faculty and fellow students. Students that are not ready and present at the assigned start time of the class session will be considered late. Leaving early from class sessions will count the same as being late. **Arriving late to three (3) sessions is equivalent to one (1) absence. Arriving after the first 15 minutes of class or leaving more than 15 minutes before the end of class results in an absence. Not signing the attendance sheet is considered an absence. It is your responsibility to sign in. Consistent lateness/absence will be factored into the student's affective domain grade as well as affect their team/participation grade.**

All missed sessions must be made up as described below. There are no excused absences. Makeup sessions/activities are not to interfere with regularly scheduled classes or other activities and must be completed within 14 days from the date of the absence. Failure to abide by this makeup policy may result in disciplinary proceedings. Missed lectures may be made up in any one of the following manners, in consultation with and approval of the CIC:

- Submit a written report on the topic no less than five pages in length
- Write 25 multiple choice questions, with answers and page references, on the missed session
- Another activity agreed upon and approved by the CIC
- Additional clinical rotations

Required Textbooks and Other Materials (Included in Tuition):

1. AAOS Nancy Caroline Emergency Care in the Streets 9th edition textbook
2. AAOS Nancy Caroline Emergency Care in the Streets 9th edition student workbook
3. AAOS Nancy Caroline Emergency Care in the Streets 9th edition digital supplement
4. 12 Lead ECG The Art of Interpretation 2nd edition
5. ECG Cases for EMS
6. AAOS Paramedic: Calculations for Medication Administration
7. Anatomy & Physiology for Health Professional 3rd edition

8. Online platforms, including, but not exclusive to, FISDAP, Jotform and JBL.
9. Student skills ID card

Health and Physical Examinations

In accordance with rules, regulations, and requirements of Northwell Health, and various local, state, and federal agencies/accreting bodies, all students must receive medical clearance prior to participating in paramedic clinical rotations.

All health screening exams shall be completed at Northwell Health facilities. Students, who fail to appear at Employee Health Services as directed, shall be dismissed from the program.

Paramedic Program faculty are only informed as to whether a student has been medically cleared to participate in that program, and NOT provided any privileged personal medical information.

EMT Certification

Students must maintain NYS EMT certification, or higher, throughout the program. If at any time during the program the certification expires or is suspended, the student shall be dismissed from the program immediately.

Advanced Standing

Advanced standing may be granted after extensive review by both the Paramedic Program Director and Medical Director, and in compliance with Policy on Advanced Standing for Allied Health Personnel and NYS-BEMS Certified Providers contained within the New York State Department of Health Bureau of EMS Administrative Manual for EMS Educational Programs. Advanced standing will not be granted for with CFR-D (EMR) or EMT courses.

Course Records

All course and student records are retained securely and confidentially for a minimum of five (5) years, in accordance with the New York State Department of Health Bureau of EMS Administrative Manual for EMS Educational Programs. Students may request an Official Transcript for any course(s) completed at The Emergency Medical Institute, please download and complete a [Transcript Request Form](#)

Please forward your completed Transcript Request Form along with required fee to the following address:

Northwell Health
Emergency Medical Institute
1979 Marcus Avenue, Suite 101
Lake Success, New York 11042
Attention: Mr. Edward Waldron

Transcript Request Fees:

There are no transcript fees for graduates of the Northwell EMI Paramedic Program.

Team Based Learning

This class will be presented utilizing Team Based Learning (TBL) concepts. It is a well-defined instructional strategy currently utilized in higher education. TBL brings together theoretically based strategies for ensuring the effectiveness of small-groups working independently in classes with high student-faculty ratios. As an instructional method, TBL consists of repeating sequences of three phases:

Phase 1: Students study independently outside of class to master the objectives of the lesson by completing the reading assignments

Phase 2: Individual students complete a multiple-choice exam to assure their readiness to apply Phase 1 knowledge. Groups of students then re-take this exam and turn in their consensus answers for immediate scoring and posting.

Phase 3: Class groups complete in-class assignments that promote collaboration, use of Phase one and two knowledge, and identification of learning deficiencies.

At a designated point during the class session, all groups will share their compiled answers with the entire class for easy comparison and immediate feedback. This stimulates an energetic class discussion with groups defending their answers and the Program Coordinator helping to consolidate learning.

TBL stresses the importance of out-of-class learning based on clear learning objectives. It emphasizes the importance of holding students accountable for attending class prepared to participate and provides guidelines for designing group learning tasks to maximize participation. Team Based Learning emphasizes three keys to effective active learning: 1) Individual and group accountability, 2) Need and opportunity for group interaction, and 3) Motivation to engage in give-and-take discussion.

Program Milestones/Course Evaluation/Grading Criteria

Throughout the program students will be evaluated at each milestone in the following four categories. The final grade will be based on the students Cognitive score and summative evaluation of their performance in all categories.

1. Cognitive
2. Psychomotor
3. Affective
4. Clinical/Field

Paramedic Program Milestone 1 Goals A&P – BLS Portfolio			
<u>Clinical/Field – doesn't start Until Milestone 2</u>	<u>Affective – review of attendance, response to instructor, & class participation</u>	<u>Cognitive</u>	<u>Skills Lab req. #/Clinical-Field req. #</u>
	Integrity Empathy Self-Motivation Appearance/Personal Hygiene Self-confidence	<u>A&P Final (Module exam)</u>	-BLS Psychomotor portfolio
	Communications Time Management Teamwork and diplomacy Respect Patient Advocacy Careful delivery of Service		

These tables are a brief overview of the milestones, please see detailed explanations below

Paramedic Program Milestone 2 Goals			
<u>Clinical/Field –</u>	<u>Affective –</u> review of attendance, response to instructor, & class participation	<u>Cognitive</u>	<u>Skills</u> <u>Lab req. #/Clinical-Field req. #</u>
Patient Assessment / History Taking Field Minimum REQUIRED ROTATIONS: 3 field rotations	Integrity Empathy Self-Motivation Appearance/Personal Hygiene Self-confidence Communications Time Management Teamwork and diplomacy Respect Patient Advocacy Careful delivery of Service	<u>Medication Math– 80% is passing for this exam (Formative)</u>	-Simulation, IV/IO/IM/SQ, Med Math

These tables are a brief overview of the milestones, please see detailed explanations below

Paramedic Program Milestone 3 Goals			
Clinical/Field – all numbers listed are only minimums for this milestone	Affective – review of attendance, response to instructor, & class participation	Cognitive Module exams	Skills Lab req. #/Clinical-Field req. #
<p>Clinical Minimum REQUIRED ROTATIONS 8 Adult ER (10pts/per shift) 3 PEDS (Cohen's) ER (10pts. Per shift) <i>***REQUIRED to document 10 patients per ER shift is allowed to be documented ***(For both Adult & PEDS ER)</i> 4 Consecutive days – OR - 6 ET tubes - 6 SGA's - 60 Ventilations</p> <p>1 Psych (6pts) 4 Consecutive OR shifts 1 L&D (10 pts.) 1 MICU (5pts.) 1 SICU (5pts.) *Additionally, ALL Age and Impression categories need to be met*</p> <p>Field Minimum REQUIRED ROTATIONS: 27 field rotations (minimum) Field – minimum pt. encounters 110 on an ALS ambulance.</p> <p>*(This does not include capstone rotations) *</p> <p><i>In order to be approved for Capstone the following needs to be met:</i> Clinical - requirements will depend on what you need to complete from the SMC Matrix. Field – depends on what is necessary to reach a minimum of 110 patient encounters on an ALS Ambulance</p>	<p>Integrity Empathy Self-Motivation Appearance/Personal Hygiene Self-confidence Communications Time Management Teamwork and diplomacy Respect Patient Advocacy Careful delivery of Service</p>	<p><u>Airway</u> <u>Respiratory</u> <u>Cardiology</u> <u>ECG/12 lead/Pharmacology assessment</u> <u>Medical Emergencies</u> <u>Pediatrics</u> <u>Obstetrics/GYN emergencies</u> <u>Trauma</u> <u>Operations</u></p>	<p>-Simulation, Airway, Respiratory & Bioskills - 50 successful IVs - 25 ALS medications administered - 4 medication infusions - 12 IV bolus medications - 4 IM med administrations</p> <p>OR requirement -6 intubations -6 SGAs -60 ventilations</p> <p>EKG Static/Dynamic -- ACLS & BCLS - Simulation 25 – Abnormal 12 leads (once competency has been met) 25 – Abnormal 3 leads (once competency has been met)</p> <p>Simulation, pediatrics, PALS, OB</p> <p>Simulation & trauma</p>

These tables are a brief overview of the milestones, please see detailed explanations below

Paramedic Program Milestone 4 Goals (Capstone)			
Clinical/Field – all numbers listed are only minimums for this milestone	Affective – review of attendance, response to instructor, & class participation	Cognitive	Skills Lab req. #/Clinical-Field req. #
Capstone Field Internship- Minimum of 30 ALS Team Leads on an ALS ambulance. Patient must be categorized as an ALS patient requiring ALS skills (~50-70 patient encounters will be needed to obtain the required number)	Integrity Empathy Self-Motivation Appearance/Personal Hygiene Self-confidence Communications Time Management Teamwork and diplomacy Respect Patient Advocacy Careful delivery of Service	<u>Comprehensive Course Assessment</u>	-Formative Terminal Competency & Summative Terminal Competency

These tables are a brief overview of the milestones, please see detailed explanations below

Milestones are detailed in the course schedule and in each topic area below. Students failing to meet a milestone shall be counselled and instructed to meet all previous milestone requirements, in addition to the new requirements, by their next milestone date. Students failing to meet a second consecutive milestone shall be placed on academic probation, instructed to meet all previous requirements, in addition to the new requirements, by their next milestone date. Students failing to meet a third consecutive milestone may be dismissed from the program for failing to make appropriate academic progress.

A passing final cognitive grade is considered a C or better for this course.

In addition to the above requirement in the cognitive area, and meeting clinical, psychomotor, and affective domain milestones, several aspects of the program are mandatory to “successfully complete” the Paramedic program and are graded on a Pass/Fail criteria. These are:

1. Clinical Competencies (listed in the policies and procedures manual)
2. Terminal Competency Simulation
3. Make up work (if applicable)
4. Internship (Capstone)
5. Final Affective Domain Evaluation
6. Practical Skills Examination
7. Final Exam

Cognitive

- **Quizzes** are an integral part of this program. There are three (3) types that will be utilized, and each serve a specific function:
 - In class quizzes-These quizzes will be given at the end of the session to assess student engagement.
 - Self-Assessments (Beginning of Session) -These quizzes will assess the baseline knowledge of the topic material.
 - Pop quizzes – may be given at any time.
- **Module Examinations** are also an integral part of the program and provide an assessment of the student’s progress through the education process.

- Major examinations are given periodically throughout the program and require a grade of 65% to pass to demonstrate competency of knowledge for each unit.
 - **One exception is the Medication Math exam, the minimum required grade is an 80%.**
- Students will be allowed to retest to prove competency.

The student must take, and successfully pass, a comprehensive course final examination.

- The final exam will be a comprehensive summative exam. A single re-test is permitted should the student fail to achieve the required minimum grade of 70%. Failure to successfully pass the course final or retest examination shall constitute a complete program failure, and result in student dismissal.
- The final examination grade will also count as the student's program grade.

Cognitive Milestone Evaluations are scheduled points where cognitive progress is evaluated to determine if the student shall meet the overall course cognitive objectives. The milestones are *approximately* every 2-3 weeks (outlined in the schedule) and will result in a student cognitive grade based upon quizzes, pre-work, and participation.

Overall Cognitive Grade for Course will be the Comprehensive Course Final Examination

The student's Final Cognitive Grade for the program will be the score they achieve on the Comprehensive Final examination. A minimum of 70% must be achieved to pass the program.

Cognitive Grade Equivalencies

Numeric Score	Letter Grade	Grade Point Value
97-100	A+	4.0
94-96	A	3.8
90-93	A-	3.6
85-89	B+	3.4
80-84	B	3.0
75-79	C+	2.5
70-74	C	2.0
67-69	D+	1.7
64-66	D	1.0
< 64	F	0.0

A passing grade for the program, does not guarantee eligibility for the New York State Written and Practical Skills Evaluation.

A & P Pre-Course Module

This course was designed as a pre- course module to assess the learner's knowledge of Anatomy & Physiology following a self-directed online distance learning module. The course will provide platform and instructor support with learner submissions being posted via JBL session block link by the assigned deadlines. Passing for the 6 module exams and cumulative final exam will be 70%. Students must achieve a score of 70% or greater on each IRAT. If a successful score is not achieved, the student will be required to submit a document no later than 24 hours after the completion of the IRAT supporting why the correct answer is the most appropriate. They will then be allowed to attempt the IRAT a second time to achieve a passing score Each learner must complete and submit the following activities for each chapter by the specified deadline.

- ✓ End of chapter review questions
- ✓ Module IRAT (70% on first attempt; ***if not within 24 hours of completion student needs to submit incorrect question with corrections & resources for both right & wrong answers; then a second attempt will be granted***)
- ✓ Review chapter PowerPoints

Students are strongly encouraged to use the interactive review module additional activities to be successful. Instructor will monitor JBL user report for student activity and progress throughout the 7-week course. Any student failing to submit assignments will be counseled and placed on Academic Warning. Failure to achieve passing scores on IRATs/Exams/Final will be considered a failure of the milestone.

Psychomotor (Skills)

Students must demonstrate understanding and competency of all required skills in the laboratory, clinical, and field settings. Laboratory competency must be demonstrated before clinical practice, and clinical and field competence must be demonstrated prior to field internship. Skills competency shall be monitored through a skill tracking program and grades awarded based upon frequency and overall success of the skills. ***Students are not allowed to delete any failed skills competencies from their skills tracker. Deleting a failed skills evaluation is considered academic dishonesty and may result in immediate dismissal from the program.*** Written testing will also be incorporated to assure the concepts are understood.

Program Milestone 1 Skills:

- Patient History
- BLS psychomotor portfolio (ALL BLS skills) and:
 - IM
 - Intranasal Med Admin
 - Inhaled Medication Administration
 - Manual ventilations
- Glucometer
- Simulation

Program Milestone 2 Skills

- IV therapy
- IV bolus/injection
- IV infusion/piggyback
- IO with infusion
- Medication Math
- Simulation

Program Milestone 3 Skills

- Airway & Respiratory skills & simulation
 - Adult ET intubation
 - Pediatric intubation
 - Adult & Pediatric SGAs
 - Needle cricothyrotomy
 - Needle decompression
 - CPAP
- Bioskills
- ECG interpretation
- BCLS
- ACLS
- Static
- Dynamic
- Simulation
- 12 lead interpretation
- Pediatric skills & Simulation
- Pediatric Assessment
- Obstetrical assessment & NRP skills
- Gynecological emergencies assessment, skills & simulation
- Trauma assessment, skills & simulation

Program Milestone 4 skills:

- Formative Terminal Competency
- Summative Terminal Competency
- Meet the minimum competency and show proficiency in all ALS skills.

Affective (Attitude & Behavior)

Students shall be evaluated in class, skills, clinical and field settings and must demonstrate consistent and acceptable professional behaviors in all settings. The evaluation shall consist of the following eleven (11) areas (***Needs Improvement/Good/Fair***):

Integrity

Examples of professional behavior include but are not limited to consistent honesty, being able to be trusted with the property of others, can be trusted with confidential information, complete and accurate documentation of 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 support 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; and taking advantage of learning opportunities.

Appearance and Personal Hygiene

Examples of professional behavior include but are not limited to clothing and uniform is appropriate, neat, clean and well maintained, good personal hygiene and personal grooming.

Self-confidence

Examples of professional behavior include but are not limited to demonstrating the ability to trust personal judgment, demonstrating an awareness of your 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 consistent punctuality, 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 others; 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.

Evaluation of professional behavior shall be performed as follows:

- Class-At each Affective Milestone, the program Instructor Coordinator shall complete a Professional Behavior Evaluation of each student, evaluating the in-class behavior of the student for the period ending with the major examination.
- Skills-At the completion of each skills sessions program faculty shall complete a Professional Behavior Evaluation for his/her assigned student, evaluating the behavior of the student for the skills session.
- Clinical-Students are responsible for having their assigned clinical preceptors complete a Professional Behavior Evaluation for every clinical experience.
- Field- Students are responsible for having their assigned field preceptors complete a Professional Behavior Evaluation for every field experience, including field internship.

Interactions between you and other students, instructors, preceptors, patients and others you have interact with will form the basis for evaluation in this area.

Students must immediately address all deficiencies and demonstrate improvement with future evaluations. Students failing to demonstrate improvement may be subject to probation, counseling sessions, and possibly program dismissal.

Continued problems in this area may lead to your dismissal from the program.

Affective Domain Evaluation Four - is a summative evaluation based on the successful completion of the Final terminal competency, the evaluations submitted during internship, completion of internship within the scheduled time frame; and overall course performance in all areas (cognitive, affective, clinical and skills).

Clinical Experience

Students are required to complete clinical experience objectives of the program, including a clinical internship period, prior to being permitted to sit for the New York State Practical Skills Examination. Student files are reviewed by faculty members, including the medical director, to determine if the paramedic intern has satisfied these objectives. Unlike traditional programs, there are few minimum hour requirements for the different areas. Rather, patient encounters in a diversity of areas is required to meet graduation requirements.

This program will utilize an online form platform to track and monitor progress of clinical experiences. It is essential that students participate in clinical experiences throughout the program, and past experiences have shown a propensity for the students to procrastinate with their clinical experiences. This results in a counter-productive rush at the end of the program to complete the experiences and objectives. Students will receive email receipts of the patient encounters they document, and skills performed in the various venues, while monitoring their progress toward goal completion. You are responsible for your progress.

Specific patient encounter minimums will need to be achieved by certain milestones in the program to ensure the students will have the necessary clinical experiences to enhance their classroom learning, and to meet their clinical objectives by course end. Students must meet all clinical milestones for the program. Each milestone shall be a designated an evaluation point for the program to determine if the student has met the milestone. Students are responsible for monitoring their own progress throughout the program to ensure they are meeting all the categories required in the Student Minimum Competency Matrix (SMC). All students are required to meet both the standards required by the program and set by the SMC. Students will not be allowed to commence their internship phase until cleared by program staff.

All students should be aware that when they are participating in field and clinical experiences with our programs, and they are effectively “interviewing” for employment with Northwell as well as other healthcare agencies. Students should be always displaying exemplary professional behavior and understand that poor and/or unprofessional behavior may result in lost opportunities for employment in the future. Though course specific evaluations are not shared with employers, we are asked to provide recommendations for employment to the employers and base those recommendations on course performance and behavior. How one presents themselves in class is directly related to how they will present in the workforce, and our reputation requires that we produce the best possible candidates for the healthcare industry and the patients we serve.”

Cognitive/Affective/Skills/Clinical/Field Grading Rubric for Program Milestone 1 –

Students are responsible for the successful completion of the A&P course work and BLS Skills Portfolio during this milestone. They will also be evaluated on the Affective Domain based on their participation during this phase of the program. There are no clinical/field components for this milestone. Failure to complete all aspects of the A&P course and BLS portfolio as outlined by the deadline will result in the student being placed on Verbal Academic Warning.

Cognitive/Affective/Skills/Clinical/Field Grading Rubric for Program Milestone 2 – REQUIRED Field rotations – minimum of 3 field rotations. This is to enhance patient assessment & history taking skills.

Students are responsible for the successful completion of ALL content and skills presented during this milestone. They will also be evaluated on the Affective Domain based on

their participation during this phase of the program. Failure to complete all the objectives for ONE milestone as outlined by the deadline will result in the student being placed on a Verbal Academic Warning. If a student failed to complete a previous milestone and then fails to complete the missing objectives along with the objectives for the current milestone; the student will be placed on a Written Academic Warning.

Cognitive/Affective/Skills/Clinical/Field Grading Rubric for Program Milestone 3 – Students are required to complete the minimum number of rotations and patient encounter requirements for both clinical and field. Students are required to meet all other objectives for the milestone including skills/cognitive/affective domain requirements.

Students are responsible for the successful completion of ALL content and skills presented during this milestone. They will also be evaluated on the Affective Domain based on their participation during this phase of the program.

Failure to complete all the objectives for ONE milestone as outlined by the deadline will result in the student being placed on a Verbal Academic Warning. If a student failed to complete a previous milestone and then fails to complete the missing objectives along with the objectives for the current milestone; the student will be placed on a Written Academic Warning.

Failure to complete all the objectives from previously failed milestones along with the objectives for the current milestone as outlined by the deadline, will result in the student being placed on Academic Probation.

- **Not meeting Clinical, Field and Skills Experience areas will be considered a failure of the milestone and will result in disciplinary action as stated above.**
 - ❖ **Clinical Experience Areas**
 - 8 Adult ER (10pts/per shift)
 - 3 PEDS (Cohen's) ER (10pts. Per shift)
 - *****REQUIRED to document 10 patients per ER shift is allowed to be documented ***(For both Adult & PEDS ER)**
 - ❖ **OR – minimum of 6 live intubations, 6 supraglottic & 60 ventilations (must be completed by the end of this specialty rotation)**
 - 4 Consecutive days – OR
 - 6 ET tubes
 - 6 SGA's
 - 60 Ventilations
 - ❖ Medical Intensive Care Unit (MICU)
 - **Minimum of 1 scheduled rotation**
 - **5 Patient encounter total minimum is required for this site.**
If the student is not able to obtain the required number of patients during the scheduled rotation, the student is responsible to schedule additional rotations to meet the minimum patient count required for this site.
 - ❖ Surgical Intensive Care Unit (SICU)
 - **Minimum of 1 scheduled rotation**
 - **5 Patient encounter total minimum is required for this site.**
If the student is not able to obtain the required number of patients during the scheduled rotation, the student is responsible to schedule additional rotations to meet the minimum patient count required for this site.
 - ❖ Psychiatric/Behavioral ED
 - **Minimum of 1 scheduled rotation is required**

- **6 Patient encounter total minimum is required for this site. If the student is not able to obtain the required number of patients during the scheduled rotation, the student is responsible to schedule additional rotations to meet the minimum patient count required for this site.**
 - **As a reminder - a minimum of 20 patient encounters total is the required number as per the program graduation requirements. The student will have until the Milestone 8 deadline to meet the total number of psychiatric behavioral requirement.**
- ❖ **Field Minimum REQUIRED ROTATIONS:**
- 27 field rotations - **MINIMUM**
 - **Field – minimum patient encounter total is 110 on an ALS ambulance.**
 - ***(This does not include capstone rotations) ***
- ❖ **Psychomotor Objectives**
- *Establish 50 IVs minimum*
 - *Administer 25 ALS Medications minimum*
- ❖ **Labor & Delivery Unit**
- **Minimum of 1 scheduled rotation is required**
 - **6 Patient encounter total minimum is required for this site. If the student is not able to obtain the required number of patients during the scheduled rotation, the student is responsible to schedule additional rotations to meet the minimum patient count required for this site.**
 - **As a reminder - a minimum of 10 patient encounters total is the required number as per the program graduation requirements. The student will have until the Milestone 8 deadline to meet the total number of obstetric patient requirement.**
 - **As a reminder - 2 neonate patient encounters (minimum); are also a graduation requirement. The student will have until the**
- ❖ ***Additionally, ALL Age and Impression categories need to be met as outlined on the SMC matrix.**

Cognitive/Affective/Skills/Clinical/Field Grading Rubric for Program Milestone 4 – Capstone Field Internship-*Minimum of 30 ALS Team Leads on an ALS ambulance.*

*Students are responsible for the successful completion of ALL content and skills presented during this milestone. They will also be evaluated on the Affective Domain based on their participation during this phase of the program. Any student currently on disciplinary action **will not** be cleared for capstone until all previously missed objectives have been met. If a student is unable to meet the previously missed objectives, further disciplinary action can be taken, including possible dismissal from the program.*

Patient must be categorized as an ALS patient requiring ALS skills (~50-70 patient encounters will be needed to obtain the required number)

- Internship Closeout. Internship must be completed

- Field Internship
- **30** Team Leads/ALS patient transports on an ALS Ambulance
- Patient must be categorized as an ALS patient requiring ALS skills (~50-70 patient encounters will be needed to obtain the required number)

Field Internship Period

The Clinical Internship is the **final component** of the Paramedic Program. The intent of the Field Internship is to demonstrate the integration of didactic, psychomotor skills and clinical instruction into the ability to serve as an entry-level paramedic. This phase of the program is evaluative in nature, rather than instructional. The clinical internship period will commence when 100% of the designated minimum patient encounters have been completed. This is a period when the student has completed most didactic requirements of the program and is appropriately prepared to act as the team leader of patient care in the field. A minimum of thirty (30) ALS patients are required to complete the field internship. This is a designated period at the end of the paramedic program, where the students are expected to act as fully functioning paramedic and team leader.

The paramedic intern must act as a Team Leader on a minimum of 30 Advanced Life Support (ALS) patients.

An ALS patient is defined as:

- 1) A patient receiving a medication (other than oxygen or any currently utilized BLS medications in doses and routes in the BLS Scope of Practice).
- 2) Successful IV/IO access, ECG monitoring and/or 12-Lead ECG performed on a patient.
- 3) Any ALS skill outside the scope of BLS practice.

The Team Leads must include patient evaluation and/or treatment, patient disposition and/or transport, and hand-off to receiving facility providers when the patient has been transported.

Approximately forty-five (45) days from the scheduled New York State Practical Skills Examination (PSE), each student's clinical experience record shall be reviewed to determine if the student is eligible to begin their clinical internship period.

Though the final examination will be weighted as the final grade for the program, passing of this exam with a 70% is required for advancement to eligibility for the New York State Written Examination. A retest is permitted for a failure of this major examination. If the student fails the final examination retest, they are dismissed from the program.

The Terminal Competency Integration Simulation/Simulance Session shall be "high-stakes" and participants shall receive a pass or fail.

****As per New York State policy, students have 1 year from end of course date to successfully take and complete their NYS certification exam. ****

Academic Honesty

Any violation of these principles constitutes academic dishonesty. It is critical for students to avoid even the appearance of dishonesty. In simplest terms, academic dishonesty refers to using unauthorized assistance or making false representations in work submitted for academic credit or knowingly helping others to use unauthorized assistance or make false representations in such work. Falsifying clinical evaluations and attendance forms. Academic dishonesty will not

be tolerated and will lead to disciplinary action and/or dismissal. Academic dishonesty includes, but is not limited to, the following offenses:

- a. Violations Regarding Examinations
 - i. Obtaining unauthorized information concerning an examination and/or giving such information to another student.
 - ii. Communicating with anyone, other than a designated proctor, during an examination.
 - iii. Reading or copying another student's responses during an examination.
 - iv. Possessing and/or consulting unauthorized materials or tools during an examination.
 - v. Without proper authorization, beginning an examination before the prescribed time or continuing to work on it after the prescribed time.
 - vi. Failing to submit all examination materials at the conclusion of an examination or removing examination materials from the room without authorization.
 - vii. Having another person take an examination in one's place.
 - viii. Submitting work produced with unauthorized collaboration or assistance.
- b. Violations Regarding Plagiarism
 - i. Copying or substantially copying someone else's words without both citing the author of the quotation and using quotation marks or an indented block quotation.
 - ii. Paraphrasing someone else's words or work without citing the source.
 - iii. Using paid "research services".
 - iv. Copying from another's paper, computer disk, or web-based work.
 - v. Submitting work produced with unauthorized collaboration or assistance.
- c. Other Violations
 - i. Submitting the same or significantly similar work for credit in more than one course without the consent of the involved faculty members.
 - ii. Falsifying experimental or clinical data.
 - iii. Using computer programs or data without proper authorization or acknowledgement.
 - iv. Making one's own academic work available to others for presentation as the recipients' own.
 - v. Falsifying student and/or preceptor evaluations.
 - vi. Failure to appropriately report an absence from a clinical and/or field experience.
 - vii. Failure to properly communicate an issue with an evaluation being completed by a preceptor.

Procedures for Addressing Academic Honesty Violations

- a. The names of all students involved in academic dishonesty issues shall be held confidential.
- b. Any question of academic dishonesty should first be addressed through discussion between the student and the CIC. The CIC must explain the nature of the alleged offense, inquire into the student's knowledge of its character and seriousness, ascertain the student's motivation, and consider any relevant information the student wishes to provide.
- c. When, after discussing the alleged offense with the student or making a good-faith effort to do so, the CIC determines that a violation of academic honesty has occurred, the CIC shall determine disciplinary action to be taken and/or dismissal.
- d. If disciplinary action was decided and a second violation of academic honesty will result in dismissal from the program.

Professional Misconduct

There are some behaviors or actions that are considered direct violations of the Northwell Health System policies that may result in immediate disciplinary action, up to and including program dismissal. These include, but are not limited to:

- a. Criminal acts involving persons or property:
 - i. Verbal or physical altercations.
 - ii. Violent crimes or crimes involving illegal narcotics (*cause for immediate dismissal*).
 - iii. Drug and/or alcohol abuse.
 - iv. Theft of property.
 - v. Intentional damage to equipment/property.
 - vi. Possession of a weapon (concealed or not concealed).
 - vii. Falsification of documentation (*cause for immediate dismissal*).
 - viii. Other unprofessional acts.
- b. Any student discovered to have abused any patient (verbal, psychological, physical), will be dismissed from the program immediately and conduct reported to the New York State Department of Health-Bureau of EMS for further action.
- c. Fraternalization between faculty and students. Though faculty is expected to mentor and guide the students, non-professional relationships are not considered conducive to the overall education process. This extends to any facility staff where students are participating as a function of the Paramedic Program.
- d. Discussion of personal health information with individuals not directly involved with a patient's care. Patient confidentiality must comply with current HIPAA and health system policies.
- e. All areas of Northwell Health System are Smoke Free Facilities. This includes rotation sites that are not on a hospital campus (i.e., ambulances).

Professional Probation

Professional Probation is a designation that alerts the student that dismissal is possible should the conditions placing the student in this status not improve. Professional Probation is a status designated by the Instructor Coordinator and/or the Paramedic Program Director when a student violates any one of the tenets of professional conduct or those set forth by the Policy and Procedure manual. The student will remain on Professional Probation for the duration of the program curriculum. Any student placed on Professional Probation will be advised in writing by their Instructor Coordinator and the Paramedic Program Director. Deficiencies will be clearly outlined, and the student will be advised as to what course of action will be available to them to remedy the deficiencies. Should the student not improve the conditions that placed them on probation, the student will be dismissed from the program.

Disciplinary Action and Grievance Policy

The overall goal of the program is to promote learning and foster an environment where ideas may be expressed freely. However, there may be occasions where a student's academic progress and/or professional behavior fail to meet the standards expected by the program. In those rare cases, a formal process to address noted deficiencies must be made clear to both students and faculty. It is expected that significant disciplinary actions shall only occur after all other attempts to correct performance and behavior have been exhausted.

It is also expected that students shall behave in a professional and safe manner throughout the duration of the program. However, any student demonstrating a flagrant disregard for the health, safety and welfare of patients, staff, students or any other employee, visitor, or affiliate of Northwell Health System, shall be dismissed from the program.

The following behaviors, and others deemed inappropriate by the Paramedic Program Director or Course Sponsor Administrator, may result in disciplinary actions:

- Unsafe, illegal, or disruptive behavior.
- Being under the influence alcohol or illicit drugs while participating in any portion of this program.
- Excessive absences or lateness.
- Harassing behavior.
- Inability to perform functions in a team environment.
- Other acts of unprofessional behavior.
- Academic Dishonesty

Disciplinary actions imposed by the Paramedic Program Instructor Coordinator may range from a verbal counseling up to, and including, program suspension or dismissal. Disciplinary actions may be appealed within five working days, and in writing, to the Course Sponsor Administrator.

1. Counseling Sessions

Students shall be counseled from time to time throughout the course. Counseling sessions are designed as a mechanism for dialogue between the faculty and the students. Students can request counseling through their own initiative or can be called in for counseling by the faculty. The subject(s) of counseling can vary and can include issues involving both positive and negative aspects of the course as it relates to a specific student. This is a non-punitive action.

2. Written Warning

If after a counseling session a student still is unable to improve academic and/or professional behavior, the student may be issued a written reprimand and given an individual development plan by the faculty to address and deficiencies. The student should be given a time frame in which to meet expectations for academic and/or behavioral performance, with the understanding that continued deficiencies in those areas may result in further actions.

3. Academic/Behavioral Probation

If after a written warning a student is still unable to improve academic and/or professional behavior, the student may be placed on academic/behavioral probation. The student must immediately meet expectations both academically and behaviorally or be subject to program dismissal. Placement of a student on academic/behavioral probation is done by the Program Instructor Coordinator (IC), or upon recommendation of the program instructor coordinator. Decisions regarding academic/behavioral probation may be appealed to through the appeals process.

4. Program Dismissal

When all other efforts to improve academic and/or behavioral performance have not resulted in the student meeting the ideals and expectations of the program, the student may be dismissed from the program by the Course Instructor (CIC). Decisions regarding program dismissal may be appealed.

Participants dismissed from the program on academic grounds may subsequently apply and be accepted into future programs; however, the student is required to repeat all previous course work and will not be granted advanced standing for course work completed as part of the program from which they were dismissed. However, individuals are permitted advanced standing for approved coursework outside of the program (i.e.-nursing, physician assistant, nurse practitioner,

physician, etc.) and in accordance with the New York State Department of Health, Bureau of EMS, Course Administration Manual.

Participants dismissed from the program on grounds of misconduct, may be barred from re-applying to future programs should the previous act of misconduct pose a risk to other students and faculty. Re-entry into a subsequent program shall be determined on a case-by-case basis, and in consultation with the New York State Department of Health, Bureau of EMS. Students granted a seat in a future course is required to repeat all previous course work and will not be granted advanced standing for course work completed as part of the program from which they were dismissed. However, individuals are permitted advanced standing for approved coursework outside of the program (i.e.-nursing, physician assistant, nurse practitioner, physician, etc.) and in accordance with the New York State Department of Health, Bureau of EMS, Course Administration Manual.

5. Academic Probationary Period

If a student is placed on academic probation, the period of the probation will run to the end of the program. Up to six (6) months for an EMT Program and up to one (1) year for a paramedic program.

6. Appeals Process

Students have the right to appeal any disciplinary actions, including dismissal, with the exception of a verbal counseling. The following procedure shall be followed when appealing the decision of the CIC:

- a. Written notification must be received by the Course Sponsor Administrator and Program Director within five (5) business days of notice of disciplinary action/dismissal.
- b. Once written notice of appeal has been received, all documentation regarding the disciplinary action will be forwarded to the Course Sponsor Administrator.
- c. After a review by the Course Sponsor Administrator, the administrator may:
 - i. Take no action, allowing the CIC's actions to stand.
 - ii. Meet with the student and the Program Director and/or CIC.
- d. The Course Sponsor Administrator shall issue a written notice of action to both the student and the Program Director.
- e. During the appeals process, the student may be allowed to continue in the course if the student does not pose a danger or distraction to the faculty member or other members of the class. However, certain acts of misconduct requiring suspension and/or dismissal will prohibit class attendance.
- f. If the student wishes to appeal the Course Sponsor Administrator's decision, he or she may do so by contacting the local NYS DOH EMS representative, who will evaluate the request and refer it to the NYS DOH EMS Bureau for a decision.

New York City Area Office
NYS Department of Health – Bureau of EMS
90 Church Street, 15th Floor
New York, N.Y. 10007
(212) 417-4455

Permission for Clinical Practice

Paramedic interns are permitted to begin clinical experiences after the following has been completed:

- 1) Submission of documentation verifying that the intern is covered by liability insurance in the amount of \$1,000,000 per event/\$3,000,000 aggregate.

- 2) Documented proficiency in laboratory paramedic skills as verified by completed Lab Documentation in the online platform and Practical Skills Sheets.
- 3) Endorsement by course Instructor Coordinator as capable of translating laboratory skills to the clinical setting.
- 4) Issued Skills Competency ID card is appropriately punched by the Certified Instructor Coordinator identifying student scope of practice.
- 5) Medical Clearance received by the Employee Health Services.

Clinical Experience

Students are required to complete clinical experience objectives of the program, including a clinical internship period, prior to being permitted to sit for the New York State Practical Skills Examination. Student files are reviewed by faculty members, including the medical director, to determine if the paramedic intern has satisfied these objectives. Unlike traditional programs, there are few minimum hour requirements for the different areas. Rather, several patient encounters in a diversity of areas is required to meet graduation requirements.

Clinical Competencies Required for Graduation

Minimum clinical experience areas include:

- 1) Center for Emergency Medical Services (CEMS) Communication Center - *(if available) *
- 2) Bioskills Education Center (Airway Management/Anatomy Lab)
- 3) Adult Emergency Room (LIJ/Manhasset/South Shore) – **11 shifts, minimum, required**
- 4) Pediatric Emergency Room (Cohen's ER) – **3 shifts, minimum, required**
- 5) Medical Intensive Care Unit (MICU) - **5 patients as outlined above; 1 shift, minimum, required.**
- 6) Surgical Intensive Care Unit (SICU) – **5 patients as outlined above; 1 shift, minimum, required.**
- 7) Obstetrics-Labor and Delivery (Labor & Delivery) – **1 scheduled shift and 10 patients, minimum required.**
- 8) Pediatric Intensive Care Unit (PICU) -*(if available) *
- 9) Surgical Operating Suite OR – **Number of days set by OR**
- 10) Ambulance (911, Interfacility, Critical Care) - **30 shifts, minimum, required.**
- 11) Psychiatric/Behavioral Emergency Department – **1 scheduled shift and 6 patients, minimum, required.**

Minimum required number of patient encounters in designated areas include:

Pathologies & Age Demographics

- 1) Pediatric (18) – *PLUS* 2 of each age: newborns, infants, toddlers, school age, adolescent
 - o Age Category Objectives
 - These can be obtained from either Clinical and/or Field experiences
 - *Specific age categories can still be completed by Milestone 8*
 - ❖ Neonates (2 minimum) - (*Age 0 months*)
 - ❖ Infants (2 minimum) – (*Ages 1-11 Months*)
 - ❖ Toddlers (2 minimum) – (*Ages 1–3 years, 11 months old*)
 - ❖ Preschooler (2 minimum) – (*Ages 4-5 years, 11 months old*)
 - ❖ School Age (2 minimum) – (*Ages 6-12 years, 11 months old*)
 - ❖ Adolescent (2 minimum) – (*Ages 13 – 18 years, 11 months old*)
 - Medical (12 minimum) - (*any Pediatric age 0-18 years old*)

▪ Trauma (6 minimum) - (*any Pediatric age 0-18 years old*)
Geriatric Patients – (*these numbers are subject to change as per the SMC matrix provided by CoAEMSP*)

2)

- 15 Patient Encounter **minimum** - (*Age 66 and older*) –
 - These can be obtained from either Clinical and/or Field experiences
 - *Trauma – Geriatrics 6 patient encounter **minimum***
 - *Medical – Geriatrics 12 patient encounter **minimum***

Trauma (30) - (*these numbers are subject to change as per the SMC matrix provided by CoAEMSP*)

3)

- a. Trauma – Pediatric (6)
- b. Trauma – Geriatric (6)

4) Medical (60) - plus the individual patient impressions categories in the SMC

Patient Complaints- (*these numbers are subject to change as per the SMC matrix provided by CoAEMSP*)

- a. Medical – Pediatric (12)
- b. Medical – Geriatric (12)
- c. Stroke and/or TIA (2)
- d. Acute Coronary syndrome (2)
- e. Cardiac Dysrhythmia (2)
- f. Respiratory Distress and/or Failure (20)
- g. Hypoglycemia or DKA or HHS (2)
- h. Sepsis (2)
- i. Shock (2)
- j. Toxicological Event and/or OD (2)
- k. Psychiatric (20)
- l. Altered Mental Status (20)
- m. Abdominal Pain (20)
- n. Chest Pain (30)
- o. OB/GYN (Obstetric complaints) (10)

Psychomotor Objectives

- 1) Pharmacological Interventions (25) ****does not include BLS medications or IV fluids****
- 2) ECG Analysis (NSR does not count) (25) ****Must be uploaded to FISDAP on the shift to count****
- 3) 12 Lead ECG Analysis (NSR does not count) (25) ****Must be uploaded to FISDAP on the shift to count****
- 4) Establish/Maintain Intravenous Access (50)
- 5) Assisted Ventilations (can be obtained during OR Experience) (60)
 - a. Live Intubations (Can be obtained during the OR Experience) (6)
 - b. Live supraglottic (Can be obtained during the OR experience) (6)

Once you are signed up and committed to a rotation, you must attend all the scheduled hours. (i.e.: An 8-hour rotation must be completed in its entirety). The only exception to this case is the OR rotation, at the discretion of the Attending Physician.

Rotation Scheduling and documentation Guidelines

You are not permitted to schedule more than 16 hours at any one time; either from or to class or straight through on rotations, work or any combination. A minimum of 8 hours off must be adhered to after 16 straight hours. Any student scheduling any combination of

rotations may be given the option to drop a rotation, incurring an absence or told which rotation they will not be attending. If more than 16 hours are completed and attempted to be logged, the shift and all work/patient encounters/time, will be deleted. This is in direct response to the mounting data showing the correlation between longer work shifts and medical errors, decrease in performance, and safety among health providers (see <https://www.jointcommission.org/assets/1/18/S2-JQPS-11-07S-lockley.pdf> for more information).

Procedure

In order to receive credit for the rotation, you must:

1. Sign in for the rotation by calling the required corresponding phone numbers as defined below, when applicable.
2. Provide your preceptor with your online form platform attendance link, make sure the preceptor submits the attendance form (you will receive an email receipt). Complete all the required evaluations, and submit the patient encounter log through a online form platform. If any required items are missing, you will not receive credit for the rotation (It will be counted as an absence).
3. Email your CIC at the start and end of all rotations (arrival & departure time). For CEMS ambulance rotations you also need to call the number below.
 - a. For lateness's and absences – email your CIC
 - b. You **MUST** email upon your arrival and departure. Failure to check in and out may result in you being marked absent and may result in further disciplinary action.
4. You are also expected to be **fifteen (15) minutes early** for all rotations. This is especially important for some ambulance rotations as the assigned Primary Area of Responses (PAR) may be a distance from the ambulance garage and **crews should not be expected to wait for late students**. Students that arrive after the scheduled start time of the shift will be marked absent and not receive credit for the shift. Excessive tardiness will not be tolerated, as per the attendance policy. Students that arrive before the start time, but after the fifteen minutes prior will be marked late.
5. If you do arrive later than the scheduled start time or leave early and obtain permission to continue on the rotation from the CIC, you must document the deficient time accurately on your shift/patient encounter log, under the hours section for the shift.

CHECK IN/Check OUT FOR HOSPITAL:
Email your CIC (arrival & departure)

CHECK IN PHONE NUMBER FOR CEMS
(516) 719-5000 (alternative 516-719-5007 option #2)

Northwell Health Clinical Affiliation Scheduling Policy for Field Shifts

Northwell Paramedic interns will have 24 hours priority to pick their rotation schedule before other programs (**for CEMS ambulance units ONLY**)

- Northwell Paramedic Interns:
AMBULANCE/FIELD shifts open on the 1st of the previous month and closes on the 25th of the month.
 - Example: For the month of March, all shifts need to be chosen before February 25.
- Other programs:
Ambulance shifts open on the 2nd of the previous month and closes on the 25th of the month.
 - Example: For the month of March, all shifts need to be chosen between February 2nd and before February 25th.

- Each program is responsible to set the scheduling window appropriately once the units available to those programs is shared through the scheduler.

Northwell Paramedic Intern SCHEDULING:

DO NOT SCHEDULE MORE THAN 16 HOURS, WITHOUT 8 HOURS OFF IN BETWEEN – YOU WILL NOT RECEIVE CREDIT FOR ANYTHING.

- Order of rotations: Clinical and Field (if you have been cleared by medical and submitted your insurance certificate – CIC clearance required prior to starting any rotations. Any specialty clinical (hospital) rotations are not allowed to be started prior to the assigned milestone.
- All clinical shifts need to be chosen and confirmed prior to the 15th day of the previous month.
 - Example, For the month of November, all shifts need to be chosen and confirmed by October 15.
- All AMBULANCE/FIELD shifts Open on the 1st of the previous month and closes on the 25th of the month prior you are scheduling yourself for.
 - Example: For the month of March, all shifts need to be chosen and confirmed before February 25.
- **All shifts must be completed in their entirety.** Students are not allowed to choose or solicit shifts outside of what is approved and scheduled on their account on FISDAP.
- Shifts may not be “split” or “extended” nor may hours be changed on any shifts.
- Any shift dropped after the deadlines of the prior month will be counted as an absence.
- Students are allowed to “swap” or “trade” shifts with each other after the deadlines of the prior month.
- No student in **ANY PROGRAM** is allowed to “bump” ANY OTHER PERSON off an assigned shift. In the case of a double booking, an on-site supervisor should be requested to rectify the situation and the CIC notified immediately via the by email. For any issues at Lenox Hill Hospital – Supervisor Craig Smith should be contacted.

Any student who abuses the absence/swap allowances will be counseled towards minimizing this utilization and their participation/ group grade will be negatively impacted.

UNDER NO CIRCUMSTANCES CAN YOU ATTEND A SHIFT OR SITE THAT HAS NOT BEEN ASSIGNED TO YOU ON FISDAP

Rotations

UPON ARRIVAL for CEMS AMBULANCE rotations, ALL STUDENTS MUST:

******For all rotations you must bring your skills punch card and student ID.******

- Call THE CEMS DISPATCH CENTER AT: (516) 719-5000 (ALTERNATIVE 516-719-5007 OPTION #2) FOR ACCOUNTABILITY PURPOSES. – THEY WILL ASK YOUR NAME, AMBULANCE #, START TIME, AND THAT YOU ARE A PARAMEDIC STUDENT.
- **There are no special privileges for parking at Forest Hills.**

Upon arrival for HOSPITAL rotations, ALL students MUST:

- Email your CIC.

At the End of Any Rotation

At the end of ANY shift, the electronic attendance sheet must be filled out. The preceptor must fill out the electronic attendance sheet COMPLETELY. The attendance sheet can be done on a smartphone, laptop, or tablet. Students will have individual QR code links for their preceptors to access their attendance sheets.

If there are any problems, the CIC must be notified immediately via a phone call; text if they do not answer advising them it is urgent. Keep all of your copies of rotation paperwork for the entirety of the program, until graduation.

Make sure:

- ✓ You have successfully called in and emailed your CIC. (Ambulance ONLY CALL IN (516) 719- 5000, Hospital email arrival and departure to your CIC.
- ✓ YOU MUST ADHERE TO THE DRESS CODE AS OUTLINED IN YOUR MANUAL.
- ✓ Program affiliation and identification must be always visible on the outermost garment, above the waist.
- ✓ HAVE YOUR ATTENDANCE SHEET COMPLETED WITHIN THE LAST HOUR OF YOUR SHIFT.

ASSIGNED LAB SHIFTS

All lab shifts must be appropriately documented according to the skills required for the set lab day. The students will be provided with documentation instructions for the scheduled session. Students are **NOT** allowed to DELETE failed practice attempts. Any student found deleting failed skills attempts will be considered committing academic dishonest and may be dismissed from the program.

Skills performance on rotations:



- You will be given a punch card from the Program stating what skills you are allowed to perform on rotations at that time. You must carry the punch card with your ID during all rotations, to be presented upon request.
- You will perform skills completely **at the discretion** of the Rotation Preceptor. You will not be allowed to undertake any patient care intervention without the expressed permission of the Rotation Preceptor. **Not all skills can be practiced on all rotations at every clinical affiliation.**
- If you are found to be performing a skill without the permission of the Rotation Preceptor, or above your current level of training, you will be dismissed from the rotation site and face disciplinary actions and possible dismissal from the program.
- Under no circumstance should you perform any procedure for which you have not been approved, regardless of if you are asked to do so by the hospital staff. You are responsible for informing the hospital staff of your training status on performing any skills. You, and only you, are responsible for your actions in the clinical setting.
- To obtain credit for performing an EKG you must also correctly interpret the EKG rhythm. If you apply the EKG cables but are not able to interpret the rhythm yet –you will not receive credit for that skill.

Lab shift Documentation:

- This program will utilize an online form platform to track and monitor progress of lab experiences

Fisdap documentation:

- For all documentation that is entered into the online platform, please follow the below instructions; and any instructions specifically given for that shift.
 - *All shifts **MUST** be **LOCKED WITHIN 48 HOURS BY THE STUDENT**. Any shift that is **AUTO-LOCKED** by will not count. Failure to properly lock the shift will result in that session counting as an absence; and all patients and skills will need to be made up before the end of the milestone. For shifts involving competency testing documentation, failure to properly lock these shifts will count as a failure of the milestone resulting in disciplinary action as outlined as above.*

- To enter information, attachments, and complete the evaluations, enter into the scheduled shift. To do this:
 1. Click into the Shifts tab and click on Skills and Patient Care tab on the top of the FISDAP page.
 2. Click on the date/shift you want to enter information for.
 3. Click on each section to assess the space to enter the information or choose from the drop-down menus.
- To edit hours for a specific shift (or add notes):
 1. Click into the Shifts tab and click on Skills and Patient Care tab on the top of the FISDAP page.
 2. Click on the date/shift you want to enter information for.
 3. Click on the pencil icon  (will say “edit shift” when you hover over it)
 4. Make sure all the information on the dropdown menu is accurate.
 5. Change the choice to tardy or absent as necessary.
 6. When late (tardy), also update the number of hours (duration).
 - a. 15 minutes late to an 8-hour rotation would be 7 hours and 45 minute duration. It is documented as 7.75 (numbers, not minutes), 7 and $\frac{3}{4}$ hours. An extra half hour on a 12-hour rotation would be documented as 12.5 hours, 12 hours and a half hour.
- To lock the specific shift, you must be on the specific shift page where you enter information. You will see  **Lock shift** in the upper right-hand corner (below the menu tabs) – click on this to lock the shift. *** You will not be able to unlock the shift, instructors will not unlock shifts after they have been locked by the student or FISDAP.***

Clinical/Field Documentation in an online form platform

- Document **skills performed by the student**, NOT skills performed by preceptors, or observed by you the student.
- **Within 48 hours (almost 2 days) of the beginning of the clinical (hospital) or field (ambulance) shift: All shifts and patients information needs to be filled out completely, including evaluations and submitted through an online form platform.** Evaluations include Preceptor evaluation (*student completing the eval about the preceptor*), site evaluation (*student completing the eval about the site*), Daily Field Internship Evaluation form – *Student Self-evaluation*. Shifts **NOT submitted** on time will **not** count; the shifts will be counted as an absence.
- Students are responsible for making sure their preceptors are adding them to the PCRs. All the students are added into the health EMS system and need to be logged as a student crew member to receive credit for the patient(s).
- To be classified as an ALS transport, you need to complete an IV, ALS assessment, patient history, and EKG or medication administration (not BLS medication and fluids never count).
- You are required to monitor your progress through your emailed receipt for each shift log.

Employment/Volunteering While In The Program

You are not permitted to substitute for any paid personnel or a required team member while participating in clinical rotations or field internship rotations. You are not permitted to be paid or receive any other credit while on rotations besides credit towards clinical rotations. Students are not permitted to attend any rotations without prior approval by the program. No ALS skills are allowed to be done outside of scheduled rotations.

Clinical Experience Guidelines (PICU, MICU, Labor & Delivery, Psychiatric/Behavioral Emergency Department)

- 1) Attend rounds with the medical staff and observe the patient presentations.
- 2) Complete a complete history/physical assessment & patient encounter report for each patient.
- 3) Review the patient charts and detail all prehospital care.
- 4) Review the patient charts and detail care provided in the ED.
- 5) Determine if any care provided in the prehospital setting could have improved or added to the care provided in the ED.
- 6) Determine if any care provided in the prehospital setting could have hindered or complicated the care provided in the ED.
- 6) Develop case presentations for class (outside work), as required.
- 7) ****Please wear scrubs and appropriate clean sneakers. You will be changing into scrubs onsite. (L&D rotation and Mather - OR/Anesthesia rotations ONLY) **

South Shore University Hospital Labor and Delivery:

Procedure for entering enter through the main entrance of the hospital and walk to L&D. Push the button that calls the desk and let the desk know that they are here for their EMS rotation for access into the space.

For ICU Rotations

In addition to the above objectives, these are also required for ICU (*MICU/SICU*) rotations:

- 1) Identify, five (10) patients that are currently in the ICU (***MICU =5/SICU = 5***) that were delivered to the ED by EMS.
- 2) Review the patient charts and detail care provided in the ICU.
- 3) Discuss with the medical staff any care provided in the prehospital setting that would have improved patient care in the ICU.
- 4) Discuss with the medical staff any care provided in the prehospital setting that would have complicated patient care in the ICU.
- 5) Develop case presentations for class (outside work), as required.
- 6) Fill out the ICU packets for each patient, complete the first page of the patient narrative (The check box page); upload the packets to the appropriate ICU shift in fisdap. Turn in he completed packet to your CIC.

Surgical OR/Anesthesia Clinical Experience Guidelines

Due to upcoming health system changes in this clinical setting, the surgical OR/Anesthesia experience may be modified and may potentially impact our students. Modification to this experience is at the sole discretion of the clinical sites, and not within significant control of our program. Students will need to accommodate, and changes made by the clinical site or program to ensure the goals and objectives of the program are met before being permitted to participate in the capstone field internship period

Formative/Summative assessment – This is a four (4) consecutive day experience, where the student will be integrated into the OR operations at a system facility.

- 1) At the direction of facility medical direction, on your first day, **Mather** -please arrive at **0645** hours for a brief orientation to basic OR traffic, aseptic technique, sterile field, hand hygiene, etc. **Plainview** - -please arrive at **0630** hours for a brief orientation to basic OR traffic, aseptic technique, sterile field, hand hygiene, etc. This will make the experience run a little

better and you won't miss anything as a result. Please ask staff about breaks, and the best location for you to be situated to maximize your experience.

- The OR site will be determined based on scheduling and site availability
- 2) On all other days, be onsite no later than **0645** hours to be available for pre-op preparation, unless otherwise told by the staff.
- 3) Report to the OR desk and talk to the unit secretary to acquire surgical scrubs.
- 4) Please follow direction of medical staff during this experience, as they will be trying to give you the most diverse experience possible.
- 5) Please wear scrubs and appropriate clean sneakers. You will be changing into scrubs onsite.
- 6) **You MUST have your ID visible above the waist**
- 7) After the experience, document the day's activities in the online form platform attendance form. Have one of the anesthesiologists complete the form. Email your CIC in regard to the fisdap evaluation forms, do NOT let the shift lock on its own. You must enter your intubations and ventilations under an added patient. You will need to document the skills within the patient.

Clinical Experience Completion Milestones

This program will utilize the Fisdap Scheduler and Skills Tracker Platforms to monitor progress of clinical experiences. It is essential that students participate in clinical experiences throughout the program. Students who procrastinate with their clinical experiences will result in a counter-productive rush at the end of the program to complete the experiences and objectives. Students will have access to the online platform to enter patient encounters and skills performed in the various venues, while monitoring their progress toward goal completion.

Specific patient encounter minimums will need to be achieved by certain times in the program to ensure the students will have the necessary clinical experiences to enhance their classroom learning, and to meet their clinical objectives by course end. Current required clinical milestones can be found in the course syllabus.

Students failing to meet a single milestone may be dismissed from the program.

Approximately forty-five (45) days from the scheduled New York State Practical Skills Examination (PSE), each student's clinical experience record shall be reviewed to determine if the student is eligible to begin their clinical internship period.

Field Internship Period

The Clinical Internship is the **final component** of the Paramedic Program. The intent of the Field Internship is to demonstrate the integration of didactic, psychomotor skills and clinical instruction into the ability to serve as an entry-level paramedic. This phase of the program is evaluative in nature, rather than instructional. The clinical internship period will commence when 100% of the designated minimum patient encounters have been completed. This is a period when the student has completed most didactic requirements of the program and is appropriately prepared to act as the team leader of patient care in the field. A minimum of 30 ALS team leads must be completed.

Internship Policy

The student will be responsible for choosing 2-3 field preceptors to do their field internship time with. The point of having 2-3 preceptors per student on their internship is so the student can show growth, and can work on any weaknesses they may have, rather than "starting over" by meeting a new preceptor on each rotation. Research has shown that students

are able to learn more and progress more quickly when they have fewer preceptors. Students are not permitted to do any of their rotations while also on duty for their employer.

Once the student has identified their preceptors, the student will email the names of the preceptors to the CIC. The CIC will approve the student's preceptors and the student is responsible for asking the preceptors if they are willing to preceptor them on majority of their internship and having the preceptor fill out the preceptor internship paperwork. The student makes their schedule around the preceptors' schedules, not the other way around. The student is responsible to make sure the preceptor includes their full schedule when filling out the preceptor acceptance form. The student will have priority for picking shifts with their preceptor(s) only once they have been granted permission to start internship. Those shifts will be considered unavailable to other students and if another student signs up for that shift they will be removed and notified by the CIC. If a preceptor is not on the scheduled rotation when the student shows up, due to preceptor sickness or other extenuating circumstance, then the rotation will still count towards internship. 95% of the internship team leads must be completed with the chosen preceptors.

The student will be required to demonstrate clinical competence by completing a field internship that will consist of **30 ALS Team Leads as outlined previously in the above requirements**. The field internship is an evaluation of student ability to act as a paramedic including managing all aspects of patient care and treatment, without prompting or instruction from the clinical preceptors except in situations where safety may dictate an intervention. The focus is less on the performance of technical ALS skills; rather it is more on ability to handle all aspects of the delivery of advanced pre-hospital care (patient assessment and documentation, patient diagnosis and treatment, teamwork, communications, patient presentations, etc.).

Approved Skills

The student may perform the following skills authorized as evident by the appropriate marking on a skills ID card (ALS skills), the use of the skill is permitted by the Clinical Affiliate with preceptor approval. In some cases, especially with invasive procedures, the preceptor may only permit to observe or assist. ***(Note: There is a \$30 fee to replace any lost skills ID card the MUST be paid before a new one will be issued)***

- All EMT-Basic Skills
- Application of ECG monitor, ECG interpretation
- CPR
- Defibrillation, cardioversion, and external pacing
- IV therapy, setting up IV drips
- Venous blood sampling
- Medication Administration (IM, SQ, ET, nebulized, sublingual, PO, transdermal)
- Obtaining and interpreting a 12 lead ECG
- Telemetry contacts with medical control physicians
- Endotracheal intubation
- Documentation

Specific Activities

- Perform patient assessment techniques on selected patients under the direction of the paramedic preceptor.
- Present an appropriate patient history to the physician or nurse upon arrival at the hospital emergency department.
- Perform or assist in any of the skills listed above.
- Accurately complete a Pre-Hospital Care Report for an ALS patient.
- Function as a team leader for calls (ALS and BLS).

Evaluation

The student will be evaluated on her/his ability to handle all aspects of advanced level pre-hospital care, from checking the vehicle and equipment to documentation of the patient assessment and treatment rendered. The student must obtain a rating of minimal prompting, competent, entry-level EMT-P from the clinical preceptors to obtain credit for the field internship rotation.

Positive responses from the field preceptor include the following questions:

- In your opinion, does the student meet the requirements for a competent, entry-level paramedic in terms of knowledge, skills, and professional attributes?
- Would you want this student as partner, co-worker, or employee?
- Would you recommend this student for employment?
- Would you want this student taking care of you or a member of your family?

Students failing to meet a single milestone may be dismissed from the program.

Approximately forty-five (45) days from the scheduled New York State Practical Skills Examination (PSE), each student's clinical experience record shall be reviewed to determine if the student is eligible to begin their clinical internship period.

Though the final examination will not be weighted in the final grade as a major examination, passing of this exam with a 75% is required for advancement to eligibility for the New York State Written Examination. A retest is permitted for a failure of this major examination. If the student fails the final examination retest, they are dismissed from the program.

Program Completion and Graduation

Students will be considered to have completed the program when all of the following have been satisfied:

- Successful completion of all Milestone objectives.
- Clinical specialty experiences have been met
- Patient encounter requirements, according to patient type and skills.
- Attendance at simulation and specialized skills sessions.
- Successful completion of Practical Skills Examination (PSE).
- Overall course grade of a "C" or better (equivalent to 70%) achieved on the Comprehensive Final Examination.

Successful completion of the New York State Written Examination, though necessary for certification, is not a requirement for graduation from this program.

State Examination Requirements

Upon successful program completion, Final New York State Practical and Written Examinations will be administered. These exams will ensure that participants can properly demonstrate the technical skills and knowledge that were presented to them throughout the program.

To be eligible for certification as an Emergency Medical Technician - Paramedic in the State of New York, an individual must be at least 18 years of age on or before the last day of the month of which they are participating in the NYS Written Examination. Students must have also successfully completed an approved course of training and must not have any convictions for a misdemeanor or felony (10 NYCRR 800) unless The New York State Department of Health has deemed that such a conviction or charge does not demonstrate a present or potential risk and/or danger to patients.

Computer Based Testing

All New York State certification exams are no longer administered as written exams at regional or on-site testing locations. All examinations are being delivered by computer at computer-based testing centers located throughout the state.

In accordance with your end of course date, this schedule will identify when the student eligibility information shall be uploaded to the testing company for eligibility.

Within approximately 5 business days from the date of upload, the student may receive an eligibility email with scheduling directions for their examination from the computer based testing company PSI/AMP customer service.

Once the student receives the eligibility email from the testing company, they then follow the directions to schedule the examination on the date, time and location of their choosing. All candidates who register for CBT will receive an immediate report indicating their pass/fail status.

The NYS DOH BEMS also offers EMT candidates the opportunity to complete, and have their exams graded immediately. This testing is only conducted at predetermined New York State Testing Sites. For candidates who pass this examination, they will receive a temporary certificate that should enable them to begin practicing immediately.

For candidates who fail the examination, the immediate notification will allow them to schedule a re-examination as quickly as possible. Within two to four weeks after the exam administration, the NYS Bureau of EMS will send all candidates a detailed score report with all passing candidates receiving their credentials. *See Reference B or for more information in regards.*

Results of the NYS Certification Exam

Please do not phone the Northwell Health EMI Offices or Staff Members for results of your New York State Certification Exam. In most instances, you will receive your examination results before we do. The NYS DOH will forward your results via US Mail approximately two to four weeks after your written examination date.

Unavailable for New York State Written Exam

Any student who is unable to take the New York State Written Examination on their assigned exam date must contact The New York State DOH Bureau of EMS Office at: (518) 402-0996. Students will be responsible for re-scheduling another exam date. Testing will take place at a computer-based test site designated by the State. Please be advised that EMI cannot make these arrangements for you.

New York State Certification Terms

Each participant successfully completing this program and achieving a minimum passing grade on the New York State Written Exam will receive certification as an Emergency Medical Technician – Paramedic for a three-year period. Each New York State Emergency Medical Technician – Paramedic must re-certify every three years. Please begin to prepare for re-certification at least nine months prior to the expiration date posted upon your provider credentials. This will ensure that your certification remains current while awaiting a refresher course to begin. Should you not have an opportunity to re-certify before your certification expires, you have an unlimited grace period in which to complete a re-certification course.

Ongoing EMS Education

This course is only the beginning of the participant's experience in EMS. Each Emergency Medical Technician – Paramedic should plan to devote sufficient time and effort to maintain an appropriate level of knowledge and proficiency in patient care skills.

This course sponsorship is CoAEMSP accredited, and you are eligible upon completion of the New York State Written Exam to seek your National Registry Paramedic certification. This program does not have the written and skills testing for National Registry scheduled nor included within the schedule.

Statement of Professionalism

Professionalism encompasses those attributes and behaviors that serve to maintain patient interests above individual self-interest. Professionalism, however, extends beyond interactions with patients and their families. Professionalism also involves relationships and interactions between all those involved in medical education and the delivery of patient care, including students, nurses, physicians, administrators, and other allied health professionals. It has implications for research activities and interactions with for-profit companies, not-for-profit organizations, governmental agencies, and other outside entities. Professionalism should pervade all of our activities in medicine, and should include:

- A commitment to the highest standards of excellence in the practice of paramedicine and in the generation and dissemination of knowledge.
- A commitment to sustain the interests and welfare of patients.
- A commitment to be responsive to the health needs of society.

The elements of professionalism include altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. All students and staff participating in paramedic education and patient care are expected to aspire to these ideals, as described below.

- **Altruism** is the unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.
- **Accountability and responsibility** are required at many levels – to individual patients, society, and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public. One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility are reliability in completing assigned duties or fulfilling commitments and willingness to accept responsibility for errors.
- **Excellence** entails a conscientious, self-directed effort to exceed ordinary expectations. Commitment to excellence is an acknowledged goal for all paramedics. A key to excellence is commitment to providing the highest quality of health care through lifelong learning, education, and reflection. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.
- **Duty** is the free acceptance of a commitment to service. This commitment entails being available and responsive when "on duty", accepting inconvenience to meet the need of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one's skills and expertise for the welfare of the community.
- **Honesty and integrity** are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of

interaction. This requires awareness of situations that may result in conflict of interest, or that result in personal gain at the expense of the best interest of the patient.

- **Respect for Others** is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including, but not limited to, patients, families, other paramedics and EMTs, and professional colleagues, including nurses, physicians, and other allied health care providers. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair, nondiscriminatory, and aware of emotional, personal, family, and cultural influences on each patient's well-being, rights and choices of medical care. Respecting appropriate patient confidentiality is also a professional obligation.

Professional behavior is transferable to all aspects of an individual's life. Inclusive in this behavior are social situations, social media and networking opportunities such as (but not limited to): Facebook, Instagram, YouTube and Twitter.

Americans with Disabilities Act

The Americans with Disabilities Act allows people with certain types of disabilities to request an accommodation for the New York State written certification examination. This may be accomplished only after providing proper documentation of their disability. An accommodation means changing the way the written examination is conducted. There will be no accommodations made for the State Practical Skills Examination.

To preserve the rights of all students an instructor cannot discuss or screen for disabilities, or consider addressing any potential disabilities before a student's admission to a training program. An inquiry cannot be made of a prospective student about any disability.

Any student who wishes to request a disability accommodation should contact the New York State EMS Central Office at (518) 402-0996. Contact should be made as soon as possible, but not later than six weeks before the State certifying examination.

New York State Criminal Conviction Statement

In accordance with the provisions of the State Emergency Medical Services (EMS) Code - 10 NYCRR Part 800; applicants for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department will review all criminal convictions from any federal, military, state and/or local jurisdiction to determine if such convictions fall within the scope of those specified in Part 800, or to determine if the applicant for certification represents a potential risk or danger to patients or the public at large.

The regulation does not prevent an applicant with a criminal conviction from attending and completing all the requirements of an EMS course. However, it may prevent the applicant from becoming certified in New York State until the Department has conducted a review and investigation of the circumstances of the conviction(s) and decided that the applicant does not demonstrate a risk or danger to patients. If the Department decides allowing certification, the applicant will be eligible to take the NYS practical and written certification examinations, if otherwise qualified.

Applicants will not be permitted to take the NYS practical or written certification examination until the background review and investigation is completed and a written determination is received by the applicant.

Technical Standards of an EMT-Paramedic

All students shall receive both physical and electronic copies of New York State Department of Health Bureau of EMS Policy Statement #2000-010-Functional Position Description EMT/AEMT and will be required to sign an attestation stating that the student has read and understood the policy.

Program Revisions

This program syllabus, policies and procedures, may be revised at any time. Amended copies shall be sent in electronic format to each student and notification of the availability of the amended documents at the next scheduled program session

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**NEW YORK STATE
EMERGENCY MEDICAL SERVICES PROGRAM**

CERTIFICATION OF ELIGIBILITY

Name: _____

Course Number: **244077**

I have read and understand the functional job description of an EMT- Paramedic. I have no conditions which would preclude me from safely, and effectively performing all the functions of the level for which I am seeking New York State Certification.

Signature and Date

PLEASE SIGN ONLY IF YOU ARE REQUESTING A TESTING ACCOMODATION

I have read and understand the functional job description of an EMT- Paramedic. **I will be submitting a request for an accommodation for the New York State Written Certification Examination.** I understand that I must contact the NYS DOH EMS Program Office no later than eight weeks prior to the State Written Examination.

Signature and Date

**Northwell Health
Paramedic Program Policy & Procedure Manual**

I, _____, acknowledge that I have received
(Print your name)

and read a copy of Northwell Health Center for Learning & Innovation Paramedic Program Syllabus and understand its contents. I also understand that the Program Syllabus is subject to change throughout the program and that I will be provided an updated electronic and/or paper copy of the syllabus with every update. I further understand that I may inquire of the Course Instructor Coordinator clarification of any portion of this manual at any time.

Signature and Date

**Northwell Health
Electronic Communication System & Social Media Policies**

I, _____, acknowledge that I have received
(Print your name)

and read a copy of the Northwell Health System's Electronic Communication and Social Media Policies. I also understand that I may inquire of the Course Instructor Coordinator clarification of any portion of this policy at any time. I further understand that violations of these policies may result in restriction of access and/or dismissal from the Paramedic Program.

Signature and Date

**Northwell Health Paramedic Program
Electronic Device Requirement**

(Print your name)

I, _____, acknowledge I must provide an electronic device for use with clinical and didactic sessions.

I understand that the device is an integral and required part of the paramedic program and requires that I always maintain security of the device.

Signature and Date

**Northwell Health Paramedic Program
Tuition Refund Policy**

I, _____, acknowledge that I have had the Tuition
(Print your name)

Refund Policy, contained within the Paramedic Program Policy & Procedure Manual, explained to me and that I understand the policy. I also understand that partial tuition refunds are available to a student withdrawing, or being academically dismissed, from the program any time before six (6) months from the official start date of the course (less than or equal to 180 days).

Students being dismissed for violation of the academic honesty policy, or for professional misconduct, are not entitled to a refund of any portion of their tuition.

Signature and Date

Accrediting Agencies for Northwell Health Paramedic Program:

The Northwell Health Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) 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
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www.caahep.org
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Email: mail@caahep.org

To contact CoAEMSP:



Committee on Accreditation for the EMS Professions
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