



QUINSIGAMOND COMMUNITY COLLEGE

**Emergency Medicine Programs
EMT-Paramedic
Established 1987**

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1.0 INTRODUCTION

Emergency Medical Services is among the newest, most dynamic, and most progressive disciplines within the field of medicine. Thirty years ago, there were no Emergency Medical Technicians or Paramedics, and prehospital treatment and transportation was provided by funeral home, police, and fire personnel with little or no training or specialized equipment. With the dramatic advances in knowledge, education and equipment developed since that time, Americans now expect highly trained and skilled experts in prehospital emergency medicine to swiftly respond in their time of need. It is the goal of the Emergency Medical services program to provide our community with a corps of highly educated, trained, motivated and professional EMS personnel to help fulfill that expectation. To this end, the Paramedic Technology Associate in Science; Paramedic Certificate and EMT Certificate programs have been brought under one roof, Emergency Medical Services.

1.1 Program Goal, CAAHEP Accreditation, Program Completion

Program Goal: To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Paramedic and/or Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

CAAHEP Accreditation:

The Quinsigamond Community College Emergency Medical Services - 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), 8301 Lakeview Parkway Suite 111-312, Rowlett, TX 75088 | Phone: 214.703.8445 | Fax: 214.703.8992.

QCC Accreditation:

Quinsigamond Community College is fully accredited by the New England Commission Of Higher Education (NECHE).

Program/Graduate Completion:

To successfully complete the Program students must:

- Receive a passing grade of a minimum of 73% in all didactic courses in accord with the grading policy of each class syllabus

- Submit and be compliant with all required health data to the Health Compliance Officer

- Maintain current EMT, CPR and ACLS status

- Complete a minimum of 308 hours of Clinical Internship and 45 hours of Simulation including achieving the minimum Clinical and Field Internship Matrix for skills and patient contacts listed in the EMS Program Student Handbook

- Meet with Medical Director for Sign off for Clinical Internship completion

- Complete a minimum of 216 hours of Field Internship with a minimum of 10 Team Leads and 30 Patient Contacts, and a minimum of 16 hours of Simulation

- Meet with Medical Director for Sign off for Field Internship completion

- Take the summative computerized exam after completion of Field Internship and receive a passing grade (minimum of 73%) for Field Internship, MED 220

- Receive a final affective evaluation with a minimum of “meets standard” score or higher

- Submit an Intent to Graduate Form to the Registrar

1.2. Faculty and Student Information

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Class Members

1.3 EMT Code of Ethics and EMT Oath

Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.
- As a citizen, to understand and uphold the law and perform the duties of citizenship; as a professional, to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978.

Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

EMT Oath

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot.

So help me God.

Written by: Charles B. Gillespie, M.D.

Adopted by the National Association of Emergency Medical Technicians, 1978

1.4 Class Schedule for Paramedic Certificate and Associate Degree

For complete course listing see Quinsigamond Community College Catalog, Paramedic Certificate or Paramedic Technology Associate Degree.

https://theq.qcc.edu/ICS/icsfs/2020-2021_Catalog.pdf?target=a20c53b3-41db-4216-a57f-ee9441ab06e7 (as of 8/6/2021)

Paramedic Certificate

First Semester (didactic)	MED 110, 120, 130
Second Semester (didactic)	MED 150, 160, 170, 180, 190
Students Must Successful complete didactic	Before moving to clinical
Third Semester (clinical internship)	MED 210
Fourth Semester (field internship)	MED 220

1.5 Academic Calendar

See for current academic calendar. https://theq.qcc.edu/ICS/icsfs/2020-2021_College_Calendar_-_Updated_with_All_Ses.pdf?target=8ef79ec4-08c4-410f-95d2-6ecadd746ffe

1.6 Clinical and Field Internship Matrix

HOURS						
Clinical Hours	Clinical Simulation	Field Hours	Field Simulation	Field Patients	Field Team Leads	
(308 hrs. minimum)	(45 hrs. minimum)	(216 hrs. minimum)	(16 hrs. minimum)	(30 minimum)	(10 minimum)	

AGES					
Newborn	Infant 29d-1 yr	Toddler 1-3	Preschooler 4-5	School Age 6-12	Adolescent 13-18
(3 minimum)	(3 minimum)	(3 minimum)	(3 minimum)	(3 minimum)	(3 minimum)
Adults	Geriatric				
(3 minimum)	(3 minimum)				

SKILLS						
Medication Administration	Airway Management	Live Intubations	Venous Access	Ventilation	ECG Recognition	Electrical Therapy
Bolus (5) Infusion (5) Miscellaneous (5)	(50 minimum)	(3 minimum)	(20 minimum)	(3 minimum)	(10 minimum)	(10 minimum)

PATHOLOGIES/CHIEF COMPLAINTS					
Trauma Patients	Medical Patients	Psychiatric Patients	OB		
(3 minimum)	(3 minimum)	(3 minimum)	(3 minimum)		
Chest Pain	Respiratory	Syncope	ABD	AMS	
(3 minimum)	(3 minimum)	(3 minimum)	(3 minimum)	(3 minimum)	

In all cases, the CoAEMSP minimum set of skills, as described by the Student Minimum Competency Matrix, are **the minimum required for all paramedic students**. This includes a set of required skills and assessments that are performed before entering clinical rotations, before entering field rotations, and before entering the capstone experience. Only when the above list of skills represents MORE than the CoAEMSP requirements are students held to this standard. Please see the Student Minimum Competency Matrix for more information.

1.7 Student Grievance Procedures

Grievance will follow the procedures listed in the Quinsigamond Community College Student Handbook. Please see <https://www.qcc.edu/student-handbook/college-policies> for information on the process and to know rights as a student.

1.8 Admissions:

- 1.8.1 Students are admitted to the paramedic program on a yearly basis starting in the fall. Students are required to meet the following conditions for admission to the program:
1. EMT certification
 2. Employment verification: Students must demonstrate, through a letter or attestation, that they have been working as an EMT for at least a year prior to being admitted to the paramedic program. If they have not been an EMT for a least a year, a student is allowed to submit documentation from an employer or agency demonstrating that they have had a medical experience that is substantially equivalent to a year of EMT experience. The Program Director, in judging the quality of this experience, will determine if it has provided the perspective candidate with the necessary patient assessment, emergency conditions, and medical expertise that will prime them for the instruction given at the paramedic level.
 3. A high school diploma or its equivalent
 4. A on-line, self-paced healthcare orientation program attestation.

1.9 Course Cost/ Per semester:

Cost Per Semester:					
<u>Semester I</u>					
FA22	12	Credits	\$ 205	Credit	\$ 2,460
		A/H Fee	\$ 20	Academic Year	\$ 20
		Program Fee	\$ 755	Semester	\$ 755
		Student Support Fee	\$ 455	Semester (\$345/\$455)	\$ 455
	0	# of Lab Courses	\$ 65	Specific Lab Course	\$ -
		Books		Estimate for books	\$ 700
				Total:	\$ 4,390
<u>Semester II</u>					
SP23	16	Credits	\$ 205	Credit	\$ 3,280
		A/H Fee	\$ -	Academic Year	\$ -
		Program Fee	\$ 755	Semester	\$ 755
		Student Support Fee	\$ 455	Semester (\$345/\$455)	\$ 455
	0	# of Lab Courses	\$ 65	Specific Lab Course	\$ -
		Books	\$ 85	Estimate for books	\$ 300
				Total:	\$ 4,790
<u>Semester III</u>					
FA23	7	Credits	\$ 205	Credit	\$ 1,435
		A/H Fee	\$ 20	Academic Year	\$ 20
		Program Fee	\$ 755	Semester	\$ 755
		Student Support Fee	\$ 345	Semester (\$345/\$455)	\$ 345
	0	# of Lab Courses	\$ 65	Specific Lab Course	\$ -
		Books	\$ 85	Estimate at \$85/credit	\$ -
				Total:	\$ 2,555
<u>Semester IV</u>					
SP24	5	Credits	\$ 205	Credit	\$ 1,025
		A/H Fee	\$ -	Academic Year	\$ -
		Program Fee	\$ -	Semester	\$ -
		Student Support Fee	\$ 345	Semester (\$345/\$455)	\$ 345
	0	# of Lab Courses	\$ 65	Specific Lab Course	\$ -
		Books	\$ 85	Estimate at \$85/credit	\$ -
				Total:	\$ 1,370

2.0 POLICIES

2.1 Attendance

- 2.1.1 Students are required to attend all classes, labs, and additional sessions scheduled by program faculty. This is a requirement both of the Program and the Commonwealth of Massachusetts. Students are required to arrive on time and stay until dismissed.
- 2.1.2 Any work missed must be made up and accounted for. In the event of a missed class, the student is responsible for preparing and submitting a three to five page research paper on the topic. This paper must comply with section 5.13 of this manual. The instructor must approve the topic. It is the student's responsibility to contact the instructor within twenty-four hours of the missed class. The paper must be delivered to the instructor, at the instructor's convenience, within five calendar days, beginning the day after the missed class, by 1700 hours. Failure to follow these guidelines will result in dismissal from the program.
- 2.1.3 A student arriving at class fifteen minutes after the start of that class, or leaving fifteen minutes early, will be considered to have missed the entire class. In this case, the provisions of 2.1.2 will apply.
- 2.1.4 A student missing a class or clinical, or who arrives more than fifteen minutes after the start of class or clinical, or leaves more than fifteen minutes early, will be penalized two points from their final grade for each occurrence. Example: A student has a final grade of 91%, or A-, and has missed one class. That student will receive a final course grade of 89%, or B+.
- 2.1.5 A student who arrives late for a class or clinical or leaves early will be penalized one point from their final grade for each occurrence.
- 2.1.6 The program does not recognize "excused absences." It is not the instructor's responsibility to determine which absences or lateness are worthy and which are not, nor do faculty members have the time or resources to investigate the legitimacy of student claims. All absences must be made up, and all absences, lateness, and early departure will be penalized regardless of cause.
- 2.1.7 In the event of a pandemic or state/national emergency the program may elect to revise the attendance standards to meet the specific situation.

2.2 Chemical Dependence/Substance Abuse

2.2.1 Alcohol, Drugs, Gambling and Tobacco

The use of alcoholic beverages, drugs, and the practice of gambling in any form are prohibited on the College Campus. Any member of the College community found to be under the influence or in possession of alcoholic beverages or drugs, or involved in any form of gambling at the College

will be subject to disciplinary action including probation and/or dismissal. Smoking and use of vapor or chewing tobacco products is prohibited. Quinsigamond Community College is a smoke-free environment. STUDENTS MAY NOT SMOKE, VAPE or CHEW TOBACCO PRODUCTS DURING THE TIMES THEY ARE SCHEDULED FOR CLINICAL OR FIELD ROTATIONS, FROM STARTING TIME TO DISMISSAL TIME, INCLUDING DURING BREAKS.

2.2.2 Drug-Free School and Communities Act

Quinsigamond Community College is in compliance with P.L. 101-226, the Drug-Free School and Communities Act, Amendments of 1898, which prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

Further, the EMS faculty believes that patients and staff have the right to expect interaction with alcohol and/or drug-free students and faculty.

Any student coming to Clinical or Field Site with the odor of alcohol on his or her breath or exhibiting behavior that suggests being impaired by drugs and/or alcohol will immediately be removed from the Clinical or Field Site and referred to the Student Assistance program. The student will then be placed on warning and cannot return to the Clinical or Field Site without documentation of follow through with the Student Assistance program. Refer to Quinsigamond Community College Student Handbook for further references to the Student Assistance program

2.3 Examinations and Grading Policy

2.3.1 Student Evaluation

Students will be evaluated on their knowledge of the material outlined in the course syllabus and assigned by the course instructor.

2.3.2 Evaluation tools

Evaluation tools may include practical, written, and oral quizzes and examinations on an ongoing basis. Oral presentation of a term project and term research paper may also be used at the instructor's discretion. Term papers will be typed, 12 font, double spaced, with cover page, and bibliography. Appropriate usage of documentation for footnote/endnotes should be employed, using the handouts available from the Alden Library/The Harrington Learning Center and the Healthcare and Workforce Center Library. All Paramedic Psychomotor Competency Portfolio skills will be documented using FISDAP during each laboratory or simulation session of the didactic semesters. For Clinical and Field Internship documentation, see section 4.0 following.

2.3.3 Minimum Grade Requirements

Students must maintain a minimum grade of 73% within all areas to remain in the program. A grade of less than 73 will cause the student to be dropped from the program. Students will be notified in writing by the Registrar's Office.

2.3.4 Responsibility for Material

Students are responsible for material covered during class, assigned readings from the text, any handouts from the instructor or guest lecturer, and for other materials referenced from other sources including but not limited to journals, texts, or materials accessible online.

2.3.5 Courses with Laboratory Components

Students will be evaluated on their knowledge of the material outlined in the syllabus, and assigned by the course instructor. The tools in which the students will be evaluated include class participation, mid-term, attendance, and final exam. Students are responsible for material in their handouts. The grade for the laboratory component becomes 1/3 of the total grade recorded with the Registrar's Office. In the event that a student falls below a 73% in either the lab or classroom portion of the class, the grade for the failed component will be the recorded grade for the course. Students must maintain a minimum of 73% for both laboratory and didactic portions of the class

2.4 Communicable Disease, Hepatitis B Immunization and Health Form Policy

2.4.1 Health Forms

The Program must comply with submitting all necessary information through Castlebranch including a current Quinsigamond Community College Student Health form completed by the student's healthcare provider. Failure to have the form or other required information on file will result in the non-placement of the student in the clinical/field area and may result in removal of the student from the Program.

2.4.2 Communicable Diseases and Hepatitis B Immunization

The communicable disease and immunization policies (attached) will be considered in force for the EMS student. Students who contract a disease that as a consequence of their performance of students, exams, etc. is communicable to patients must take appropriate precautions to prevent such cross contamination.

The Emergency Medical Services Program, in general, abides by the policies of the institution/ambulance service contracted for clinical/field experience relative to isolation procedures.

2.4.3 The Classroom

The following immunizations are required for all students:

MMR

Tdap

Hepatitis B

Varicella

Flu

COVID-19

Students are required to have TB testing as described on the current Health Form from the College.

2.4.4 The Clinical Area

Students are required to follow the policies governing caring for patients with communicable diseases that are written at each of the clinical/field agencies. Students must also follow the agency policies in caring for patients when the caregiver has a communicable disease. Students in the health programs must realize that they have an ethical and legal responsibility to the individual for whom they provide care to maintain a high standard of health. In providing care, the Paramedic student should routinely and without discrimination take all precautions against exposure and transmission, as recommended by the Center for Disease Control, www.cdc.gov

2.5 Snow/Weather Emergency Policy

- 2.5.1 In the event that the College is closed due to a snow/weather emergency on a day that students are scheduled to attend their assigned Clinical/Field site, the student will not be required to go to the Clinical/Field site for that day. Providing there is adequate supervision at the Field Site, including a duly assigned Clinical/Field Preceptor, the student may, with the agreement of the Clinical/Field Preceptor and Clinical/Field Coordinator, elect to attend the Clinical/Field area. Students electing to come to the Field site to provide extra help on such weather emergency days may receive special recognition at the discretion of the Program Director and the Clinical/Field Coordinator.
- 2.5.2 On days of inclement weather during which the student is scheduled to attend the Clinical/Field site and on which the College remains open, the student must make every reasonable effort to get to the Clinical/Field site, as specified in the Program's Attendance Policy.

2.6 Program Interruption Policy

- 2.6.1 Interruption of the student's program matriculation status for more than one academic year will require that any student who is eligible for re-entry into the program reapply to the program as a new freshman. The student will be required to retake any Paramedic courses previously taken.
- 2.6.2 Any student failing out of a semester, or withdrawing from a semester, will be required to repeat the failed course before proceeding. Any student failing more than two courses in a given semester will be required to repeat the entire series of courses for the semester.
- 2.6.3 Any student who has not completed the skill requirements of the Clinical/Field Internship within three months after the start of their internship will be required to demonstrate competencies of all state required skills in the College laboratory with the Clinical/Fieldwork Coordinator. The students will then be replaced into a site to accommodate their completion of the internship if they fall under the Administrative Requirements of the Office for Emergency Medical Services. Bear in mind that all Clinical and Field Internships must be completed within one year of the completion of all didactic materials of the Program.

2.7 Quinsigamond Community College Standards of Performance

Listed below you will find explanations of the standard of performance the College will be using in assessing the degree to which the students are demonstrating that they have adopted the traits considered to be essential elements of their affective area learning.

2.7.1 Accountability

In order to assess that the student is accountable for their action, the preceptor will be looking for actions the student exhibits which show the student is able to:

- a. develop a realistic view of their responsibilities with respect to:
 1. education
 2. role as an intern
 3. contributing to the activities in the classroom, lab and clinic
 4. providing service in caring for patients
- b. accept full personal responsibility for satisfactorily carrying out all tasks
- c. fully and readily accept the consequences for their action even when their action creates negative results or they fail to carry out what is expected of them
- d. never need to be reminded to do what is expected of them
- e. consistently identify themselves by name and position to the patient
- f. recognize that the impression they are making on the patient, staff, families and other personnel is determined by their appearance, behavior, speech, and the degree of confidence with which they perform their duties.

2.7.2 Adaptability and Flexibility

Change is a fact of life. In the health care professions, the need to change or adapt to the demands of the moment is common. Whether in regard to a particular patient being examined or the ebb and flow of departmental activity, an intern must be readily able and willing to adapt to the situation, be flexible in expectations, and seek ways to make the best out of any given situation. The preceptor will be looking for examples of how well, frequently and readily the student:

- a. recognizes when change in routine is called for
- b. correctly chooses the change needed
- c. refrains from complaining about change

2.7.3 Assertiveness

This trait is closely associated with accountability and self-respect. The preceptor will be assessing student growth in this area by looking for instances where the student:

- a. seeks out ways to take charge over their own learning (i.e. read ahead of assigned reading schedule, do independent research, etc.)
- b. actively participates in improving the student's field proficiency (i.e. watching out for/trying to do as many cases as possible and attempting more difficult cases).

2.7.4 Compassion and Empathy

It is crucial for the student to keep foremost in their mind the fact that they are providing care for a real person. The signs of compassion and empathy the preceptor will be watching for include:

- a. being aware of and recognizing the needs of patients, including the patient's:
 1. need for privacy
 2. desire to be recognized and respected
 3. possible discomfort and/or pain
- b. accurately assessing the degree of discomfort experienced by the patient

- c. responding appropriately to those needs by
 - 1. acknowledging the need
 - 2. selecting and implementing measures to satisfactorily meet the needs
- d. the student's ability to describe what the patient is feeling
- e. the student's ability to balance personal feelings of empathy and compassion with the necessity of performing the exam or procedure efficiently, accurately, and effectively
- f. using only the proper form of address when speaking to the patient, staff, physicians, and others
- g. making sure that the student's appearance, behavior, and manner of speaking contribute to helping the patient feel comfortable, and confident that they are receiving the best quality of care possible
- h. treating all patients, staff, and fellow students equally without regard to gender, race, religion, or sexual orientation

2.7.5 Dependability

Since a considerable degree of responsibility is placed on health care professionals (including students in the health care professions), it is vitally important for the student to be consistently ready, willing, and able to perform their duties. The preceptor will be measuring degree of dependability by assessing:

- a. regularity of attendance
 - 1. absence from assigned areas of responsibility (clinical or class) should be the exception only for the most serious reasons
 - 2. perfect attendance should be the norm
- b. punctuality
 - 1. the dependable professional arrives not just on time, but well enough in advance of starting time so that he or she is ready to take on any assigned responsibilities at the start of the day, as well as when returning from lunch, breaks, etc.
- c. expectations
 - 1. awareness of what is expected and, once learned, performing duties and responsibilities without the need of being reminded
- d. responsibilities
 - 1. this means completing ALL parts of assigned tasks
- e. following through with promises made
- f. openness in admitting to not knowing when applicable
- g. completion and submission of assignments in a timely fashion

2.7.6 Diligence

Diligence is consistent attention to detail and striving for perfection. Performing tasks so that the result is just good enough to pass is not acceptable in the health care professions. Signs of diligence that the preceptor considers important include:

- a. consistently assuring all documentation is appropriately completed
- b. consistently assuring that appropriate care is delivered
- c. completeness and comprehensiveness of work

2.7.7 Effective Communication

Effective communication entails speaking and writing in such a way that the patient, his or her family, and other staff members readily understand what you are trying to communicate. Effective, efficient and accurate communication can, at times, be a matter of life and death within the health care professions. Success in utilizing clear, effective, and accurate communication will be assessed by the preceptor in the following manner:

- a. in situations where the student speaks to patients, staff, etc.
- b. in situations where written communication is required
- c. in situations where non-verbal communication may have an effect on overall communication, the student will be assessed through adherence to appropriate appearance and behavioral standards

2.7.8 Honesty and Integrity

There is absolutely no place for dishonesty or lack of integrity in the health care professions. Performance in meeting this standard will be assessed by measuring the degree to which the student:

- a. admits when not knowing something
- b. admits when a mistake is made
- c. submits and assumes credit for ONLY the student's own work
 1. in the field setting
 2. in patient care delivered
 3. in the academic setting
 - i. on tests
 - ii. in assigned papers, work sheets, etc.
- d. assumes credit for only the student's level of attainment/achievement/credential
- e. treats all patients, staff, and fellow students equally, without regard to gender, race religion, or sexual orientation.

2.7.9 Leadership

Although everyone cannot be a leader in the traditional sense of the word, Paramedics are looked upon as authorities when it comes to matters pertaining to emergency care. In addition, the term *professional* carries the connotation of self-governance, self-control, and helping peers to improve. The preceptor will be measuring the student's performance in this area by watching for evidence of:

- a. handling emergency situations with confidence
- b. offering direction and leadership to professionals with whom the student is interacting

2.7.10 Loyalty

Loyalty to the profession, the Program, the College, the field service to which the student is assigned, and to the clinical staff is an important trait of a professional. Examples of behavior the preceptor will be watching for include:

- a. using positive references when speaking about the profession, Program, College, etc.
- b. using only the proper mechanisms for addressing less than optimal situations present in the profession, Program, College, etc.

- c. being aware of, and active in, addressing issues that have an impact on the profession.

2.7.11 Respect for Others and Self

The professional places the needs and desires of those entrusted to their care and the profession above personal desires. Some of the signs of self-respect for others that the preceptor considers important include:

- a. assuring that any and all information pertaining to a patient is kept within the most strict bounds of confidentiality
- b. assuring that appearance is consistently neat, clean, and appropriate to the setting
 - 1. wearing proper neat and clean uniforms
 - 2. wearing appropriate ID's
 - 3. appropriately modifying one's grooming (including hair style, use of cosmetics and wearing of jewelry) to conform to the conservative end of the prevailing public value system
 - 4. avoiding the use of all perfumes or aftershaves, as these can cause allergic reactions in some patients or staff
- c. assuring that personal hygiene is maintained so as to never offend
- d. referring to patients, staff, etc. only by proper title, name, or form of address
- e. seeking out ways to be helpful to others
- f. consistently striving to do one's best
- g. identifying one's own weaknesses, and striving to correct them
- h. responding appropriately to correction and criticism from others in positions of authority
- i. assuring that personal behavior consistently adheres to the code
- j. adhering to the Program's Professionalism- Behavior and Professionalism- Appearance policies
- k. treating all patients, staff, and fellow students equally, without regard to gender, race, religion, or sexual orientation

2.7.12 Teamwork

An ambulance service must rely on the coordinated activities of all individuals working in the service. For the student to demonstrate that they are satisfactorily developing competency in this area, they must:

- a. be able to accurately describe their role as a team member
- b. be aware of those instances where others in the department may need assistance
- c. volunteer assistance when appropriate
- d. endeavor to find ways to improve the overall efficiency, effectiveness, and accuracy of their own performance
- e. accept correction and criticism in a positive manner
- f. assure that their availability is consistent through perfect attendance.

2.8 Cell Phone and Other Electronic Media

Instructors may, at their discretion, advise the student that cell phone/electronic media usage is unacceptable during a particular class. At the minimum, students must exercise courtesy and consideration of fellow students during instruction time. If cell phone or other electronic media usage becomes intrusive on the learning environment that instructor may ask the student to discontinue use of the technology.

2.9 Clinical Affiliate Random Drug Screening Analysis

Students enrolled in the QCC Health Career Programs may be required to undergo and pass a drug screening analysis in order to be eligible for and/or remain at an assigned clinical affiliate of their Program. Students who either fail to pass or refuse to submit to a drug screening analysis will be deemed ineligible for clinical placement, which may affect their status in the Program.

2.10 CORI/SORI, Fingerprinting and Drug Screening

CORI/SORI information is obtained on a student at the beginning of each semester, and prior to their placement in clinical or field rotations. If a student answers “Yes” to Question 4 on the Massachusetts application—about criminal history, then the student will be required to submit an official OEMS CORI form that required notarization. See <https://www.mass.gov/media/1086761>. Fingerprinting and drug testing may be required. In the event of positive CORI/SORI, the student will be referred to the Quinsigamond Community College Student Handbook procedures.

2.11 Substitution of Student for Faculty

At no time will a student be substituted for faculty during the didactic, laboratory, clinical or field portion of the Program.

2.12 Institutional Disabilities Services

Every effort will be made to meet the various learning styles of the participants of this course. It is of the utmost importance that you inform the instructor at the beginning of the semester of your particular needs. If you have concerns about this course, please make an appointment with the instructor. If you have a disability which may require an accommodation, please notify the instructor as soon as possible. You are responsible for forwarding your Accommodation Letter and discussing arrangements for this course. Your accommodation for this course begins upon receipt of your Accommodation Letter; accommodations are not retroactive. You may request accommodations at any time during the semester, but instructors must be provided with reasonable notice prior to exams or deadlines.

Disability Services works to promote access to ensure an accessible college experience for students. If you have further questions, contact Disability Services. All discussions are confidential.

Information for Disability Services & Assistive Technology: 508-854-4471

Sorenson Video Phone: 508-502-7647

Email: disabilityservices@qcc.mass.edu

2.13 COVID-19

This policy pertains to COVID-19 exposure only while the student is taking part in didactic, lab or Clinical or Field Internship for the Program.

The student is to be consistently mindful of their own health status regarding COVID-19 symptoms, and to act appropriately to keep themselves or others from exposure whenever possible.

For remote classes:

A student who is ordered to quarantine because of contact with a COVID-19 positive individual, or who is COVID-19 positive but is asymptomatic, is expected to attend remote class and submit assignments as scheduled in the course syllabus.

A student who is known COVID-19 positive may not attend any in person classes, Clinical Internship or Field Internship until minimum of 10 days post exposure, resolve of all symptoms, and fever-free without fever reducing medications for a minimum of 24 hours. Medical documentation clearing the student to return to face-to-face education environments may be required.

In the event that a student contracts COVID-19, develops symptoms, and cannot attend classes on-line because of being unwell, the student must contact the Program Coordinator to determine their next best steps. Medical documentation may be required.

For face-to-face classes:

A student will not attend face-to-face experiences until their mandated quarantine has expired, even if the student has a COVID-19 negative test during that time. The student is expected to reschedule time with the instructor to make up any face-to-face component. Students will receive a grade of Incomplete until all work has been completed satisfactorily. Rescheduled time should be arranged with the individual course instructor and completed as soon as possible.

A student who is mandated to be quarantined due to exposure to COVID-19, or is isolated because of a positive COVID-19 test, will NOT attend Clinical or Field Internship until the mandated quarantine has expired, regardless of negative COVID-19 test or being asymptomatic. Students will communicate with the Clinical or Field Coordinator to arrange rescheduling of the assigned shifts, recognizing that the assignments may be delayed because of site/preceptor availability.

3.0 CLINICAL AND FIELD INTERNSHIP POLICIES

3.1 Records

3.1.1 Program Handbook Availability During Clinical and Field Internship

Each student shall maintain the *Program Handbook* provided at the beginning of the internship program. The handbook must be with the student each day they are at a clinical or field site. It is the responsibility of the student to be familiar with all of the contents of the *Program Handbook*.

3.1.2 Certifications

Students must be currently certified in Basic Cardiac Life Support—Health Care Provider level, Advanced Cardiac Life Support, and as an EMT. If the student's EMT certification is revoked by the Office of Emergency Medical Services, the student must inform the Program Coordinator immediately and will be dismissed from the Program. Certification cards must be in the possession of the student at all times while at clinical and field sites.

3.1.3 Health Forms

Students must have completed Health Forms on file with the Administrator/Health Care Compliance Officer before being allowed into any clinical areas.

3.1.4 Internship Record Maintenance

When at a clinical site, the student will maintain a record of attendance on the Clinical Skill and Time Log in FISDAP. An entry is made for each day spent at a clinical site, signed by a nurse, NP, PA, or physician *when the time is completed*. When all clinical rotations are completed the FISDAP record is maintained by the Clinical Coordinator. The Clinical Coordinator shall maintain a record of attendance for each student in clinical rotation.

The Field Coordinators shall maintain a record of attendance for each student in regard to each Affiliating Service. When at a field site the student will maintain a record of attendance on the Field Internship FISDAP Log. Both clinical and field logs will be maintained by the Program Coordinator. The preceptor, Clinical and Field Coordinators and Program Coordinator will attest to attendance on the time log documentation with their (electronic) signatures in FISDAP. Students may not make changes to the internship schedule without permission of the Clinical or Field Coordinator.

3.1.5 Skills Checklists

Skills performed during the clinical and field internship are documented on the appropriate skill area in FISDAP. The skills checklists are submitted to the Program Coordinator in FISDAP by the Clinical and Field Coordinators at the end of the clinical and field internships. Copies will remain on file at Quinsigamond Community College. Weekly observations of the skills sheets will be performed by the Clinical and Field Coordinators to assure that appropriate skill levels are being maintained. Clinical and Field internship forms are found in FISDAP.

3.1.6 Skills Completion Restriction

A student may only complete the required skills during the scheduled internship hours (or if the student stays late during an assigned rotation). Skills may not be completed at any other time (during regular work hours, for example).

3.1.7 Student Evaluation Forms

The student evaluation forms must be submitted to the Clinical or Field Coordinator before the completion of the internship in FISDAP. Preceptors will be asked to complete the evaluation form after each shift or call as appropriate. The Clinical or Field Coordinator will review evaluation procedures required for each internship.

3.1.8 Falsification

Falsification of any checklist or time log documentation will result in termination of the student if, following a hearing (as outlined in the *Student Handbook*), it is determined that the student falsified records.

3.2 Internship Attendance

Consistent attendance in the clinical/field internship area is essential because:

- a. patients arrive for emergencies on a random, and sometimes sporadic, basis rather than predictably
- b. the student must be on time and ready for the unpredictable
- c. each student must receive an opportunity to develop skills, through practice with a preceptor, in a reasonable sampling of the wide variety of treatments encompassed by the program curriculum
- d. student competency is assessed prior to the clinical/field setting through an exam
- e. competency is then assessed during the clinical and field setting to monitor skill improvement and to assure skill competency upon graduation
- f. the Emergency Medical Services Program at Quinsigamond Community College has integrated within its total educational framework the requirement that students exhibit appropriate Affective Domain competency
- g. regular attendance is associated with dependability, accountability, loyalty, respect for others, and teamwork
- h. these are elements of a type of work habit deemed essential within the Paramedic profession

3.2.1 Attendance Requirement

Attendance in all aspects of the clinical/field internship including simulation is mandatory.

3.2.2 Reporting To Sites

The students must report to the assigned internship site at the time designated by the Clinical or Filed Coordinators. Internship schedules will be distributed to the student prior to the internship.

3.2.3 Tardiness

A student who will be late reporting to an internship site must contact the preceptor at the site, as well as the Clinical or Field Internship Coordinator a minimum of one hour prior to their scheduled time. Tardiness is unacceptable. The Clinical or Filed Coordinator will advise the Program Coordinator who will proceed with the disciplinary process outlined in the Student Handbook if tardiness occurs.

3.2.4 Absence

A student who will be absent from an internship must contact the preceptor at the site, as well as the Clinical or Field Internship Coordinator a minimum of one hour prior to their scheduled time. All time absent must be rescheduled with the Clinical or Field Coordinator.

Failure to report an expected absence shall be considered a serious breach of professional conduct and will not be tolerated. The first incident will result in a written warning from the Program Coordinator. Following the second incident of a non-notified absence, the student will be subject to discipline policy outlined in the *Student Handbook*.

Unexcused absences will result in initiating the disciplinary policy outlined in the *Student Handbook* with the possibility of dismissal from the program.

The possible mitigation of sanctions and/or consequences of excessive absences may occur if absences are due to severe illness or other serious cause, and will be considered on a case-by-case basis, upon request, through the policies of the Program and the College. A request must be submitted by the student in writing prior to the last day of the semester in which the absences occurred. In the event of a pandemic, state or national emergency, refer to section 2.1.7.

Missing Clinical or Field time must be rescheduled through the Clinical or Field Coordinator. Students are not permitted to schedule their own make up time. Each shift absence will require a request to reschedule from QCC staff who will synchronize schedules with the host site. This requires time and coordinated effort. Time will be rescheduled after a mandatory \$80 per shift fee has been submitted via certified check to Quinsigamond Community College. Contact your Clinical or Field Coordinator for additional information.

3.2.5 Location During Scheduled Hours

All students are to remain in the assigned department of the clinical or field affiliate for all scheduled hours. Only brief departures from the department may occur as deemed appropriate by the preceptor. Students will remain with the clinical and field affiliate for the entire scheduled shift. A student may not depart from the hospital or ambulance service without permission from the Clinical or Field Coordinator, or in their absence, the Program Coordinator.

3.2.6 Schedule Changes

Students may not change their assigned clinical or field sites, nor their scheduled times in any manner for any reason. Though a student may request a change, all schedule changes must be arranged by the Clinical or Field Coordinator or in their absence, the Program Coordinator.

The field affiliates have the right to change a schedule if the service has a sudden change in personnel (a paramedic calling in sick, for example). They will notify the field supervisor so changes can be made in the student's schedule.

3.2.7 On-Site Evaluations

Students will be evaluated once per week while in the Clinical or Field internship experience by the Clinical or Field Internship Coordinators. Evaluations may occur orally (face to face, phone, skype, FaceTime, ZOOM), in writing (email, text), and by assessment of internship documentation of skills (FISDAP log either remotely or in person).

3.2.8 Revocation of OEMS Certification

The student will be dismissed from the Emergency Medical Services Programs at Quinsigamond Community College if the EMT or AEMT certification is revoked by the Office of Emergency Medical Services.

3.3 Dress Code

3.3.1 Uniform

The following must be worn by all students:

- White uniform shirt with program patch on left sleeve, or Quinsigamond Community College class polo shirt
- Navy or black pants, neat and pressed.
- Black belt
- Black shoes or black boots, clean and shined
- Hospital Picture ID badge or as identified by Clinical or Field Coordinator
- Non-logo blue or black sweater or official Quinsigamond Community College class sweatshirt (field rotations only). No hoodies. No outer layers permitted for Clinical Internship.

3.3.2 Equipment

Students are required to have a functional watch and a stethoscope with them at all times during Clinical and Field Internship.

3.3.3 Other Requirements

Hair longer than shoulder length must be tied back or worn off the collar. The student is not allowed to wear excessive jewelry, make-up, perfume, cologne or more than one piercing per ear, nasal piercing, eyebrow piercing, lip or tongue piercing. Students are required to maintain acceptable personal hygiene, clean body, hands, mouth, teeth, and hair.

3.3.4 Inappropriate Appearance

The Clinical or Field Coordinator or Program Coordinator reserves the right to determine if the student's appearance is unsatisfactory and can, therefore, proceed with the discipline process outline in the Student Handbook.

3.4 Professional Conduct

3.4.1 Requirements

Each student is required to conduct themselves in a professional manner during internships and/or while wearing the Quinsigamond Community College Emergency Medical Services Program uniform.

3.4.2 Personal Business

A student will not conduct personal business affairs at any clinical/field site during scheduled hours.

3.4.3 Unethical Conduct

Unethical or unprofessional conduct, including insubordination, will not be tolerated. Any breach of ethical or professional standards shall initiate the student discipline policy as outlined in the Student Handbook.

The Program Coordinator, on advisement from the Clinical or Field Coordinator, reserves the right to determine that a student's conduct is unethical or unprofessional, thereby initiating the student discipline process outlined in the Student Handbook.

3.4.4 Patient Safety

Conduct that is unethical or unprofessional so as to affect or potentially affect a patient's wellbeing may result in the immediate suspension from the clinical or field internship and the initiation of the student discipline process outlined in the Student Handbook.

3.4.5 Presence at Internship Site

All students are to remain at the internship site during the entire scheduled time. The student will not leave the internship site without the permission of the Clinical or Field Coordinator or in their absence the Program Coordinator.

3.4.6 Performance of Skills

Students may only complete the required skills during scheduled internship hours. Students may not complete any skills during their normal working hours, or when not functioning as a student within the Emergency Medicine Programs at Quinsigamond Community College.

3.5 Disciplinary Action

3.5.1 The EMS Program will adhere to the student discipline process outlined in the Student Handbook.

3.5.2 Students who have been dismissed or withdrawn from a program within the School of Healthcare at Quinsigamond Community College for reasons of "clinically unsafe practice/behavior" or who violate the College's Student Code of Conduct or Policy on Affirmative Action are not eligible for admission/readmission to any Healthcare program.

3.6 Student Progress

3.6.1 Clinical and Field Internship Grades

Students are required to maintain a 73% proficiency (grade of "C" or better) in all courses as outlined in the *College Handbook*.

3.6.2 Clinical Evaluation

Students are evaluated by three mechanisms:

- a. the student must successfully complete all the assigned objectives (see section 4.0) to complete the clinical internships
- b. the student is evaluated once per week during each clinical rotation by either the Clinical Coordinator or in their absence, the Program Coordinator
- c. students will be graded as described in the MED 210 Syllabus

Students must have a satisfactory evaluation (73%) by the Clinical Coordinator at the end of the clinical internship to continue to the field internship.

3.6.3 Field Evaluation

Students are evaluated by three mechanisms:

- a. students must successfully complete all the assigned objectives (see section 4.0) to complete the field internship
- b. students are evaluated once per week during field internship by either the Field Coordinator or in their absence, the Program Coordinator
- c. students will be graded as described in the MED 220 Syllabus

Students must have a satisfactory evaluation (73%) by the Field Coordinator at the end of the Field internship to complete the Program.

3.6.4 Satisfactory Progress

Students must successfully complete the assigned objectives of the Field Internship in order to progress to completion of the Emergency Medicine Program and qualify to apply to sit for the National Registry of Emergency Medical Technicians Psychomotor and Computerized Exams.

3.6.5 Unsatisfactory Progress

Students may be made aware of their unsatisfactory progress by the Clinical or Field Coordinator or in their absence the Program Coordinator at any time during their clinical or field internships.

Students who demonstrate unsatisfactory clinical or field skills will be assigned to independent laboratory practice with the Clinical or Field Coordinator. Students may return to the internship only after successful completion of the independent laboratory practice, with written approval from the Clinical or Field Coordinator, or the Program Coordinator.

Students failing the Clinical or Field internship will meet with the Program Coordinator.

3.7 3rd Rider

Students must always be the third person of a team responding to an emergency while in their Field Internship. At NO TIME may a student substitute in for a paid member of the team. Field Interns are NEVER allowed to function as one of a team of 2 in caring for a sick or injured patient.

3.8 3rd Rider at Home Department

At the beginning of Field Internship, the student who is riding in their home department shall have the discussion with the Chief of Department to determine whether the Chief is willing to allow the Field Internship student to return for a call or to “jump” a call. This option is completely voluntary. The Chief of Department will have complete authority for engaging in this process or declining. If the Chief agrees, the Chief will sign a waiver provided in the Field Internship Documents for the student documenting that the student must:

1. Be in a QCC Uniform, not a Department Uniform
2. NOT be paid (the student must be “off the clock”)
3. Only the actual time of the call will be documented in the student time log
4. The ambulance responding to the call will be an ALS ambulance, with appropriate ALS personnel capable of functioning as a preceptor with greater than 2 years of field experience and equipment aboard that meets OEMS criteria

The Field Coordinator must be notified that the Chief of Department has either agreed to or declined this option, with documentation provided, prior to implementing this option.

3.9 Blood and Body Fluid Exposure

Students are expected to utilize Standard Precautions while in the clinical and field setting to minimize and prevent blood and body fluid exposures. Students who experience a critical exposure such as blood, visibly bloody fluids, or other body fluids e.g. cerebrospinal, synovial, peritoneal, pleural, amniotic, semen, vaginal secretions, from a needle stick, cut or splash to eyes, mouth, nose or open cut must:

1. Wash needle sticks and cuts with soap and water
2. Flush splashes to the nose, mouth or skin with water
3. Irrigate eyes with clean water, saline, or sterile irrigation solutions
4. Obtain initial evaluation. DO NOT DELAY. It is important to be evaluated as soon as possible after exposure. You may need immediate treatment. Go to the nearest appropriate Emergency Room for evaluation and treatment.

(*Center for Disease Control and the National Institute for Occupational Safety and Health* , 10/5/16, <https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>)

5. Notify your Clinical/Field Preceptor, Clinical/Field Coordinator and Program Coordinator.
6. Follow all treatments determined necessary by the Emergency Room Practitioner.
7. Fill out the incident report for the Program located in the Student Handbook, as well as the incident report for the clinical or field internship site.
8. Meet with the Clinical or Field Coordinator or Program Coordinator before leaving the site.
9. You will be relieved of internship for the shift. The Clinical/Field Coordinator will follow-up with you to determine the best process for you to return to the clinical/field setting.

4.0 **INTERNSHIP GOALS AND OBJECTIVES**

4.1 Clinical Internship Goals

The goals of the Clinical Internship are:

- a. For the paramedic student to obtain proficiency in the full scope of skills taught during the didactic portion of the program
- b. For the Paramedic student to be exposed to patients with a wide variety of clinical conditions that they may encounter in their future vocation.

4.2 Clinical Internship Objectives

The goals of the Clinical Internship will be met by completing the following objectives. Although Paramedic students are expected to perform beyond minimum expectations, for reference the minimum number of skills and hours for each is provided below.

- a. Satisfactory completion of the following hours:
 1. 220 hours in Emergency Department affiliates
 - ED, pediatric ED, triage, morgue preparation, IV, catheterization lab
 2. 24-40 hours with an Operating Room affiliate
 3. 24 hours with a Critical Care Unit affiliate
 4. 24 hours with a Labor and Delivery affiliate
 5. 16 hours with an Emergency Psychiatric affiliate
- b. Satisfactory completion and documentation of a minimum of 19 patient assessments as follows:
 1. 3 pediatric assessments (age 16 or younger)
 2. 16 adult assessments meeting the following guidelines:
 - i Minimum of three assessments performed during the psychiatric rotation
 - ii Minimum of three assessments performed during the labor and delivery rotation.
 3. 13 assessments (10 adult, 3 pediatric) must be documented on the Clinical Patient Assessment sheet. (Note that these same assessments are also documented/duplicated in FISDAP)
- c. Satisfactory completion and documentation of a minimum of 20 intravenous cannulations
- d. Satisfactory completion and documentation of a minimum of 50 airway management skills
- e. Satisfactory observation and documentation of a minimum of 3 obstetrical deliveries (vaginal or caesarian section)
- f. Satisfactory completion and documentation of a minimum of 10 electrical therapy deliveries (defibrillation, cardioversion, or transcutaneous pacing)
- g. Satisfactory completion, documentation, and recognition of a minimum of 10 ECG dysrhythmias
- h. Satisfactory completion and documentation of a minimum of 5 IV bolus medication administrations
- i. Satisfactory completion and documentation of a minimum of 5 IV medication infusions
- j. Satisfactory completion and documentation of a minimum of 5 miscellaneous medication administrations (SC, SL, PR, TD, inhalation, PO, IM, IN)
- k. Satisfactory preceptor and coordinator evaluations

4.3 Clinical Patient Assessment

4.3.1 Guidelines for Patient Assessment in the Clinical Setting

Requirements:

- Minimum of 19 assessments (10 adult, 3 pediatric, 3 OB, 3 Psychiatric)

- All assessments must be documented on the Student Clinical Log in FISDAP and signed by a preceptor
- 13 of the 19 (10 Adult, 3 Pediatric) must be fully documented on a Clinical Patient Assessment in FISDAP, and signed by a preceptor

Students should make every effort to take part in the assessment and care of critical patients and to perform defibrillation, cardioversion, or transcutaneous pacing, along with their other skills, whenever possible.

For patient assessments documented in the Clinical Patient Assessment, the student should seek out the preceptor to discuss the ED treatment plan so that the student can complete their Clinical Patient Assessment. If possible the student should review the patient status after treatment interventions and diagnostic testing to be able to add additional data to their Clinical Patient Assessment. The reassessment is discussed with the preceptor, and then documented.

Students may be performing patient assessments on psychiatric patients in the emergency department as part of their emergency psychiatry rotation, with the mental health clinician as their preceptor. It will be helpful for the student to discuss medical findings, if any, with the mental health clinician. The focus however is on collecting a thorough history.

The National Emergency Medical Services Education Standards states that the Paramedic must be proficient in the assessment of all ages of patients, and lists the following chief complaints. Use this as a guideline when selecting patients to assess, bearing in mind the goal of becoming proficient in newborn, pediatric, adult, geriatric, and special populations when doing so.

“Abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ascites, ataxia, back pain, behavioral emergency, bleeding, blood and body fluid exposure, cardiac arrest, cardiac rhythm disturbances, chest pain, congestion, constipation, cough/hiccough, cyanosis, dehydration, dental pain, diarrhea, dizziness/vertigo, dysmenorrhea, dysphasia, dyspnea, dysuria, ear pain, edema, eye pain, fatigue, feeding problems, fever, GI bleeding, headache, hearing disturbance, hematuria, hemoptysis, hypertension, hypotension, incontinence, jaundice, joint pain/swelling, malaise, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, pruritus, rash, rectal pain, red/pink eye, shock, sore throat, stridor/drooling, syncope, tinnitus, tremor, urinary retention, visual disturbances, weakness, and wheezing.”

(https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National_EMS_Education_Standards.pdf)

4.4 Clinical Internship Time Log and Skill Verification Sheets

Clinical Internship Time Log and Skill Verification in FISDAP will be reviewed with students during the second didactic semester prior to the beginning of the Clinical Internship. For more information please speak with the Clinical Coordinator.

4.5 Field Internship Goals

- 4.5.1 The purpose of the Field Internship is to enable the paramedic students in the Emergency Medicine Programs to gain proficiency in the full scope of skills taught during the didactic portion and Clinical Internship portions of the program.

4.6 Field Internship Objectives

- 4.6.1 The objectives for the Field Internship for the Emergency Medicine Program are to allow the Paramedic student the experience to become proficient in advanced life support techniques. The skills that the student must perfect are patient assessment, advanced medical control communications, peripheral IV insertion, endotracheal intubation, ECG monitoring, defibrillation, cardioversion or transcutaneous pacing, and pharmacological therapy, team membership and team leadership. The Paramedic intern uses the field experience to prove mastery of the cognitive, psychomotor and affective domains necessary to perform as a registered and/or certified Paramedic. All skills must be performed under the direct supervision of OEMS Office of Emergency Medical Services approved preceptors with a minimum of two years field experience as a Paramedic.

4.7 Field Internship Time Log and Skill Verification in FISDAP

Field Internship Time Log and Skill Verification in FISDAP will be reviewed with students during the clinical semester prior to the beginning of the Field Internship. For more information please speak with the Field Coordinator.

- 4.7.1 All departmental policies and procedures of the hosting department will be upheld.
- 4.7.2 Intermittent evaluations will be performed by the Field Coordinator to verify skill expertise.

4.8 Field Internship Attendance

- 4.8.1 The attendance requirement in the Field area is essential. Patients encounter occur on a random, and often sporadic, basis. Each student must receive an opportunity through multiple precepted practices to develop skill in the performance of a “reasonable sampling” of a wide variety of treatments encompassed by the Program curriculum.
- 4.8.2 Each student must have the opportunity to gain experience in handling the many variations in patient types and conditions commonly occurring among patients.
- 4.8.3 Assessment of the degree of competency attained by the students includes not only an assessment of the initial exam performance, but also the continued competency and exit level competency. A considerable degree of involvement within the Field setting over a period of time extending after the attainment of initial exam competency is required for evaluation to occur over a progressive, increasing level of difficulty, thereby providing a true assessment of all three levels of competency prior to graduation.
- 4.8.4 The Emergency Medicine Programs has integrated within its total competency educational framework the requirements that student exhibit evidence that they have adopted appropriate affective domain competencies. Regularity of attendance is associated with the competency areas of dependability, accountability, loyalty, respect for others and team work. These are several elements of the type of work habits deemed essential within the EMS Profession.

- 4.8.5 Students who will be delayed reporting to their field site must contact the preceptor at the field site and the Field Coordinator a minimum of one hour prior to their scheduled time.
- 4.8.6 Habitual tardiness is unacceptable. The Field Coordinator will supply the appropriate documentation to the Program Coordinator who will proceed with the disciplinary process as outlined in the student handbook.
- 4.8.7 Attendance in all aspects of the Field Internship is mandatory. Students must report to the assigned Paramedic field rotation site at the time designated by the Field Coordinator. Field schedules will be distributed to the student prior to their internship.
- 4.8.8 Any absence from the Field Internship must be reported by the student to the preceptor of the field site and to the Field Coordinator a minimum of one hour prior to the start of the scheduled day.
- 4.8.9 Any student absent from the Field Internship will be required to make up time during a time determined by the Field Coordinator. Please see section 3.2.4 for associated fees.
- 4.8.10 Unexcused absence will result in initiating the student discipline policy as outlined in the student handbook with the possibility of dismissal from the program
- 4.8.11 Failure to report expected absence shall be considered a serious breach of professional conduct and will not be tolerated. The first incident will result in a written warning from the Field Coordinator. Following the second incident the student will be subject to disciplinary policy as outlined in the student handbook.
- 4.8.12 The possible mitigation of the above listed sanctions and/or consequences of excessive absence, if due to severe illness or other serious cause, will be considered on a case-by-case basis through the policies of the Program and college. A request for such must be submitted in writing by the student prior to the last day of the semester in which the absence occurred. In the event of a pandemic, state or national emergency, refer to section 2.1.7
- 4.8.13 The field site has the right to change the schedule when the ambulance service has a sudden change in staffing. They will notify the Field Coordinator so that changes in the schedule of the student can be made.

4.9 Essential Violations

The following are considered essential violations of minimally acceptable standards of student conduct/performance while in the internship setting. Omission/commission, as appropriate of the items cited, will result in immediate revocation of internship privileges pending initiation of the disciplinary process.

a. General Demeanor:

Student is inappropriate, rude, domineering, or condescending; requires constant reminder to display tact, courtesy, or to conduct him/herself in a professional manner; is insubordinate or disruptive, as outlined in internship policies, Section 4.0.

b. Work Performance:

Student is overly careless; work is of consistently poor quality; makes critical errors; is of danger to patient's well-being; is unsafe or hazardous.

c. Observation, Assessment, Reporting of Patient Status/Needs:

Student displays negligence in patient observation and assessment; fails to inform appropriate personnel of patient status/needs.

d. Care and Use of Equipment and/or Supplies:

Student is negligent and/or careless in the use and care of equipment and/or supplies.

e. Integrity:

Student is negligent or abusive of patient's dignity and/or consistently fails to maintain confidentiality of privileged communications; fails to recognize limitations to practice/responsibility granted by the physician; falsification of skills checklists, patient records, etc.

f. Collaboration:

Resents supervision; rejects, is defensive or abusive when approached with guidance; fails to alter behavior when appropriateness is questioned.

g. Comprehension and Judgment:

Student is unable to follow even simple directions; cannot be depended upon to make a sound judgment.

h. Attendance and Punctuality:

Student shows disregard for attendance and punctuality requirements; habitually neglects to give notification; rejects efforts to reschedule lost time.

5.0 QUINSIGAMOND COMMUNITY COLLEGE EMERGENCY MEDICINE PROGRAMS FORMS

5.1 Preceptor Welcome

Thank you for your participation in the Quinsigamond Community College Paramedic Program. As a preceptor, you will be actively participating in the education and training of Paramedic students. All students have current EMT, CPR and ACLS certifications. Many also have PALS, NRP, and PHTLS. They will be wearing clothing with the Quinsigamond Community College patch, and a name tag.

The Preceptor is actively involved in the evaluation of the student's performance. The Preceptor will certify the presence of the Paramedic Student Intern at the clinical or field unit by electronically signing the time log that the student will maintain. The Preceptor will be asked to complete the student performance evaluation form as designated by rotation.

Your role will include direct supervision of student activities, including:

- ❖ Triage
- ❖ Patient assessment
- ❖ History taking
- ❖ Primary and secondary assessment
- ❖ Documentation of the clinical or field record
- ❖ Airway management
 - ❖ Administration of oxygen
 - ❖ Endotracheal intubation
 - ❖ Laryngeal Mask Airway placement
 - ❖ Rescue airway placement
 - ❖ Needle chest decompression
 - ❖ Needle cricothyrotomy
- ❖ Resuscitation for adult, geriatric, pediatric, and neonate patients
- ❖ Electrical Therapy
 - ❖ Dysrhythmia recognition
 - ❖ Administration of intravenous fluids
 - ❖ Acquisition of 12-lead ECG
 - ❖ Defibrillation
 - ❖ Cardioversion
 - ❖ Transcutaneous Pacing
- ❖ Insertion of intravenous cannula or intraosseous placement
- ❖ Medication administration
 - ❖ Calculation of drug dosages
 - ❖ IV bolus and infusion
 - ❖ IM, inhaled, SC, PO, PR, IN, TD, SL, and ET delivery routes
- ❖ Venous phlebotomy
- ❖ Blood glucose testing
- ❖ Childbirth
- ❖ Delivery of comfort and care measures
- ❖ Orthopedic splinting and immobilization

We expect that the Paramedic intern will adhere to all requirements of the Program and that during the clinical/field rotation will assist you in any and all duties you wish the student to participate in within the guidelines of the Program stated within this Handbook. Please feel free to contact the Clinical or Field Coordinator if you have any questions or concerns regarding policy, procedure, a student behavior or action. Should a corrective or disciplinary action become necessary, the Clinical or Field Coordinator will respond immediately to your concern and will be in direct contact with the Program Coordinator regarding the incident.

A list of benefits is available to all who precept. If you have any questions or concerns, please contact the Emergency Medicine Programs Coordinator, Ricci hall, at 508-854-4303 or via email at rhall@qcc.mass.edu.

Again, thank you for assisting in the education of future advanced pre-hospital care providers.

**Quinsigamond Community College
Emergency Medicine Programs
Incident Report Form**

Student: _____ Date: _____ Time: _____

Parties Involved: _____

Location of Incident: _____

Brief Description of Incident:

Follow up:

Faculty Signature: _____

Date

Student Signature: _____

Date

The Clinical/Field Internship Coordinator and/or Program Coordinator are to be notified by phone as soon as possible after an incident. This form must be completed and submitted electronically within 24 hours of incident. Copies should be forwarded to Clinical/Field Internship Coordinator and to Program Coordinator.

Quinsigamond Community College Emergency Medicine Programs Corrective Action Form

Warning Notice

Student Name: _____ **Date** _____

ID#: _____

Internship Site

It has come to the attention of the Emergency Medicine Program Coordinator, Clinical Coordinator or Field Coordinator that your performance in the area specified below has fallen below acceptable standards for the Program.

Student Handbook Item #

The following corrective action must be taken:

Failure to correct the issue(s) listed above by this date _____ will result in further disciplinary proceedings as described in the Emergency Medicine Programs and the Quinsigamond Community College Student Handbook.

[illegible]

I have read and understand the Corrective Action Notice and resolutions listed above.

Student Signature

Date

Faculty Signature

Date

(Student may use the back of this warning notice to comment if desired)

Quinsigamond Community College Emergency Medicine Programs Medication List

Quinsigamond Community College Paramedic Program prepares the student to administer medications according to the National Emergency Medical Services Education Standards and the Massachusetts Statewide Treatment Protocols. Students have received training in the process of understanding the indication, mechanism of action, contraindications, precautions, how the drug is administered and desired effects. The following drugs are covered within the NEMSES and the Massachusetts Statewide Treatment Protocols most recent version.

- | | | |
|-----------------------------|--|----------------------------|
| • Abciximab | • Fluids (Normal saline, Ringer's lactate, Dextrose 10%, ½ NS, D5 ½ NS, D5 ¼ NS, D5, LR) | • Nalbuphine Hydrochloride |
| • Acetaminophen | • Flumazenil | • Naloxone |
| • Activated charcoal | • Fosphenytoin | • Nifedipine |
| • Adenosine | • Furosemide | • Nitroglycerine |
| • Albuterol | • Glucagon | • Nitropaste |
| • Alteplase | • Glucose, oral | • Nitrous oxide |
| • Amiodarone | • Haloperidol | • Norepinephrine |
| • Amyl Nitrite | • Heparin | • Ondansetron |
| • Aspirin | • Hydrocortisone | • Oral glucose |
| • Atenolol | • Hydroxyzine | • Oxygen |
| • Atropine | • Ibuprofen | • Oxytocin |
| • Benzocaine Spray | • Insulin | • Pancuronium |
| • Bumetanide | • Ipratropium | • Phenobarbital |
| • Calcium Chloride | • Isoetharine | • Phenytoin |
| • Calcium Gluconate | • Ketamine | • Pralidoxime (2-PAM) |
| • Clopidogrel | • Ketorolac Tromethamine | • Procainamide |
| • Cyanide antidote kit | • Labetalol | • Promethazine |
| • Cyanokit | • Levalbuterol | • Propofol |
| • Dexamethasone | • Lidocaine | • Propranolol |
| • Dextrose | • Lorazepam | • Rocuronium Bromide |
| • Diazepam | • Magnesium Sulfate | • Sodium Bicarbonate |
| • Digoxin | • Mannitol | • Streptokinase |
| • Diltiazem | • Meperidine Hydrochloride | • Succinylcholine |
| • Diphenhydramine | • Metaproterenol | • Terbutaline |
| • Dobutamine | • Methylprednisolone | • Tetracaine 0.5% |
| • Dolasetron | • Metoprolol | • Thiamine |
| • Dopamine | • Midazolam | • Tirofiban |
| • DuoDote | • Morphine Sulfate | • Tranexamic Acid |
| • Epinephrine, 1:1000 | | • Vasopressin |
| • Epinephrine, 1:10,000 | | • Vecuronium |
| • Epinephrine auto-injector | | • Verapamil |
| • Epinephrine, racemic | | |
| • Eptifibatide | | |
| • Etomidate | | |
| • Fentanyl | | |

5.5 Clinical Patient Assessment

All Clinical Patient Assessments will be entered in the Fisdap Application for each patient, for each day, for each skill performed. Please see the Clinical Coordinator for additional information on logging data.

5.6 Clinical Evaluations

All Clinical Evaluations will be entered in the Fisdap Application for each student, for each day, for each skill performed. Please see the Clinical Coordinator for additional information on logging data.

5.7 Field Evaluations

All Field Intern Evaluations will be entered in the Fisdap Application for each patient, for each day, for each skill performed. Please see the Field Coordinator for additional information on logging data.

5.8 Research Paper Guidelines

All research papers will be prepared in length according to the directives supplied by the instructor of a given course, or according to Section 2.1 of this Handbook for an unexcused absence. The student will utilize the method or format preferred by the instructor (MLA or APA format). It is considered the norm that research papers are to be submitted to the instructor as a hard copy. Please do not submit the paper electronically unless requested to do so by the instructor. Papers are to meet the following minimum criteria:

- Stapled or in a folder
- Cover page
- Student's name, course number, and date
- Typed
- Doubled spaced
- 12 font
- Times New Roman font
- 1" margins
- Footnotes or endnotes
- Bibliography or works cited page
- Pictures may be attached after the body of work and will not count toward the page length requirement.

For additional information, please contact the Alden Library at the Harrington Learning Center. <http://www.qcc.mass.edu/library/>

Readmission would include students who left their program due to withdrawal or academic/clinical failure.

The following is the general procedure for Readmission for the programs listed below:

- Dental Assisting
- Dental Hygiene***
- EMT-Paramedic
- Medical Support Specialist
- Medical Assisting
- Nurse Education (Associate Degree in Nursing) ***
- Occupational Therapy Assistant ***
- Practical Nursing***
- Respiratory Care***
- Radiologic Technology***
- Surgical Technology

***Programs have additional requirements that can be found in the respective Program Handbooks.

After withdrawal or dismissal from a health care program, students should immediately contact the Admissions Office to declare a major; e.g., General Studies Healthcare. Failure to do this, may affect the students' future financial aid status.

1. Students seeking readmission into a program listed above must meet with the Program Coordinator to establish the steps that must be taken to request readmission. The student will be required to complete a Request for Readmission Form on which the Program Coordinator will list the specific steps that must be completed prior to consideration for readmission and will note dates for completion of each step.

Specific timeline for initiating and completing readmission criteria are detailed in each program's handbook. A copy of the Request for Readmission Form will then be given to the student and will be made part of the student's permanent file in the office of the specific program.

Once the student completes the requirements by the date specified and outlined on the Request for Readmission Form, a Review Committee, consisting of faculty members from within the department, will meet and make a recommendation regarding the student's readmission. This Committee's recommendation will then be sent to the Dean of Healthcare for recommendation and then to the Vice President of Academic Affairs for a final decision. After the final decision is made, the Office of the Vice President of Academic Affairs will forward the completed Request

for Readmission form to the Admissions Office. The student will then be notified of the in a decision letter from the Admissions Office.

2. Only under extenuating circumstances will readmission be considered a second time. The Vice President of Academic Affairs, based upon the recommendation from the Program Coordinator and the Dean of Healthcare, must agree to any approval for a second readmission.

The Nurse Education Program (A.D.N. Program) will use the following process for second time readmission:

The student must initiate the second time readmission process through a meeting with the A.D.N. Coordinator.

The student will make an appointment with the Dean of Healthcare to complete an Appeal for Readmission Denial Form.

3. Students should review the Program Handbook for their individual program for dismissal policies prior to requesting readmission to the program.

Specific Health Programs only

(4-8)

4. Students seeking readmission to the Nurse Education Program (A.D.N. Program) must remain away from the program at least one semester and for no longer than four semesters. (*Unless extenuating circumstances have caused the student to withdraw in good standing during the previous semester and the student has met with the Program Coordinator to discuss the situation) NUR 202 readmission may be an exception to this policy. Contact the Nurse Education (A.D.N.) Program Coordinator for the specifics.

Readmission to the Dental Assisting, Medical Assisting, Occupational Therapy Assistant, Practical Nursing, Radiologic Technology, and Respiratory Care Programs must occur within one year of withdrawing or failing out of the Program.

Readmission for the EMT Paramedic Program is only allowed for the didactic semesters. A student who is unable to complete the clinical and/or field placement component of the EMT Paramedic Program cannot be readmitted. Contact the EMT Paramedic Program Coordinator for the specifics.

Students seeking readmission into the Dental Hygiene Program must readmit into the next incoming class if space is available.

5. Students will be considered for readmission only once into the Dental Education Programs (DHY and DAS), EMT-Paramedic, Medical Assisting, Nurse Education Programs (PN, A.D.N.,NUE and Advanced Placement NUL, NUP), Occupational Therapy Assisting, Radiologic Technology, Respiratory Care, and Surgical Technology Programs (DAS, DHY, EMS, MSS, NUR, OTA, PNP, RDT, RCP, and SUR, designations).

The respective programs reserve the right to refuse readmission based on, but not limited to, unprofessional behavior, unethical conduct, and client safety issues.

As specified in the Programs' Clinical Policies and Procedures Handbooks, students granted readmission to the Dental Hygiene Program, Radiologic Technology Program, or the Respiratory Care Program would be required to repeat the clinical course for the semester of re-entry even if they previously received a passing grade for the course.

6. The recommendation for readmission to all semesters will be based on space available.

Recommendations for first semester courses will be limited to three spaces for Nurse Education/Day, three spaces for Dental Hygiene and Practical Nursing; two spaces for Radiologic Technology, Respiratory Care, Occupational Therapy Assisting and Advanced Placement LPN/Paramedic Nurse Education and one space for Surgical Technology, Nurse Education Evening Program, and Practical Nursing Evening. Additionally, two spaces in the Practical Nursing Program are reserved for the Nurse Education Program (A.D.N) for students who wish to be considered for admission into the Practical Nursing Program.

All other programs presently have no limit on the number of spaces allowed for readmissions. Section O must be followed to be considered for readmission.

7. TEAS (Test for Essential Academic Skills) are required by specific health programs for readmission. The numerical value of the TEAS test used for readmission into the specific health program will be the same as those used for admission into the program. All students reentering a health program must meet the TEAS requirement of the specific health program.

8. Request for Review of TEAS scores

Students may request a review of their scores by the health program of the major to which they are applying if their score is within 4 percentage points of the admission requirement in one subject area of the TEAS. Three of the four areas must meet the numerical requirements in the subject areas.

Students requesting readmission to Dental Assisting and Surgical Technology may request a review if their composite score is between 41-44%. Students requesting readmission to Practical Nursing may request a review if their composite score is between 51-54%.

The student should contact Advising for more information.

Readmission to any of the health programs is also based on space availability.

P. Transfer into Nurse Education: Please contact Admissions for the specific requirements.

Q. Students who have been dismissed or withdrawn from a program within the School of Healthcare at Quinsigamond Community College for reasons of "clinically unsafe practice/behavior" or who violate the College's Student Code of Conduct or Policy on Affirmative Action are not eligible for admission/ readmission to any Healthcare program.

Students who leave the program after successfully completing Cluster C (ECE 231, 251, 253) must return to the program within one year. If a student remains out longer than 1 year, they must repeat ECE 231, 251 and 253 in order to move on to Cluster D ECE 232, 252 and 254. Re-entry to Early Childhood Education Refund of Tuition and Fees

Students are responsible for their semester charges whether or not they attend. To remove or reduce these charges, students must officially withdraw in the Registrar's Office Rm. 152A. All refunds are pro-rated based upon withdrawal date. Please refer to the semester Tuition and Fee Refund Policy for financial penalty when withdrawing from your classes. Mandatory Health Insurance premiums are not refundable to any student. Please note: All tuition and fee amounts are subject to change without notice.

The refund is subject to the following limitations:

- Official withdrawal must be made in the Registrar's Office or Advising Office.
- Any waivers must be submitted to the Student Payment Center prior to the semester deadline to be considered for a refund or adjustment
- Mandatory health insurance premiums are not refundable to any student
- Students will be refunded only that portion of tuition and fees paid by them; financial aid and other third-party payments will be refunded directly to the paying party.

Students who have officially withdrawn from a class or classes may be eligible for a refund of tuition and fees. Please refer to the College semester booklets for refund deadlines and financial penalty. Students receiving Federal or State Financial Aid who cease to attend during the first 60% of his/her term at the College will have their financial aid pro-rated based on the number of days attended. For students enrolled in the Nurse Education Advanced Placement LPN, Nurse Education Advanced Placement Paramedic, or Nurse Education Evening programs, your aid may be adjusted if you are unable to continue in your program and do not graduate. If financial aid was disbursed, the student may owe a repayment of some or all of the financial aid received.

Withdrawal Procedure

1. A student intending to withdraw from a course prior to the tenth week of class should:
 1. Obtain a withdrawal form from *The Q* on the Registrar's Office page, the Registrar's Office (152A) or the Advising Office (Welcome Center in the HLC).
 2. Obtain signature from advisor or instructor and return the form to the Registrar's Office (Rm. 152A).
2. A student intending to withdraw from a class after the tenth week of class should: Obtain the instructor's signature and the instructor will designate if the student withdrew while passing or withdrew while failing
3. Students intending to withdraw from the College should: Contact the Advising Staff. Email: advising@qcc.mass.edu or phone 508.854.4308. An Advisor will assist student in completing a withdrawal form and discuss possible resources and referrals if appropriate.
4. Students receiving financial aid should: Check with the Financial Aid Office prior to withdrawing to determine the impact the withdrawal will have on their financial aid.

<https://www.qcc.edu/student-handbook/college-procedures>

6.0 Program/Course Completion/NREMT Portfolio

6.1 Didactic

As indicated above, in order to successfully complete any of the course in the QCC paramedic program a student must achieve a minimum grade of 73%. This includes the use of the calculus to determine grades for lab sections as well. When a student has completed the first year of the program with the required grade, students will have completed the didactic portion of the program, and will be affirmed as such on the required paperwork to OEMS (300-38 and 300-38I for students who have not successfully completed).

Before entering clinical rounds, students will need to complete all required vaccination as determined by the host clinical site. These will be documented in Castlebranch.

Also, as part of the CoAEMSP required process, all students must successfully complete Table 4 of the Student Minimum Competency Matrix prior to entering any live patient encounters in clinical internship. This will be documented in FISDAP.

6.2 Clinical

As outlined above, after a student has successfully completed the didactic portion of the class and has met the minimum requirements of Table 4, they will enter clinical rotations. Please refer to Sections 3.0 and 4.0 of this handbook. Concurrent with clinical time, students will also complete a Simulation Lab experience to ensure adequate coverage of clinical skills during this semester. Additionally, the simulation lab conducted at this time will ensure that students have met the required skills in Table 2 of the Student Minimum Competency Matrix to ensure they have met all requirements prior to their Capstone Field Internship Experience.

6.3 Field Internship and Capstone Field Internship

After successful completion of the clinical semester, students will enter their field time. During the first 6 weeks, students are completing their ride time and accrue skills as Team Member as indicated in Table 3 of the Student Minimum Competency Matrix. After this time (and once students have met minimum, documented requirements) students will enter their Capstone Field Internship time. During this time, students will also be taking a mandatory simulation lab that is meant to augment this Capstone Field Internship. During the Capstone Field Internship, students must complete all of the required team lead evaluations.

6.4 NREMT Portfolio Process:

During Clinical, Lab, and Field time, students will work on a collect a series of skill acquisition documents to collect in their Paramedic Portfolio as outlined by the National Registry. These skills check lists will ensure that students have developed the necessary psychomotor skills to ensure success on the psychomotor exam, but also to ensure a successful competency standard for entry-level paramedics. All of these skills will be

captured in FISDAP and will be signed-off by lab, clinical, or field instructors/preceptors. In addition to documenting discrete skills these portfolio items will also ensure assessment skills that can be integrated into their out of hospital exam preparation. These skills include: obtaining a history, conducting a comprehensive physical exam (adult and child) for trauma and medical patients (including cardiac patients), oral and nasal intubation (medical/trauma) for adult and pediatric, supraglottic airway placement, needle cricothyrotomy, cpap, pleural decompression, spinal immobilization (seated and supine), splinting (long bone, joint, and traction), hemorrhage control, Io (adult and pedi), IV (adult and Pedi) IM (adult and Pedi), IN, glucometer, 12 Lead, Pacing, Synchronized cardioversion, Defibrillation, Ob emergencies including normal births and abnormal births.

6.5 Successful Completion of the Program:

At the conclusion of the program and after all the required minimums have been met by the student, each student will meet with the Program Director and the Medical Director for a final, Terminal Competency Review. This will include a review of all program grades and requirements (including the Paramedic Portfolio). If the student has met the minimum requires as set for by CoAEMSP and the Program, the Terminal Competency Form will be completed and signed, and the student will have successfully completed the program.

7.0 Examination and Certification Processes

When a student has been declared as a successful course completer for the Paramedic Program, they will be guided through the process of application through the National Registry portal. Students will be entered as candidates for Paramedic Certification.

The Program will then either host an ALS exam or assist students in finding an ALS Psychomotor exam that is sanctioned by the National Registry. Should QCC host this exam, we would contact the National Registry and request information on the assignment of a Chief Examiner (National Registry Rep) to assist us in conducting the exam. During this process, QCC will work with the National Registry Representative to organize an exam that meets all their requirements and qualifications. Otherwise, QCC will work with individual students to help them find a convenient psychomotor exam to take. QCC will also help students apply to take the computer-based cognitive exam for Paramedic. Finally, and as a class, the Program Director will explain all the NREMT examination requirements including the number of test opportunities candidates have, the expiration of their eligibility, and their ultimate certification process including applying for a certification in Massachusetts to work as a Paramedic.