Institutional Catalog

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VOLUME 2

EMS Programs: Academic Policies

www.schoolofems.org

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2.1 General EMS Course Policies

The following policies apply to all EMS programs.

2.1.A Course Numbering

Courses designated as 1000-level numbers represent basic-level coursework, typically in the EMR, EMT, or AEMT program. Courses designated with a 2000-level number represent advanced coursework, such as Paramedic. See the specific program and course information for exact prerequisites.

Higher-level courses are reserved for future offerings in professional development or continuing education. Courses taught without an assigned number should be considered as special cases and are generally not included in the School of EMS's accreditation.

2.1.B Online Material and Technical Requirements

The School of EMS utilizes "blended" programs, with parts of the theory coursework delivered via asynchronous distance education: online quizzes, assignments, recorded lectures, and indirect contact hours with live instructor interaction via the Canvas Learning Management System. Online hours are strictly gated and tracked and will be held to the same level of scrutiny as if the student were sitting in a classroom. While there is no official dress code for completing online coursework, all exams will require a webcam. Appearance and background should be considered, as these videos will be viewed by your instructors and school administration. Certain assignments may require you to use your webcam, including sharing video with your classmates.

The Final Psychomotor Exam for AEMT and Paramedic programs may include virtual testing stations that require a webcam and microphone (external or built-in).

Falsification of online coursework or other forms of dishonesty will not be tolerated and may result in academic action.

Educational material is developed, delivered, and graded by School of EMS Instructors.

Reliable access to a computer with a current, supported version of Windows or MacOS is required. (Tablets and Chromebooks may not be supported for all required elements of the program.) Due to video streaming requirements, high-speed internet is required.

2.1.C Lab Sessions

Skill training and testing must be completed in person during designated times at an approved School of EMS location. Each lab day is designed to meet accreditation requirements and must not be missed. The school is not responsible for reimbursement of travel expenses if a student is absent. Regardless of the reason for an absence, **both the hours and the specific material** must be made up prior to graduation. The specific time, date, and method of the make-up lab session MUST be coordinated with and approved by the school and may involve significant additional fees and/or travel expenses paid by the student. Students cannot complete lab requirements "faster" during a make-up session and then have those fees prorated. Lab sessions are conducted at a 6:1 student:instructor ratio, with a 3:1 student: mannikin ratio. **Students may be sent home from the lab if their required pre-course work is incomplete.** Failure to complete all lab material by the appropriate SAP checkpoint may result in Academic Probation. Failure to follow the make-up policy may result in Administrative Action, up to and including withdrawal.

All lab hours, including AHA and NAEMT courses, must be obtained through the School of EMS training center, even if the student has a provider card issued by a different training center or method.

2.1.D Chain of Command

Each cohort is assigned a Primary Instructor who shall be the student's main point of contact. Students should direct all questions first to their primary instructor. The cohort may also have one or more teaching assistants (TAs), depending on the class size.

Each instructor team is overseen by an education manager assigned to a particular portion of the program (didactic, laboratory, or clinical). This education manager will oversee the overall success of each cohort. Each cohort will also have a state coordinator, whose duties will vary depending on the governing state.

Students should use the following chain of command for day-to-day and general issues:
Primary Instructor
Education Manager (First point of contact for issues with an instructor)
Program Director

In lab sessions, the designated lab captain may serve as the primary point of contact for immediate issues arising in the lab, followed by the District Officer and/or Education Manager. The primary instructor should always be notified of such issues. During clinicals, students are overseen by a preceptor from the agency. The agency (clinical site) has ultimate authority over the clinical experience.

2.2 Satisfactory Academic Progress and Appeals

Satisfactory Academic Progress (SAP) is checked for each student at least twice in each program. SAP checkpoints are clearly defined in the schedule. Students who are in good standing after the check will continue in the program. Students found non-compliant with this policy at an SAP Checkpoint will receive a warning and a deadline to become compliant with the requirements.

Students who do not meet their SAP benchmarks by their deadlines, or who fail two SAP checkpoints, may be removed from the program.

During the final SAP checkpoint of a program (after all scheduled clock hours have elapsed, regardless of student attendance or completion), the student must either complete, withdraw, be removed, or be placed in externship status.

Student Appeals

Appeals are an informal, internal process that SOE provides, allowing students to challenge an academic decision they feel is unfair or lacks important context.

These appeals are handled by the Director of Academic Affairs. Decisions are final and may be challenged only through the formal Grievance process. Students should go to www.schoolofems.org/appeal to begin the appeal process.

2.2.A Academic Action

If a student is not meeting standards, an instructor may take academic action to help them succeed. This may be in response to a pattern, trend, or after a single significant event.

Coaching Letter: An instructor may issue a coaching letter at any time to inform a student that they are not meeting standards or are otherwise at risk of not being in good standing at the next SAP checkpoint due to a cognitive, psychomotor, and/or affective concern. This action is considered a courtesy by the instructor and is not a mandatory "first step" to further escalation. A coaching letter alone cannot by itself affect a student's SAP standing.

Administrative Warning: An education manager may issue an administrative warning for a variety of reasons related to academic performance. Examples include, but are not limited to: Failed SAP checkpoints, poor performance in the lab, repeated late assignments, or missing a scheduled clinical rotation. Warnings may be issued in an attempt to correct any qualitative or quantitative deficiency; the most common of which are listed below:

Cognitive:

Avg below 80% at an SAP checkpoint

Psychomotor:

Failure of any card course

Failure to demonstrate a required lab skill at an SAP checkpoint

Poor psychomotor evaluation from a clinical preceptor

Affective:

Failure of an affective evaluation by the primary instructor

Poor affective report from preceptor, lab instructor, or SOE administration

Attendance:

Completing fewer than 66% of available clock hours at an SAP checkpoint

Not being cleared for clinicals by the deadline set for the cohort

Completing fewer than the required number of clinical hours at an SAP checkpoint

Failure to Complete and Administrative Withdrawal: If a student fails to meet a requirement of their administrative warning, fails multiple SAP checkpoints, or violates the high-stakes exam policy, they may be referred for administrative withdrawal. Note that withdrawals can occur for academic or administrative reasons (such as code of conduct violations).

2.2.B Grading and Evaluation (Qualitative Progress):

All School of EMS Programs are graded on a Pass/Fail basis to reflect the goal of minimal competency. If the student meets all requirements at the final SAP checkpoint, they are issued a pass grade and a certificate of completion. In general, students must maintain an 80% average and obtain at least a 70% on each high-stakes exam, unless otherwise noted (for example, the ACLS high-stakes exam requires an 84% to pass per AHA guidelines). The final exam requires a minimum score of 75% to pass.

Exams are offered at strategic points in each course, and will assess all three learning domains.

Students must successfully pass each exam offered to remain in good standing. For this reason, exams account for only a small portion of the overall GPA.

Cognitive

Most assignments will involve a cognitive component. Early in a program, many assignments will involve simple recall or definition and progress to problem-solving. All quizzes, assignments, and exams will be cumulative. Students must maintain an overall average of 80% (Commonly equated to a “B average”) throughout the program.

Psychomotor

Each student must demonstrate minimal competency in each required skill in a program. At least (2) two formal evaluation opportunities will be provided for each skill. Students must successfully complete the skills outlined in the course syllabus. Psychomotor competency will range from simply demonstrating a skill to combining multiple skills and problem-solving during summative scenarios. All certification courses (BLS, ACLS, etc.) must be completed to pass and complete the program. Each EMS program includes a final, summative psychomotor examination that meets state or national requirements.

Affect

Students will be graded based on attendance habits, uniform compliance, classroom behavior, patient interaction, peer interaction, attitude, and perception of such, and/or other factors defined by accreditation requirements. The School of EMS values will be used as a guide for appropriate behavior. Students will be given multiple opportunities to demonstrate appropriate affect during class. During an affective exam, the instructor will provide a comprehensive affective review to the student. Late assignments will receive a 50% grade reduction up to three days. Afterward, no points may be awarded. Multiple late assignments will result in a negative affective evaluation. The primary instructor has discretion on extenuating circumstances. Students must pass the final affect examination.

High-Stakes Exams

Testing Policy for High-Stakes Cognitive Exams

1. All students must graduate with a passing score on each exam.
2. If a student fails an exam, the school will investigate for extenuating circumstances (power outage, family emergency, etc.). This will be dealt with on a case-by-case basis.
3. If no extenuating circumstances are found, the student should receive one-on-one remediation and a retest of version B. This opportunity may only occur (1) once for EMT students and (2) two times for Paramedic students.
4. The student must pass version B. If the student fails version B, the student is withdrawn. If the student has exhausted all remediation/retake attempts and fails another exam, that student is removed.
   For example, a paramedic student may fail one exam, remediate, and pass the re-test; then may fail a second exam, remediate, and pass the re-test; and then, if they fail a third exam (before the Final), they will be removed.
5. The student is allowed two attempts at the final exam, even if they have exhausted all previous attempts during the program.

Testing Policy for "Card Course" Cognitive Exams (including NAEMT Hybrid Courses)

1. If a student fails a written exam, the school will investigate for extenuating circumstances (power outage, family emergency, etc.). This will be dealt with on a case-by-case basis.
2. If no such circumstances are found:
   a. AHA Courses: Students will be provided remediation and retest of a different version. If the student is unsuccessful, they must purchase and complete a Heartcode provider course (at their own expense), and then schedule a new full practical test (regardless of any previous success). Students get one attempt to complete this.
   b. NAEMT Courses: Each hybrid course includes three attempts to get a 76%. Students who are unsuccessful may be removed from the program.

Testing Policy for High-Stakes Psychomotor Exams

1. If a student fails a practical exam, the school will investigate for extenuating circumstances (power outage, family emergency, etc.). This will be dealt with on a case-by-case basis.
2. If no such circumstances are found, the student will be allowed one remediation and re-test attempt. Failure of this second attempt may result in removal from the program.

2.2.C Attendance Requirements (Quantitative Progress)

All assigned clock hours must be completed through verified attendance. Please see the course syllabus for more information. **Students may NOT be on-call for another job during class or clinical.** Be aware that some lab or clinical sites may have more strict attendance requirements. Students who ride at their place of employment may not be used in lieu of staff; students must function as the "extra person on the unit." For example, a student cannot be the only EMT on a unit with their preceptor; another provider must be present who is not in the student role.

Students are expected to attend all scheduled classes, lab sessions, clinical, and field rotations. If a student needs to leave a scheduled area early or arrive late, it is the student's responsibility to obtain prior approval. In the event of illness or emergency, the student will notify their instructor as soon as possible. It is the student's responsibility to obtain missed material and make-up clock hours. Note that this may result in the student incurring additional costs. The school is not responsible for reimbursement of travel expenses if a student is absent.

Students are responsible for all program material and hours.

To remain in good standing, students must have completed at least 66% of all attempted clock hours at an SAP checkpoint. Students must also meet required clinical hour benchmarks.

2.3 Transfer Credit, Advanced Placement and Prior Learning Assessment

The School of EMS does **NOT** accept transfer credit.

The School of EMS currently offers one method of prior learning assessment for current licensed providers in other healthcare disciplines: The candidate must not have any restrictions on their provider license and must not have any sanctions that would violate the School of EMS values. Candidates seeking advanced placement must begin the application process by contacting the Director of Admissions.

Students may be credited with comparable credit towards discussions, assignments, and quizzes based on a review of transcripts provided. Students **WILL NOT** be exempted from any cognitive exams. Students may complete a reduced number of affective exams but must have at least one successful evaluation.

Students may be credited with psychomotor completion of required skills, if they can either demonstrate the skill, or provide official record of previous demonstration in a laboratory or clinical setting.

Students may be credited with completion of required clinical hours if they can provide official record of previous clinical rotations.

Candidates must be able to produce an official transcript that represents at least the minimum number of clock hours in a comparable healthcare curriculum.

Prior education must be comparable – for example, a Respiratory Therapy licensure may qualify for exemption of Airway assignments and quizzes, but not EMS operations.

If these requirements are met, the candidate will have met the appropriate SAP requirements.

Regardless of prior learning assessment, all paramedic students must complete the capstone internship phase of the program and a final psychomotor evaluation.

If at any time the transition student is unsuccessful or performs below entry-level competency, the student will be subject to the normal academic probation policy, up to and including removal.

Award of credit via prior learning assessment does NOT imply or guarantee program completion.

Experiential Learning Policy:
Experiential Learning is defined by SOE as credit for EMS activities performed as part of a job (for example, working as an EMT). The School of EMS does NOT offer experiential learning credit. All advanced placement and prior learning MUST have been through an approved academic institution.

2.4 Injuries and Exposures

Provision of emergency medical services poses inherent occupational risks for EMS responders. Risks include but are not limited to the following: Violence/assaults, Verbal threats/aggression, Motor vehicle crashes, Infectious disease, lifting injuries, Sprains and strains, psychological trauma, Hazardous chemical exposure, hyper/hypothermia.

Course participants are required to comply with the School of EMS injury prevention and infection control policies, and those of clinical affiliates during clinical activities.

Failure to comply with guidelines during the EMS program may be grounds for course dismissal. All such compliance issues and complaints will be subject to the Medical Director's review.

Exposure Policy

1. For significant bloodborne exposures, be advised that post-exposure prophylaxis (drug therapy) is most effective when administered no later than "hours, not days," after the exposure event. For this reason, it is vital that the post-exposure management process (described below) is completed as efficiently as possible.
2. Not every bloodborne exposure warrants post-exposure prophylaxis. The physician and the student should discuss how to proceed based on the specific nature of the potential exposure and the CDC's recommendations regarding the most appropriate course of treatment. Students are encouraged to seek evaluation by a physician and follow their medical advice.
3. Students should carry their own medical insurance and are responsible for costs incurred for any and all injuries or exposures during class or clinical rotations. Note that some clinical sites may require the student to present proof of insurance while on site. The school provides basic umbrella liability insurance; it does not provide health insurance, workers' compensation, or malpractice insurance for students.

STUDENT RESPONSIBILITIES

1. Immediately wash the exposed area with soap and water or waterless hand cleaner. If mucous membranes are involved, irrigate them liberally with water or saline solution.
2. Fill out an incident report by going to www.schoolofems.org/incident
   Sensitive/personal details should not be shared in the initial incident report.
3. Seek medical evaluation and treatment, if desired. The student does not require the school's authorization to be treated – this is within the student's sole discretion. If the student is unable to consent to treatment (due to unconsciousness or severe injury), the local agency policy on implied consent should be followed.
4. Students assume ultimate responsibility for their own personal health and safety.
5. Students are required to use appropriate PPE as the situation and agency policy dictate.

2.5 Dress Code

Students are expected to abide by this dress code when in class, on a clinical or field rotation, in lab, or when otherwise representing themselves as a School of EMS student. Students are considered to be non-compliant with the entire policy, even if only one of the following policies is violated. Dress code is considered both a safety issue and a mark of professionalism. Exceptions to this dress code (e.g., for military students) may be granted by the program director on a case-by-case basis.

Uniform

- Students must wear a student name badge (as soon as issued).
- School of EMS uniform shirt, clean and tucked in.
- Blue or black EMS pants (No jeans, leggings, shorts, etc.)
- Clothing must be clean and neat.
- Closed-toed, dark-colored sneakers or boots.
- All shoes must be clean and in good repair. Shoes must be fully laced and zipped.
- Jackets and hats must be SOE-branded, plain solid colors, or agency-specific (with the approval of the agency).

Personal Appearance and Hygiene (cleaned up some of the "preference" language to focus on safety

- Long hair (defined as below collar length) must be secured.
- Hair, nail, and make-up style and color must not be distracting in a 911 emergency situation.
- Hair accessories such as barrettes, ribbons, and combs must be appropriate for the clinical setting and not pose a safety risk.
- Students must appear clean (including dental hygiene), with beards and mustaches neatly trimmed and secured. Some clinical sites may require students to be clean-shaven. Facial hair must not compromise the seal of an N-95 mask.
- Personal scent must be clean and mild (no body odor or extreme perfume/cologne)
- Visible tattoos must be considered appropriate for FD/EMS employment.
- Jewelry must not pose a safety risk (such as hoop earrings). Large-gauge ear piercings must be filled with a solid black, white, clear, or flesh-tone plug.
- Piercings in the nose, cheek, tongue, eyebrows, or other part of the face must be open or filled with a solid black, white, clear, or flesh-tone stud.

It is always the discretion of the staff of a clinical site (or ambulance unit) to dismiss any student if they determine that the student's appearance and clothing are inappropriate. **In cases where a clinical site dress code conflicts with this policy, the clinical site policy shall take precedence while the student is at that location. Under no circumstances may anyone function as an SOE student without an SOE student ID badge worn visibly.**

Appendix 1: EMR (ECA) Program Outline

The EMR program meets or exceeds all requirements set forth by the National Highway Traffic Safety Administration (NHTSA).

EMR program goal: To prepare EMRs who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

EMS 1000 – EMR Certificate 60 Hours

This combined course provides the foundation for a future career in Emergency Medical Services. Students will be evaluated in the Cognitive, Psychomotor, and Affective domains.

This course includes two primary components:

1. A combination of online and live theory lectures, as well as quizzes and other assignments that cover all didactic topic requirements.
2. Laboratory session for students to practice topics learned in theory, and to obtain AHA BLS Certification. Students must demonstrate minimal competency in all required skills.

EMR Graduation Requirements:

In order to complete the EMR program, the student:

- Must be in good academic standing.
    - Maintained at least an 80% average cumulative grade.
    - No outstanding violations of the High-Stakes Exam Policy
    - Successfully passed the Final Psychomotor Exam with no critical failures.
    - Successfully passed the Final Affective Evaluation with no critical failures.
    - Completed 100% of scheduled hours.
    - Specifically, must have cleared the final SAP checkpoint.
        - Failure of this checkpoint will result in removal from the program.
- Cannot have any outstanding or unresolved administrative action.
    - This includes tuition paid in full.
- Must obtain approval to graduate from the Medical Director.

Clinical proficiency is ultimately at the discretion of the Medical Director. Upon completion of the program, graduates will receive a Certificate of Completion signed by the Program Director and Medical Director, and a Course Completion Verification will be issued for the National Registry of EMTs.

Completion of the program will qualify students to attempt the National Registry Examination for EMRs. Graduates must become certified or licensed in their state to seek employment as an EMR. Graduation from this program alone does not guarantee state licensure or certification.

*The School of EMS does **not** guarantee employment as an EMR upon graduation.*

Syllabus: EMS 1000 (EMR Certificate)

Contact Hours: 60
Theory: 44
Laboratory: 16

Course Schedule: Upload Schedule Here
Lab Location: Upload Location Information Here

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

- Emergency Medical Responder 7th Edition Essentials Package
  - American Academy of Orthopedic Surgeons (AAOS)
  - Jones & Bartlett Learning
  - ISBN: 9781284221909
- American Heart Association Basic Life Support, 2025
  - ISBN: 978-1-68472-310-2
- IT Resources: Click Here for IT Resource Setup

EMR Program Goal: To prepare EMRs who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Disclaimer:

The program reserves the right to make any necessary changes, deletions, corrections, or additions as may be deemed necessary. The instructor will notify students of any major changes.

Required Cognitive Competencies:

- Preparatory
- Patient Assessment
- Airway
- Shock and Resuscitation
- Medical
- Trauma
- Special Patient Populations
- EMS Operations

Required Psychomotor Competencies:

- Patient movement, positioning and body mechanics
- Patient assessment techniques
- Airway management, oxygenation, and ventilation
- CPR resuscitation
- Treatment of medical emergencies
- Treatment of traumatic injuries
- Pregnancy emergencies and active labor
- Triage and EMS operations

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Appendix 2: EMT Program Outline

The EMT program meets or exceeds all requirements set forth by the National Highway Traffic Safety Administration (NHTSA).

EMT program goal: To prepare EMTs who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

EMS 1001 – EMT Certificate 300 Hours

This is a combined course that provides the foundation for a future career in Emergency Medical Services. Students will be evaluated in the Cognitive, Psychomotor and Affective domains.

This course includes three primary components:

1. A combination of online and live theory lecture, as well as quizzes and other assignments that cover all didactic topic requirements.
2. Multiple laboratory sessions for students to practice topics learned in theory, and to obtain AHA BLS Certification. Students must demonstrate minimal competency in all required skills.
3. A clinical and field internship component that consists of rotations for each student in a hospital and on EMS units. Students will apply learned theory and clinical skills while under the direct observation and guidance of a preceptor.

EMT Graduation Requirements:

In order to complete the EMT program, the student:

- Must be in good academic standing.
    - Maintained at least an 80% average cumulative grade.
    - No outstanding violations of the High-Stakes Exam Policy
    - Successfully passed the Final Psychomotor Exam with no critical failures.
    - Successfully passed the Final Affective Evaluation with no critical failures.
    - Completed 100% of scheduled hours.
    - Completed a minimum of ten patient contacts, including five 911 patient transports.
    - Specifically, must have cleared the final SAP checkpoint.
        - Failure of this checkpoint will result in removal from the program.
- Cannot have any outstanding or unresolved administrative action.
    - This includes tuition paid in full.
- Must obtain approval to graduate from the Medical Director.

Some students who only lack clinical hours or contacts may be eligible for an externship.

Clinical proficiency is ultimately at the discretion of the Medical Director. Upon completion of the program, graduates will receive a Certificate of Completion signed by the Program Director and Medical Director, and a Course Completion Verification will be issued for the National Registry of EMTs.

Completion of the program will qualify students to attempt the National Registry Examination for EMTs. Graduates must become certified or licensed in their state to seek employment as an EMT. Graduation from this program alone does not guarantee state licensure or certification.

*The School of EMS does **not** guarantee employment as an EMT upon graduation.*

Syllabus: EMS 1001 (EMT Certificate)

Contact Hours: 300

Theory: 192
Laboratory: 48
Hospital Clinicals: 12
Field Experience: 36
Additional Hospital or Field: 12

Course Schedule: Upload Schedule Here
Lab Location: Upload Location Information Here

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

- Advanced Emergency Care and Transportation of the Sick and Injured Essentials Package 4th Edition
  - American Academy of Orthopedic Surgeons (AAOS)
  - Jones & Bartlett Learning
  - ISBN: 9781284228137
- American Heart Association Basic Life Support, 2025
  - ISBN: 978-1-68472-310-2
- IT Resources: Click Here for IT Resource Setup

EMT Program Goal: To prepare EMTs who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Disclaimer:

The program reserves the right to make any necessary changes, deletions, corrections, or additions as may be deemed necessary. The instructor will notify students of any major changes.

Required Cognitive Competencies:

- Preparatory
- Patient Assessment
- Airway
- Pharmacology
- Shock and Resuscitation
- Medical
- Trauma
- Special Patient Populations
- EMS Operations

Required Psychomotor Competencies:

- Patient movement, positioning and body mechanics
- Patient assessment techniques
- Airway management and ventilation
- CPR resuscitation
- Medication administration
- Treatment of medical emergencies
- Treatment of traumatic injuries
- Pregnancy emergencies and active labor
- Triage and EMS operations
- Function in an actual clinical setting as the lead or secondary clinician

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

Narratives	20% of final grade
Quizzes	30% of final grade
Homework	30% of final grade
Discussions	15% of final grade
Exams	5% of final grade*

Appendix 3: Advanced EMT Program Outline

The AEMT program meets or exceeds all requirements set forth by the National Highway Traffic Safety Administration (NHTSA).

AEMT program goal: To prepare AEMTs who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

EMS 1002 – AEMT Certificate 380 Hours

This is a combined course that provides the foundation for a future career in Emergency Medical Services as an Advanced EMT. Students will be evaluated in the Cognitive, Psychomotor and Affective domains.

This course includes four primary components:

1. A combination of online and live theory lecture, as well as quizzes and other assignments that cover all didactic topic requirements.
2. Multiple laboratory sessions for students to practice topics learned in theory, and to obtain BLS, Certification. Students must demonstrate minimal competency in all required skills.
3. A clinical and field internship component that consists of rotations for each student in a hospital and on EMS units. Students will apply learned theory and clinical skills while under the direct observation and guidance of a preceptor. Students must have a valid EMT license for each state in which they are completing clinicals unless there is explicit permission from the state office of EMS. In those cases, the student must have NREMT certification.

Most School of EMS AEMT Programs are offered in conjunction with the EMT Program (Appendix 2)

AEMT Graduation Requirements:

In order to complete the AEMT program, the student:

- Must be in good academic standing.
    - Maintained at least an 80% average cumulative grade.
    - No outstanding violations of the High-Stakes Exam Policy
    - Successfully passed the Final Psychomotor Exam with no critical failures.
    - Successfully passed the Final Affective Evaluation with no critical failures.
    - Completed 100% of scheduled hours.
    - Completed a minimum of five successful IV starts on live patients.
    - Completed a minimum of five medical assessments on live patients.
    - Completed a minimum of five trauma assessments on live patients.
    - Completed a minimum of five 911 patient transports.
  - Specifically, must have cleared the final SAP checkpoint.
    - Failure of this checkpoint will result in removal from the program.
- Cannot have any outstanding or unresolved administrative action.
  - This includes tuition paid in full.
- Must obtain approval to graduate from the Medical Director.

Some students who only lack clinical hours or contacts may be eligible for an externship.

Clinical proficiency is ultimately at the discretion of the Medical Director. Upon completion of the program, graduates will receive a Certificate of Completion signed by the Program Director and Medical Director, and a Course Completion Verification will be issued for the National Registry of EMTs.

Completion of the program will qualify students to attempt the National Registry Examination for AEMTs. Graduates must become certified or licensed in their state to seek employment as an AEMT. Graduation from this program alone does not guarantee state licensure or certification.

*The School of EMS does **not** guarantee employment as an AEMT upon graduation.*

Syllabus: EMS 1002 (AEMT Certificate)

Contact Hours: 380

Theory: 200
Laboratory: 72
Hospital Clinicals: 24
Field Experience: 60
Additional Hospital or Field: 24

Course Schedule: Upload Schedule Here
Lab Location: Upload Location Information Here

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

- Advanced Emergency Care and Transportation of the Sick and Injured Essentials Package 4th Edition
  - American Academy of Orthopedic Surgeons (AAOS)
  - Jones & Bartlett Learning
  - ISBN: 9781284228137
- American Heart Association Basic Life Support, 2025
  - ISBN: 978-1-68472-310-2
- IT Resources: Click Here for IT Resource Setup

AEMT Program Goal: To prepare AEMTs who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Disclaimer:

The program reserves the right to make any necessary changes, deletions, corrections, or additions as may be deemed necessary. The instructor will notify students of any major changes.

Required Cognitive Competencies:

- Preparatory
- Patient Assessment
- Airway
- Pharmacology
- Shock and Resuscitation
- Medical
- Trauma
- Special Patient Populations
- EMS Operations

Required Psychomotor Competencies:

- Patient movement, positioning and body mechanics
- IV Access and medication administration
- Patient assessment techniques
- Airway management and ventilation
- CPR resuscitation
- Medication administration
- Treatment of medical emergencies
- Treatment of traumatic injuries
- Pregnancy emergencies and active labor
- Triage and EMS operations
- Function in an actual clinical setting as the lead or secondary clinician

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

Narratives	20% of final grade
Quizzes	30% of final grade
Homework	30% of final grade
Discussions	15% of final grade
Exams	5% of final grade*

Appendix 4: Paramedic Program Outline

The Paramedic program meets or exceeds all requirements set forth by the National Highway Traffic Safety Administration (NHTSA). Completion of this program will allow Camsen Graduates to take the National Registry examination, which is required for licensure as a Paramedic in Florida. This curriculum meets or exceeds the requirements to obtain licensure in Florida.

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

EMS 2000 – Paramedic Certificate 1100 Hours

This is a combined course that provides the foundation for a future career in Emergency Medical Services as a Paramedic. Students will be evaluated in the Cognitive, Psychomotor and Affective domains.

This course includes four primary components:

4. A combination of online and live theory lecture, as well as quizzes and other assignments that cover all didactic topic requirements.
5. Multiple laboratory sessions for students to practice topics learned in theory, and to obtain BLS, ACLS, PHTLS, EPC, and AMLS Certification. Students must demonstrate minimal competency in all required skills.
6. A clinical and field internship component that consists of rotations for each student in a hospital and on EMS units. Students will apply learned theory and clinical skills while under the direct observation and guidance of a preceptor. Students must have a valid EMT license for each state in which they are completing clinicals unless there is explicit permission from the state office of EMS. In those cases, the student must have NREMT certification.
7. A Capstone phase where the student will function as a team leader on an EMS unit and complete the final summative evaluations.

Paramedic Graduation Requirements:

In order to complete the Paramedic program, the student:

- Must be in good academic standing.
    - Maintained at least an 80% average cumulative grade.
    - No outstanding violations of the High-Stakes Exam Policy
    - Successfully passed the Final Psychomotor Exam with no critical failures.
    - Successfully passed the Final Affective Evaluation with no critical failures.
    - Completed 100% of scheduled hours.
    - Completed the entire Student Minimum Competency Matrix.
    - Specifically, must have cleared the final SAP checkpoint.
        - Failure of this checkpoint will result in removal from the program.
- Cannot have any outstanding or unresolved administrative action.
    - This includes tuition paid in full.
- Must obtain approval to graduate from the Medical Director.

Some students who only lack clinical hours or contacts may be eligible for an externship.

Clinical proficiency is ultimately at the discretion of the Medical Director. Upon completion of the program, graduates will receive a Certificate of Completion signed by the Program Director and Medical Director, and a Course Completion Verification will be issued for the National Registry of EMTs.

Completion of the program will qualify students to attempt the National Registry Examination for Paramedics. Graduates must become certified or licensed in their state to seek employment as a Paramedic. Graduation from this program alone does not guarantee state licensure or certification.

*The School of EMS does **not** guarantee employment as a Paramedic upon graduation.*

Syllabus: EMS 2000 (Paramedic Certificate)

Contact Hours: 1100

Theory: 588
Laboratory: 104
Hospital Clinicals: 12
Field Experience: 192
Additional Hospital or Field: 108
Capstone Field Internship: 96

Course Schedule: **Upload Schedule Here**
Lab Location: **Upload Location Information Here**

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

- Nancy Caroline's Emergency Care in the Streets 9th Edition, 2022
  - American Academy of Orthopedic Surgeons (AAOS)
  - Jones & Bartlett Learning
  - ISBN: 9781284228137
- American Heart Association Basic Life Support, 2025
  - ISBN: 978-1-68472-310-2
- American Heart Association Advanced Cardiovascular Life Support, 2025
  - ISBN: 978-1-68472-295-2
- Prehospital Trauma Life Support, 10th Edition, 2024
  - National Association of EMTs, Jones and Bartlett
  - ISBN: 9781284272291
- Pediatric Education for Prehospital Professionals 4th Edition, 2022
  - American Academy of Pediatrics, Jones and Bartlett
  - ISBN: 9781284238273
- Advanced Medical Life Support, 4th Edition, 2025
  - National Association of EMTs, Jones and Bartlett
  - ISBN: 9781284295542
- IT Resources: Click Here for IT Resource Setup

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

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Required Cognitive Competencies:

- Preparatory
- The Human Body
- Patient Assessment
- Pharmacology
- Airway Management
- Medical
- Trauma
- Shock and Resuscitation
- Special Patient Populations
- EMS Operations

Required Psychomotor Competencies:

- EMT Scope of Practice
- Treatment of multiple age groups
- Fluid and medication administration
- Airway management and ventilation
- EKG interpretation and arrhythmia treatment, including cardiac arrest
- Treatment of medical emergencies
- Treatment of trauma emergencies
- Pregnancy and labor emergencies
- Triage and EMS operations
- Function in an actual field setting as the lead clinician

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

Narratives	15% of final grade
Quizzes	35% of final grade
Homework	35% of final grade
Preliminaries	7% of final grade
Attendance	3% of final grade
Exams	5% of final grade*

Syllabus: EMS 2000T (Paramedic Certificate – Theory)

Contact Hours: 512

Course Schedule: Upload Schedule Here
Lab Location: Upload Location Information Here

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

- Nancy Caroline's Emergency Care in the Streets 9th Edition, 2022
  - American Academy of Orthopedic Surgeons (AAOS)
  - Jones & Bartlett Learning
  - ISBN: 9781284228137
- American Heart Association Basic Life Support, 2025
  - ISBN: 978-1-68472-310-2
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- Pediatric Education for Prehospital Professionals 4th Edition, 2022
  - American Academy of Pediatrics, Jones and Bartlett
  - ISBN: 9781284238273
- Advanced Medical Life Support, 4th Edition, 2025
  - National Association of EMTs, Jones and Bartlett
  - ISBN: 9781284295542
- IT Resources: Click Here for IT Resource Setup

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

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Required Cognitive Competencies:

- Preparatory
- The Human Body
- Patient Assessment
- Pharmacology
- Airway Management
- Medical
- Trauma
- Shock and Resuscitation
- Special Patient Populations
- EMS Operations

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

Narratives	15% of final grade
Quizzes	35% of final grade
Homework	35% of final grade
Preliminaries	7% of final grade
Attendance	3% of final grade
Exams	5% of final grade*

Syllabus: EMS 2000L (Paramedic Certificate – Laboratory)

Contact Hours: 96

Course Schedule: Upload Schedule Here
Lab Location: Upload Location Information Here

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

- Nancy Caroline's Emergency Care in the Streets 9th Edition, 2022
  - American Academy of Orthopedic Surgeons (AAOS)
  - Jones & Bartlett Learning
  - ISBN: 9781284228137
- American Heart Association Basic Life Support, 2025
  - ISBN: 978-1-68472-310-2
- American Heart Association Advanced Cardiovascular Life Support, 2025
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- Advanced Medical Life Support, 4th Edition, 2025
  - National Association of EMTs, Jones and Bartlett
  - ISBN: 9781284295542
- IT Resources: Click Here for IT Resource Setup

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

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Required Psychomotor Competencies:

- EMT Scope of Practice
- Treatment of multiple age groups
- Fluid and medication administration
- Airway management and ventilation
- EKG interpretation and arrhythmia treatment, including cardiac arrest
- Treatment of medical emergencies
- Treatment of trauma emergencies
- Pregnancy and labor emergencies
- Triage and EMS operations
- Skill evaluations per the SMC

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

All laboratory components are graded on a pass/fail basis. At least (2) two formal evaluation opportunities will be provided for each skill.

Syllabus: EMS 2000H (Paramedic Certificate – Clinical)

Contact Hours: Hospital Clinicals: 12 - 120

Course Schedule: **Upload Schedule Here**
Lab Location: **Upload Location Information Here**

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

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

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Required Psychomotor Competencies:

- EMT Scope of Practice
- Treatment of multiple age groups
- Fluid and medication administration
- Airway management and ventilation
- EKG interpretation and arrhythmia treatment, including cardiac arrest
- Treatment of medical emergencies
- Treatment of trauma emergencies
- Pregnancy and labor emergencies
- Triage and EMS operations
- Skill evaluations per the SMC

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

All clinical components are graded on a pass/fail basis based on preceptor evaluation.

Syllabus: EMS 2000F (Paramedic Certificate – Field Experience)

Contact Hours: Field Experience: 192 - 300

Course Schedule: **Upload Schedule Here**
Lab Location: **Upload Location Information Here**

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

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

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Required Psychomotor Competencies:

- EMT Scope of Practice
- Treatment of multiple age groups
- Fluid and medication administration
- Airway management and ventilation
- EKG interpretation and arrhythmia treatment, including cardiac arrest
- Treatment of medical emergencies
- Treatment of trauma emergencies
- Pregnancy and labor emergencies
- Triage and EMS operations
- Skill evaluations per the SMC

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

All clinical components are graded on a pass/fail basis based on preceptor evaluation.

Syllabus: EMS 2000C (Paramedic Certificate – Capstone Phase)

Contact Hours: 180

Theory: 76
Laboratory: 8
Capstone Field Internship: 96

Course Schedule: Upload Schedule Here
Lab Location: Upload Location Information Here

Program Director: Corey Sargent
Medical Director: Alan Sazama

Required Resources

- Nancy Caroline's Emergency Care in the Streets 9th Edition, 2022
  - American Academy of Orthopedic Surgeons (AAOS)
  - Jones & Bartlett Learning
  - ISBN: 9781284228137
- American Heart Association Basic Life Support, 2025
  - ISBN: 978-1-68472-310-2
- American Heart Association Advanced Cardiovascular Life Support, 2025
  - ISBN: 978-1-68472-295-2
- Prehospital Trauma Life Support, 10th Edition, 2024
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Paramedic Program Goal: To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

Topic Objectives are listed as they relate to each module on Canvas. Objectives are based on the NHTSA National EMS Education Standards.

Required Cognitive Competencies:

- Preparatory
- The Human Body
- Patient Assessment
- Pharmacology
- Airway Management
- Medical
- Trauma
- Shock and Resuscitation
- Special Patient Populations
- EMS Operations

Required Psychomotor Competencies:

- Function in an actual field setting as the lead clinician
- EMT Scope of Practice
- Previous Paramedic skills per SMC

Required Affective Competencies:

- Quality: Accepts instructor feedback gracefully and genuinely cares about quality.
- Integrity: Student regularly acts in good faith and is trustworthy.
- Professionalism: Consistently presents in a professional way.
- Developing Professionals: Would make a great employee and/or partner to work with.
- Adaptability: Adaptable to most circumstances and willing to accept differences.
- Fully Invested: Consistently gives best effort.
- Responsibility: Tardiness is rare and well-communicated.
- Institutional Growth: Represents the school well to others.

Grade Weighting System:

Narratives	15% of final grade
Quizzes	35% of final grade
Homework	35% of final grade
Preliminaries	7% of final grade
Attendance	3% of final grade
Exams	5% of final grade*

Appendix 5: Clinical Rotations

Paramedic and AEMT Clinical Clearance Requirements:

1. State EMT License Verified – You must have submitted your request for clinical clearance. The link can be found on your clinical dashboard and in Canvas (Module 1, Section 2). The EMT (or AEMT for paramedic students) license you provide must be in date and be valid to practice in the state you are requesting to do clinicals in. States within the EMS Compact may accept another Compact license; please verify with our clinical department.
2. State Requirements Met – All requirements particular to a state (Texas Jurisprudence, Florida Trauma Alert, Louisiana BEMS, etc.) must be complete. Not all states have specific requirements. You can find the information in your clinical dashboard and clinical canvas class.
3. Immunizations Verified – All immunization records must be received and verified. Email immunizations@schoolofems.org for specific questions as to what is still missing.
4. Background Verified – Your background check must be completed. This was initiated during the admissions process and should only cause a delay if there is an issue in your past that requires an individual discussion.
5. Drug Screen Verified – A passing drug screen is on file. Note that we must have a copy of prescriptions for any medications that show positive. Drug screens will be administered during lab.
6. Lab 1, 2, 3, and 4 Attendance – All lab receipts must be completed and submitted. Once the lab captain verifies the paperwork this will be marked as complete.
7. BLS Card Course Verification – The BLS written exam in Canvas must be passed, and the psychomotor test in lab must be passed, as well as all paperwork received and verified by the lab captain and AHA coordinator.

EMT Clinical Clearance Requirements:

1. State Requirements Met – All requirements particular to a state (Texas Jurisprudence, Florida Trauma Alert, Louisiana BEMS, etc.) must be complete. Not all states have specific requirements. You can find the information in your clinical dashboard and clinical canvas class.
2. Immunizations Verified – All immunizations records must be received and verified. Email immunizations@schoolofems.org for specific questions as to what is still missing.
3. Background Verified – Your background check must be completed. This should only cause a delay if there is an issue in your past that requires an individual discussion.
4. Drug Screen Verified – A passing drug screen is on file. Note that we must have a copy of prescriptions for any medications that show positive. Drug screens will be administered during lab.
5. Lab 1, 2, 3, and 4 Attendance – All lab receipts must be completed and submitted. Once the lab captain verifies the paperwork this will be marked as complete.
6. BLS Card Course Verification – The BLS written exam in Canvas must be passed, and the psychomotor test in lab must be passed, as well as all paperwork received and verified by the lab captain and AHA coordinator.

Clinical Standard Operating Procedures

The following are requirements for clinical rotations in addition to the general code of conduct:

1. All clinical rotations MUST occur at a site where SOE has an affiliation agreement, and in a state where you have been cleared to attend.
2. Students wishing to attend clinicals in multiple states must submit a separate request for each state, and must meet each state's requirement.
3. Opportunities to perform skills are **always** at the discretion of the assigned preceptor and NOT the student.
4. All skills and assessments performed must be supervised by a physician, nurse, PA, paramedic, respiratory therapist, or other appropriate healthcare provider. EMTs may only function as EMT preceptors. AEMTs may function as AEMT or EMT preceptors.
5. While on an EMS ride, students MUST function under the direct supervision of an EMS preceptor and may not perform patient care, including observation, unsupervised. This includes riding alone in the back of the ambulance with a stable patient.
6. Students shall not be used to meet the unit's minimum staffing requirements.
7. No student may participate in a clinical or field experience after completion of the program.
8. Paramedic students who work in the field as an EMT may NOT perform advanced life support procedures unless they are on a designated School of EMS clinical rotation.
9. EMT students must always have a valid copy of their BLS provider card and School of EMS Picture ID available while on a clinical shift.
10. AEMT and Paramedic students must always have a valid copy of their BLS provider card, School of EMS Picture ID, and a current State EMT license available while on a clinical shift.
11. Students should never be solely responsible for guiding or controlling a stretcher, nor should they be solely responsible for lifting or carrying a patient.
12. Disputes with preceptors, staff, or anyone else on a clinical scene should be done professionally and out of view of the patient. The clinical agency has ultimate authority over patient care decision-making.

The primary goal of clinical rotations is for the student to function as a provider would in that situation, albeit under direct supervision. While the preceptor retains ultimate decision-making authority, the student should be allowed to perform any reasonable intervention or assessment that does not compromise patient care. The student should also be able to direct other members of the care team to perform appropriate skills or assessments.

HIPAA

1. Students must complete the SOE HIPAA Training prior to being cleared for clinicals.
2. Strict patient confidentiality must be maintained throughout the EMS program, and all HIPAA standards must be followed. Patient conditions and names may NOT be discussed with patient families, bystanders, Medicare representatives, or anyone who is not involved directly with the patient's care.
3. The patient's and respective family's names may not be used in any discussion or allowed on any clinical form used in the EMS program. Questions regarding medical care and case discussions are encouraged, but must be kept confidential and only discussed among pertinent medical staff. Failure to comply with these guidelines will be grounds for disciplinary action and/or possible program dismissal.
4. At NO time will any recording, video, still photography, or audio device be allowed by any student at a Clinical or Field Internship affiliate site, or during a lab when live patients are being utilized.
5. Twitter, Facebook, Instagram, or any other social networking site cannot be utilized to discuss any clinical information. Sharing information about a patient (including but not limited to name, anything regarding their condition, family members/friends, or identifying information), or any information regarding the clinical and or field internship site or staff will not be tolerated.

Documentation

1. Students are encouraged to document patients immediately, but will have forty-eight (48) hours from the completion of the shift to complete a patient care report for each encounter.
2. The online Clinical Evaluation shall be completed at least one hour prior to the end of the shift. No clinical hours or skills will be accepted unless the evaluation form is completed.
3. **Failure to complete documentation within 48 hours will be a loss of credit for the shift. This INCLUDES any skills completed.**
4. Extenuating circumstances such as but not limited to family death/emergency may be considered grounds for an extension.
5. Falsification of documentation is considered academic dishonesty and grounds for removal.

Attendance

1. Students should report at least 15 minutes prior to the scheduled shift start and must attend the clinical rotation for the entire time that is recorded. Students may extend their clinical time with the approval of the site preceptor.
2. Students may NOT leave a clinical site early without notifying both their preceptor and School of EMS. Students will not get credit for hours not attended.
3. During clinical rotations, students must take breaks at the discretion of the assigned preceptor. The student should supply their own food and drink, and generally act as an employee of that organization would with regard to breaks and downtime.
4. Reports of tardiness or unexcused absence ("no call, no show") will be considered an incident of poor affect.
5. "**No call, no show**" is generally regarded as an inexcusable action and may result in suspension of clinicals until the student is able to meet with SOE Administration to explain the situation.
6. While completing Field Internship, the student must remain with their assigned unit and crew for the duration of the shift. The student MUST ride on all calls given to their assigned unit & crew.

Clinicals while on duty:

The following requirements must be met in order for a student to attend a clinical rotation at their job while on duty:

1. The clinical site MUST be an open site on our Clinical Site List.
2. Your employer must approve of you completing your class clinicals while on shift.
3. You MUST be the extra person on the unit, usually 3rd on the ambulance and 4th on the engine and have a paramedic preceptor.
4. You cannot EVER be alone during a clinical.
    a. If you are alone with a patient, it's not a clinical.
    b. If you are driving while your partner is with the patient, it's not a clinical.
5. You must function as a student while on the shift/call.
6. You must submit your preceptor evaluation & all PCRs for the shift.
7. You can claim part of a shift, or the whole shift, or if you need specific patient contacts, you can count just those contacts.
8. You must function in an EMS role. For example, you cannot count time on a structure fire, hazmat call, tech rescue, etc. (unless you are in a medical role such as rehab, triage, or treatment.)
9. Florida students can only complete up to 20% of the field/ambulance experience on an ALS vehicle other than an ambulance. While not a requirement for students in other states, this is still a good recommendation and guideline.

If you still are unsure if it will count, send an email to clinicals@schoolofems.org with the full name and state of the clinical site and details about your question.

Paramedic Capstone Team Leads:

Successful Team Lead Calls:

To be counted as a Team Lead the Paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field.

- If the patient is not transported, it may count as a team lead if the student performed a patient assessment and handled all other responsibilities (i.e. talking with family, law enforcement, med control, flight crew, etc.).
- If the patient is not transported (i.e. refusal) then the student handled the same responsibilities as a paramedic would have in that situation (consulting with family, law enforcement, med control, etc.)
- SOE Allows for Two (2) of the required 20 Team Leads to be non-transports.

The student has successfully led the team if he or she has *conducted a comprehensive assessment* (not necessary performed the entire interview or physical exam, but rather been in charge-of the assessment), as well as *formulated and implemented a treatment plan* for the patient.

Most (if not all) of the *decisions* have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging and moving the patient (if applicable).

If the patient is not transported, it may count as a team lead if the student performed a patient assessment and handled all other responsibilities (i.e. talking with family, law enforcement, med control, flight crew, etc.). If the patient is not transported (i.e. refusal) then the student handled the same responsibilities as a paramedic would have in that situation (consulting with family, law enforcement, med control, etc.)

Student Scope of Practice

The following is a list of skills that may be performed by the student during field and clinical internships. EMT Students may only perform EMT Skills. Paramedic Students may perform all EMT and Paramedic. Skills outside this scope of practice are not permitted during clinical and internships even if a preceptor says it is permitted. These skills may only be permitted while on an *assigned* shift during clinical & field rotations. All skills must be done in the presence of a qualified preceptor. As always, it is the prerogative of the clinical staff of the respective department to grant permission to the student to perform any of these tasks.

EMT	PARAMEDIC
ASSESSMENT PSYCHOMOTOR SKILL SET	
• Obtain primary and secondary surveys • Obtain present and past medical histories • Perform a detailed physical exam	• Team-lead the call as allowed by preceptor • Evaluate blood gases and laboratory results
AIRWAY AND BREATHING PSYCHOMOTOR SKILL SET	
• Basic Airway Adjuncts • Manual Ventilation • Suction • Supraglottic airway insertion • CPAP • Stoma/tracheostomy suction • Basic FBAO removal	• Endotracheal intubation/endotracheal suctioning • Cricothyrotomy • Needle decompression of the chest • ETCO2/Capnography monitoring • FBAO removal by direct laryngoscopy • Ventilator management • NG/OG tube insertion/removal • Stoma/tracheostomy management
CARDIAC PSYCHOMOTOR SKILL SET	
• Use of AED • CPR • Acquisition of 12-lead ECGs	• Defibrillation/Synchronized cardioversion • Transcutaneous pacing Interpretation of ECGs • Interpretation of 12-lead ECGs
TRAUMA PSYCHOMOTOR SKILL SET	
• Bleeding Control • Bandaging and Splinting • Spinal Motion Restriction	• Needle decompression of the chest
MEDICAL/OTHER PSYCHOMOTOR SKILL SET	
• Uterine massage for control of post-partum hemorrhage • Assist in delivery of a newborn • Assist in basic resuscitation of the newborn	• NG/OG tube insertion • Assist in advanced resuscitation of the newborn
PHARMACOLOGIC PSYCHOMOTOR SKILL SET	
• Oxygen Administration • Use of Epinephrine Auto Injector • Use of Metered Dose Inhaler • Medication nebulization • Nitroglycerin SL • Narcan IN • Activated Charcoal PO • Oral Glucose	• Peripheral IV insertion • Management of IV infusions/pumps • Drawing of medications • IO insertion • Venous blood draws • Administration of medications (all routes) • Rapid sequence intubation
OPERATIONAL PSYCHOMOTOR SKILL SET	
• Assist in transporting patients to another department in the hospital • Use of mechanical restraints	

General Clinical Objectives

Note: These objectives apply to all clinical/field internship settings. The EMT/Paramedic student will seek to learn, perform (when the opportunity presents itself), and be evaluated on the following as Scope of Practice allows:

1. Appropriate communication with patients, families and health professionals.
2. Application of basic anatomical and physiological principles to acute illness or injury.
3. Assessment and recognition of pathological states in acutely ill or injured patients.
4. Initiation and/or maintenance of emergency care appropriate to the patient's condition (under supervision).
5. Basic techniques of obtaining patient history.
6. Basic techniques of physical assessment: e.g.
    a. The determination of vital signs and their significance to a patient
    b. The determination of ABGs and their significance to a patient
    c. Gross neurological exam
    d. Auscultation of lung and bowel sounds
7. Monitoring and interpretation of electrocardiograms.
8. Assembling, starting and maintaining IV therapy.
9. Drawing venous blood samples.
10. Administration of medications (IV, IM, SQ, IO, IN and ET) and recognition of the actions and side effects of those medications.
11. Administration of appropriate medications for a patient's condition.
12. Insertion of nasogastric (NG) tubes or orogastric (OG) tubes.
13. Application of dressings.
14. Application of appropriate airway management.
15. Application of sterile technique principles.
16. Ambulance-hospital radio communications.
17. Advanced life support.
18. An understanding of medical/legal issues relating to Paramedicine.
19. The ability to safely administer medications.
20. The ability to safely perform endotracheal intubation.
21. The ability to safely gain venous access in all age group patients.
22. The ability to effectively ventilate intubated and non-intubated patients of all age groups.
23. The ability to perform a comprehensive assessment on pediatric patients.
24. The ability to perform a compressive assessment on adult patients.
25. The ability to perform a comprehensive assessment on geriatric patients.
26. The ability to perform a comprehensive assessment on obstetric patients.
27. The ability to perform a comprehensive assessment on trauma patients.
28. The ability to perform a comprehensive assessment on psychiatric patients.
29. The ability to perform the appropriate trauma assessment and formulate and implement a treatment plan for the trauma patient.
30. The ability to perform a comprehensive assessment and formulate and implement a treatment plan for patients with chest pain.
31. The ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
32. The ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.

33. The ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.
34. The ability to perform a comprehensive assessment and formulate and implement a treatment plan for the obstetric patient. This must include care of the newborn and postpartum care.
35. The ability to perform a comprehensive assessment and formulate and implement a treatment plan for patients with altered mental status.
36. The ability to serve as a team leader in variety of prehospital emergency situations.
37. Triage.
38. Physical assessment, patient history, documentation in compliance with hospital policy for all age groups.
39. Vital and diagnostic signs: recognition and significance.
40. Aseptic techniques and universal precautions.
41. Peripheral IV insertion and drip rate calculations.
42. Drug therapy: all routes &dosage calculations.
43. Cardiac arrest and post-cardiac arrest procedures.
44. Management of trauma, medical, peds, OB/gyn emergencies.
45. Airway management including insertion of airways, suctioning, oxygen therapy, intubation (under direct physician supervision)
46. Use of cardiac monitors and interpretation of rhythms.
47. Venipuncture for blood specimens
48. Emotional support of patient and family.
49. Use of IV pumps.
50. Interpretation of ABG's.
51. Wound care and bandaging.

In addition to the above objectives, the following guidelines apply:

- The student should aid the staff in stocking and cleaning rooms/ambulance units whenever possible.
- No student is to accept total responsibility for patient care. All patients will remain under supervision of the staff to which they are assigned.
- While in the hospital settings students may go to in-house codes with the approval of the assigned preceptor. Student may not attend a code without direct supervision of a physician or assigned preceptor.
- Students should assist hospital staff in all aspects of patient care including changing beds, transferring patient to the floor or to another department, providing urinals or bedpans to patients, etc.
- At ***NO*** time will the student be allowed to document on the patient's chart.

In addition to the above, the paramedic student should observe the following procedures as the opportunity arises:

1. Pacemaker insertion
2. Spinal tap
3. Traction, splinting, pin insertions
4. Central and jugular line insertions
5. Twelve lead EKGs & assist if asked
6. Ventilator and respiratory treatments
7. CT and Nuclear scans

Operating Room Objectives

Paramedic Goals as allowed by Scope of Practice.

1. Be on time and dressed in appropriate OR attire.
2. Wear your nametag and introduce yourself to Anesthesia and Nursing personnel in the OR.
3. Report to the Charge Nurse.
4. Hand washing to be completed between each procedure and as indicated.
5. Do not take procedure denial personally. It is the responsible caregiver's judgment when this occurs, and it must be respected.
6. Airway management including oral and nasal airways.
7. Bag-valve-mask for ventilation.
8. Insertion of endotracheal and nasotracheal tubes.
9. EKG rhythm interpretation.
10. Drug and IV therapy.
11. Blood gas interpretation.
12. Observation of surgical procedures.
13. Emotional support of pre-op patients.
14. Safe movement and placement of patient for surgical procedures.
15. Monitor recovering process of patient in post anesthesia area (recovery room) with specific attention to respiratory and cardiovascular status.
16. Observation of anatomy during surgical procedures.
17. The student should participate in the airway assessment, airway management and ventilatory management of a wide range of patients. The student should participate and discuss various methods of securing an advanced airway with their preceptor.
18. The student should accomplish whatever skills allowed by their preceptor and the Field/Clinical Internship Scope of Practice. Becoming proficient in bag-valve-mask ventilation and endotracheal intubation are the two main goals of OR internships. The student should participate in airway positioning, placement of adjuncts, ELM, and maintaining the airway of unconscious patients.
19. The student should discuss all pharmacologic agents used in the induction of patients with their preceptor. Students should gain a deeper understanding of neuromuscular blocking agents, sedatives, anesthetic gasses, analgesics, anticholinergics, adrenergic agents, and other pertinent medications.
20. Appropriate communication with patients and members of the health profession.
21. Application of basic anatomical and physiological principles as related to the surgical procedure.
22. Application of sterile technique principles.

Conduct

Professional conduct shall reflect respect and consideration. A patient who appears to be anesthetized may not be able to move or respond but may HEAR YOU. Hearing is the last sense to be lost during induction of anesthesia and the first sense to be regained. All talking, and noises should be stopped when induction begins. Do not resume talking or other activities or begin to position or prep the patient until the anesthetist gives permission.

Any discussions or activities occurring in the operating room are strictly confidential, and not to be repeated outside the department. Any discussion of the physical or social life of patients, doctors, or personnel, is strictly unethical.

Constructive criticism and suggestions are welcome. If you notice things that you don't understand or that you question, please talk to the person involved, the supervisor, or the staff development

coordinator for clarification or additional information. Use good judgment for the appropriate time to ask a question.

Dress Code

Purpose -To reduce the hazard of contamination from clothing, shoes, and hair. Students are required to adhere to the clinical facility's dress code. Below are recommended guidelines.

Surgical Suite Zones

- Unrestricted- street clothing permitted in lounges, locker rooms, and offices.
- Semi-restricted- scrub attire or cover-ups required (storage areas, work areas, other identified areas)
- Restricted- operating rooms. Scrub attire and masks are to be worn at all times in the rooms. Doors to operating rooms are kept closed.

Hair Covers

Restricted and Semi-restricted areas require all head and facial hair to be completely covered. Hair covers should be donned prior to scrub tops to avoid loose hair on clothing.

Masks

- Students shall wear high filtration masks at all times in the operating room.
- The mask is to completely cover the nose and mouth and be secured to prevent venting at the sides.
- Masks are to be changed after each case. They are not to be worn around neck or tucked into pockets.

Hand Washing

Purpose -To remove resident and transient flora micro-organisms from fingernails, hand, wrist, and forearm, and reduce incidence of nosocomial infections.

Guidelines for thorough hand washing for students:

1. Between each case.
2. Before and after direct patient care.
3. After handling of waste or contaminated materials or equipment.
4. After handling specimens.
5. After breaks, lunch, or dinner.
6. Any other time deemed necessary.

Labor and Delivery Objectives

EMT/Paramedic Goals as allowed by Scope of Practice.

1. Appropriate communication with patients and families
2. Recognition of the signs and symptoms of labor
3. Assessment of the physical and emotional status of patients during labor
4. Recognition of the signs of imminent delivery
5. Observation of normal and abnormal vaginal deliveries and/or delivery by
6. C-section
7. Assessment of the newborn to include APGAR scoring
8. Recognition and resuscitation of the newborn in distress
9. Recognition and treatment of maternal postpartum complications
10. Identify the three stages of labor.
11. Identify the signs and symptoms of common OB complications, including, but not limited to: pre-eclampsia, eclampsia, placenta previa, gestational diabetes, abruption placenta, prolapsed cord, breech presentation, limb presentation.
12. Observe vaginal deliveries.
13. Control postpartum hemorrhage.
14. Assist with the care and resuscitation of the newborn.
15. Determine APGAR scores of newborns.
16. Be familiar with fetal monitoring systems.
17. Emotional support of patient and significant other.
18. Perform peripheral IV insertion; drug therapy - I V, IM, SQ, PO, SL, ET, as allowed by preceptor.
19. The student should participate in the assessment and management of pregnant patients and newborns. Students should participate in any deliveries allowed by their preceptor.
20. The student should accomplish whatever skills allowed by their preceptor and the Field/Clinical Internship Scope of Practice.
21. Student should discuss management of difficult presentations common procedures with their preceptor. The student should also gain a better understanding of pharmacologic therapy in obstetrics.

Intensive Care Unit Objectives

Paramedic Goals as allowed by Scope of Practice.

1. Appropriate communication with patients, families, and health professionals
2. Application of basic principles of anatomy and physiology to the critically ill patient
3. The basic techniques of physical assessment: e.g.
    a. the determination of vital signs and their significance to a particular patient
    b. the determination of ABGs and their significance to a particular patient
    c. gross neurological exam
    d. auscultation of lung and bowel sounds
4. Assessment and recognition of pathological states in critically ill patients
5. Technique of suctioning
6. Airway maintenance in critically ill patients
7. Assembling, starting, and maintaining IV therapy
8. Administration of medications (IV, IM, SQ, IO, IN and ET) and recognition of the actions and side effects of those medications9. Administration of appropriate medications for a particular patient's condition
9. Movement of critically ill patients (e.g. turning, assisting to chair)
10. Monitoring and interpretation of electrocardiograms
11. Advanced Life Support measures during traumatic, respiratory and/or cardiac arrest
12. Perform patient assessments including development of a pertinent medical history and performance of a physical exam. At a minimum, the assessment should include a review of the patient's chart, taking vital signs, auscultation of lung and bowel sounds, and neuro assessment.
13. Review specific cases as assigned, including the patient's chart, diagnosis, treatment, and medications.
14. Monitor and interpret cardiac rhythms.
15. Assist in cardiac arrest procedures.
16. Assist in the care of patients with endotracheal or tracheostomy tubes, and patients using ventilator devices. Perform tracheal suctioning.
17. Perform peripheral IV insertion; drug therapy - IV, IM, SQ, PO, ET, nebulizer, SL.
18. Perform venipuncture techniques using scalp vein needles, syringes, and vacutainer devices on a variety of aged patients with a variety of medical and surgical conditions.
19. Identify the uses of various blood tubes (which tests require specific colored. tubes, which tubes need to be rotated, and the minimum amount of blood necessary for each).
20. Perform venipuncture procedures using aseptic technique and universal precautions.
21. Practice proper needle safety measures in compliance with hospital/OSHA guidelines.
22. Demonstrate an understanding of IV infusion' pumps.
23. Perform aseptic, sterile, and isolation techniques.
24. The student should participate in the assessment and treatment of critically ill and injured patients of all ages. The student should observe ways initial resuscitation is continued in the ICU in order to have a more holistic approach to patient care.
25. The student should accomplish whatever skills allowed by their preceptor and the Field/Clinical Internship Scope of Practice.
26. The student should discuss ventilatory management and pharmacologic therapy of patients with their preceptor.
27. In addition to the above, the paramedic student should observe the following procedures as the opportunity arises:
    a. Arterial and Central line insertion
    b. CVP line insertion
    c. Pacemaker insertion
    d. ICP monitor insertion
    e. Other invasive procedures

Pediatric Department Objectives

EMT/Paramedic Goals as allowed by Scope of Practice

1. Measuring vital signs in the pediatric patient and the recognition of “normal” for the pediatric patient
2. Psychosocial development of the infant, toddler, preschooler and school aged children
3. How to approach and relate to the pediatric patient during physical assessment and treatment procedures
4. Estimation of weight and age in the pediatric patient
5. Identification of coping mechanisms used by the acutely ill pediatric patients and their families
6. The student will participate in the assessment and treatment of pediatric patients with a variety of acute and chronic illness/injuries.
7. The student should perform skills allowed by their preceptor and the Field/Clinical Internship Scope of Practice. The student should participate in the management of tracheostomies and mechanical ventilators.