

GRAYSON COLLEGE

Course Syllabus

Course Information

EMSP 1160 – Clinical – Spring 2017; face-to-face course; work-based experience proctored by clinical and ambulance preceptors; minimum of 96 hours/ course off campus and minimum of 10 documented patient contacts; scheduled by professor and/ or student; cognitive, psychomotor, affective evaluations performed by clinical and ambulance preceptors. This course is a portion of the EMT certification course and is delivered concurrently with EMSP 1501 and EMSP 2305.

Professor Contact Information

Debra K Thompson, EMT/P, AAS: EMS Professor

There are several ways you can contact me:

Phone: My direct office number is 903-463-8748. If you need immediate assistance, please call the EMS program administrative assistant, Ms. Christine Hix at 903-463-8782.

Office hours: I am available for on-campus office hours Monday – Wednesday 1300 – 1500, Thursday - Friday 0800 – 1500 in the Health Science building, Office A114. It's best to make an appointment, however, you are welcome to stop by anytime. These office hours are subject to change during multiple classes being taught throughout the semester. The changes will be posted in the course shell on Canvas.

Email: My preferred method of electronic communication is using the “Messaging” option within Canvas. For more urgent matters, contact me at thompsondk@grayson.edu.

Course Pre-requisites, Co-requisites, and/or Other Restrictions

Current and completed immunizations for Tetanus/Diphtheria, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B, Varicella, annual influenza, Meningitis as required for the college and a TB skin test within 6 months prior to clinical entry; completed pre-entrance physical exam and health statement without limitations; satisfactory completion of drug screen and background check; liability insurance is required before the student may attend clinical; concurrent enrollment in EMSP 1501 and EMSP 2305 is required.

Course Description

This course is a health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.

Student Learning Outcomes

Upon successful completion of this course, the student will be able to:

1. Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among the political, economic, environmental, social, and
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- legal systems associated with the occupation and the business/industry.
2. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.
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Course Learning Outcomes

Cognitive

<u>Topic</u>	<u>Objective</u>
Preparatory	Applies fundamental knowledge of the EMS system, safety/ well-being of the EMT, medical/ legal and ethical issues to the provision of emergency care.
Anatomy and Physiology	Applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.
Medical Terminology	Uses foundational anatomical and medical terms and abbreviations in written communication with colleagues and other health care professionals.
Pathophysiology	Applies fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.
Life Span Development	Applies fundamental knowledge of life span development to patient assessment and management.
Public Health	Uses simple knowledge of the principles of illness and injury prevention in emergency care.
Airway Management, Respiration and Artificial Ventilation	Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
Assessment	Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history, and reassessment) to guide emergency management.
Pharmacology	Applies fundamental knowledge of the medications that the EMT may assist/ administer to a patient during an emergency.
Medicine	Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.
Shock and Resuscitation	Applies fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.
Trauma	Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.

Special Patient Populations Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.

Psychomotor

Skills Safely and effectively perform within the National EMS Scope of Practice and state Scope of Practice at the Emergency Medical Technician (EMT) level.

Affective

Professionalism Demonstrates professional behavior including; but not limited to, integrity, self-motivation, self-confidence, communications, time-management, teamwork-diplomacy, and respect.

Therapeutic Communications Communicate in a culturally sensitive manner.

Decision Making Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care.

Record Keeping Report and document assessment data and interventions.

Patient Complaints Perform a patient assessment and provide prehospital emergency care and transportation for specific patient complaints.

Scene Leadership Serve as an EMS team member on an emergency call with more experienced personnel in the lead role.

Scene Safety Ensure the safety of the rescuer and others during an emergency.

Required Textbooks and Materials

- Mistovich; Prehospital Emergency Care, Tenth Edition; Brady/Prentice Hall, Upper Saddle River, NJ, 07458; 2010. (ISBN: 978-0-13-336913-7)
- Computer with internet to access Canvas through the college website, www.grayson.edu .
- Microsoft Office software (Word, PowerPoint, Excel).
- Stethoscope.
- Penlight.
- Wristwatch.

- Black ink pen.
 - Folder
 - Student uniform.
 - EMS Student ID.
 - Trauma scissors (optional).
 - Blood pressure cuff (optional).
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Technology Requirements

It is the **student's responsibility** to have access to a computer with a **reliable Internet connection** and a computer that is compliant with recommended browsers and settings in order to effectively utilize Canvas. In order for Canvas to function properly, your computer must have the latest updates and plugins.

Your home computer should meet the following minimum requirements:

- Windows Operating System: XP, Vista, or 7
- Internet Explorer 8, Firefox 3 or higher
- Mac Operating System OS 10.5.x, or 10.6.x, Firefox 3 or higher, Safari 4 or higher
- All browsers require JavaScript, Java, Popups, Cookies to be enabled and Flash to be enabled

In the event of technology failure, the student should contact the GC Help Desk via the www.grayson.edu website, under "Quick Links."

Additional Resources

- State of Texas Department of State Health Services website:
 - www.dshs.state.tx.us/emstraumasystems/
 - Texas Administrative Code, Rules/ Policies
 - 157.33 – Certifications
 - 157.34 – Recertification
 - 157.36 – Disciplinary Actions
 - 157.37 – Certification of Persons with Criminal Backgrounds
 - 157.38 – Continuing Education
 - National Registry of EMTs website:
 - www.nremt.org
 - American Heart Association:
 - www.americanheart.org
 - Federal Emergency Management Agency:
 - www.fema.gov
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Required Assignments & Academic Calendar

In case of inclement weather, emergency closings, or other unforeseen disruptions to scheduled classes, student must log onto their Canvas accounts for directions on where or how to continue their coursework. It is also recommended for students to register with the college's emergency notification system (GC Alert) so

that these messages can be received by texts, voice or email. This can be done by going to the college's homepage and clicking on the GC Alert icon at the bottom of the page on the right.

The schedule listed below is subject to change with fair notice from the professor.

Course Schedule

Week	Date	Topics	Readings	Assignments	Deadlines & Notes
1	1/17/17	EMT Orientation Document signing Medical Care Systems, Research, Public Health Safety and Wellness of EMT Medical, Legal, Ethical Issues	Chap 1 Chap 2 Chap 3	Syllabi & Policy Release Forms Background Check	
2	1/24/17	Term/Abbreviation Quiz Communication Documentation Lifting and Moving Patients Anatomy & Physiology Lesson Medical Terminology <i>SKILLS LAB: Lifting and Moving Patients</i>	Chap 4 Chap 5 Chap 6 Chap 7	EMS Operations NHTSA Project	
3	1/31/17	EXAM 1 – (Chap 1-6) Term/Abbreviation Quiz Anatomy & Physiology Lesson Medical Terminology (cont) Pathophysiology Lesson	Chap 7 Chap 8	EMS Operations Chap 42-Ambulance Ops	
4	2/6/17	EXAM 2 – (Chap 7) Term/Abbreviation Quiz Airway Management, Respiration, and Artificial Ventilation Vital Signs Scene Size-Up <i>SKILLS LAB: Airway Management, V/S</i>	Chap 10 Chap 11 Chap 12	EMS Operations Chap 43-Gaining Access/Patient Extrication	
5	2/13/17	EXAM 3 – (Chap 8, 10) Term/Abbreviation Quiz Patient Assessment <i>SKILLS LAB: Pt Ax</i>	Chap 13		
6	2/20/17	EXAM 4 – (Chap 11-13) Term/Abbreviation Quiz Pharmacology Shock/Resuscitation Respiratory Emergencies <i>SKILLS LAB: Airway Management, V/S</i>	Chap 14 Chap 15 Chap 16	EMS Operations Chap 44-Hazardous Materials Types of Vehicles	

	2/25/17	CPR			Mandatory Saturday
7	2/27/17	EXAM 5 – (Chap 14-15) Term/Abbreviation Quiz Cardiac Emergencies AMS, Stroke, HA Seizure and Syncope	Chap 17 Chap 18 Chap 19	EMS Operations IS 5a	
	3/6/17	SPRING	BREAK		
8	3/13/17	EXAM 6 – (Chap 16-19) Term/Abbreviation Quiz Acute Diabetic Emerg. Anaphylactic Emergencies Toxicologic Emergencies Abd, Gyn and Renal Emergencies SPRING BREAK	Chap 20 Chap 21 Chap 22 Chap 23	EMS Operations IS 3	
9	3/20/17	EXAM 7 – (Chap 20-23) Term/Abbreviation Quiz Environmental Emerg. Submersion: Drowning and Diving Emergencies Behavioral Emergencies <i>SKILLS LAB: Airway Mgmt, Med Admin, CPR, Pt Ax</i>	Chap 24 Chap 25 Chap 26		
10	3/27/17	EXAM 9 – (Chap 24-26) Term/Abbreviation Quiz Trauma Overview Bleeding/Soft Tissue Injuries Burns <i>SKILLS LAB: – Bleeding Control, Splinting</i>	Chap 27 Chap 28 Chap 29	EMS Operations Chap 45-MCI, Incident Management	
11	4/3/17	Term/Abbreviation Quiz Musculoskeletal Injuries Head Trauma Spinal Column and Cord Trauma <i>SKILLS LAB: Bleeding Control, Splinting, Spinal Immobilization</i>	Chap 30 Chap 31 Chap 32	EMS Operations IS 100.b	All Immunizations Due: April 3, 2017
	4/8/17	LZ Class Extrication			Mandatory Saturday 9am-2pm
12	4/10/17	EXAM 10 – (Chap 27-31) Term/Abbreviation Quiz Eye, Face, Neck Trauma Chest Trauma Abd/Genitourinary Trauma Multisystem Trauma in Special Populations <i>SKILLS LAB: Bleeding Control, Splinting, Spinal Immobilization</i>	Chap 33 Chap 34 Chap 35 Chap 36	EMS Operations IS 200.b	

		FIELD CLINICAL		Perform 96 hours EMS Agency clinical rotation: Assess and manage a variety of patients	Thursday-Sunday
13	4/17/17	EXAM 11 (Chap 32-36) Term/Abbreviation Quiz Obstetrics and Neonatal Pediatrics <i>SKILLS LAB: All skills</i>	Chap 37 Chap 38	EMS Operations IS 700.a	
		FIELD CLINICAL		Perform 96 hours EMS Agency clinical rotation: Assess and manage a variety of patients	Thursday-Sunday
14	4/24/17	Term/Abbreviation Quiz Geriatrics Pts with Special Challenges The Combat Veteran	Chap 39 Chap 40 Chap 41	EMS Operations Chap 46-EMS Response to Terrorism/Weapons of Mass Destruction	
		FIELD CLINICAL		Perform 96 hours EMS Agency clinical rotation: Assess and manage a variety of patients	Thursday-Sunday
15	5/1/17	Exam 12 – (Chap 37-41) Operations Exam – (Chap 42-46) Review <i>SKILLS LAB: All skills</i>			
		FIELD CLINICAL		Perform 96 hours EMS Agency clinical rotation: Assess and manage a variety of patients	Thursday-Sunday
16	5/8/17	CAPSTONE EXAM NREMT Skills Exam Retesting			

Methods of Evaluation

Grading

When all EMT course completion requirements have been met in the same semester, the following calculation will be used to determine the EMSP 1160 course grade. EMT course completion requirements are:

- An average score of 74 or better on major examinations in EMSP 1501 course.
- An average score of 74 or better in EMSP 1501 course.
- An average score of 74 or better on major examinations in EMSP 2305 course.
- An average score of 74 or better in EMSP 2305 course.
- Documentation of skills competencies listed in EMSP 1501 course syllabus.
- A score of 75 or better on the classroom professional behavior evaluation.
- Completion of clinical requirements described in the EMSP 1160 course syllabus.
- A score of 68 or better on the EMT Capstone Exam.
- Completion of the NREMT Practical Examination.

Categories	Percentage
Professional Behavior	Pass/Fail
Clinical Documentation	Pass/Fail
Skills Competency	Pass/Fail

Professional Behavior (affective domain) will be evaluated using the Professional Behavior Evaluation tool via FISDAP software. Examples of the professional behavior expected by the professor and required by the profession are listed at the end of this syllabus in Appendix A. The evaluation will be documented by the clinical preceptor at the end of each clinical rotation. The average score of all evaluations must be 75 or better to pass the course. Should the overall affective score fall to 75, the student will be counseled by the professor and the program director and written record of the counseling session will be placed in the student record. Should the professional behavior score fall below 75, the student will have failed to demonstrate the behavior expected of the EMS student and the EMS profession and will result in failure of the course. ***Please note; some offenses are so severe they may result in the student being referred to the EMS Program Director for counseling and/or dismissal from the program. These offenses are listed in the EMS Policy Manual pages 15, 21-22.***

Documentation of ten (10) acceptable patient assessments/ patient contact reports on the ambulance, with a minimum of 6 emergency runs is required for course completion. The student will document assessment findings using FISDAP electronic patient data forms. Every assessment must include a narrative component containing the expected criteria shown in the table below. An assessment document evaluation showing four (4) or more of the six (6) criteria as “needing improvement” is unacceptable.

Patient Assessment/ Patient Care Report Evaluation Criteria

Criteria	Expected	Needs Improvement
General Impression	Age, gender, chief complaint, signs of distress, location and position of patient	One or more applicable observations unrecorded
(S) OPQRST	Applicable information recorded in full	Two or more applicable questions unanswered
AMPLE Hx	Full history recorded	One or more applicable questions unanswered
Physical Exam	Head-to-toe with minimum of ABCs, pupils, breath sounds, distal PMS	One or more applicable observations unrecorded
Vital signs	Pulse and breathing rates and quality, blood pressure, temperature, SPO2	One or more applicable observations unrecorded
Organization	SOAP or CHART	Disorganized, sections missing

Ambulance patient assessments (patient care reports) should be performed by the student on emergency/ non-emergency transport patients. An assessment may be documented on a patient who is transferred to air medical transport. A minimum of six (6) emergency transport patient contacts is required for course completion. An emergency call is one in which the patient is acutely ill or injured; and the student performs basic airway management and oxygen therapy, or manual vital signs assessment, or SAMPLE history, or physical exam. Only one (1) patient care report per ambulance call will be accepted. The patient care report must be complete; history and physical exams performed by the team should be recorded by the student, in the student’s own words. An example of an ambulance patient care report narrative is shown in Appendix C.

Assessment and record of a minimum of two (2) sets of vital signs are required for each patient contact. The first set of vital signs should be assessed prior to transport of the patient and the second set may be assessed at any time during transport or transfer to receiving care providers. There are certain circumstances which may prevent the assessment of vital signs (i.e., cardiac arrest); however, these circumstances must be explained fully in the patient care report so that the professor and the course medical director can understand why the student was unable to assess the minimum two (2) sets.

Documentation of the assessments, with preceptor verification, is required to confirm performance. The student is expected to actively seek the opportunities and to cooperate within the parameters of clinical sites to achieve the minimums.

If patient census limits the student's ability to perform the minimum skills and assessments, the student may request an incomplete grade for the clinical course. The student may be eligible for an incomplete grade when the following two (2) circumstances are met:

- a. The student maintains a passing average (74% or better) in concurrently enrolled theory courses.
- b. The student must not have any documented unprofessional behavior in any Grayson College course classroom, lab, or clinical area as determined by the course coordinator.

The State and College require clinical documentation to be completed and kept as a permanent record.

Documentation of skills proficiency, using Pre-Clinical Evaluation forms, is required for release to clinical assignments. The student will be responsible to learn skills by viewing all skills videos that are posted in the clinical course shell. The student will be required to attend all class scheduled skill days to practice these skills with skills preceptors and in addition are required to attend **20 hours** in the open skills lab outside of class. These hours and skills practiced must be documented by the student and that documentation must be signed by the lab preceptor. Lab goals will be reviewed for completeness prior to clinical assignments and course completion.

SKILLS COMPETENCY (PSYCHOMOTOR DOMAIN) IN ALL OF THE FOLLOWING SKILLS WITH THE NUMBER OF TIMES PRACTICED AS LISTED BY EACH SKILL BEFORE BEING RELEASED FOR ANY HOSPITAL CLINICAL ROTATION:

1. Bag valve mask ventilation- **15**
2. Cardiac Arrest Management/ AED- **10**
3. Medication Administration (PO, SL, Auto-injector, MDI, SVN)- **10**
4. Mouth-to-Mask ventilation-**5**
5. Nasopharyngeal airway device- **15**
6. Oropharyngeal airway device- **15**
7. Oxygen administration via non-rebreather- **15**
via nasal cannula - **15**
8. Patient assessment/management – medical-**10**
9. Vital signs assessment-**20**
10. Oropharyngeal suctioning-**15**

SKILLS COMPETENCY (PSYCHOMOTOR DOMAIN) IN ALL OF THE FOLLOWING SKILLS WITH THE NUMBER OF TIMES PRACTICED AS LISTED BY EACH SKILL BEFORE BEING RELEASED FOR ANY AMBULANCE CLINICAL ROTATION:

1. Bleeding control/ shock management- **15**
2. Joint Dislocation Immobilization- **10**
3. Long Bone Fracture Immobilization- **10**
4. Spinal Immobilization (Seated Patient)-**10**
5. Spinal Immobilization (Supine Patient)-**10**
6. Traction splinting-**5**
7. Patient assessment/management – trauma-**10**

SKILLS COMPETENCY (PSYCHOMOTOR DOMAIN) IN ALL OF THE FOLLOWING SKILLS WITH THE NUMBER OF TIMES PRACTICED AS LISTED BY EACH SKILL BEFORE COURSE COMPLETION CAN BE AWARDED:

1. Bag valve mask ventilation- **20**
2. Bleeding control/ shock management- **20**
3. Cardiac Arrest Management/ AED- **20**
4. Joint Dislocation Immobilization- **20**
5. Long Bone Fracture Immobilization- **20**
6. Medication Administration (PO, SL, Auto-injector, MDI, SVN)- **20**
7. Mouth-to-Mask ventilation-**10**
8. Nasopharyngeal airway device- **20**
9. Oropharyngeal airway device- **20**
10. Oxygen administration via non-rebreather- **20**
via nasal cannula - **20**
11. Patient assessment/management – medical-**20**
12. Patient assessment/management – trauma-**20**
13. Spinal Immobilization (Seated Patient)-**15**
14. Spinal Immobilization (Supine Patient)-**15**
15. Traction splinting-**10**
16. Vital signs assessment-**30**
17. Oropharyngeal suctioning-**20**

Grading Scale

<u>Letter Grade</u>	<u>Interpretation</u>	<u>Numerical Grade</u>	<u>Grade Points/ Semester Hour</u>
P	Satisfactory	Not Applicable	Not Applicable
F	Failing	Not Applicable	Not Applicable

Students will be notified of grades via the Canvas “My Grades” link

A LETTER GRADE OF “P” IN THE EMSP 1160 COURSE IS REQUIRED FOR EMT COURSE COMPLETION.

EXTRA CREDIT ACTIVITIES ARE NOT AVAILABLE.

Methods of Instruction

Methods of instruction include direct observation of health care practices, performance of health care procedures within the scope of practice under direct observation of the preceptor, documentation feedback and discussion.

Because many assignments and study tools are performed via Canvas, access to computer hardware with internet connection and software to allow web navigation is required. Microsoft Office software, Word, PowerPoint, and Excel, is also required. However, a personal computer is not required. EMS students may access several computer lab resources on and off campus to facilitate completion of assignments. If the student is dependent upon computer resources outside the home, significant time management, organizational skill, and personal commitment is necessary to be successful.

In the event of technology failure, the student should contact the GC Help Desk for guidance.

Course & Instructor Policies

Refer to the GC EMS Education Policy Manual for specific information relating to General Policy, Admission Policy, Student Conduct Policy, Health and Safety Policy, Examination Policy, and Certification and Licensure Policy.

Clinical sites are contracted on an annual basis. Only agencies under contract with Grayson College at the beginning of the course are approved as clinical sites. A list of approved sites will be made available through electronic course resources (i.e., Canvas, FISDAP).

All existing hospital and EMS agency policies must be adhered to during the clinical rotation. If in doubt about a policy or procedure, the clinical instructor, preceptor, charge nurse, or shift captain should be notified. The student is expected to be familiar with and to utilize student protocols.

Students who are current employees of contracted EMS provider agencies will be allowed to meet clinical requirements while on duty if they are assigned as a third (3rd) person on the emergency vehicle. Students employed in other allied health care environments, must attend hospital and ambulance clinical as scheduled by the lead professor of the course.

Clinical sites/preceptors have the right to dismiss a student from the site at any time. The Director of EMS Education will investigate a clinical site dismissal and disciplinary action may be taken if necessary.

EMT Basic Student Scope of Practice

The EMT Basic Student may practice only the skills of the EMT Basic as defined by the National Scope of Practice, http://www.naemse.org/data/content/SoP_Final_Draft.pdf, while enrolled in the EMSP 1160 clinical course and when participating in scheduled clinical activities. Any EMT Basic skills performed without state EMT Basic certification/ licensure and outside the parameters of the clinical course is considered a breach of GC policy and DSHS Rule and may result in disciplinary action by GC and DSHS. (See Rule 157.36)

Patient Rights

The patient has the right to refuse student involvement.

Confidentiality

The Health Insurance Portability & Accountability Act (HIPAA) requires that patient confidentiality be kept at all times. Any questions or comments should be saved until they can be discussed in private with a nurse, physician, instructor, or preceptor. Discussion of a patient's condition or treatment in any public area is unacceptable. Discussion between classmates, outside the classroom, is prohibited. Accessing information systems in the clinical setting to gain information concerning family or friends is forbidden. Certain patient information, such as name, social security number, and date of birth, will be omitted from clinical documentation. Breach of the confidentiality policy may result in disciplinary action, including dismissal from the program.

Clinical Instructor/ Preceptor

During ambulance rotation the student will be under direct supervision of the paramedic preceptor. If any problems are encountered, the shift captain should be notified.

Student Responsibilities

Students will make themselves available to perform any duties within the scope of their training. Students shall carry a copy of the clinical objectives at all times during clinical assignments. Students who perform activities not authorized by the objectives for the experience involved do so without authority and beyond the scope and purpose of training and are solely and personally responsible for such acts. GC and its instructors are not responsible for such acts.

Upon arrival at the clinical site, the student should take an active part in orientation to the site. The student should locate and become familiar with the operation of all equipment. The student should ask questions, review performance with the staff, and evaluate his/ her progress.

Invasive Procedures

All invasive procedures performed by the student must be observed by the clinical instructor/preceptor. Invasive procedures are defined as administration of an Epinephrine auto-injector, the use of a glucometer to test BGL, the use of thermometers for oral, tympanic, and rectal temperatures during hospital and ambulance rotations.

Student Exposure Injuries

Any student exposed to body fluids while on duty in the hospital (non-intact skin, mucous membrane, needle stick) should immediately notify the charge nurse and the clinical instructor/preceptor on duty. Any student exposed to body fluids while on duty during ambulance clinical (non-intact skin, mucous membrane, needle stick) should immediately notify the preceptor, shift captain, and the EMT course professor. A Body Fluid Exposure/Incident Report must be completed and submitted to the Director of EMS Education as soon as possible but within twenty-four (24) hours of the incident. Any report needed by the clinical facility must be completed before continuing or leaving the clinical experience.

Exposures may be prevented by proper use of personal protective equipment and following the safety principles described throughout the EMT course.

Clinical Attendance

Professional success is closely associated with regular clinical attendance and participation. All successful students are expected to be highly self-motivated. All students are obliged to participate in clinical activities and complete and submit assignments following their professors' instructions. Responsibility for rescheduling clinical appointments missed because of illness or unsafe travel conditions is placed upon the student. In addition, students' eligibility to receive financial aid or live in a College dormitory can be affected by

withdrawal from courses. When withdrawal occurs, any tuition refund would be made in accordance with state regulations.

Student Conduct & Discipline

Students are expected to maintain professional decorum that includes respect for patients, their families, other health professionals, other students and the preceptor/instructor.

Disruptive behaviors such as harassment of fellow students and/or preceptors/ instructors; using electronic equipment without authorization (cell phone/ texting), listening to music or repeated tardy arrival to clinical will not be tolerated. Students will be counseled initially, but may be dismissed from clinical for repeated offenses.

Dress for classroom includes the GC EMS student uniform described in the Uniform Policy section of the GC EMS Education Policy Manual.

Refer to the GC EMS Education Policy Manual for information regarding Conflict Resolution, Disciplinary Action, and Grievance procedures.

Academic Integrity

The faculty expects from its students a high level of responsibility and academic honesty. Because the value of an academic certificate or degree depends upon the absolute integrity of the work done by the student for that award, it is imperative that a student demonstrate a high standard of individual honor in his or her scholastic work.

Any student who commits an act of scholastic dishonesty is subject to discipline. Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, and the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts.

Plagiarism, especially from the web, from portions of papers for other classes, and from any other source is unacceptable and will be dealt with under the college's policy on plagiarism (see GC Student Handbook for details). Grayson College subscribes to turnitin.com, which allows faculty to search the web and identify plagiarized material.

Student Responsibility

You have already made the decision to go to college; now the follow-up decisions on whether to commit to doing the work could very well determine whether you end up working at a good paying job in a field you enjoy or working at minimum wage for the rest of your life. Education involves a partnership that requires both students and instructors to do their parts. By entering into this partnership, you have a responsibility to show up for class, do the assignments and reading, be engaged and pay attention in class, follow directions, and put your best effort into it. You will get out of your experience here exactly what you put into it – nothing more and nothing less.

TITLE IX

GC policy prohibits discrimination on the basis of age, ancestry, color, disability, gender identity, genetic information, national origin, race, religion, retaliation, serious medical condition, sex, sexual orientation, spousal affiliation and protected veterans status.

Furthermore, Title IX prohibits sex discrimination to include sexual misconduct: sexual violence (sexual assault, rape), sexual harassment and retaliation.

For more information on Title IX, please contact:

§ Dr. Regina Organ, Title IX Coordinator (903-463-8714)

§ Dr. Dava Washburn, Title IX Coordinator (903-463-8634)

§ Dr. Kim Williams, Title IX Deputy Coordinator- South Campus (903) 415-2506

§ Mr. Mike McBrayer, Title IX Deputy Coordinator (903) 463-8753

§ Website: <http://www.grayson.edu/campus-life/campus-police/title-ix-policies.html>

§ GC Police Department: (903) 463-8777- Main Campus; (903) 415-2501 - South Campus

§ GC Counseling Center: (903) 463-8730

§ For Any On-campus Emergencies: 911

Grayson College is not responsible for illness/injury that occurs during the normal course of Classroom / lab / clinical experiences.

These descriptions and timelines are subject to change at the discretion of the Professor.

Grayson College campus-wide student policies may be found on Canvas in the course shell.

Appendix A

Professional Behaviors* Expected by the EMS Professor and Required of the EMS Profession

Examples of professional behavior include, but are not limited to:

1. **Integrity:** Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.
2. **Empathy:** Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.
3. **Self-Motivation:** Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.
4. **Appearance and Personal Hygiene:** Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.
5. **Self-Confidence:** Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.
6. **Communications:** Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.
7. **Time Management:** Consistent punctuality; completing tasks and assignments on time.
8. **Teamwork and Diplomacy:** Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.
9. **Respect:** Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.
10. **Patient Advocacy:** Not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

11. Careful Delivery of Service: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

**FISDAP.COM – Professional Behavior Evaluation*

Appendix B

Ambulance Patient Contact (Sample)

Chief Complaint:

Arrived to find 82 y.o. male C/O chest pain. Pt sitting in recliner, in living room, alert & oriented to person, place, event. Pt appears frightened, s respiratory distress. He is well-groomed & dressed in loose clothing. Airway patent by pt, breathing present & unlabored, radial pulse present, irregular & weak.

History This Event:

Onset gradual over 3 hrs while at rest. Antacid at 12:00 hrs did not relieve pain. Pt has remained at rest since onset. Pt describes pain as “burning, heartburn” in the center of his chest. Pt denies radiation. Pain is 9 of 10. Pt confirms nausea, but no vomiting. Pt denies SOB, tightness in chest, weakness, dizziness. Allergies & meds recorded above.

Past Medical History:

PMH of CHF, AFIB, CAD, 2 AMIs in 1990 & 2003. CABG in 1990. TIAs in 2006; treated with TEA. No further episodes post-TEA. Ate lunch at 11:30, soup & small sandwich. Spouse called EMS at 15:30 when pain was unrelieved & worsening.

Physical Assessment:

Hair is white, thinning, well groomed. Eyes are open & clear, vision corrected c glasses. Pupils-PERRL. Pt denies visual disturbances. Conjunctiva is pale, moist. No unusual breath odors noted. Dentures, upper/ lower in place. Mouth is pale, moist. JVD present, trachea midline. Midsternal scar, no med patches, no pacemaker. Chest expansion equal bilaterally. BS are fine rales in lower lobes, no wheezes. Abdomen SNT. Legs are thin with deformity at joints. No edema, pulses weak, irreg. Motor/sensation present, weak & equal. Arms are thin with deformity at joints. No edema, pulses weak, irreg. Motor/sensation present, weak & (R) stronger than (L). Kyphosis present at cervical and lumbar spine. Vital signs, pulse oximetry BP____, R____, P____, SpO2____. ECG (L Bundle Branch Block) by paramedic Smith.

Treatment and transport:

Assisted pt to cot, seated semi-Fowler’s position. Pillow under knees for additional comfort. Oxygen, NRB @ 12 LPM by EMT student S Ready. Covered pt with blanket. IV normal saline in L forearm by paramedic Jones. NTG administered SL by paramedic Smith. Morphine Sulfate administered IVP by paramedic Jones.

Reassessment of VS BP____, R____, P____, SpO2____. Patient stated pain at 3 of 10 after NTG and Morphine. LOC unchanged during transport to WNJ. Care transferred to Thomas, RN; Davis, MD. Oral report given.

Be sure to include the full names and certification level of all members of team.

**John Gage-Paramedic
Roy Desoto-Paramedic
Scaredy Cat-Student**

Appendix C

Hospital Patient Contact (Sample)

Chief Complaint:

8 y.o. male states, “My tummy hurts bad.”

History This Event:

The patient was outside sledding (outside temperature is 30 degrees F) when he came in complaining of his asthma. After his nebulizer treatment, he went back outside to play. About 30 minutes later he came back in complaining of abdominal and joint pain. He denies any trauma. The abdominal pain has been getting worse over the last hour. The patient describes the pain as steady and sharp. His left upper quadrant is most painful, but he says he hands, feet, and elbows hurt, too. He ranks it as an 8 on 1-10 scale. His mother was unable to reach the family physician so she called EMS. He is complaining of nausea, but denies shortness of breath.

Past Medical History:

The patient’s past medical history includes sickle-cell anemia and exercise-induced asthma. He has frequent episodes of sickle-cell crises; the last one was one month ago. His last asthma attack that required hospitalization was 2 months ago. He has no known allergies, but exercise triggers bronchospasm. He is otherwise an active young male who enjoys playing out of doors. He lives with his mother and grandmother. He wants to be a doctor when he grows up.

Physical Assessment:

The patient is in a hospital gown and neatly groomed.

The patient is lying in the fetal position on his left side, moaning. Respiratory effort is quiet; the patient lies very still. Patient is lethargic but oriented and obeys commands. Airway is open and clear. Oral mucous membranes are pale. No accessory muscle use for breathing. Neck veins are flat. Trachea is midline. There are faint wheezes in both lungs at the bases. Heart sounds are present, without gallops or murmurs. The abdomen is tense with pain on palpation. Bowel sounds are active. The hands, feet, and elbows appear swollen and are painful to the touch. Distal pulses are present, but weak. Motor and sensation are present, though patient lies very still. There is no sign of trauma. GCS is 15.

Treatment and Transport:

EMS provided high-flow oxygen via NRB at 15 LPM and an IV was started with 500 mL of normal saline given. The patient was rapidly transported to the ED on his left side. Oxygen by NRB at 15 LPM continues in ED. A chest and abdomen X-ray has been ordered. The lab has drawn venous and arterial blood for evaluation and typing and cross matching. The ER physician will evaluate the chest and abdominal X-rays and blood analysis for edema, infection, and bleeding. The ER physician is anticipating that the patient is in sickle-cell crisis. If confirmed the patient will be admitted for transfusion and observation.