Paramedic Program Policy Manual

2020 – 2021
# Respect for Life

- Introduction 3
- Mission and Vision 3
- Program Credentials 3

# Fidelity to Our Mission

- Faculty Contact Information 4
- Program Goals 4
- Course Description 4

# Compassionate Concern

(Cognitive and Psychomotor Domains)

- Preparation for Class 6
- Scoring and Passing 6
- Quizzes 6
- Module Exams 6
- Comprehensive Final Exam 6
- Lab Procedures and Expectations 7
- Evaluation of CDs 7
- Summative Integrated Scenarios 7
- Scheduling 8
- Clinical/Field Documentation 8
- Medication Administration 8
- Performing ALS Skills 9
- Field Experience Performance 9
- Capstone Field Internship 9
- Minimum Hours and Skills 9
- CD, Pt encounters, Hours Tables 10
- Incidents 12
- Student Safety 12

# Joyful Service

(Affective Domain)

- Professional Behavior and Attitude 13
- Ethical Care 13
- Academic Honesty 13
- Status Meetings 13
- FERPA 13
- Social Media 13
- Communication Expectations 14
- Graduation 14
- Use of Tobacco 14
- Cell Phones or Other Electronic Devices 14
- Use of Hospital Computers 14
- Carrying Weapons 14
- Privacy / Confidentiality (HIPAA) 14
- Contaminated Uniforms 14
- Dress and Appearance Expectations 15
- Re-entry into the Program 16
- Attendance Policy 16
- Disciplinary Action 17
- Grievance Procedure 17
- Use of Drugs, Medications, & Alcohol 18
- ADA Compliance 18

# Christian Stewardship

- Tuition 19
- Liability 19
- Photography and Videography 19
- Certification 19
- Employment 19
- Solicitation 19
- Medical Advice 19
Section I – Respect for Life

“The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.”

Introduction
Welcome to the Franciscan Health Indianapolis Paramedic Program. This Course Policy Manual governs your participation in the program and outlines various course policies for your reference. The Manual includes sections to inform you about the program instructors, contact information, course completion requirements, and program expectations. It outlines the classroom, lab, clinical, and capstone phases of the program. In order to commence your education, you will be asked to sign an acknowledgement indicating that you have read, understand and agree to abide by these policies governing participation in the Program.

Mission and Vision
“Continuing Christ’s Ministry in Our Franciscan Tradition”. This is the mission of the Franciscan Alliance. Quality EMS education allows the student to develop the knowledge, skills, and professionalism necessary to serve those in need.

Through high academic standards, the Franciscan Health Indianapolis EMS Education Program has been designed to provide students with the proficiency necessary to appropriately assess patients, utilize critical thinking in making decisions, and render appropriate care in variable conditions. The student will receive instruction from several sources. Those include: reading and homework activities prior to and after class; classroom instruction, learning activities, lab work, and skills practice; clinicals; and field experiences on ALS vehicles.

Franciscan Health EMS Education and its staff and faculty do not discriminate, based on a person’s race, color, sex, age, religion, national or ethnic origin, disability, citizenship status, military status, sexual orientation, or gender identity or expression. Franciscan Health provides equal opportunity in all aspects of a student’s educational experience in all academic pursuits.

While in this program, students are expected to commit themselves to success by adequately preparing for each class session, enthusiastically participating in all learning activities, and approaching faculty or staff members concerning extra help or problems encountered in the program. In return, the student can expect that the program faculty will actively listen to the student’s needs as a learner, develop quality educational programs and classroom presentations, and meet the student’s effort with our own determination to assist them in becoming successful.

Program Credentials
Franciscan Health Indianapolis, accredited by HFAP, has provided paramedic education since the early 1990’s. The program is accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The program meets or exceeds all standards set forth by the U.S. Department of Transportation, State of Indiana Department of Homeland Security, Committee on Accreditation of EMS Professions, American Academy of Pediatrics, American College of Emergency Physicians, and American Heart Association.
Section II – Fidelity to Our Mission
“Loyalty to and pride in the healthcare facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.”

Faculty Contact Information
Sara Brown, BS-HCM, NRP, PI  
Program Director  
Office: 317-528-6429  
Cell/Text: 317-400-2738  
Email: Sara.Brown2@FranciscanAlliance.org

Josee Miller, AS, NRP, PI  
Clinical Coordinator/EMS Educator  
Office: 317-528-6014  
Cell/Text: 317-292-2547  
Email: Josee.Miller@FranciscanAlliance.org

Ryan Tusing, Paramedic, PI  
EMS Educator  
Email: Ryan.Tusing@FranciscanAlliance.org

Wendy Records, AS, NRP  
EMS Educator  
Email: Wendy.Records@FranciscanAlliance.org

Lynlee Lafary  
EMS Education Secretary  
Office: 317-528-3534  
Email: Lynlee.Lafary@FranciscanAlliance.org

Jon Kavanagh, Paramedic, PI  
EMS Liaison  
Office: 317-528-2246  
Email: Jon.Kavanagh@FranciscanAlliance.org

Michael Goins, BSN, RN, Paramedic, PI  
Program Dean  
Office: 317-528-6480  
Email: Michael.Goins@FranciscanAlliance.org

Michael Russell, M.D.  
Medical Director  
EPI Office: 317-528-8148

Mailing Address  
Franciscan Health Indianapolis  
EMS Education  
421 N. Emerson Avenue  
Greenwood, IN 46143

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

Course Description
After acceptance into pre-course, formal entry into the program requires successful completion of the pre-course in the cognitive, psychomotor, and affective domains. The program consists of classroom, labs, clinicals, field experiences, capstone field internship, and other capstone experiences designed to provide adequate time to reach minimum competencies in knowledge, skills, and attitude according to the National Education Standards (http://www.ems.gov/pdf/811077a.pdf) and the National EMS Education Standards and Instructional Guidelines (https://www.ems.gov/education.html).

The pre-course and course are a cohesive whole available to Indiana State certified EMTs. Therefore, there is no advanced placement (testing out), no transfer of credits or grades from another program or institution, nor credit for experiential learning.

Cognitive goals of the program include the development of foundational knowledge in prehospital emergency medicine. Psychomotor goals include the development and mastery of skills necessary to perform patient assessment and history, scenario-based competencies, and appropriate therapeutic modalities tailored to the individual patient’s needs, based on those findings. Affective goals include development of the student as a professional care provider with an understanding of the multi-faceted situations faced by patients and an appreciation for the EMS provider’s abilities and limitations in addressing such.

Displaying a professional attitude toward patients, family members, instructors, preceptors, other students, hospital staff, and employees of the host departments and agencies is a basic expectation. Students will participate enthusiastically and actively seek out learning opportunities.
Classroom instruction consists of lecture presentations, learning activities, and labs. Classes are held primarily on Mondays and Thursdays from 0800-1200 and 1300-1600 hours. If variation in this schedule becomes necessary, students will be given reasonable notice of the exception. In the event of severe weather, students will be notified via Remind® messaging at least one hour prior to the scheduled start of class of a change in schedule. The schedule is divided into Terms which contain 2 modules (or topics).

The primary text for the program is Nancy Caroline: Emergency Care in the Streets, 8th Edition. Textbooks are included in the cost of tuition.

Clinical instruction is supervised by preceptors at the clinical site. Students are provided with the opportunity to progress through the program and undertake increasing patient care responsibilities as their knowledge builds and their skills as a healthcare team member are developed.

During field experiences, the student is assigned to an ALS unit with a paramedic preceptor. The objectives of field experiences are to provide practical experience in the assessment and management of patients, to improve student skill levels in therapeutic and management techniques utilized in the prehospital setting, and to apply didactic and clinical knowledge and skills to patients in the prehospital setting under supervision.

The capstone field internship portion of the program may begin once the student has:
- academically passed all modules (including written exams, lab skills, and scenario competencies)
- completed the required clinical and field hours, patient assessments, and skills
  - with the exception of Special Patient Populations clinicals
- demonstrated competency in the affective domain

The Clinical Coordinator will meet with the student to ensure all goals have been met and, if so, formally transition the student into internship. The capstone field internship is a minimum of 60 hours and must include a minimum of 10 ALS team leads, 10 additional team leads (ALS or BLS), and successful leadership on 18 of the last 20 calls. The student must complete this phase in order to successfully complete the program.

Other capstone experiences include ACLS, PALS, ITLS, and Summative Integrated Scenarios. One attempt at these courses is included in the cost of the program; additional attempts would be at the student’s expense. These additional certifications are required by many employers and provide a standardized framework for working as a team member in clinical practice both as a student and as a paramedic. All sub-courses must be completed, and copies of the certification cards provided to the instructor in order to successfully complete the program. All program and capstone requirements must be completed within 6 months of the end of the didactic portion of the program.
Section III – Compassionate Concern

“In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual’s needs.”

Cognitive Domain

Preparation for Class

Instructors and students are expected to prepare for every class session. Student preparation requires, at minimum, reading the assigned text. Students are also strongly encouraged to utilize the chapter review questions, Navigate, and other independent study techniques to reinforce learning. As this program is a comprehensive whole, all material previously covered is pertinent and may be incorporated in evaluations.

Assignments are used to reinforce learning of difficult concepts. Being able to effectively manage one’s time is a necessary trait for a paramedic. As such, it is evaluated in the affective domain of learning in the program. Assignments are due by the start of class session on the due date.

Participation in study groups is a known predictor of success. Students are highly encouraged to develop study groups. Hospital facilities can be made available for this purpose.

If further help is required, it is the student’s responsibility to schedule additional time or resources with staff. Students will be provided with a syllabus for each term of the course. The syllabus is the reference point for class preparation.

Scoring and Passing

Students must pass every module of the program in order to remain in the program and be eligible to take the comprehensive final. Passing the module requires passing the module exam and meeting the module requirements as outlined in the syllabus for that module.

Quizzes

At the beginning of most classroom sessions, an individual and a group quiz will be given. Missed quizzes will not be made up. Any student arriving after the quiz has been handed out will not be allowed to take the quiz.

Quizzes allow the learning activities to be student-lead. Students also benefit from peer learning, group learning, and interpersonal accountability.

Module Exams

At the conclusion of each module of the course, a written exam will be given. Module exams must be taken on the date scheduled. The only exceptions shall be for excused absences (refer to attendance policy in Section IV).

Missed exams due to excused absences must be made up as soon as the cause of the excused absence is resolved. Exams may be proctored, online or may be hard copy. Regardless of the type of exam, students will not be allowed to review questions after the exam is completed. A missed exam due to an unexcused absence will be recorded as a failure.

In the event a student fails a module exam, the student will be allowed one retest which must be scheduled within two weeks. A passing score is required to pass the module.

Each student will reinforce minimal competencies (remediation) and this will be due one week from the day assigned. Thorough expectations regarding this process will be provided in class. Regardless of exam score, failure to submit an acceptable minimal competency reinforcement assignment on time will result in the student being required to remediate the entire exam. Failure to submit this additional assignment in an acceptable and timely manner will result in failure of the examination. This assignment is an excellent study guide for the comprehensive final and National Registry exams.

Comprehensive Final Exam

After passing every module, the student is eligible to take the comprehensive final. This exam has a very high predictability of success on the National Registry. Any student failing the final exam may retest one time within 14 days. Passing the final examination is a requirement for successful completion of the program.

The final exam must be taken on the date scheduled. The only exceptions shall be for excused absences (refer to attendance policy in Section IV). A missed final exam due to an excused absence must be made up as soon as the cause of the excused absence is resolved. A missed final exam due to an unexcused absence will be recorded as a failure.

Updated on 2/27/20
Psychomotor Domain

Labs
Lab Procedures and Lab Expectations
Students will have access to competency demonstration (CD) requirements prior to the lab. Student preparation requires studying the assigned CD requirements. The goal is to know the steps in the correct order without referring to the sheet before coming to lab. To pass a CD, a minimum number of points are required while avoiding critical fail criteria.

Students are expected to rigorously participate to the point of competence in the lab setting. Students will have an assigned lab partner. It is each student’s responsibility to report significant performance problems to the instructor. Should a student fail the instructor CD, both partners have failed and will be required to repeat the peer and instructor CD requirements. If further help is required, it is the student’s responsibility to schedule additional time with staff.

It is the responsibility of every student to properly store and take appropriate care of equipment to minimize breakage and loss and avoid additional lab fees.

In scenario labs, students will demonstrate the ability to ensure safety, assess patients appropriately, carry out a treatment plan, reassess the patient, and modify the treatment plan as needed. Students will participate in all aspects of the scenario process, including: building the scenario, responding, evaluating, assisting, and acting as medical control. This experience will reinforce classroom learning and help in the development of leadership and team membership competencies.

Evaluation of Competency Demonstrations
Students will be called upon to evaluate competency demonstrations performed by peers during labs. It is expected that students will give their full attention to this task and provide thorough and accurate documentation of the performance in an effort to help their peer improve. A maximum of 5 attempts may be made for each CD evaluated by a peer.

A maximum of 3 attempts may be made for each CD evaluated by an instructor. If a student fails twice at an attempted instructor evaluation, the student will not be allowed a third attempt on the same day. Should a student attempt an instructor CD a third time and fail, the student will be dismissed from the program for failing the psychomotor domain.

It is expected that all competency demonstrations will be completed during the assigned term. If a student does not pass a CD during the term, the student will have failed the psychomotor portion of the term. The student will have until the end of the next term to complete the needed CDs in order to remain in the program. During this time, the student is expected to stay current with the CDs of the new term.

Summative Integrated Scenarios
Summative integrated scenarios serve as the practical assessment of the psychomotor domain. These assessments will be performed at the completion of each module. These scenarios are conducted in the same fashion as the NREMT Integrated Out-of-Hospital Scenarios. Students are allowed a maximum of 3 attempts.

No student may make three attempts in one day. Should a retest day be required, it will be scheduled by the instructor. Passing the summative integrated scenario is a requirement for successful completion of each module. Passing a similar summative integrated scenario assessment is required in capstone during which the student will demonstrate competence in any topic area chosen by the faculty.

The summative integrated scenario exam must be taken on the date scheduled. The only exceptions shall be for excused absences (refer to attendance policy in Section IV). A missed summative integrated scenario exam due to an excused absence must be made up as soon as the cause of the excused absence is resolved. A missed exam due to an unexcused absence will be recorded as a failure of the exam.

Clinicals and Field Experiences
Successful completion of clinical and field experience requires demonstration of competence given ample opportunities. Therefore, additional hours may be required to meet the educational needs of the individual student and to afford ample opportunities to meet all Appendix G requirements. There are maximum and minimum clinical/field hours to be completed during each term. These numbers are designed to allow students to apply classroom knowledge in the clinical and field settings as new material is learned. It also helps students...
to stay up with overall program goals in order to finish the program on time. Students must ensure they attend at least the minimum but not more than the maximum hours given. If a student has not met the clinical hour expectations, the student will have failed the psychomotor portion of the term. The student will have until the end of the next term to meet the expectations in order to remain in the program. This will require making up any missed hours and staying current with the requirements of the new term. Meeting only the minimum hours each term will not lead to timely completion of the program.

Scheduling
An online platform will be used to track scheduled clinicals. There are often deadlines for signing up to allow for coordination with the clinical/field site. Any failure to sign up by the deadline may result in a significant delay in scheduling for the clinical/field shift, as well as, disciplinary action for failing to meet expectations. The faculty will provide specific limitations regarding the maximum and minimum number of hours which are required during each term and announce when scheduling is open for the term. Signing up for too many hours, too few hours, or in advance of the open announcement is not allowed and may be addressed through disciplinary action. In unusual instances, program staff may move a student from one clinical and/or field site to another. The student is expected to report to the newly assigned site.

Regarding field experiences, clinicals, and/or internships, CAAHEP accreditation requires that students are functioning in the role of a student and not performing as an integral member of the healthcare team (meaning: the student must be the third person on the ambulance) in order to receive credit for the time and activities.

To make opportunities available for every student, schedule changes are strongly discouraged. Once a shift has been scheduled, failure to complete it will result in attendance points in accordance with the attendance policy. Requests for schedule changes should be directed to a member of the faculty. The instructor will determine from the information received whether a schedule change is to be allowed.

As long as the online scheduling site indicates that the student is scheduled for a shift, the student must report for the shift or will be considered absent under the attendance policy. The student is required to “check-in” and check-out” of the opportunity online with location permission activated. If a student will be tardy or unable to attend a clinical or field shift, the student MUST do the following:

- Send an email to EMSEducation@FranciscanAlliance.org reporting the absence or tardy.
- Reschedule the clinical within the same term, if needed, to meet the minimum guidelines.

Failure to follow any of these steps will result in an unexcused absence per the attendance policy.

Clinical/Field Documentation
Students will record all clinical and field experiences using the appropriate forms and on the online site. HIPAA compliance requires the PHI sheet be submitted prior to leaving the hospital. Any other forms shall be submitted the next class day following the shift. More detailed instruction on the required forms will be explained in class. The student will complete online documentation before leaving the clinical or field site. Should the student not have time to keep up with data-entry during the shift, the last 30 minutes may be used for this purpose. Responding on calls or encountering any patients is not required in the last 30 mins of the shift.

Failure to complete online data entry before leaving the site or to turn in documentation on time will result in a loss of hours and skills for the shift and the student will be required to repeat it.

Proper documentation and data entry are crucial to receiving credit for experiences and fulfilling program requirements. For example: times recorded in the tracking system must accurately reflect the time the CD or clinical skill was performed. The program will review the written and electronic documentation to ensure it is being properly completed. Repeated problems with proper documentation may result in loss of credit for clinical hours, skills, and other experiences.

All attempted skills and assessments must be documented using the online skills record whether successful or unsuccessful. Failure to meet this requirement will be addressed under the academic honesty policy.

Medication Administration
Students may only administer medication after demonstrating competence of the route of administration and understanding of the class in the lab/classroom. The student must be able to verbalize the basic action, effects, contraindications, side effects, and dosage of the medication. Preparation and administration of medications shall always be performed under the **direct supervision of the preceptor**. The student will follow both the “Six Rights” rule and the Medication Administration Cross-Check (MACC) procedure as taught in class/lab.

Updated on 2/27/20
Performing ALS Skills
Skills will be taught in class/lab and students must demonstrate cognitive, psychomotor, and affective competence prior to performing the skill in the clinical setting. Once the student is cleared to perform the skill in the clinical setting, the instructor will appropriately mark the student’s “Paramedic Student Skills Passport”. Skills will only be performed under supervision of an instructor or preceptor in the lab setting, then under supervision of a preceptor in the clinical/field setting. Students may not practice ALS skills in any other setting (such as an unsupervised study session or down time at work).

Course instructors and clinical/field preceptors continuously monitor and evaluate student skill performance. When it is determined that a student needs remedial training and practice on skill techniques and/or therapeutic modalities, the student will be scheduled for additional training with an instructor or preceptor. Remediation must be completed within the designated time frame in order to continue clinical rotations. Any student may request additional training or clinical rotations.

Field Experience Performance
Student performance in the field during the program will receive formative evaluations and feedback from field preceptors. It is expected that improvement will be shown in all aspects of student field performance. Improvement trending will be monitored and progress reports provided to the student periodically. Documentation showing positive trending is required before a student may enter Capstone Field Internship.

Capstone Field Internship
During internship, the student is functioning as the paramedic on the crew while still under the supervision of a paramedic preceptor. This experience is a minimum of 60 hours. The student must lead at least 20 calls with a minimum of 10 being ALS. Completing internship requires the student lead 18 of the last 20 calls. Internship expectations are outlined in the internship handbook.

Definition of a Team Lead:
• The student conducted a comprehensive assessment. It is not necessary that they have performed the entire interview or physical exam, but rather been in charge of the assessment.
• The student formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions were made by the student: especially, formulating a field impression; directing the treatment; determining patient acuity, disposition and packaging; and moving the patient (if applicable).
• The student required minimal to no prompting by the preceptor.
• The student did not initiate or perform any action that endangered the physical or psychological safety of the patient, bystanders, first responders or crew.
• The student would have adequately managed this call without the preceptor’s presence.
• Team leads will not be granted for refusals of transport.

Clinical and Field Experience Minimum Hours and Skills
Clinicals are primarily held at Franciscan Health Indianapolis. Field experiences take place at approved field sites. The program may make formal arrangements for clinicals and field experiences at various sites. A Clinical/Field Site Reference is provided for all clinical and field sites.

The following tables show the requirements which must be completed prior to capstone field internship. Passing the psychomotor domain requires entry-level competence demonstrated for 100% of these requirements. Each student is responsible for tracking their progress on these requirements using the online skills tracking tool. If further help or hours are required, it is the student’s responsibility to request assistance from faculty.
Each CD must have a skill sheet completed.

<table>
<thead>
<tr>
<th>Competency Demonstration (CD)</th>
<th>Peer Eval with Instructor Oversight</th>
<th>Instructor Eval in Scenario Prior to Capstone Field Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMR Adult – Supine</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>SMR Adult – Seated</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Joint Splinting</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Long Bone Splinting</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Traction Splinting</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hemorrhage Control</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Intranasal Med Administration</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Inhaled Med Administration</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Glucometer</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>12-Lead ECG Placement</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1 &amp; 2 Rescuer CPR for Adults</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1 &amp; 2 Rescuer CPR for Children</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1 &amp; 2 Rescuer CPR for Infants</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bag-Mask Technique and Rescue Breathing for Adults</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bag-Mask Technique and Rescue Breathing for Children</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>AED</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Relief of Choking in Infants</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Relief of Choking in Patients 1 Year of Age and Older</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Minimum Number of Scenarios where the student serves as Team Leader OR Team Member Prior to Capstone Field Internship

<table>
<thead>
<tr>
<th>Lab Scenario Pathology or Patient Complaint</th>
<th>Minimum as Team Leader</th>
<th>Minimum as Team Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory distress/failure</td>
<td>1 Pediatric</td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac dysrhythmia/Cardiac arrest</td>
<td>1 Adult</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>1 Geriatric</td>
<td></td>
</tr>
<tr>
<td>Overdose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic reaction/Anaphylaxis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia/DKA/HHNS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetric or Gynecologic</td>
<td>1 Adult</td>
<td></td>
</tr>
<tr>
<td>Delivery with Neonatal Resuscitation</td>
<td>1 Neonate</td>
<td></td>
</tr>
<tr>
<td>Trauma (blunt, penetrating, burns, bleeding)</td>
<td>1 Adult</td>
<td></td>
</tr>
<tr>
<td>Trauma (blunt, penetrating, burns, bleeding)</td>
<td>1 Pediatric</td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sepsis</td>
<td>1 Geriatric</td>
<td></td>
</tr>
<tr>
<td>Elective (Any two from above)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Peer requirements must be completed in the lab prior to any live patient encounters in clinical, field experience, or capstone field internship.
Each CD must have a skill sheet completed.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer, Instructor, or Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All requirements shown in this table must be completed prior to entering Capstone Field Internship.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway Management 1</td>
<td>15</td>
<td>3</td>
<td>12</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Ventilation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain a Patient History from an Alert and Oriented Patient</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Comprehensive Normal Physical Assessment – Adult</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Normal Physical Assessment – Pediatric</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Direct Orontracheal Intubation - Adult</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Direct Orontracheal Intubation - Pediatric</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Nasotracheal Intubation – Adult</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supraglottic Airway Device - Adult</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Needle Cricothyrostdyotomy</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Surgical Cricothyrostdyotomy</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPAP &amp; PEEP</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Trauma Physical Assessment – Adult</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Trauma Endotracheal Intubation – Adult</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Pleural Decompression</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Medical including Cardiac Physical Assessment</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>Inhaled Med Administration</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intranasal Med Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous Therapy 2</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>40</td>
<td>35</td>
</tr>
<tr>
<td>IV Bolus (Med Administration)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Intravenous Piggyback Infusion</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous Infusion</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Intramuscular Med Administration</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Subcutaneous Med Administration</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sublingual Med Administration</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Synchronized Cardioversion</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>12-Lead ECG Placement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defibrillation</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Transcutaneous Pacing</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Normal Delivery w/Newborn Care</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Abnormal Delivery w/Newborn Care</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Neonatal Resuscitation Beyond Routine Newborn Care</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Observed OB Vaginal Delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

1 Includes manual airway opening, suctioning, placement of any airway device. Total must be 50 or greater. To demonstrate competence, 90% success rate on the last 10 intubation attempts and 100% success rate on the last 20 airway management attempts is required.

2 Must be at 80% success rate by the 50th attempt or remediate the skill in the lab before more attempts are made. Competence must be maintained.
The actual patient encounters below must be documented in clinical and field experience opportunities prior to capstone field internship.

<table>
<thead>
<tr>
<th>Trauma Physical Assessment (Across all age groups)</th>
<th>30</th>
<th>Assessment of Acute Coronary Syndrome 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Physical Assessment - Pediatric</td>
<td>6</td>
<td>Assessment of Cardiac Dysrhythm</td>
</tr>
<tr>
<td>Trauma Physical Assessment - Geriatric</td>
<td>6</td>
<td>Assessment of Respiratory Distress and/or Failure</td>
</tr>
<tr>
<td>Pediatrics (Total for all peds age groups)</td>
<td>18</td>
<td>Assessment of Hypoglycemia or DKA or HHS</td>
</tr>
<tr>
<td>Newborn</td>
<td>2</td>
<td>Assessment of Obstetric Patient</td>
</tr>
<tr>
<td>Infant</td>
<td>2</td>
<td>Assessment of Sepsis</td>
</tr>
<tr>
<td>Toddler</td>
<td>2</td>
<td>Assessment of Shock</td>
</tr>
<tr>
<td>Preschool</td>
<td>2</td>
<td>Assessment of Toxicological Event and/or OD</td>
</tr>
<tr>
<td>School-aged</td>
<td>2</td>
<td>Assessment of Psychiatric</td>
</tr>
<tr>
<td>Adolescent</td>
<td>2</td>
<td>Assessment of Altered Mental Status</td>
</tr>
<tr>
<td>Assessment of Medical Patient (Across all age groups)</td>
<td>60</td>
<td>Assessment of Abdominal Pain</td>
</tr>
<tr>
<td>Assessment of Medical Patient - Pediatric</td>
<td>12</td>
<td>Assessment of Chest Pain</td>
</tr>
<tr>
<td>Assessment of Medical Patient - Geriatric</td>
<td>12</td>
<td>Cardiac Arrest¹</td>
</tr>
<tr>
<td>Assessment of Stroke and/or TIA</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

¹If live, the student must participate in some way (i.e. - compressions, ventilations).

### Hours and Other Program Requirements (Common Verbiage in Parentheses)

<table>
<thead>
<tr>
<th>Medical Director (Audit and Review)</th>
<th>6</th>
<th>Cardiology Laboratory (Cardiac Cath Lab)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service (EMS Electives)</td>
<td>24</td>
<td>CCU (Cardiac Care Unit)</td>
</tr>
<tr>
<td>Spiritual-Chaplain Rotation</td>
<td>4</td>
<td>ICU (Intensive Care Unit)</td>
</tr>
<tr>
<td>ER/ED (Emergency Department)</td>
<td>172</td>
<td>Trauma Rotation</td>
</tr>
<tr>
<td>Physician Mentoring (4 hrs/term starting in Term 2)</td>
<td>12</td>
<td>OB (Labor and Delivery)</td>
</tr>
<tr>
<td>EMS (Field experience - prior to internship)</td>
<td>204</td>
<td>Peds (Peds Unit)</td>
</tr>
<tr>
<td>Inpatient OR (Surgery)</td>
<td>8</td>
<td>Other (Pediatric clinic)</td>
</tr>
<tr>
<td>Respiratory Therapy for EMS</td>
<td>16</td>
<td>Neonatology (NICU)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Capstone Experiences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACLS</td>
<td>16</td>
<td>Scenarios with Medical Director</td>
</tr>
<tr>
<td>PALS</td>
<td>16</td>
<td>Physician Rotation II (Physician Mentoring)</td>
</tr>
<tr>
<td>ITLS</td>
<td>16</td>
<td>Field Internship (see page 9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Incidents

The clinical or field site staff may occasionally request that a student complete an incident report. Examples of such situations would include: property loss, injury, accident, or other serious occurrence to a patient, visitor, employee or student. Students are expected to report accurately their direct knowledge of the incident. The student should notify the appropriate faculty with appropriate urgency based on the situation.

### Student Safety

Scene safety, proper lifting, and infection/exposure control are taught in EMT class. Paramedic students are expected to take appropriate measures to prevent injury and illness. At a minimum, the student should assess scenes for hazards, lift only loads that are within their physical ability, lift using proper body mechanics, frequently wash hands using good technique, and don appropriate PPE following Universal Body Substance Isolation Precautions.

In the event the student is injured or exposed to a contagion, this process shall be followed:

- Student notifies preceptor IMMEDIATELY
- Preceptor notifies the agency or department’s leadership according to their procedures
- Student notifies the Clinical Coordinator with appropriate urgency based on the situation
- Student must complete any paperwork required by the agency or department, and a written report for the program (detailed email is acceptable)
Section IV – Joyful Service

“The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.”

Affective Domain
Professional Behavior and Attitude
Students will serve as team members with other students in the classroom and other healthcare professionals in the clinical rotations. Students and instructors will conduct themselves in a manner reflective of someone with high moral and ethical standards. The National EMS Education Standards require that students demonstrate competence in the affective domain (values and attitudes) in equal proportion to cognitive knowledge and psychomotor skills.

Pass/Fail criteria for the Professional Expectations will be used. Students must demonstrate professionalism to instructors and preceptors in all settings. If a student fails to meet this expectation, they will be placed on affective probation and will have until the end of the next term to demonstrate improvement in the deficient area(s) in order to remain in the program. As part of the improvement process the student will remediate any negative area on the affective domain evaluation.

Ethical Care
A value central to professional healthcare is the provision of care to all who are in need. In accordance with this value, students are required to care for patients with communicable diseases as they would care for other patients. They are also required to care for all patients regardless of race, religion, ethnicity, orientation, social class, or ANY other issue that may conflict with the student’s personal moral or ethical philosophy.

Academic Honesty
Honesty in all aspects of the educational process is a baseline expectation. As a professional, integrity means adequate attention to detail ensuring accuracy (not just “I didn’t mean to do the wrong thing”, but intentionally ensuring the right thing is done).

Academic dishonesty would include (but not be limited to) any of the following:

- Plagiarism on homework, written papers, presentations, run sheets (such as submission of another’s work as if it was the student’s without appropriate citations)
- Cheating on assignments, quizzes, or exams
- Photocopying or photographing quizzes or exams
- Falsification of any record (such as online data, Incident reports, Clinical records)
- Removal of any of the following from the educational setting without permission of the instructor: Equipment, Exams, Reference materials, Supplies
- Deception, in any form, either by commission or omission. Examples include: lying, allowing inaccurate assumptions to continue, or corroborating an untruth.

Audio, video, or photographic recording of classroom or lab sessions is acceptable with approval.

Status Meetings
At the end of each term, instructors will meet with every student to discuss progress in the class. When the student’s performance is below expectations, formal counseling sessions will be scheduled to address the concerns. Attendance at these meetings is mandatory for successful completion of the program and attendance points will be assessed, if needed, according to the attendance policy.

FERPA
The program complies with FERPA, which is a law intended to protect student privacy. Disclosure of student performance is limited to those who are involved in the educational process and any persons the student chooses to include. If other persons (such as: parents, spouses, or employers) are given right to the information by the student, the student MUST be present for any meetings with those persons.

Social Media
If a student identifies themselves as a Franciscan Health paramedic student, then all posts, shares, etc. must be consistent with the mission and values of Franciscan Health. Any comments, posts, or shares which would reflect negatively on the organization will be addressed following the disciplinary policy with possible acceleration in steps if warranted.

Updated on 2/27/20
Communication Expectations
The electronic recordkeeping and learning management system for the program requires that students have reliable, daily access to the internet. Each student must have a reliable email address. Response to email is expected within 48 hours. In addition to email, the “REMIND” app will be utilized to communicate. REMIND may be accessed via an app on a smart phone or by logging into the site by computer. Students are also expected to have access to a working printer. Students are required to provide a valid phone number.

Any changes to email address or phone number need to be updated in the electronic recordkeeping and learning management systems. EMS Education faculty must be notified in writing (email is acceptable).

Graduation
The graduation ceremony is an exciting time for students to celebrate their accomplishments with family and friends. Due to facility limitations, it may be necessary to limit the number of attendees per graduate. Because individual students finish the paramedic program at their own pace, anyone who has completed the program or is in the field internship phase is eligible to participate in graduation.

Use of Tobacco (including electronic/vapor cigarettes)
Franciscan Health Indianapolis is committed to providing and promoting healthy choices. In accordance with hospital policy, students will not use any tobacco product on Franciscan Health property or at neighboring businesses. There is no designated smoking area.

When the student is attending a clinical or other activity that is not on hospital grounds, the student will use tobacco only in accordance with the regulations of that facility.

Use of Cell Phones or Other Electronic Devices
- Classroom Setting - Cell phones are to be silenced and put away during class time. Students looking at their phones during class will be subject to progressive disciplinary action. Students looking at phones during a quiz or exam will receive a zero. Laptops or tablets are allowed for taking notes or as part of an educational activity as directed by the instructor. Use of devices for other purposes in the classroom is prohibited and will result in disciplinary action. Watches must not be worn during testing.
- Lab Setting - A tablet, smart phone, or laptop is required in the lab setting for data-entry. Devices may not be used for non-educational activities such as social media.
- Clinical/Field Setting - Cell phones are to be set to silent or vibrate. No feature of these devices is to be used when the student is with a patient. Smart phones or tablets may be used for data-entry once patient care is complete and the student is no longer in the patient’s room.

Use of Hospital Computers
Students may use hospital owned computers to access online scheduling or skills recording or to do class-related research when authorized. Any other use of hospital owned computers must be approved by instructors or hospital staff. Hospital printers and copy machines are not intended for student use.

Carrying Weapons
Students may not carry weapons in any setting when in the role of paramedic student. Any device that expels a projectile (such as a handgun) is prohibited. Knives are prohibited with the exception of a pocket or utility knife. Knives with single-edged blades that are less than 3” long and which do not open automatically are acceptable.

Privacy/Confidentiality (HIPAA)
HIPAA guidelines regarding patient’s protected health information (PHI) are taught in EMT class. Paramedic students are expected to take appropriate measures to protect PHI at all times. PHI may not be disclosed actively (such as discussing the encounter) or passively (such as leaving documentation where it could be read by others). PHI may be disclosed to instructors when it is necessary as part of the documentation of the student’s educational experience. Students will receive more specific training on HIPAA regulations as they pertain to education in class and must sign an acknowledgment of this training.

Contaminated Uniforms
Students are expected to anticipate the need for and utilize PPE appropriately to prevent contamination of uniforms. Should any garment become contaminated, the student is responsible for decontamination and changing uniforms. Students should carry a second uniform in their vehicle in the event a mid-shift change is required.
Dress and Appearance Expectations
Professional appearance is an expectation in the healthcare field. Out of respect for our patients and our professional colleagues, adherence to the following dress and appearance policy is required. Students not in compliance with this policy will be dismissed from the classroom, clinical, or field shift and receive the appropriate attendance points.

General Expectations in All Settings
1. Student ID badge issued by the hospital will be worn at all times. Both the student ID badge and uniform must only be worn/used when in the role of a student. The uniform shirt may only be worn when in full uniform compliance.
2. Hair must be clean and neatly trimmed. Hair that is shoulder length or longer will be pulled back and restrained in an understated manner. Extreme hairstyles or colors are not permitted.
3. A clean-shaven face is preferred. Unshaven facial hair must be neatly trimmed and a minimum ¼”.
4. Piercings are defined as any opening in the skin which contains an object. Conservative ear piercing is acceptable (e.g. 2 small piercings per ear.) Any other ear, nose, face, or other body piercing that may be visible must be removed. Ear gauging is not permitted.
5. Tattoos – display of tattoos shall be kept at a minimum (e.g. sleeve tattoos must be covered).
6. Fingernails will be kept neatly trimmed and clean. The length shall be reasonable for working with EMS equipment. Acrylic nails are not acceptable. Colors and designs must not be distracting.
7. Jewelry should be kept to a minimum to limit loss and promote safety. It must not detract from a professional appearance. Two rings (an engagement ring and wedding band count as one ring), and one watch are acceptable. Necklaces must be tucked into the t-shirt. Bracelets and rings must be non-porous.
8. Students will perform routine hygiene to include, at minimum: showering/bathing with soap, shampooing hair, and use of deodorant.
9. Due to sensitivities patients and team members may have, use of colognes, perfumes, or other scented body products should be kept to a minimum.

Classroom, Lab and Field Settings
Students must follow all general expectations above, and:
1. Students will wear program-provided uniform shirt; navy, white, black, or gray crew neck undershirt may be worn; professional navy or black pants (EMS pants or dress pants); black (uniform style) belt; and clean black leather shoes or boots.
2. Students must wear a watch. Smart watches may not be worn during any examinations.
3. Some field sites have specific rules regarding facial hair. Students are required to comply.
4. The shirt must be tucked in at all times and the pants must be worn at waist level.
5. Socks, if wearing shoes instead of boots, shall be dark colored and crew length or longer.
6. In cold weather, the student may wear a coat with no logos of services, departments, or organizations. Students have the option to purchase a program logoed sweatshirt or jacket if desired.
7. Students are expected to carry a stethoscope, scissors, pens, clinical site reference, and notepaper.
8. In the classroom and lab, hats and sunglasses may not be worn unless the lab is outdoors.

Clinical Setting
Students must follow all general expectations listed previously, and:
1. Students will wear program-issued scrubs with very clean, understated athletic shoes, and a watch with a second hand. Plain white, gray, black, and navy shirts may be worn under the shirt with approval of the instructor. Thermal underwear must not be visible.
2. Scrub jackets and lab coats are not permitted.
3. Hospital scrubs will only be worn in specific clinicals as required by the clinical site. The Clinical Site Reference will advise when hospital scrubs are to be worn.
4. Dress clothes will be worn in specific clinicals as required by the clinical site. The Clinical Site Reference will advise when dress clothes are to be worn.
5. Students are expected to carry a stethoscope, scissors, pens, notepaper, clinical site reference, and all necessary forms for documentation.

A request for an exception to the uniform policy must be made within 2 weeks of the start of precourse. Such a request should be made in writing and include rationale for the request. While every effort has been made to make the dress and appearance expectations as objective as possible, there remains a degree of subjectivity. In such cases, the instructor shall make the final determination about the appropriateness of the student’s dress and appearance.
Re-entry into the Program
Students who left the program due to academic reasons or withdrew for personal reasons may return the following year by giving notification by July 1st of their intention to return.

If a returning student has passed pre-course, that student will not need to pay tuition for pre-course a second time. The student may choose to either audit or fully participate in pre-course when they re-enter. If the student wishes to fully participate in pre-course in order to best be prepared to reenter the program a second time, the student must successfully pass all aspects of pre-course in order to be eligible to enter the paramedic course.

The returning student will need to pay tuition for the program at the rate set for the program at the time of re-entry. If new books or uniforms are required, the student will need to pay for these items.

Attendance Policy
Students are expected to be on time and in attendance for the entirety of all required educational activities. At no time in these settings may a student be “on call”. Similarly, students may not sleep while in these settings with the exception of an overnight shift on the ambulance. The various aspects of the program interweave into the total educational experience so attendance at all of them is important. Missed opportunities have a negative impact on student success. If the student is absent from class, it is the student’s responsibility to schedule time with the instructor to discuss any missed assignments or announcements.

While at clinicals, students are expected to be in their scheduled areas unless assigned to leave the area by the preceptor. Students may, if needed, take no more than two 10 minute breaks and one 30 minute mealtime away from the clinical area per 8 hour shift. Students will not leave for any period of time during a field shift.

Absences, tardiness, or leaving early will be managed as follows:

Terms
  ▪ Occurrence is typically a singular absence. However, up to three absences may be counted as one occurrence if they are within a 14 day time period and can be verified as being due to the same cause. If a 4th absence happens within the 14 days, it will count as a new occurrence and the appropriate point(s) assigned.
  ▪ Absence is defined as any missed classroom, clinical, field or other required activity, with appropriate notice given. Absences due to suspension from any part of the program will result in points.
  ▪ Unexcused absence is defined as any missed classroom, clinical, field or other required activity, without appropriate notice given.
  ▪ Incomplete attendance is defined as arriving late for, leaving early from, not being prepared to begin at the scheduled start of, or falling asleep during any classroom, clinical, field, or other required activity. Failure to sign the roster (including time of arrival) will also be counted as incomplete. Leaving a shift or class session early constitutes incomplete attendance regardless of cause for leaving. If the student is not present for a minimum of half the scheduled educational session, it will be counted as an absence.
  ▪ Appropriate notice is defined as sending an email to EMSEducation@FranciscanAlliance.org prior to the start of the session. It is not adequate to call or text the instructor when the instructor is preparing to begin the session.

Policy
  ▪ Occurrences will be recorded using the following point system:
    o Absence = 1 point per day
    o Unexcused Absence = 2 points per day
    o Incomplete Attendance = ½ point per occurrence with notice. 1 point without proper notice
  ▪ PRECOURSE: Consequences for excessive occurrences are as follows:
    o 1 points = Written warning
    o 2 points = Final warning and notification
    o 3 points = Dismissal from the program
  ▪ PROGRAM: Points reset to zero at the start of Term 1. Consequences for excessive occurrences during the program are as follows:
    o 7 points = Written record of verbal counseling
    o 8 points = Written warning
    o 9 points = Final warning and notification
    o 10 points = Dismissal from the program

Updates on attendance points will be made at each status meeting. Steps in this process may be skipped if the student accumulates multiple points within one term.
Disciplinary Action
Students are expected to know and understand the material in this Course Policy Manual as well as the instructions given by education staff and clinical preceptors. When a student fails to follow these expectations, it becomes necessary to discipline the student in an attempt to develop professionalism. The disciplinary process is as follows:
1. Verbal counseling from a member of the education staff with written record
2. Written warning from a member of the education staff
3. Final warning from a member of the education staff
4. Dismissal from the program

While the steps of this process will generally be followed, the education staff reserves the right to skip any or all steps in the case of more serious offenses. Examples of offenses that may warrant an accelerated disciplinary response would be:
- Abusive or inconsiderate behavior toward others
- Insubordination
- Use of Drugs, Alcohol, & Medications
- Theft
- Gambling
- Fighting or other disorderly conduct
- Willful destruction of property
- Abusive or grossly offensive language
- Gross negligence or carelessness that may result in injury to self or others
- Academic dishonesty as defined in Section IV
- Unauthorized access to or disclosure of confidential information (PHI)
- Any behavior that would reflect adversely on the program or the hospital
- Harassment, sexual or otherwise
- Failure to comply with Standard Precautions
- Possession of weapons on hospital or clinical site property
- Any other serious breach of good conduct

Grievance Procedure
If a student is dismissed from the program for academic, or attendance reasons, there is no grievance option. A student who is disciplined or dismissed from the program for non-academic reasons may utilize the following process to appeal this action:
1. Step One – The student will present the appeal in writing to the Program Director/Manager within 2 business days of the dismissal. The Program Director/Manager will respond to the appeal in writing within 2 business days of receipt.
2. Step Two – If the student is not satisfied with the outcome of Step One, or the Program Director/Manager was the individual to issue the dismissal/disciplinary action, the student may file an appeal in writing within 2 business days to the Program Dean. The Program Dean will respond within 4 business days of receipt. Response to an appeal of a disciplinary action is final after this step and will not progress to step Three.
3. Step Three – If the student is not satisfied with the outcome of Step Two, the student may file an appeal in writing to the grievance committee within 2 business days. The grievance committee will be comprised of three Program Directors/Managers or Clinical Coordinators from Franciscan Health Allied Health program not primary involved in the student’s education. This committee will normally convene within 10 business days unless extenuating circumstances prevent this from occurring.
   a. The Dean will assemble the grievance committee when required. The Dean will serve as the lesion between the committee and the student.
   b. The student will be permitted to address the committee.
   c. The grievance committee will respond in writing to the student within 2 business days after the meeting.
   d. The ruling of the grievance committee is final.

Upon request while in the grievance process, the student may be allowed to attend class and take quizzes and exams pending the outcome of the appeal process. Students will not be allowed to participate any other program-related activities the grievance process. A student who is reinstated in the class through the grievance process will be allowed a reasonable amount of time to make up any missed clinicals, usually the same amount of time as the grievance process.
Use of Drugs, Medications, and Alcohol
Franciscan Health Indianapolis has a strong commitment to provide a safe environment for its students. For that reason, the use, sale, purchase, transfer, possession or presence in one’s system of any substance (except medications as prescribed by a licensed physician), including alcohol, by any student while on Franciscan Health Indianapolis premises, clinical or field site, or any Franciscan Health Indianapolis EMS Education event is strictly prohibited. Being under the influence of any substance which may create a safety hazard or significant distraction to the educational setting is therefore prohibited by this policy. A testing program is in place to address issues of possible non-compliance of this policy. Any student who is found to be in violation of this policy will be dismissed from the program. The procedure is as follows:

▪ Working Well is responsible for testing, collection of samples, breath alcohol measurements and the medical review of all results. In addition, Working Well is responsible for all testing procedures and records.

▪ The following is prohibited:
  a. Use of any substance which may create a safety hazard or significant distraction to the educational setting
  b. Having a breath test result that equals or exceeds 0.02
  c. Consuming alcohol within four (4) hours prior to class, reporting to a clinical or field rotation, or any EMS Education event
  d. Using alcohol at any EMS Education event, class, clinical or field site
  e. Exhibiting inappropriate, unsafe, or distracting behavior
  f. Refusing to be tested, including adulteration or substitution of a sample.
  g. Failing to cooperate with testing process.

▪ Testing will be conducted for the presence of the following substances:
  a. Alcohol
  b. Opiate Metabolites
  c. Amphetamines
  d. Cocaine
  e. Marijuana
  f. Phencyclidine (PCP)

▪ Reasonable suspicion
  a. If a student is displaying behavior consistent with being under the influence of any substance which may create a safety hazard or significant distraction to the educational setting or is otherwise demonstrating conduct which may be in violation of this policy, the instructor, in concurrence with another member of the Education Department or hospital supervision, will require that the student submit to testing.
  b. Any student who refuses to submit to a request to test will be dismissed from the program. Refusal includes failure to report in a timely manner to a designated testing site, failure to execute all required test documents, failure to provide a specimen, submission of an adulterated specimen or submission of a substituted specimen. Any student who refuses to comply with testing or who fails to cooperate in the testing process will be dismissed from the program. This includes adulteration or substitution of samples.
  c. Any student who is found to have violated this policy will be dismissed from the program.

ADA Compliance
Performance of activities essential to the job of an EMS professional require the ability to walk, run, climb, lift, carry, squat, twist, hear, see, touch, feel, grip, and speak. These abilities are also needed to fully participate in paramedic school. Reasonable accommodations will be made for temporary impairments. Accommodations may include a suspension of clinical and field shifts until the impairment is resolved. Reasonable accommodations will also be made for students with other medically documented conditions.
Section V – Christian Stewardship

“Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society, and consistent with Church teachings.”

Tuition
Tuition is due according to the payment schedule outlined in the application instructions. Tuition payments are non-refundable.

The student’s tuition payments must be current to participate as a student. If the account is in arrears, the student may not attend class, clinicals, or field shifts until paid up or acceptable arrangements have been made. Absences due to an overdue account will result in attendance points as outlined in Section IV - Attendance Policy. A late fee of $25 will be assessed for payments 1-7 days late. A late fee of $50 will be assessed for payments 8-14 days late. For the second and any additional late payments, the fee will be $50 beginning on the first day of lateness. Late payments will also result in any discounts being voided for that installment.

Total tuition cost is $5,500 (plus $50.00 application fee), which includes all entrance testing, tuition, uniforms, sub-courses, lab supplies, and supplemental materials. Tuition does not include the costs associated with certification (testing fees). Nor does it include: background check, drug screen, required textbook, uniform pants, belt, boots, coat, or optional uniform elements.

Discounts are available as outlined in the application for the course.

Even if an employer or another 3rd party will be contributing to the payment of some or all of the tuition, timely payment and ALL correspondence (invoices, grades, disciplinary actions, etc.) will remain the student’s sole responsibility. Students utilizing funds from a 3rd party payer must either have a FERPA release on file or a written statement from the payer acknowledging their lack of access to student records.

Liability
Franciscan Health Indianapolis, its subsidiaries, affiliated preceptor sites, and its employees assume no liability for any illness, accident, or injury to students as a result of their participation in any aspect of this educational program. Should an incident occur, the student is solely responsible for expenses associated with medical treatment and property loss.

Photography and Videography
Franciscan Health Indianapolis, its representatives and employees, may take pictures or record videos for the purposes of education, publications, web content, or other lawful purpose. Students and their property may appear in the pictures and videos.

Certification
Throughout the program, students are required to maintain their State of Indiana EMT certification. Successful completion of the program does not guarantee student licensure by the State of Indiana EMS Commission or certification by the National Registry of EMTs.

Employment
Successful completion of the program and/or subsequent licensure/certification in no way implies an offer of employment by Franciscan Health Indianapolis.

Solicitation
Students may not solicit, post notices, or hand out literature promoting any cause, product, event, belief, or other such publication while on Franciscan Health property or while acting in the role of a student of the program.

Medical Advice
Students will not seek medical advice or prescriptions from physicians or other healthcare professionals while acting in the role of a student of the program. Students who are ill or injured and wish to seek the services of the Emergency Department staff should complete the registration process and be triaged and treated as any other patient. Any cost incurred would be the sole responsibility of the student. If registering as a patient takes the student away from a class or clinical experience, the student will incur attendance points.