

RESOLUTION NO. 4440

A RESOLUTION APPROVING AN “EMS STUDENT FIELD EXPERIENCE PROVIDER AND PRECEPTOR AGREEMENT” BETWEEN THE CITY OF MILES CITY AND FLATHEAD VALLEY COMMUNITY COLLEGE FOR EMT AND PARAMEDIC FIELD TRAINING.

WHEREAS, the City of Miles City through its fire department desire to work with Flathead Valley Community College to provide field training to EMT and paramedic students;

AND WHEREAS, the details of said collaborative process and the obligations of the parties thereto have reduced the same to writing;

NOW THEREFORE, IT IS RESOLVED BY THE CITY COUNCIL OF THE CITY OF MILES CITY, MONTANA AS FOLLOWS:

1. The “EMS STUDENT FIELD EXPERIENCE PROVIDER AND PRECEPTOR AGREEMENT” between the City of Miles City and Flathead Valley Community College, attached hereto as Exhibit “A,” and made a part hereof, is hereby approved and adopted by this council.
2. The Miles City Fire Chief is hereby empowered and authorized to execute said agreement on behalf of the City of Miles City, and bind the City of Miles City thereto.

SAID RESOLUTION FINALLY PASSED AND ADOPTED BY A DULY CONSTITUTED QUORUM OF THE CITY COUNCIL OF THE CITY OF MILES CITY, MONTANA, THIS 12TH DAY OF OCTOBER, 2021.



John Hollowell, Mayor

ATTEST:



Mary Rowe, City Clerk

Exhibit A

EMS Student Field Experience Provider and Preceptor Agreement

This Agreement is entered into on this date, May 1st, 2021 by FLATHEAD VALLEY COMMUNITY COLLEGE (hereafter referred to as the College), and MILES CITY FIRE & RESCUE (hereafter referred to as the Field Experience Provider).

WHEREAS, Students enrolled in the College's EMS courses, including Paramedic Students and EMT students, need to participate in field experience as part of their professional training; and

WHEREAS, the Field Experience Provider is willing to provide such field experience through a preceptor employed by the Provider to the College's EMS students under the terms set forth in this Agreement;

NOW, THEREFORE, the parties agree as follows:

1. The term of this Agreement shall be effective starting May 1st, 2021 and shall automatically renew for successive one (1) year terms, unless terminated as set forth below.
2. This Agreement may be terminated by either party at any time with a minimum of 90 days written notice or at the end of the academic year or summer semester, whichever comes first.
3. The parties to this Agreement shall cooperate in providing quality field experience and training to the students enrolled in EMS courses and programs at the College.
4. Paramedic Students will be in compliance with the health clearance requirements for clinical training as required by Kalispell Regional Healthcare (See Attachment A).
5. Paramedic Students will possess the following (minimum requirements) throughout the field experience:
 - a. Valid Montana EMT license
 - b. Healthcare Provider CPR card
 - c. Advanced Cardiac Life Support (ACLS) provider card
 - d. Pediatric Advanced Life Support (PALS) provider card
 - e. Pre-Hospital Trauma Life Support (PHTLS) provider card
6. EMT students will possess a valid Healthcare Provider CPR card.
7. It is recognized that Paramedic Students are in training utilizing the current national EMS Education Standards and therefore the Field Experience Provider will ensure that Paramedic Students will be supervised, instructed and evaluated

by a Montana licensed paramedic acting as their preceptor during EMS activities. EMT Students are also in training utilizing the current national EMS Education Standards and therefore the Field Experience Provider will ensure that EMT Students will be supervised, instructed and evaluated by either a Montana licensed paramedic or EMT.

8. EMS Students receiving training with the Field Experience Provider are currently enrolled in EMS courses at Flathead Valley Community College, as approved by the Montana Board of Medical Examiners, program approval #04PA0028, and accredited by the Committee on Accreditation for Allied Health Professions #600426 (See Attachment B).
9. The EMS student will have executed a liability waiver with the Field Experience Provider prior to beginning field training (See Attachment C). The Field Experience Provider shall report any injury sustained by an EMS student to the College Paramedicine Program Director or Clinical Coordinator within 12 hours of the injury's occurrence, through the contact information provided below.
10. EMS students are covered by liability insurance as a student enrolled in a Health Science education program at the College (See Attachment D). Additionally EMS students will be covered by workers' compensation insurance provided through the College.
11. It is agreed that the College will indemnify and hold harmless the Field Experience Provider from any loss, costs, damages or expenses arising out of any accident or other occurrence causing injury or damage to any person or property of any person due directly or indirectly to the negligence of the College or its employees in the performance of this Agreement to the extent of the College's insurance, and the College will carry professional liability insurance in the amount of \$1,000,000.00 for each person and \$5,000,000.00 aggregate and furnish the Field Experience Provider satisfactory evidence of such insurance.
12. It is agreed that the Field Experience Provider will indemnify and hold harmless the College from any loss, costs, damages or expenses arising out of any accident or other occurrence causing injury or damage to any person or property of any person due directly or indirectly to the negligence of the Field Experience Provider or its employees in the performance of this Agreement to the extent of the Field Experience Provider's insurance, and the Field Experience Provider will carry professional liability insurance in the amount of \$1,000,000 for each person and \$5,000,000 aggregate and furnish the College satisfactory evidence of such insurance.
13. The Field Experience preceptor and EMS student will maintain the industry standard quality of patient care, during all patient contacts, and the Field Experience preceptor will supervise the EMS student to ensure this quality of patient care.

14. The College will conduct criminal background checks on any EMS student participating in field experience training.
15. An EMS student may be removed from field experience training by either the College or the Field Experience Provider for violation of the class rules of conduct as included in the Paramedic Clinical/Internship Handbook and the EMT student handbook (See Attachment E). EMS students are required to sign these handbooks indicating their commitment to abide by the contents of the handbooks. Commitments EMS students make through execution of the handbooks include, but are not limited to:
 - Maintaining a professional demeanor and appearance, wearing appropriate professional attire and displaying any required I.D. at all times while functioning with the Field Experience Provider;
 - Complying with the orders, instructions, policies and guidance of the Field Experience Provider's authorized agents;
 - Maintaining the industry standard quality of patient care during all patient contacts; and
 - Maintaining the confidentiality of all patient information or other private information that the EMS student may obtain in the course of their training with the Field Experience Provider at all times, unless release of such information is legally ordered by a court of law.
16. The College's Paramedicine Program Director, Clinical Coordinator or Physician Medical Director may accompany an EMS student at times to be determined by the College for the purpose of evaluating the quality of the field experience.
17. The times available for field experience will be established by mutual agreement between the Field Experience Provider and the College, giving maximum consideration to the scheduling needs of the EMS students for successful completion of their field experience training requirements.
18. A list of the Montana licensed paramedics utilized as preceptors by the Field Experience Provider, including license numbers, will be made available to the College for filing with the Montana Board of Medical Examiners.
19. The Field Experience Provider will agree to maintain, and allow the College access to, any student training records they maintain. This requirement shall exclude access to any patient records to maintain HIPAA compliance requirements.

20. This Agreement is governed by the laws of Montana. The parties hereto agree that any litigation concerning this Agreement must be brought before the District Court for the County of Flathead, Montana and that each party shall be responsible for their own costs and attorney fees.

In Witness Whereof, the parties hereto have executed this Agreement.

Field Experience Provider:

Date 10-12-21

Signed



Chief

Address and Telephone Number: 2800 Main Street Miles City MT 59321
406-234-2235

College:

Date

October 26-21

Signed



President

Flathead Valley Community College

Address and Telephone Number: 777 Grandview Drive, Kalispell, MT 59901; (406) 756-3822.

FVCC Paramedicine Program Contact Information

Paramedicine Program Director:

Ryan Pitts
(406) 249-9520
jpitts@fvcc.edu

Clinical Coordinator:

Cole Williams
(406) 253-2335
cwilliams@fvcc.edu

ATTACHMENT A

CastleBranch Student Health Clearance

Each student will be required to submit proof/completion of the following prior to field or clinical rotations:

- Proof of full MMR vaccine regimen w/ titer.
- Varicella vaccine or proof of illness. Immunity confirmed with titer.
- Hepatitis B vaccine regimen with titer.
- Negative TB skin test or Quantiferon Blood Draw.
- Tdap within previous 10 years.
- Influenza immunization (during flu season)
- CastleBranch background check with signed release.

Attachment B

25400 US Highway 19 North, Suite 158
Clearwater, FL 33763
Phone: 727-210-2350 / Fax: 727-210-2354
www.caahep.org



July 23, 2018

Jane Karas, PhD
President
Flathead Valley Community College
777 Grandview Dr
Kalispell, MT 59901

Dear Dr. Karas:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on **July 19, 2018** to award **continuing accreditation** to the Emergency Medical Services - Paramedic program at Flathead Valley Community College, Kalispell, MT.

The recent peer review conducted by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP) and CAAHEP's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation Standards. The next comprehensive evaluation of the program, including an on-site review, is scheduled to occur no later than **2023**.

The CoA EMSP will regularly monitor the program's compliance with the outcomes assessment thresholds through the program's Annual Report as well as other documentation that may be requested (Standard IV.B.).

The accreditation standards are established by CAAHEP, CoA EMSP, American Academy of Pediatrics (AAP), American Ambulance Association (AAA), American College of Cardiology (ACC), American College of Emergency Physicians (ACEP), American College of Osteopathic Emergency Physicians (ACOE), American College of Surgeons (ACS), American Society of Anesthesiologists (ASA), International Association of Fire Chiefs (IAFC), International Association of Fire Fighters (IAFF), National Association of Emergency Medical Technicians (NAEMT), National Association of State EMS Officials (NASEMSO), National Registry of Emergency Medical Technicians (NREMT), National Association of EMS Physicians (NAEMSP), and the National Association of EMS Educators (NAEMSE).

The commission commends you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in program accreditation.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gregory Ferenczak". The signature is fluid and cursive, written over a light blue horizontal line.

Gregory Ferenczak, EdD, RT(R)(QM)
President

cc: Chris Clouse, PhD, Vice President of Academic and Student Affairs
Jason Pitts, BSN, RN, NRP, Program Director, EMT-P
Thomas B. Brazelton III, MD, MPH, FAAP, Chair, CoA EMSP
George W. Hatch Jr., EdD, LP, EMT-P, Executive Director, CoA EMSP

Commission on Accreditation of Allied Health Education Programs

Authorized by Fire Chief: _____
Signature

FLATVAL-10

AOLSON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kalispell Office PayneWest Insurance, Inc. 165 Timberwolf Parkway Kalispell, MT 59901	CONTACT NAME: PHONE (A/C, No, Ext): (406) 758-4200		FAX (A/C, No): (406) 755-1189
	E-MAIL ADDRESS:		
INSURED Flathead Valley Community College 777 Grandview Drive Kalispell, MT 59901	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Employers Mutual Casualty Company		21415
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			3X1995820	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			3X1995820	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000			3X1995820	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Commercial General L			3X1995820	7/1/2021	7/1/2022	Host Liquor Liab \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

"SAMPLE CERTIFICATE" FOR INFORMATION PURPOSES ONLY
 Liquor Liability is added, per attached Endorsement CG2151 04 13

CERTIFICATE HOLDER

CANCELLATION

"SAMPLE CERTIFICATE"

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



2020-2021

STUDENT HANDBOOK

Table of Contents

PART 1 – ADMINISTRATIVE AND GENERAL INFORMATION	1
INTRODUCTION	1
FVCC PARAMEDIC PROGRAM GOAL	1
FLATHEAD VALLEY COMMUNITY COLLEGE PARAMEDIC PROGRAM ADMINISTRATION	1
EQUAL OPPORTUNITY/AMERICANS WITH DISABILITIES ACT	2
SEXUAL HARASSMENT POLICY	2
STUDENT'S RESPONSIBILITY	2
GRIEVANCE POLICY	2
RIGHT OF APPEALS AND GRIEVANCES	2
PROCEDURE	3
Step 1	3
Step 2	3
Step 3	3
STANDARDS OF STUDENT CONDUCT	4
STEP ONE:	5
STEP TWO:	6
STEP THREE:	6
DISCIPLINARY ACTION.....	7
TERMINATION FROM THE PROGRAM	7
GRADING AND TESTING PROCEDURES	7
MAINTENANCE OF CERTIFICATIONS	8
ATTENDANCE POLICY	8
COURSE AGENDAS	8
POLICIES AND PROCEDURES.....	8
MONTANA LAW AND PRE-HOSPITAL CARE PROVIDERS.....	9
LIABILITY INSURANCE AND HEALTH REQUIREMENTS	9
EXPOSURE TO OR DIAGNOSIS OF A COMMUNICABLE DISEASE POLICY	9
POLICY.....	10
RATIONALE	10
PROCEDURES	10
RELEASE FROM LIABILITY	10
PATIENT CONFIDENTIALITY	11
SOCIAL MEDIA POLICY	11
UNIFORM AND APPEARANCE.....	11

PERSONAL EMS EQUIPMENT	12
PERSONAL PROTECTIVE EQUIPMENT	13
WEARING THE UNIFORM	13
PART 2 – ABOUT THE PARAMEDIC PROFESSION	14
FUNCTIONAL JOB ANALYSIS	14
PHYSICAL/MENTAL REQUIREMENTS FOR THE PARAMEDIC PROGRAM	15
PART 3 – ABOUT THE PARAMEDIC COURSE	19
QUALIFICATIONS	20
TERMINAL COMPETENCIES	20
COURSE DESIGN	21
DIDACTIC PHASE	21
SKILLS PHASE	22
CLINICAL PHASE	22
FIELD EXPERIENCE PHASE	23
FIELD INTERNSHIP PHASE (CAPSTONE)	23
PART 4 – MINIMUM REQUIREMENTS	24
MINIMUM REQUIRED COMPETENCIES, SKILLS, AGES, DIFFERENTIAL DIAGNOSES AND COMPLAINTS	24
MINIMUM COMPETENCIES AND SKILLS REQUIRED PRIOR TO CAPSTONE FIELD INTERNSHIP	25
SCENARIO REQUIREMENTS	26
BASIC SKILL COMPETENCIES	27
CPR COMPETENCIES	27
PART 5 – CLINICAL AND FIELD PHASE	28
INTRODUCTION	28
CLINICAL REQUIREMENTS	28
SKILL DOCUMENTATION	29
CLINICAL EDUCATION AND FIELD TRAINING	29
FIELD EXPERIENCE AND INTERNSHIP (CAPSTONE) PERFORMANCE OBJECTIVES	30
TERMINAL COMPETENCIES	31
CLINICAL, FIELD EXPERIENCE & FIELD INTERNSHIP ABSENCES	31
TARDINESS	32
TRANSPORTATION	32
REMOVAL/DIMISSAL FROM CLINICAL OR FIELD EXPERIENCE	32
PROPERTY DAMAGE	32
INCIDENT REPORTING	32
EVALUATIONS	32
AMBULANCE CLINICAL/FIELD INTERNSHIP REMEDIATION	33

SKILL AND ASSESSMENT SIMULATION.....	33
AMBULANCE CLINICAL/INTERNSHIP EXTENSION	33
BEHAVIORAL EXPECTATIONS	34
APPENDIX A – KALISPELL REGIONAL MEDICAL CENTER MAPS	36
PARKING.....	36
FIRST FLOOR.....	37
SECOND FLOOR.....	38
THIRD FLOOR.....	39
APPENDIX B – FIELD EXPERIENCE/INTERNSHIP INFORMATION	40
UNIFORM AND PERSONAL EQUIPMENT:.....	40
SOCIAL MEDIA POLICY.....	40
ABSENCES.....	40
SHIFT GUIDELINES	40
NARRATIVES AND DIFFERENTIAL DIAGNOSES.....	41
THREE RIVERS EMS.....	42
EVERGREEN FIRE-RESCUE.....	43
KALISPELL FIRE DEPARTMENT.....	44
POLSON AMBULANCE SERVICE	46
RONAN AMBULANCE SERVICE.....	47
WHITEFISH FIRE DEPARTMENT	48
GREAT FALLS EMERGENCY SERVICE	49
APPENDIX C – SCOPE OF PRACTICE AND CLINICAL OBJECTIVES.....	50
PARAMEDIC STUDENT SCOPE OF PRACTICE	50
BEHAVIORAL CLINICAL OBJECTIVES	52
EMERGENCY DEPARTMENT CLINICAL OBJECTIVES	53
FIELD INTERNSHIP CLINICAL OBJECTIVES.....	54
GERIATRICS CLINICAL OBJECTIVES.....	56
ICU CLINICAL OBJECTIVES	57
LABOR AND DELIVERY CLINICAL OBJECTIVES	58
NICU CLINICAL OBJECTIVES	59
SURGERY AND ANESTHESIOLOGY CLINICAL OBJECTIVES.....	60

Page Intentionally Blank

PART 1 – ADMINISTRATIVE AND GENERAL INFORMATION

INTRODUCTION

Congratulations on becoming a participant in the Flathead Valley Community College Paramedicine Program. We applaud your decision in choosing a course of study designed to help members of our communities in their times of need. It is our goal to provide a course of instruction that will equip each of you to function at the paramedic level and successfully complete the national certification and state licensure process.

The course is being conducted by Flathead Valley Community College and is part of the Associate of Applied Science Degree in Paramedicine.

The paramedicine program employs an open-door policy that is maintained by the selected EMS Advisory Committee members and instructors. Should any questions, concerns, and/or problems arise, please contact the Program Director at your earliest convenience in order to rectify the situation as quickly as possible. If the Program Director is unable to provide a viable solution, the program Medical Director, and/or Health Sciences Division Chair will deliberate a resolution. If the concern continues to remain unresolved, students are advised to follow the grievance procedures as outlined in the college catalog.

FVCC PARAMEDIC PROGRAM GOAL

The goal of the FVCC paramedic program is to prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, utilizing the National EMS Education Standards.

Flathead Valley Community College Paramedic Program Administration

Dr. Robert Blair is the **Paramedic Program Medical Director**. Communication with Dr. Blair can be arranged by contacting the program office at 406-756-3901.

Lori Elwell is the **Health Science Division Chair**. She can be reached by phone at 406-756-3899. Her email address is lelwell@fvcc.edu

Ryan Pitts is the **Paramedic Program Director** and Lead Instructor. He can be reached on his cellphone at 406-249-9520 or at the college at 406-756-3901. His office is in the Broussard Center Room 126-B. His email address is jpitts@fvcc.edu.

Cole Williams is the **Paramedic Program Clinical Coordinator** and instructor. He can be reached on his cellphone at 406-253-2335 or in his office in BC 111-B. His email address is cwilliams@fvcc.edu

James LaPierre is the **EMS lab coordinator** and instructor. He can be reached on his cellphone at 406-253-7024 or in his office in BC 111-B. His email address is jlapierre@fvcc.edu

Samantha Kujala is the **Coordinator, Academic Affairs**. Her office is in Blake Hall 135, or she can be reached at 406-756-4364 or emailed at skujala@fvcc.edu.

EQUAL OPPORTUNITY/AMERICANS WITH DISABILITIES ACT

Flathead Valley Community College, as a member of the Montana University System, and the Paramedicine Program, is committed to provide for all students a program of equal opportunity for education and participation in all college activities. The paramedicine program strives to comply with the Equal Opportunity and Americans with Disabilities Act policies and guidelines. Refer to the college catalog for further details.

SEXUAL HARASSMENT POLICY

Flathead Valley Community College recognizes the importance of every individual's personal dignity and is therefore committed to providing an educational and work environment where students, faculty and staff are safe, secure and respected. FVCC is committed to serving as a learning community free of all forms of sexual harassment, exploitation or intimidation. Sexual harassment unfairly interferes with the opportunity for all persons, regardless of gender, to have comfortable and productive education and work environments.

It is also unlawful and against college policy to retaliate against an employee or student for filing a complaint of sexual harassment or cooperate in an investigation of sexual harassment. Sexual harassment consists of unwanted or unwelcome behavior of a sexual or gender directed nature severe or pervasive enough to create an intimidating, hostile or offensive work or learning environment when:

- Submission to such conduct is made (either explicitly or implicitly) a term or condition of instruction, employment, or participation in any other college activity (quid pro quo);
- Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decisions affecting an individual (quid pro quo); or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive work or learning environment.

Sexual harassment may result from an intentional or unintentional action and can be subtle or blatant. It can be verbal or physical and can occur in any setting, and the spectrum of behavior may range from verbal remarks to physical assault. The context of events and the totality of the circumstances surrounding those events are important in determining whether a particular act or series of events constitutes sexual harassment.

Student's Responsibility

A student should speak up about sexual harassment when he/she witnesses or experiences it, either among students or staff. Retaliation is illegal. A student, who has been a victim of any form of sexual harassment, knows someone who has been a victim, or has questions regarding sexual harassment should contact the Vice President of Instruction at (406) 756-3894. Students may also contact Title IX liaisons in each campus building. The names of Title IX liaisons are posted in each building.

GRIEVANCE POLICY

Right of Appeals and Grievances

A Student Appeals Policy was developed for those situations that cannot be resolved informally. The purpose of the student grievance procedure is to promote the prompt and efficient resolution of student complaints (with the exception of sexual harassment charges which are dealt with the Sexual Harassment

Policy) about college faculty, administration, classified staff, professional and temporary employees. Copies of the current policy, procedures and the Student Appeals Complaint Form may be obtained from the Information Desk, Dean of Students, the Vice President of Instruction and Student Services Office, Student Government or the Library.

The term “complaint” shall mean a claim or allegation by a student regarding members of the college faculty, administration, professional, or classified staff:

- Significantly failed to carry out their professional responsibilities or failed to deal with a student fairly and impartially;
- Significantly failed to carry out an assigned responsibility or failed to apply college policy fairly and impartially; or
- Performed an action which impinged on the rights or activities of a student in the legitimate pursuit of the educative process.

Procedure

Step 1

Informal resolution of a problem must be attempted first by communicating with the person(s) against whom the complaint exists. This communication may be accomplished orally or in writing. If the complaint is oral, a mutually agreeable meeting time and place shall be established. Each party may bring another person as a witness. If the student’s complaint is made in writing, all documents shall be dated and signed and the employee’s written response must be made within seven (7) calendar days of receipt of the written complaint.

Step 2

If the matter cannot be informally resolved, a student may make a formal request using the Student Appeals Complaint Form. The form identifies the complaint and desired remedy. It is submitted to the Dean of Students for a hearing before the employee’s supervisor. The Step Two hearing will be held within ten (10) working days of the receipt of this written request. Those present at this session shall be the student, the person against whom the grievance is filed, the complainant’s supervisor and the Student Appeals Officer. The student may also request that either his or her advisor or counselor and/or the Dean of Students be present. The supervisor shall decide upon the requested remedy at the conclusion of this meeting. The student may either accept this decision or refer the complaint for Step Three resolution. If a complaint is lodged by a student against the college President, the Step Two procedure will be bypassed and the Step Three process will be initiated.

Step 3

If a student feels the matter was not resolved satisfactorily at Step 2, he/she shall instruct the Dean of Students to convene the Student Appeals Committee for Step Three. The Student Appeals Committee shall consist of two (2) members of the faculty appointed by the Faculty Senate President, two (2) members from within the college community (other than faculty or students) appointed by the college President, two (2) students appointed by the college Student Senate and one (1) student appointed by the Dean of Students.

Within ten (10) calendar days of the completion of the fact-finding portion of Step Three, the Student Appeals Committee shall review its findings and issue a decision. If the complaint is denied, the committee’s decision shall be the final college disposition of the complaint. Copies of the resolution of the claim or allegation shall be forwarded to the college President, the appropriate Dean or Director and to

each of the parties. If a student seeks resolution of a complaint in any forum other than that established by this procedure, whether administrative or judicial, the parties to the complaint shall have no obligation to proceed further under the provisions of this procedure.

Students should note that initiating an internal equal opportunity investigation does not preclude filing an external complaint with any civil rights organizations. Students wishing to file a discrimination or harassment complaint outside of the College may contact any of the following:

Human Rights Commission

Affirmative Action Title IX Officer

1-800-542-0807

Office for Civil Rights

1-800-421-3481

EEO Commission

1-800-669-4000

Dean of Student Affairs

Office in Admissions and Records, Blake Hall

406-756-3846

bhanson@fvcc.edu

Brenda Hanson

Division Chair - Health Sciences

Office: BC 123-C

406-756-3899

lelwell@fvcc.edu

Lori Elwell

Vice President of Academic & Student Affairs

Blake Hall 137

406-756-4326

cclouse@fvcc.edu

Chris Clouse

STANDARDS OF STUDENT CONDUCT

Student conduct while in the paramedic program must allow for a safe and comfortable atmosphere that is conducive to learning. Violation of any of the program specific rules and/or any of the college rules and regulations as outlined by the FVCC will subject the student to disciplinary action. Flathead Valley Community College paramedic students are expected to conduct themselves in a professional manner. It is the goal of our program that students meet the standards of competent performance. Professionalism is a required standard of all EMS professionals. Violations of professional conduct will result in discipline, counseling, probation, and/or dismissal. The professional conduct expectations are as follows:

The student will demonstrate that he or she is –

- Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, adjusts behavior/performance.
- Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.

- Flexible: Makes adjustments to communication style, directs team members, changes impressions based on findings.
- Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean up, completes tasks thoroughly.
- Confident: Makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.
- Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Disciplinary procedures are followed when a student fails to present oneself in an acceptable manner. The FVCC Paramedicine Program's disciplinary procedures afford students the opportunity to participate in discussions of the matter and to present information in one's own behalf, and to appeal.

Charges of misconduct or breach of the program's professional behavior expectations against a student at any stage of the program will be investigated. The student may be suspended for up to thirty (30) days during the investigation and review, depending on the severity of the offense.

The investigation will be conducted by the Program Director and will include an interview with the student. The student will submit a written summary of the events surrounding the charge of misconduct or breach of professional behavior within seven days of the interview. The investigation will be completed within 30 days of the Program Director being made aware of the incident(s). The student will be provided with a written summary of the investigation and a decision when the investigation is complete. The decision may impose disciplinary action, up to and including termination from the program.

The following steps may be taken in cases where misconduct is of a serious nature, especially if the misconduct threatens the safety of a patient. The Program Director may bypass the Professional Behavioral Evaluation and immediately impose stricter disciplinary action including but not limited to dismissal from program.

Step one:

Counseling and Verbal Warning or Probation: The student will receive a Professional Behavioral Evaluation outlining the student's misconduct. A Professional Behavioral Counseling Record will explain the misconduct, possible means for correction, and the consequences of continued misconduct. The student may be placed on probation for the duration of the semester for which the misconduct occurred. The student will sign the Behavioral Counseling Record indicating that he /she received the warning. Documentation of the counseling will be given to the student and placed in student's file.

The following list is illustrative of, but not exhaustive of, situations that can result in counseling and verbal warning or probation. Program Director will decide if offense will result in a verbal warning or probation, all misconduct will result in counseling.

- Failure to follow the instructions of the instructor or preceptor.
- Unsatisfactory clinical or practicum performance.
- Failure to follow Behavioral Expectations.
- Violations of the Uniform Appearance Code and/or related requirements.
- Sleeping during clinical rotation.
- Receiving guests during clinical rotation.
- Use of tobacco products during any clinical rotation.
- Use of personal electronic devices during clinical rotation, including but not limited to, cell phones,

MP3 players, gaming devices, radios, CD players, computer laptops with sound, etc., except when devices such as tablets or laptops are used for reference and/or research related to a patient contact, or to document the clinical experience.

- Failure to arrive to rotation on time
- Failure to attend a clinical shift.
- Leaving clinical site without approval from preceptor.
- Insubordination towards clinical preceptors, clinical staff, and/or FVCC faculty.

Step Two:

Counseling and Probation and or Suspension: If the student has a reoccurrence of misconduct after receiving a Professional Counseling Evaluation then a probation and/or suspension may be imposed. The Program Director will make the final decision on the duration of the probation or suspension. If a suspension period is imposed the student may be removed from clinical rotations during the suspension. The student will be responsible for rescheduling the shifts missed during the suspension. The student will still be required to attend all class periods and complete all required assignments and tests during the suspension period. The student may be placed on probation after the completion of the suspension for the duration of semester for which the misconduct occurred.

The following list is illustrative of, but not exhaustive of, situations that can result in immediate counseling with probation and/or suspension.

- Any misconduct during probation period.
- Multiple misconducts during the same shift.
- Failure to meet academic requirements.
- Performing acts beyond the limits of legal practice.
- Assuming duties and responsibilities without adequate training or when competency has not been maintained.
- Committing an unsafe act that would potentially endanger anyone.
- Failure to follow all policies, procedures, Standard Operating Guidelines, protocols, rules, and/or regulations of the clinical site.

Step Three:

Dismissal: If the student has a reoccurrence of misconduct during his/her probation period the student may be dismissed from the paramedic program. A student may also be terminated from the program for not satisfying the academic **or** behavioral policies and rules outlined in the Paramedic Internship Handbook, FVCC Policy and Procedure Handbook or Paramedic Student Manual, with or without being placed on probation depending on the severity of the violation. The final decision for dismissal from the FVCC Paramedic Program will be made by the Program Director.

Upon dismissal, the student will be notified in writing of the reasons for the termination. This documentation will also be placed in the student's file. The Program Director may require an exit interview at the time of termination. Students who are terminated for serious behavioral reasons may not be eligible for re-enrollment.

The following list is illustrative of, but not all-inclusive of, situations that can result in immediate dismissal from paramedic program.

- A Student being dismissed and/or rejected by a clinical site may result in automatic dismissal

from the FVCC Paramedic Program.

- Failure to comply with the College's and the clinical site's policies regarding drugs and alcohol.
- Tampering with, damaging, or theft of any equipment or personal property of clinical site, preceptors, site employees, other observers, student or instructor.
- Battery, defined as touching any person in any manner considered threatening, offensive, degrading, without their consent, and without legal justification.
- Assault, defined as making any verbal statement or gesture to any person that is considered threatening, offensive, or degrading.
- Harassment of Clinical site employees, other site observers, preceptors, instructors, EMS staff, or fellow students. See Sexual Harassment Policy found in this handbook.
- Stalking, defined as behavior in which an individual willfully, maliciously, and repeatedly engages in a knowing course of conduct directed at a specific person which reasonably and seriously alarms, torments, or terrorizes the person, and which serves no legitimate purpose.
- Possession of lethal or non-lethal weapons, firearms, and/or explosives during clinical/internship rotation.
- Diverting supplies, equipment or drugs for personal or other unauthorized use.
- Falsifying or otherwise altering patient or agency records, to include falsifying patient contact documentation in FISDAP
- Failure to maintain patient confidentiality/HIPPA violations.
- Abusing, neglecting, or abandoning patients/clients.

DISCIPLINARY ACTION

Charges of misconduct or breach of the program's ethical or professional behavior standards against a student at any stage of the program will be investigated. The student may be suspended for up to forty-five (45) days during the investigation and review.

The investigation will include an interview with the student. He or she may submit a written summary of the events surrounding the charge of misconduct or breach of ethics or professional behavior within seven days of the interview. The investigation will be completed within 45 days of its start. Within 30 days of the completion of the investigation, the student will be provided with a written summary of the investigation and a decision. The decision may impose disciplinary action, up to and including termination from the program.

TERMINATION FROM THE PROGRAM

A student may be terminated from the program for not satisfying the academic or disciplinary policies and rules outlined in the Paramedic Manual or Clinical/Internship Handbook, with or without being placed on probation depending on the severity of the violation. Upon termination, the student will be notified in writing of the reasons for the termination. This documentation will also be placed in the student's file. The Program Director may require an exit interview at the time of termination. Students who are terminated for disciplinary reasons are not eligible for re-enrollment.

GRADING AND TESTING PROCEDURES

Students are responsible for learning all objectives covered in each course syllabus, as well as completion of all assignments. Each course has a set policy for make-up quizzes, examinations, etc. which will be explained by the instructor at the beginning of the course. Many additional tutoring and learning resources are available by contacting the course instructor.

Participants must achieve and maintain a cumulative score of eighty percent (80%) in all EMS core courses to remain program participants. Any grade below an 80% may be required to be repeated before continuing in the program. Specific areas for study and/or practice will be suggested for remedial review. The Course Instructor, Program Director, Clinical Coordinator, and/or Medical Director may review all knowledge demonstrations and may (at any time) require additional remedial training and/or demonstrations of competency.

Students are expected to take examinations at the scheduled time. Rescheduling an examination will be allowed only in extreme circumstances, and it is the student's responsibility to contact the instructor to reschedule an examination. Skills examinations are generally not rescheduled.

Cheating, plagiarizing, or knowingly furnishing false information may result in immediate dismissal from the program.

MAINTENANCE OF CERTIFICATIONS

Students must be currently certified in AHA Healthcare Provider Basic Life Support and certified by NREMT as an Emergency Medical Technician or as an Advanced Emergency Medical Technician while enrolled in the Paramedic Program. It is the responsibility of the student to keep his or her certifications current. Students must also maintain a current Montana EMS license during the program. Any student who fails to maintain current certification/licensure is subject to dismissal from the program and will be removed from the clinical/field setting.

If, during the Paramedic program, a student's certification expires, the student **WILL NOT BE PERMITTED** to participate in clinical rotations. If a student participates in a clinical rotation with an expired certification the student may be immediately suspended or put on probation from all clinical rotations. The student will not be allowed to return until the certification/license is current. The student will be responsible for making up **ALL** missed clinical and/or field internship shifts, once their certification/licensure is current.

ATTENDANCE POLICY

It is expected that paramedic students attend all classroom lectures, skills labs, hospital clinical, and field internship hours as scheduled. If the student is going to be absent from class, it is his/her responsibility to contact the Instructor (or Program Director if the instructor is not available) prior to the scheduled class. If the student is going to be absent from any clinical or field site, it is his/her responsibility to contact the Clinical Coordinator (or Program Director if the Clinical Coordinator is not available) prior to the scheduled duty time. The student is also responsible for notifying the clinical or field site of their absence before the beginning of the shift.

COURSE AGENDAS

Course agendas and included topics can be found in the respective course syllabi.

POLICIES AND PROCEDURES

Flathead Valley Community College students will be provided with facility policy and procedures concerning skills they can perform. Students are expected to perform the skills according to the policies and procedures of the facility in which they are functioning.

MONTANA LAW AND PRE-HOSPITAL CARE PROVIDERS

Montana laws, rules and regulations allow pre-hospital care providers to function in the hospital setting for training and education. EMT-Paramedic training and certification is not intended to impact hospital staffing or personnel.

Excerpt from the Administrative Rules of Montana, Para. 24.156.2771

SCOPE OF PRACTICE

(3) An EMT may perform beyond the level of the EMT's individual licensure when functioning as a student in an approved course and under the direct observation of a clinical preceptor. The EMT must perform within the acts allowed at the level for which the EMT is a student candidate.

(4) Except as provided in (3), an EMT may not perform any acts that are beyond the EMT's level of licensure or endorsement.

LIABILITY INSURANCE AND HEALTH REQUIREMENTS

Each student is covered by a general liability policy through FVCC and this is paid from student fees for courses. Student in the paramedic program may also consider obtaining student malpractice insurance. This coverage is available through HPSO at:

<http://www.hpsso.com/Documents/Landing/ppc/legacy/hpsso-liability-insurance.aspx?refID=WW2GWi>

A health evaluation and immunization assessment form must be completed as part of program application process. Students entering the clinical phase of the program are required to meet all standards established by Kalispell Regional Healthcare, including an evaluation of immunizations performed by the Academic Affairs Coordinator. Students will not be allowed to schedule for clinical time until they have completed all the steps for clearance established by KRMC.

Students are required to complete a Standard Precaution orientation and specific clinical orientations at the beginning of the paramedic program.

Students involved in injury or exposure during their clinical and/or field internship are covered under worker's compensation through FVCC. If a student is involved in an injury or exposure they must contact the Instructor, clinical or lab coordinator depending on where exposure took place. The instructor, clinical or lab coordinator will determine whether the injury or exposure warrants notifying the program director immediately, and complete the injured worker's first report within 24 hours, unless extenuating circumstances exist. Health science programs require participants to possess Individual health insurance coverage.

EXPOSURE TO OR DIAGNOSIS OF A COMMUNICABLE DISEASE POLICY

This policy refers to any communicable condition which potentially threatens student or patient safety. Examples would be, but not limited to strep throat, herpes, scabies, rubella, tuberculosis, hepatitis or HIV.

Policy

A student who suspects contact, has contact, is exposed to or contracts a communicable disease must report such contacts/diagnosis to his or her Program Director immediately. Contact may be, but not limited to direct touch, needle stick, airborne or handling of contaminated materials or equipment. Compliance with the policy and procedures as follows is the responsibility of the student. The student is responsible for completing the Employee's first report for worker's compensation, and forwarding it to the Program Director.

Rationale

The purpose of this policy is to prevent spread of disease to other students, patients and the community. The procedures attached to this policy have an approved, uniform and planned approach for assisting students who have been exposed to or contracted a communicable disease. The student is responsible for being knowledgeable about communicable diseases and their own role as a potential source of infection or their responsibility for the health and safety of others. This is especially significant in the clinical setting when working with patients already in a debilitated and medically compromised condition.

Procedures

When attending a clinical site, students are to report suspected or real contact with a communicable disease to their clinical preceptor immediately following the event. The clinical preceptor will follow the facility's procedures, and also notify the Program Director. The student should also contact the Program Director as soon as possible after the event.

If a student suspects having a communicable disease, or having come in contact with one, outside the clinical setting (for example chicken pox or other common but contagious disease) the student must notify the Program Director who will then determine if the student should be allowed to attend on-campus classes or the clinical internship.

If it is confirmed the student has a communicable disease, he or she must follow-up with appropriate medical care and inform the Program Director. Decisions pertaining to the student's continuation or postponement of any type of coursework will be made on a case-by-case basis, based on the severity of the disease, at the discretion of the Program Director. The health and safety of the student, patients and other students will always be a deciding factor in these cases. The most recent information from the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) will be used as guidelines for decision-making.

RELEASE FROM LIABILITY

Flathead Valley Community College and its affiliating clinical sites will not be held liable or responsible for any injuries or ill effects while participating in classroom and/or clinical situations as a student (i.e., needle sticks, lifting injuries, etc.). Each student is covered under Worker's Compensation during the course of the unpaid internship. It is the student's responsibility to contact the Program Director and complete the first report of incident immediately after seeking medical treatment. Students will be expected to sign waivers of liability prior to classroom and clinical proceedings. Several clinical sites require that students sign standard releases of liability prior to the ride-along, clinical or field internship. Copies of these documents will be kept in each student's program file.

PATIENT CONFIDENTIALITY

Patient information garnered during clinical rotations is considered confidential both ethically and, in many cases, legally. Discussion with preceptors and instructors is permitted when used for educational or stress management purposes only, and when in a private setting. Any other open or public discussion of any confidential patient information outside the clinical setting is strictly prohibited. Confidential patient information is defined as any information which would specifically identify an individual. This includes, but is not limited to: name, address, Social Security number, or driver's license number. At times this may also include specific details, not generally known to the public.

SOCIAL MEDIA POLICY

Social Media encompasses a broad sweep of online activities which include not only the blogs that students may author and those to which students may contribute, but also social networking sites such as Facebook; professional networks such as LinkedIn; the live-blogging tool, Twitter; and other sites, such as Instagram and Snapchat.

Students may not post to social media sites during class, clinical or field hours. Students also may not take photographs during those times without the express consent of the instructor or preceptor. At other times, students are encouraged to write knowledgeably, accurately, and using appropriate professionalism within their personal sites, blogs and social networks. At no time is it acceptable to post any information that could serve to identify specific patients, preceptors, incidents or calls.

UNIFORM AND APPEARANCE

While enrolled in the paramedic program during hospital and field clinical rotation settings and in all educational areas including the classroom, students are expected to be properly attired and neatly groomed. Failure to maintain a professional appearance for patient care and as a representative of the FVCC Paramedic Program will result in being asked to leave the clinical or internship area resulting in an unexcused absence. The official uniform of the paramedic student will be that which is adopted by the faculty of the FVCC Paramedic Program. You must be in uniform to train at clinical or field sites. Students will be required to follow the Uniform Appearance Code as follows:

1. Required uniform for clinical/field internship:
 - a. Navy Blue or Black EMT pants.
 - b. Black belt.
 - c. Program issued polo shirt with Program Logo. Note that shirt is to be tucked into the pants.
 - d. Undershirts must be plain white or navy blue. Undershirt must not contain any logo of any kind
 - e. All-black, leather or synthetic closed toe, low-heeled shoes are required and must be clean and polished with black laces. Shoes must have a closed heel. Boots are recommended for ankle support. Shoes will be properly secured, tied, zipped, and/or laced.
 - f. As an exception to the above, the following are permitted during hospital/clinical rotations:
 - i. Running/tennis shoes that are subdued in color may be substituted for the black leather shoes/boots.
 - ii. A navy blue scrub top with Program Logo may be worn in place of the program issued polo shirt.
 - iii. Appropriate business casual attire will be worn to all Pathways rotations. In general,

this means pants (not jeans) or skirts, button down shirts and shoes (not work boots, sandals or athletic footwear). If in doubt, talk with the Program Director or Clinical Coordinator.

- g. KRMC student ID badge (required to be worn only during clinical rotations at KRMC)
 - h. Uniforms must be neat, clean and wrinkle-free.
 - i. Students must arrive at clinical rotations clean, free of body odor or offensive breath.
 - j. Policies of Kalispell Regional Medical Center will be followed regarding tattoos and piercings.
 - i. No jewelry or accessories (this includes sunglasses) to clinical, except watch & engagement or wedding rings.
 - ii. Only ONE set of post earrings allowed for pierced ears. Earrings cannot dangle below earlobe.
 - iii. NO visible body piercings allowed in clinical setting. This includes tongue piercing. If your tongue is already pierced, you must purchase a clear ball to wear during all clinical and field rotations.
2. Appropriate outwear for clinical sites
- a. Program issued vest for field sites
 - b. Knit caps are allowed as long as they do not show an agency affiliation or commercial logo
 - c. Personal jackets/coats are allowed as long as they do not show an agency affiliation or commercial logo
3. Appropriate attire for the classroom and lab.
- a. Students should wear comfortable clothing to classroom and lab portions of the program unless notified in advance that they are to wear the student uniform to class. If the instructor feels the attire is inappropriate, the student will be notified and reminded of appropriateness of attire. Some general guidelines are as follows:
 - i. Shirts are to have sleeves
 - ii. Shorts, dresses or skirts must reach at least mid-thigh
 - iii. Closed toe shoes are required
4. Undergarments and/or cleavage should not show when leaning or bending over.
5. Hair will be off the collar in back (men & women) plain clasp or hair clips only.
6. Hair must be kept out of the face.
- a. Hair shall be of a color occurring among natural hair colors. In other words, no bright, basic colors (blue, green, etc.)
7. Men will be clean shaven or beards & mustaches neatly trimmed.
8. No perfume or cologne.
9. Fingernails will be trimmed (no acrylic nails or polish).

Personal EMS Equipment

Certain personal equipment should be carried during all ride-along, clinical rotations, or field internships:

- 1. safety glasses
- 2. trauma shears
- 3. penlight or flashlight
- 4. stethoscope
- 5. EMS field guide
- 6. non-latex gloves
- 7. pen and notebook
- 8. wristwatch

Personal Protective Equipment

The student is required to use seatbelts at all times while the ambulance is in motion. The student will be required to use all body substance isolation equipment while in visual proximity of all patient contacts including but not limited to:

1. Non-latex medical OSHA approved exam gloves for all patient contacts.
2. Clear shatter proof OSHA approved safety glasses with side protection for all patient contacts.
3. OSHA approved HEPA mask that fits face for all patient contacts that require air-borne particle protection.
4. Full body OSHA approved gown for all patient contacts that require excessive contact and/or air-borne body substance protection.

The student will not enter incidents and will observe all safe-zone evacuations that require specialized training, equipment, and/or deemed unsafe by preceptor or incident commander.

Wearing the Uniform

Students are to abide by the Uniform Appearance Code when dressed in the program uniform.

1. While dressed in the uniform and in the public view; whether on a clinical rotation, in school, before or after class or before or after a clinical rotation; all policies regarding the wearing of the uniform will be followed.
2. The uniform is not to be worn in public venues, other than in an official capacity.
3. At no time should the uniform be worn in locations where the serving and consumption of alcohol is the primary purpose, other than while on a call during a field rotation.
4. The clinical uniform is highly recognizable in all settings. At all times while in the public view:
 - a. Students are to wear the uniform with the shirt properly buttoned and tucked.
 - b. Boots are to be properly laced or zipped.
5. Students may wear the uniform to restaurants for meals while in class or on clinical rotations as long as they show professionalism and represent the program and EMS at the highest level.

PART 2 – ABOUT THE PARAMEDIC PROFESSION

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury.

Paramedics possess the knowledge, skills, and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope and service continues to expand, the paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

FUNCTIONAL JOB ANALYSIS

The paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. Paramedics must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. The paramedic must be able to function independently at an optimum level in a non-structured environment that is constantly changing.

Even though the paramedic is typically part of a two-person team, generally working with an Advanced Emergency Medical Technician (AEMT) or Emergency Medical Technician (EMT), it is the paramedic who is held responsible for safe and therapeutic administration of medications including narcotics. Therefore, the paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical applications of medications include thoroughly knowing and understanding the general properties of all types and classes of drugs. The paramedic is personally, legally, ethically and morally responsible for each drug administered, for using correct precautions and techniques, for observing and documenting the effects of the drugs administered, for keeping one's own pharmacological knowledge-base current as to changes and trends in administration and use, for keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and for using drug reference literature.

The paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting and interpreting electrocardiograms (ECGs), electrical and/or pharmacological interventions to support cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax, and administering appropriate intravenous fluids and drugs.

The paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life-threatening emergency situations.

The paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

The paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and checkups may endure somewhat less stressful circumstances than the paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the stresses inherent in the role of the paramedic can vary, depending on place and type of employment.

However, in general, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. The Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to a dispatcher and other concerned staff one's impression of patient's condition is critical as the paramedic works in emergency conditions where there may not be time for deliberation. The paramedic must also be able to accurately report orally and in writing all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

PHYSICAL/MENTAL REQUIREMENTS FOR THE PARAMEDIC PROGRAM

MOTOR SKILLS - The student must have the physical ability to perform *gross* and fine motor skills required in the normal duties of EMS. This includes but is not limited to CPR, bandaging, splinting, childbirth, extrication, oxygen and pharmacological administration, defibrillation, equipment relocation, and patient handling. Examples include, but are not limited to, the following:

Frequently (34-66%)

- Perform physical tasks requiring walking, crawling, stooping, bending, kneeling, or working prone or supine including but not limited to patient transfer, movement, and extrication.
- Perform physical tasks requiring prolonged physical exertion such as carrying, pushing, pulling including but not limited to CPR, walking for long periods of time while carrying equipment and/or patients, vehicle extrication, extrication of a victim from the confines of a structure (residence, business, industry, or mobile dwelling).
- Perform physical tasks requiring detailed activity such as reaching, handling, and grasping including but not limited to operating cardiac monitors, accessing equipment, applying emergency equipment.

MOBILITY - The student must have physical abilities sufficient to stand, lift, balance, and carry, patients in excess of 125 pounds (250 pounds with the assistance of another person) from initial location to ambulance including negotiating stairs, hazardous terrain, and/or uneven terrain. Examples include, but are not limited to, the following:

Frequently (34-66%)

- Standing is necessary to perform emergency medical/rescue procedures.
- Walking to, from, and around emergency incidents.
- Lift and move up to 50 pounds to assist in moving patients, supplies, and equipment.
- Negotiate hazardous scenes in all environmental extremes including but not limited to light/dark, hot/cold, wet/dry /frozen scenes.

Occasionally (1-33%)

- Sitting is necessary during transport to and from emergency incidents.
- Lift and move up to 125 pounds when moving patients.
- Lift and move greater than 125 pounds with assistance.

HEARING -The student must have the auditory ability sufficient to assess and monitor patient's health needs, to determine personal danger at emergency scenes, hear requests for aid, and hear verbal orders and instructions from members of the medical care team. Examples include, but are not limited to, the following:

Frequently (34-66%)

- Hearing is essential for incident assessment including but not limited to assessing breath sounds and blood pressure by auscultation.
- Hearing is necessary for incident communications including but not limited to preceptor's instructions and directions, dispatchers communication via radio and telephone, physician orders via radio or telephone.
- Hearing is essential for scene safety and hearing dangers/warnings associated with hazardous scenes.

VISUAL - The student must have visual abilities sufficient for assessment, observation, and implementation of patient care, and for determination of scene hazards that potentially affect the well-being of self, patient, coworkers, and for driving an emergency vehicle. Examples include, but are not limited to, the following:

Frequently (34-66%)

- See all visible colors. Observe and identify patient signs including but not limited to paleness (white), cyanosis (blue), erythema (redness), jaundice (yellow), ecchymosis (bruising), swelling, burns, blisters, deformity, hemorrhage, fluid-blood loss, pupillary response, and pitting edema.
- Near and far acuity is necessary to perform duties including but not limited to assessing scenes to

determine cause and severity of injury/illness, preparing documentation, reading labels on medication, and performing patient care techniques.

COMMUNICATION - The student must have communication abilities sufficient for interaction with others in verbal and written form. This includes the ability to read, write, and understand the English language. Communication via face-to-face interaction and/or standard radio and telephone is an integral requirement. Examples include, but are not limited to, the following:

Frequently (34-66%)

- Verbally respond to patients and other emergency personnel in the English language including but not limited to asking questions of current and past medical history of the patient or bystanders that are able to provide patient information and receiving and interpreting verbal orders from physicians via face-to-face interaction, standard radio or telephone.
- The ability to read and understand written English language including but not limited to orders, advanced directives, instructions, protocols, prescriptions, and other pertinent patient information or data.
- Provide accurate and legible written report of patient(s) contact in a timely fashion.

Occasionally (1-33%)

- Shouting may be necessary to communication around loud equipment and when hearing protection is in place.

SMELL - The student must have olfactory senses sufficient for maintaining environmental, patient, and personal/coworker safety. Examples include, but are not limited to, the following:

Frequently (34-66%)

- Determine smells contributory to patient assessment including but not limited to fruity odors, alcohol smell, and other odors emitted by patients.

Occasionally (1-33%)

- Determine smells contributory to self-preservation and safety of patients and coworkers including but not limited to smoke, burning materials, gasoline and noxious fumes.

TACTILE - The student must have tactile ability sufficient to assess physical health and perform activities requiring dexterity combined with tactile ability. Examples include, but are not limited to, the following:

Frequently (34-66%)

- Palpate pulses and blood pressure.
- Assess skin temperature and diaphoresis.
- Safely handle sharps such as needles and lancets.
- Open medication containers such as prescription bottles and ampoules.

MENTAL ATTRIBUTES - The student must have interpersonal abilities sufficient to interact with individuals, families, groups, public safety personnel and other health care providers from a variety of social, emotional, cultural, and intellectual backgrounds. The student must be able to cope effectively with stress produced by work and interaction situations. The student must have critical thinking abilities sufficient for clinical judgment such that the individual can make independent judgments in the absence of other medical team members and/or medical control; and determine methods and treatments to use when caring for patients with varying illnesses or injuries. Examples include, but are not

limited to, the following:

Frequently (34-66%)

- Cope with emotional situation that affect the paramedic student directly.
- Cope with emotional situation that affect patients, their families, their friends, their coworker, bystanders, public, public safety personnel, and other health care workers.
- Establish and maintain supportive relationships with patients, family members, bystanders, public safety, media, political officials and other health care providers under stressful and non-stressful situations.
- Assess scene safety in uncontrolled environments.
- Assess patient's physical condition and determine the severity of illness or injury.
- Determine correct treatment modalities or algorithms.

PART 3 – ABOUT THE PARAMEDIC COURSE

In 1982, the Department of Transportation / National Highway Traffic Safety Administration (DOT/NHTSA) observed a need for a level of care above the Emergency Medical Technician. The National EMS Education Standards, led by the National Association of EMS Educators, replace the NHTSA National Standard Curricula at all licensure levels. The Standards define the competencies, clinical behaviors, and judgments that must be met by entry-level EMS personnel to meet practice guidelines defined in the National EMS Scope of Practice Model. Content and concepts defined in the National EMS Core Content are also integrated within the Standards. With respect to Montana and in most areas of the country, the EMT-Paramedic is the highest functioning pre-hospital practitioner. These individuals must be provided with the foundational knowledge furnished by the EMT and additionally given the responsibilities of particular advanced life support skills and knowledge. These added responsibilities require a solid and continuous relationship between the provider and the medical community.

All paramedic Students will show proof of NREMT certification and Montana licensure as an Emergency Medical Technician (EMT). Certification in American Heart Association (AHA) Basic Life Support is also required. These licenses and certifications must remain valid throughout the duration of the Paramedic Program. Paramedic students will also have competence in reading, writing, and math prior to beginning the program, minimum acceptable writing and math courses will be set by the Advisory Committee, Program Director, and Medical Director each year. Most students will have taken an Anatomy and Physiology course prior to starting program courses, however in some cases an exception may be granted to allow a student to take an A&P course at same time as program courses. Student should complete approved A&P, math, and writing courses prior to completion of program or approval to enter into the NREMT certification process may be delayed until A&P, math, and writing courses are successfully completed. The AAS degree requires additional courses as outlined in the college catalog. Other qualifications are outlined in the qualifications section below and in the functional job analysis.

By design, paramedic training focuses on those advanced skills that have the greatest potential for decreasing the proportion of morbidity and mortality in the pre-hospital environment. It is designed to provide a solid foundation for professional practice and additional education with a heavy emphasis on clinical problem solving and decision making. Thus, this program is designed to provide information and clinical experience concerning medical-legal considerations, terminology, communications, in-depth patient assessment and history taking, documentation, advanced airway management and ventilation, medical emergencies, trauma emergencies, interpretation of ECGs (both 3 and 12 lead varieties) cardiac defibrillation and synchronized cardioversion, electrolyte and fluid physiology, the initiation / maintenance / monitoring of intravenous lines, and associated pharmacology in addition to ACLS and PALS certifications following the American Heart Association guidelines. Students also receive certification in Pre-Hospital Advanced Life Support (PHTLS) and Advanced Medical Life Support (AMLS). It is crucial that the paramedic becomes extremely proficient with these skills due to the adverse conditions and remote areas in which they will potentially be performed. Paramedic training is intended to provide broad-based knowledge that promotes problem solving abilities as demonstrated by registered nurses and/or other allied health personnel. Among the primary objectives therefore, is the purpose to provide our communities with a practitioner capable of stabilizing patients until they arrive at a medical facility where physicians, nurses, and other support staff can isolate specific problems and implement definitive care. Didactic presentations, skills demonstrations, scenario and clinical training will be utilized to integrate this knowledge into the provision of pre-hospital patient care.

Flathead Valley Community College's Paramedicine program spanning 1 semester of prerequisites and 3 semesters of core training, will allow in excess of 1300 hours for reasonable competency to be attained.

These hours will be divided between classroom, skill lab, clinical and field experience settings. These do not include preparatory hours such as EMT training hours or academic experience hours. Prior to acceptance into the Paramedicine program each student is subjected to an application process that takes into account each student's education and experiences.

QUALIFICATIONS

In order to practice as a Paramedic in Montana, the candidate **must:** (A) be 18 years of age and be a high school graduate or equivalent, (B) successfully complete an approved Paramedic education program, (C) be recommended to enter the national certification process by the Program Director and Medical Director (**see Terminal Competencies below**), (D) attain a state license and be a member of a service licensed at the Paramedic level, (E) be approved to function by the service Medical Director, and (F) be on duty with the service when skills are performed. The use of these skills is controlled by the service Medical Director through the use of prospective medical control, protocols, immediate contact, and retrospective review.

TERMINAL COMPETENCIES

Successful completion of all paramedic program terminal competencies is required in order for the student to receive "course completion" and be allowed to enter into the NREMT process. All of the following terminal competencies must be completed before the last day of spring semester.

Students submitting an application for admission to the paramedicine program **must:**

- Have successfully completed an EMT training course and achieved NREMT certification.
- Be enrolled as a degree seeking student with the major being Paramedicine.

Students submitting an application for admission to the paramedicine program should have a minimum of one year experience in the field as an EMT. However, students who submit an application with less than one year experience may still be eligible for admission at the discretion of the Program Director. Paramedicine is a challenging profession, and the didactic and practical training required to enter the profession can be intense. Field experience as an EMT can assist the student by providing a basic understanding of ambulance operations and patient interaction.

Students who have successfully completed pre-paramedicine courses prior to the application deadline will be given preference.

The following courses require a minimum grade of C- (70%) or better:

- BIOH 104 and 105—Basic Human Biology with lab
- M 120—Math for Allied Health Professions
- WRIT 101—College Writing
- COMX 115C—Interpersonal Relations and Communications
- Or
- COMX 215C -- Negotiations/Conflict Resolution
- AHMS 144—Medical Terminology

All ECP core courses require a grade of B- or better (80%) in order to continue in the program.

Core course terminal competencies are as follows:

- Successful completion of all ECP core courses with a grade of 80% or better (B-).
- Successful completion of all assigned unit exams utilizing Fisdap.
- Successful completion of program comprehensive examination with a grade of 73% or better utilizing Fisdap. This exam will be given 1 week prior to the end of the final semester. If the student does not receive 73% on the Fisdap exam (Fisdap Score), he or she must then submit a BLUE BOOK document of the learning prescription.
- Successful completion the following specialty certification courses:
 - Advanced Cardiac Life Support (ACLS) new provider
 - Pediatric Advanced Life Support (PALS) new provider
 - Pre-Hospital Trauma Life support (PHTLS) advanced provider
 - Advanced Medical Life support (AMLS) advanced provider
- Successful completion of Paramedic Psychomotor Core Competencies (PPCP).
- Successful completion of a mock NREMT Paramedic practical examination at the end of the final semester. Portions of this exam will be practiced throughout the program, and a final mock exam will be conducted as the part of the summative program evaluation. The Medical Director and Program Director will conduct oral exams in which the student must demonstrate entry level competency.
- Completion of **ALL** required clinical hours in each designated area with proper documentation of successful completion of hours.
- Completion of all required assessments in each category with proper documentation of successful completion of each assessment.
- Completion of required skills in each category with proper documentation of successful completion of each skill.
- Completion of all required field internship hours with proper documentation of successful completion of hours.
- Completion of a minimum of 40 team leader assessments, with a minimum of 20 performed during the capstone portion of the field experience.

COURSE DESIGN

NOTE: Due to the uncertainties caused by the ongoing Covid-19 response, the information regarding skills, clinical and field experience stages as well as the minimum requirements are all subject to change. Any changes will be in accordance with National Registry of Emergency Medical Technicians (NREMT) and The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) guidelines and approved by the program Medical Director.

Didactic Phase

The FVCC EMT-Paramedic program will dedicate over 300 hours to this phase, using both synchronous and asynchronous deliver methods to support knowledge retention. Evaluation of knowledge retention will be afforded through quizzes, case studies, and written exams. The Course Instructor and or Program Director will review all knowledge demonstrations and may (at any time) require additional remedial training and/or demonstrations of competency including but not limited to written exams, assessment/scenario evaluations, quizzes, homework, assignments, and presentations. The program Medical Director may also request additional training.

Many of our courses are hybrid, using an online learning management system for the delivery of specific content, followed by classroom discussions and case studies. Various textbooks, workbooks, student handout materials, and Montana State Protocols will also be employed to aid in the learning process.

Skills Phase

The FVCC Paramedic Program will dedicate over 180 hours to this phase with regard to skills and physical assessment techniques demonstration and practice, scenario training, and evaluation of skills competencies in the skills lab. Evaluation of knowledge retention will be afforded through skills check-offs, NREMT skills sheets, case studies, as well as quizzes and tests. As with the Didactic phase, the Course Instructor and or Program Director will review all knowledge demonstrations and may (at any time) require additional remedial training and/or demonstrations of competency including but not limited to written exams, assessment/scenario evaluations, quizzes, homework, assignments, and presentations. Program Medical Director may also request additional training.

This part of the program provides the student with the opportunity to develop the psychomotor skills of the paramedic. Initially, each skill will be taught in isolation, and then integrated into simulated patient care situations. To the maximum extent possible, the skills laboratory will consist of instructional scenarios to emphasize the application and integration of didactic and skills into patient management. Examinations will be conducted regularly through written tests and quizzes, skills demonstrations, and scenario completion.

Each student is responsible for any material or instruments used and for cleaning and putting away those items. No equipment is to be removed from the skills laboratory without instructor permission. Please handle all equipment carefully, and know how all equipment operates prior to use. If in doubt, check with the instructor.

Visitors, including children of students, are not allowed in the classroom or lab setting without the permission of the instructor.

Clinical phase

The FVCC Paramedic program will dedicate a minimum of 496 hours to this phase. Students will gain their clinical experience in specific clinics and departments operated by one or more of the following medical facilities:

- Kalispell Regional Medical Center (KRMC) (Kalispell, MT)
- The HealthCenter (Kalispell, MT)
- North Valley Hospital (Whitefish, MT)
- Benefis Health System (Great Falls, MT)
- Blackfeet Community Hospital (Browning, MT)

Flathead Valley Community College has clinical site agreements with these facilities, and students will abide by all facility policies while in the clinical setting. Students will not be allowed to schedule in the clinical setting until they have reached the minimum number of competencies required for each particular clinical site. Visitors, including children of students are NOT allowed in the clinical or field setting. The Course Instructor and or Program Director will review all clinical experiences and evaluate whether the student is making progress while in the clinical setting. Any student who does not show progression in the clinical setting may be required at the discretion of the program director to complete additional clinical time.

Field Experience Phase

The field experience phase of paramedic training consists of a minimum of 84 hours advanced life support ambulance services. While in the field experience phase the student must be precepted by a current Montana state licensed paramedic.

During the field experience phase, the student is expected to gain experience in functioning as a Paramedic in the field setting. Starting by observing the actions of the Paramedic Preceptor, the student is expected to become a contributing member of the ambulance crew with the goal of learning to function as a team leader. Although serving as team leader is not a requirement during this phase, the student may do so if his or her preceptor permits.

The Clinical Coordinator and/or Program Director will review all documentation of the field experience. Any student who is not showing progress in the field setting may be required to complete additional field hours prior to progressing to the Field Internship Phase (Capstone).

Field Internship Phase (Capstone)

The field internship phase (Capstone) consists of a minimum of 276 hours with advanced life support ambulance services. While in the field internship (Capstone) phase, the student must be precepted by a current Montana state licensed paramedic. The student will be responsible for responding to critical and emergent patients while further developing team leading skills and Paramedic-level decision making in the pre-hospital environment.

During the first 132 hours of this phase the student will continue to ride with a variety of ambulance services in order to gain experience with the widest possible variety of calls. For the final 144 hours, the student will be assigned to a specific service. This is intended to provide the maximum possible consistency in evaluating the students' readiness to serve as an entry level Paramedic.

Each student must accumulate a minimum of 40 team leads while in the field setting, with a minimum of 20 occurring during the Capstone phase. Students who do not accomplish 40 team leads in the field setting, with at least 20 occurring during the Field Experience (Capstone) phase, may be required to schedule additional field time to accomplish the minimum number of team leads.

The Clinical Coordinator and or Program Director will review all documentation of the field internship. Any student who is not showing progress may be required to complete additional field hours prior to being given program completion for NREMT.

PART 4 – MINIMUM REQUIREMENTS

Minimum Required Competencies, Skills, Ages, Differential Diagnoses and Complaints

Minimum Required Competencies, Skills, Ages, Differential Diagnoses, and Complaints on Patients in Clinical, Field Experience, or Capstone Field Internship	Minimum Requirement
Trauma	30 Total
Trauma - Pediatric	6
Trauma - Geriatric	6
Pediatrics	18 Total
Newborn	2
Infant	2
Toddler	2
Preschool	2
School Age	2
Adolescent	2
Medical	70 Total
Pediatric	12
Adult	18
Geriatric	12
Stroke/TIA	2
Acute Coronary Syndrome	2
Cardiac Dysrhythmia	2
Respiratory Distress/Failure	2
Hypoglycemia/DKA/HHS	2
Sepsis	2
Shock	2
Toxicological Event/OD	2
Psychiatric	6
Altered Mental Status	2
Abdominal Pain	2
Chest Pain	2
Skills	
IV Bolus Medication Administration	20
IM or SQ Injection	2
Inhaled Medication (MDI, Nebulizer)	2
Ventilate a Patient	20
Team Leads in Capstone Field Internship	20 Total

Minimum Competencies and Skills Required Prior to Capstone Field Internship

Minimum Competencies and Skills Required Prior to Capstone Field Internship	Lab	Scenario	Live Patient	Scenario or Live Patient
Obtain a patient history from an alert and oriented patient	2			8
Comprehensive normal physical assessment - Adult	2			
Comprehensive normal physical assessment - Pediatric	2	2	2	
Direct orotracheal intubation - Adult	10	2		12
Direct orotracheal intubation - Pediatric	10	2		12
Nasotracheal Intubation - Adult	2			
Supraglottic airway device - Adult	2	6		12
Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	2	4		2
CPAP and PEEP	1	2		2
Trauma Physical Assessment - Adult	2	2	6	6
Trauma endotracheal intubation - Adult	2	2		2
Pleural decompression (Needle thoracostomy)	2	2		2
Medical including cardiac physical assessment	2	2	40	10
Intravenous therapy	2	10	20	15
Intravenous bolus	2	2	2	10
Intravenous piggyback infusion	2	2		
Intraosseous infusion	2	4		2
IM and SQ medication administration	2	2		2
Synchronized cardioversion	2	4		10
12-lead ECG placement			4	
Defibrillation (Unwitnessed arrest)	2	4		10
Transcutaneous pacing	2	4		10
Normal delivery with newborn care	2	2		4
Abnormal delivery with newborn care	2	2		4
Neonatal resuscitation beyond routine newborn care	1	2		4

Scenario Requirements

Minimum Number of Scenarios Where Student is Team Leader or Team Member Throughout the Program But Prior to Capstone	
Laboratory Scenario - Pathology or Patient Complaint	Minimum Team Leads
Respiratory Distress/Failure	1 Pediatric
Chest Pain	
Cardiac Dysrhythmia/Cardiac Arrest	1 Adult
Stroke	1 Geriatric
Overdose	
Abdominal Pain	
Allergic Reaction/Anaphylaxis	
Hypoglycemia/DKA/HHNS	
Psychiatric	
Seizure	
Obstetric or Gynecologic	1 Adult
Delivery with Neonatal Resuscitation	1 Neonate
Trauma (blunt, penetrating, burns or hemorrhage)	1 Pediatric & 1 Adult
Shock	
Sepsis	1 Geriatric
Elective	2
Minimum Team Lead Evaluations	10
NOTE: A minimum of 10 Team Member Evaluations in any scenario are also required	

Basic Skill Competencies

(These competencies (Basic and CPR) are to be evaluated in the laboratory prior to any live patient encounters.)

Basic competencies to be evaluated in lab prior to any live patient encounters in clinical, field experience or Capstone field internship. There must be at least 1 peer evaluation for each of the following competencies, overseen by an instructor as students check off each other.	Peer or Instructor Eval	Instructor Evaluation in Scenario Prior to Capstone Field Internship
Spinal Immobilization Adult (Supine)	1	2
Spinal Immobilization Adult (Seated)	1	2
Joint Splinting	1	2
Long bone splinting	1	2
Traction splinting	1	2
Hemorrhage control	1	2
Intranasal medication administration	2	2
Inhaled medication administration	2	2
Glucometer	2	
12-lead ECG placement	2	2

CPR Competencies

CPR Competencies Lab overseen by instructor as students check off each other	Peer or Instructor Evaluation	Instructor Evaluation in Scenario Prior to Capstone
1 & 2 Rescuer CPR for Adults, Children, and Infants	1	2
Bag-Mask Technique and Rescue Breathing for Adults and Children	1	1
Automated External Defibrillator	1	
Relief of Choking in Infants or Victims 1 Year of Age and Older	1	1

PART 5 – CLINICAL AND FIELD PHASE

INTRODUCTION

The clinical and field internship portions of the paramedic curriculum provide students with the tools to master the complex skills of paramedicine. Additionally, students gain experience with the varied nature of ill and injured patients in a supervised setting. Paramedic students assimilate into the emergency medical healthcare team, gaining an appreciation for the role played by each member of the team. While in the clinical or field internship setting, students must comply with the policies and procedures of the affiliated hospital or host facility. Students must also display professional attitudes toward patients, family members, preceptors, and other employees of the host facilities at all times; participate actively and seek out learning opportunities.

The paramedic field internship is organized around the belief that the role of today's paramedic is the careful delivery of advanced level pre-hospital care to the victims of sudden illness or injury, and to those with chronic illnesses that may occur throughout their life span. Paramedics today have more knowledge, skills and training, and thus responsibility than ever before. As a result, the general public has come to expect more and more from its emergency medical services providers. Paramedic education is the integration of the humanities and sciences, legal and ethical principles. The paramedic provides individualized care for the person as a member of a family, community and culture. The curriculum is designed to support the personal and career development of students. The paramedic program values the diversity of its students' age, life experience and culture as this diversity reflects the society they will serve. It is the belief of the paramedic program faculty that students learn and develop their highest potential in a supportive and challenging environment. The goal of this program is to prepare the graduate to function as an entry level paramedic. With the rapidly changing health care system, students must develop an appreciation for life-long learning. For the associate degree graduate this will include further acquisition of skills and knowledge within the work setting and/or pursuit of additional formal paramedic education.

CLINICAL REQUIREMENTS

Students will accumulate a minimum of 496 hours in the clinical phase of training. The minimal clinical time requirements that must be successfully completed and documented are as follows:

Paramedic Hospital Clinical I and clinical II

AREA	1 st Semester Hours	2 nd Semester Hours
Emergency Department	72	108
ER Triage	60	24
Operating Room	40	40
Labor and Delivery	24	24
NICU/Nursery	24	24
Intensive Care unit		24
Brendan House		16
Pathways		16
TOTAL Per Semester	220	276

SKILL DOCUMENTATION

Accurate documentation of skills performed, whether successful or not, is required for the student to complete the clinical portion of the course. Documentation of skills performed should be completed immediately following the experience or at the end of the clinical shift. This will be at the discretion of the preceptor. The student will utilize FISDAP, a web-based scheduling and clinical tracking system, to document the performance of skills and assessments. The preceptor is responsible for reviewing the web-based program and acknowledging the performance of skills and assessments. The student should have documentation of skills completed before the end of shift.

A narrative is mandatory on all patient contacts in the field setting, and the student will complete a narrative daily on all experiences in the clinical setting. These narratives will be documented using FISDAP upon completion of the call, along with all skills and assessments performed. The student should not wait until the last minute to complete required documentation. All field narratives will be in one of three formats.

SOAP		CHART		CHRONOLOGICAL
S	Subjective	C	Chief Complaint	Story told in chronological order based on the time events occurred.
O	Objective	H	History	
A	Assessment	A	Assessment	
P	Plan	R	Rx (Treatment)	
		T	Transport	

The skills and assessments performed will be documented using FISDAP during the scheduled shift. Any skills and/or assessments not documented using FISDAP will not be counted toward the requirement for the clinical experience under Montana guidelines and the National Standard Curriculum. If the student has not locked the shift (marked completed) within 24 hours of the end of the shift, the program director reserves the right to lock the shift and not allow any additional entries.

Clinical Education and Field Training

The minimum total of hours and number of actual skill performances are determined by the National EMS Education Standards, CAAHEP Standards and Guidelines, NREMT requirements and FVCC Program requirements. The goal of the program is to develop competencies, not to achieve minimal standards. Members of the Program Administration and selected preceptors will reinforce this objective through a series of rigorous evaluative exercises and subsequent approval. Thus, course participants must have consent of the Program Director, Clinical Coordinator, and Medical Director prior to beginning clinical training. The Program Director, Clinical Coordinator, and Medical Director will review all clinical evaluations and may require additional clinical time in any area or at any site. It is the philosophy of the Flathead Valley Community College Paramedic Program to provide an opportunity for remedial instruction within what may be considered reasonable and prudent means, to allow the student to achieve competency.

Students will be provided the opportunity to progress from observer to participant to team leader. The final integration of all the didactic, skills, and clinical instruction will take place in the Field Internship (Capstone) phase of the program. During the field internship, the student will serve as the team leader under close supervision of a qualified preceptor, and will be evaluated as to their ability to serve as an entry-level paramedic.

Field Experience and Internship (Capstone) Performance Objectives

The field experience and internship (Capstone) will offer the student the opportunity to perform many or all of the skills explored in the didactic and clinical portions of the program. The environment will change from the controlled to the uncontrolled and will afford the student the environment to "put it all together." At the end of this course the student will be able to:

- Determine safety for patient, self and team members and ensure an adequate work environment in a timely manner.
- Use universal precautions, where appropriate personal protective equipment specific for patient condition, clean and sanitize equipment in accordance with provider policy and procedures.
- Initiate or delegate appropriate crowd control and deal effectively with family and bystanders.
- Recognize the need for and request additional assistance or equipment needed in a timely manner.
- Perform an organized primary assessment within 60 seconds and intervene appropriately in a timely manner.
- Obtain a relevant and accurate patient history, chief complaint, medications and allergies in a systematic and timely manner.
- Perform a thorough exam with appropriate inquiry and inspection pertinent to the patient's chief complaint with accurate findings.
- Interpret and correlate assessment information correctly.
- Identify breath sounds and have adequate knowledge of chest auscultation.
- Identify cardiac rhythms in an accurate and timely manner.
- Develop and implement an appropriate plan of action.
- Assess patient response to therapy/interventions.
- Build rapport with patient, family, and bystanders.
- Communicate all pertinent information to team members.
- Utilize medical control appropriately, including organized and complete radio reports.
- Complete patient care reports in an accurate, thorough and legible manner.
- Function as a member of the patient care team.
- Assume a leadership role and direct team members appropriately.
- Participate in the evaluation of self; including accepting feedback and suggestions and taking necessary steps to correct performance.
- Use all equipment correctly.
- Assure the adequate delivery of oxygen to patient, including use of appropriate airway adjunct and achieving or maintaining patency of airway in a timely manner.
- Correctly use advanced airways in a timely manner.
- Correctly identify the indications for and perform defibrillation and cardioversion.
- Establish an intravenous infusion with proper technique and in a timely manner.
- Properly administer medications with proper technique, dose, rate, and documentation.
- Demonstrate the respect for the dignity of each individual he or she is associated with in the practice of his or her professional duties.
- Respond to the field learning environment in such a manner to invite confidence of patients, supervisors, peers and other health care professionals.
- Understand the roles and responsibilities of a paramedic within an EMS system.

TERMINAL COMPETENCIES

ECP 295 Clinical III consists of both the Field Experience and Field Internship (Capstone) phases. It is a requirement of the paramedic education program for the student to successfully meet the terminal competencies in order to receive a passing grade in the course. Completion of the paramedic internship is necessary to be eligible to sit for the NREMT cognitive and psychomotor examinations. All of the following terminal competencies must be completed before the last day of final semester.

- Completion of all required clinical hours in each area with proper documentation of successful completion of hours.
- Completion of all required assessments in each category with proper documentation of successful completion of each assessment.
- Completion of required skills in each category with proper documentation of successful completion of each skill.
- Completion of 360 hour field internship with proper documentation of successful completion of hours.
- Completion of 40 Team Leader assessments with proper documentation of successful completion of each assessment.
 - The student must complete a minimum of 25 advanced life support team leader assessments. Advanced Life Support is defined as a call requiring the performance of an advanced-level skill.
 - A maximum of 15 team leads may be at the basic life support level.
- Successful completion of Fisdap paramedic Prep Test with a 73% or greater using the Fisdap grading scale.
- Successfully complete a mock NREMT practical exam with scores greater than NREMT minimum scores and without critical failures of any of the practical exams.

The FVCC Paramedic Program has partnered with several EMS agencies throughout Central and Western Montana to provide students with a wide variety of experiences during field training. Field training is divided into two phases:

- In the Field Experience Phase, students will complete 84 hours throughout all field sites.
- In the Field Internship (Capstone) Phase, students will complete 132 hours throughout all field sites, followed by 144 hours during which students will be assigned to one field site for final evaluation purposes. Students may not attend their final experience with an agency for whom they are employed or volunteer.

CLINICAL, FIELD EXPERIENCE & FIELD INTERNSHIP ABSENCES

One (1) unexcused absence from a scheduled hospital clinical, or field internship day throughout the ENTIRE paramedic program, will result in review and a letter of counseling. A second unexcused absence will result in probation and or suspension and a letter of counseling. A third unexcused absence will result in a final grade of "F" being issued and dismissal from the program.

Except in the case of sudden onset illness or injury occurring on the morning of clinical assignment, 24-hour notice is required for all hospital clinical or field internship cancellations. Students are responsible for making a reasonable attempt to find a shift trade. Rescheduling may result in a 30-day or more delay. All student absences will be reported immediately to the Clinical Coordinator and/or the Program Director.

Absences will be excused only in the event of severe illness, family emergency, jury duty or comparable

occurrence. Documentation of the emergency may be required. These strict attendance rules are necessary due to the limited duration of the program and the large number of hours that are required for completion of the course and program.

TARDINESS

For the purpose of this policy, a tardy is defined as the paramedic student not being at their assigned location (*class, lab, clinical, or field internship*) and being ready, at the scheduled starting time. Failure to arrive on time and fully prepared for clinical or ride time may result in students being sent home, receiving an absence for the day, and/or disciplinary actions.

A tardy will be deemed excused when the paramedic student did not have control of the situation that caused the lateness. Whether or not a tardy is excused is at the discretion of the instructor, Clinical Coordinator, or Program Director.

TRANSPORTATION

It is the student's responsibility to arrange for transportation to all required classes and clinical rotations.

REMOVAL/DIMISSAL FROM CLINICAL or FIELD EXPERIENCE

Students may be removed immediately from their clinical site For violations of College and/or Paramedic Program policies or at the discretion of the preceptor. Such removals will be reviewed by the Clinical Coordinator and Program Director and may result in disciplinary action up to and including termination from the program. Should a student be removed from the clinical site for any reason, he or she must immediately contact the Clinical Coordinator or Program Director via cell phone and follow up with written statement via email. Students who are dismissed from a field site may have all subsequent clinical shifts cancelled pending investigation of the cause for the dismissal, as set forth above. The student may not be permitted to return until the investigation has been completed and a decision rendered.

PROPERTY DAMAGE

Damage to equipment must be reported to the Program Director and preceptor immediately after incident. Any student who intentionally drops, breaks, or destroys any hospital or ambulance equipment will be responsible for the replacement or repair cost. The student may be dismissed from the program if the damage is determined to be malicious.

INCIDENT REPORTING

Students involved in incidents that result in personal injury, injury to another person, or damage to property, will report the incident to their Program Director immediately after incident. If an incident occurs while on clinical rotations, the incident reporting procedure for the clinical site must also be followed. Such incidents will not be covered up or left unreported. Failure to report an incident or an attempt to cover up an incident is discovered the student may result in suspension from further clinical rotations.

EVALUATIONS

The following evaluations are required to be completed by students. You may complete additional evaluations if desired or as necessary (i.e., to record especially positive or negative experiences):

Hospitals/Clinics

- Preceptor Evaluation – Complete for the first shift ONLY that you work with a preceptor. Be sure to include the name of the preceptor in the additional comments block. If you work with multiple preceptors evaluate whichever preceptor had the most impact on you during the shift.
- Site Evaluation – Complete after your final shift in each clinic.

Field Experience/Capstone

- Preceptor Evaluation – Complete for the first shift ONLY that you work with a preceptor. Be sure to select the preceptor from the dropdown list. If you work with multiple preceptors evaluate whichever preceptor had the most impact on you during the shift.
- Site Evaluation – Complete after your final shift at each service.

AMBULANCE CLINICAL/FIELD INTERNSHIP REMEDIATION

Students with knowledge base or performance weakness as identified by preceptors or program faculty may be placed on academic probation and enter a remediation program to run concurrently with their field internship. In some circumstances, the student may be suspended from internship in order to successfully complete a remediation program.

The Program will evaluate the student's knowledge base or performance level, and create an improvement plan requiring activities designed to improve his/her identified weakness. The plan may include independent study, tutoring, participation in skills labs, peer counseling, scenario practice, drills, homework, or ride-along time with a unit. It is the student's responsibility to avail him/her of these activities and request assistance by appointment with the staff or faculty.

A formal progress evaluation will be conducted as a condition of the student's return to the internship setting. This may include written, practical, oral examinations, and/or evaluations in the clinical setting by the program faculty. This evaluation must be successfully completed within the time frame designated in order for the intern to return. If the final evaluation is unacceptable, the student will be terminated from the program.

SKILL AND ASSESSMENT SIMULATION

Should a student be unable (or at risk of not having the opportunity) to achieve the minimum requirements of certain categories, the student may request demonstration of competency via hi-fidelity simulation. Team Lead assessment competency will only be demonstrated through simulation if the student has documented a good faith attempt to complete 40 team leads in the field. Otherwise, if minimum requirements for Team Lead patient encounters are not achieved by the end of the final semester the student must make a request for internship extension.

AMBULANCE CLINICAL/INTERNSHIP EXTENSION

Should a student be unable (or at risk of being unable) to achieve the minimum requirements of the field internship, the student intern may request an internship extension. Extensions are not automatic or guaranteed. If it is determined that the intern has failed to make sufficient progress despite assistance from

the Faculty or Preceptors, an extension will not be granted and the student will be terminated from the Program.

Extensions are typically issued in increments of five shifts (1 extension = 5 shifts, 1 shift = 12 hours); typically no more than two extensions can be given. Students granted an extension may be placed on academic probation and be required to follow an improvement plan. Daily performance records must be completed for each additional shift and major evaluations after each five additional shifts. A student not meeting minimum standards following the maximum 10 extension shifts may be terminated from the Program. The student must complete the extension shifts within 40 days of end of final semester.

BEHAVIORAL EXPECTATIONS

Each student will be expected to do the following throughout the duration of the Paramedic Field Experience and Field Internship (Capstone) phases. Failure to fulfill these expectations may result in discipline, counseling, and/or dismissal.

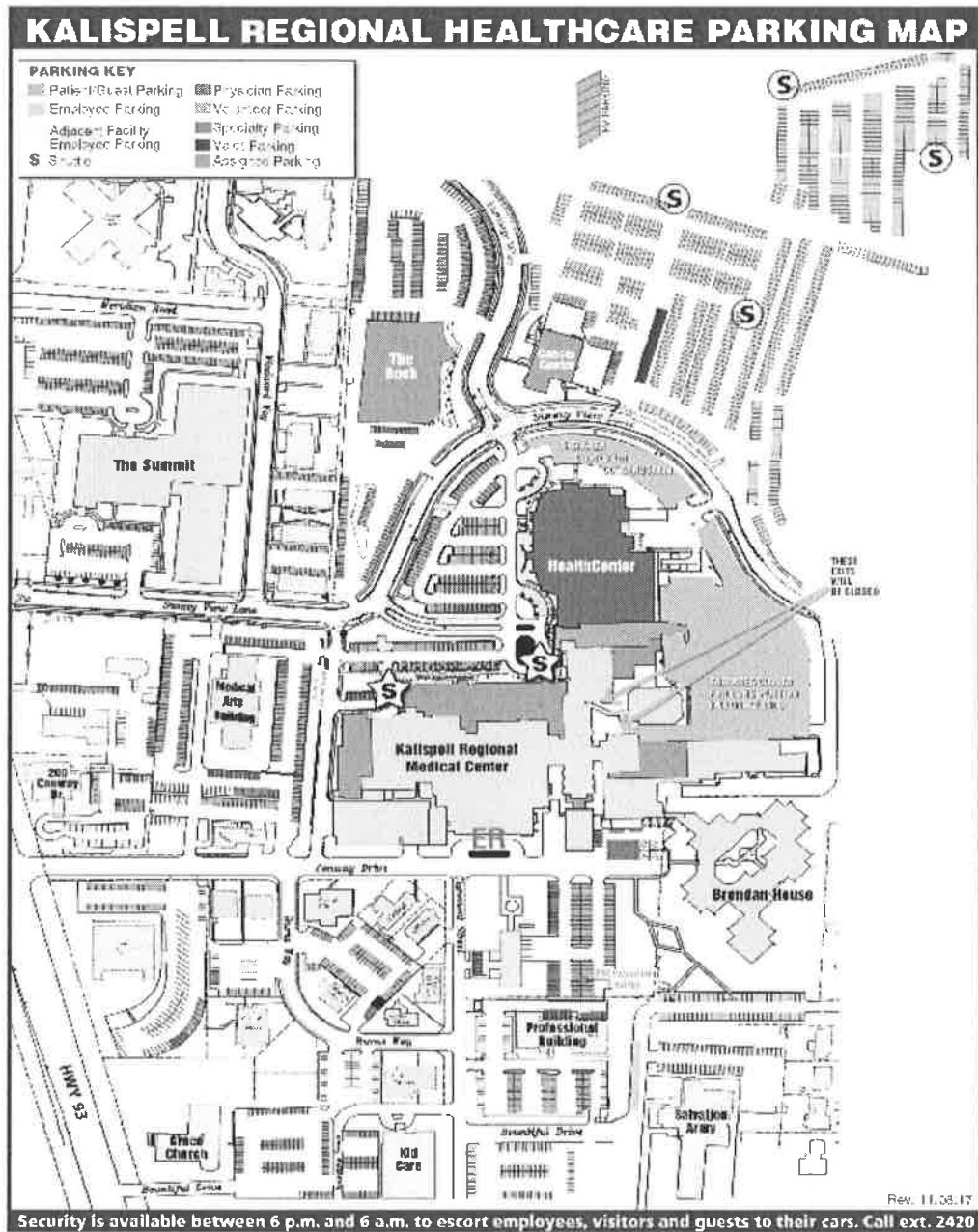
1. Be a team player - The emergency medical services is a team-oriented profession.
2. Arrive to scheduled shift on time - Besides missing out on valuable information, being tardy is not conducive to developing good training habits as a paramedic. For example if the field internship shift starts at 0700, the student should arrive at 0650. If the shift ends at 1900, the student similarly should not stay past 1900 unless the student has approval of agency supervisor or department manager. Students will not have continuous shifts that last more than 24 hours at any time. Clinical and Internship sites vary from one area to the next to adapt to local needs. The Program Director will work with sites for allowable time slots. What is allowable at one site may not be permissible at another site. Students at a site that allows student to stay overnight will not be able to sleep until after 2300 hrs.
3. Student must present one's self in a professional manner, being neat and courteous when conducting the required clinical hours - The student not only represents his/herself, but also the FVCC Paramedic Program, and the entire EMS community when performing this segment of training. Appropriate attire for each participating agency and facility is mandatory (see uniform policy).
4. Students are not typically allowed in crew bunk quarters unless on a 24-hour shift.
5. Students are not allowed to use or watch crew television during business hours and only when invited to do so.
6. Students should be cognizant of the limited space of crew quarters and should not interfere with the daily duties of crew. Students should not dominate space that allows for crew to be able to write run reports, eat meals, or relax in comfortable chairs. Students should make necessary adjustments to accommodate EMS crew.
7. Participate in all station duties. Maintaining the station and rig is an essential part of being a paramedic. Maintaining a clean and well kept work area is a direct reflection on a paramedic's performance. The student will wash the ambulance and complete an itemized ambulance checklist at the beginning of every shift.
8. Shift duties will be directed by the shift supervisor including but not limited to:
 - a. Washing Ambulance exterior and interior.
 - b. Clean dishes and store properly.
 - c. Empty trash.
 - d. Clean bathrooms.
 - e. Assist with supply restocking.
 - f. Clean crew common areas and ambulance bay.
 - g. Perform itemized ambulance checklist on backline/reserve ambulances. Students should be helpful with staff and patient assistant functions - while it is not the primary focus of the clinical internship, students will offer, where appropriate, to assist with patient

transportation, patient hygiene activities and equipment restocking. This will help the staff and intern develop better rapport and teamwork.

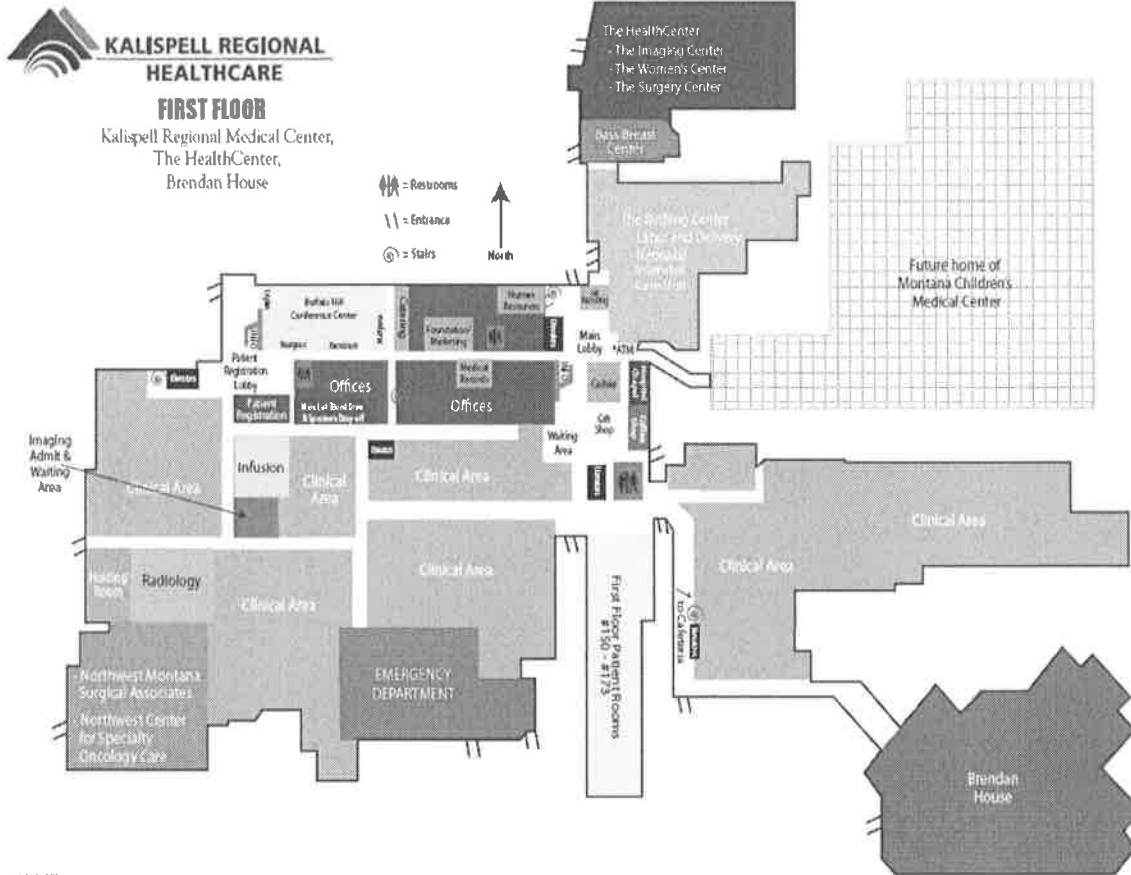
9. Accept responsibility for own learning and actions — the student will work with experienced paramedics. Many valuable lessons can be learned from your preceptors that cannot be taught in the classroom. During downtime between calls the student should be interacting with his/her preceptor. While the preceptor is involved with other tasks the student should be reviewing paramedic material. The student should come prepared by bringing pen, pencil, paper, and books. The student will attempt to do his/her best and try to achieve full potential.
10. Students will accept every possible internship experience —Valuable experience is gained with every patient encounter. The student will attend to every patient their assigned ambulance and/or preceptor is responsible for. This includes but not limited to patient encounters that include advanced life support, basic life support, inter-facility transport, and/or refusal of care.
11. Read and comply with all rules and regulations FVCC's paramedic program as found in the Paramedic Program Student Handbook, Paramedic Internship Handbook and FVCC's college catalog.
12. The student will follow all policies, procedure, Standard Operating Guidelines, protocols, rules, and/or regulations of the clinical/field site.

Appendix A – Kalispell Regional Medical Center Maps

Parking



First Floor

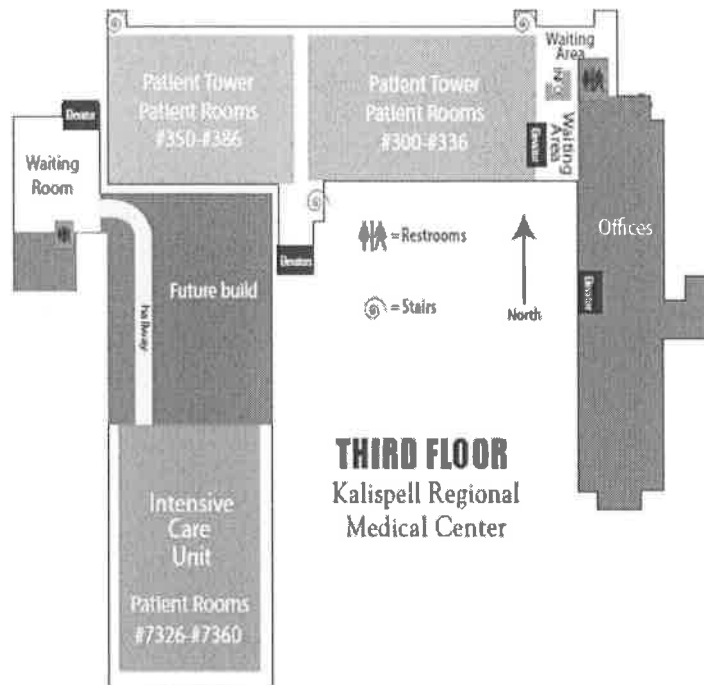


1/10/2017

Second Floor



Third Floor



Appendix B – Field Experience/Internship Information

Uniform and personal equipment:

Program polo shirt, plain white or navy blue under shirt, dark blue or black pants w/ belt, black leather boots. (Reminder: clothing/hats/jackets cannot have logos for products or agencies.

Certain personal equipment should be carried during all field training:

- safety glasses
- trauma shears
- penlight or flashlight
- stethoscope
- pen and notebook
- wristwatch

Social Media Policy

You may not post to social media sites while on duty at a field training site. For posts made before or after duty at a field training site, absolutely no reference to patients, clinical sites or clinical instructors/preceptors is permitted. Additionally, taking pictures of accident scenes and/or patients is not permitted.

Absences

If you are going to be absent from any site it is your responsibility to contact the Clinical Coordinator via email or text message at least 2 hours prior to the scheduled duty time. You are also responsible for notifying the clinical site of your absence before the beginning of the shift. One (1) **unexcused** scheduled field internship day will result in review and a letter of counseling. A second **unexcused** absence will result in probation and or suspension and a letter of counseling. A third **unexcused** absence will result in a final grade of "F" being issued and dismissal from the program.

Shift Guidelines

1. You may not be on shift for more than 24 consecutive hours. Each shift, whether 12 hours or 24 hours, must be followed by a 12-hour break prior to the next shift.
2. Clinical shifts cannot be scheduled on class days without permission for the Program Director or Clinical Coordinator.
3. Inform the Clinical Coordinator why you wish to drop a shift, and the date of the make-up shift.
4. Inform the clinical coordinator before leaving a shift prior to its scheduled end time.

Narratives and Differential Diagnoses

To receive credit, each run must include a proper narrative in an appropriate format. Additionally, all medical narratives must include at least 3 differentials. Put these after the actual run narrative as a separate entry in the narrative block

Three Rivers EMS

31 7th Street W., Columbia Falls, MT

406-892-4244 (Leave message)



NOTES:

DO NOT arrive more than 10 minutes early.

Use door facing 1st Ave (Across from fire station). Knock if locked

Evergreen Fire-Rescue

2236 US 2, Evergreen, MT

406-752-4636 (Duty Officer)



NOTES:

Enter main door & use phone for entry

Kalispell Fire Department

Station 62

Old Reserve Dr., Kalispell MT

406-758-7980

NOTE: Report to Station 62 unless specifically instructed otherwise



Kalispell Fire Department

Station 61

312 1st Ave E, Kalispell, MT

406-758-7765

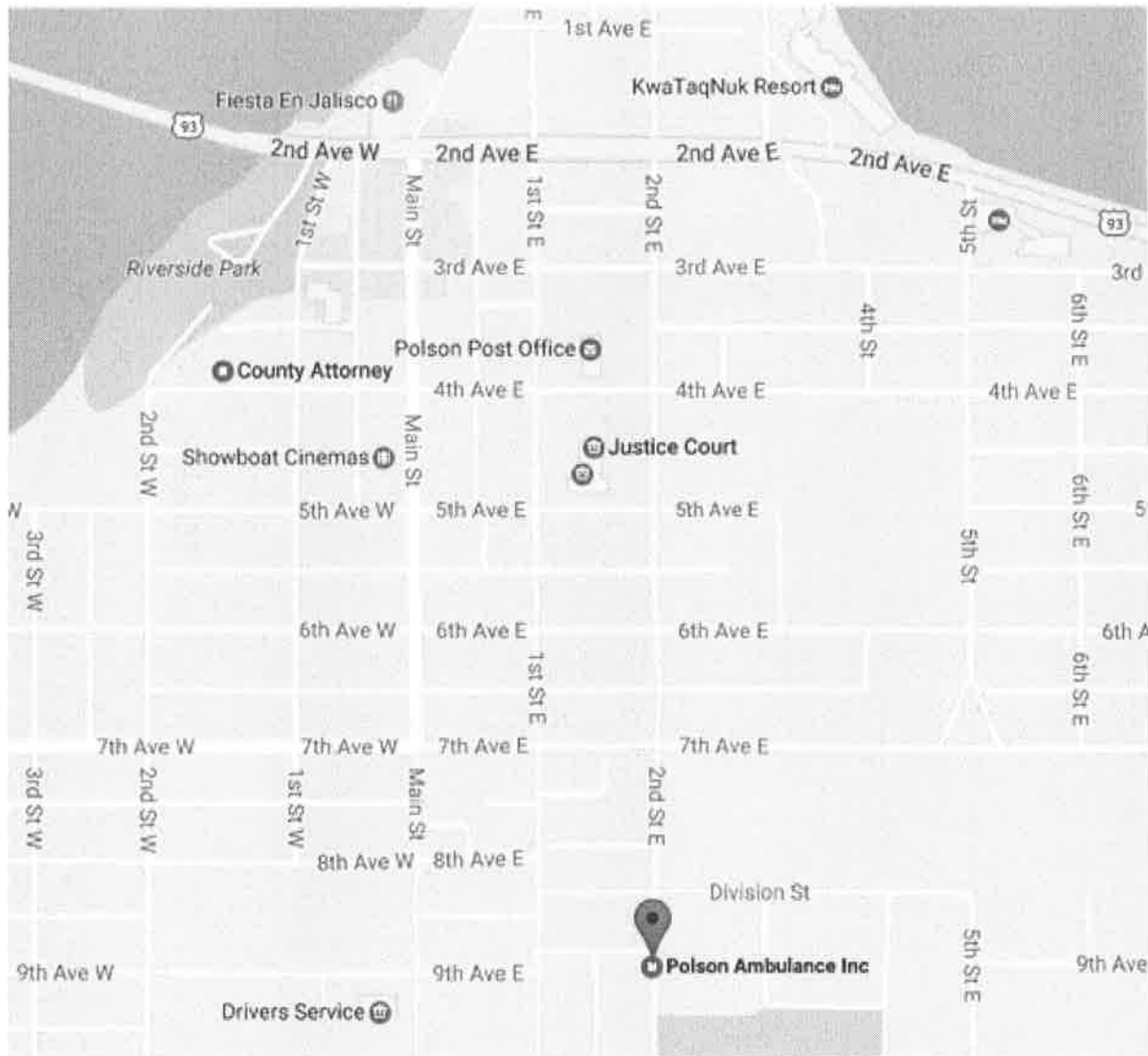
NOTE: Report to Station 62 unless specifically instructed otherwise



Polson Ambulance Service

904 2nd St. E., Polson MT

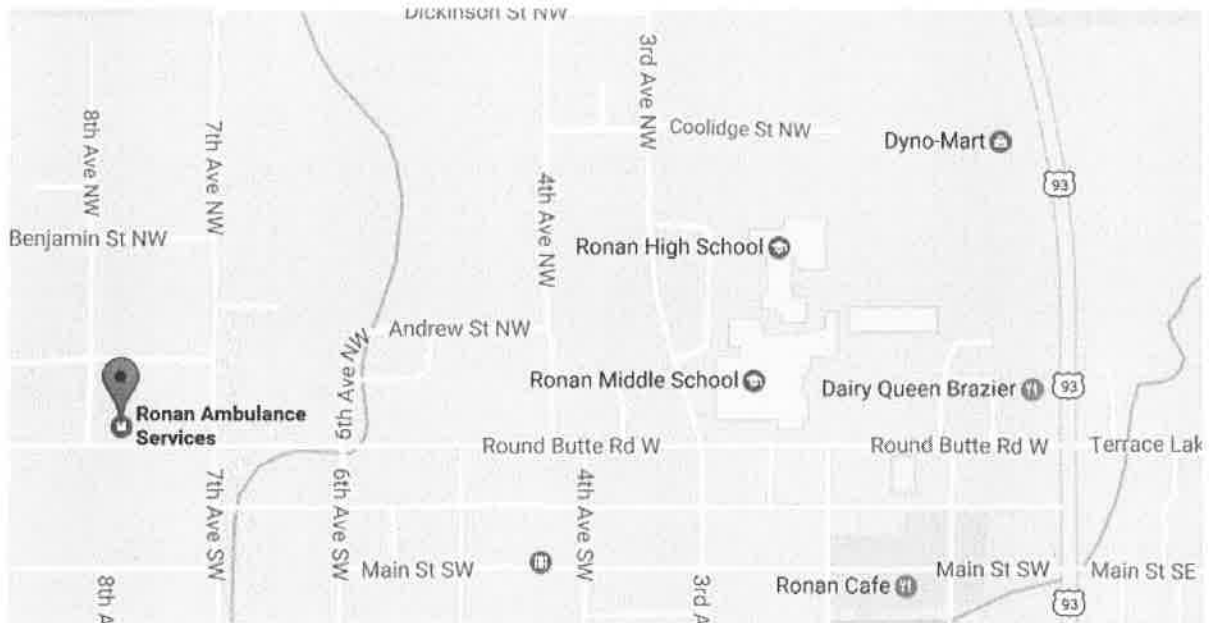
406-261-2014 (Mike Cullen)



Ronan Ambulance Service

36040 Round Butte Rd W., Ronan MT

406-261-2014



Whitefish Fire Department

275 Flathead Ave, Whitefish MT

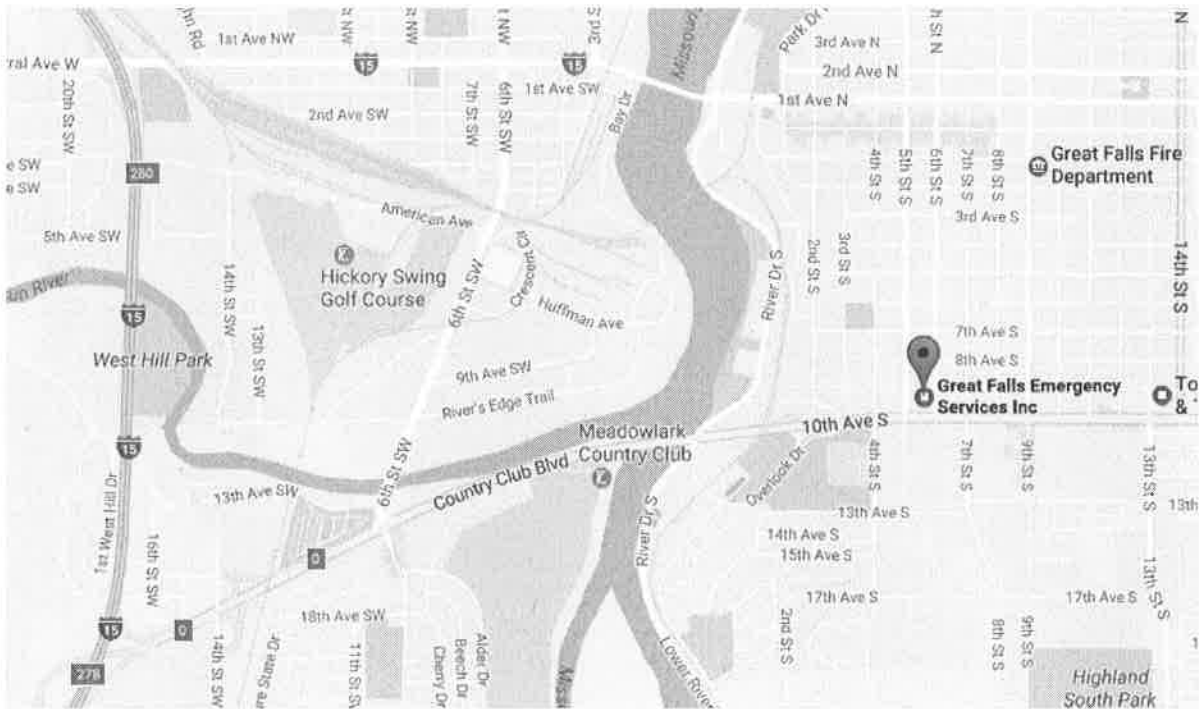
406-863-2483 (Duty Officer)



Great Falls Emergency Service

514 9th Ave S., Great Falls, MT

406-453-5300



NOTES:

Park next to building in fenced lot

Knock on back door for entry

Appendix C – Scope of Practice and Clinical Objectives

Paramedic Student Scope of Practice

- **Assessment**

- Includes **history taking, physical assessments**, and vital signs, 12-lead acquisition and interpretation. Assessments are comprehensive, including assessment using an otoscope, ophthalmoscope, and assessment of cranial nerves, deep tendon reflexes, lung and heart sounds.
 - Pediatric
 - Adult
 - Geriatric

Treatment

- Develop a treatment plan for patients with medical emergencies or traumatic injuries
- Communicate the plan
- Implement the plan if appropriate
- Paramedic skills that may be used in treatment of patients in the clinical setting:
 - Airway Management
 - Basic airway maneuvers
 - Basic airway adjuncts
 - BVM ventilation
 - Supraglottic airways (KING, Combi- , LMA, etc)
 - Endotracheal intubation
 - Needle cricothyrotomy
 - Surgical cricothyrotomy
 - Needle chest decompression (Thoracentesis)
 - Clearing/replacing tracheostomy tubes
 - Portable transport ventilator use
 - Venous access
 - Blood draws (phlebotomy)
 - Accessing an implantable venous access device (central line, PICC line, subclavian line, etc) for blood draws, medication administration and fluid administration
 - Peripheral Intravenous access (including external jugular access)
 - Intraosseous access
 - Blood product administration
 - Central Lines (central, PICC, subclavian)
 - Medication administration
 - Intravenous
 - Subcutaneous
 - Intramuscular
 - Sublingual
 - Intra-nasal

Paramedic Student Scope of Practice (continued)

- Medication administration (continued)
 - Oral
 - OG/NG
 - Endotracheal
 - Central line (central, PICC, subclavian)
- Gastric
 - Place an orogastric tube
 - Place a nasogastric tube
- Renal
 - Insertion of Foley catheter
- Electrical
 - Manual defibrillation
 - Cardioversion
 - Transcutaneous pacing

Behavioral Clinical Objectives

Purpose

The purpose of the behavioral/psychiatric clinical rotation for FVCC paramedicine program students is to allow the student to observe and participate in the care of the psychiatric patient, including performing limited physical examinations and assessments on psychiatric patients. This clinical rotation also will allow the paramedicine student to examine their own feelings/bias toward individuals with mental health issues.

Objectives

- To recognize and participate in the care of patients with acute behavioral disturbances.
- To gain proficiency in assessment skills that are applicable to the psychiatric patient
- To observe and participate in the care of psychiatric patients.
- To review the calculations, dosages and administration of specific medications for psychiatric patients
- To recognize special considerations in treating patients with acute behavioral and/or psychiatric issues.
- To allow the student the opportunity to gain proficiency in the following skills:
 - Patient assessment, including vital signs and neurologic checks
 - Review of the general care principles and special considerations when dealing with the psychiatric patient
 - Subcutaneous, Intramuscular, Intravenous, Endotracheal and rectal medication administration
 - Other skills found in the FVCC Paramedic Student Scope of Practice

Reporting

The student will report to the charge nurse or assigned preceptor. The student will perform selected tasks and skills under the supervision of the charge nurse or assigned preceptor.

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The preceptor will complete one evaluation form on each student during the course of the clinical shift.

Emergency Department Clinical Objectives

Purpose

The purpose of the Emergency Department clinical rotation for the FVCC Paramedicine Program is to allow students to observe and participate in care given to patients in an emergency situation and to relate this care to the pre-hospital environment. Students will be able to gain confidence and proficiency in treating the cardiac, medical, surgical, pediatric, OB-GYN, or other emergent patient. Students will also observe and participate in the care of patients with an emotional or psychological crisis

Objectives

- To recognize and participate in the emergency care of the acute medical, traumatic, cardiac, pediatric, and behavioral patient.
- To gain proficiency in patient assessment including cardiovascular, respiratory, and neurological evaluations.
- To assist in the delivery of life supporting measures within the emergency department.
- To reinforce communication skills within the emergency department.
- To allow students the opportunity to evaluate their feelings and attitudes in dealing with persons with behavioral disturbances or medical problems.
- To allow the student the opportunity to gain proficiency in the skills and assessments included in the Flathead Valley Community College Paramedic Student Scope of Practice

Reporting

The student will report to the charge nurse or their assigned preceptor. The student will perform selected tasks and skills under the supervision his/her assigned preceptor.

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The charge nurse or preceptor will complete one evaluation form on each student during the course of the clinical shift.

Field Internship Clinical Objectives

Purpose

The purpose of the Field Internship clinical rotation for the FVCC Paramedicine Program is to allow students to observe and participate in care given to patients in an emergency situation and to relate this care to the pre-hospital environment. Students will be able to gain confidence and proficiency in treating cardiac, mental, surgical, pediatric, OB-GYN, or other emergent patients. Students will also observe and participate in the care of patients in an emotional or mental crisis.

Objectives

- To recognize and participate in the emergency care of the acute medical, traumatic, cardiac, pediatric, and behavioral patient.
- To gain proficiency in patient assessment including cardiovascular, respiratory, and neurological evaluations.
- To assist in the delivery of life supporting measures within the pre-hospital environment.
- To reinforce communication skills within the pre-hospital and emergency department.
- To allow students the opportunity to evaluate their feelings and attitudes in dealing with persons with behavioral disturbances or medical problems.
- To allow students the opportunity to gain proficiency in the following skills:
 - Patient assessment; including vital signs and neurological checks.
 - Splinting, wound care and bandaging.
 - Airway management and Oxygen therapy.
 - Oropharyngeal, nasopharyngeal, endotracheal, and transtracheal airway measures.
 - Oral, nasal, and tracheal suctioning.
 - Auscultation of lung sounds.
 - IV therapy, initiation, and maintenance.
 - ECG observation, interpretation, and treatment.
 - SQ, IM, IV, ET, and rectal administration of medications.

Reporting

The student will report to the assigned preceptor. The student will perform selected tasks and skills under the supervision of their assigned preceptor.

Field Internship Clinical Objectives (continued)

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The preceptor will complete one evaluation form on each student during the course of the shift.

Geriatrics Clinical Objectives

Purpose

The purpose of the Geriatric clinical rotation for FVCC paramedicine program students is to allow the student to observe and participate in the care of the Geriatric patient, including performing physical examinations and assessments on Geriatric patients.

Objectives

- To gain proficiency in assessment skills that are applicable to the Geriatric patient
- To observe and participate in the care of Geriatric patients with either traumatic injuries or medical issues.
- To review the calculations, dosages and administration of specific medications for Geriatric patients
- To recognize special considerations in treating a geriatric patient with traumatic injuries or medical issues.
- To allow the student the opportunity to gain proficiency in the following skills:
 - Patient assessment, including vital signs and neurologic checks
 - Review of the general care principles and special considerations when dealing with the Geriatric patient
 - Competence with geriatric equipment, including but not limited to endotracheal tubes, laryngoscopy, and various oxygen administration devices.
 - Bag-valve-mask ventilation techniques specific to the geriatric patient.
 - Other methods of airway management utilized in the geriatric patient.
 - Auscultation of lung sounds
 - Auscultation of heart sounds.
 - Intravenous therapy initiation and maintenance
 - Subcutaneous, Intramuscular, Intravenous, Endotracheal and rectal medication administration.
 - Any other skills listed in the *Paramedic Scope of Practice*.

Reporting

The student will report to the charge nurse or preceptor. The student will perform selected tasks and skills under the supervision of the charge nurse preceptor.

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The preceptor will complete one evaluation form on each student during the course of the shift.

ICU Clinical Objectives

Purpose

The purpose of the ICU clinical rotation for the FVCC Paramedicine Program is to allow students to observe and participate in the care given to patients with medical, surgical, traumatic or cardiac problems, to identify how this care is related to and affected by the pre-hospital environment and to gain proficiency in ECG interpretation and arrhythmia control.

Objectives

- To recognize, participate and understand the rationale for emergency care of the acute medical, surgical, traumatic, or cardiac crisis patient. This includes, but not limited to, multiple injured and postoperative patients with complications, diabetic emergencies, hypertensive crisis, CVA, COPD, CHF, drug overdose, poisoning, pulmonary edema, acute myocardial infarction, cardiac arrhythmias, cardiogenic shock, cardiac/respiratory arrest, hypovolemia, tension pneumothorax and severe hemorrhage.
- To gain proficiency in patient assessment including cardiovascular, respiratory, and neurological evaluations.
- To practice ECG interpretation.
- Recognizing and participating in the correct treatment for arrhythmia control while reviewing drugs used in arrhythmia control.
- To allow the student the opportunity to gain proficiency in the following skills:
 - Patient assessment; including vital signs and neurological checks.
 - Airway management and Oxygen therapy.
 - Oropharyngeal, nasopharyngeal, endotracheal, and transtracheal airway issues.
 - Oral, nasal, and tracheal suctioning.
 - Auscultation of lung sounds.
 - IV therapy, initiation, and maintenance.
 - ECG observation, interpretation, and treatment.
 - SQ, IM, IV, ET, and rectal administration of medications
 - Other skills as found in FVCC Paramedic Student Scope of Practice

Reporting

The student will report to the charge nurse or assigned preceptor. The student will perform selected tasks and skills under the supervision of the charge nurse or assigned preceptor

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The preceptor will complete one evaluation form on each student during the course of the clinical shift.

Labor and Delivery Clinical Objectives

Purpose

The purpose of the Labor and Delivery clinical rotation for the FVCC Paramedicine Program is to allow students to observe and participate in the care of patients during labor, delivery and immediately after delivery. Students will also be given the opportunity to observe and participate in the care of the newborn.

Objectives

- To gain proficiency in the assessment of obstetric patients and newborn infants.
- To allow the student the opportunity to gain proficiency in skills and assessments as listed in the FVCC Paramedic Student Scope of Practice.
- To gain proficiency in determining the signs and symptoms of imminent delivery.
- To observe and participate in normal and abnormal deliveries.
- To observe and participate in the management of obstetrical emergencies such as prolapsed cord, hemorrhage, etc.
- To observe and participate in the initial care of the newborn.
- To allow students the opportunity to gain proficiency in the following skills:
- Timing of patient contractions.
- Perform APGAR scoring.
- Listening to fetal heart sounds.
- Auscultation of lung sounds.
- Initiating and managing IV therapy.
- Delivery of the newborn.
- Initial stimulation, airway suctioning and Oxygenation of the newborn.
- Assessing the neonate patient.

Reporting

Students shall report to the charge nurse or assigned preceptor and perform selected tasks and skills under the supervision of their charge nurse or assigned preceptor.

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The preceptor will complete one evaluation form on each student during the course of the clinical shift.

NICU Clinical Objectives

Purpose

The purpose of the NICU clinical rotation for the FVCC Paramedicine Program is to allow students to observe and participate in the care of infants who are seriously ill. The paramedic student will also be given the opportunity to gain proficiency in assessment and management of neonates.

Objectives

- To gain proficiency in assessment skills applicable to the neonate/infant, including APGAR scoring, and the treatment of the distressed or apneic infant.
- To observe and participate in the care of the infant with birth trauma, congenital, and respiratory problems.
- To observe and participate in the care of infants with asthma, epiglottitis, meningitis, etc.
- To review the calculations, dosages, and administration of specific pediatric medications.
- To recognize the special considerations of treating children with traumatic injuries, burns, febrile seizures, and suspected abuse.
- To allow students the opportunity to gain proficiency in the following skills:
 - Competency with pediatric equipment, cuffed and un-cuffed endotracheal tubes, pediatric laryngoscopy, scalp needles, incubators, and various Oxygen administration devices.
 - Pediatric bag-valve mask.
 - Various airways.
 - Auscultation of the neonate, infant, and child lung sounds.
 - IV and umbilical catheter initiation and maintenance.
 - Patent assessment; including vital signs and neurological checks.
 - SQ, IM, IV, ET, and rectal administration of pediatric medications.
 - OG and/or NG tube insertions.
 - Other skills contained in the FVCC Paramedic Student Scope of Practice

Reporting

The student will report to the charge nurse or their assigned preceptor. The student will perform selected tasks and skills under the supervision of the charge nurse or preceptor.

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The preceptor will complete one evaluation form on each student during the course of the clinical shift.

Surgery and Anesthesiology Clinical Objectives

Purpose

The purpose of the Surgery and Anesthesiology clinical rotation for the FVCC Paramedicine Program is to allow students to increase their skill level in airway management, including but not limited to bag-mask ventilation, endotracheal intubation and supraglottic airway insertion. Students will also be given the opportunity to gain competence in the care and observation of the anesthetized patient, and utilize these skills in pre-hospital care and treatment

Objectives

- To participate and understand the rationale of airway control in the anesthetized patient.
- To observe and participate in the intubation of patients as directed by the supervising Anesthesiologist/CRNA.
- To gain proficiency in patient assessment including cardiovascular, respiratory and neurological evaluations.
- To observe and participate in the care of patients with life-threatening problems, i.e. cardio/respiratory arrest.
- To allow the student the opportunity to gain proficiency in the following skills:
 - Patient monitoring; including vital signs and neurological checks.
 - Airway management and Oxygen therapy.
 - Oropharyngeal, nasopharyngeal, and endotracheal airway measures.
 - Oral, nasal, and tracheal suctioning.
 - Auscultation of lung sounds.

The student shall perform endotracheal intubations and supraglottic airway insertions under the direct supervision of the Anesthesiologist or CRNA. The student shall also ventilate non-intubated patients in the surgery setting.

Reporting

The student will report to their assigned preceptor, anesthesiology technician or anesthesiology nurse. The student will perform selected tasks and skills under the supervision of an anesthesiologist, anesthesiology technician, anesthesiology nurse or assigned preceptor

Documentation

The student will utilize FISDAP, a web-based clinical tracking program in order to document the clinical experience. The preceptor or anesthesiology nurse will complete a professional behavior evaluation form on each student during the course of the clinical shift.