

## Emergency Medical Technician – Paramedic



The MAST Paramedic program has a formal application process. Prior to each class, the application period is opened. Interested persons should pick up an application packet from the Education Department. This packet will explain the application process, and prospective students should review this information carefully.

### Program Purpose

This program is designed for individuals interested in providing care to patients in the pre-hospital setting. It will provide the participant with opportunities to gain information, skills and attitudes necessary for certification and practice as an EMT-Paramedic in the State of Missouri.

### Program Description

This program is approved by the Missouri Department of Health and Senior Services, Bureau of Emergency Medical Services. It addresses information and techniques currently considered to be the responsibilities of the EMT-Paramedic, according to the current United States Department of Transportation Emergency Medical Technician – Paramedic (EMT-P) National Standard Curriculum. The program consists of classroom instruction, practical skill training, hospital clinical rotations, and field internship in an ambulance setting.

### Goals

The program will contain information and skill practice opportunities to enable a properly motivated and capable participant to:

- Demonstrate an understanding of human anatomy and physiology.
  - Demonstrate an understanding of the rationale and fundamentals of pre-hospital care and treatment of the sick and injured.
  - Perform an initial, focused, detailed, and ongoing physical patient assessment.
  - Understand, recognize, and provide appropriate advanced level care for life-threatening and non life-threatening emergencies.
  - Provide basic and advanced airway management.
  - Perform cardiac monitoring and rhythm interpretation.
  - Perform cardiac electrical therapy including pacing, defibrillation, and cardioversion.
  - Initiate intravenous and IO therapy, IM, and SQ injections.
  - Provide medication administration including cardiac medications and controlled substances.
  - File a standardized patient care report of occurrences for the use of the receiving hospital as well as a permanent record for state and local use.
  - Demonstrate the proper use of personal protective equipment and understand the risk factors in pre-hospital care.
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- Understand and discuss the rationale of patient safety, care at the scene, and care throughout transport to a receiving medical facility.

### Admission Criteria

Admission requirements for this program include:

- At least 18 years of age.
- Completion of high school diploma or GED.
- Valid Missouri EMT-B license or ability to obtain reciprocity prior to beginning of program.
- Submission of written application.
- Three letters of reference supporting evidence of good moral character, reliability, honesty, and dependability.
- Passing score on the Entrance test.
- AHA BLS Healthcare recognition must be maintained by the student, at the student's expense, throughout the course.
- Final selection for acceptance rests with the Admission Committee.
- Obtain course required criminal background check within the first week of the class
- Computer access, (outside of MAST Ambulance,) with internet access, email and operating system with printer for homework

**Required Texts**

- Texts will be provided by the program
- A three ring notebook and paper for class notes (student responsibility)

**Class Location and Times**

All classes will be held at:

MAST Headquarters  
 6750 Eastwood Trafficway  
 Kansas City, MO 64129-1940

Regularly scheduled classes will be held from 0900 to 1500 on Monday, Wednesday and Friday (see schedule for specific dates, times and topics) until the completion of the didactic portion of the training. Beginning in early May clinical review sessions will be held every other Tuesday from 0900 to 1300.

Clinical and field rotations are scheduled separately by the student according to the field schedules provided in the class.

**Paramedic Programs Required Classes**

<b>PRE-REQUISITE</b>	
EMS:0011	BLS for Healthcare Providers
EMS:1091	Emergency Medical Technician
<b>Paramedic Tier One – Preparatory, Operations, and Patient Assessment</b>	
EMS:1101	Paramedic Practice I
EMS:1102	Paramedic Lab I
<b>Paramedic Tier Two – Medical: Cardiology</b>	
EMS:2101	Paramedic Practice II
EMS:2102	Paramedic Lab II
EMS:0021	ACLS Provider
<b>Paramedic Tier Three – Medical, Trauma, and Special Considerations</b>	
EMS:3101	Paramedic Practice III
EMS:3101	Paramedic Lab III
EMS:0031	ITLS Provider
EMS:0041	PEPP
EMS:0051	PALS
<b>Paramedic Tier Four – Clinical Experience and Paramedic Internship</b>	
EMS:4101	Paramedic Clinical
EMS:4102	Field Internship

**Clinical Experience**

MAST paramedic interns will participate in both hospital and field clinical rotations. These clinical rotations are an integral part of the intern’s learning experience. It is imperative that the intern fully understand the clinical requirements of the MAST Paramedic Program and be prepared to meet those requirements.

**Clinical Requirements**

Listed are the skill and hour goals and requirements of the MAST Paramedic Program. Most interns will complete more than the minimum skills required in each skill category. The intern shall document all skills completed even if those skills are above the minimum required.

Skill Requirements	
Intubations	6 to 10
Venous Access (all ages)	50
ALS Field Contacts	50
Childbirth	5
Autopsy Viewing	1
Medication Administration	25

**Hour Requirements**

Critical Care (ICU)	48
Emergency Department	180
(At least 4 hours of this will be spent in the Truman ER Psychiatric Unit)	
Morgue	5
Surgery/Recovery (3 rotations)	18
Pediatric ED/Urgent Care	16
Pediatric Day Care	8
Labor and Delivery	24
Nursery/Mother Baby	12
Respiratory Therapy	12
Central Telemetry	4
Cardiac Cath Lab	8
<b>Total Hospital Hours</b>	<b>335</b>
<b>Total Field Hours</b>	<b>400</b>

(A minimum of 80 hours, but not more than 100 hours, must be completed at a field site other than MAST)

The Kansas City Office of the EMS Medical Director’s, Paramedic Field Intern Protocol Test, must be successfully passed and a Kansas City Paramedic Intern License obtained by each student prior to August 31, 2010. Field Intern shifts may not be scheduled at ANY clinical site until the student obtains a valid Kansas City Paramedic Intern License.

All Hospital clinical hours must be completed no later than August 31, 2010, all Field Internship hours must be completed no later than March 31, 2011. Earlier completion dates will be required for select Hospital clinical sites due to scheduling limitations at individual hospitals.

Skill Goals	
BVM (non-intubated pt’s)	20
Pediatric Assessments	30
Adult Assessments	50
Geriatric Assessments	30
Obstetrical Assessments	10
Trauma Assessments	40
Psych. Assessments	20
Chest Pain Assessments	30
Adult Resp. Assessments	20
Pediatric Resp. Assessments	10
Syncope Assessments	10
Abdominal Assessments	20
Altered Mental Status Assessments	20
Blood Draw	10
IVP Medication	25
IM Injection	10
Sub-Q Injection	5
Dysrhythmia Interpretations	40
Medication Added to Solution	10

**Field Intern Evaluation**

The intern’s preceptor will complete an evaluation of the intern for each clinical rotation. The intern must receive a minimum score of 60% for the rotation to be considered complete. If a score lower than 60% is received, that clinical rotation must be repeated.

Only the portions of the evaluation form filled out by the preceptor will be figured into your grade. Areas left blank on the evaluation form will not lower your overall score.

Interns who receive a score lower than 60% on a total of four (4) hospital rotations or a score lower than 60% on a total of four (4) field rotations will be **terminated** from the program. It could be possible for an intern to receive six clinical evaluations with scores lower than 60%, provided the six were divided equally between hospital and field evaluations.

The MAST Paramedic Program administration and instructors understand the subjectivity involved with any evaluation process.

They feel that this policy takes into consideration the issues potentially involved with student/preceptor interpersonal relationships.

**Conduct During Clinical Rotations**

The MAST paramedic intern must realize the importance of maintaining professional and courteous conduct throughout the clinical rotations as well as the entirety of the program. Being allowed at clinical sites is a privilege and not a “right.” If an intern fails to follow the policies and procedures of the MAST Paramedic Program, swift and decisive actions will be taken by the Instructor/Clinical Coordinator to correct the intern deficiency. These actions include, but are not limited to, suspension, and possible termination from the program if the situation warrants as deemed appropriate by the Lead Instructor and/or Clinical Coordinator.

If for any reason the preceptor instructs you to leave the clinical site, **DO SO IMMEDIATELY**. The intern **should not question the preceptor or other clinical site staff** regarding the reason for being asked to leave. The intern’s next action shall be to contact (within 3 hours from when asked to leave the site) the Clinical Coordinator (or designee) and advise him/her of the situation. The Clinical Coordinator (or designee) will then conduct an informal investigation into the situation to determine the reason the intern was instructed to leave the site. If the reason is found to be due to an intern deficiency or inappropriateness, the Clinical Coordinator (or designee) will contact the intern and corrective and/or disciplinary actions will be taken.

MAST paramedic interns should assist the clinical site staff during “down time” with activities not usually associated with typical paramedic functions (i.e. stocking of apparatus or rooms, making of beds or cots, routine activities needed for overall patient care, etc. etc.). The more involved the intern is in all aspects of the clinical site rotations, the more accepted the intern will be by site staff. The intern should not be idle while the site staff completes their assigned tasks. If all tasks have been completed, the intern should utilize their time efficiently to further their studies by reading appropriate text and periodicals.

Class related study materials may be taken to clinical sites to occupy the student’s down time. **Non class related reading material, electronic games, music players, etc... will not be taken to clinical rotations. Cellular phones may not be carried during clinical rotations, if pagers are worn they should be set on vibrate or silent mode.**

### **Clinical Rotation Uniform/Dress**

The professional appearance of the MAST paramedic intern is of utmost importance. The following parameters will be **strictly** enforced.

#### **Clinical Rotations**

1. Navy blue EMS pant and MAST paramedic intern polo shirt
2. Black shoes or boots (appropriately polished with black shoestrings if applicable): black socks (If visible), **No tennis shoes**
3. Plain black colored belt
4. MAST name tag identifying you as a MAST paramedic intern
5. Watch with a second hand or equivalent
6. Navy blue jacket or coat with no writing or insignias
7. No patches or insignias on uniform except your MAST paramedic intern name tag
8. Excellent personal hygiene, hair styled as to not interfere with patient care or present a potential safety hazard
9. No fake/false finger nails
10. Earrings of the stud type allowed in the ear only, NO other facial jewelry allowed
11. Conservative rings, (example- wedding/engagement ring,) may be worn. Other jewelry including bracelets, necklaces, or excessive rings may not be worn.
12. Stethoscope (purchased by the student)
13. During inclement weather a plain navy blue hat, with no insignia or patches, may be worn during ambulance field internship. Other than the hair net required in rotations such as OR nothing else will be worn on the head.
14. Writing utensil

**In certain hospital clinical units, “scrubs” shall be worn. It will be the responsibility of the student to purchase this attire.**

Further information regarding when this attire is to be worn, and the approved colors of scrubs, will be explained during clinical orientation.

### **Documentation Of Clinical Skills and Hours**

The MAST paramedic intern will utilize both written documentation and the Field Internship Student Data Acquisition Project (FISDAP) program to document their clinical skills and hours completed. Interns must complete their written documentation and obtain preceptor signatures where mandated, prior to leaving the clinical site.

It is wholly the intern’s responsibility for entering necessary information into the FISDAP system within seventy-two (72) hours of completing said skills and hours. **Failure to complete this task within seventy-two (72) hours from the end time of the clinical rotation may result in the skills and hours being disallowed.**

Interns may access the FISDAP system from any computer that has access to the WWW, or may utilize a MAST computer which will be available for use by the intern. Appropriate documentation and FISDAP training will be provided to the intern prior to the start of clinical rotations.

Patient reports and Hospital Clinical Sheets will be turned in to the Clinical Coordinator bi-weekly for review.

### **Scheduling of Clinical Rotations**

All scheduling of clinical rotations will be done utilizing the FISDAP site. The Clinical Coordinator (or designee) will post the available clinical rotation sites and shifts on the FISDAP site when appropriate. The intern assumes full responsibility for the scheduling of their rotations.

The program will attempt to give one month advanced notice of scheduling for all hospital and field sites available on FISDAP, at times, because of hospital restrictions, shorter notice may become necessary. The schedule will **CLOSE** on the 15<sup>th</sup> of the month preceding the actual month scheduled (i.e., the December schedule will close on the 15<sup>th</sup> of November). Once the month’s schedule has closed, the intern **may not** sign up for further rotations for that month. The transferring of rotations from intern to intern is **not allowed** without the expressed consent of the Clinical Coordinator.

Interns may begin field clinicals when they have completed 70% of their hospital clinical rotations. The student must complete all clinical rotations within 18 months of the first class period.

Students will be provided a schedule outlining the various clinical sites and dates in which those sites are available for rotations to the Program. This schedule will include close dates of each specific site and unit. Failure to complete rotations by the specified date will result in disciplinary action up to, and including, termination from the program.

The student may be allowed to complete rotations after the specified close date with the approval of the Paramedic Program Director on a case by case basis. The student will incur a \$500 monthly fee for completion of these rotations past the close date deadline. This service cannot be guaranteed due to the potential unavailability of clinical sites.

### **Clinical Coordinator Visits**

The MAST Paramedic intern should expect to see the Clinical Coordinator (or designee) at each clinical rotation. The Clinical Coordinator (or designee) will visit each intern at some point during the intern's clinical rotation experience. The Clinical Coordinator (or designee) will assess the intern's appearance, progress, and written documentation during these visits. The Clinical Coordinator (or designee) may have the intern complete a verbal or written quiz or may utilize any assessment process deemed appropriate by the Clinical Coordinator.

### **Professional Conduct**

Appropriate conduct is the hallmark of a professional. Course participants are expected to consistently exhibit courteous and professional behavior with patients and their families, other health care providers, classmates and instructors.

Confidentiality is a critical element of professional patient care. Participants should only discuss patients, their symptoms, diagnosis, behavior, etc. with the personnel assigned to that particular case. Questions regarding the patient and his/her care should be directed to the doctor, nurse, EMT, or paramedic directly involved with the call.

The federal privacy regulations, commonly known as HIPAA, protect Private Health Information (PHI) of patients that you may come in contact with. Violation of this law can result in the student being charged criminally, as well as personal responsibility for civil damages.

If participant brings food or beverages into the classroom, they must clean up and properly dispose of containers before leaving the classroom.

At the completion of each class session students will clean all materials from the classroom counters and tables, the floor will be vacuumed, (at the discretion of the instructor,) and all chairs will be positioned neatly under the class tables.

Cell phones must be turned off during class, if the student is expecting an emergency call, permission may be granted by the instructor to leave the phone turned on during that class session. **No phone calls or text messages may be made from the classroom. If pagers are worn they will be set on vibrate.**

Students may use laptop computers to take class notes if they wish, the computer will not be used for any other purpose during class; including playing music, internet, or video games, etc.....

The use of tape recording equipment is permitted unless specified otherwise. Students may not carry or utilize cameras, or take any photographs while in clinical or field rotations.

### **Tobacco Usage**

Tobacco use during class time and in the classroom building is prohibited. Tobacco may be used in designated areas only while on break.

Tobacco usage at clinical and field rotation sites is at the discretion of the preceptor and within the site's official policies and guidelines.

### **Professional Attire**

The participant is expected to wear business casual attire or clinical uniform in the classroom setting. Upon inspection and approval by the instructor the student's host department's uniform of the day will also be considered. All attire must be clean, neat, and modest. Good personal hygiene is expected at all times.

### Attendance Policies

Due to the volume of the material to be covered and the speed at which it will be presented, attendance will be expected at all classes.

**Students can miss no more than ten percent (10%) of the didactic portion of the course, and no more than ten percent (10%) of the clinical review sessions without the prior approval of the Outreach Education Coordinator.**

Missing more than ten percent (10%) of the didactic portion of the course, or ten percent (10%) of the clinical review sessions without approval may result in termination from the course. Students are expected to take responsibility for getting class notes, handouts, and make-up assignments when necessary.

In the event of poor weather, the Paramedic class will use the closing of classes at University of Missouri Kansas City (UMKC) as a guide. If UMKC announces the cancellation of classes due to inclement weather, MAST will not hold class. Cancellation is posted at [www.umkc.edu](http://www.umkc.edu) or by contacting 816-235-2222.

**Students may cancel no more than six (6) clinical sessions after they have been scheduled on FSDAP.** exceptions may be made, with cause, after the circumstances are reviewed. Canceling more than six, (6,) clinical sessions may result in termination from the course.

### Participant Health and Safety

Good mental and physical health is necessary for an individual to maintain the pace and physical demands of this field. Universal infection control precautions will be observed and practiced at all times with all patients (for the patient's and participant's safety).

Course participants will be required to produce documentation regarding childhood diseases and immunizations or sign a form stating that you can produce documentation regarding childhood diseases & immunizations. **Participants are also required to receive a TB skin test before you may start field rotations (by your physician and at your expense).** It is also highly recommended; but not required, that you receive the Hepatitis B vaccine series prior to enrolling in the program.

Course participants may occasionally be exposed to communicable and other medical diseases. It is the student's responsibility to take all necessary precautions against contracting and transmitting such diseases. If a course participant does come in contact with a known case, he/she must report this immediately to your preceptor and the ambulance service/hospital unit supervisor. The student will then seek the necessary medical treatment. He/she shall also contact the Clinical Coordinator immediately. Course participants will be responsible for all diagnostic, treatment and transportation costs. The same holds true for any injury sustained as a student in this program.

Any participant who has a communicable disease (common cold, flu, hepatitis, herpes or cold sore, HIV related illness, etc.) should not participate in practical skill stations or direct patient care in the clinical setting. These individuals will be expected to attend class (if their condition permits) and observe others in the practical stations. Real patients in the hospital or ambulance, classmates, or fellow health care providers should never be put at risk from course participants with an infectious disease. The participant will be expected to practice on his/her own time to maintain skill levels in keeping with class progress at the time.

All student performance in both the classroom and clinical settings will be overseen by the instructor, training assistants, and/or preceptor(s). Each participant will address any problem or concern that he/she may have regarding his/her safety immediately to the individual directly involved with the training in progress, or the preceptor at the clinical site. If any problems should occur at a clinical site you should contact the Clinical Coordinator (or designee). Directions given by training personnel should be followed accurately and, if not understood, should be clarified to prevent problems.

All participants will perform with due regard for personal safety as well as the safety of patients and others involved with patient care. At no time will the participant perform any act which he/she or the preceptor deems unsafe, or that the participant/preceptor feels is an inappropriate action for the participant to take.

All mannequins, airway adjuncts, etc. will be properly cleaned with disinfectant between participant's uses (each participant will be provided clean equipment). Due to the nature of the training, it is imperative that all participants maintain good personal hygiene habits at all times. A sink and disinfecting soap is available adjacent to the classroom and will routinely be used by participants when working with patients and equipment.

Any participant with a history of chronic health problems, pregnancy, recent surgery, or back injury will be required to present a medical release from a physician. The instructor has the option at all times to request such a release at his/her discretion (and at no cost to MAST).

Each participant should be able to lift and carry 100 to 150 pounds; however, all participants will exercise prudent physical exertion in labs and on calls; such as, cot lifting, patient movement, scene safety precautions, etc.

Any time a participant suffers an injury while functioning as an EMT-P student, he/she will immediately report the occurrence to their preceptor and to the ambulance company/hospital unit supervisor. The student will then notify the Clinical Coordinator (or designee) as soon as practical, who will in turn investigate the situation immediately.

The clinical preceptor has final authority over the student during clinical and field rotations. While responding to ambulance calls, participants will be seated in the jump seat, with seat belt on. It is at the discretion of the clinical preceptor whether the participant will be belted in while the patient is being treated and transported. If at any time the participant performs actions not approved by the lead technician or preceptor, the participants may be sent home and possibly dropped from the course.

No participant is allowed to drive EMS vehicles at any time while functioning within the scope of this training program. Failure to comply with this rule will result in termination from the Program.

Participants should make a habit of reporting and/or correcting any dangerous environmental situations (e.g., spills on the floor, loose wires, and unsafe equipment).

#### **Participant Progress Reports**

The instructor will provide the program participants with progress reports during the course of the program. The participant may request a conference as necessary.

#### **Evaluations, Grading, and Pass/Fail Criteria**

Written evaluations are the most appropriate and effective method for assessing the participants' progress in converting course content into personal knowledge. Practical evaluations provide feedback to both the instructor and participant on the ability of the participant to perform specific tasks. Affective student evaluations will be utilized to verify competence in the affective domain.

The class material is divided into 5 didactic divisions and one clinical division. There will be multiple unit exams and quizzes in each division. Participants must obtain at least a 70% average in each division to successfully complete the Program. The division grades will be weighted 70% from the unit exams and 30% from quizzes and assigned material. Unit tests may be made up if missed, however, five (5) points will be deducted if the student is not in his/her seat when exams are distributed or if the student is absent on the exam date. The student will be allowed to retake up to three unit exams throughout the entire course if they do not receive a passing grade. If the student successfully passes the unit exam upon retest a score of 70% will be recorded as the student's exam score. The student must notify the instructor in writing when requesting a retake. Requests for retakes, and the retakes themselves, must be completed prior to the beginning of a new division.

There will be frequent quizzes throughout the Program. Retakes of quizzes are not allowed and cannot be made up if missed. Participants will not be allowed to take a quiz if they are not seated when the quiz is distributed. The student will be allowed to drop a total of 6 quiz grades throughout the entire course. The student must notify the instructor in writing when requesting to drop a quiz. Requests for dropping quiz scores must be completed prior to the beginning of a new division.

The students will have other assigned material throughout the program. Assigned material will fall into the same grading category as quizzes. If a student is absent, it is the student's responsibility to request assigned material. Assigned material shall be received up to two class periods from due date with a 10% grade deduction. Assigned material will not be accepted greater than two class periods past due date.

Drug cards will be completed by each student during the course of the class, drug card books will be inspected on the dates indicated in the drug card assignment handout. A percentage score will be assigned after each drug card book inspection, this score will be tabulated as a quiz score. Drug card books must be kept current, any student whose drug card completion falls more than two weeks behind schedule will be suspended from class until the drug cards are caught up.

There will be a final exam at the completion of the didactic portion of the program, the student must receive a passing score on the final exam. One retake will be allowed on the final exam. The final grade for the program will be weighted 60% from the average of the division grades and 40% from the final exam.

The student will receive affective student evaluations at the completion of each division, or more frequently if necessary. These will be in the form of Professional Behavior Evaluation and if needed the Professional Behavior Counseling Record. These will be filled out by instructors having frequent contact with the students and reviewed with the students at the completion of each division. The purpose of the affective student evaluation is to verify competence in the affective domain and to serve as a method to change behavior.

Students who receive counseling for repetitive unacceptable behavior will be required to meet with the Director of Outreach Education and/or the Medical Director to determine continuation in the course. In cases of severely unacceptable behavior the student may be immediately terminated from the program.

Program completion will be determined by:

- Minimum average score of 70% in each division.
  - Division scores will be weighted 70% unit exams and 30% quizzes and assigned material.
- Minimum final grade of 70%
  - The final grade is weighted 60% average of divisions and 40% the final exam.
- Successful demonstration of psychomotor skills.
- Successful completion of Medical and Trauma Assessment tests.
- Successful completion of ACLS, ITLS, and PEPP
- Completion of clinical and field requirements as specified in section 6.
- Exit interview and approval of the course Medical Director.
- Complete payment for the entire program.

**If a student is unable to obtain a 70% average in each division and a 70% average final grade the student will be terminated from the program.**

### **Licensure and Registration Testing**

After completion of the didactic portion of the class, successful completion of the class practical exam, completion of 70% of hospital clinical hours and verification by the Lead Instructor of skills competency, the student will be approved to take the practical examination portion of the National Registry Exam. It is the responsibility of the student to contact the National Registry of Emergency Medical Technicians ([www.nremt.org](http://www.nremt.org)) to schedule this evaluation. All costs of this evaluation are the responsibility of the student. All Registry policies will be followed regarding re-tests or the scheduling of subsequent exams. Students will schedule the test through the NREMT website. Upon completion of the entire program the student will be eligible to take the written examination for the purposes of National Registration and licensure by the state of Missouri. *These examinations are not provided by MAST.* **There are separate fees for these licensure examinations that are not included in the program tuition. These examinations are held on different dates and times than those of class meetings.** The examinations are held off site. You will be provided specific information on the dates, location, and costs associated with this testing. The student must allow 14 business days from course completion for the program staff to complete necessary documentation of course completion. The student should anticipate that the licensure process will take up to three months after course work is completed.

### **Registered Nurse Bridge Program**

The MAST Education Department in accordance with the Missouri Department of Health and Senior Services, Emergency Services Unit, and the National Registry of Emergency Medical Technicians offers the ability for a Registered Nurse to complete a bridge program to obtain Paramedic certification.

### **Admission Criteria**

- Current and valid registered nursing credentials.
- Minimum one year nursing experience in critical care setting.
- Completion of high school diploma or GED.
- Current and valid state EMT-B license or National Registry EMT-B certification.
- Submission of written application.
- Three letters of reference supporting evidence of good moral character, reliability, honesty, and dependability.
- AHA BLS Healthcare certification must be maintained by the student, at the student's expense, throughout the course.
- Criminal background check from State Highway Patrol
- Final selection for acceptance rests with the Admission Committee.

### **Attendance**

Each student will be required to attend didactic sessions during the course as set forth by the Admission Committee. The Admission Committee will establish each student's schedule based on documented previous education, training and experience. The student may participate in additional course sessions at their discretion.

### **Evaluations, Grading, Pass/Fail Criteria**

Written evaluations are the most appropriate and effective method for assessing the participants' progress in converting course content into personal knowledge. Practical evaluations provide feedback to both the instructor and participant on the ability of the participant to perform specific tasks.

The student is required to complete all unit exams, ACLS, ITLS, and PEPP and the final exam to complete the course. The student is required to obtain a 70% overall average for unit exams and the final exam.

The student must successfully demonstrate psychomotor skills by completing National Registry competency check sheets and other course practical tests before successful completion of the program.

### **Clinical Experience**

Each student will be required to successfully complete clinical skills as set forth in section 6.1 of this policy. In addition each student will have to meet specific hourly requirements in both the hospital and field setting. These requirements will be determined by the Admission Committee based on previous documented education, training, and experience. The actual number of clinical hours will be determined by the admissions committee after review of the students past education and experience. Each student will submit an outline of their educational background and clinical experience for review by the admission committee.

### **Continuing Education**

This course is only the beginning of the participant's experience in EMS. The participant should plan to devote sufficient time and effort to continuing education to maintain certification in compliance with requirements set by the Missouri Department of Health and Senior Services, Emergency Medical Services Unit and the National Registry of Emergency Medical Technicians.

Specific requirements for re-certification are available from the MAST Education Department, or from the Missouri Department of Health and Senior Services, Emergency Medical Services Unit. Continuing education programs are also available from MAST. Specific details are available from the MAST Education Department.

### **Computer Usage**

Each student will be provided a MAST network computer account, email address, and access to the internet. Computer access and usage is solely for use as an educational resource and course communication. At no time shall computer access be utilized for personal benefit. Computer usage should be consistent with common sense, common decency, and civility.

Email access is to be used for communication with the Program staff, FISDAP, and other students within the program. Email shall not be sent to any person outside of the Program without prior approval of Program staff. Emails to a group, or of a global nature shall not be utilized.

If at anytime a student receives an email, or inadvertently accesses a web site that is of an inappropriate nature the student shall make immediate notification to the Program staff. The Program staff will conduct the necessary investigation.

The Program has the right to monitor the use of all MAST computing resources to ensure that all applicable policies are being followed. Use of the Program computer resources is subject to all federal, state, and local law.

In addition, each student is required to have access to a computer with email access at a site other than MAST Ambulance.

### **Corrective Actions**

#### **General**

Any action which reflects discredit upon the MAST Paramedic Program or is a direct hindrance to the operations of the Program shall be grounds for disciplinary action against any student whose actions, be it intentional or unintentional, caused said discredit. A student may be disciplined up to and including termination from the Program in order to protect the rights of others and to encourage correct conduct and cooperation.

The MAST Paramedic Program has established a process to address disciplinary issues outlined herein. Although one or more of these forms of discipline may be taken, no formal order or system is necessary, and the Program reserves the right to administer such discipline as it, in its sole discretion, believes appropriate.

The Medical Director will be kept apprized of all disciplinary action taken. Any time a student receives two or more disciplinary actions he/she is required to meet with the Medical Director to discuss actions or omissions which resulted in the disciplinary actions, and to discuss an action plan to prevent the necessity of any further disciplinary actions being taken.

#### **Classification of Offenses**

The offenses detailed in subsections below are listed in two categories to provide Program students with an understanding of what can be expected if certain policies and/or procedures are violated. Although it would be impossible to make a comprehensive list of all violations of policies and procedures that could result in disciplinary actions of any kind, the following are examples of activities which could result in consequences if a student violates any one of them.

### Serious Offenses

The following offenses are extremely serious and, due to their severity, will usually subject the student to immediate termination from the Program:

1. Drinking, selling, or possessing intoxicating liquor while in the classroom or clinical rotation settings; reporting to class or clinical rotation drunk or impaired by intoxicating liquor.
2. Unauthorized use, possession, or sale of a controlled substance at any time throughout the Program; reporting to class or clinical rotation impaired by an unauthorized controlled substance.
3. Insubordinate defiance of authority, refusal to comply with proper orders, wanton disregard of directives, or insolence.
4. Theft of property, actual or attempted.
5. Dishonesty, deliberate misrepresentation, or falsification of facts; exaggeration or concealment of a material fact in connection with any official document; or withholding of material facts in connection with matters under official investigation.
6. Loss of, intentional damage to, unauthorized use of, or destruction of Program or Clinical Site property, records, or information.
7. Fighting, threatening, inflicting harm on another, physical resistance to lawful authority, indecent or immoral conduct, while in class or at a clinical site.
8. Student conduct, anytime, of such significance that there is an adverse effect upon the Program.
9. Unauthorized possession or use of firearms, dangerous weapons, or explosives while in class or at a clinical site.
10. Serious inefficiency, improper judgment, or incompetence that severely hampers productive operations, safety, or the health of others.
11. Falsification of records
12. Compromising an examination or quiz through unauthorized possession, use, or furnishing to others examination or quiz information or materials.
13. Discrimination or harassment of others. Creating an intimidating, hostile, or offensive environment.
14. Breach of confidentiality of nonpublic information.
15. Acts, omissions, or other conduct detrimental to the interests of the Program.
16. Performance of a technical skill or procedure that is beyond the student's scope of practice.

### Other Offenses

The following list of offenses are of the nature that generally will be handled by forms of lesser discipline (such as "oral warning" and "written notice of disciplinary action").

1. Delay or failure to carry out assigned work or instructions in a reasonable period of time.
2. Leaving class or clinical site prior to scheduled completion time, without permission.
3. Failure to be courteous.
4. Failure to enter information into the FSDAP system within 72 hours of hospital or field clinical rotation.
5. Interfering with the productivity or learning process of other students.
6. Failure to report injury or accident (if injury or accident occurred during class or clinical rotation).
7. Failure to follow Program policies and procedures.
8. Showing disregard or disrespect for authority (may be treated as a "serious" offense if there are additional circumstances).
9. Excessive absenteeism or tardiness to class or clinical rotations.
10. Failure to respond to Instructor communications, including mail, email, and telephone within two (2) business days.
11. Failure to follow the established chain of command concerning any matter related to the paramedic training program.

### Corrective Action Process

Initial Action: Whenever the performance or conduct of a student falls below a desirable level, Program staff shall inform the student promptly. The action to be taken depends on the seriousness of the incident and the student's past record. Typically, the first step will be an oral warning. The oral warning shall be documented on a "Record of Oral Warning" form and will be placed in the student's permanent file. An Oral Warning is not subject to appeal by the student.

Written Notice of Corrective Action Plan: When appropriate (as deemed by Program staff), a written notice of corrective action plan may be issued to a student. The written notice of corrective action plan shall be documented on a "Written Notice of Corrective Action Plan" form and will be placed in the student's permanent file. A written notice of corrective action plan is not subject to appeal by the student.

Suspension from the Program: When appropriate (as deemed by Program staff or the Program Medical Director), a student may be suspended from any/all portions of the Program. The student may be contacted by the Program staff by any means necessary to be apprised of the suspension. The student shall receive, at the earliest convenience, written documentation on a "Notice of Suspension from the Program" form. This form shall be placed in the student's permanent file.

The student may request, in writing within ten (10) days of written notice of suspension from the program, a meeting with Program staff to discuss the suspension.

In extreme circumstances any instructor involved with the paramedic training program may suspend a student, pending review, for a serious violation. In these cases the student will immediately refrain from any activity relating to the paramedic training program and if directed to do so by the instructor will immediately leave the training or clinical site. The Lead Instructor will schedule a meeting with the student, at the Lead Instructor's earliest convenience, to review the merit of the suspension and to consider disciplinary action.

Termination from the Program: If the MAST Program staff determines to recommend any student be terminated from the Program, the student will receive a "Notice of Termination from the Program" outlining the following:

1. Notice of the charges
2. An explanation of the basis of the Program's charges
3. The date and time, preset by the Program staff, of a scheduled meeting with the Director of Outreach Education, Medical Director, and Lead Instructor to provide the student an opportunity to present his/her explanation.

The Paramedic Program Director will consider all facts involved with the matter prior to rendering a final decision on the termination of the student from the program, the Medical Director must then review and approve of the termination. The student shall then be notified in writing of the final decision and the effective date of termination (if applicable).

#### **Termination from Program-Appeal Process**

Termination definition – the actual day of termination from the program in which the student is given a "face to face" meeting outlining the termination and given a written copy of the termination notice. From that date, the ten business days are calculated, if the student wishes to appeal the termination it must be initiated within those ten business days.

The student will be advised in the context of the termination letter that changes in their address or telephone numbers, outlining where and how they can be reached during the appeal process is the student's responsibility.

The student may appeal to the Paramedic Program Director within ten business days of the date of termination from the program.

The Paramedic Program Director will convene a review panel consisting of the Outreach Coordinator, Lead Instructor, Clinical Coordinator, and the Medical Director to review all circumstances which led to the termination. Upon review of the facts the panel will reach a consensus concerning the merit of the termination. After that review, the Paramedic Program Director will provide the student with a written response in ten business days from the initial request.

The written response may be:

- a. hand delivered
- b. certified mailed
- c. overnight or express delivery
- d. should the mail returned to MAST as not delivered, telephone communication will be attempted with the student.
- e. failure of attempts to contact the student will not be grounds for extensions, unless the student can provide written explanation of a crisis or life event that would justify extension.

If the student wishes to pursue the appeal process, they may do so in writing within ten business days from receiving the above appeal response. The final appeal is directed to the Director of Clinical Services. After that review, the Director of Clinical Services, after consulting with the course Medical Director, will provide the student with a written response in ten business days from the request. This appeal is considered final and the outcome closed to future appeal. The written response may be:

- a. hand delivered
- b. certified mailed
- c. overnight or expressed delivery
- d. should the mail returned to MAST as not delivered, telephone communication will proceed the dates and attempts documented in the written response.
- e. failure of attempts will not be grounds for extensions, unless the student can provide written explanation of a crisis or life event that would justify extension.

**Problem Solving Procedure**

MAST Education Department recognizes that occasionally a student may feel he/she has just reason for a complaint about the class. It is the policy of MAST to identify causes of dissatisfaction and to ensure fair and equitable treatment for its students. The easiest and quickest way to resolve a complaint is through informal verbal discussion with your instructor. You are encouraged to use this method whenever possible.

Should an informal discussion fail to bring about resolution of a problem, a more formal system for resolving complaints is available.

*Step One:* You should notify your instructor in writing of the complaint. The written complaint should be dated, signed by you, and presented to your instructor.

*Step Two:* Your instructor will conduct the necessary investigations to obtain all the facts relating to the complaint and set a date and time for a conference between the student, the instructor, the Director of Outreach Education, and the Medical Director. The intent of the conference is to discuss the problem, explore possible solutions, and decide on a course of action.

*Step Three:* A written response summarizing the agreed upon course of action will be made available to you within ten (10) business days after the conference. The decision of the conference is final.

**Disability Policy**

Students with disabilities, which are diagnosed by appropriate professional evaluation, can request reasonable accommodations. Such accommodation must be requested in advance, in writing, with necessary supporting documentation detailing what accommodation is requested. The request will be considered by the Director of Outreach Education and the Education Department Manager. Generally, accommodations which do not compromise the essential job functions of an EMT-Paramedic will be granted. Students that have questions or concerns are encouraged to contact the Education Department Manager.

**Sexual Harassment Policy**

Sexual harassment is a form of sexual discrimination which occurs in a relationship where there is a power differential between the individuals involved. Whether it is blatant or subtle, sexual harassment adversely affects the entire academic and/or work environment. The academic environment is also disrupted when student liaisons become visible in the classroom.

MAST has a formal Sexual Harassment Policy. If you have questions, concerns, or complaints regarding possible sexual harassment, you should contact the MAST Education Department Manager.