

 EMS EDUCATION	Subject: Emergency Medical Services (EMS) Education Institute Handbook	Number: ES-EMS-01-02
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The current copy of the Emergency Medical Services (EMS) Education Institute Handbook is included as Attachment 1 below and can be accessed on the EMS Institute web site at the link below:

<https://www.muhealth.org/conditions-treatments/emergency/ems-education>

Attachment 1: EMS Education Institute Student Handbook





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**UNIVERSITY OF MISSOURI HEALTH SYSTEM
EMS EDUCATION INSTITUTE
STUDENT HANDBOOK**

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INTRODUCTION:

This handbook includes a variety of information that is both useful and needed for each student attending either the Emergency Medical Technician (EMT-B) or Paramedic (EMT-P) initial certification course with University of Missouri Health System (UMHS) Emergency Medical Services (EMS) Education Institute. The EMS profession requires a high level of standards be demonstrated by its professional members and that EMS professionals must be competent, ethical, and have high moral standards as well as exercising sound clinical judgment. This document seeks to outline relevant information needed by the student to ensure acceptable behavior and full awareness of the activities that take place related to their EMS Education program.

GENERAL POLICIES AND PROCEDURES STATEMENT:

This document only includes those policies and procedures that are normally pertinent to UMHS EMS Education students. There are many others for situations that occur much less frequently that can be made available at any time to students either through UMHS Human Resources (573)884-8643, or MU Human Resources (573)882-4256, depending on the policy and/or procedure. When appropriate, the specific policy numbers have been referenced. Students should note that these numbers may change from time to time, but were accurate at the time of this document. **The policies, procedures, and rules by which students abide may change from time to time. Whenever a change occurs, students will be notified via email or by regular mail of any changes as well as effective dates.** If the student has any questions, they should contact either the Course Coordinator or Program Director with their questions.

STATEMENT OF NON DISCRIMINATION:

The University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, genetics information, disability, or status as a protected veteran. The University's nondiscrimination policy applies to all phases of its employment process, its admission and financial aid programs, and to all other aspects of its educational programs and activities. Further, this policy applies to sexual violence and sexual harassment (forms of sex discrimination) occurring both within and outside of the University context if the conduct negatively affects the individual's educational or work experience or the overall campus environment. Retaliation directed to any person who pursues a discrimination complaint or grievance, participates in a discrimination investigation, or otherwise opposes unlawful discrimination is prohibited.

Any person having inquiries concerning the University of Missouri's application of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972*, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 or other civil rights laws should contact one of the following:

Associate Vice Chancellor of Human Resource
Services/Affirmative Action Officer
University of Missouri
1095 Virginia Avenue, Room 101
Columbia, MO 65211
573-882-4256; <http://hrs.missouri.edu/>

Director of MU Equity/Title IX Coordinator
Equity Office, Memorial Unions S303
englishno@missouri.edu
573-882-9069

Assistant Secretary for Civil Rights
(Regarding race, color, sex, national origin, disability,
and age issues),
U.S. Department of Education
<http://www2.ed.gov/about/offices/list/ocr/know.html>

*Title IX prohibits sex discrimination, including sexual harassment and sexual violence, in all educational programs and activities. For more information please visit the Title IX Compliance page

STATEMENT OF ACCOUNTABILITY AND RESPONSIBILITY:

Accountability and responsibility are fundamental ingredients to successful completion of all professional programs provided thru EMS Education Institute to obtain the professional level of competency and knowledge required students must adhere to the basic principles of accountability and responsibility in course didactic and clinical rotation phases.

ADA STATEMENT:

If you need accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please inform the course instructor or program director immediately. This should be done privately after class, in either the instructor's or program director's office.

To request academic accommodations (for example, a note-taker or extended time on exams), students must also register with the [MU Disability Center](http://disabilitycenter.missouri.edu/), <http://disabilitycenter.missouri.edu/>, S5 Memorial Union, (573)882-4696. It is the campus office responsible for reviewing documentation provided by students requesting academic accommodations, and



for accommodations planning in cooperation with students and instructors, as needed and consistent with course requirements.

INTELLECTUAL PLURALISM STATEMENT:

UMHS EMS Education welcomes intellectual diversity and respects student rights. Students who have questions or concerns regarding the atmosphere in this class (including respect for diverse opinions) may contact the Program Director; the Emergency Services Manager at 573/882-6003; or the Medical Director at 573/882-6003. All students will have the opportunity to submit an anonymous evaluation of the instructor(s) at the end of the course.

COURSE SCHEDULE:

A course schedule/syllabus will be distributed on the first day of each semester. The schedule is subject to change even after being distributed. Any changes to the course schedule will be approved by the Course Coordinator and/or Program Director, and will be distributed to the students at the next class.

CLASS CANCELLATION DUE TO INCLEMENT WEATHER:

When there is inclement weather, the following radio and television stations are notified of cancellation of individual classes due to bad weather:

Radio Stations:

- KAT Country 94.3 FM (Jefferson City)
- KWOS 950 AM (Jefferson City)
- KCLR – 99.3 FM (CLEAR 99)
- KCMQ 96.7 FM
- KSSZ 93.9 FM
- KTXY – 106.9 FM (Y107)

- KTGR 1580 AM
- KFAL 900 AM (Fulton)
- KKCA 100.5 FM (Fulton)

Television Stations (and websites)

- KOMU Channel 8 (www.komu.com)
- KMIZ Channel 17 (www.kmiz.com)

E-mail will also be used when appropriate in addition to the above notification measures when possible. Cancellations will be made at least three hours ahead of the start time of class. Please be aware that, due to students coming from many areas of Missouri, class may be cancelled when a student's own local conditions are not poor. Cancellations are made only when absolutely necessary for the safety of the entire class.

CLASS CANCELLATION FOR OTHER REASONS:

While an individual class is rarely cancelled for reasons other than inclement weather, it is possible. If a class must be cancelled for any other reason, the students will be contacted individually by phone notification primarily, and email notification if phone notification is not successful.

ATTENDANCE:

Students are expected to be on time for all lectures, lab and clinical rotation sessions. (If arriving late, enter quietly; take a seat in the rear of the lecture hall.) **If a student is late or absent, the student is responsible for obtaining information presented or distributed during any class session.** Students will be responsible for all material (written or oral) presented during the lecture. Students should be aware that test material will not come strictly from the textbooks, and may only be presented in the lectures or labs. The instructor and/or coordinator will not be responsible for makeup information and/or handouts. You must ensure that another student obtains this information for you in the event that you are absent or tardy.

1. A semester is defined as:
 - a. All sessions for the EMT course.
 - b. Semester 1, 2, & 3 in the Paramedic Course Schedule.
2. A tardy occurrence is defined as being greater than five minutes late.
3. A tardy greater than one hour is considered to be an absence.
4. An absence occurrence is defined as being gone for either a morning or afternoon session.
5. A full day absence is counted as two occurrences.
6. Two absence occurrences (equivalent of one full day) are allowed per semester without grade implications.
7. Absences are not classified as excused or unexcused. An absence for any reason will count towards the attendance portion of the student's grade.
8. Notification to the instructor, Course Coordinator, or Program Director by e-mail or phone message **MUST** be made prior to the absence to not impact the student's grade in professionalism.
9. Faculty expect that students treat their educational program as it was a job and act accordingly.
10. Students should understand that it is always better to work with faculty ahead of time for any type of absence or tardiness. For instance:



- a. E-mail or phone notification of a spontaneous absence.
- b. Obtaining materials ahead of time from faculty for a scheduled absence.
- c. Making faculty aware of extenuating circumstances as soon as they occur.

Records and performance of the students who have been absent GREATER THAN ONE DAY (two occurrences) per semester will be reviewed by the faculty. A student may be placed on probation or asked to withdraw from the program if his/her attendance is adversely affecting his/her educational performance. Re-enrollment will only be approved by the Course Coordinator with advisement from the course Medical Director and Course Faculty.

LEAVE OF ABSENCE:

Requests for Leave of Absence should be made in writing, and must be coordinated through the Course Coordinator and Program Director. A leave of absence can take place for many reasons and typically would be granted for an entire semester rather than for a portion of a semester.

COURSE WITHDRAWAL:

Withdrawal from the program needs to be made in writing. A letter from the student must be sent to the Program Director stating the reason and effective date of withdrawal.

RE-ENROLLMENT:

Re-enrollment will only be approved by the Program Director with advisement from the course Medical Director and Course Faculty. Re-enrollment is not an option if the reason for leaving is the result of expulsion. Students who must repeat a semester in the Paramedic program, or who retake the EMT program must pay the current course fees (may be prorated for Paramedic).

COURSE COMPLETION DEADLINES:

Students are required to complete all of their clinical rotation time within an appropriate period of time from the final exam for the didactic portion of class. The course completion deadlines are:

1. **EMT-B: 45 days to complete all clinical rotation time from the date of the final exam.**
2. **Paramedic: 10 months to complete all clinical rotation time from the date of the final exam.**

Completion of clinical rotations includes having an exit interview with the Course Coordinator and/or Program Director for EMT students, and the Program Director and/or Medical Director for Paramedic students, where course completion can be entered into the National Registry website.

This time frame is normally more than adequate to complete clinical rotations. Requests for exceptions may be granted in extenuating circumstances, and must be made in writing to the Course Coordinator and Program Director.

NREMT EXAMINATIONS:

Students must create a login on the www.NREMT.org website and complete an Application. See www.NREMT.org for additional details, requirements and deadlines.

Students are eligible to take the NREMT Psychomotor examination following successful completion of the Didactic and Lab portions of the Class and **ALL** Lab Skill Requirements have been successfully documented in FISDAP. Testing before these requirements have been met will yield invalid results, students are responsible for all resulting fees.

Students are eligible to take the NREMT Cognitive exam after completion of **ALL** Didactic, Lab, and Clinical Requirements have been successfully completed, successful exit interview with Program Director and/or Medical Director approval, and successful completion of all NREMT Psychomotor examination components.

PRE-REQUISITE REQUIREMENTS:

Students are responsible for all Pre-Requisite Requirements as outlined in the Course Syllabus. If all Pre-Requisite Requirements are not met prior to the first class, the student will be unable to attend class. Requests for exceptions may be granted in extenuating circumstances beyond students control (such as vaccine shortage), and must be made in writing to the Course Coordinator and Program Director.

BOOKS:

Textbooks are required for the course and must be obtained prior to the first class session. Required textbooks (including the ISBN's) are outlined in the Course Syllabus.



CLASS PREPARATION:

Students are expected to have prepared ahead of time for each class, to include any reading assignments, research, homework or other academic activities. Students must not expect that class attendance by itself will be sufficient to meet the course and academic objectives needed to become an EMS professional. Outside work is essential and necessary to ensure successful course completion.

LECTURES/PRACTICAL LABS:

Attendance is expected at all scheduled lectures and practical skills labs. Do not allow yourself to get behind, even by as little as one class session. In order to obtain maximum benefit from the lecture, read over the assigned sections prior to the lecture. You may tape lectures but should have adequate material (pens, pencils, paper and textbooks) to use during the class. A pencil must be brought to class on all written exam dates.

TUITION:

Tuition is due at the beginning of the first day of class. Acceptable payment methods for tuition payments are personal checks, cashier's checks, money orders, and cash. If a personal check is returned for non-payment; then the only forms of payment that are acceptable for the rejected payment and also any later payments are money orders or cashier's checks.

PAYMENT PLANS:

Payment plans are available, and include a \$50 fee per payment. Arrangements can be made for payment plans *prior* to the first scheduled day of class. Students who request payment plans will be required to complete a payment plan agreement; acceptance will be at the discretion of the Program Director.

Students who do not make the payment in full on the first day of class or do not meet the terms of any predetermined payment plan will not be allowed to attend class, and must either take absences until the full tuition is paid or reenroll in the following course.

SCHOLARSHIPS OR OTHER FUNDING:

Scholarships from an employer or other source must have payment arrangements setup prior to the first class. While the actual arrangements and payments for scholarship or similar payment do not necessarily need to be done by the student but may be done by the awarding Department, the student is still responsible for ensuring that these arrangements and/or payments have been made.

The student is still responsible for making payments on time at the beginning of each semester, even if the award has not been received. The only exception to this is when the award is being paid directly to EMS Education and has been set up in writing ahead of time.

COURSE FEE REFUND SCHEDULE:

The EMS Education Office must receive a course withdrawal letter and request for refund in order to process a refund for the course tuition. Students are responsible for payment of all assessed educational/tuition fees that have been accrued. Students who withdraw from either the EMT or Paramedic Course after classes have begun are subject to the following refund schedule:

Date of Withdrawal (date on which the withdrawal letter is received by EMS Education)	Refund %*
• Before class begins	Full Refund
• Before the 2 nd class	90%
• Before the 4 th class	50%
• After the 5th class or later	No Refund

*Refund percentage is based on the course tuition amount. No refund shall exceed the amount of fees paid, the application fee will not be returned, and all refunds are subject to a **\$25.00 cancellation fee**. Costs for items that were received by the student will be deducted as well, such as shirts. Payments made in full at the beginning of class will include full refunds for semesters that have not yet started.

Refunds based on credit card payments will be electronically refunded to the credit card. Deductions may be made from the refund amount for any other financial obligations to the University of Missouri-Columbia.

In exceptional cases, a 100% refund for that semester may be authorized at any time during the semester. This is at the discretion of, and in consultation with the Program Director.



PARKING:

Parking is available at the class location as directed. During clinical rotation time, parking will be as directed by the clinical rotation facility. Any parking fees during clinical rotation times are the responsibility of the student.

MEDICAL INSURANCE:

Medical insurance and/or coverage is **not** provided to students by MUHC EMS Education. Any injuries or illness sustained by the student while in class, labs, clinical rotations, or any other phase of the educational program are the responsibility of the student. It is therefore required that the students have their own personal medical insurance to cover personal injuries or illness.

MEDICAL LIABILITY INSURANCE:

Students are required to have their own Medical Liability Insurance. Students must provide proof of Medical Liability Insurance before the course begins and said proof must be maintained until all course curriculums and all clinical rotation time has been completed.

GRADING POLICY:

Emergency medical care is a demanding field which continues to evolve. Good patient care demands proficiency in the cognitive, affective, and psychomotor domains. Therefore, the student must demonstrate competence of practical skills and didactic knowledge as well as professional skills inherent in the EMS profession. There will be quizzes, written tests, and practical examinations administered throughout the course. Students should expect to have a quiz or test each day of class.

Any sub minimum performance occurrence will result in the student being placed on academic probation. If the student continues to perform poorly and cannot meet the standards outlined here, it could result in dismissal from the program.

The overall grade (percentage) is determined from a variety of evaluations including tests, quizzes, semester finals (including practical testing), attendance, and professionalism. It may also include projects or homework assignments. The specific grading structure for each class is listed in the Course Syllabus. In any section of the grading matrix, the student must maintain a 76% minimum score. Less than 76% in any section will result in the student being placed on Academic probation. The average of all the grades must be an 80% minimum score.

- **No student will pass the course if: (a) their composite average is less than 80% (average of all semesters in the case of the Paramedic course) or (b) final exam score is less than 80% or (c) unsuccessful completion of all NREMT Skills.**

The composite of the score achieved for the semester and/or course score will be computed as follows unless specified otherwise in the Course Syllabus:

- | | | | |
|-----------------------------------|-----|--------------------------------|-----|
| • Attendance and Professionalism | 10% | • Unit examinations | 25% |
| • Homework/class assignments | 15% | • Semester /final examinations | 30% |
| • Quizzes (online and in class) | 20% | | |

Clinical rotations, live labs and practical skills are not computed into the average for the class score. Grading for these experiences is on a Satisfactory/Unsatisfactory basis only.

Online quizzes or Examinations may not be taken past the due date without permission from the Program Director. Evaluations may be made up if the absence was prearranged and approved (prior notification is made to and approved by the instructor/course coordinator). Only one test may be missed per semester due to a prearranged absence. If more than one test is missed, it cannot be made up. Retake of a test missed due to a prearranged absence is up to the student to reschedule. Tests should be made up within one week of missing the test, and cannot be taken greater than two weeks post missing the test. A small deduction of points will be taken for tests that are made up. If the absence is not prearranged, no make-up will be allowed. Please Note!!! If a student misses an examination (written or practical) and the absence was not prearranged, the score for that examination is zero.

Any assignment that is turned in late may have points deducted. This typically will be 10% of the total grade for each class period that the assignment is late. Any further deductions will be at the discretion of the Course Faculty and will be made known to the students prior to the due date.

Extra Credit is not typically given during class. However, it is recognized that there may be unusual circumstances that created a hardship for the student. In these cases, the student may request the option for extra credit. This will be granted after approval by the Course Faculty and the Course Coordinator and/or Program Director. Students should be



aware that any extra credit allowed will involve more work than the original work covered in class and normal assignments.

ACADEMIC PROBATION:

A student will be placed on academic probation when either 1) an individual section of the grading matrix falls below a 76% score or 2) the average of all scores in the grading matrix falls below 80%. The student will be notified of this in writing. They will remain on academic probation until such time as their scores have improved or they have met the conditions for remediation as directed by their primary instructor, and they have received written notification that they are no longer on academic probation.

While on academic probation, no student will be allowed to participate in clinical rotation time of any type.

REMEDIAL INSTRUCTION:

When a student is found to be below the acceptable skill level required of the clinical rotation area in which they are actively participating they may at the discretion of the Medical Director or Program Director be assigned remedial didactic instruction. The student may be suspended from clinical rotation participation until satisfactory performance is attained. The decision regarding length of instruction and possible suspension will be at the sole discretion of the Medical Director and Program Director with input from the student educator.

FERPA:

The Family Educational Rights and Privacy Act of 1974 is a federal law designed to protect the privacy of educational records; to establish the rights of students to inspect and review their education records; and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. The law applies to any individual who is or has been in attendance at an institution *and* regarding whom the institution maintains educational records.

Once students have matriculated to UMHS EMS Education, i.e. enrolled in course work, FERPA rights transfer to the student, regardless of the student's age.

1. Primary rights under FERPA:
 - a. To inspect and review educational records.
 - b. To seek to amend educational records through informal and formal hearings.
 - c. To have some control over the release of information about educational records.
2. Educational records contain information that is directly related to a student *and* are maintained by an educational agency or institution, or by a third party acting on the behalf of the agency or institution. Examples include:
 - a. handwritten notes
 - b. computer files/generated information
 - c. printed information
 - d. video or audio tapes
 - e. film
 - f. microfilm or microfiche
 - g. any information maintained in *any way* about a student
3. Directory information:
 - a. Directory information *may* be shared, unless restricted.
 - b. The student must request, in writing, the restriction of release of directory information.

UMHS EMS Education will not release any educational records that are requested by the student or by any other individual without the express written consent of the student. This must be submitted in such a way as to ensure the identity of the student who is making the request. UMHS EMS Education reserves the right to verify the identity of the student requesting release of records in any manner, up to and including the physical presence of the student in UMHS EMS Education offices in order to ensure the integrity and security of student records.

PROFESSIONAL ATTITUDE:

Students should be aware that they are expected to act professionally and courteously at all times, in all portions of any EMS Education Program. Disruptive behavior during a lecture, practical or clinical rotation session is grounds for disciplinary action. This type of behavior is a strong indicator of poor behavior or performance in the student's subsequent EMS career, so dismissal from the course is an option. In general, student conduct should be in accordance with the Student Conduct (following) and to the standards of the National Registry as promulgated in their Professional Behavior standards www.nremt.org.



SEXUAL, ETHNIC, AND GENDER-BASED HARASSMENT:

Harassment of any type is unacceptable and is grounds for immediate dismissal from the program. Harassment is generally defined as any verbal or physical action or intent that is degrading to another individual's ethnicity, gender, or other personal preferences similar to those outlined in the ADA statement. See Student Conduct (following) for more details.

STUDENT CONDUCT:

A student enrolling in UMHS EMS Education courses assume an obligation to behave in a manner compatible with the UMHS EMS Education's function as an educational institution and voluntarily enters into a community of high achieving scholars. Consequently, students assume new privileges along with new responsibilities in accordance with the University's mission and expectations.

These expectations have been established in order to protect a specialized environment conducive to learning which fosters integrity, academic success, personal and professional growth, and responsible citizenship.

- A. **Jurisdiction of UMHS EMS Education** generally shall be limited to conduct which occurs on the University of Missouri premises or at University-sponsored or University-supervised functions such as clinical rotations. However, nothing restrains the administration of UMHS EMS Education from taking appropriate action, including, but not limited to, the imposition of sanctions under the Disciplinary Process (following) against students for conduct on or off MU premises in order to protect the physical safety of students, faculty, staff and visitors. In addition, a student who believes that he or she has been discriminated against based upon his or her sex may file a complaint with the Title IX Coordinator for the campus in accordance with the provisions of Section 330.062 of the Collected Rules and Regulations. See contact information for campus Title IX Coordinators contained in Section 330.062.
- B. **Conduct** for which students are subject to sanctions falls into the following categories:
1. **Academic dishonesty**, such as cheating, plagiarism, sabotage, or misrepresentation. UMHS EMS Education recognizes that academic honesty is essential for the intellectual life of the program. Faculty members have a special obligation to expect high standards of academic honesty in all student work. Students have a special obligation to adhere to such standards. In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall report the alleged academic dishonesty to the Program Director.
 - a) The term **cheating** includes but is not limited to: (i) use of any unauthorized assistance in taking quizzes, tests, or examinations; (ii) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; (iii) acquisition or possession without permission of tests or other academic material belonging to a member of the EMS Education faculty or staff; or (iv) knowingly providing any unauthorized assistance to another student on quizzes, tests, or examinations.
 - b) The term **plagiarism** includes, but is not limited to: (i) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; (ii) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or (iii) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators.
 - c) The term **sabotage** includes, but is not limited to, the unauthorized interference with, modification of, or destruction of the work or intellectual property of another member of the University community.
 - d) The term **misrepresentation** includes, but is not limited to, submitting work or clinical rotation time that was not performed or completed in whole by the student as represented by the work or time that has been submitted.
 2. **Forgery, alteration or misuse** of UMHS EMS Education documents, records or identification or knowingly furnishing false information to UMHS EMS Education.
 3. **Obstruction or disruption** of teaching, research, administration, conduct proceedings, or other UMHS EMS Education activities, including its public service functions on or off campus.
 4. **Physical abuse or other conduct which threatens or endangers the health or safety of any person** including, without limitation, conduct commonly known as hazing, which is directed at a student or prospective member of a student organization for the purpose of initiation or admission to or continued membership in



such student organization, and intimate partner/relationship violence, which includes violence between those who are in an intimate relationship with each other.

5. **Sexual Misconduct** including but not limited to nonconsensual sexual intercourse; nonconsensual sexual contact involving the sexual touching of the genitals, breast or anus of another person or the nonconsensual sexual touching of another with one's own genitals whether directly or through the clothing; or exposing one's genitals to another under circumstances in which he or she should reasonably know that his or her conduct is likely to cause affront or alarm; sexual exploitation; or sexual harassment, as defined in Section 330.060 of the Collected Rules and Regulations. For purposes of this policy, the term nonconsensual includes, without limitation, circumstances in which the alleged victim was incapacitated by alcohol, drugs or other circumstances and, therefore, incapable of consenting.
6. **Stalking** another by following or engaging in a course of conduct with no legitimate purpose that puts another person reasonably in fear for his or her safety or would cause a reasonable person under the circumstances to be frightened, intimidated or emotionally distressed.
7. **Harassment**, outside the scope of sexual harassment defined in Section 200.010B.5 above, by engaging in a course of conduct directed at a specific person that serves no legitimate purpose that would cause a reasonable person under the circumstances to be frightened, intimidated, or emotionally distressed.
8. **Invasion of privacy** by photographing or recording (using electronic or other means) another person in a state of full or partial nudity in a place where one would have a reasonable expectation of privacy without that person's consent, and distributing or transmitting one or more such images, photographs or recordings without that person's consent.
9. **Participating in attempted or actual theft** of, damage to, or possession without permission of property of UMHS EMS Education or of a member of UMHS EMS Education community or of a campus visitor.
10. **Unauthorized possession**, duplication or use of keys to any UMHS EMS Education facility or unauthorized entry to or use of UMHS EMS Education facility.
11. **Violation of UMHS EMS Education policies**, rules or regulations or of campus regulations including, but not limited to, those governing the use of UMHS EMS Education facilities, or the time, place and manner of public expression or the prohibition against retaliation contained in the policy on sexual harassment found in Section 330.060 of the Collected Rules and Regulations.
12. **Manufacture, use, possession, sale or distribution of alcoholic beverages** or any controlled substance without proper prescription or required license or as expressly permitted by law or university of Missouri regulations, including operating a vehicle on University of Missouri property, or on streets or roadways adjacent to and abutting a campus, under the influence of alcohol or a controlled substance as prohibited by law of the state of Missouri.
13. **Disruptive or disorderly conduct** or lewd, indecent, or obscene conduct or expression.
14. **Failure to comply** with directions of University of Missouri officials acting in the performance of their duties.
15. **The illegal or unauthorized possession or use of firearms, explosives, other weapons, or hazardous chemicals.**
16. **Misuse in accordance with University of Missouri policy of computing resources**, including but not limited to:
 - a) Actual or attempted theft or other abuse.
 - b) Unauthorized entry into a file to use, read, or change the contents, or for any other purpose.
 - c) Unauthorized transfer of a file.
 - d) Unauthorized use of another individual's identification and password.
 - e) Use of computing facilities to interfere with the work of another student, faculty member, or University of Missouri official.
 - f) Use of computing facilities to interfere with normal operations of the University of Missouri computing system.
 - g) Knowingly causing a computer virus to become installed in a computer system or file.

STUDENT HONOR CODE:

UMHS EMS Education is committed to upholding the highest standards of integrity and professionalism. Since much of the work completed during any phase of the UMHS EMS Education program is based on independent work, the students must adhere to an honor code.

EMT OATH

Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever



is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law. I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot. So help me God.

Written by: Charles B. Gillespie, M.D.

Adopted by the National Association of Emergency Medical Technicians, 1978

EMT CODE OF ETHICS

Professional status as an Emergency Medical Technician and Emergency Medical Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician-Paramedic, I solemnly pledge myself to the following code of professional ethics:

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public wellbeing.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, do so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Written by: Charles Gillespie, M.D.

Adopted by: The National Association of Emergency Medical Technicians, 1978.

DRESS CODE AND EQUIPMENT REQUIREMENTS:

Students are issued nametags and uniform shirts by UMHS EMS Education. Until the polo shirts are issued, the students are expected to dress in business casual attire. This does **not** include blue jeans, T-shirts or athletic footwear. Once the shirts are issued, the dress code for all aspects of any EMS Education program will be as follows:

- Polo shirt with the embroidered EMS Education logo that is provided—**the shirt MUST be tucked in**;
- Full length black slacks (e.g. EMS pants) and matching belt,



- Socks that come above the top of the footwear,
- Leather or nylon footwear that come over the ankles and are dark in color (no tennis, running type shoes, or large climbing boots).
- Students **MUST** wear their UMHS name tag at ALL times once issued, at eye level just below the shoulder with name clearly displayed. ID Badges are property of UMHS and are not to be defaced or abused. No items are to be affixed or attached to the badge either temporarily or permanently.
- Students may not wear clothing that is revealing, offensive, intimidating, or in disrepair. Clothing should be of appropriate size and style so that it covers all necessary areas of the body. Undergarments should not be visible.

IF THE STUDENT DOES NOT WEAR THEIR NAME TAG, THE MANAGERS AND PRECEPTORS OF THE HOSPITALS AND AMBULANCE SERVICES HAVE BEEN ADVISED TO SEND STUDENTS HOME WITHOUT ANY CREDIT FOR HOURS ALREADY COMPLETED THAT DAY.

ID Badges are property of UMHS and must be turned in once the entire course has been completed (including clinical rotation time).

Required equipment for clinical rotations for all UMHS EMS students is a stethoscope, watch (with a sweep second hand), and at least one pen. Students are to provide their own ANSI Class 2 or Class 3 reflective vest that meets the guidelines of 23 CFR 634.

- This vest **MUST** be worn at any time that the student is working on or near a roadway. This must be worn even if others in the crew do not.
- **Students that do clinical rotation time with University Ambulance DO NOT need to obtain their own vest as the vests and also the winter jackets that meet the CFR criteria are available to wear at this clinical rotation site.**

Other equipment carried is at the discretion of the student, suggested equipment is: Your textbook, other study materials, 3X5 index cards (or other note taking method), trauma scissors, penlight and pocket mask.

PERSONAL HYGIENE:

Students should always present in a fashion that represents themselves and the department in a professional manner. This includes hair being groomed, facial hair being neatly trimmed, good oral and body hygiene is expected (e.g. use of soap, deodorants, and toothpaste), and clothing being clean and not wrinkled.

- Hair must be kept neat and clean. Hair should in no way interfere with patient safety.
 - Long hair should be appropriately held back and clear of interfering with patient care (eg by using a hair tie or similar).
 - Hair color of unnatural and unprofessional appearance will not be allowed during clinical rotation time at any MU Health Care clinical rotation site.
- Men's mustaches and beards must be neatly trimmed.
- Tattoos are to be covered and not be visible.
- Jewelry may not be offensive in any way. Jewelry is restricted to a single item in each ear (stud-type only); no other jewelry may be worn in other pierced areas.
- Rings should not be worn (wedding bands are allowed as long as they do not interfere with patient care)
- Make-up should be natural looking.
- Fingernails must be an appropriate length and must be in good condition.
 - **The wearing of artificial fingernails during clinical rotations is prohibited.**
 - Acrylic overlay nails are prohibited.
 - Cracked or chipped fingernail polish must be removed/repaired.
 - Fingernails must be trimmed to no longer than 1/4" from the end of the finger - must be clean on top and underneath the nail.
- Student must be clean and without noticeable odors.
 - Students should not have noticeable body odor.
 - Use of deodorant is expected.
 - No perfume, cologne, or after-shave should be worn in patient care areas and worn in moderation in non-patient care areas.

PAGERS/CELL PHONES/ELECTRONIC DEVICES:

Scanners, radios, and departmental pagers are **NOT** allowed to be on in class or during your clinical rotation time. Phones and personal pagers must be muted or placed on non-audible alert. Any calls or pages that the student receives



during class time may be returned while the student is on break. It is not acceptable to routinely step out of class to take calls or return pages.

Use of any electronic device during any portion of an UMHS EMS Education activity shall be restricted to activities that are directly related to education. Phones and pagers of any type must be stowed out of site and reach during all testing phases. Students found in non-compliance shall be disciplined in line with the academic dishonesty policy. Texting, using the internet, playing games, or any other non-educational activities accomplished through the use of electronic devices will not be allowed, and could be cause for dismissal from the class for the day. Continued violation of this rule could be grounds for expulsion from the class.

Noisy equipment, beepers or cell phones will not be tolerated and failure to comply with this rule may result in suspension from this program. Reinstatement will be only approved by the Program Director with advisement from the course Medical Director and Course Faculty. Emergency contacts during class may be done by contacting (573) 882-9315 or the instructor directly.

TOBACCO POLICY:

As of September 1, 2006, the use of all tobacco products (cigarettes, cigars, pipes and smokeless tobacco) is prohibited within all University of Missouri Health Care-owned buildings and on all UMHS-owned or UMHS-occupied property including parking lots, employees' personal vehicles parked on UMHS premises, UMHS vehicles and all owned or leased properties.

ALCOHOLIC BEVERAGES/ILLEGAL DRUGS:

No alcoholic beverages or illegal drugs may be brought to, carried, or used at any time during any EMS Education activity. Students also may not exhibit any signs of having used alcohol or illegal drugs (e.g. smell of alcoholic products on breath). Students may be required to obtain additional drug screens by the contracted testing facility within 24 hours of request based on a reasonable suspicion. Any student found in violation will be subject to immediate dismissal from the program. Additional information may be obtained by requesting HR-5012.

SAFE PRACTICE POLICY:

The faculty and staff of the UMHS EMS Education Department support the University Of Missouri Statement Of Values. The faculty and administration have the expectation that these values – Respect, Responsibility, Discovery, and Excellence - will be reflected in the interactions and actions of all individuals involved with the activities of the EMS Education programs. Safety in prehospital patient care and research is required of all professional EMTs/Paramedics and all students of professional EMS. The following are considered critical failure behaviors and likely will result in dismissal from the program:

- Preceptor or Agency refusal to continue working with the student due to clinical safety issues.
- Under the influence of alcohol, recreational drugs, or medications that impair judgment in the clinical rotation, classroom, and/or research setting.
- Positive drug test for non-prescribed or illegal drugs; or refusal of drug testing; Abuse or inappropriate behavior, including but not limited to intimidation, threats or acts of violence to patient, staff, faculty, or other students.
- Patient/research subject neglect.
- Breach of patient/research subject confidentiality.
- Dishonesty with patient/research data or with own actions.
- Other unsafe clinical/research practice (as deemed by faculty).

SLEEPING:

Recognizing that many students are challenged with their schedule needs, it is nonetheless unacceptable for students to sleep while involved in any aspect of the EMS Education program. As such, students must make every effort to prevent any schedule conflicts that would result in their falling asleep. Anytime a student falls asleep, it should be expected that they will be asked to leave, be it from class or a clinical rotation, whatever the setting may be. If the student is sent home from class, this will count as an absence on their attendance record.

It is also not acceptable for students to work a night shift and then come straight to an EMS Education activity. This is not conducive to learning. And in the clinical rotation setting, this can have serious patient care ramifications. Students should arrange their schedules in order to have adequate rest between activities.



CONFLICT OF INTEREST:

Students and preceptors should be aware of their role and the potential conflicts of interest and opportunities for undue influence that can occur. Generally, there is deemed to be a conflict of interest when influence could be exerted to the benefit of one or both of the parties involved. Accordingly, if there is any potential where the student or preceptor could be put in a situation of undue influence, then this should be avoided. Situations where conflicts of interest could occur include (but are not limited to):

- Preceptor and student have a personal relationship beyond normal friendship such as dating, being engaged or married, or similar.
- Student has a personal relationship beyond normal friendship with an individual who supervises others at the agency or unit with which the student is completing their clinical rotation time.
- Student has a supervisory role or role of authority at the agency or unit with which the student is completing clinical rotations.
- Student is in a position where he is able to pressure the preceptor into performing unethical decisions or duties that are not in line with the EMS Code of Ethics.
- Preceptor is in a position where he is able to pressure the student into performing unethical decisions or duties that are not in line with the EMS Code of Ethics.

It is the duty of the students and of the existing EMS professionals to prevent any conflict of interest from occurring, and to report the same.

- Students will not schedule themselves to do clinical rotations at any agency or unit or with any individual where there is a known or perceived conflict of interest.
- Preceptors have the responsibility to preclude themselves from this role when a known or perceived conflict of interest exists.
- Any conflict of interest that is known or perceived must be reported immediately to the Clinical Coordinator.

The student should be aware that if they are discovered to have taken advantage of a situation where a conflict of interest exists, then this is grounds for immediate termination from the program. The student should also be aware that the above does not constitute a fully inclusive list for conflict of interest, and when such situations could occur, or how they should be handled. The student, when in doubt, should report any problems to the clinical coordinator immediately, using the EMS Code of Ethics above as guidance.

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.

A completed UMHS EMS Education Medical Form with a signed medical release from a physician is required for all students. Additional documentation may be required regarding childhood diseases and immunizations. See the Course Syllabus for the list of required vaccinations. Any needed vaccinations will be completed at the student's expense and documentation needs to be turned in no later than the first day of class.

You may occasionally be exposed to communicable and other medical diseases. It is your responsibility to take all necessary precautions against contracting and transmitting such diseases, Healthcare Infection Control Practices and Personal Protective Equipment Guidance are available at www.CDC.gov. If you are exposed to a known case, you must report this immediately to your preceptor and your instructor and seek necessary medical treatment. You will be responsible for all diagnostic and treatment costs. You will also be responsible for your own medical treatment if you are injured 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 have direct patient care/contact during the clinical rotation setting. These individuals will be expected to attend class (if their condition permits) and observe others in the practical stations. The student will make up skills practice time at the discretion of the instructor and is held responsible for that make up skills station. The student will be expected to practice on his/her own time to maintain skill levels compared to the progression of the class.



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In any case of illness which requires the participant to miss two (2) or more class sessions/clinical rotation sessions, the student will be required to have a medical release, signed by a physician, before being allowed to return to the class or clinical rotation setting.

All student performances in both the classroom and clinical rotation settings will be overseen by the instructor, training assistants and/or preceptor(s). Each student will address any problem or concern that they may have regarding their safety immediately to the individual directly involved with the training in progress. Directions given by training personnel should be followed accurately and, if not understood, should be clarified to prevent problems. All safety problems must be reported to the Course Coordinator.

All students 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 student to take.

All manikins, airway adjuncts, etc., will be properly cleaned with disinfectant between student uses. This should be in accordance with the CDC infection prevention guidelines. Due to the nature of the training, it is imperative that all students/faculty maintain good personal hygiene habits at all times.

Each participant should be able to lift and carry 100 to 150 pounds; however all participants will exercise prudent physical exertion in labs, during clinical rotations (i.e.; stretcher lifting, patient movement, equipment carry, scene safety precautions, etc...). Students should exercise professional judgment to ensure that they do not become injured through lifting.

No student is allowed to drive an EMS vehicle at any time while functioning within the scope of this training program. Failure to comply with this rule will result in automatic dismissal from the class. Re-enrollment will only be approved by the Course Coordinator with advisement from the course Medical Director and Course Faculty.

Students will not operate or be at the foot or head during operation or movement of any stretcher while occupied by a patient. Assisting crews in lifting and loading from the side, where the preceptor and student feel comfortable is acceptable, as long as no operational functions are applied by the student.

Students will not administer blood or blood products.

At no time should a student take verbal orders **for** the preceptor. EXCEPTION: Student may take verbal orders if they are in consultation with Medical Control, but this is solely at the discretion of the preceptor, and the preceptor must be able to hear both sides of the conversation with Medical Control, (ex. When using the radio).

Any time a student suffers an injury while at the University Hospital or other clinical sites on UMHS education business or while functioning as a student at these sites, the student shall immediately report the occurrence to the preceptor who will in turn make an immediate report to the Course Coordinator as soon as possible right after the injury. If the preceptor does not contact the Course Coordinator, the student shall contact the Course Coordinator.

The preceptor has final authority over the student during clinical rotation and field rotations. While responding to ambulance calls, students will be seated in the jump seat or front passenger seat with the seat belt on. It is at the discretion of the preceptor whether the student will be seat belted in during the patient transportation. If at any time the student performs actions not approved by the preceptor, the participants may be sent home and possibly expelled from the course.

Students shall report and/or correct any dangerous environmental situations or safety hazards (e.g.; spills on the floor, loose wires, unsafe equipment, etc.). If you should have any questions regarding safety or health issues, please contact the Course Coordinator.

Weapons such as firearms; knives > 6 inches in length; switchblades; stilettos; throwing stars; or any similar items designed to inflict injury are NOT allowed on UMHS property. Please report any violations to your instructor, preceptor, or security. This does not exclude items that are used specifically for EMS related functions, such as for seat belt cutting. However, students must immediately remove any items like this if their instructor or preceptor requests that they do so.



PHOTO AND RECORDING RELEASE

The UMHS EMS Education Institute uses various forms of technology in the educational programs offered, such as, but not limited to photographs and/or recordings. These may be used in the interest of education, research, demonstration of program activities, teaching, or other education or health science use. Students give permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by UMHS, EMS Education Institute, in perpetuity, and for other use by the University. Students will make no monetary or other claim against UMHS, EMS Education Institute, for the use of the photograph(s)/video.

DISCIPLINARY PROCESS:

The Course Faculty, Course Coordinator, Clinical Coordinator, Program Director or combination of same may initiate the disciplinary process at any time for any action that is deemed to merit said action. The disciplinary process may be initiated for any of the following reasons, but is not limited to this list:

- a. Breach of the Student Code of Conduct/Standards of Conduct
- b. Breach of the Honor Code
- c. Breach of the academic environment
- d. Poor academic performance
- e. Unprofessional attitudes towards faculty and other students
- f. Attendance problems (excessive tardiness or absences)
- g. Unprofessional behavior
- h. Inappropriate grooming or appearance

The disciplinary process, when initiated, may utilize the following sanctions or combination of sanctions. However, it is important for the students to note that the severity of an infraction may lead directly to termination from the program. The severity of the discipline is determined by coordination of the Course Faculty, Course Coordinator, Clinical Coordinator and Program Director (as applicable).

Note that every sanction in the disciplinary process is recorded in writing, including counseling sessions and verbal warnings. All elements of the disciplinary process become part of the student record. Unless otherwise noted, every element must be signed by the student. If the student refuses to sign, this will be noted on the statement of sanction and will still become part of the student record.

For every sanction, the student is allowed to defend their actions/behavior at the time of the scheduled meeting where the infraction is to be discussed and the sanction(s) meted out.

1. **Counseling:** This is an informal means of advising the student at their behavior or actions need improvement. This step should include appropriate remedial steps. Record of the counseling will be placed in the student's file only as a means of tracking progress; no student signature is required for any documentation that is done.
2. **Verbal Warning:** The student will be advised of the infraction, and the remedial steps needed to correct the problem.
3. **Written Warning:** A written warning will indicate to the student that his performance is clearly unsatisfactory and must improve.
4. **Probation:** A written reprimand for violation of specified regulations. Probation is for a designated period of time and includes the probability of more severe sanctions if the student is found to be violating any institutional regulation(s) during the probationary period. Conditions for the removal of probationary status must be included.
5. **Loss of Privileges:** Denial of specified privileges for a designated period of time.
6. **Restitution:** Compensation for loss, damage, or injury to UMHS EMS Education or UMHS EMS Education property. This may take the form of appropriate service and/or monetary or material replacement.
7. **Discretionary Sanctions (Remediation):** Work assignments, service to UMHS EMS Education, or other related discretionary assignments.
8. **Temporary Suspension:** The Program Director or Designee may at any time temporarily suspend or deny readmission to a student from UMHS EMS Education pending formal procedures when the Program Director or Designee finds and believes from available information that the presence of a student on campus would seriously disrupt UMHS EMS Education or constitute a danger to the health, safety, or welfare of members of the UMHS EMS Education community. The appropriate procedure to determine the future status of the student will be initiated within seven calendar days.



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9. **Suspension:** Separation of the student from UMHS EMS Education for a definite period of time, after which the student is eligible to return. Conditions for readmission must be specified.
10. **Expulsion:** This is permanent separation from UMHS EMS Education. This step is taken when students have continuously underperformed or behaved unacceptably, or if the behavior in question is deemed to be of such a severe nature as to necessitate immediate and permanent separation from the program. If a student is expelled from the EMT or Paramedic program, they are not eligible for a refund for the remainder of the course or semester in which they are currently enrolled. Expulsion from the program is unlikely to result in the student ever being allowed to enroll in an EMS Education program.

The student has the right, for any of the above sanctions, to challenge the sanction. The process for challenging any sanction that has been imposed is detailed in the Rules of Procedure in Student Conduct Matters. The intent is to afford the student the full rights of due process should they feel that their concerns were not met at the time of imposition of the sanction(s).

RULES OF PROCEDURES IN STUDENT CONDUCT MATTERS (DUE PROCESS DETAILS):

Please refer to policy [ES-EMS-ED-01-06 for Rules of Procedures in Student Grievance](#):



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LAB / SKILLS REQUIREMENTS

	EMT	Paramedic
Airway Management		
BVM Ventilation	6	
Oxygen Administration	6	
Airway Adjuncts	6	
Pediatric Airway Adjunct	6	
Direct Orotracheal Intubation Adult		20
Direct Orotracheal Intubation Pediatric		6
Nasotracheal Intubation Adult		5
Alternative Airway Device		5
Needle Cricothyrotomy		6
CPAP and PEEP	5	5
Trauma Endotracheal Intubation Adult		5
Pleural Decompression		6
Small Volume Nebulizer Assistance	6	5
Assessment		
Comprehensive Adult Physical Assessment	12	6
Comprehensive Pediatric Physical Assessment		6
Trauma Adult Physical Assessment	12	6
Obtain Patient History		6
Medical and Cardiac Scenario Assessment		12
Chest Pain Scenario	5	
Team Member		30
Team Leader		15
Cardiac		
Cardiac Arrest AED/Defibrillation	6	6
Synchronized Cardioversion		6
Transcutaneous Pacing		6
12 Lead ECG		5
Trauma		
Standing Spinal Immobilization	6	
Seated Spinal Immobilization	6	1
Supine Spinal Immobilization	6	1
Joint Immobilization	6	1
Long Bone Immobilization	6	1
Traction Splinting	6	1
Bleeding/Hemorrhage Control	6	1
Treating Shock	6	
Delivery		
Normal Delivery w/ Newborn Care	5	6
Abnormal Delivery w/ Newborn Care		5
Medication Administration		
Glucometer/Oral Glucose Administration	6	5
Epi-Pen Auto-Injector	6	
Intranasal Medication Administration		5
Intramuscular & Subcutaneous Medication Administration		6
Intravenous Therapy		22
Intraosseous Infusion		6
Intravenous Bolus Medication Administration		6
Intravenous Piggyback Infusion		6



CLINICAL ROTATIONS:

Goals/Objectives for Clinical Rotations:

- Perform all EMS related skills in a patient care setting to become fully competent.
- To be exposed to a wide variety of patients in both definitive care and field operation settings.
- Hone patient assessment and history taking techniques.
- Gain awareness of operations and the role of EMS as an extension of the hospital healthcare setting.
- Learn about the role and expertise of other health care providers.
- Build professional EMS attributes.

Students will complete Clinical Rotations that will train them to take the academic information taught in class and apply the lessons learned to the practical reality of EMS. The requirements (skills and/or total hours) for these portions are listed in the clinical rotation information documents that are handed out during clinical rotation orientation in class. Students may not begin any Clinical rotation time until approved by the Primary Instructor. Students must maintain at least an 80% average to continue doing their clinical rotation time. Students that have less than an 80% average will be required to stop doing clinical rotation time until their average is 80% or higher. If any aspect of clinical rotation performance is substandard, additional clinical rotation time may be added as approved by the Course Coordinator with advisement from the course Medical Director and Course Faculty.

Students may not represent themselves as a student of EMS Education unless they are completing assigned and scheduled clinical rotation time. Students may not do any clinical rotation time, either in the hospital or on the ambulance without previously scheduling this time through EMS Education.

Students may not begin Ambulance Clinical rotations until **ALL** of the hospital clinical rotation time is completed and reviewed by the Course Coordinator, Clinical Coordinator or Program Coordinator.

Clinical rotation time and skills must be performed during scheduled clinical rotations, NOT while on scheduled duty with a hospital, ambulance, fire service, or other employer (performing your normal job, and not signed up for clinical rotation time). Also, skills performed during classroom practice sessions will not count towards class requirements unless otherwise specified by the Program Coordinator.

CLINICAL ROTATION PRE-REQUISITES

Paramedic Students must meet the following criteria prior to participating in the Clinical and Internship:

- In good academic and administrative standing.
- Signed confidentiality agreement is on file.
- Signed clinical agreement is on file.
- Proof of Personal Medical Liability coverage on file with EMS Education
- All pertinent Immunization records maintained current and on file.
- BLS certification maintained current and on file.
- Laboratory skills completed and documented as follows:
 - All Course skills sheets completed successfully and documented in FISDAP.
 - 20 sample patient contact forms completed and documented in FISDAP (as part of Course/Lab work).
- Paramedic Only-
 - MO EMT-B licensure maintained current and on file.
 - ACLS passed and maintained current and on file.
 - PALS passed and maintained current and on file prior to doing L&D or Pediatric Unit clinical.
 - 20 NREMT Adult airway management skills completed (mix of ETTs, Combitubes, and LMAs, using at least 3 different adult airway mannequins). This includes completing the ventilation portion.
 - 20 NREMT Pediatric airway management skills completed (all ETT, using at least 2 different peds airway mannequins). This includes completing the ventilation portion.

CLINICAL ROTATION SITES:

EMS Education works with many clinical rotation sites to provide an appropriate learning situation for students. These sites must be approved and have formal contractual relationships with UMHS EMS Education. Clinical Rotations are to be performed **ONLY** at approved clinical rotation sites.

- All EMT clinical rotations are done at University Hospital.



- Exceptions are possible under certain circumstances at other sites for which there are existing contracts. This must be done with approval of the Clinical Coordinator and/or Program Director.
- Paramedic clinical rotation sites are listed in the 'Approved Clinical Sites' document which is posted on the EMS Education website.

CLINICAL ROTATION SCHEDULING AND ATTENDANCE:

- **ALL** clinical rotations will be scheduled through the UMHS EMS Education Institute FISDAP website or the Clinical Coordinator. Always be promptly on time as scheduled.
- **You are not to perform any hospital or ambulance clinical rotation hours before 0700 or after 2300 without the Clinical Coordinator or Program Director's approval.**
- Clinical rotations are scheduled **at least** one week in advance and **no more than** four weeks in advance. Clinical rotation times vary with each agency/unit, shifts are generally in 4 hour blocks. No clinical rotation shall be greater than 12 hours in duration
- Clinical rotation hours do not begin until the student is with the assigned preceptor regardless of the time the student actually shows up to start the clinical rotation.

CLINICAL ROTATION ABSENCES:

On the rare occasion that you have a crisis and will be late or miss a shift, notify the agency/department and the Clinical Coordinator. If you are unable to report for your clinical rotation times, you must contact the agency supervisor or representative for that clinical rotation site. You must also contact the Clinical Coordinator as soon as possible. After business hours (8-5, Mon. thru Fri.) you may send an email directly to the Clinical Coordinator at EMS_Education@health.missouri.edu

CLINICAL ROTATION PRECEPTORS:

- Hospital Clinical Rotation:
 - One year experience (full-time status) in the preceptor's current position title.
 - Two+ years of clinical experience (full-time status).
- Ambulance Clinical Rotation:
 - One year experience (full-time status) in the preceptor's current position title.
 - Two+ years clinical experience (full-time status).
 - Approved by the Clinical Coordinator, Primary Instructor, and Clinical Operations Coordinator for the Ambulance Service.

It is recognized that the above may not always be possible due to the limitations of staffing. Any staff member who is in the six-month new-hire probationary period should never be assigned a student to precept. If there are any questions, please contact the Program Director or Clinical Coordinator.

- >> EMT students should be assigned to an EMT during ambulance time (when possible).
- >> Paramedic students should be assigned to a Paramedic during ambulance time.

CLINICAL ROTATION DOCUMENTATION:

There is a variety of documentation that must be handled appropriately in order to ensure that students obtain proper credit for each clinical rotation shift.

- **Falsification of any paperwork is grounds for immediate termination from the program.**
- Students must have all needed documentation, eg agency-specific confidentiality agreements, signed and ready prior to arriving at any clinical rotation site. Students will not be allowed to do clinical rotations if the required paperwork is not completed.
- Students may only claim credit for hours or skills that they perform.
 - Students may not claim credit for:
 - Scheduled hours if they leave the shift early.
 - Skills performed by the preceptor but only observed by the student.
 - Shifts for which the student was scheduled but does not attend.
- Students will complete an accurate Patient Care Report on each patient using appropriate medical terminology, spelling, and adhering to principles of documentation in FISDAP during their rotation.
- At the end of the clinical rotation the student is required to have the preceptor 1)review the shift documentation entered by the student, 2)complete NREMT evaluations, 3)Preceptor Evaluation of Student, and the 4)Shift Summary in FISDAP, then 5)sign and lock the shift.



- Clinical rotation hours are counted **only** when done with an approved preceptor with **ALL** of the required documentation as mentioned above. It is the student's responsibility to ensure that they are assigned to an approved preceptor and that they obtain completion of all necessary documentation.
- If a student has any concern with any particular preceptor or clinical rotation experience, these should be brought to the attention of the Program/Clinical Coordinator ASAP to be dealt with as appropriate.

CLINICAL ERRORS:

It is reasonable to expect that there will be occurrences where clinical errors will occur. While this is expected to be infrequent, the student should be aware that they have a duty to report any errors. Errors will include items such as incorrect administration of a drug, improper patient assessment (eg incorrect vital sign), completion of a skill in a non-approved manner (eg failure to clean an IV site prior to IV initiation), or similar. It is impossible to list all possible errors that might occur, so the responsibility falls on the student to be aware of all of their actions, and to perform all activities to the standards of performance set forth by the EMS Education program, the Bureau of EMS, the National Registry of EMTs, and the National Highway Transportation and Safety Administration, as well as any other regulatory bodies.

- Should any clinical error occur, the student must **IMMEDIATELY** report this to their preceptor.
- The student should assist the preceptor, as required by the preceptor, to complete any procedures or documentation that is needed as a result of the error.
- The student should report the error to their Primary Instructor and/or the Clinical Coordinator and Program Director at the first reasonable opportunity, but no later than within 24 hours after the event has occurred.
- The student must submit written documentation to the Primary Instructor and/or the Clinical Coordinator and Program Director as to the sequence of events. Further, it must include a self-evaluation and self-remediation plan as to how the student will attempt to prevent this event or similar events from occurring in the future.



**UNIVERSITY OF MISSOURI HEALTH SYSTEM
EMS EDUCATION INSTITUTE
STUDENT HANDBOOK**

ES-EMS-ED1-02

CLINICAL ROTATION SKILLS AND DOCUMENTATION REQUIREMENTS

Experience/Skill	Quantity Required		Notes
	EMT	Paramedic	
911 Communications	4 hours	<i>N/A</i>	
Anesthesia/OR	<i>N/A</i>	see notes	At least 10 Endotracheal Intubations
Psychiatry	4 hours	8 hours	
Respiratory Therapy	4 hours	8 hours	
Adult Cardiac ICU	4 hours	36 hours	
Other Adult ICU	4 hours	36 hours	Burn, Neuro, Medical, Trauma/Surgical
Labor and Delivery	<i>optional</i>	12 hours	2 deliveries, 5 Obstetric Patient Assessments
Pediatric ICU	<i>optional</i>	8 hours	
Other Pediatric Units	<i>optional</i>	8 hours	
Autopsy	<i>optional</i>	<i>optional</i>	up to 2 autopsies can be viewed
Cardiac Cath Lab	<i>optional</i>	<i>optional</i>	by following patient from ICU or ER to Cath Lab to observe intervention
Emergency Room	12 hours UH, 8 hours WCH	144 hours	
Ambulance	96 hours	350 hours	ALL hospital must be completed before field begins
MINIMUM TOTAL	136 hours	610 hours	
Patient Assessments			
Obstetric	2	10	Paramedic Only- Minimum 5 in Labor & Delivery
Newborn	2	5	(<1month)
Infant	2	5	(2-11months)
Toddler	2	5	(1-3 years)
Preschool	2	5	(4-5 years)
School Age	2	5	(6-12 years)
Adolescent	2	5	(13-18 years)
Adult	5	50	(19-65 years)
Geriatric	5	30	(>70 years)
Trauma	5	40	ER and Ambulance time only.
Psychiatric	2	20	
Assess/Plan/Treat(Ambulance)			
Abdominal	<i>N/A</i>	20	Based on how patient is actually treated.
Altered Mental Status	<i>N/A</i>	20	
Chest Pain	<i>N/A</i>	30	
Pediatric Respiratory	<i>N/A</i>	8	
Respiratory	<i>N/A</i>	20	
Syncope/Change in Responsiveness	<i>N/A</i>	10	
Ambulance Runs Total	10	100	100 minimum non-scheduled Emergency Type Runs
Team Lead Type Runs	<i>N/A</i>	80	
As Team Leader	<i>N/A</i>	50	
Observation of Childbirth	<i>optional</i>	2	
Airway Management	<i>N/A</i>	50	At least 10 Endotracheal Intubations in OR
Tracheal Suctioning	<i>N/A</i>	3	
12 Lead EKG interpretation	<i>N/A</i>	50	
Establish an IV Successfully	<i>N/A</i>	50	Minimum 25 on Ambulance
Medication Administration			
Intramuscular	<i>N/A</i>	10	
Subcutaneous	<i>N/A</i>	5	
Intravenous Push	<i>N/A</i>	45	
Intravenous Piggy Back	<i>N/A</i>	10	
High Flow Nebulizer	<i>N/A</i>	5	
Sublingual	<i>N/A</i>	10	
Nasogastric Tube Placement	<i>N/A</i>	<i>optional</i>	Complete if available
CPAP/BiPAP	<i>N/A</i>	<i>optional</i>	Complete if available
EtCO2 monitoring	<i>N/A</i>	<i>optional</i>	Complete if available