Congratulations

You have been accepted!

Please read this entire document, follow the instructions and bring it with you on the first day of class.
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
PARAMEDIC PROGRAM ORIENTATION

IMPORTANT INFO-
The Paramedic Program is offered at our Union Campus. To register for the program, you MUST meet with the Program Director, Glenn Faught- Allied Health Building- 1st floor. Make an appointment by EMAIL at GFaught@southwest.tn.edu
Welcome to the

Southwest Tennessee Community College Paramedic Program

Now that you prove worthy of acceptance into our program, we need you to be aware of our expectations of performance and attitude to be able to remain part of our class.

Commitment: A wise man said showing up is half of success in life, the other half is perspiration. You demonstrate this commitment by being prompt to class, arriving prepared by having completed your reading and assignments, reviewing prior to tests, and seeking out your instructor’s advice if you begin to falter. A routine approach to work in the future with attention to detail works as well saving lives in the field as it does in doing well in your testing.

Appearing professional is part of every uniformed service from West Point to the West Precinct, to the West Clinic. Those we serve deserve to know who you are by the uniform you wear. It gives them knowledge of your capability and makes them secure in this trust for how well you will care for them. It shows you care enough about your own self disciplines and are proud to be part of the corps. It also demonstrates respect for your instructors and fellow candidates.

Again, welcome to the class and be prepared to work through difficulties to get to your goal. We are here to help that happen, but it has to start with you.

Sincerely,

Dr. Loren Crown, M.D.
Dr. Loren Crown-Medical Director
Paramedic Program
Southwest Tennessee Community College
PLEASE DO NOT REGISTER FOR ANY PARAMEDIC CLASSES UNTIL YOU HAVE COMPLETED THIS ON-LINE ORIENTATION PROCESS AND GIVEN PERMISSION TO REGISTER.

THIS IS YOUR PROGRAM ORIENTATION.

PARAMEDIC
Technical Certificate
Glenn Faught • (901) 333-5414
Accredited by the Commission of Accreditation of Allied Health Education Programs and the State of Tennessee
Emergency Medical Services Regulatory Board
The following course of study is for Emergency Medical Services personnel who have current licensure as Tennessee Emergency Medical Technicians (EMT) and wish to obtain paramedic licensure as a competent entry level Paramedic. The course of study is one year. Classes will meet two days per week. Students will schedule their clinical times however, ALL COMPETENCIES WILL BE MET. The student will be educated from the New U.S. D.O.T. National Standard 1999-2000 Paramedic Curriculum. After being accepted into the program, the student will achieve competencies in the cognitive, psychomotor and affective domains from didactic instruction, classroom lab skills, actual clinical application with patient contacts under the supervision of a trained pre-hospital and hospital preceptor. Affective or behavior evaluations will occur in the classroom as well as the clinical setting. The student will move from observer to participation in the clinical phase and completing as a team leader in the field internship phase. The student will be reviewed during the various phases of the program in order to be able to progress to the next level. After successfully passing a program competency exam, a summative review for terminal competency will be performed. The summative review will be performed by faculty, preceptors, program director and medical director for recommendation of the licensure exam. The program is accredited by the Emergency Medical Services Division Board (EMS), Tennessee Department of Health and Environment and by the Commission on Accreditation of Allied Health Educational Programs.

ADA Statement “Southwest Tennessee Community College is committed to providing reasonable accommodation for all qualified students with disabilities. It is the responsibility of the student to contact the Counseling Office to arrange for appropriate accommodation. When the disability has been documented and verified, a counselor will notify the instructor regarding any special accommodation to be provided.
Admission Requirements

The Admission Criteria for the Paramedic program are established by the Division of Emergency Medical Services (EMS), Tennessee Department of Health, Commission on Accreditation of Allied Health Education Programs and Southwest Tennessee Community College Emergency Medical Technology Communities of Interest Committee. These criteria are subject to change. In admitting students, the Admissions Committee will apply the latest admission criteria. To be eligible for consideration for admission, the applicant must:

- Be currently licensed, certified or registered as a Tennessee Emergency Medical Technician-Basic or be eligible. Eligible means the applicant meets all requirements but needs to apply or have applied and awaiting approval for such licensure. Proof of licensure must be made by the 14th day after the official beginning of the First Semester.

- Have a minimum 2.5 ranking on the EMS prescribed evaluations, which include a written examination, a psychological evaluation, and a personal interview. Our class limit is 30 people. Class is chosen from applications with the highest ranking from the above tests.

- The applicant will meet two phases of admission.

The Admissions Office will collect and determine if the applicant has met the criteria for college admission into a technical certificate program. The department will collect and rank the following information for admission to the program:

- Test scores from the written examinations
- MMPI scores from the psychological profiles
- Oral interview scores from the oral interview
- Copy of your current Tennessee EMT license or proof of eligibility
- Competency in college level Math, Writing, Reading and Anatomy and Physiology

When all information has been compiled, an EMT program representative and an Admissions Office representative will meet and certify the paramedic applicant pool. Certification will be determined by clearance from the Admissions office and the EMT program. Clearance will be defined as having met the criteria from both Admissions and EMT program.
Retention Policy
Students must comply with the following retention policies established by the Division of EMS, Tennessee Department of Health and Environment, Commission of Accreditation of Allied Health Programs, State of Tennessee Emergency Medical Services Regulatory Board, NREMT and Southwest Tennessee Community College Emergency Medical Technology Communities of Interest Committee.

- Complete and return all required forms and documents; this includes any requirements for clinicals.
- Successfully complete and pass the “Verified Credentials” background check and drug screen.
- Successfully complete all competencies as defined by the EMS program standards.
- Demonstrate proficiency using skills acquired during training which verify knowledge and technical capabilities in emergency care.
- Attend all classes, on time, and in compliance with all clinical and departmental rules and regulations.
- Maintain a QPA of 2.00 in all PARAMEDIC courses.
- Must successfully pass the Paramedic Program competencies before taking National Registry.
- Must pass each section of the program comprehensive written and practical before taking National Registry.
- Must successfully move from Observer to Team Leader.
- Complete and pass State regulated background check and finger printing; before registering and taking the National Registry Test.
**Plan of Completion**

Meet all pre-admission testing criteria

- Compass Test *
- Anatomy and Physiology pre-exam *
- EMT knowledge assessment exam
- MMPI-psychological profile
- Sit for oral interview
- Successfully complete “Paramedic Student Success and Critical Thinking” class
- Final overall score from all tests must meet the minimum of 2.5 CUT SCORE.

*If needed, remediation will be done thru STCC continuing education program.

**MUST READ AND AGREE WITH THE ON-LINE ORIENTATION BEFORE ACCEPTING THE PARAMEDIC STUDENT POSITION**

- Must sign an acceptance form for the paramedic student position and agree to all rules and regulations.
- Must register for each semester.
- Must be able to meet any travel requirements.
- Must have complete physical done, for medical clearance. (Physical Form is included)
- Must have all required immunizations or verification of immunity to all required vaccines. **Including TB test and flu vaccine done every 12 months.**
- Must complete and pass the “Verified Credentials” background check and drug screen. May be required to undergo **more than one** background check, drug screen or communicable disease testing at anytime before or during the program.
- Must purchase all equipment and supplies as agreed upon in the orientation.
- Must undergo education in HIPAA and blood-borne pathogens.
- Must obtain malpractice insurance with a minimum of 1-3 million dollars coverage.
- Must register with FISDAP for maintaining competency progress.
Plan of completion cont’d:

• Must obtain a clinical AND field uniform.

• Must obtain a classroom uniform.

• Must successfully complete all cognitive competencies with a minimum grade of 80% from each instructor.

• Must successfully pass all psychomotor and clinical competencies.

• Must meet a minimum score of 2 on all affective competencies.

• Must attend a human cadaver lab.

• Must submit research and implement an injury prevention project.

• Must keep and submit periodically a clinical and personal journal.

• Must present actual patient case contacts at the end of each semester.

• Must complete a ten-page paper.

• Must become NIMS certified.

• Must complete an article synopsis from the STCC library at the end of each semester.

• Must complete all items before being considered for team leader.

• Must complete 75 patient contacts as team leader.

• Must pass program comprehensive exam before deadline completion date.

• Must undergo a successful summative review.

• Must be deemed as a competent entry level paramedic by the faculty, preceptors, Program Director and Medical Director.

• Must attend a program sponsored graduation.

• Must complete paperwork, background check, and finger printing prior to scheduling licensure examination.
PARAMEDIC PROGRAM REQUIRED COURSES

CR. HOURS

EMT 2010 Paramedic I 17.0
This course of study follows the fundamentals of the Paramedic Curriculum with emphasis on preparatory aspects of out-of hospital emergency medical care, advanced airway care, advanced techniques of patient assessment and ambulance operations. The student will begin clinical situation competencies limited to the observation aspects of emergency medical care. The student will undergo an evaluation at the end of the semester for cognitive, psychomotor and affective competencies. Prerequisite: Acceptance into the program.

EMT 2020 Paramedic II 17.0
This is a continuation of the study of pre-hospital emergency care used by the paramedic. Emphasis is on trauma management, burn management, understanding and treating endocrine emergencies, abdominal emergencies, anaphylaxis, toxicology, infectious diseases, geriatric emergencies, pediatric emergencies, OB/GYN emergencies, behavioral emergencies, abuse, neglect, and special needs of patients. Hospital and Field clinical experience will begin in this semester and continue until all minimum competencies are successfully achieved. Prerequisite: EMT 2010 Paramedic.

EMT 2030 Paramedic III Hospital and Field Clinical Experience 4.0
Practical clinical experience in the participation of treatment techniques learned in Paramedic II is presented. Prerequisite: EMT 2020 Paramedic II.

EMT 2040 Paramedic IV Team Leader 2.0
Practical ambulance field experience in the team leadership of treatment techniques taught in Paramedic I, II, and III continues. Prerequisite: EMT 202 and EMT 2030. Experience

Total Credit Hours 40

Malpractice Insurance
Students are required to obtain malpractice insurance for participation in the Paramedic program. Malpractice insurance should be good for one year from the beginning of the Paramedic or EMT program and must be purchased through Southwest Tennessee Community College.
EMERGENCY MEDICAL TECHNOLOGY
PROGRAM HANDBOOK

PARAMEDIC PROGRAM ORIENTATION

If you READ the program orientation and decide that this program is not for you…..

Please check the drop dates as scheduled in the STCC student handbook and academic calendar, which can found on the STCC public website!

You must bring the following items
ON THE FIRST DAY OF CLASS:

- Completed physical packet and shot record.
- Note book and Paper.
- Copy of Completed Parrish Library Orientation
  - Contact The Parrish Library for the orientation to the library. 901-333-5000
- Copy of all pages of the Paramedic Program Orientation
- HIPAA EDUCATION training- instructions are included in this packet.
- Copies of:
  - Driver’s License
  - EMT License
  - CPR Card
  - Class registration
  - SWCC Student ID
  - SWCC parking tag
All listed texts and supplies

Go into “My Southwest” and click on Resources tab. Click on CBT-Computer Based Training.
You need to complete the following topics:
  - Blood-Borne Pathogens
  - Hazardous Communication
  - Confined Space
  - Lock-Out Tag out

*During the orientation, you will meet with the Department Head, Program Director, Instructors and others. Each will give you an overview of their responsibilities and their expectations of you as a student.
Each student must complete and pass the Verified Credentials background check and drug screen. You will go to the listed website and the cost is $84, and must be done online with a credit or debit card. The instructions for this, is included on the next page.

Also, each student must go to the TCPS web site and do the general orientation and quiz.

Instructions for this, is also listed in this packet.

All test scores should be printed and brought to class, so it may be placed in your folder.

Verified Credentials- background check and drug screen-

http://scholar.verifiedcredentials.com/southwesttn

TCPS- Tennessee Clinical Placement System- general orientation (HIPPA training)-

http://tcps-tn.org/students.html
Southwest Tennessee Community College has partnered with Verified Credentials to manage your program requirements including the following:

- Background Check
- Drug Screen

To access QualifiedFirst go to:

http://scholar.verifiedcredentials.com/southwesttn

How It Works:

1. Enter code for the program you will be attending located above the “Get Started!” button on the right side of the page

   Background Check and Drug Test - Memphis - Paramedic
   CCJBR-24272

2. Create an account
3. Enter all required information
4. Provide supporting documentation
5. Track your progress
6. Information will automatically be shared with your school

If you have any questions, our Client Services Team is ready to assist you. Please call us at 800.938.6090 or email us at ClientServices@verifiedcredentials.com.

After you have paid the $84 for your background and drug testing:

- Check your email for 3 separate emails, two from QualifiedFirst and one from Client Services
  1. A Congratulations once you have registered with VCI through QualifiedFirst
  2. A Track Your Order receipt once you have completed payment through QualifiedFirst - These two from QualifiedFirst@verifiedcredentials.com
  3. A Donor Registration and an Order Reference number for your Drug Screen at LabCorp - This one from clientservice@verifiedcredentials.com

Print and take Donor Registration Number and a photo ID to one of the approved LabCorp collection sites included in your email to initiate the drug test. The registration number is only good for a certain time period, then it will be invalid if you wait too long to use it. If it expires, the only other way to complete your drug screen is to pay the full amount again and generate a new number. So don’t wait till the last minute to get it completed!!!
Healthcare Student Orientation for Using the TCPS OrientProSM
AY AY2012-2013 – For Distribution to Students

Our school has clinical assignments at a facility that is a member of the Tennessee Clinical Placement System Partnership. Fueled by the current nursing shortage, schools of nursing and healthcare partners across the region have joined with the Tennessee Clinical Placement System or TCPSSM as just one strategy actively being pursued regionally to build capacity for all healthcare education.

TCPSSM OrientPro represents the work of many entities toward streamlining the orientation process for students and faculty. Using online technology, much of the orientation content previously provided during facility orientation is now available online at any time of the day or night. This integration of technology into practice provides more flexibility for all individuals – students, faculty, and clinical facility educators! There are three steps:

**Step 1.** General Orientation All partner clinical facilities have agreed to require students and faculty to complete a standardized general orientation program once per calendar year in keeping with the requirements for all healthcare professionals. **Students who complete general orientation in the fall term are not required to repeat it during subsequent terms during the academic year.** Check with your instructor if you have questions about this policy.

There are 5 content modules: Emergency Preparedness, Safety, Diversity, Confidentiality & Compliance, and Infection Control. The content is presented in either short movie clips or via a handout that may be downloaded and read based upon your own preferred learning style.

Orientation content may be accessed at: http://tcps-tn.org/students.html. Please note the technical requirements and verify your computer is set up to access the content. Once you are ready to begin, you will need the following CONTENT login information. **Access information is case specific.**

**Content User ID = orient2012**

**Content Password = clinicaltn**

A mobile site is provided for students who may want to read the basic TCPS General Orientation content on the move. You will still need to return to the main site to complete the orientation process. http://tcpshome.com/mobile/index.html

To validate your mastery of the General Orientation content, you will complete an online quiz over the content in the 5 modules. Additional instructions for the quiz will be available online when you are ready to take the quiz. Be sure and print/read these instructions carefully to ensure that you complete this step correctly! Failure to not follow these instructions will result in the need to repeat the quiz!

The final component of General Orientation is an evaluation to collect your feedback on the process and presentation.

**Step 2.** In addition to the general orientation content, many individual facilities have their Clinical Facility Orientation content online as well. Facilities have been organized by region. To access the facilities in a particular region, click on the tab that denotes your assigned region.

You will be taken to the regional listing of all TCPSSM facilities with online orientation. Visit each of your assigned clinical facilities for this semester to complete this step of your orientation. If you are not assigned to
the listed facilities, proceed to Step 3. Content will vary by facility. You may be directed to print documents or forms that must be submitted during your first clinical day. Your faculty may also provide additional instructions for how to manage any paperwork related to a particular clinical facility. If there is an online quiz, the process will be similar to the General Orientation Quiz. You will have the opportunity to print a completion certificate and your results will be stored online.

**Step 3.** The third step of the TCPSSMOrientPro is access to your Clinical Passport Document. The Clinical Passport Document provides a paper tool that students and faculty CAN use to validate and organize their clinical requirements such as immunizations, CPR status, and orientation activities each semester.

There are two versions; one with health status information and one without. Both documents are PDF forms that can have data entered via the computer. The form can then be saved to your computer and/or printed as needed. No data is stored in the TCPSSMOrientPro system, so saving your document to your computer can save time later if you need another copy. Be sure and check with your instructor to determine which passport document you need to complete.

Schools have varying procedures for maintaining this document – some are requiring the student to maintain the document, others are filing the document in the School, and still others are asking the current faculty member to “hold” the document for the semester and then pass it on to the next course faculty when appropriate. **Be sure and check with YOUR School to determine the correct action on your part related to this important document.**

**Questions and for more information ...**

Questions: Contact your faculty member

Refer to the Frequently Asked questions information online

More Information: help@tcpshome.com
INFORMATION REGARDING THE PROGRAM

Class hours:  0900-1715, 2 days per week. Instructor has the authority to change class times at their discretion.
  200+/- clinical hours per semester
  Attend one Cadaver/Gross Anatomy Lab
  Attend one EMS Board Hearing – Nashville, TN

Class info:  All sections are subject to availability.
  All sections follow the same curriculum.
  Each instructor is responsible for the timely progression of their section.

***Computer lab time will be scheduled by your instructor***

“The computers located in classrooms and laboratories are for EDUCATIONAL PURPOSES ONLY.” ***Misuse of Computers= anyone one found using any STCC computer for any other uses, will be dismissed from the program.

Course Outcomes:

These will be measured internally by competency exams in the class as a program comprehensive, and externally by successfully passing the National Licensure Exam within 24 months of class completion.

Instructional/Learning Methods:

This will encompass but not limited to lecture, discussion, computer interactive cases, field trips, laboratory and clinical practical application.

Methods of Evaluation:

This will encompass but is not limited to, quizzes, journals, in-class tests, practical testing, surveys, and comprehensive licensure exams.

Grading Scale: 94-100=A
  93-87=B
  86-80=C
  BELOW 80=F

There are no “D” grades
“FA”grade= student fails due to excessive attendance problems.
“I” grade= student is given an “incomplete” as a grade. NO “I” grades will be given!
**Attendance Policy**

Students are expected to attend all classes as scheduled. Each instructor may determine how absences and tardiness will affect the student's overall grade. This information is included on the course syllabus. Students are responsible for reading the course syllabus. Regardless of the reason or nature of the absence, students are responsible for the work covered by the instructor and for timely submission of all assignments. The instructor may, at his or her sole discretion, allow the student to hand in assignments late or make up work, quizzes, examinations or presentations missed. A student who enrolls in a course and stops attending without officially withdrawing will be assigned an "F" for that course at the end of the term. Attendance is monitored by each faculty member and is reported to both the Records and Financial Aid offices. Faculty must report "no-shows" (students who never attend class) and the last date of attendance for any student who has been determined to have stopped attending class. Students receiving federal financial aid and/or veterans' educational benefits may be required to repay such funds when classes are not properly attended (see Financial Aid Refund and Repayment section of the college catalog).

**Academic Misconduct**

Plagiarism, cheating and other forms of academic dishonesty are prohibited. A student guilty of academic misconduct, either directly or indirectly through participation or assistance, is immediately responsible to the instructor of the class. In addition to other possible disciplinary sanctions that may be imposed through regular College procedures as a result of academic misconduct, the instructor has the authority to assign an "F" grade or a zero for the exercise or examination, or to assign an "F" grade for the course. College sanctions for academic misconduct may include suspension or dismissal from the College. If a grade of "F" is assigned to a course as a result of academic misconduct, a student may not withdraw from or drop that course.

When a student believes that he/she has been wrongfully accused of academic misconduct, he/she should:

- Seek resolution with the instructor
- If resolution is unacceptable, seek resolution from the instructor's department chair
- If resolution is unacceptable, seek resolution from the academic dean of the department
- If resolution is unacceptable, file a grievance by presenting the facts of the case in writing, with any supporting documentation, to the Provost/Executive Vice President, Academic Affairs, who will schedule a hearing before the Academic Appeals Committee

The student is responsible for moving through the process as expeditiously as possible and the grievance must go to the Academic Appeals Committee within thirty (30) days of the incident. The instructor charging the student with academic misconduct must report the incident, including all pertinent facts, to the department chair within five (5) business days after the charge has been made. The incident report must include any action taken against the student by the instructor for the academic misconduct. Members of the Academic Appeals Committee will review the incident report upon the student filing a grievance.
**Grievance Procedure for Students**

Students are encouraged to maintain open, direct contact with faculty, counselors, and others who work with them in achieving their educational goals. Concerns or questions are best resolved by direct, positive contact with the individuals concerned. The student must first discuss his/her concern directly with the other party; however, if the student remains dissatisfied with the results of the discussion, the following procedure should be followed.

- The student will meet with the other party’s immediate supervisor in a personal conference. If satisfactory resolution of the concern does not result from the conference, the student will meet with the dean or executive or executive director of the affected area (e.g. dean of liberal studies and education, executive director for business) in an attempt to reach resolution of the issue.
- If satisfactory resolution of the concern does not result from the conference, the student may file a written grievance with the other party’s immediate supervisor within (10) days after the meeting with the dean or executive director. Students should complete a student grievance form. Forms may be obtained from the deans and executive directors offices.
- Copies of the grievance will be provided to all parties of the grievance and to the appropriate dean or director. The student will be scheduled to meet with the other party or parties in the grievance. If the grievance is not resolved within ten (10) days, the other parties may file a written statement with distribution as above.
- The Dean or Executive Director will refer any unresolved grievance, along with all supporting statements and the aggrieved student’s written request, to the provost or appropriate vice president.
- The provost or vice president shall conduct a hearing within thirty (30) days after the dean’s or executive director’s referral for hearing. In reaching a decision, the provost or vice president shall consider only the evidence presented at the hearing, and such oral or written arguments as the provost or vice president may consider relevant. The Provost or vice president shall make recommendations and submit such to the president, who shall take action on the recommendations as he or she deems appropriate. Subsequent appeals may be made to the president of the college.

**Prohibitions**

Your instructor will advise you of the classroom policy of any prohibitions such as cell phone use, eating in classroom, etc...

**AT NO TIME ARE YOU ALLOWED TO RECORD ANYTHING IN ANY WAY REGARDING THIS PROGRAM.**

**DROP/WITHDRAW DATES**

Please maintain awareness of the official drop and withdrawal dates which can be found in the academic calendar. The academic calendar is usually posted on the public website but you may also contact the admissions office for its location.
STUDENT HANDBOOK

It is mandatory that you receive and read the student handbook. You may contact admissions to locate a student handbook.

“ESTIMATED” PROGRAM COSTS

Course cost:

- Full-time student status for 2 semesters @ about $2,000 per semester.
- Summer semester - 6 hours @ about $1,000.00

Other costs:

- All costs are estimates with no guarantees
- Malpractice insurance with 1-3 million dollar minimal coverage $50.00
- Texts, Uniforms and Supplies for program @ about $500.00
- Travel, parking and Misc. @ about $250.00
- Graduation and Testing @ about $200.00
- Tennessee Licensure @ about $175.00
- Gross anatomy lab @ about $200.00 (money order only)
- Physical for medical clearance @ about $150.00 (could be more if vaccinations are not up to date)
- FISDAP for clinical data entry, plus study tools and comp exams–approx.. $150-credit card only
- Verified Credentials (background and drug screen) @ $85.00-credit card only
- State required finger printing and background check @ $50.00

EQUIPMENT AND SUPPLY LIST

Textbooks:

- The bookstore has list of the required texts for your course number and section-you may also go online to the follet bookstore and look up your required texts. The instructor will also let you know your required textbooks.
- Fisdap Testing account- used for testing and tracking patient contacts. Student will be given all info during orientation.

Certifications:

- ACLS
- PALS

Uniforms:

- Can be purchased at:”Midsouth Solutions” or “At Work Uniforms”
- Class Uniform
- Clinical Uniform
- Field Uniform
Supplies:
These supplies are to be taken with you to the field clinical site.

- Laryngoscope and blades
  - Adult blades: 2, 3, and 4 – straight and curved
  - Pediatric Blades: 0, 1, 2, 3 – straight and curved.
- Stethoscope not attached to BP cuff
- Blood pressure cuff
- Penlight
- Non-powdered disposable gloves
- Pocket mask
- Goggles
- Orange Vest (Reflective)
- Pens / Pencils / Markers
- Binders
- Bandage Shears
  *Any other supplies that may be required for each specific instructor.

RECOMMENDED: Medical Dictionary

Major Assignments:

Major assignments encompass, but are not limited to:

- Personal Journals
- Clinical Journals
- Injury Prevention Projects
- Community Service Project
- Library Article(s)
- Reviews and NIMS Certification
- CDC Triage Guideline Training
SEMESTER PROGRESSION

SEMESTER 1
INSTRUCTOR SPECIFIC SYLLABUS, CLASS SCHEDULE AND TOPICS
Skills
Field and hospital clinical = observer status
Gross anatomy/Cadaver lab

SEMESTER 2
INSTRUCTOR SPECIFIC SYLLABUS, CLASS SCHEDULE AND TOPICS
Skills
Field and hospital clinical = participator status

SEMESTER 3
INSTRUCTOR SPECIFIC SYLLABUS, CLASS SCHEDULE AND TOPICS
WEEKLY IN CLASS PROGRESS REPORTS
FIELD AND CLINICAL COMPLETION

SEMESTER 4
INSTRUCTOR SPECIFIC SYLLABUS, CLASS SCHEDULE AND TOPICS
COMPLETE AND PASS STATE REQUIRED BACKGROUND CHECK
FIELD INTERNSHIP
SUCCESSFUL COMPLETION OF A MOCK PRACTICAL
SUMMATIVE REVIEW
OUTPROCESS FOR LICENSURE
SUCCESSFUL COMPLETION OF PROGRAM COMPETENCY EXAM
PROGRAM INSTRUCTION and GOAL

Program instruction is governed by Southwest Tennessee Community College. Our mission is to anticipate and respond to the educational needs of students, employers, and communities within our service area. We strive to provide an effective teaching and learning environment designed to raise educational levels, enhance economic development, and enrich personal lives. Increasing student access and providing quality educational programs that will prepare you to function effectively in a diverse and globally competitive society are vitally important to us. Again, we are delighted to have you with us and wish you success in all of your endeavors.

Tennessee Board of Regents:

1. Establish, govern, manage, and control the State University and Community College System of Tennessee. The Board of Regents views itself as the responsible agency for purposes and proposals of the System subject only to legislatively mandated review.
2. Develop a system organization that will provide coordination of the system of institutions and area vocational-technical schools while at the same time preserving the unique qualities, integrity, and regional and community relationships of each of the institutions and schools.
3. Provide essential centralized services and uniform procedures which will increase the individual effectiveness and improve operations of each of the institutions and schools of the system.
4. Increase the ability of the institutions and schools and the System to compete and account for state appropriations, while providing more efficient utilization of state resources provided for their support.
5. Assure more effective lay and public direction and system policy guidance thus preserving citizens' control of postsecondary education in Tennessee.

State of Tennessee EMS Board:

The Board is empowered to approve schools and prescribe courses for EMS personnel, promulgate regulations governing licenses and permits, and establish standards for the activities and operation of emergency medical and ambulance services. The Board conducts hearings to review and decide disciplinary matters presented by the Department and may suspend, revoke or otherwise discipline any authorization required for emergency medical personnel and ambulance services.

Communities of Interest Advisory Board:

As with all professional education, it is critically important that Paramedic education programs are planned, executed and evaluated in a continuous quality improvement model. Only through a thorough assessment of the needs of the community, the establishment of goals to meet those needs, and program evaluation relative to those needs, will a program be able to demonstrate its quality and value.
Every professional education program is designed and conducted to serve a number of communities of interest. It is incumbent on the program directors to identify who is being served by the program, and adapt the program to best meet those needs. The program’s goal statement should help to clarify the communities that the program serves. Although students are the consumer of the educational program, they are not the customer of the product. Ultimately, the program serves the employers of graduates, not students. Typically, the communities of interest include directors, managers, and medical directors who hire or supervise graduates. Other communities of interest might include: colleagues, government officials, hospital administrators, insurance companies, patients, and the public.

As part of the planning process, the program should regularly assess the communities of interest, and establish objectives to best serve them. One way to survey the communities of interest is to establish an advisory board consisting of representatives from various communities of interest and regularly question them as to their expectations of entry level Paramedics. The program would use this information for program planning. Specifically, the program should use this information to clarify how to achieve their program goals and objectives.

**Program Goal- The program is designed to educate the student to a competent entry level of Paramedic.**

**Description of the Profession:**

**Paramedic**

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

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

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

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

DIAGRAM OF EDUCATIONAL MODEL

COMPETENCIES:
Mathematics, reading, and writing

PRE- or CO-REQUISITE:
EMT-Basic or EMT-IV
Human Anatomy and Physiology

TOPICS TO BE COVERED

PREPARATORY
Clinical/Field
EMS Systems/The Roles and Responsibilities of the Paramedic
The Well-Being of the Paramedic
Illness and Injury Prevention
Medical / Legal Issues
Ethics
General Principles of Pathophysiology
Pharmacology
Venous Access and Medication Administration
Therapeutic Communications
Life Span Development
Airway Management And Ventilation
Medical
Patient Assessment
Trauma
Pulmonary
Cardiology
Neurology
Endocrinology
Allergies and Anaphylaxis
Gastroenterology
Renal/Urology
Toxicology
Hematology
Environmental Conditions
Infectious and Communicable Diseases
Behavioral and Psychiatric Disorders
Gynecology
Obstetrics
History Taking
Techniques of Physical Examination
Patient Assessment
Clinical Decision Making
Communications
Documentation
Trauma Systems/Mechanism of Injury
Hemorrhage and Shock
Soft Tissue Trauma
Burns
Head and Facial Trauma
Spinal Trauma
Thoracic Trauma
Abdominal Trauma
Musculoskeletal Trauma
SPECIAL CONSIDERATIONS
Clinical/Field
Neonatology
Pediatrics
Geriatrics
Abuse and Assault
Patients with Special Challenges
Acute Interventions for the Chronic Care Patient
ASSESSMENT BASED MANAGEMENT
OPERATIONS
Ambulance Operations
Medical Incident Command
Rescue Awareness and Operations
Hazardous Materials Incidents
Crime Scene Awareness
Functional Job Analysis

Paramedic Characteristics

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

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledge about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anticonvulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergic, cholinergic, muscle relaxants, anti-dysrhythmias, anti-hypertensive, anticoagulants, diuretics, bronchodilators, ophthalmic, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitic, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one’s own pharmacological knowledge-base, current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using non-prescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind those drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications are essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.
The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient’s age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient’s system and be cognizant that route of administration is critical in relation to patient’s needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

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

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

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient’s, the Paramedic’s, and other workers’ well being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.
However, in general, in the analyst’s opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

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

**Job Analysis Schedule**

1. Establish Job Title: Emergency Medical Technician—Paramedic
2. D.O.T. Title, Industry Designation and Code 079.374.010
3. WTA Group: Occupations in medicine and health,
4. SIC Code
5. SOC Code 3690 Emergency medical technicians
6. GOE 10.03.02 (medical services)
7. Job Summary: In emergency situations, administers all facets of basic and advanced life support medical services to injured and sick persons in pre-hospital settings as directed by physician.
8. Work Performed Estimates:

**Worker Functions**
- Data
- People
- Things
- Compiling
- Serving
- Manipulating

**Work Field:** 294 Health, Caring, and Medical

**M.P.S.M.S.** 920 (Materials, Products, Subject Matter, and Services) Medical and other health services.

9. **Worker Traits Ratings:**

General Education Development (GED) encompasses three broad areas which are rated independently in relation to the occupation being assessed: Reasoning Development, Mathematical Development, and Language Development. General Educational Development (GED) embraces those aspects of education (both formal and informal) which contribute to the worker’s reasoning development, the ability to follow instructions, and to the
acquisition of “tool” knowledge such as language and mathematical skills. This is education of a general nature which does not have a recognized, fairly specific occupational objective. Ordinarily, such education is obtained in elementary school, high school, or college. However, it may be obtained from experience and self study.

Description of rating on the GED Scale: Level 1= lowest level; Level 6 = highest level.
Low 1 High 6
Math 4
Reasoning 5
Language 5

Bolded and underlined areas define the analyst’s rating for the Paramedic. (Other numbers are shown for informational purposes only). A detailed explanation follows:
Reasoning development (R)
Level 5
Two relevant examples from text are provided for assignment to Level 5 for the Paramedic:
Example from text:  Level R-5:5
Prepares and conducts in service training for company personnel. Evaluates training needs in order to develop educational materials for improving performance standards. Performs research relating to course preparation and presentation. Compiles data for use in writing manuals, handbooks, and other training aids. Develops teaching outlines and lesson plans, determines content and duration of courses, and selects appropriate instructional procedures based on analyses of training requirements of company personnel.

Example from text:  Level R 5:6
Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution. Administers prescribed medications and treatments in accordance with approved techniques. Prepares equipment and aids physician during treatments or examination of patients. Observes, records, and reports to supervisor or physician patient conditions, reactions to drugs, treatments, and significant incidents.

Examples of job duties of the Paramedic that align themselves with the above examples related to “Reasoning” include:
Visually inspects and assesses or “sizes up” the scene upon arrival to determine if scene is safe, determines the mechanism of illness or injury, the total number of patients involved, and remains calm and confident while demonstrating leadership and responsibility. Reports verbally to the responding EMS unit or communications center as to the nature and extent of injuries and the number of patients. Recognizes hazards. Conducts triage, sorting out and classifying priorities for most immediate need for treatment Uses excellent judgment to identify priorities based on the most critical needs for patient survival. Directs Basic-EMT to assist.
Determines nature and extent of illness or injury in patient, takes pulse, blood pressure, and temperature, visually observes patient, recognizes the mechanisms of injury and takes comprehensive medical history of patient, including patient’s current usage of prescribed and non-prescribed medications/drugs.

Accepts primary responsibility for all aspects of advanced life support given to the patient, including use of advanced life support equipment and administration of medication that includes narcotics; responsible for thorough written documentation of all activity related to patient care and medication dispensation. Uses good judgment to draw conclusions with often, limited information; verbally communicates effectively to provide quality treatment to diverse age and cultural groups. Provides family support, manages the difficult patient, conducts fundamental mental status assessment, retracts patient, and intervenes pharmacologically.

Uses advanced life support equipment and administers medication through the patient’s most appropriate body
route, including intravenous. Provides pre-hospital emergency care of simple and multiple system trauma such as controlling hemorrhage, bandaging wounds, manually stabilizing painful, swollen joints and injured extremities, and immobilizing spine. Uses automatic defibrillator apparatus in application of electric shock to heart, manages amputation, uses anti-shock garment, conducts peripheral venous access, intra-osseous infusion, manual defibrillation, interprets EKGs, manually stabilizes neck and body of child and adult, immobilizes extremities, straightens selected fractures, and reduces selected dislocations. Delivers newborn. Complies with practices and policies, established protocols within organization of employment according to state regulations.

Maintains confidentiality, responsible for the safe and therapeutic administration of drugs including narcotics, must be able to apply this knowledge in a practical through a thorough knowledge and understanding of the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholerginics, cholergenics, muscle relaxants anti-dysrhythmias, anti-hypertensive, anticoagulants, diuretics, bronchodilators, ophthalmic, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitic, and others.

The Paramedic is personally responsible legally, ethically, morally for each drug administered, using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one’s own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

Note: In the analyst’s opinion, while many aspects of Level 4 “Reasoning” are pertinent to the Paramedic role such as “using rational systems to solve practical problems where limited standardization exists”, and “cares for patients and children in private homes, hospitals, sanitariums, and similar institutions, takes and records temperature, pulse and respiration rate, sterilizes equipment and supplies using germicides, sterilizer or autoclave”, this definition is somewhat limiting. There are also many abstract variables with which the Paramedic must contend on a regular basis. Strong reasoning ability is required to deal with the complexity and variety of the situations in which the Paramedic works. This includes not only the aspects of providing quality advanced emergency medical care requiring the use of logic and reason to define problems and arrive at solutions on a practical basis, but also contributing to the Paramedic profession by using reasoning to define and analyze problems and arrive at solutions to enhance the field through teaching, and contributing to research through written media/journals. Thus, the reasoning level for the Paramedic is more like a level 5 than a level 4.

Mathematical development (M)
Level 4
Example from text: Shop math: Practical application of fractions, percentages, ratio and proportion, and measurement.
Examples of the above level (math) in relation to work performed by the Paramedic include: Calculating correctly the amount of medication to be given in relation to patient’s weight, age, and other factors that warrant adjustment of volume. Measuring and re-measuring drip rates of medications/controlled substances administered intravenously. Sending back to inventory area, any unused portions. Completing log sheets that detail the numbers and totals of services provided and amounts of medications used.

Note: The Paramedic is legally accountable and responsible for maintaining Class I Medications (narcotics) and must keep accurate count and inventory of such items.
Language development (L)
Level 5
Reading-Read literature, book and play reviews, scientific and technical journals, abstracts, financial reports and legal documents.
Examples of job duties that align themselves with the above examples in relation to the reading level assigned include that:
The Paramedic must be able to accurately read a Drug Reference Manual to determine not only the name of the drug on a label, but to recognize that a generic name and a brand name may not always appear on a prescription label, thus the need for cross/referencing through written reference materials. The Paramedic needs to know what type of drug(s) the patient is taking, how long ago it was taken, how long the effects are expected to remain in the body based on the patient’s constitutional make-up, what condition for which it was prescribed, general information, cautions and warnings, possible side effects, possible adverse side effects, drug and food interactions, the usual dosage an duration of dosage for adult and child, antidotes for overdoses, and other special information.

The Paramedic also takes a comprehensive medical history of patient, including patient’s current usage of prescribed and non-prescribed medications/drugs. At times, the patient does not know when or if he/she took a certain medication. Often, many individuals are taking multiple medications simultaneously and it will be up to the Paramedic to read from the medication bottles or containers the exact names of the medications and the dosages. It is absolutely essential that the Paramedic read correctly and expediently. For example, the drug “Milontin” must not be construed as “Melatonin”. Milontin, a drug used for control of petit mal seizures may be associated with severe reduction in white blood cell platelet counts and when used alone for both grand mal and petit mal seizures may increase the number of grand mal seizures and necessitate more medicine to control the seizures. It can also cause a person’s urine to turn pink or brown. Although the discoloration is harmless, it could cause alarm in the patient. In addition, sudden stoppage of this medication may bring on more seizures. While it is a good idea for patients using this drug to wear identification, they may or may not be. On the other hand, Melatonin, a currently popular over the counter remedy purported to improve sleep and general well being has none of the ramifications as Miltonin. The preceding is but one example. There are numerous examples of names of medications which if not read correctly, could mean the difference in the treatment administered, and ultimately, whether or not the patient lives or dies.

The Paramedic must also be able to read and interpret EKGs. In addition, as a basic part of emergency care, the Paramedic searches for medical clues/identification on a patient. These are generally in written form on a bracelet. In addition, the Paramedic gathers demographic patient information that must be recorded during the interview. At times, if the patient has poor vision and cannot see, hear or cannot read, and there is no family member to assist, the Paramedic may be asked to gather pertinent data through reading such documents as a driver’s license, a health care provider form or human services agency card. The Paramedic must be able to accurately read a street map, both for name of street and number of building/residence location.

Detailed written reports are an essential part of the Paramedic’s job and the Paramedic must be able to review the narrative he/she writes to verify for accuracy. Legally, the Paramedic is accountable for what is written.

It is ideal that the Paramedic read professional journals to keep current with his/her profession. However, it is mandatory that the Paramedic keep abreast of new equipment, techniques for using the equipment and new medications on the market. Information of this nature is generally transmitted through written literature and manuals. The Paramedic, in practice, will refer to algorithms and basic care protocols (which do vary), in much the same manner that a physician uses the Physicians’ Desk Reference or a licensed professional therapist uses the Diagnostic & Statistical Manual IV. The Paramedic must successfully complete continuing education
programs that involve accurate reading of course materials to update skills and competencies as required by employers, medical direction, and licensing or certifying agencies.

The Paramedic is personally responsible legally, ethically, and morally for each drug administered, reading the labels, using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one’s own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using up to date drug reference literature.

Writing - Write novels, plays, editorials, journals, speeches, manuals, critiques, poetry, and songs.
Example from text: L5-4

Write service manuals and related technical publications concerned with installation, operation, and maintenance of electrical, electronic mechanical and other equipment. Interviews workers to acquire or verify technical knowledge of a subject. Rewrites articles, bulletins, manuals or similar publications.
Examples of the above (writing) in relation to work performed by the Paramedic:

Speaking - Conversant in the theory, principles, and methods of effective and persuasive speaking, voice and diction, phonetics, and discussion and debate.
Examples of the above (speaking) in relation to work performed by the Paramedic:
Answers verbally to telephone or radio emergency calls from dispatcher to provide advanced efficient and immediate emergency medical care to critically ill and injured persons.

Interviews patient and or significant others to gain comprehensive understanding of patient’s condition for development of workable patient diagnosis. Adjusts/alters verbal communication with patient and family/significant others to reflect and ensure adequate and appropriate care and treatment with respect to the age of the patient, i.e. child, adolescent, or geriatric, and cultural status.

Provides family support through good communication and responding appropriately verbally, manages the difficult patient through use of voice and choice of words, conducts fundamental mental status assessment by asking pertinent questions, restrains patient often using persuasive verbal techniques to which patient can relate. Teaches curriculum to other EMTs, communicates with other EMS providers, physicians, hospital staff, police departments, fire departments, and relays findings verbally.

Note: With respect to Language Development, there are components of both “Level 4” and “Level 5” in the role of the Paramedic, such as Level 4’s “reading novels, poems, newspapers, periodicals, journals, manuals, dictionaries, thesauruses, and encyclopedias; writing and preparing business letters, expositions, summaries and reports, using prescribed format and conforming to all rules of punctuation, grammar, diction and style; and speaking by participating in panel discussions, dramas and debates, and speaking extemporaneously on a variety of subjects”. However, there are more Level 5 components as are shown above, than there are Level 4, thus it is deemed to be at Level 5.

10. FORMAL EDUCATION: High school diploma/GED with advanced training and certification

11. SPECIAL VOCATIONAL PREPARATION (SVP) (Time requirement of an additional 900-1200 classroom hours beyond the 110 hours acquired at the Basic EMT level) SVP is defined as the amount of lapsed time required by a typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job worker situation. Level 6 is the approximate time
ascribed for completion of preparation for a Paramedic (other numbers are listed for informational purposes only).

Explanation of scale:

Level
1
Short demonstration only
2
Anything beyond short demonstration up to and including one month
3
Over one month up to and including three months
4
Over three months up to and including six months
5
Over six months up to and including one year
6
Over one year up to and including two years

APTITUDES:

Aptitudes, a component of Worker Characteristics, are the capacities or specific abilities which an individual must have in order to learn a given work activity. There are 11 Aptitudes used for job analysis. Aptitude estimates are useful as analytic and descriptive tools and can be expressed in terms of the following levels or categories which reflect the amounts of the aptitudes possessed by the segments of the working population.

These ratings are explained by the number preceding the rating.

1. The top 10% of the population. This segment of the population possesses an extremely high degree of the aptitude.
2. The highest third exclusive of the top 10% of the population. This segment of the population possesses an above average or high degree of the aptitude.
3. The middle third of the population. This segment of the population possesses a medium degree of the aptitude, ranging from slightly below to slightly above average.
4. The lowest third exclusive of the bottom 10% of the population. This segment of the population possesses a below average degree of the aptitude.
5. The lowest 10% of the population. This segment of the population possesses a negligible degree of the aptitude.

Level 1 indicates a higher degree of particular aptitude whereas Level 5 indicates a lower degree of an aptitude pertinent to a job. If an aptitude is rated as a Level 5, it means that for the job under study, the amount of aptitude required is negligible or not required at all. The ratings for aptitudes for the Paramedic are as follows and are explained below in further detail: C1 G 2 P 2 K 2 M 2 E 2 V 3 N 3 S 3 Q 3

1. Highest 10% of the population has this aptitude
C= Color Discrimination

2. Highest middle third
G= General Learning Ability
P= Form Perception
K= Motor Coordination
M= Manual Dexterity

31
E = Eye, Hand, Foot Coordination

3. Middle third
V = Verbal
N = Numerical
S = Spatial
Q = Clerical

4. Lower middle third
N/A

5. Lowest 10% of the population has this aptitude
N/A

The following is an explanation of each of the above aptitude ratings.

G - Intelligence (General Learning Ability)

Level 2 represents a high degree of aptitude or ability. This ranks the Paramedic in the highest third of the population, excluding the top 10 percent.

Note: Level 2 and Level 3 overlap, thus a rating judgment must be made. Level 3 represents the middle third of the population and includes aptitudes that run slightly above and slightly below average. It is the analyst’s opinion that intelligence/general learning aptitude is at least average to slightly above average for the Paramedic position. While with Level 3, intelligence is required to learn and apply principles of anatomy, physiology, microbiology, nutrition, psychology, and patient care used in nursing; to make independent judgments in absence of doctor and to determine methods and treatments to use when caring for patients with injuries or illnesses, Level 2, which is higher, is more appropriate based on the following related, but not specific example:

Example from text G: 2
Compounds and dispenses medications, following prescriptions: understands the composition and effects of drugs and is able to test them for strength and purity. Checks prescriptions to determine whether dosages are reasonable and the drugs chemically and physiologically compatible. Must be able to compound ingredients to form powders, pills, ointments and solutions. Must make sterile solutions, buy medical supplies, and advise medical staff on the selection and effects of drugs.

Another related example from text is G2-5
Intelligence is required to learn the basic principles relating to biochemistry, microbiology, parasitology, blood cells, body cells, viruses, serum and vaccines and the preparation and examination of tissues.

Note: Overall, general intelligence (learning ability) must be of the level required for the Paramedic to acquire the skills and knowledge necessary in applying principles of advanced patient life support in emergency medical situations through extensive knowledge of pharmacological principles. Thus intelligence is more like a Level 2 than a Level 3.

V - Verbal Aptitude
Level 2 Fairly high degree of aptitude required.

No text illustrations in medical area.
Closely related skills appear comparable to text example, V2-3: Studies origin, relationship, development, anatomy, and other basic principles of plant and animal life, usually specializing in research centering around a particular plant, animal or aspect of biology: Verbal aptitude is required to read and comprehend information concerning biological sciences and to express orally or in writing findings from investigations in various fields such as agriculture, animal or plant life, genetics, pharmacology and microbiology.
On the job:
The most relevant applications of the above are speaking, writing, and communicating with physicians, nurses, and other EMS systems, and the findings pertinent to patients in emergency medical situations.

N - Numerical Aptitude (Perform arithmetic operations quickly and accurately)
Level 3 Average degree of aptitude required. No illustrations in medical area.
Somewhat related is text Example N2-3 whereby numerical aptitude is required to compute size of individual portions needed to obtain required nutritional values for regular or special diets, and to calculate total quantity of foodstuffs needed for specific period based on number to be fed, menus for period and individual quantities needed. Numerical aptitude is also required to break down total into number of units by standard sizes to prepare requisitions for vendors, and to maintain and analyze food cost records.

On the job:
Calculates in expedient manner, the amount of supplies/medications needed immediately, especially when occasions of multiple injuries occur. Calculates the amount of medication to be given in relation to patient’s weight, age, and other factors that warrant adjustment of volume using oral, auto-injection, sublingual, inhalation, subcutaneous, intramuscular, intraosseous, transcutaneous, rectal, endotracheal, and central intravenous routes, as well as infusion pumps to administer medications. Administers in practical sense, the amount calculated. Tracks and logs all medications/narcotics administered.

S - Spatial Aptitude (Comprehend forms in space and understand relationships to plane and solid objects)
Level 3 Example from text: Level S - 3:1
Spatial aptitude is required to visualize anatomic positions and the relationship between the point of application of forces and the area affected (as in traction); and to place treatment devices or administer manual treatment in relationship to the affected body part.

On the job:
Mobilizes spine, sets select fractures and dislocations. Sets up and administers intravenous medications and narcotics. Applies manual and advanced life support techniques to resuscitate patient. Carefully transports patient as to avoid further injury.

P - Form Perception (Ability to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of lines)
Level 2 High degree of aptitude required
Example from text:
P - 2:6 Form perception is required to perceive pertinent details of size, shape, and form in skeletal structure, organs, tissue, and specimens of various animals.

On the job:
Conducts patient assessment through visually observing any changes in size of pupils, swelling, shrinking, or dislocations/protrusions of all body parts. Checks for most appropriate vein to administer medication.

Q - Clerical Perception (Ability to perceive pertinent detail in verbal or tabular material-proof read)
Level 3
Example from text:  Q - 3:13
Assists in care of hospital patients under direction of nursing and medical staff. Clerical perception is required to read and report such data as temperatures, pulse rate and respiration rate, to report patient’s food and fluid intake and output, and to read charts and instructions accurately. Generally completes documentation of relevant data on pre-printed form. Must be able to read form accurately and report patient information in appropriate allocated space. Occasionally, may be required to submit short narrative report.

On the job:
Takes and records vital signs, reads EKGs and compiles log of work performed.

K - Motor Coordination (Ability to make a movement response quickly and accurately and coordinate eye-hand)
Level 2 High degree of aptitude required
Example from text: K - 2:5 renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution.
On the job:
Coordinates vision, finger and hand movements in taking vital signs, freeing airway including surgery, performing CPR, administering medication/narcotics through grasping of and inserting needle into skin, delivering newborn, setting up equipment, turning equipment off and on, balancing self when lifting/moving or stabilizing patients, and other.
F - Finger Dexterity (Ability to move fingers and manipulate small objects rapidly and quickly)
Level 2 High degree of aptitude required
No illustrations in medical field.
On the job:
Recommended due to necessity of positioning needle for injection, opening and maintaining airway, ventilating patient, controlling hemorrhage, bandaging wounds, administer medications, manually stabilizing painful swollen and deformed extremities, and performing other basic and advanced life support functions.
M - Manual Dexterity (Ability to move the hands easily and skillfully)
Level 2 High degree of aptitude required
On the job:
No illustrations given. Recommended due to nature of work which involves moving the hands skillfully and quickly to perform essential functions of advanced/skilled emergency patient care.
E - Eye-Hand-Foot Coordination (Ability to coordinate these)
Level 2 High degree of aptitude required
No text illustrations given.
On the job:
Recommended as job may require balancing on ladders, stairs, or walking on uneven terrain while assisting in carrying patients. In the interest of time and safety, may be required to move quickly.
C - Color Discrimination (Ability to perceive difference in colors, shades, or harmonious combinations or to match colors)

Level 1 Highest degree of aptitude and ability required.
Example from text: C-1:4 Uses color discrimination and color memory in making diagnosis of patients' affliction or condition, by recognizing any deviations in color of diseased tissue from healthy tissue; evaluating color characteristics such as hue and saturation of affected body parts; and making determination as to extent or origin of condition.

Temperament
Explanation of terms:
Terms bolded and underlined above are those deemed most pertinent to temperament of the Paramedic when performing the job a Paramedic is expected to perform. Temperaments are the adaptability requirements made on the worker by specific types of jobs. Below is a list of various temperament factor definitions. The shaded areas are those deemed applicable to the role of the Paramedic.
Directing, controlling, or planning the activities of others
Performing repetitive or short cycle work
Influencing people in their opinions, attitudes or judgments
Performing a variety of duties
Expressing personal feelings
Working alone or in part in physical isolation from others
Performing effectively under stress
Attaining precise set limits, tolerances, and standards
Working under specific instructions
Dealing with people
Adaptability to making judgments and decisions based on sensory or judgmental criteria
Adaptability to making judgments based on measurable or verifiable criteria

**Interests**
The Paramedic is seen as having interests that relate to:
A preference for working for the presumed good of the people.
A preference for activities of a scientific and technical nature

**Physical Demands**
The Paramedic’s job involves very heavy lifting (50 pounds frequently, no maximum) and involves climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, feeling, talking, hearing, and seeing on a frequent basis. Shaded, underlined, bolded areas above are applicable to the job of the Paramedic.

Explanation of terms:
1. **Strengths**
   - S = Sedentary (10 pounds maximum)
   - L = Light work (10 pounds frequently, 20 pounds maximum)
   - M = Medium work (25 pounds frequently, 50 pounds maximum)
   - H = Heavy work (50 pounds frequently, 100 pounds maximum)
   - V = Very heavy work (50 pounds frequently, no maximum)
2. **Climbing and/or balancing**
3. **Stooping, kneeling, crouching and crawling**
4. **Reaching, handling, fingering and/or feeling**
5. **Talking and hearing**
6. **Seeing**

**Environmental Conditions**

**Working Conditions**

**Location**
1. Exposure to weather (outside atmospheric conditions)
   Indoors, Outdoors, Both
2. Extreme cold with or without temperature changes (Exposure to non-weather related cold temperatures)
   Indoors, Outdoors, Both
3. Extreme heat with or without temperature changes (Exposure to non-weather related hot temperatures)
   Indoors, Outdoors, Both
4. Wet and humid (Contact with water or other liquids or exposure to non-weather related humid conditions)
   Indoors, Outdoors, Both
5. Noise intensity levels (Can range from very quiet, quiet, moderate, loud to very loud)
   Indoors, Outdoors, Both
6. Vibration (Exposure to a shaking object or surface)
   Indoors, Outdoors, Both
7. Atmospheric conditions (Exposure to conditions such as fumes, noxious odors, dusts, mists, gases, and poor ventilation that affect the respiratory system, eyes or the skin)
Indoors, Outdoors, Both

8. Proximity to moving mechanical parts (Exposure to possible bodily injury from moving mechanical parts of equipment, tools, or machinery)
Indoors, Outdoors, Both

9. Exposure to electrical shock (Exposure to possible bodily injury from electrical shock)
Indoors, Outdoors, Both

10. Working in high exposed places (Exposure to possible bodily injury from falling)
Indoors, Outdoors, Both

11. Other environmental conditions: mines, slopes, fumes, smoke, dust, high crime neighborhoods, darkness, law violators
Indoors, Outdoors, Both

Note: In the analyst's opinion, the general environmental conditions in which the Paramedic works cannot be adequately assessed in an indoor evaluative environment. The Paramedic in an actual work situation can be exposed to any working condition listed above. Because of the variance in climate, environmental conditions and locations in the United States and the infinite possibilities in which a Paramedic is expected to provide advanced life support, working conditions, at best, may be less than optimal. The Paramedic must be able to focus on providing the best care possible in often adverse and dangerous situations. This can include servicing neighborhoods known to have high crime rates and performing optimally in situations where multiple incidents and trauma exist, i.e. a major highway accident that involves numerous persons and vehicles. The Paramedic may be required frequently to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain, such as an icy highway, muddy ground, dilapidated stairs/flooring and any other scenario or combination of scenarios. There may be exposure to a variety of noise levels, which at times can be quite high, particularly when multiple sirens are sounding, and crowds/bystanders/families are upset and may be screaming, crying hysterically, and making demands that may or may not be reasonable.

U. S. Department of Labor
Manpower Administration
Analyst: Cathy Cain, Ph. D. Date: 2/16/98

Physical Demands and Environmental Conditions

<table>
<thead>
<tr>
<th>ESTAB. JOB TITLE</th>
<th>Paramedic</th>
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<tr>
<td>DOT TITLE &amp; CODE</td>
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<tr>
<td>GOE CODE &amp; TITLE</td>
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<table>
<thead>
<tr>
<th>Code:</th>
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<tbody>
<tr>
<td>F = Frequently</td>
</tr>
<tr>
<td>O = Occasionally</td>
</tr>
<tr>
<td>NP = Not Present</td>
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<tr>
<td>C = Constantly</td>
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</tbody>
</table>

Job Summary: In emergency medical situations, takes leadership role and assumes responsibility for applying specific knowledge and skills related to basic and advanced life support to patients; provides advanced life support to patients under supervision of physician and directs lower level EMTs to assist based on their levels of competency within their scope of practice.
Physical Demands

Comments

1. Strength and Standing 47%
   1a. Walking and standing are major components of this job. Sitting is necessary for transportation to and from scene of emergency.

Walking 50%
Sitting 3%

LIFTING
   1b. The Paramedic is required to assist in lifting and carrying injured or sick persons to ambulance and from ambulance into hospital. May be required to engage in pushing and/or pulling to assist other EMS providers to extricate patient from scenes to include but not limited to closed upright vehicles, patient in closed overturned vehicle, patient pinned beneath vehicle, pinned inside vehicle, in vehicles with electrical hazards.

Carrying - F
Pushing - O
Pulling - O

2. Climbing
   Climbing and balancing may be required to gain access to site of emergency, i.e., stairs, hillsides, ladders, and in safely assisting in transporting patient.

Balancing - F

3. Stooping - F
   Patients are often found injured or sick in locations where assessment of patient is possible only through the Paramedic’s stooping, kneeling, crouching, or crawling.

Kneeling - F
Crouching - F
Crawling - F

4. Reaching - F
   Required for assessing pulse, assessing breathing, blocking nose and checking ventilation, lifting chin, head, or jaw for opening airway, following angle of ribs to determine correct position for hands after each ventilation, compressing sternum, and assisting in lifting of patient, administering medications through intravenous therapy or other means, and handling of advanced life support equipment, such as mirror airway devices. Extension of arms to use hands and fingers to assess vital signs, feeling and touching of patient’s skin to assess body warmth, handling limited equipment, and transporting of patient are important aspects of this position. Finger dexterity needed to insert needle, and prepare fluids/medication for administration and to operate equipment.

Handling - F
Finger Dexterity - F
Feeling – F

5. Talking
   Responding to patients, physicians, and co-workers through hearing is necessary in transmitting patient information and following directions.

May be required to shout for help and additional assistance.

Ordinary - F
Other - O
Hearing
Verbally responding to dispatcher’s message on phone or radio is necessary for quick, efficient service that can be vital to life in emergency situations. Communication on scene is critical for interviewing patient and in some instances, significant others, and in relaying this information in most expedient manner. Sounds of vehicles may alert Paramedic that additional help is on the way. Other sounds can alert the Paramedic that other persons may be hurt or injured, i.e., someone thrown behind a bush in a vehicle accident who cannot be seen and whose voice may be barely audible.

Ordinary conversation - F
Other – F

6. Seeing
Sight is used to drive ambulance to scene of injury or illness, to visually inspect patient and area, to read map, to read small print on medication/prescription containers, to read drug reference manuals, and to administer treatment.
Acuity, Near - F
Acuity, Far - F
Depth Perception - F
Accommodation – F
Color Vision - F
Field of Vision - F

7. General Education:
   a. High school graduation or equivalency is required.
8. Vocational Preparation:
   a. College: None
9. Vocational Education Courses:
   a. An additional 900-1200 hours of education beyond the 110 required for the Basic EMT.
10. Apprenticeship: None
11. In-plant Training: None
12. On-the-Job-Training:
   a. During course of training, the Paramedic in training status will spend varying amounts of time in supervised clinical work in hospital and field settings.
13. Performance on Other Jobs:
   a. None required; however, training in the military as a medic is seen as beneficial.
14. Experience: None
15. Orientation:
16. Licenses, Etc.:
   a. Certification as Emergency Medical Technician: Paramedic
   b. ACLS and CPR.
      1. Must maintain annual certification through continuing education.
17. Relation to Other Jobs and Workers:
   a. Promotion:
      1. In some locations, Paramedics may become instructors, dispatchers or administrators.
18. Transfers: None
19. Supervision Received: Physician
20. Supervision Given: Some to lower level Basic EMTs.
22. Materials and Products: Broad range of medications including narcotics, disposable latex gloves, bandages, universal dressings such as gauze pads, tape, blankets, pillows and sheets, oxygen, drugs, and intravenous fluids.

Description of tasks
(encompasses the range of all tasks performed by lower level EMTs)

1. Answers verbally to telephone or radio emergency calls from dispatcher to provide advanced efficient and immediate emergency medical care to critically ill and injured persons using a full range of equipment.

2. Drives ambulance to scene of emergency, reads map, responds safely and quickly to the address or location as directed by radio dispatcher. Observes traffic ordinances and regulations. Visually inspects and assesses or “sizes up” the scene upon arrival to determine if scene is safe, determines the mechanism of illness or injury, the total number of patients involved, and remains calm and confident while demonstrating leadership and responsibility.

3. Radios dispatcher for additional help or special rescue and/or utility services. Reports verbally to the responding EMS unit or communications center as to the nature and extent of injuries and the number of patients. Recognizes hazards. Conducts triage, sorting out and classifying priorities for most immediate need for treatment. Uses excellent judgment to identify priorities based on the most critical needs for patient survival.

4. Searches for medical identification as clue in providing emergency care, i.e. identification bracelet for patient who is diabetic. Reassures patient and bystanders while working in a confident and efficient manner, avoids misunderstandings and undue haste while working expeditiously to accomplish the task. Extricates patient from entrapment, works with other EMS providers in rendering emergency care and protection to the entrapped patient. Performs emergency moves, assists other EMS providers in the use of prescribed techniques and appliances for safe removal of the patient.

5. Determines nature and extent of illness or injury in patient, takes pulse, blood pressure, and temperature, visually observes patient, recognizes the mechanisms of injury, takes comprehensive medical history of patient, including patient’s current usage of prescribed and non-prescribed medications/drugs. Communicates with and provides verbal direction to Basic EMT to assist with tasks within the Basic’s scope of practice. Obtains consent and refusal. Uses good judgment to draw conclusions with often, limited information; verbally communicates effectively to provide quality treatment to diverse age and cultural groups. Provides family support, manages the difficult patient, conducts fundamental mental status assessment, restrains patient, and intervenes pharmacologically.

6. Positions unresponsive patient, protects the seizing patient, identifies and treats the hypoglycemic patient, provides heating/cooling interventions, manages burns and exposures, overdoses, conducts ingestion management. Manually stabilizes neck and body of child and adult, immobilizes extremities, straightens selected fractures and reduces selected dislocations. Delivers newborn. Provides pre-hospital emergency care of simple and multiple system trauma such as controlling hemorrhage, bandaging wounds, manually stabilizing painful, swollen joints and injured extremities, and immobilizing spine.

7. Uses basic and advanced life support equipment to open airway and upper airway adjuncts, removes foreign bodies, uses upper airway suction devices, performs orotracheal intubation, nasotracheal intubation, oral intubation with pharmacological assistance and surgery on airway. Uses dual or single lumen airway devices. Provides mouth to mouth barrier device ventilation, oxygen administration, chest injury management, bag-valve mask resuscitation. Uses powered ventilation devices, hand held aerosol nebulizer. Performs cardio-pulmonary resuscitation, uses automatic defibrillator apparatus in application of electric shock to heart, manages amputation, uses anti-shock garment, conducts peripheral venous access, intraosseous infusion, manual defibrillation, interprets EKGs, uses external pacemaker.
8. Administers medication (narcotics), determines the patient’s most appropriate body route based on patient diagnosis. Calculates amount of medication to be given in relation to patient’s weight, age, and other factors that warrant adjustment of volume. Uses oral, auto-injection, sublingual, inhalation, subcutaneous, intramuscular, intraosseous, transcutaneous, rectal, endotracheal, and intravenous routes including central and peripheral lines and venasection as well as infusion pumps to administer medications.

9. Assists other EMS providers in lifting patient onto stretcher, places patient in ambulance, secures stretcher. Continues to monitor patient en route to hospital.

10. Checks, maintains vehicles, and provides mechanical report. Restocks and replaces used supplies, uses appropriate disinfecting procedures to clean equipment, checks all equipment to insure adequate working condition for next response. Takes inventory of and accounts for all medications (narcotics) given. Keeps log of all transactions. Prepares accurate and legible medical reports. Provides medical reports to staff.

11. Transports non-emergency patients to regularly scheduled appointments, for example, transport geriatric patients in nursing homes. Uses computer to enter data for EMS reports.

12. Supervises the activities and educational experiences of assigned observers and students. Complies with regulations in handling the deceased.

13. Functions as the primary direct care provider of emergency health care services to sick and injured patients in pre-hospital settings. Works primarily in advanced life support units affiliated with fire departments, police departments, rescue squads, hospitals, or private ambulance services under the off-site supervision of a physician, usually through radio communication, is usually the senior level member of a two person team, working in conjunction with a Basic EMT.

14. Accepts primary responsibility for all aspects of advanced life support given to the patient, including use of advanced life support equipment and administration of medication that includes narcotics; responsible for thorough written documentation of all activity related to patient care and medication dispensation. Successfully completes continuing education and refresher courses as required by employers, medical direction, and licensing or certifying agencies. Meets qualifications within the functional job analysis.

PARAMEDIC QUALIFICATIONS

Must be at least 18 years of age and be a high school graduate or equivalent. Must have proof of valid driver’s license. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret and respond to written, oral, and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations and take on role of “leader”.

Must have the ability to read road maps; drive vehicle, accurately discern street signs and address numbers, read medication/prescription labels and directions for usage in quick, accurate, and expedient manner, ability to communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders, and ability to discern deviations/changes in eye/skin coloration due to patient’s condition and to the treatment given. Must be able to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse with dispatcher and EMS providers via phone or radio as to status of patient.

Good manual dexterity with ability to perform all tasks related to advanced emergency patient care and documentation. Ability to bend, stoop, balance, and crawl on uneven terrain; and the ability to withstand varied
environmental conditions such as extreme heat, cold, and moisture. Ability to perform quickly, precise, practical mathematical calculations pertinent to ratio and proportion of medication and supplies used in emergency patient care. Must be independent, confident, able to work independently without defined structure, have good stable reasoning ability with ability to draw valid conclusions expeditiously relevant to patient’s condition, often, using limited information. Must have knowledge and skills relevant to position and be able to implement them in stressful situations. Must be cognizant of all legal, ethical, and moral obligations inherent within scope of practice.

Must be able to perform mathematical calculations/ratios and apply them in expedient, practical manner. Must be independent, confident, able to work independently without structure, have good stable reasoning ability and able to draw valid conclusions quickly relevant to patient’s condition, often, using limited information. Must have knowledge and skills relevant to position and be able to implement them in practical fashion in stressful situations. Must be cognizant of all legal, ethical, and moral obligations inherent within scope of practice.

Must have successful completion of approved curriculum with achievement of passing scores on written and practical certification examinations as defined by programmatic guidelines. Re-certification is dependent upon an individual’s successful completion of inter-agency approved Paramedic continuing education fresher courses. At any given time, performs any or all tasks performed by a lower level EMT. May supervise activities of students or interns, and/or may engage in writing of journal articles or teach. Meets qualifications within the functional job analysis.

This is termed as terminal competency. Upon acceptance and entry into the program you will be on track towards terminal competency via observation-participation-team lead. This is accomplished by instruction and evaluation in the three domains of learning. These are cognitive, psychomotor and affective.

COGNITIVE COMPETENCY
Cognitive evaluation includes classroom and clinical lecture. Competency evaluation of this domain includes testing, recall, case scenarios and problem solving.
EMT-Paramedic: National Standard Curriculum
Module and Unit Objective Summary

1 At the completion of this module, the paramedics student will understand the roles and responsibilities of a Paramedic within an EMS system, apply the basic concepts of development, pathophysiology and pharmacology to assessment and management of emergency patients, be able to properly administer medications, and communicate effectively with patients.
1-1 At the completion of this unit, the paramedic student will understand his or her roles and responsibilities within an EMS system, and how these roles and responsibilities differ from other levels of providers.
1-2 At the completion of this unit, the paramedic student will understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers.
1-3 At the completion of this unit, the paramedic student will be able to integrate the implementation of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs.
1-4 At the completion of this unit, the paramedic student will understand the legal issues that impact decisions made in the out-of-hospital environment.
1-5 At the completion of this unit, the paramedic student will understand the role that ethics plays in decision making in the out-of-hospital environment.
1-6 At the completion of this unit, the paramedic student will be able to apply the general concepts of pathophysiology for the assessment and management of emergency patients.
1-7 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles of pharmacology and the assessment findings to formulate a field impression and implement a
pharmacologic management plan.

1-8  At the completion of this unit, the paramedic student will be able to safely and precisely access the venous circulation and administer medications.

1-9  At the completion of this unit, the paramedic student will be able to integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.

1-10 At the completion of this unit, the paramedic student will be able to integrate the physiological, psychological, and sociological changes throughout human development with assessment and communication strategies for patients of all ages.

2  At the completion of this module, the paramedic student will be able to establish and/or maintain a patent airway, oxygenate, and ventilate a patient.

2-1  At the completion of this unit, the paramedic student will be able to establish and/or maintain a patent airway, oxygenate, and ventilate a patient.

3  At the completion of this module, the paramedic student will be able to take a proper history and perform a comprehensive physical exam on any patient, and communicate the findings to others.

3-1  At the completion of this unit, the paramedic student will be able to use the appropriate techniques to obtain a medical history from a patient.

3-2  At the completion end of this unit, the paramedic student will be able to explain the pathophysiological significance of physical exam findings.

3-3  At the end of this unit, the paramedic student will be able to integrate the principles of history taking and techniques of physical exam to perform a patient assessment.

3-4  At the end of this unit, the paramedic student will be able to apply a process of clinical decision making to use the assessment findings to help form a field impression.

3-5  At the completion of this unit, the paramedic student will be able to follow an accepted format for dissemination of patient information in verbal form, either in person or over the radio.

3-6  At the completion of this unit, the paramedic student will be able to effectively document the essential elements of patient assessment, care and transport.

4  At the completion of this module, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the trauma patient.

4-1  At the completion of this unit, the Paramedic student will be able to integrate the principles of kinematics to enhance the patient assessment and predict the likelihood of injuries based on the patient’s mechanism of injury.

4-2  At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with shock or hemorrhage.

4-3  At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with soft tissue trauma.

4-4  At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the management plan for the patient with a burn injury.

4-5  At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the trauma patient with a suspected head injury.

4-6  At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a suspected spinal injury.

4-7  At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for a
At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with a thoracic injury.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with suspected abdominal trauma.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with a musculoskeletal injury.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a neurological problem.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with respiratory problems.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with cardiovascular disease.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a neurologic problem.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an endocrine problem.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an allergic or anaphylactic reaction.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a gastroenterologic problem.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with a renal or urologic problem.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a toxic exposure.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles of the hematopoietic system to formulate a field impression and implement a treatment plan.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with an environmentally induced or exacerbated medical or traumatic condition.

At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a management plan for the patient with infectious and communicable diseases.

At the end of this unit, the paramedic student will be able to describe and demonstrate safe, empathetic competence in caring for patients with behavioral emergencies.

At the end of this unit, the paramedic student will be able to utilize gynecological principles and assessment findings to formulate a field impression and implement the management plan for the patient experiencing a gynecological emergency.

At the completion of this unit, the paramedic student will be able to apply an understanding of the anatomy and physiology of the female reproductive system to the assessment and management of a patient experiencing normal or abnormal labor.
At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for neonatal, pediatric, and geriatric patients, diverse patients, and chronically ill patients.

6-1 At the completion of this lesson, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the neonatal patient.

6-2 At the completion of this lesson, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the pediatric patient.

6-3 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate and implement a treatment plan for the geriatric patient.

6-4 At the completion of this unit, the paramedic student will be able to integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault.

6-5 At the completion of this unit the paramedic student will be able to integrate pathophysiological and psychosocial principles to adapt the assessment and treatment plan for diverse patients and those who face physical, mental, social and financial challenges.

6-6 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient.

7 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for patients with common complaints.

7-1 At the completion of this unit, the paramedic student will be able to integrate the principles of assessment based management to perform an appropriate assessment and implement the management plan for patients with common complaints.

8 At the completion of this unit, the paramedic student will be able to safely manage the scene of an emergency.

8-1 At the completion of this unit, the paramedic will understand standards and guidelines that help ensure safe and effective ground and air medical transport.

8-2 At the completion of this unit, the paramedic student will be able to integrate the principles of general incident management and multiple casualty incident (MCI) management techniques in order to function effectively at major incidents.

8-3 At the completion of this unit, the paramedic student will be able to integrate the principles of rescue awareness and operations to safely rescue a patient from water, hazardous atmospheres, trenches, highways, and hazardous terrain.

8-4 At the completion of this unit, the paramedic student will be able to evaluate hazardous materials emergencies, call for appropriate resources, and work in the cold zone.

8-5 At the completion of this unit, the paramedic student will have an awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

**PSYCHOMOTOR COMPETENCY**

Psychomotor evaluation involves successful and safe skill performance in the classroom lab scenarios, actual patient contact in the hospital and ambulance settings. The student must successfully complete all clinical and field internship requirements. The student will be required to put in additional hours and meet competency minimums other than the regular classroom. The program curriculum committee and communities of interest will set these hours and minimums. The student will progress in a form of observer, participator and finally team leader. Each segment will not occur without a review process for progression for each student.
The student must demonstrate the ability to safely administer medications. The student should safely, and while performing all steps of each procedure, properly administer medications at least **15** times to live patients.

The student must demonstrate the ability to safely perform endotracheal intubation. The student should safely, and while performing all steps of each procedure, **successfully intubate** at least **5** live patients.

The student must demonstrate the ability to safely gain venous access in all age group patients. The student should safely, and while performing all steps of each procedure, **successfully access the venous circulation** at least **25** times on live patients of various age groups. (To include pediatric I.V.’s)

The student must demonstrate the ability to effectively ventilate non-intubated patients of all age groups. The student should effectively, and while performing all steps of each procedure, **ventilate** at least **20** live patients of various age groups. (Must be non-intubated patients and include pediatrics)

**AGES**

The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients. The student should perform a comprehensive patient assessment on at least **30** (including newborns, infants, toddlers, and school age) **pediatric patients**.

The student must demonstrate the ability to perform a comprehensive assessment on adult patients. The student should perform a comprehensive patient assessment on at least **50** adult patients.

The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients. The student should perform a comprehensive patient assessment on at least **30** geriatric patients.

**PATHOLOGIES**

The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients. The student should perform a comprehensive patient assessment on at least **10** obstetric patients. To include a minimum of 2 live births, witnessed or assisted.

The student must demonstrate the ability to perform a comprehensive assessment on trauma patients. The student should perform a comprehensive patient assessment on at least **40** trauma patients.

The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients. The student should perform a comprehensive patient assessment on at least **20** psychiatric patients.

**COMPLAINTS**

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain. The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least **30** patients with **chest pain**.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress. The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least **20** adult patients with **dyspnea/respiratory distress**.
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope. 
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with syncope.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints. 
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with abdominal complaints. (For example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status. 
The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status.

TEAM LEADER SKILLS
The student must demonstrate the ability to serve as a team leader in variety of pre-hospital emergency situations. 
The student should serve as the team leader for at least 75 ALS pre-hospital emergency responses.

AFFECTIVE COMPETENCY
Affective evaluations occur from the observation of behavior of the student. The student must at all times display professional behavior.

1. INTEGRITY
Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

2. EMPATHY
Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

3. SELF - MOTIVATION
Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.

4. APPEARANCE AND PERSONAL HYGIENE
Examples of professional behavior includes, but is not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

5. SELF – CONFIDENCE
Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

6. COMMUNICATIONS
Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.

7. TIME MANAGEMENT
Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.

8. TEAMWORK AND DIPLOMACY
Examples of professional behavior include, but are not limited to: Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

9. RESPECT
Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

10. PATIENT ADVOCACY
Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.

11. CAREFUL DELIVERY OF SERVICE
Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Disciplinary actions will occur in the form of a verbal warning, written warning, hearing before the disciplinary action committee and dismissal.

These three domains are evaluated with each student and are under constant review by the instructor, clinical coordinator, preceptors, program director, and medical director. Each student is subject to videotaping for evaluation and progress purposes.

The student will be required to maintain a minimum grade level that is set by the program curriculum committee and the communities of interest board. If the student falls below that expected minimum grade level, feedback will be given with remediation. If this proves to be unsuccessful, the student will be dismissed from the program.
FIRST SEMESTER
EMT 2010
SUCCESSFULLY COMPLETE THE FOLLOWING:

1. ALL COGNITIVE COMPETENCIES WITH A MINIMUM GRADE OF 80% FROM EACH INSTRUCTOR.
2. ALL PSYCHOMOTOR COMPETENCIES WITH A PASSING EVALUATION.
3. ALL AFFECTIVE COMPETENCIES WITH A MINIMUM SCORE OF 2 IN ALL AREAS.
4. ALL CLINICAL MINIMUMS WITH A PASSING EVALUATION OF 2 OR BETTER.
5. OBTAIN THE FOLLOWING AND TURN THE INFORMATION INTO YOUR INSTRUCTOR ON THE FIRST DAY OF CLASS.
   A. COMPLETE PHYSICAL SIGNED AND CLEARED BY A PHYSICIAN.
   B. A WRITTEN STATEMENT SIGNED THAT YOU HAVE PURCHASED THE FOLLOWING EQUIPMENT, SUPPLIES AND TEXT REQUIRED:
   1. LARYNGOSCOPE WITH ADULT AND PEDIATRIC BLADES
   2. ALL REQUIRED TEXTS
   3. B/P CUFF
   4. STETHOSCOPE
   5. PENLIGHT
   6. YELLOW REFLECTIVE VEST
   7. DISPOSABLE GLOVES
   8. GOGGLES
   9. CALCULATOR
10. POCKET FIELD GUIDE
11. BANDAGE SHEARS

ALL SUPPLIES MUST BE TAKEN WITH YOU TO THE FIELD CLINICAL SITE.
**Uniforms:**

1) Clinical Uniform- Field Shirt Only must be purchased from specific vendors.
   - (a) Teal Shirt with Paramedic emblem that states “Paramedic Student” over the left chest area.
   - (b) Navy blue or black uniform pants.
   - (c) Dark boots (not cowboy boots or running shoes) steel toe is preferred.
   - (d) Dark belt
   - (e) Black or navy socks.

2) Class Uniform- order from specific vendors (“At Work” or “Mid-South Solutions”)
   - (a) Navy blue shirt- short or long sleeve.
   - (b) Navy blue or black dress pants.
   - (c) Dark uniform shoes.
   - (d) Dark belt.
   - (e) Silver collar brass- “EMS”
   - (f) Silver EMS badge
   - (g) Tennessee EMT patch, left shoulder.
   - (h) Southwest EMS student patch- STCC bookstore

3) Hospital Uniform
   - (a) Navy blue scrubs

   (Only hat that can be worn, is one that is approved by the Head of the Program, and is purchased with the uniform.) Purchased at “At Work”- EMS Hat

**OTHER:**

4. A SIGNED STATEMENT THAT YOU HAVE UNDERGONE THE FOLLOWING TRAINING:
   - A. HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT.
   - B. BLOOD-BORNE PATHOGEN WITH THE NEEDLE STICK ADDENDUM
5. DOCUMENTATION SELECTION OF AN INJURY PREVENTION PROJECT
6. DOCUMENTATION OF A COMMUNITY SERVICE PROJECT
7. ATTEND HUMAN CADAVER LAB AT UNION UNIVERSITY
8. INTUBATION ANIMAL LAB
9. WEEKLY PERSONAL JOURNAL.
10. A CLINICAL JOURNAL FOR EVERY CLINICAL ROTATION
11. A CASE PRESENTATION AT THE END OF EACH SEMESTER.
12. END OF SEMESTER PRACTICAL EVALUATION TO BE CONDUCTED TO MOVE FROM OBSERVATION TO PARTICIPATION
13. REGISTER WITH FISDAP, ORIENT AND LOAD ALL INFORMATION
14. COMPLETE A LIBRARY ORIENTATION
15. COMPLETE AN EMS PERIODICAL REVIEW-I EMS MAGAZINE AND 1 EMS RESEARCH ARTICLE REVIEW-WRITE SYNOPSIS OF BOTH
16. MEET WITH PRECEPTORS

ESTIMATED COST FOR THIS SEMESTER INCLUDING TUITION IS $3000.00
SOUTHWEST TENNESSEE COMMUNITY COLLEGE

EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC PROGRAM

SECOND SEMESTER
EMT 2020

1. ALL COGNITIVE COMPETENCIES WITH A MINIMUM GRADE OF 80% FROM EACH INSTRUCTOR.
2. ALL PSYCHOMOTOR COMPETENCIES WITH A PASSING EVALUATION.
3. ALL AFFECTIVE WITH A MINIMUM SCORE OF 2 IN ALL AREAS.
4. ALL CLINICAL MINIMUMS WITH A PASSING EVALUATION OF 2 OR BETTER.
5. END OF SEMESTER PRACTICAL COMP. EVALUATION TO MOVE FROM PARTICIPATION TO TEAM LEADER BEGINS.
6. A CASE PRESENTATION. THIS IS ANY CASE WHICH HAPPENED ON YOUR CLINICALS.
7. RESEARCH DATA ACCUMULATED FOR INJURY PREVENTION PROJECT.
8. PERSONAL WEEKLY JOURNAL
9. CLINICAL JOURNAL, FOR EVERY CLINICAL ROTATION
10. CASE PRESENTATION DOCUMENTATION
11. COMPLETE AN EMS PERIODICAL REVIEW-I EMS MAGAZINE AND 1 EMS RESEARCH ARTICLE REVIEW-WRITE SYNOPSIS OF BOTH –PEDIATRIC ARTICLES
12. FISDAP DATA LOADED AND NOT CLAIMED MORE THAN ONE PATHOLOGY OR COMPLAINT ON ONE PATIENT.

ESTIMATED COST FOR THIS SEMESTER INCLUDING TUITION IS $1500.00
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC PROGRAM

THIRD SEMESTER
EMT 2030
FIELD AND CLINICAL ROTATION PARTICIPATION

1. ALL CLINICAL AND FIELD MINIMUMS, IN PARTICIPATION, WITH A SCORE OF 2 OR BETTER.
2. MUST IMPLEMENT INJURY PREVENTION PROJECT BY THE END OF THIS SEMESTER.
3. MUST COMPLETE A TYPED PAPER WITH THE FOLLOWING COMPONENTS:
   - TITLE PAGE
   - ABSTRACT
   - BODY: 10 PAGES
   - DOUBLE-SPACED
   - APA STYLE
   - BIBLIOGRAPHY

4. ATTEND EMS BOARD MEETING IN NASHVILLE, TN. THIS IS REQUIRED. MAY BE SCHEDULED EARLIER IN YEAR.
5. ATTEND WEEKLY PROGRESS REPORTS IN CLASS.
6. SHOW TEST PROGRESS TOWARDS SUCCESSFUL COMPLETION, EVALUATIONS ON THE COMPUTER ADAPTIVE TESTING PROGRAM.
7. COMPLETE PROGRAM COMPUTER COMPETENCY EXAM..
8. PERSONAL WEEKLY JOURNAL
9. CLINICAL WEEKLY JOURNAL

ESTIMATED COST FOR THIS SEMESTER FOR THIS SEMESTER INCLUDING TUITION IS $500.00
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC PROGRAM

FOURTH SEMESTER
EMT 2040
TEAM LEADER –FIELD INTERNSHIP

* Register and complete State regulated Background and finger print screen.
1. REQUEST FOR TEAM LEAD AND AUDIT
2. MEET WITH TEAM LEAD PRECEPTOR FOR WRITTEN RECOMMENDATION.
3. MINIMUM OF 75 ADVANCED LIFE SUPPORT TEAM LEADER CALLS WITH A SCORE OF 2 OR BETTER.
4. PERSONAL AND CLINICAL JOURNALS.
5. 8 HOUR ADMINISTRATIVE ROTATION
6. 20 C.A.R.E. SATISFACTION SURVEYS SHOWING ALL YES RESPONSES.
7. SUCCESSFUL COMPLETION OF A COMPREHENSIVE WRITTEN EXAM.
8. PASS THE PRACTICAL COMPREHENSIVE EXAM.
9. AUDIT OF ALL REQUIREMENTS CONDUCTED BY INSTRUCTOR.
10. MEET WITH MEDICAL DIRECTOR FOR DETERMINING SUCCESSFUL SUMMATIVE REVIEW AND COMPETENCY.
12. SUMMATIVE REVIEW COMPLETED.
13. SUBMIT APPLICATION FOR GRADUATION.
14. FILL OUT EXIT PAPERWORK-ALL FEES SUBJECT TO CHANGE
   GRADUATION FEE-$25.00
   NATIONAL REGISTRY-$110.00
   STATE LICENSE-$175.00
   CLOSED PRACTICAL TEST IS FREE
   EXIT SURVEY
   EMPLOYER SURVEY COMPLETED
   TERMINAL COMPETENCY SIGNED
   COMPLETE COAEMSP SURVEY
   COMPETENCY SKILL EVALUATION SIGNED
   NATIONAL REGISTRY REGISTRATION FOR CBT
15. ATTEND A MANDATORY GRADUATION.
16. AT THE END OF THE PROGRAM, BEFORE GRADUATION, MEET WITH PROGRAM PSYCHOLOGIST FOR PSYCH EVAL.

ESTIMATED COST FOR THIS SEMESTER INCLUDING TUITION IS $600.00

**ANY PART OF THIS INSTRUCTIONAL PLAN IS SUBJECT TO CHANGE.**
Objective(s) for successful completion:

Follow all rules, regulations and essential standards of the Southwest Tennessee Community College Emergency Medical Technology and Paramedic Program. My date of completion is _____________. I agree to be completed with the entire program by this date. This means that I have completed ALL program requirements and have been cleared by the program director and medical director to sit for my licensure exam for The State Of Tennessee.

Failure to meet objective(s) in the specified time frame will result in:

DISCIPLINARY ACTION

By my signature below, I affirm that I participated in the development of the above plan of action AND I agree to follow the IEP.

Student: ____________________________

Program Director: ______________________

SOUTHWEST TENNESSEE COMMUNITY COLLEGE
Paramedic Program
INDIVIDUALIZED EDUCATION PLAN
Class Year ____________
Please fill out this IEP

Individualized Education Plan (IEP)

For ______________________________

PRINT NAME

Date: ________________

Objective(s) for successful completion:

Follow all rules, regulations and essential standards of the Southwest Tennessee Community College Emergency Medical Technology and Paramedic Program. My date of completion is _______________. I agree to be completed with the entire program by this date. This means that I have completed ALL program requirements and have been cleared by the program director and medical director to sit for my licensure exam for The State Of Tennessee.

Failure to meet objective(s) in the specified time frame will result in:

DISCIPLINARY ACTION

By my signature below, I affirm that I participated in the development of the above plan of action AND I agree to follow the IEP.

Student: __________________________________________

Program Director: ________________________________
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC PROGRAM
CLASS YEAR_______

STATEMENT OF VERIFICATION

NAME__________________________________ DATE___________
PRINT

I HAVE SUCCESSFULLY COMPLETED THE FOLLOWING PROGRAMS

   Blood-Borne Pathogens: date completed ____________
   Hazardous Communication: date completed___________
   Confined Space: date completed_______________
   Lock-Out Tag Out: date completed_______________
   TCPS Orientation (HIPPA): date completed_____________

____________________________________
SIGNATURE
INJURY PREVENTION PROJECT

NAME OF PROJECT:
INJURY PREVENTION PROJECT

DATA GATHERED:
RESOURCES USED:

ANALYSIS:
PARAMEDIC INTERN NAME ______________________________________
DATE __________

INJURY PREVENTION PROJECT

TARGET INJURY POPULATION:
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC PROGRAM

PARAMEDIC INTERN NAME ________________________________________________
DATE __________________

INJURY PREVENTION PROJECT

INTERVENTION STRATEGIES:
INJURY PREVENTION PROJECT

IMPLEMENTATION PLAN:
INJURY PREVENTION PROJECT

COMMUNITY AGENCIES INVOLVED:
PARAMEDIC INTERN NAME______________________________

DATE ____________

INJURY PREVENTION PROJECT

ACTION PLAN:
INJURY PREVENTION PROJECT

LOCATION, DATE, AND TIME FOR ORIENTATION AND TRAINING OF AGENCIES INVOLVED
INJURY PREVENTION PROJECT

LOCATION, DATE AND TIME OF IMPLEMENTATION:

TYPE OF AUDIENCE INVOLVED:
INJURY PREVENTION PROJECT
EVALUATION OF IMPLEMENTATION:
1=POOR
2=SATISFACTORY
3=EXCELLENT
PLEASE PLACE YOUR SCORE BY IN THE BLANK BY THE NUMBER.

1. What is your score for this program?
REMARKS:

2. What is your score for implementation?
REMARKS:

3. How well was the program presented?
REMARKS:

4. How well did you understand the program?
REMARKS:

5. Overall Rating of the program.
INJURY PREVENTION PROJECT

DATE AND TIMES OF MONITORING THE PROGRAM:

WHAT HAVE YOU DONE TO CONTINUE TO SUPPORT THE PROGRAM?
PARAMEDIC INTERN NAME ________________________________
DATE __________

INJURY PREVENTION PROJECT

EVALUATION OF THE PROGRAM:
1=Poor needs total revision
2=Satisfactory but has weak areas for revision
3=Excellent needs no redevelopment at this time.

___1. This program is currently being used by the Community involved.

Remarks:

___2. This program has been successful since implementation.

Remarks:
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC PROGRAM

INJURY PREVENTION PROJECT

PARAMEDIC INTERN NAME_________________________________
DATE ___________

PROGRAM REVISION:
PARAMEDIC PROGRAM STANDARDS

CLINICAL JOURNAL ENTRY-PLEASE COMPLETE WEEKLY

NAME______________________________
WEEK______________________________
MONTH_____________________________
CLASS YEAR____________

JOURNAL ENTRY

INSTRUCTORS OR PROGRAM DIRECTOR MAY ASK FOR JOURNALS AT ANYTIME

ANALYSIS OF THE CLINICAL

WHAT WERE THE STRENGTHS OF THIS ROTATION:

WHAT WERE THE WEAKNESSES OF THIS ROTATION:

HOW COULD THIS ROTATION BE IMPROVED:
PARAMEDIC PROGRAM STANDARDS

PERSONAL JOURNAL ENTRY—PLEASE COMPLETE WEEKLY

NAME______________________________
WEEK______________________________
MONTH____________________________
CLASS YEAR___________

JOURNAL ENTRY

INSTRUCTORS OR PROGRAM DIRECTOR MAY ASK FOR JOURNALS AT ANYTIME

ANALYSIS OF THE WEEK:
SUBJECT MATTER:

FEELINGS

WHAT WERE THE STRENGTHS OF THE WEEK:

WHAT WERE THE WEAKNESSES OF THE WEEK:

GOALS FOR IMPROVEMENT:
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY AND FIRE SCIENCE
COMMUNITY SERVICE PROJECT

CLASS YEAR
NAME(S) OF STUDENTS PARTICIPATING

________________________________________

PROJECT NAME

________________________________________

DATE PERFORMED

________________________________________

Please explain your project:

________________________________________

________________________________________

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COMMUNITY PROJECT REPRESENTATIVE-PRINT NAME

________________________________________

SIGNATURE OF REP

70
INSTRUCTIONS:

Please go to the Jess Parrish Library and choose TWO articles from the Pre-Hospital Care Research Forum. If you have trouble finding this periodical, please go to the information desk. No two articles can be identical.
Name____________________________________________________
Date____________________

Research Article Review

Title of Article and Author:

Synopsis of Abstract:

Synopsis of Article:

Conclusions Reached:
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY AND FIRE SCIENCE
PARAMEDIC PROGRAM

RESEARCH ARTICLE REVIEW

Your viewpoint:
INSTRUCTIONS:

Please go to the Jess Parrish Library and choose two articles from TWO different EMS periodicals. One of the reviews must be adult based and the other must be pediatric based. If you have trouble finding these periodicals, please go to the information desk. Everyone must have a different article. Please submit the name of your article to me via e-mail.
Name _____________________________________________________
Date ______________________________

Article Reviews

Summer Semester

Title of Article and Author:

Synopsis of Abstract:

Synopsis of Article:

Conclusions Reached:
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY AND FIRE SCIENCE
PARAMEDIC PROGRAM

CLASS YEAR__________

RESEARCH ARTICLE REVIEW

Your viewpoint:
CASE REVIEW

PLEASE CHOOSE ONE OF YOUR CASES PER SEMESTER YOU HAVE WORKED AND COMPLETE THE FOLLOWING FORM. YOU WILL NEED TO CHOOSE A CASE FROM OBSERVATION, PARTICIPATION ROTATION AND TEAM LEAD ROTATION

CASE HISTORY:

TREATMENT PERFORMED:

WHY DID YOU CHOOSE THIS CASE?

WHAT DID YOU LEARN FROM THIS CASE?
*YOU MUST MEET WITH GLENN FAUGHT BEFORE REGISTERING*
SOUTHWEST TENNESSEE COMMUNITY COLLEGE
EMERGENCY MEDICAL TECHNOLOGY
PARAMEDIC PROGRAM
CLASS YEAR_____ 
STATEMENT OF AGREEMENT AND ACCEPTANCE OF POSITION-CONTRACTUAL AGREEMENT
FROM: GLENN FAUGHT-PROGRAM DIRECTOR
NAME: _____________________________
(Please print)
1. OFFICIALLY REGISTER FOR THE PROGRAM ON THE DATES PROVIDED BY THE COLLEGE CATALOGUE OTHERWISE YOU WILL BE STOPPED IN THE PROGRAM.
2. COME TO CLASS PREPARED AND READY TO PARTICIPATE WITH ALL DOCUMENTS REQUIRED IN THE PLAN OF COMPLETION AND INSTRUCTIONAL PLAN.
3. MINIMUM CLASS TIME OF 4PM AFTER 4PM WORKING ON SKILLS, COMPUTER LAB ASSIGNMENTS OR INSTRUCTOR COURSE WORK. IF I AM JUST SITTING AROUND, I WILL BE SUBJECT TO DISCIPLINARY ACTION.
4. WILL ABIDE BY INSTRUCTOR ATTENDANCE POLICY.
5. WILL ABIDE BY INSTRUCTOR LEAVE EARLY POLICY.
6. WILL ABIDE BY INSTRUCTOR TARDY POLICY.
7. MEET ALL CLINICAL ASSIGNMENTS, CLINICAL RULES AND REGULATIONS AND KNOW THAT CHANGES TO MY CLINICAL SCHEDULE MAY PUT ME BEHIND FROM THE PROJECTED DATE OF COMPLETION. COMPLY WITH ALL CLINICAL REQUIREMENTS, SCHEDULING AND ATTENDANCE. I WILL UNDERGO TWO BACKGROUND CHECKS WHICH I MUST PURCHASE.
8. COMPLY WITH ALL STANDARDS, RULES AND REGULATIONS TO INCLUDE BUT NOT LIMITED TO TESTING AND LICENSURE FEES.
9. BE CAPABLE OF SUDDEN CHANGES IN THE PROGRAM CRITERIA WITHOUT COMPLAINING.
10. MEET ALL REQUIREMENTS BY THE INSTRUCTOR, PROGRAM DIRECTOR, DEPARTMENT HEAD, DEAN, PROVOST, PRESIDENT, ACCREDITATION AGENCIES, STATE OF TENNESSEE EMS, MEDICAL DIRECTOR OR EMS BOARD.
11. AGREE TO FOLLOW THE CHAIN OF COMMAND.
12. BUY ALL TEXTS, EQUIPMENT AND SUPPLIES REQUIRED BY THE DEADLINE DATE INDICATED.
13. THERE MAY BE TRAVEL INVOLVED WITH VERY LITTLE NOTICE.
14. AGREE TO PAY ALL EXPENSES SOME WHICH MAY BE UNFORSEEN.
15. AGREE TO FOLLOW THE PLAN OF COMPLETION.
16. AGREE TO FOLLOW ALL RULES AND REGULATIONS IN THE PROGRAM ESSENTIAL STANDARDS, CLINICAL RULES AND REGULATIONS AND SOUTHWEST STUDENT HANDBOOK.
17. I HAVE READ AND UNDERSTAND THE PARAMEDIC ORIENTATION.
18. I KNOW THAT I MUST HAVE A CURRENT BASIC EMT TENNESSEE LICENSE, BASIC CPR HEALTHCARE PROVIDER STATUS AND KEEP IT CURRENT DURING THE ENTIRE PROGRAM.
19. I AGREE TO PROCEED WITH REGISTRATION AND UNDERSTAND THAT IF FOR ANY REASON I AM NOT ACCEPTED OR DECIDE NOT TO CONTINUE WITH THE PROGRAM, I MAY NOT BE REFUNDED ALL OF MY MONEY AND MAY IN FACT LOSE ALL OF MY REGISTRATION MONEY.
20. I UNDERSTAND THAT THIS PROGRAM HAS TECHNICAL STANDARDS AS DESCRIBED IN THE ORIENTATION THAT IS IN COMPLIANCE WITH ADA.
21. I UNDERSTAND THAT NO RECORDINGS IN ANY WAY ARE ALLOWED. THIS INCLUDES SOCIAL MEDIA.
22. I WILL TREAT THE CLASSROOM, CLINICAL AND FIELD ROTATIONS AS CONFIDENTIAL. I WILL NOT POST, TAKE PICTURES, USE ANY KIND OF MEDIA, USE ANY KIND OF RECORDINGS OR ANYTHING ON THE INTERNET OR OTHER TRANSMISSION DEVICES TO VIOLATE THE CONFIDENCES OF THE CLASSROOM, CLINICAL OR FIELD. THIS IS TO INCLUDE SOCIAL MEDIA.
23. I MUST PASS EMT 2030 WITHIN THE COLLEGE CALENDAR SCHEDULE OF MY ENROLLMENT TO PROGRESS TO TEAM LEAD. I WILL BE GIVEN ONE CHANCE TO SUCCESSFULLY COMPLETE. IF I DO NOT, I MUST REPEAT THE ENTIRE PROGRAM.
24. I MUST PASS EMT 2040 TEAM LEAD WITHIN THE COLLEGE CALENDAR SCHEDULE. IF I AM UNSUCCESSFUL, I WILL RECEIVE ONE CHANCE TO COMPLETE. IF I AM UNSUCCESSFUL I WILL BE REQUIRED TO REPEAT THE ENTIRE PROGRAM.
25. I MUST BE DEEMED COMPETENT BY THE FACULTY, PRECEPTORS, PROGRAM DIRECTOR, AND MEDICAL DIRECTOR.
26. I MUST UNDERGO AN EXIT PSYCHOLOGICAL INTERVIEW WITH THE PROGRAM PSYCHOLOGIST.

I HAVE READ AND AGREE TO ABIDE BY THE SOUTHWEST TENNESSEE COMMUNITY COLLEGE STUDENT HANDBOOK AS WELL AS ALL OF THE MATERIAL COVERED IN THE PARAMEDIC ORIENTATION PACKET INCLUDING MY DEADLINE FOR SUCCESSFUL COMPLETION IS BY STCC’S LAST DAY OF FINAL EXAMS FOR THE SECOND SUMMER SEMESTER. THIS MEANS ON THAT DATE I WILL BE SUCCESSFULLY COMPLETED AND SUCCESSFULLY OUTPROCCESSED FOR LICENSURE TESTING.

NAME_________________________________________ DATE_________________

SIGNATURE