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

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

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

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

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

Program Credentials
Franciscan Health Indianapolis has provided paramedic education since the early 1990’s. The program is accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The program meets or exceeds all standards set forth by the U.S. Department of Transportation, State of Indiana Department of Homeland Security, Committee on Accreditation of EMS Professions, American Academy of Pediatrics, American College of Emergency Physicians, and American Heart Association.
Section II – Fidelity to Our Mission

“Loyalty to and pride in the healthcare facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.”

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Program Goals

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

Course Description

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

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

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

Displaying a professional attitude toward patients, family members, instructors, preceptors, other students, hospital staff, and employees of the host departments and agencies is a basic expectation. Students will participate enthusiastically and actively seek out learning opportunities.
Classroom instruction consists of lecture presentations, learning activities, and labs. Classes are held primarily on Mondays and Thursdays from 0800-1200 and 1300-1600 hours. If variation in this schedule becomes necessary, students will be given reasonable notice of the exception. In the event of severe weather, students will be notified via Remind® messaging at least one hour prior to the scheduled start of class of a change in schedule. The schedule is divided into Terms which contain 2 modules (or topics). The primary text for the program is Nancy Caroline: Emergency Care in the Streets, 8th Edition. Textbooks are included in the cost of tuition.

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

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

The capstone field internship portion of the program may begin once the student has:

- academically passed all modules (including written exams, lab skills, and scenario competencies)
- completed the required clinical and field hours, patient assessments, and skills
  - with the exception of Special Patient Populations clinicals
- demonstrated competency in the affective domain

The Clinical Coordinator will meet with the student to ensure all goals have been met and, if so, formally transition the student into internship. The capstone field internship is a minimum of 120 hours and must include a minimum of 10 ALS team leads and successful leadership on 18 of the last 20 calls. The student must complete this phase in order to successfully complete the program.

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

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

Cognitive Domain

Preparation for Class

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

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

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

If further help is required, it is the student’s responsibility to schedule additional time or resources with staff. If further help is required, it is the student’s responsibility to schedule additional time or resources with staff.

Assignments are due by the start of class session on the due date.

Scoring and Passing

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

Quizzes

At the beginning of most classroom sessions, an individual and a group quiz will be given. Missed quizzes will not be made up. Any student arriving after the quiz has been handed out will not be allowed to take the quiz. Quizzes allow the learning activities to be student-lead. Students also benefit from peer learning, group learning, and interpersonal accountability.

Module Exams

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

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

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

Each student will reinforce minimal competencies (remediation) and this will be due one week from the day assigned. Thorough expectations regarding this process will be provided in class. Regardless of exam score, failure to submit an acceptable minimal competency reinforcement assignment constitutes failure of the module exam and will result in dismissal from the program. This assignment is an excellent study guide for the comprehensive final and National Registry exams.

Comprehensive Final Exam

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

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

Labs
Lab Procedures and Lab Expectations
Students will be provided with skills sheets prior to the lab. Student preparation requires studying the assigned skill sheets. The goal is to know the steps in the correct order without referring to the sheet before coming to lab. Skills tests are pass/fail. A minimum number of points are required while avoiding critical fail criteria for a passing attempt.

Students are expected to rigorously participate to the point of skill competence in the lab setting. While practicing skills, the student is encouraged to work with multiple peers in order to receive the best feedback. If further help is required, it is the student’s responsibility to schedule additional time with staff.

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

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

Peer Check-Offs
Students will be called upon to assess the skills performances of peers during skills labs. It is expected that students will give their full attention to this task and provide thorough and accurate documentation of skill performance in an effort to help their peer improve. A minimum number of peer check-offs will be required and must be completed prior to beginning instructor check-offs. A maximum of 5 attempts may be made for each required successful peer check-off.

Instructor Check-Offs
Students must demonstrate skill competency to instructors prior to being allowed to perform those skills in clinicals and field experiences. A maximum of 3 attempts may be made for each required successful instructor check-off. If a student fails twice at an attempted instructor check-off, the student will not be allowed a third attempt on the same day.

It is expected that all scheduled skills check-offs will be completed during the assigned term. If a student does not pass a skill during the term, the student will have failed the psychomotor portion of the term. The student will have until the end of the next term to remediate the needed skill(s) and be checked-off by an instructor in order to remain in the program. During this time, the student is expected to stay current with the skills in the new term.

Summative Integrated Scenarios
Summative integrated scenarios serve as the capstone assessment in the psychomotor domain. After passing every module, the student is eligible to take the summative integrated scenarios. These scenarios are conducted in the same fashion as the NREMT Integrated Out-of-Hospital Scenarios. Students are allowed a maximum of 3 attempts. If a student fails twice on the scheduled scenario examination day, the student will not be allowed a third attempt on that day. The one-time retest will be scheduled within 14 days of the original exam. Passing the summative integrated scenario is a requirement for successful completion of the program.

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

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

Scheduling

In most cases, students will schedule clinicals using the online scheduling tool. There are often deadlines for signing up in order to allow for coordination with the clinical/field site. Any failure to sign up by the deadline may result in a significant delay in scheduling the student for the clinical/field shift, as well as, disciplinary action for failing to meet expectations. Regarding field experiences, CAAHEP accreditation requires that students are functioning in the role of a student and not performing as an integral member of the healthcare team (meaning: the student must be the third person on the ambulance) in order to receive credit for the time and activities.

In order to make clinical opportunities available to every student, schedule changes are strongly discouraged. Once a clinical has been scheduled, failure to complete it will result in attendance points in accordance with the attendance policy. Scheduling can only be changed with clinical coordinator approval. Options for managing schedule changes:

- “Swap” - An equal trade of hours between students will not result in attendance points as long as both students complete the “swap” in the online scheduling tool and it is approved by an instructor.
- “Cover” – A giveaway of hours to another student will not result in attendance points as long as both students complete the “cover” in the online scheduling and it is approved by an instructor. Students must still remain within the guidelines for the term.
- “Drop” – An absence is a loss of an educational opportunity to all students and will result in attendance points in accordance with that policy. The student must request to drop the clinical in the online scheduling and send an email to the Clinical Coordinator explaining the reason. The student may be instructed to mark the shift as “absent” or “absent with permission”.

The instructor will make a determination from the information received whether a schedule change is to be allowed and whether an absence is unexcused.

As long as the online scheduling indicates that the student is scheduled for a shift, the student must report for the shift or will be considered absent under the attendance policy. If it is greater than 24 hours before the scheduled start of the shift, the student should contact the Clinical Coordinator regarding the absence. If it is less than 24 hours before the scheduled start and the student will be tardy or unable to attend, the student MUST do the following:

- Call the clinical/field site to cancel.
- Email the Clinical Coordinator explaining the absence and include the name of the person to whom they spoke at the clinical/field site.
- Reschedule the clinical within the same term if needed to meet the minimum guidelines.

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

Clinical/Field Documentation

Students will record all clinical and field experiences using the appropriate forms and on the online scheduling. HIPAA compliance requires the PHI sheet to be submitted prior to leaving the hospital. All other forms are to be submitted within 2 class days of the shift (the next class day is preferred). More detailed instruction on the required forms and manner of submission will be explained in class. Additionally, the student will make the appropriate entries in the online scheduling within 48 hours of the clinical (real-time data entry is preferred when possible). Failure to complete online data entry or turn in documentation on time will result in a loss of hours and skills for the shift and the student will be required to repeat it.
Proper documentation and data entry are crucial to receiving credit for experiences and fulfilling program requirements. In order to assist students in this process, the student must meet with the Clinical Coordinator after the first field shift before the student is allowed to go to additional field shifts. Shifts in the Emergency Department will be handled similarly with the student meeting with the Clinical Coordinator after either the first or second ED shift. The Clinical Coordinator will review the written and electronic documentation with the student to ensure it is being properly completed. Repeated problems with proper documentation may result in loss of credit for clinical hours, skills, and other experiences.

All performed skills and assessments must be documented using the online skills record (and in writing for clinicals). Failure to meet this requirement will be addressed under the academic honesty policy.

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

**Clinical and Field Experience Minimum Hours**
Clinicals are primarily held at Franciscan Health Indianapolis. Field experiences primarily take place at the Beech Grove Fire Department. The program may make formal arrangements for clinicals and field experiences at various sites.

A Clinical/Field Site Reference is provided for all clinical and field sites. It is the student’s responsibility to carry of copy of the appropriate site reference to every shift. The reference includes contact information, location details, dress requirements, and goals.
To successfully complete the clinical portion of the course, the student must meet 100% of the lab goals, clinical hours and skills minimums and demonstrate entry-level competence. Each student is responsible for monitoring the status of their clinical and field experience requirements in the online skills tool, specifically the “Graduation Goals Report” set to the 2018 Franciscan Health Indianapolis program requirements as well as the “Skills Report”. If further help or hours are required, it is the student’s responsibility to request assistance from staff or schedule extra hours. Students are required to complete following hours (at a minimum):

**Program Experiences**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Hours</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit and Review</td>
<td>8</td>
<td>Cardiac Care Unit</td>
</tr>
<tr>
<td>EMS Electives</td>
<td>24</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>Spiritual Care Services</td>
<td>4</td>
<td>Trauma</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>184</td>
<td>Labor and Delivery</td>
</tr>
<tr>
<td>Field Experiences*</td>
<td>252</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Surgery</td>
<td>16</td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Respiratory Care Services</td>
<td>16</td>
<td>Hospice (if available)</td>
</tr>
<tr>
<td>Cardiac Catheterization Lab</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**Capstone Experiences**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLS</td>
<td>16</td>
</tr>
<tr>
<td>PALS</td>
<td>16</td>
</tr>
<tr>
<td>ITLS</td>
<td>16</td>
</tr>
</tbody>
</table>

*No less than 67% must be completed at the Beech Grove Fire Department.
*Internship MUST be completed at the Beech Grove Fire Department.

Clinical and Field Experience Minimum Skills

Students are required to document successful completion of the following minimum numbers of skills:

<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Minimums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Access</td>
<td>75</td>
</tr>
<tr>
<td>Blood Draw</td>
<td></td>
</tr>
<tr>
<td>IV Initiation</td>
<td></td>
</tr>
<tr>
<td>IV with Blood Draw</td>
<td></td>
</tr>
<tr>
<td>IO Initiation</td>
<td></td>
</tr>
<tr>
<td>Medication Administration</td>
<td></td>
</tr>
<tr>
<td>Injections (IM, SQ)</td>
<td>5</td>
</tr>
<tr>
<td>Intranasal (IN)</td>
<td>3</td>
</tr>
<tr>
<td>Aerosolized/Neb</td>
<td>10</td>
</tr>
<tr>
<td>Oral</td>
<td>10</td>
</tr>
<tr>
<td>Sublingual</td>
<td>5</td>
</tr>
<tr>
<td>IVPB</td>
<td>5</td>
</tr>
<tr>
<td>IV Push (Excludes fluid bolus)</td>
<td>20</td>
</tr>
<tr>
<td>OB Vaginal Delivery (observed)</td>
<td>2</td>
</tr>
<tr>
<td>Airway Management</td>
<td>50</td>
</tr>
<tr>
<td>Ventilation</td>
<td>20</td>
</tr>
<tr>
<td>Endotracheal Intubation</td>
<td>8</td>
</tr>
<tr>
<td>BLS Team Leads</td>
<td>20</td>
</tr>
<tr>
<td>ALS Team Leads</td>
<td>20</td>
</tr>
<tr>
<td>ALS Team Leads-Internship</td>
<td>10</td>
</tr>
<tr>
<td>Patient Assessment by Age:</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>50</td>
</tr>
<tr>
<td>Geriatric</td>
<td>30</td>
</tr>
<tr>
<td>Pediatric</td>
<td>30</td>
</tr>
<tr>
<td>Patient Assessment by Complaint:</td>
<td></td>
</tr>
<tr>
<td>H/A, Blurred Vision</td>
<td>5</td>
</tr>
<tr>
<td>Dizziness</td>
<td>5</td>
</tr>
<tr>
<td>Pediatric Dyspnea</td>
<td>8</td>
</tr>
<tr>
<td>Weakness</td>
<td>5</td>
</tr>
<tr>
<td>AMS</td>
<td>20</td>
</tr>
<tr>
<td>Adult Dyspnea</td>
<td>20</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>20</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>30</td>
</tr>
<tr>
<td>Change in Responsiveness</td>
<td>10</td>
</tr>
<tr>
<td>Patient Assessment by Impression:</td>
<td></td>
</tr>
<tr>
<td>CVA</td>
<td>8</td>
</tr>
<tr>
<td>Psych</td>
<td>20</td>
</tr>
<tr>
<td>Medical</td>
<td>5</td>
</tr>
<tr>
<td>Cardiac</td>
<td>20</td>
</tr>
<tr>
<td>OB</td>
<td>10</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>5</td>
</tr>
<tr>
<td>Neuro</td>
<td>5</td>
</tr>
<tr>
<td>OB</td>
<td>10</td>
</tr>
<tr>
<td>Abdominal</td>
<td>5</td>
</tr>
<tr>
<td>Trauma</td>
<td>40</td>
</tr>
<tr>
<td>Respiratory</td>
<td>20</td>
</tr>
</tbody>
</table>

1. Must hit eureka point by the 50th attempt or remediate the skill in the lab before more attempts are made. Competence must be maintained after eureka point.
2. Must have at least 5 in each category except IO (no minimum).
3. Total attempts at all age levels in lab, clinical, and field settings. To demonstrate competence, 90% success rate on the last 10 attempts is required.
5. May be observed, but the student must participate in some way (i.e. compressions, ventilations)
Performing ALS Skills
Skills will be taught in class/lab and students must demonstrate cognitive, psychomotor, and affective competence in the lab/classroom setting prior to performing the skill in the clinical setting. Once the student is cleared to perform the skill in the clinical setting, the instructor will appropriately mark the student’s “Paramedic Student Skills Passport”. Skills will only be performed under supervision of an instructor in the classroom setting, then under supervision of a preceptor in the clinical/field setting. Students may not practice ALS skills in any other setting (such as unsupervised study session or down time at work).

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

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

Team Leads
Team leads are earned when the student demonstrates the ability to communicate effectively with team members, correctly interpret assessment findings, determine an appropriate treatment plan, and communicate empathetically with the patient and others. Students may not earn a team lead for patient conditions which exceed the student’s knowledge at any given point in class.

A minimum of 10 team leads for patients requiring BLS care must be recorded prior to attempting ALS team leads. When a student believes a team lead is warranted, the student will mark it as such in while entering data. The field preceptor has the right and responsibility to review the call and verify the team lead or remove it depending upon the student’s performance on that call. A BLS team lead cannot be earned on an ALS call.

Students must demonstrate continuing improvement in Team Leadership from the start of the program with the expectation that the student will be leading BLS calls 90% of the time during Terms 3 and 4.

Internship
During internship, the student is functioning as the paramedic on the crew while still under the supervision of a paramedic preceptor. Internship expectations are outlined in the internship handbook.

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

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

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

Affective Domain

Professional Behavior and Attitude

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

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

Ethical Care

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

Academic Honesty

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

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

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

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

Academic Counseling Sessions

At the end of each term, instructors will meet with every student to discuss progress in the class. When the student’s performance is below expectations, formal counseling sessions will be scheduled to address the concerns. Attendance at these sessions is mandatory for successful completion of the program.

FERPA

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

Communication Expectations

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

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

Professional appearance is an expectation in the healthcare field. Out of respect for our patients and our professional colleagues, adherence to the following dress and appearance policy is required. Students not in compliance with this policy will be dismissed from the classroom, clinical, or field shift and receive the appropriate attendance points.

General Expectations in All Settings

1. Student ID badge issued by the hospital will be worn no lower than the chest pocket level. Both the student ID badge and uniform must only be worn/used when in the role of a student. The uniform shirt must only be worn when in full uniform compliance.
2. Hair must be clean and neatly trimmed. Hair that is shoulder length or longer will be pulled back and restrained in an understated manner. Extreme hairstyles or colors are not permitted.
3. A clean-shaven face is preferred. Unshaven facial hair must be neatly trimmed and a minimum ¼”.
4. Piercings are defined as any opening in the skin which contains an object. Conservative ear piercing is acceptable (e.g. 2 small piercings per ear.) Any other ear, nose, face, or other body piercing that may be visible must be removed. Ear gauging is not permitted.
5. Tattoos, regardless of the image portrayed, must not be visible at any time. Tattoos must be covered in a manner approved by the instructor.
6. Fingernails will be kept neatly trimmed and clean. The length shall be reasonable for working with EMS equipment. Acrylic nails are not acceptable. Colors and designs must not be distracting.
7. Jewelry should be kept to a minimum to limit loss and promote safety. It must not detract from a professional appearance. Two rings (an engagement ring and wedding band count as one ring), and one watch are acceptable. Necklaces must be tucked into the t-shirt. Bracelets and rings must be non-porous.
8. Students will perform routine hygiene to include, at minimum: showering/bathing with soap, shampooing hair, and use of deodorant.
9. Due to sensitivities patients and team members may have, use of colognes, perfumes, or other scented body products should be kept to a minimum.

Classroom, Lab and Field Settings

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

Clinical Setting

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

While every effort has been made to make the dress and appearance expectations as objective as possible, there remains a degree of subjectivity. In such cases, the instructor shall make the final determination about the appropriateness of the student’s dress and appearance.
Contaminated Uniforms
Students are expected to anticipate the need for and utilize PPE appropriately to prevent contamination of uniforms. Should any garment become contaminated, the student is responsible for decontamination and changing uniforms. Students should carry a second uniform in their vehicle in the event a mid-shift change is required.

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

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

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

Terms
- Absence is defined as any missed classroom, clinical, field or other required activity, with appropriate notice given.
- Unexcused absence is defined as any missed classroom, clinical, field or other required activity, without appropriate notice given.
- Incomplete attendance is defined as arriving late for, leaving early from, not being prepared to begin at the scheduled start of, or falling asleep during of any classroom, clinical, field, or other required activity. Failure to sign the roster (including time of arrival) will also be counted as incomplete.
- Appropriate notice for non-clinical activities is defined as sending an email to the instructor prior to the start of the session. It is not adequate to call or text the instructor when the instructor is preparing to begin the session.
- Appropriate notice for clinical and field shifts is defined as calling the clinical site, sending an email to the clinical coordinator prior to the start of the clinical, AND rescheduling the clinical within the same term if needed to meet term guidelines.

Policy
- Occurrences of absence, unexcused absence, and incomplete attendance will be recorded using the following point system:
  - Absence = 1 point per day
  - Unexcused Absence = 2 points per day
  - Incomplete Attendance = ½ point per occurrence
- Consequences for excessive occurrences during Precourse are as follows:
  - 1 points = Written warning
  - 2 points = Final warning and notification
  - 3 points = Dismissal from the program
- Points reset at the start of Term 1. Consequences for excessive occurrences during the program are as follows:
  - 5 points = Written record of verbal counseling
  - 6 points = Written warning
  - 7 points = Final warning and notification
  - 8 points = Dismissal from the program

Updates on attendance points will be made at each academic counseling session. Steps in this process may be skipped if the student accumulates multiple points within one term.

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

When the student is attending a clinical or other activity that is not on hospital grounds, the student will use tobacco only in accordance with the regulations of that facility.
Use of Cell Phones
- Classroom Setting - Cell phones are to be silenced and put away during class time. No feature of the phone will be used during class (unless specific permission is given). Students looking at their phones during class will be subject to progressive disciplinary action. Students looking at phones during a quiz or exam will receive a zero.
- Clinical Setting - Cell phones are to be powered off or set to silent (not vibrate) AND stored with the student’s personal belongings. These devices may NEVER be at the patient’s bedside.
- Field Setting - Cell phones are to be set to silent or vibrate. No feature of these devices is to be used when the student is with a patient.

Use of Other Electronic Devices
- Classroom/Lab Setting – A laptop or a tablet is required in the classroom and lab settings. Devices may be used for taking notes or when directed by the instructor as part of the educational activity. Use of devices for other purposes in the classroom is prohibited and will result in disciplinary action. The device must be silenced during class time. During quizzes and exams devices must be powered off. Students looking at devices during a quiz or exam will receive a zero. Watches must not be worn during testing. Devices may not be used for non-educational activities such as social media. Devices will often be used for data-entry in the lab setting.
- Clinical Setting – Devices are not to be brought to the clinical site.
- Field Setting - Devices may only be used for data-entry when the student is with a patient.

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

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

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

Re-entry into the Program
Students who left the program due to academic reasons or withdrew for personal reasons may return the following year by giving notification by July 1st of their intention to return.

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

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

Disciplinary Action
Students are expected to know and understand the material in this Course Policy Manual as well as the instructions given by education staff and clinical preceptors. When a student fails to follow these expectations, it becomes necessary to discipline the student in an attempt to develop professionalism. The disciplinary process is as follows:
1. Verbal counseling from a member of the education staff with written record
2. Written warning from a member of the education staff
3. Final warning from a member of the education staff
4. Dismissal from the program
While the steps of this process will generally be followed, the education staff reserves the right to skip any or all steps in the case of more serious offenses. Examples of offenses that may warrant an accelerated disciplinary response would be:

- Abusive or inconsiderate behavior toward others
- Insubordination
- Violation of the “Use of Drugs, Alcohol, and Medications” policy
- Theft
- Gambling
- Fighting or other disorderly conduct
- Willful destruction of hospital or clinical site property
- Abusive or grossly offensive language
- Gross negligence or carelessness that may result in injury to self or others
- Academic dishonesty as defined earlier in Section IV
- Unauthorized access to or disclosure of confidential information (PHI)
- Any behavior that would reflect adversely on the program or the hospital
- Harassment, sexual or otherwise
- Failure to comply with Standard Precautions
- Possession of weapons on hospital or clinical site property
- Any other serious breach of good conduct

Use of Drugs, Medications, and Alcohol

Franciscan Health Indianapolis has a strong commitment to provide a safe environment for its students. For that reason the use, sale, purchase, transfer, possession or presence in one’s system of any substance (except medications as prescribed by a licensed physician), including alcohol, by any student while on Franciscan Health Indianapolis premises, clinical or field site, or any Franciscan Health Indianapolis EMS Education event is strictly prohibited. Being under the influence of any substance which may create a safety hazard or significant distraction to the educational setting is therefore prohibited by this policy. A testing program is in place to address issues of possible non-compliance of this policy. Any student who is found to be in violation of this policy will be dismissed from the program. The procedure is as follows:

- The Working Well is responsible for testing, collection of samples, breath alcohol measurements and the medical review of all results. In addition, Working Well is responsible for all testing procedures and records.
- The following is prohibited:
  a. Use of any substance which may create a safety hazard or significant distraction to the educational setting
  b. Having a breath test result that equals or exceeds 0.02
  c. Consuming alcohol within four (4) hours prior to class, reporting to a clinical or field rotation, or any EMS Education event
  d. Using alcohol at any EMS Education event, class, clinical or field site
  e. Exhibiting inappropriate, unsafe, or distracting behavior
  f. Refusing to be tested, including adulteration or substitution of a sample.
  g. Failing to cooperate with testing process.
- Testing will be conducted for the presence of the following substances:
  a. Alcohol
  b. Opiate Metabolites
  c. Amphetamines
  d. Cocaine
  e. Marijuana
  f. Phencyclidine (PCP)
- Reasonable suspicion
  a. If a student is displaying behavior consistent with being under the influence of any substance which may create a safety hazard or significant distraction to the educational setting or is otherwise demonstrating conduct which may be in violation of this policy, the Instructor, in concurrence with another member of the EMS Staff or hospital supervision, will require that the student submit to testing.
  b. Any student who refuses to submit to a request to test will be dismissed from the program. Refusal includes failure to report in a timely manner to a designated testing site, failure to execute all required test documents, failure to provide a specimen, submission of an adulterated specimen or submission of a substituted specimen. Any student who refuses to comply with testing or who fails to cooperate in the testing process will be dismissed from the program. This includes adulteration or substitution of samples.
  c. Any student who is found to have violated this policy will be dismissed from the program.
Grievance Procedure
If a student is dismissed from the program for academic reasons, there is no grievance option. A student who is disciplined or dismissed from the program for non-academic reasons may utilize the following process to grieve this action:

1. **Step One** – The student will present the grievance in writing to the EMS Educator (Program Instructor) within 2 business days of the dismissal. The EMS Educator will respond to the grievance in writing within 2 business days of receipt of the written grievance.

2. **Step Two** – If the student is not satisfied with the outcome of Step One, the student may file the grievance in writing within 2 business days to the Program Director. The Program Director will respond in writing within 4 business days of receipt of the grievance.

3. **Step Three** – If the student is not satisfied with the outcome of Step Two, the student may file the grievance in writing within 2 business days to the Program Dean. The Program Dean will respond within 4 business days of receipt of the grievance.

4. **Appeal** – If the student is not satisfied with the outcome of Step Three, the student may make a final appeal to the Medical Director of the program. The final appeal must be made within 2 business days. The Medical Director will respond in writing within 10 business days. The decision of the Medical Director is final.

While in the grievance process, the student will typically be allowed to attend class and take quizzes and exams pending the outcome of the appeal process. Students will not be allowed to participate in clinicals or field shifts during the grievance process. A student who is reinstated in the class through the grievance process will be allowed a reasonable amount of time to make up any missed clinicals, usually the same amount of time as the grievance process.
Section V – Christian Stewardship

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

Tuition
Tuition is due according to the payment schedule. The pre-course payment is due the first day of class, subsequent payments are due in November, January, and March. Tuition payments are non-refundable. A late fee of $15 will be assessed for payments 1-7 days late. A late fee of $25 will be assessed for payments 8-14 days late. For the second and any additional late payments, the fee will be $25 beginning on the first day of lateness. Late payments will also result in any discounts being voided.

Total cost for the pre-course and program is $5,200 (plus $50.00 application fee), which includes all entrance testing, tuition, required textbooks, uniforms, sub-courses, lab supplies, and supplemental materials. Tuition does not include the costs associated with certification (testing fees). Nor does it include: uniform pants, belt, boots, or coat.

Students who were awarded scholarships by Franciscan Health Indianapolis in the application process will have their final payment reduced by the amount of the scholarship. Discounts are available as outlined in the application for the course.

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

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

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

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

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

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

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

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