



EMSP 1260.101CL
Clinical-Emergency Medical Technician
Summer 2024
Time/Days TBD

Instructor: Esthela Ortiz-Quintanilla, eortiz3@com.edu

Clinical Coordinator: Karl Moore, kmoore19@com.edu, 409-933-8155

Office Numbers: 409-933-8934 (Program Director)

*Clinical coordinator OR Program Director should be contacted in case of emergencies during clinical shifts. All other questions or concerns should be addressed with Ms. Ortiz.

Communicating with your instructor: ALL electronic communication with the instructor must be through your COM email. Due to FERPA restrictions, faculty cannot share any information about performance in the class through other electronic means.

Student hours and location: by appointment ONLY. Email Ms. Ortiz to set up.

Notice to Students Regarding Licensing: Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements:

<http://www.dshs.state.tx.us/emstraumasystems/qicriminal.shtm?terms=criminal%20background>

Should you wish to request a review of the impact of criminal history on your potential EMT Certification prior to or during your quest for a degree, you can visit this link and request a “EMS Criminal History Pre-Screening”<http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.

Required Textbook: None

Course Description: A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. As outlined in the learning plan, students will apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry; and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry. This is an unpaid external learning experience. Instructor approval required.

Course requirements: EMT Clinical students must also be enrolled in EMSP 1501 or equivalent and in the didactic course to attend and remain active in clinicals. Additionally, the following minimums are required:

- **Hospital Clinical Experience (Clinicals)**

24 hours ***minimum***: May be ER, Pediatric, or OB Rotation
Document ALL patients – assess as many patients as possible!

Field Clinical Experience (EMS Rotations)

72 hours ***minimum*** via varying shift hours (primarily 12 hr. shifts)
Document ALL Transports and REFUSALS (Dead-on-Scene and Lift Assists do not count as a transport/refusal) ALL reports require PCRs + narratives for Transports and Refusals
Additional hours may be adjusted and/or required based on needs assessment

- **Orientation** **8 hours on 06/08/2024 MANDATORY ATTENDANCE**
0800-1700, COM Campus, PSC 123
- **Documentation Workshop** **6/13/2024 @ 1300-1700**

Practice Ambulance and Hospital Documentation:
Due Date: 6/17/2024 by 0800 hours for ALL Students

Total: 96 hours minimum hours including competency required for students in all areas.

All patient care reports require a narrative.

Evaluations for each site visit must be completed by the student.

FISDAP evaluation requirements:

- Daily Field Student self-evaluation: Student evaluates their own performance
 - Daily Field Preceptor evaluation of student: Preceptor evaluates student
 - Preceptor evaluation: the STUDENT evaluates their preceptor
 - Professional Behavior evaluation: Preceptor evaluates student professionalism
 - Site evaluation: for all field/hospital sites, student evaluates the site
- ***For EACH missing evaluation, 5 pts will be deducted from overall grade for that shift***

Be in full uniform, be early, and be a Professional Healthcare Provider.

Determination of Course Grade/Detailed Grading Formula:

Patient Care Data & Information Reports (PCRs) with narratives (whether paper or electronic) ARE THE CLINICAL COURSE PERFORMANCE EXAMINATIONS – included in the overall course grade (but not limited to), are the following documents: ALL FISDAP evaluation forms (see previous page). Clinical reports are not to be done as a group project, as they are strictly required to be done on an individual basis as an exam submitted for a grade.

ALL competencies for level of training must be met in order to qualify for a Course Completion Certificate necessary for National Registry examination authorization. If ANY clinical course competency is not met, the result will be a 100% overall course grade point deduction and a grade of “F” earned in the clinical course.

1. ****Professionalism & adherence to clinical policies/procedures– 30 %**
2. ****Clinical Documentation – Forms, PCRs & Narratives - Comprehensiveness/Accuracy – 50%**
3. **** Practice documentation, quizzes, critical thinking/problem-based learning activities - 20%**
 - a. **EMSP 1260 (Basic Clinicals) Weekly Due Day/Time/Rules:**
 - i. **EMT-Basic Clinical Documentation is 24 hours post rotation.**
 - ii. **A copy of the FISDAP *detailed shift report* should be turned into clinical box the class period after the 24 hour deadline.**
 - iii. **Failure to submit clinical documentation on time will result in a 100% grade point deduction for the report(s) resulting in a ZERO.**
 - iv. **Since clinical documentation reports are Clinical EXAMS and ample time is allowed for completion of documentation, there is NO LATE SUBMISSION of clinical documentation.**
 - v. **Clinical documentation can be submitted for grading *prior* to the specific due dates.**
 - vi. **ANY missing **PRECEPTOR** signatures on any clinical document submitted for grading will be assessed a 100% grade point deduction for the report(s) resulting in a ZERO.**
4. **BOTH Practice Documentation assignments are due as per the instructions above.**
 - a. **Other milestone due dates may be provided by the individual Course Instructor.**
5. **Additionally, there may be requirements which are “mandatory” but may not directly calculate into the students’ grade. If mandatory items are not completed, the student will receive an “F” in the class. Examples of mandatory items may include a special report associated with a particular rotation or disciplinary writing assignments. Any mandatory items will be conveyed in writing with student signature of receipt.**

***Specific guidelines as to how each category score is determined and how points are accumulated or lost will be provided by the individual Instructors as applicable.*

Course outline:

- **6/08/2024:** Clinical Orientation, attendance **REQUIRED (mandatory, no exceptions)**
- **6/13/2024:** Clinical Documentation Workshop – (attendance required)
- **6/14/2024:** Pre-Clinical Requirements Uploads via *FISDAP* are **DUE no later than 1700 hours.**

- **TBD:** Clinical Rotations to be assigned by Clinical Coordinator based on clinical supervisor scheduling and affiliate shift accommodation. Availability must be at least 3 days per week. Rotations will be assigned based on aggregate student population numbers and available shifts per the affiliates.

Attendance Policy: *As if it is your job.* There are **no excused absences** for clinical time.

- For every clinical you are required to report to your Clinical Supervisor/EMS Preceptor fifteen (15) minutes before the scheduled start time to be in attendance for the pre-clinical briefing.
- If a student cannot make a scheduled clinical, they should notify their Clinical Lead Instructor and Clinical Director **by EMAIL** up to the morning of the clinical.
- If a student fails to show up at a clinical **WITHOUT** email notification prior to start time will result in termination of ALL clinicals pending review. Remember, this is your “job” where you may be “fired” for poor performance.
- **NO SHOW - UNEXCUSED ABSENCE/DISMISSAL:** The schedule will be adjusted accordingly for the date missed, and ANY other scheduled rotations will show “PENDING” until a disciplinary meeting with Clinical Director and/or Program Director has been completed. This will, at minimum, result in a grade reduction of 10 points (a full letter-grade) off your final grade and ten (10) DAV’s.
- Absences due to a **NO-SHOW** or **Dismissal** from a clinical rotation may require the purchase of Continuing Education (CE) hours, and/or an Incomplete Contract as well as grade point reductions and DAV’s.
- Tardiness can result in dismissal from clinical site, a grade drop of 10 points (a full letter grade) off your final grade and DAVs.

Make-Up Policy: **There are no excused absences for mandatory sessions or clinicals. Re-scheduling may occur at the discretion of the Clinical Director, depending on circumstances.**

Academic Dishonesty: Academic dishonesty *will not* be tolerated within the College of the Mainland EMS Program. Disciplinary action will include, but is not limited to, recording a “0” for the assignment. Dismissal is likely in incidents of cheating or falsification of clinical documents. *NOTICE: Falsification of any program document is grounds for immediate dismissal and may result in a report of all personnel involved under Texas Administrative Code RULE §157.36.*

Plagiarism: Plagiarism is using someone else’s words or ideas and claiming them as your own. Plagiarism is theft and a very serious offense. Plagiarism includes paraphrasing someone else’s words without giving proper citation, copying directly from a website and pasting it into your paper, using someone else’s words without quotation marks. Any assignment containing any plagiarized material will receive a **grade of zero** and the student will be referred to the Office of Student Conduct for the appropriate discipline action.

Student Concerns: If you have any questions or concerns about any aspect of this course, please contact me using the contact information previously provided. If, after discussing your concern with me, you continue to have questions, please contact Interim Program Director Gary Staudt at 409-933-8934/ gstaudt@com.edu.

Required Syllabus Reference: The EMSP faculty encourages students to problem-solve, work as a team, and utilize available resources. Additionally, the Course Syllabus is SPECIFICALLY written FOR STUDENT REFERENCE. If, after checking the syllabus, you feel your questions are not addressed, please contact your Clinical Lead instructor for further guidance.

EMS Chain of Command: In order to develop workforce-related professional skills, we employ Chain of Command policies similar to those seen in the workplace.

1. If you have a problem or question, ***first consult the syllabus***.
2. Verbally discuss the issue with the Clinical Lead Instructor, Esthela Ortiz-Quintanilla.
 - a. Follow up with an email to the Clinical Instructor summarizing the meeting and your understanding of the outcomes.
 - b. If you were dissatisfied with the outcome, proceed to Step 3.
3. Forward your summary of initial meeting to the Program Director (Gary Staudt, gstaudt@com.edu, 409-933-8934). You should also state your desired outcome and justifications for that outcome.
 - a. You will likely be asked to meet in person with the Program Director.
 - b. As before, prepare a follow-up email summarizing the outcome of the meeting.
 - c. If you are dissatisfied with the outcome, you should proceed with Step 4.
4. Forward your summary of initial meeting to the Department Chair (R.E. Davis, rdavis29@com.edu, 409-933-8313) and the Program Director. You should also state your desired outcome and justifications for that outcome.
 - a. You will likely be asked to meet in person with the Department Chair.
 - b. As before, prepare a follow-up email summarizing the outcome of the meeting.
 - c. If you are dissatisfied with the outcome, you should refer to the Student Handbook for next steps. https://com.edu/student-services/docs/Student_Handbook_2023-2024_v3.pdf

****NOTE:** This process is not meant to be a barrier to you, but instead to provide the following benefits:

- preparation for the workforce
- proper complaint/incident process
- practice in professional documentation
- ensures that issues are managed as close to the source as possible.

Student Learner Outcome	Maps to Core Objective	Assessed via this Assignment
1. Cognitive: Students will be able to apply the life-saving knowledge they learned in the EMT-Basic course in the clinical/field setting.	Critical Thinking: to include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information.	Student Evaluation form submitted with each clinical attendance.
2. Psychomotor: Students will be able to apply the life saving techniques they learned in the EMT-Basic course in the clinical/field setting.	Empirical and Quantitative Skills: to include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions.	Student Evaluation form submitted with each clinical attendance.
3. Affective: Students will display the proper attitude expected of an EMT-Basic.	Teamwork: to include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal	Student Evaluation form is submitted with each clinical attendance.

Grade Appeal Process: Concerns about the accuracy of grades should first be discussed with the instructor. A request for a change of grade is a formal request and must be made within six months of the grade assignment. Directions for filing an appeal can be found in the student handbook https://www.com.edu/student-services/docs/Student_Handbook_2023-2024_v2.pdf. An appeal will not be considered because of general dissatisfaction with a grade, penalty, or outcome of a course. Disagreement with the instructor's professional judgment of the quality of the student's work and performance is also not an admissible basis for a grade appeal.

Academic Success & Support Services: College of the Mainland is committed to providing students the necessary support and tools for success in their college careers. Support is offered through our Tutoring Services, Library, Counseling, and through Student Services. Please discuss any concerns with your faculty or an advisor.

ADA Statement: Any student with a documented disability needing academic accommodations is requested to contact Kimberly Lachney at 409-933-8919 or AccessibilityServices@com.edu. The Office of Services for Students with Disabilities is located in the COM Doyle Family Administration Building, Student Success Center.

Textbook Purchasing Statement: A student attending College of the Mainland is not under any obligation to purchase a textbook from the college-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.

Withdrawal Policy: Students may withdraw from this course for any reason prior to the last eligible day for a "W" grade. Before withdrawing students should speak with the instructor and consult an advisor (Greg Benefield: gbenefield1@com.edu 409-933-8641). Students are permitted to withdraw only six times during their college career by state law. The last date to withdraw from the 1st 5-week session is July 1. **The last date to withdraw from the 160week session is July 30.** The last date to withdraw for the 2nd 5-week session is August 2.

FN Grading: The FN grade is issued in cases of *failure due to a lack of attendance*, as determined by the instructor. The FN grade may be issued for cases in which the student ceases or fails to attend class, submit assignments, or participate in required capacities, and for which the student has failed to withdraw. The issuing of the FN grade is at the discretion of the instructor. The last date of attendance should be documented for submission of an FN grade.

Early Alert Program: The Student Success Center at College of the Mainland has implemented an Early Alert Program because student success and retention are very important to us. I have been asked to refer students to the program throughout the semester if they are having difficulty completing assignments or have poor attendance. If you are referred to the Early Alert Program you will be contacted by someone in the Student Success Center who will schedule a meeting with you to see what assistance they can offer in order for you to meet your academic goals.

Resources to Help with Stress: If you are experiencing stress or anxiety about your daily living needs including food, housing or just feel you could benefit from free resources to help you through a difficult time, please click here <https://www.com.edu/community-resource-center/>. College of the Mainland has partnered with free community resources to help you stay on track with your schoolwork, by addressing life issues that get in the way of doing your best in school. All services are private and confidential. You may also contact the Dean of Students office at deanofstudents@com.edu or communityresources@com.edu.

Additional Guidance—EMSP Courses

Exceptions to ANY guideline or policy: If you would need to request an exception to any guideline in the syllabus, submit:

- A **written request** for an exception
- Justification—why should you get an exception. This should be a comprehensive explanation.
- The request details what you **HAVE** done to avoid needing the exception
- The request states/illustrates why you “**deserve**” the exception
- If you are requesting a deadline exception, give your proposed completion deadline and why that one will be achievable
 - **IMPORTANT NOTE:** once you are more than 60 days past your class Final Exam (for ANY reason), **you will be required to successfully pass a Competency Exam** to prove you have retained the information **prior to being awarded a Course Completion**

*****This DOES NOT guarantee that your request will be granted*****

Methods: EMS professionals require a significant knowledge to be effective. To be an EMS professional, you must also learn to *do* what EMS professionals do. Clinical Supervisors and EMS Preceptors will provide guidance during clinical rotations. **Requirements listed herein are considered MINIMUMS and may be expanded on a case-by-case basis to ensure well-rounded clinical experience.**

Stressful events on rotations:** Public service careers of any type require **exceptional mental clarity and stability**. Students **WILL** be exposed to real-life situations which would be distasteful or even disturbing to the average college student. Students should carefully consider this possibility prior to engaging in clinical rotations. Some situations are, in fact, disturbing to all involved regardless of training or experience. **Should you have a clinical experience which leaves you “unsettled” or even obviously distressed, PLEASE SEEK GUIDANCE from your Clinical Team Members or any faculty member with whom you feel comfortable.

We have ALL been there at least once before. Seeking help does not reflect poorly—rather, it is a statement of maturity and self-awareness. LET US HELP YOU.

IMPORTANT: Eligibility for an occupational license may be impacted by one’s criminal history. Students with a criminal history should confer with faculty or the department chairperson. Students have a right to request a criminal history evaluation letter from the applicable licensing agency.

EMSP Conduct Requirements

Warning/Dismissal

A professional attitude and dress are expected at all times. Students should approach their clinical rotations with the same expectations of a job. If a student repeatedly acts in an unprofessional manner, does not wear the proper uniform and / or is late to clinicals, that student can be “fired” from clinicals in the form of receiving a failing grade for the course.

1. Failure to act in a *professional manner* will result in dismissal from the rotation site and, depending

- on the infraction, either a written warning or dismissal from the course.
2. Accumulation of 15 DAV's results in clinical suspension. Twenty DAV's constitute grounds for dismissal.
 3. Students may be dismissed from the course for:
 - Any behavior/action that is unsafe or if any of your actions place the patient in emotional or physical jeopardy or if the clinical site refuses to allow the student to return.
 - Performing interventions without proper authorization, outside your skill level, or refusing to perform a skill/task within your skill level.
 - Forging any internship documents. (This include creating bogus reports, forging the EMS Preceptor's signature, incorrect hours of attendance or any statements that are untrue)
 - Any behavior judged "unbecoming" of an EMS Professional.
 - Comments made on the Student Evaluation Forms will be brought to the attention of the student. Failure on the part of the student to correct unacceptable behaviors may result in dismissal. The Program Director has final departmental authority on all decisions.

Students in disagreement with any disciplinary action may follow the Grievance Policy outlined in College of the Mainland's Catalog.

What should I do if I think I messed up?

Immediately notify your Clinical Lead Instructor, *in writing*. You should submit an "Incident Report" which includes the date and time of the event. It should, as objectively as possible, document the event in question. Be sure to include names of participants.

This does not guarantee you will get in trouble—quite the contrary. Recognizing and admitting your own mistakes is a highly mature and professional behavior.

Problem or Issue at a Clinical Site—general approach

1. Depending on the severity of the disruption, the student will generally be removed from the clinical site. This minimizes further disruption and allows for logical exploration of the facts.
2. Rotations scheduled within the next 5 business days will automatically be cancelled. Further rotations will become "pending" on until the event has been investigated and resolved. This is standard policy and does NOT automatically mean the student is "in trouble."
3. Upon completion of investigation, the student will be notified of decision and status of upcoming rotations as active or cancelled. Generally, the student will be asked to write a paper regarding the event and lessons learned prior to resuming rotations. If the student fails to comply with instructions or does so in an insufficient manner, clinicals will continue to be cancelled with associated negative effects on the final class grade.

Demonstrated Affective Violation (DAV) System:

- **Purpose:** To record and track student's overall performance as reflected in the affective domain. Behavioral violations related to those listed in the Professional Behavior Evaluation will cause a DAV citation.

Guidance

- DAV must specifically relate to one of the 11 categories of the Behavioral Evaluation tool—hence the term, "Demonstrated." DAVs do not eliminate other penalties. Rather, they present the overall picture of student behavior in all venues: in class, in lab, and at clinical locations.
 - Person administering the DAV should indicate which category the infraction reflects.
 - If Adjunct or Clinical Supervisor submits DAV form, it is the responsibility of the Lead

Instructor to assign the proper number of DAVs based on prior events (i.e., doubling where necessary). The Lead Instructor will also complete a Professional Behavioral Counseling Record and have face-to-face session with student to fully communicate details of infraction and follow-up (include specific expectations, clearly defined positive behavior, actions that will be taken if behavior continues, dates of future counseling sessions, etc.) as noted in the Record.

- Refer to the Professional Behavior Evaluation tool for descriptions of each category:
 - **Integrity**-- Consistently honest; trustworthy with the property of others; guards confidential information; truthfully documents.
 - **Empathy**-- Responds appropriately to emotions of others; demonstrates respect for others; demonstrates calm, compassionate, and helpful demeanor toward those in need, supports and reassures others.
 - **Self-motivation**-- Takes initiative to complete assignments; improves/corrects own behavior; accepts and completes tasks; requires little to no supervision; strives for excellence in all aspects of professional activity; shows enthusiasm for learning.
 - **Appearance/Personal Hygiene**-- Presents self in professional manner; wears appropriate clothing/uniform; maintains uniform/boots/equipment in neat, clean, ready-status; keeps hair, facial hair, piercings, tattoos appropriate to COM EMS guidelines; no strong odors (body odor and/or synthetic fragrances).
 - **Self-confidence**-- Demonstrates ability to trust own judgment; aware of personal strengths and weaknesses; readily assumes leadership roles (classroom/field).
 - **Communication**-- Speaks clearly; writes legibly; actively listens; adjusts communication strategies to various situations; positively accepts constructive criticism and corrections; does not make excuses; completely and accurately documents patient care and learning activities.
 - **Time Management**-- Consistently punctual; completes tasks and assignments on time; manages scene times appropriately.
 - **Teamwork/Diplomacy**-- Places success of the team above self-interest; supports other team members; remains flexible and open to change; works with others to solve problems; does not try to force team leadership/direction when in team “member” role.
 - **Respect**-- Civil/respectful of others; avoids derogatory or demeaning terms; behaves in a manner that brings credit and credibility to the profession.
 - **Pt Advocacy**-- Keeps personal bias or feelings separate from patient care; places patient needs at highest priority over self-interest; protects patient confidentiality; demonstrates mindfulness of patient dignity.
 - **Careful delivery of service**-- Masters and refreshes skills; performs complete equipment checks; demonstrates safe operations; accurately follows policies, procedures, and protocols; follows orders; carefully checks med “rights.”
- **DAV penalties serve as a way to measure student’s overall performance. DAVs are given in addition to other program penalties which will continue to be enforced.**
- All faculty members should issue an appropriate DAV citation based on the infraction. The citation is “pending” confirmation by the Lead Instructor.
- The Lead Instructor and EMS Program Director may increase or decrease the number of DAVs per violation. Students with repetitive similar events will be given TWICE the prior number of DAVs for each subsequent occurrence.

Appeals:

- DAVs are given **in addition to** other stated penalties
- To properly request an appeal, follow the documentation instructions noted in the “EMS Chain of

Command” section of this document.

- One to 5 DAVs per occurrence are appealable to the level of Lead Instructor. If administered by the Lead Instructor, not appealable.
- Greater than 5 DAVs per occurrence are appealable to the Program Director.
- Any appeals beyond Program Director can be made only for the Final Grade in the class and will follow the appropriate policy as noted in the College of the Mainland Student Handbook.
- Severe infractions may skip the DAV process altogether at the discretion of the Program Director.
- Students who have accumulated 10 DAVs will be put on notice of Disciplinary Probation.
- Students who have accumulated 15 DAVs will be put on Clinical Suspension (not allowed to attend clinicals) until satisfactory completion of corrective action as prescribed by Clinical & Program Directors.
- Students who have accumulated 20 DAVs will be considered for removal from the program.
- Students who incur a failing grade in any class are entitled to follow the Grade Appeals process as outlined in the College of the Mainland Student Handbook.

DAV Accrual ***Examples used for illustrative purposes only and are not all-inclusive.*

One (1) to Five (5) DAVs

- Late to class (Time Management)—1 DAV doubling with each occurrence (1, 2, 4, then 6 for each additional occurrence)
- Late to clinical – 5 DAVs if tardy for any portion of the pre-clinical briefing. If any number of minutes tardy for the shift, as published as the When2Work start time, mandatory dismissal is required with 10 DAVs issued overall per occurrence
- Uniform irregularity (Appearance/Personal Hygiene)--1 DAV doubling with each occurrence, no maximum
- Negative impact on learning environment (possibly Teamwork/Diplomacy, Communication, other—depends on infraction)—3 DAVs doubling with each occurrence, no maximum
- Disrespectful, any location (possibly Teamwork/Diplomacy, Communication, other—depends on infraction) --3 DAVs doubling with each occurrence, no maximum
- Using phone numbers listed as “FOR EMERGENCY ONLY” for a non-emergency—2 DAVs doubling with each occurrence, no maximum

Six (6) to Ten (10) DAVs

- Failure to attend class (Time Management, Respect)—6 DAVs per occurrence
- Clinical cancellation 24 or more hours prior to scheduled shift (Time Management, Careful Delivery of Service) -- 6 DAVs doubling with each occurrence, no maximum
- Clinical No-show (Time Management, Respect, Careful Delivery of Service) without written notification or call: 10 DAVs . **One (1) clinical no-show occurrence max per student.**

Other “minor” & “major” infractions result in DAVs depending on the infraction, error, or violation.

Clinical Conduct:

1. Conduct yourself as a professional. Every rotation is a job interview and EMS is a tight community—*word travels fast!*
2. **Respect patient privacy and HIPAA laws.** This career will excite you and you will want to share with others. However, do not do so in public places or in ways that could possibly identify the patient to a listener. You never know who knows what. Something which seems really innocent can turn out to be a violation of patient privacy. (Example, “*I worked a huge wreck out on 45 where a guy got his foot cut*”

off.” Response, “*Yeah, that was my uncle.*”)

3. Wear the COM student uniform **only** when scheduled to be at the rotation site or in class. If you must make other stops to or from either class or clinical, be prepared by bringing an extra shirt. This is **ABSOLUTELY CRITICAL** if you plan to stop for dinner where you or others in your party may choose to drink alcohol. Failing to follow this policy is grounds for immediate dismissal from the program.
4. **Clinical Supervisors & EMS Preceptors:** **Clinical Supervisors** - the COM Faculty (primary), RN, or Technician who supervises students at hospital clinicals. **EMS Preceptors** - the Paramedic or authorized crew member who supervises students on EMS rotations.
 - i. **All shifts:** students are not allowed to leave the clinical site for any reason. Departure from a site will be interpreted as your termination of the rotation. Appropriate discipline will be employed based on specific conditions of the event.
 - ii. **Hospital:** Do not leave the assigned rotation area without notification and permission of the Clinical Supervisor. Do NOT EVER move patients within the hospital without hospital staff.
 - iii. **EMS:** Do NOT leave the crew to whom you’ve been assigned. Students are required to make all responses during the course of their shift.
5. You are responsible for your own transportation to and parking fees at clinical facilities
6. Do NOT practice or perform skills for which you are not trained and tested in class; (out of scope violation)
7. ***Students can have their cell phones but must check or use only as approved by Clinical Supervisor/Preceptor. Any unauthorized use of a cell phone during a clinical rotation will result in a mandatory dismissal from the rotation and possible removal from the College of the Mainland EMS program.*** Students are not allowed to conduct work over the phone while on a clinical.
8. No consumption of altering or intoxicating substance within 12 hours of any clinical.
9. Students may NOT sleep on any day-time EMS clinical, if you show up too tired, you will be dismissed.
10. Students are expected to use clinical time effectively. If you are on a clinical and not engaged in a clinical-related activity, you should study or review skills. No playing video games on a clinical.
11. Students may not drive any emergency vehicles.
12. Do not spend time in the nurse’s station or break room except by *express permission or direction* of your Clinical Supervisor. You are expected to complete your paperwork in a timely manner and ongoing throughout your shifts. You should inquire of your Clinical Supervisor an appropriate place to work on your documents.
13. Students are PROHIBITED from directly contacting a clinical affiliate, (hospital or ambulance service) to get information, seek out a Clinical Supervisor/Preceptor or otherwise. Only in special cases with express permission from the Clinical or Program Directors, can a student contact a clinical site.
14. DO NOT operate the stretcher without instruction by the EMS Preceptor or (staff on the ambulance) and NEVER when patient-loaded.

Pre-Clinical Requirements, Due Dates, and Grade Point Reductions/Penalties: As clearly specified in the EMS Information Packet all pre-clinical required documents, forms, records and associated items MUST be submitted timely in order to avoid delays in required processing of students individually and as a group(s) for COM hospital and EMS affiliates.

Failure to submit **ALL** required **COMPLETE** and **ERROR FREE** instruments **COMPLETED OR SUBMITTED AS INSTRUCTED** by the dates listed below will result in grade point deductions and/or

penalties associated with each specific date on a progressive basis. All grade point deductions and penalties are cumulative:

- **6/14/24– All Clinical Prerequisites due, uploaded into FISDAP by no later than 1700 hours – no exceptions. Noncompliance with this requirement will result in a 5 point deduction per DAY submissions are late from OVERALL grade.**

Additional Clinical Notes/Policies

Uniform

Uniforms will be sized during clinical orientation. Students will fill out the order sheet with their selection of pants, tee-shirts, and clinical dress shirt (2 each). If a student requests a refund of their uniform monies paid as part of their tuition, an e-mail must be sent to Karl Moore by the end of the day of clinical orientation requesting the refund. Noncompliance with this requirement will result in the forfeiture of the refund.

All students will be required to attend school in the clinical uniform for approval, prior to attending any clinical rotation. *If you are dismissed for failure to be in proper uniform, your grade will suffer greatly.*

Uniforms will be clean and ironed. The EMS student is expected to display good grooming habits and cleanliness at all rotation sites.

Professional Dress/Appearance/Requirements

- Red COM uniform Polo w/ EMS student logo
- Undershirt – Black only
- Black BDU/EMS pants
- Black belt with simple buckle
- ALL black shoes/boots (athletic shoes are recommended for O.R. rotations - PRN)
- COM Student EMS Badge - right collar.
- Stethoscope
- Watch with second hand
- Blue or Black Pens (2)
- Neatly groomed **without offensive odors**
- Protective Eyewear (ANSI)
- EMSP 1260 Clinical Course Syllabus

The faculty reserves the right to determine “professional dress/appearance” and “neatly groomed” based on safety and industry standards. Style and self-expression are not a part of the College of the Mainland uniform. No ball caps are allowed in the classroom. (Note: your PDA/cell phone is not part of your uniform).

Uniform Notes:

1. Athletic shoes are expressly prohibited on EMS rotations. They are acceptable in the hospital.
2. Be clean and well-groomed
 - i. Visible tattoos must be covered at all times
 - ii. No head coverings (hats, bandanas, large bows, etc.)
 - iii. No heavy make-up.
 - iv. No heavy or overpowering colognes or perfumes
 - v. No hair hanging over the shirt collar or in face. All hair must be neat and of a color which can be found in nature
 - vi. Mustache must be neatly groomed, not extending past the superior edge and lateral crease of the upper lip. No other facial hair permitted. Each student must be able to have a N95 HEPA mask properly fit to the face
 - vii. Fingernails must be trimmed, not visible from palm side and neutral color
 - viii. Jewelry: religious jewelry allowed as long as it is deemed safe by industry standards. ONE post-style earring may be worn in each ear.
 - ix. No undershirts with advertising or decorations. Undershirt should be plain black t-shirt only
 - x. No wrinkled or dirty clothing.

Scheduling:

- ✓ **All rotations will be assigned by the Clinical Coordinator.**
- ✓ In special cases, upon written request, additional clinical rotations *may be requested, if needed.*
- ✓ You are required to log on and check your **COM email** daily. All important clinical notifications are filtered through these here.
- ✓ Failure to turn in clinical documents **ON TIME** will result in all clinicals for the immediate next week being cancelled at the discretion of the Clinical Coordinator.
- ✓ Overnight clinicals are allowed for basic students subject to multiple approvals.

“Incomplete” Contract (or exception to any Syllabus guideline): Barring extraordinary circumstances, all students should complete requirements as scheduled. If you would like to request an exception to this or any other guideline in the syllabus, submit:

- A written request for the contract at least 2 business days prior to the stated deadline
- Justification for the contract is stated (with supporting documents/evidence as appropriate)

- The request details what you HAVE done to avoid needing the contract
- The request states/illustrates why you “deserve” the contract
- The request gives your proposed completion deadline and why that one will be achievable
 - **IMPORTANT NOTE:** once you are more than 60 days past your class Final Exam (for ANY reason), **you will be required to successfully pass a Competency Exam** to prove you have retained the information **prior to being awarded a Course Completion.**

Students are provided ample time to prepare for and attend clinical rotations. Therefore, you are expected to complete clinicals by the due date. Students who do not complete clinicals by the due date (especially due to medical or other hardship) may be awarded an “I” Contract; however, additional items may also be required:

1. Re-register for Clinical Class
2. Attend Clinical Orientation
3. Attend additional clinical hours
4. **REMEMBER:** once you are more than 60 days past your class Final Exam—for ANY REASON-- **you will also be required to take a Competency Exam** to prove you’ve retained the information **prior to being awarded a Course Completion** and Authorization to test with National Registry.

Health Insurance: COM does not provide health insurance or any other medical coverage for injuries, illnesses, or exposures received in any Health Occupations class or related activity. This includes testing necessary after infectious exposures in the clinical setting. Students are advised to obtain health insurance if they are not covered by an existing plan. The insurance fee paid by students through their tuition is for medical malpractice coverage only.

Student Affiliations: Students with affiliations to EMS agencies or hospitals (such as a volunteer or employee) currently on the approved COM list can only schedule 50% of their EMS or clinical hours at that site. Any student found not following COM policies while at a site that they are affiliated with will be denied further rotations at the site and may be required to make-up clinicals already completed at the site. (Note: It is recommended that you consider fewer rotations at a site other than one you may work for, as sometimes the expectations of employee/student are conflicting).

Communication devices: Please keep in “silent” mode during clinicals, calls should not be answered during patient care. You should adhere to the cell phone policy of the facility or service you are visiting.

- I-Phones, Picture phones, Digital cameras, any picture taking devices.
 - You are not permitted to obtain pictures of any patients (in whole or partial) or of any scene.
- Social media—All and any which could be considered such.

- You are not permitted to “post” pictures or write blogs about your patients.
- Though your calls are interesting, your patient deserves respect and privacy.

Alcohol/Tobacco/Narcotics

Violators will be subject to the Student Disciplinary Rules as noted in the College of the Mainland Catalog.

- The use of intoxicating or controlled substances is prohibited on campus.
- Students are not to report to class under the influence of substances that alter mental status (*this includes prescribed medications*).
- Consumption of alcohol while in class or in uniform is prohibited and are grounds for immediate dismissal.
- You must not consume alcohol or any medication, which alters your mental status 12 hours prior to a clinical.
- College of the Mainland is a tobacco-free campus. If you smoke or “dip”, you must be inside your vehicle. Since a clinical site is an extension of the COM campus, you are required to follow the same campus tobacco-free policy.

Final IMPORTANT Points to Remember

- **ALWAYS check your syllabus before asking questions**
- **Working on/completing ANY clinical coursework, including reports, documentation, narratives, etc., is strictly prohibited while attending any portion of the EMSP didactic courses. Penalty for noncompliance of this mandate may include DAVs and loss of lecture hours.**
- **Seek out, (email) your CLINICAL LEAD INSTRUCTOR for questions, concerns, information, and issues regarding clinical. DO NOT rely on classroom Instructors, skills Instructors, Adjunct Instructors, or other students for answers to questions and informational needs you may have about issues related to the clinical course. Follow this solid advice in order to be successful.**
- **Check YOUR email daily or more frequently for important information from your Clinical Leadership Team.**
- Email is the **preferred** way for students to document clinical issues or concerns.
- **Call Clinical Coordinator cell phone only for absolute emergencies. Consult Clinical Supervisor or EMS Preceptor FIRST!**
- **Answers to clinical questions are only dependable when answered by the Clinical**

Instructor, Clinical Coordinator, or Program Director! Other students are not a recommended resource as clearly stated above.

- **If you are going to need additional rotations to satisfy program requirements, you need to let your Clinical Lead Instructor know first and well in advance, who will consult the Clinical Coordinator, Mr. Moore, to request additional clinical hours for you.** However, do not “panic” if you are only mid-point of three-quarters of the way through and need to fulfill demographic or skill requirements. Patient contacts, especially on the ambulance are random and undeterminable in advance. So, keep an ongoing “bucket list” and stay abreast what you need to fulfill all requirements. The clinical staff does NOT stay aware of your status on a daily basis, so you need to be fully accountable, responsible, and aware of your own situational status.

For Your Reference, Texas Administrative Code,

TITLE 25
PART 1
CHAPTER 157
SUBCHAPTER C

RULE §157.36
(Excerpt)

HEALTH SERVICES
DEPARTMENT OF STATE HEALTH SERVICES
EMERGENCY MEDICAL CARE
EMERGENCY MEDICAL SERVICES TRAINING AND COURSE
APPROVAL
**Criteria for Denial and Disciplinary Actions for EMS
Personnel and Applicants and Voluntary Surrender of a
Certificate or License**

(b) Disciplinary Action. The department may **suspend, revoke, or refuse to renew an EMS certification** or paramedic license, or may reprimand a certificant or licensed paramedic for, but not limited to, the following reasons:

- (1) violating any provision of the Health and Safety Code, Chapter 773, and/or 25 Texas Administrative Code, as well as Federal, State, or local laws, rules or regulations affecting, but not limited to, the practice of EMS;
- (2) any conduct which is criminal in nature and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute;
- (3) **failing to make accurate, complete and/or clearly written patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport as per EMS provider's approved policy;**
- (4) **falsifying any EMS record;** patient record or report; or making false or misleading statements in a oral report; or destroying a patient care report;
- (5) **disclosing confidential information or knowledge concerning a patient except where required or allowed by law;**
- (6) causing or permitting physical or emotional abuse or injury to a patient or the public, and/or failing to report such abuse or injury to the employer, appropriate legal authority and/or the department
- (7) failing to report to the employer, appropriate legal authority or the department, the event of abuse or injury to a patient or the public within 24 hours or the next business day after the event;
- (8) **failure to follow the medical director's protocol, performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure;**
- (9) failing to respond to a call while on duty and/or leaving duty assignment without proper authority;
- (10) abandoning a patient;
- (11) turning over the care of a patient or delegating EMS functions to a person who lacks the education, training, experience, or knowledge to provide appropriate level of care for the patient;
- (12) failing to comply with the terms of a department ordered probation or suspension;
- (13) issuing a check to the department which has been returned to the department or its agent unpaid;
- (14) **discriminating in any way** based on real or perceived conditions of national origin, race, color, creed, religion, sex, sexual orientation, age, physical disability, mental disability, or economic status;
- (15) misrepresenting level of any certification or licensure;
- (16) misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity;
- (17) failing to take precautions to prevent misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any person or entity;
- (18) falsifying or altering, or assisting another in falsifying or altering, any department application, EMS certificate or license; or using or possessing any such altered certificate or license;
- (19) committing any offense during the period of a suspension/probation or repeating any offense for which a suspension/probation was imposed within the two-year period immediately following the end of the suspension or probation;
- (20) **cheating and/or assisting another to cheat on any examination, written or psychomotor, by any provider licensed by the department or any institution or entity conducting EMS education and/or training or providing an EMS examination leading to obtaining certification or renewing certification or license;**
- (21) **obtaining or attempting to obtain and/or assisting another in obtaining or attempting to obtain, any advantage, benefit, favor or gain by fraud, forgery, deception, misrepresentation, untruth or subterfuge;**
- (22) illegally possessing, dispensing, administering or distributing, or attempting to illegally dispense, administer, or distribute controlled substances as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483;

(23) having received disciplinary action relating to an EMS certificate or license or another health provider certificate or license issued in another state or in a U.S. Territory or in another nation, or having received disciplinary action relating to another health provider certificate or license issued in Texas;

(24) failing or refusing to timely give the department full and complete information requested by the department;

(25) failing to notify the department of a change in his or her criminal history within 30 business days of the issuance of a court order, which resulted in him or her being convicted or placed on a deferred adjudication community supervision or deferred disposition for any criminal offense, other than any class C misdemeanor not directly related to EMS or other than any offense noted in §157.37(e)(5) of this title (relating to Certification or Licensure of Persons With Criminal Backgrounds);

(26) failing to notify the department within 5 business days of his or her being arrested, charged or indicted for any criminal offense, other than any class C misdemeanor not directly related to EMS or other than any offense noted in §157.37(e)(5) of this title;

(27) failing to notify the department of a change in his or her criminal history within 5 business days of the issuance of a court order, which resulted in him or her being convicted or placed on deferred adjudication community supervision, or deferred disposition for any offense noted in §157.37(e)(5) of this title;

(28) failing to notify the department within 5 business days of his or her being arrested, charged or indicted for a criminal offense noted in §157.37(e)(5) of this title;

(29) having been convicted or placed on deferred adjudication community supervision, or deferred disposition for a criminal offense that directly relates to the duties and responsibilities of EMS personnel, as determined by the provisions of §157.37 of this title, except that a person's EMS certification or paramedic license shall be revoked if the certificant or licensed paramedic is convicted, or placed on deferred adjudication community supervision or deferred disposition for a criminal offense, noted in §157.37(e)(5) of this title;

(30) failing to timely complete any portion of the criminal history evaluation process, including submission of fingerprints, or timely providing information requested by the department within 60 days of notification to do so, in accordance with provisions in §157.37 of this title;

(31) **engaging in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person;**

(32) using alcohol or drugs to such an extent that in the opinion of the commissioner or his/her designee, the health or safety of any persons or may be endangered;

(33) failure by the employee, of an employer drug screening test right before, after or during an assigned EMS work or volunteer shift;

(34) resigning employment or refusing by the employee, of an employer drug screening test right before, after or during an assigned EMS work or volunteer shift;

(35) engaging in any activity that betrays the patient privacy perspective or public trust and confidence in EMS;

(36) **failing to maintain a substantial amount of skill, knowledge and/or academic acuity to timely and/or accurately perform the duties or meet the responsibilities required of a certified emergency medical technician or licensed paramedic;**

(37) delegating medical functions to other EMS personnel without approval from the medical director per approved protocols;

(38) failing to transport a patient and/or transport a patient to the appropriate medical facility according to the criteria for selection of a patient's destination established by the medical director;

(39) failing to document no-transport and refusals of care and/or follow the criteria under which a patient might not be transported, as established by the medical director;

(40) failing to contact medical control and/or the medical director as required by the medical director's protocols and/or EMS provider's policy and procedure when caring for or transporting a patient;

(41) failing to protect and/or advocate for patients/clients and/or the public from unnecessary risk of harm from another EMS certified or licensed personnel;

(42) falsifying employment or volunteer medical profession applications and/or failing to answer specific questions that would have affected the decision to employ or otherwise utilize while certified or licensed as an EMS personnel;

(43) behaving in a disruptive manner toward other EMS personnel, law enforcement, firefighters, hospital personnel, other medical personnel, patients, family members or others, that interferes with patient care or could be reasonably expected to adversely impact the quality of care rendered to a patient;

(44) failing to notify the department no later than 30 days of a current and/or valid mailing address;

(45) falsifying or altering clinical and/or internship documents for EMS students;

(46) falsifying or failing to complete daily readiness checks on EMS vehicles, medical supplies and/or equipment as required by EMS employers;

(47) engaging in acts of dishonesty which relate to the EMS profession and/or as determined by the department;

(48) behavior that exploits the EMS personnel-patient relationship in a sexual way. This behavior is non-diagnostic and/or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotation or that a reasonable person would construe as such;

(49) falsifying information provided to the department; and

(50) engaging in a pattern of behavior that demonstrates routine response to medical emergencies without being under the policies and procedures of an EMS provider and/or first responder organization, and/or providing patient care without medical direction when required.

(c) Criteria for Denial of EMS Certification, or Paramedic Licensure. An EMS certification or paramedic license may be denied for, but not limited to, the following reasons:

- (1) failing to meet standards as required in this section;
- (2) previous conduct of the applicant during the performance of duties that are similar to those required of EMS personnel, whether performed as a volunteer or for compensation, but which such previous conduct that was committed is contrary to accepted standards of conduct as described or required in this section or Health and Safety Code, Chapter 773;
- (3) having been convicted or placed on deferred adjudication community supervision, or deferred disposition for a criminal offense that directly relates to the duties and responsibilities of EMS personnel, as determined by the provisions of §157.37 of this title, except that a person's application for EMS certification or paramedic license shall be denied if the applicant is convicted, or placed on deferred adjudication community supervision or deferred disposition for a criminal offense, described in §157.37(e)(5) of this title;
- (4) receiving disciplinary action relating to a certificate or license issued to the applicant in Texas, in another state, or in a U.S. territory, or in another nation, or by the National Registry of Emergency Medical Technicians' (NREMT), or any other organization that provides national recognized for EMS certification;
- (5) falsifying any Texas application for certification or licensure or falsifying any application or documentation used to acquire registration, certification or licensure;
- (6) issuing payment to the department which has been returned to the department or its agent;
- (7) misrepresenting any requirements for certification, recertification, licensure, or licensure renewal;
- (8) staffing an EMS vehicle deemed to be in service while the person's previously issued certification or license is expired, suspended or has been revoked; and/or
- (9) failing to maintain a substantial amount of skill, knowledge and/or academic acuity to timely and/or accurately perform the duties or meet the responsibilities required of a certified emergency medical technician or licensed paramedic.