



Wiregrass Georgia Technical College EMS Program Student Handbook

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Welcome to the Emergency Medical Services Program

Congratulations on your acceptance into the Emergency Medical Services Program at Wiregrass Georgia Technical College. We are thrilled to begin this journey with you and our faculty is eager and excited to assist you in your new endeavor. Nationwide there is a high demand for individuals trained and educated as Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics.

You have chosen to join one of the most trusted professions in the world, a profession which exists solely to serve humanity. A career in Emergency Medical Services requires integrity, self-motivation, stamina, high moral character, the heart of a servant leader, and the ability to care for complete strangers in their greatest time of need. As an Emergency Medical Services Professional, you will be called to selflessly administer lifesaving medical interventions at all hours, in all types of weather conditions, in remote environments, and under hazardous conditions.

Due to the depth and breadth of knowledge that is required to enter the Emergency Medical Services Profession and the amount of public trust that is placed in Emergency Medical Services Professionals, your education will be rigorous. This program requires you to devote a significant amount of time to class, class preparation, clinical rotations, and clinical documentation. Our EMS faculty will lead you through this process, provide guidance, and motivation.

The Paramedicine Program Services faculty wish you the best of luck in your new career field. If you have any questions regarding our program, please contact any member of the EMS Services Program faculty.

Sincerely,

Shawn Tatham

Shawn Tatham, MA NR-Paramedic
Program Director

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General Information

WGTC Mission Statement

The mission of Wiregrass Georgia Technical College, a unit of the Technical College System of Georgia, is to promote community, educational, and economic development by providing a trained workforce in our 11-county service area and throughout the State of Georgia. The college fulfills the mission by supporting student success and providing technical and academic instruction, through traditional and distance education delivery methods, leading to associate degrees, diplomas, and technical certificates of credit; customized training for new and existing industries; professional and personal development through continuing education programs; and adult education services to meet the needs of citizens, business, and industry in the service area.

Program Mission Statement

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

Accreditation

The Wiregrass Georgia Technical College Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs 1361 Park Street Clearwater,
FL 33756 727-210-2350 www.caahep.org
To contact CoAEMSP: 8301 Lakeview Parkway Suite 111-312 Rowlett, TX 75088 214-703-
8445 FAX 214-703-8992 www.coaemsp.org"

Statement of Equal Opportunity

Wiregrass Georgia Technical College (WGTC) abides by the [Technical College System of Georgia’s Policy 2.1.1. Statement of Equal Opportunity](#). The Technical College System of Georgia and its constituent technical colleges do not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, or citizenship status (except in those special circumstances permitted or mandated by law). This nondiscrimination policy encompasses the operation of all TCSG and technical college-administered programs, federally financed programs, educational programs and activities involving admissions, scholarships and loans, student life and athletics. It also applies to the recruitment and employment of personnel and the contracting for goods and services. To review in its entirety, please access the TCSG Policy Manual and reference the corresponding policy and subsequent procedures.

All work and campus environments shall be free from unlawful forms of discrimination, harassment and retaliation as outlined under Title IX of the Educational Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act of 1967, as amended, Executive Order 11246, as amended, the Vietnam Era Veterans Readjustment Act of 1974, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Americans With Disabilities Act of 1990, as amended, the Equal Pay Act, Lilly Ledbetter Fair Pay Act of 2009, the Georgia Fair Employment Act of 1978, as amended, the Immigration Reform and Control Act of 1986, the Genetic Information Nondiscrimination Act of 2008, the Workforce Investment Act of 1998 and other related mandates under TCSG Policy, federal or state statutes.

TCSG and the technical colleges are expected to promote the full realization of equal opportunity through affirmative and continuing practices. TCSG and each technical college shall develop procedures for implementing this policy and for addressing employee and student complaints of unlawful discrimination for all work units and colleges, as mandated by federal compliance guidelines.

Any violation or questions may be directed to any member of the [Campus Equity & Compliance Team](#) as listed below:

<p>Shalonda Sanders, Title IX Coordinator (all campuses) Associate Vice President for Human Resources Valdosta Campus, Brooks Hall, Human Resources Suite (229) 333-5356 or shalonda.sanders@wiregrass.edu</p>	<p>Katrina Royal, Student ADA & Section 504 Coordinator (all campuses) Director of Testing and Special Populations Valdosta Campus, Berrien Hall, Room 107 (229) 333-2100 or katrina.royal@wiregrass.edu *student ADA & student disability claims only</p>
<p>Marc Dame, Title IX Designee/Investigator Special Populations and Disabilities Coordinator Ben Hill-Irwin Campus, Charles Harris Learning Ctr, Room 634 (229) 468-2242, or marc.dame@wiregrass.edu</p>	<p>April McDuffie, Title IX Designee/Investigator Associate Vice President for Institutional Effectiveness Ben Hill-Irwin Campus, Dorminy-Mixon Hall, Room 8102B (229) 468-2103 or april.mcduffie@wiregrass.edu</p>

<p>Meredith Moon, Title IX Designees/Investigator Director for Human Resources and Employer Services Valdosta Campus, Brooks Hall, Human Resources Suite (229) 333-5356 or meredith.moon@wiregrass.edu</p>	<p>Keren Wynn, Title IX Designee/Investigator Vice President for Administrative Services Valdosta Campus, Berrien Hall, Room 325 (229) 333-2103 or keren.wynn@wiregrass.edu</p>
<p>Yolanda Woodall, Title IX Designee/Investigator Assistant Director for Human Resources & Career Services Ben Hill-Irwin Campus, Charles Harris Learning Ctr, Room 630C (229) 333-5356 or yolanda.woodall@wiregrass.edu</p>	

Wiregrass Georgia Technical College Warranty Statement

The Technical College System of Georgia (TCSG) guarantees the skills of its students for up to two years after graduation from a degree, diploma, or technical certificate program of study. Graduates who are found to be deficient in one or more competencies contained in the industry validated Standard or Program Guide, including failure to pass a State of Georgia required licensing examination can retake the related course work at no instructional cost to the graduate or employer, at any TCSG institution within the state.

EMS/Paramedicine Program Information and Policies

History of the Paramedic Program

The history of the current Emergency Medical Services Program at Wiregrass Georgia Technical College goes back to its inception at South Georgia Medical Center in 1972. Several local physicians felt that the curriculum for EMT should be augmented in order to provide advanced life support services to the community. Leading the groundbreaking effort to teach what became known as Advanced EMT were Dr. James Mathis and Dr. Mack Greer. Many other members of the medical staff were also supportive and involved with the classes, which were taught both at South Georgia Medical Center and at Tift Regional Hospital. The program was 608 hours in length, and all clinical and didactic education took place at the hospital. The salary of the instructor was paid by the hospital until 1986, when the program was moved to Valdosta Area Vocational Technical School. Shortly thereafter, the school name was changed to Valdosta Technical Institute and remained thus until it became Valdosta Technical College in 2001. In July of 2010, at the direction of then-governor Sonny Perdue, Valdosta Technical College and East Central Technical College merged to form the new academic entity known as Wiregrass Georgia Technical College.

The impetus for teaching an Advanced EMT Course, as it was called in the early years, was to provide a level of emergency care previously unknown to rural South Georgia. Dr. Greer often talked about how he and his physician peers watched the television program, Emergency, and desired the same level of advanced life support for Lowndes and the surrounding counties as the program portrayed. The initial students for the new class were hand-picked by the medical

staff that were to teach the course. These young men had worked as orderlies, fire fighters, and lab techs, and were recognized as intelligent and energetic. Several of the original class members are still actively involved as leaders in the local EMS community. Although most of the physicians who originated the concept and the class are deceased, their legacy lives on in the provision of high-quality EMS education and, therefore, excellent pre-hospital management for all of our citizens. The support of the medical community has continued and the torch has been passed to new physicians who are equally enthusiastic about education and excellence for EMS.

The move to the technical college setting provided many advantages to the program, especially in the financial realm. Tuition actually decreased for the students, and the available funds for purchase of equipment and teaching materials were more readily available. The curriculum infrastructure in the State of Georgia was being formalized during this period in the eighties. The support of the Technical College System of Georgia lent stability and focus to the efforts on the part of the Department of Human Resources to formally approve and monitor instructors and courses being taught in various settings throughout the state. The program was approved to offer the Associate Degree in Paramedicine in 2009.

Admission/Readmission/Transfer Policy

Admission

Students requesting admission to the EMS/Paramedicine program will be based on the criteria listed below:

- For EMT/Pre-Paramedic
 - Admission to the college
- For Paramedic
 - Admission to the college
 - Proof of current State License EMT or AEMT with the State of Georgia
 - Proof of current AHA CPR certification

Readmission

Students requesting readmission into the EMS/Paramedicine Program, after failure or withdraw, will be based on the following:

- Students will be allowed to retake 1 course within the program at the next available offering but must be within 2 years of the course needed to progress
- The student will not be allowed to progress until that course is successfully completed as each course is a pre-requisite to the next with the exception of clinical courses as they run dynamically based on the parts of term. (See Pre-Requisites and Co-Requisites).
- If a student fails a second course, they will be required to start the program from the beginning.

Transfer

Students requesting transfer into the EMS/Paramedicine Program from another institution, college or university, will be based on the following:

- A letter of recommendation from the previous institution's program director that the student was in good standing at the time of the last course completed in the program
- Transcripts that articulate with the Technical College System of Georgia program requirements
- The student must have been current in the previous institution's program within 12 months of the date of admission to the program at Wiregrass Georgia Technical College
- The student must meet the same requirements listed above (Admission) based on their level. For paramedic, additional current certifications (AMLS, ACLS, PHTLS/ITLS, PALS/EPC) may be required if the student has completed those previously or are required for admission.
- Students, at the discretion of the program director, may have to demonstrate cognitive and clinical competencies prior to admission which may include and not limited to:
 - Subject specific knowledge, skills and abilities
 - Skills competencies
 - Clinical applications (scenario-based testing)

Advanced Placement

The EMS Program does not offer advanced placement credit

Experiential Learning

The EMS Program does not offer experiential learning credit

Health

Applicants must be physically able to attend school regularly and must meet the physical requirements for the course in which they plan to enroll. Although Wiregrass Georgia Technical College (WGTC) does not discriminate on the basis of disability, students must be able to perform the "essential functions" of the occupation for which they plan to train. Physical examinations, lab tests, and immunizations are required for students in medical programs after acceptance to the program and prior to being allowed to participate in clinical training at an affiliated site. A number of physically demanding tasks will be included during the activities associated with the class sessions. Students may be required to lift and carry patients of various sizes on a backboard / stretcher. A student **MUST** be able to participate in **all** class activities and meet all competencies in order to successfully complete the course.

Conduct Code

WGTC is committed to providing a safe and protective learning environment for all students. To this end, a student code of conduct has been established. All policies are published in the WGTC Student Handbook. Any Wiregrass Georgia Technical College student, acting individually or in concert with others, who violates any part of the Student Conduct Code, shall be subject to disciplinary sanctions outlined in the Student Disciplinary Policy and Procedure. Some of these policies have been developed in coordination with existing federal and state regulations. All students are responsible for the observance of all federal, state, and local laws and for the adherence to WGTC policies. Violation of the policies listed below may not only result in legal action, it may also result in disciplinary action taken by WGTC to include restitution, reprimand, restriction, disciplinary probation, failing or lowered grade, disciplinary suspension, disciplinary expulsion, or system-wide expulsion. Please refer to the student handbook for specifics:

<https://www.wiregrass.edu/course-catalog/downloads/current.pdf>

Disruptive Behavior

If and when it is necessary to discipline students to maintain safety, order, discipline, and other educational process, the instructor of the training area may refer any person from the training area to the appropriate administrative office. In doing so, the instructor will identify the reason for the referral. When any student has been instructed to leave the instructional area due to unruly or disruptive behavior, the Executive Vice President for Academic Affairs will be notified immediately. No student will be allowed to return to the instructional area until counseling and/or disciplinary action has been taken.

Academic Misconduct

As stated in the student behavior section of the WGTC Student Handbook. Such misconduct shall include aiding and abetting academic misconduct by assisting others to engage in academic misconduct, cheating, fabrication, and plagiarism.

See handbook for more defining details:

<https://www.wiregrass.edu/course-catalog/downloads/current.pdf>

Non-Academic Misconduct

As stated in the student behavior section of the WGTC Student Handbook such behavior shall include but not limited to behavior violations such as harassment, violence, disruption, and failure to comply, professionalism such as failure to comply with dress code, misuse of college property and technology, drugs and alcohol abuse, and violations of the law. See handbook for more defining details and a complete list:

<https://www.wiregrass.edu/course-catalog/downloads/current.pdf>

Dress and Uniform Code

Hair

- Hair must be kept cleaned and well groomed.
- Mustaches and beards must be neatly trimmed to no longer than ¼ inch in length. Sideburns must be close to the cheek and above the jaw line.
- Hair must be fashioned in a neat manner away from the face and pulled up off the collar using a natural colored clip or headband.
- Ribbons, scarves, or fancy combs or clips are not allowed. Any hair fasteners used to keep hair up off the collar must blend with hair in such a manner as to be nearly invisible.
- No unusual hair color or extreme hairstyles are permitted. Highlights must be natural appearing. Approval is left to the discretion of the instructors.
- Dress attire must be neat and clean until uniforms are complete
 - No crocks, flip flops, open toe shoes
 - No jeans with holes, rips, or tears in them

- No t-shirts, collared shirts only
- Shirts must be tucked in
- Belts are required
- No shorts

Nails

- Nails must be kept short and clean no longer than the tip of the finger

Domestics

- Functional deodorant is required.
- No noticeable perfume, cologne, or scented lotions are to be worn in the clinical area.
- No excessive make-up is to be worn.
- Oral hygiene is essential.
- Chewing gum will not be allowed in class or clinical area.

Jewelry

- Wedding and engagement rings are permitted for females. Wedding bands are permitted for males. WGTC is not responsible for damaged or lost jewelry.
- One set of small stud (earlobe only) earrings can be worn
- No long or dangling earrings permitted
- No other visible body piercing will be allowed for any student. This include nose, earlobe, tragus, eyebrow, or lip piercings
- A watch with a second hand is highly recommended. No other bracelet or rings can be worn during clinical.
- No smart watches permitted in class during testing.
- Necklaces are not recommended as they can become a choking hazard during clinical. Necklaces must be hidden from plain view while in uniform

Smoking/Vaping/Tobacco

- Smoking is to be done only in designated areas, on-campus or at clinical sites
- Vaping is the same as smoking
- No tobacco use anywhere in campus buildings or in clinical sites

Shoes

- Students must wear all black EMS or tactical boots.
- Boots must be neat and able to hold a shine.
- No tennis or canvas shoes will be allowed.
- Socks must either be solid black or white only, no other colors are allowed.
- No cowboy boots.

Cell Phones

- Cell phone use during class is at the discretion of the instructor.
- Cell phone use during clinical or field time will be limited to using the Remind app for communication with the clinical instructor and for inputting skills and call tracking information in the current application platform.
- Cell phone use at clinical sites are to be done only out of the patient care area
- No photos are to be taken or received

Uniform

Students must be in complete uniform by the withdraw date for EMSP 1110 and EMSP 2110 or the student will receive a 1 letter grade reduction in the final course grade.

Attire should be neat, clean, and free of stains and/or holes. During **class** and **clinical** rotations, **only the college-approved uniform is to be worn**, and it must be clean, neatly pressed, tucked in at all times, shoes/boots cleaned and shined, with a neatly groomed personal appearance. Students are obligated to adhere to the dress code of the affiliate institution, which may bar visible tattoos, nose/lip/eyebrow piercings, long hair or hair color, etc.

- The Paramedic/AEMT/EMT uniform for will as follows: most recent polo shirt with embroidered Wiregrass program logo, student level embroidered or attached on the shirt
- Undershirts are required in either black or white without visible words or designs.
- Black pants
- Black boots
- Black belt, no designer buckles
- Pen
- Stethoscope
- College-issued photo ID clearly displayed
- Hats may be worn but must only contain a simple Star of Life (approved by instructor) or a Wiregrass hat available in the bookstore.
- Hats may not have any employment affiliation displayed while in uniform including class and clinical
- Hats are not permitted in the classroom or inside clinical sites. Hats can only be worn while attending ambulance clinical rides.
- Cool weather attire may include a long sleeve undershirt (black or white only) with no wording or designs on the sleeves, or a Wiregrass Job Shirt available in the campus bookstore. No other jackets, hoodies, sweatshirts, or colors are permitted.

Course Attendance and Make-up Policy

Attendance is expected to achieve the course competencies, as well as prepare for the professional duties and responsibilities mandated by employers. Student Minimal Competencies must be completed for successful completion of the program.

Students who are absent during scheduled class/lab/clinical time will be subject to the following grading policy:

- **Didactic:** Daily or weekly quizzes- students will receive a zero “0” for missed quizzes, no make-ups
- **Lab:** students who have missed skills training or verification on the day offered will be required to make up the skill on the next scheduled lab day or receive a zero “0” for that lab grade. The skill will be required to be completed and verified or the student will not pass the course.
- **Clinical:** Attendance hours are mandatory in order to meet the minimal clinical hours specified by TCSG. Students need to acknowledge the efforts for our clinical partners that work to accommodate multiple disciplines and schools for our clinical experience. Therefore, students must plan accordingly to ensure commitment to the dates that they schedule.
 - Reschedule- A reschedule is defined as a change in a clinical date that occurs >24 hours of the scheduled date. Students will be allowed one reschedule per course.
 - Call out- A Call Out is defined as a student that calls off from a clinical shift <24 hours of the clinical start time. Students who call out from a clinical will be allowed one make-up date per course. The score value for the make-up will be 70% of the evaluation grade. Any additional call-outs/ no-call/no-shows will result in the student failing the course. A work ethics violation will be documented for call outs.
 - No-call/No-show-A no-call/no-show is defined as when a student does not notify the clinical instructor and/or clinical site of their inability to attend clinical that day **prior** to the scheduled start time. Students who are a no-call no-show will be allowed to make up the hours missed, at the discretion of the clinical site, but will receive a 0% for the make up day. If the clinical site declines to allow the student to make-up that date, the student will have to attend a different clinical site if available. Any additional no-call/no-shows/call outs will result in the student failing the course. A work ethics violation will be documented for no call/no shows.
- Students calling out from clinical must do the following:
 - Contact the clinical site directly to notify of the call out
 - Obtain the name and title of the person you spoke to (no voicemails to be left)
 - Notify the instructor with the name and title of the person you spoke with

Students are required to log into each course within the first three days. If a student does not log in, he/she may be dropped as a “No Show”. If a student has logged into the course (even only once), the student is responsible for all course requirements and financial aid obligations unless proper withdrawal procedures followed. **Attendance is demonstrated through active participation.** After initial login to the course, simply logging in to an online class is not

considered active participation. Academically related activities include, but are not limited to the following:

- submitting a current academic assignment
- completing an exam, an interactive tutorial, or computer-assisted instruction
- participating in an online discussion about academic matters

In an effort to fully enhance the instruction in an on-line class, another means of showing participation in the class will be to watch or engage in a lecture presented through the use of the Blackboard Collaborate system. This Blackboard Collaborate system is designed to provide the student with lecture, demonstration, and/or live teacher-student interaction. Your instructor will notify you if recorded or live lectures will be available in your course within Blackboard and if it is required that students observe and/or interact with the lectures. These lectures are tracked for activity and could be tied to a graded assignment.

Each student should keep the instructor informed if he/she is to be out of contact for any extended period of time. Students should also refer to Drop/Withdrawal Policy.

GRADE APPEAL/GRIEVANCES

Students wanting to make a complaint about a grade or grievance should first discuss the matter with their instructor. Students must file a written appeal with the instructor within ten business days from the date the student learned or reasonably should have learned of the grade or other action complained of. If the appeal is for a final grade, the student should complete the appeal within the first two weeks of the semester following the term in which the grade is questioned. The instructor will determine whether a grade change or other modifications are warranted. A student who is not satisfied with the instructor's decision may request a review through the chain of command within two weeks of the instructor's decision using the form located at:

<https://www.wiregrass.edu/uploads/files/57/7c/577cb13fa30300c6b21ba304d9a5193b.pdf>

Additional Grievance Process forms can be located at:

<https://www.wiregrass.edu/academics/code-of-conduct>

Academic Warning

The first time a student earns a semester grade point average of less than 2.0 and also has a cumulative grade point average of less than 2.0, he/she will be placed on academic warning. To be removed from academic warning, a student must earn a semester grade point average of 2.0 or higher during the next semester of attendance. A student who does not achieve a semester grade point average of 2.0 or higher while on academic warning will be placed on academic probation.

Academic Probation

A student previously placed on academic warning who earns a semester grade point average of less than 2.0 will be placed on academic probation. Students remain on academic probation

until they earn a cumulative grade point average of 2.0 or better. Students will receive notification via student email that they have been placed on academic probation.

Academic Dismissal

A student on academic probation whose semester and cumulative grade point averages are less than 2.0 will be placed on academic dismissal. Students on academic dismissal are required to sit out for one semester. In certain circumstances, a student may be dismissed or suspended from an academic program or the technical college without first being placed on probation. These circumstances may include program specific GPA deficits, attendance issues, or other requirements as outlined in the program specific academic requirements. Students who are dismissed due to academic misconduct are subject to disciplinary sanctions as outlined in the Student Conduct code and will be required to meet with the Vice President for Enrollment Management, or appropriate designee, prior to applying for re-admission. Students who are on academic dismissal will not be allowed to graduate.

WORK ETHICS GRADING POLICY

WGTC instructs and evaluates students on work ethic in all programs of study. Ten work ethic traits have been identified and defined as essential for student success: appearance, attendance, attitude, character, communication, cooperation, organizational skill, productivity, respect, and teamwork. The work ethics grade will be a numerical grade based on your demonstration of the traits identified above. Your instructor will constantly monitor your skill in these areas and will document those situations in which you exceed—or fail to meet—his or her expectations of you. At mid-semester you will receive a rating that reflects these documented situations. If you have been deficient in a certain area, you will be given the opportunity to bring your performance up to industry standards before grades are issued at the end of the semester. The work ethics grade will be placed on your permanent record.

The grades assigned for work ethic are:

Exceeds Expectations = 3

Meets Expectations = 2

Needs Improvement = 1

Unacceptable = 0

Pre-Requisites and Co-Requisites

Courses within the program are aligned for successful completion prior to attending the next course. Co-requisite classes are considered as a single instructional unit and must be attempted concurrently. Due to the dynamic scheduling with each term, course offerings may be altered to accommodate the term schedule. In any case, course progression will be as follows:

- Each course shall be considered as a pre-requisite to the next course.
- Clinical courses may run as pre-requisites or co-requisites depending on the term.
- If at any time a student fails or is withdrawn from a course, all subsequent courses will be dropped.
- If at any time a student fails or is withdrawn from a course, any co-requisites will also be dropped.

Repeating a Course

Students will be allowed to retake 1 course within the program at the next available offering. The student will not be allowed to progress until that course is successfully completed as each course is a pre-requisite to the next. (See Pre-Requisites and Co-Requisites). If a student fails a second course, they will be required to start the program from the beginning.

Cell Phones, Pagers, and Electronics

To eliminate distractions in the classroom the following policy will be followed by all students enrolled in the EMS programs:

- Cell phones are NOT to be used in the classroom, lab, or clinical areas unless prior approval by the instructor. This includes use as a phone, text messaging device, music player, voice recorder, camera, video camera, or any other functions which distracts the students from learning in class or disrupts others at any time. This policy is not limited to devices sold as a cell phone. Any electronic device which meets the spirit of this policy is included.
- All cell phones, pagers, and other electronic devices which have an audible alert function must be turned off or set to silent.
- Electronic devices that are used for audio recording or playback, or video recording or playback, are NOT to be used in the classroom, lab, or clinical areas, or in the hallways and common areas of the college. Students may use, with instructor's permission, audio recorders for the sole purpose of recording lectures.
- Electronic devices with game functions are NOT to be used during class or clinical settings.
- Students who violate this policy will be asked to leave campus for the day on the first offense and the program coordinator will be notified immediately. A second offense will warrant reporting to the program coordinator and follow through with the misconduct policy.

Classroom

Eating and drinking in the classroom will be at the discretion of the instructor. The use of tobacco products, including e-cigarettes, are prohibited in the classroom. Breaks will be given and the break area may be used for refreshments. Smoking is limited to the outside assigned smoking areas. Students who sleep during class may be counted as absent.

Classroom Skills Practice

During the course of this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills may be practiced on classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the task, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The EMS program is acutely aware of both the importance of hands on human practice and the risk of inappropriate interpersonal behavior. All students involved in these skills practice sessions, in the roles of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as behave under ethical and legal guidelines.

Equipment and Supplies

Students are required to set up practical stations and lab sessions. It is necessary that students learn the location of all equipment and supplies. All equipment and supplies must be returned to their proper location and be checked by the instructor at the end of each session before the students will be dismissed.

PRACTICAL EXAMS

Practical exams are conducted to assess the student's competency in the performance of skills used in patient care. Practical skills are graded "Satisfactory" or "Unsatisfactory" and will not count towards a percentage of the final grade. All practical exams require a satisfactory completion in order to pass the course. Any unsatisfactory grades that remain after completion of the testing and retesting will result in a failure of the course. These exams will be conducted during each respective course in accordance to the psychomotor requirements. These competencies will be tested during the respective course.

Practical skills competencies include but are not limited to:

EMSP 1110

- BLS CPR
- Radio Communications
- Documentation
- Patient Movement

EMSP 1120- Assessment skills listed below will be graded and evaluated by using the NREMT Psychomotor Examination forms

- Medical Assessment
- Basic Airway Management

- Medication Administration

EMSP 1130

- Cardiac Monitoring
- 12 Lead Application

EMSP 1140- Pediatric skills listed below will be graded and evaluated by using the NREMT Psychomotor Examination forms

- Pediatric Assessment
- Childbirth

EMSP 1150- Trauma skills listed below will be graded and evaluated by using the NREMT Psychomotor Examination forms

- Trauma Skills (adult and pediatric)
 - Bleeding control
 - Bandaging and Splinting
 - Spinal Motion Restriction

EMSP 2110- Assessment skills listed below will be graded and evaluated by using the NREMT Psychomotor Examination forms

- Patient Assessment
 - Medical
 - Trauma

EMSP 2130- Advanced skills listed below will be graded and evaluated by using the NREMT Psychomotor Examination forms

- Airway Management (adult and pediatric)
 - Basic (BVM, Adjuncts)
 - Advanced (Intubation, Extraglottic, Needle Cricothyrotomy, CPAP)
- Medication Administration (adult and pediatric)
 - IV, IO, IN, PO, PR, SQ, IM
- Vascular Access (adult and pediatric)
 - IV and IO

EMSP 2140- Static and Dynamic Cardiology quizzes and exams will be graded and evaluated using the NREMT Psychomotor Examination forms

- Electrocardiology
 - Normal Sinus Rhythm
 - Dysrhythmias
 - Brady and Tachy
 - Shockable Rhythms
 - Non-Shockable Rhythms

EMSP 2310- Grading and evaluation of practical components will be conducted in accordance of the most current American Heart Association ACLS standards

- Advanced Cardiac Life Support Management
 - Brady and Tachydysrhythmias
 - Ventricular rhythms
 - Asystole and PEA
 - Stroke

EMSP 2330- Trauma skills listed below will be graded and evaluated by using the NREMT Psychomotor Examination forms

- Trauma Skills (adult and pediatric)
 - Bleeding control
 - Bandaging and Splinting
 - Spinal Motion Restriction
 - Needle Thoracostomy

EMSP 2340- Pediatric skills listed below will be graded and evaluated by using the NREMT Psychomotor Examination forms

- Pediatric Assessment and Management
- Childbirth

EMSP 2720- Cumulative practical based scenarios

- NREMT Psychomotor Exams
 - Static Cardiology
 - Dynamic Cardiology
 - Medical Assessment
 - Trauma Assessment
- Final Practical Scenario Exam

Retest policy:

- Retesting of any practical skill must be successfully completed prior to the end of the course
- The student will be allowed only 1 retest per skill
- The student will not be allowed to retest a skill for grade improvement
- If the student fails the retest, the student will fail the course

Practicing Advanced Skills

Students enrolled in the paramedicine program may practice advanced skills, in the presence of a program instructor or clinical preceptor, while on clinical rotations only.

The student liability policy covers students to perform advanced skills during scheduled clinical rotations. Students who are otherwise licensed or certified to perform advanced skills are advised that the liability insurance does not cover them in the non-student capacity.

Written Testing

Written exams will be announced and administered throughout the courses. Unannounced quizzes and/or scenario performances may be given at any time in order to reinforce materials and/or skills being covered. Grading for tests are in accordance with TCSG grading scale. Students must have a weighted grade average of at least a 70% to pass the course.

Retesting:

- Students will be allowed 1 retest per course
- Students will be allowed to take a retest for a failing grade only, not for grade improvement
- If a student takes a retest, the grade will be the average of the 2 tests

Missed test due to absence:

- If a student misses an announced test due to an absence, the student will have 1 attempt only for that exam. The grade will be based on that single attempt
- The student will not have an additional attempt to retake if there is a failure.
- The test will be made up at the date and time to be determined by the instructor
- If the test is not made up at the predetermined time, a grade of zero will be assigned
- Missed announced tests are not subject to the retesting policy noted above

Final Course Exams:

- The student must have a minimal of 70% on the final exam
- The student may retest the final 1 time
- If a student misses the announced final exam due to an absence, they will have 1 attempt only on the final make-up day
- If a student retests the final exam, the grade of the final will be the average of the 2 exams and must be a minimal of 70% to pass the course
- If the student does not pass the final with a 70% or greater on the final course exam, the student will fail the course.

High Stakes Exams

High stakes exams will be administered throughout each program. These exams may consist of written or practical evaluations. If a student is not successful on a written high stakes exam, the instructor will conduct an item analysis of the exam and determine whether or not the student will be awarded points based on the accuracy of the question and/or answer. If a student is not successful on a practical exam, the instructor may elect to conduct a retake or have another

instructor conduct the retake with the student or based on policies of supplemental courses such as AHA and NAEMT courses.

Clinical Rotations and Evaluations

Clinical rotations are an essential component of the EMS Program. Each clinical is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of patient medical information and past medical history. The practice of basic and advanced skills and patient documentation are secondary, but highly essential, parts of clinical rotations.

Each student will complete the required clinical hours per program (EMT, AEMT, and paramedic). Specific requirements will be reviewed with students by the instructors. Clinical for students will be scheduled by the instructors, with student input. Any schedule changes must be made by the instructors. Paramedic students will complete the required hours of clinical rotations in a variety of venues, all of which will be scheduled and supervised by the instructors. Specific clinical requirements will be given to the EMS students prior to beginning clinical rotations.

Students are prohibited from any photography during clinical. At no time will photos be taken at the scene of an emergency, vehicle, patients, activities or procedures performed or witnessed, even if the patient grants permission to do so. Posting to social media or sharing of such photos is a violation of HIPPA and will result in disciplinary action or removal from the EMS program.

Use of social media in ways that violate federal, state, and local laws, regulations, rules, and policies, including the Technical College System of Georgia State Board policies, may result in criminal or civil penalties as well as disciplinary actions. Students must also abide by the Student Code of Conduct. Please refer to the Wiregrass Georgia Technical College Student Code of Conduct at: <https://www.wiregrass.edu/course-catalog/downloads/current.pdf>

Clinical and Field Attendance

Clinical rotations and hours will depend upon the location and/or facility, as well as the semester. Clinical may be scheduled during the week, nights, or on weekends.

Clinical and Field Rotations

While on clinical rotations:

- Students are to be dressed in the appropriate clinical uniform for their academic level.

- Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
- If possible, students may be given two brief breaks (15 minutes) and a lunch / dinner break (30 minutes) may be taken, with phone calls to be made at that time. This is not always possible, so it is advised that students bring something to snack on while at the clinical site.
- Students must function in the capacity **as a student**, regardless of previous or current affiliations or employment with the clinical site. Students cannot be paid for clinical rotations. Students are not to be substituted for paid personnel.
- All clinical / field internship hours and skills must be completed during a scheduled clinical / field shift with the EMS program, and may not occur while the student is working as a required member of an ambulance or is a paid staff member at a clinical site.
- Students cannot perform clinical rotations while employed as a member of an emergency service.
- **At no time, may a student be in control of an ambulance or emergency vehicle.**

To receive a passing grade for the clinical component of each course, students must accomplish the following, by the course completion date:

- Complete the required number of clinical hours (including all required, repeat, or make-up rotations) at each clinical site, as described by the instructor at the beginning of each course. Documentation of these hours must be submitted to the instructor on the proper form and signed by the preceptor.
- Complete all minimum runs and minimum numbers of skills as required in the clinical information given by the instructor at the beginning of each course.
- Perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms.
- Meet the standards of professionalism set by the WGTC EMS Program, including appropriate dress, actions, demeanor, and language.
- Clinical rotations which receive an unsatisfactory evaluation must be repeated prior to the completion of the program.

Clinical evaluations must be submitted to the clinical preceptor by the end of the clinical day. Failure to submit clinical evaluations by the due date may incur a grade penalty for the clinical hours earned during the rotation. Repeat clinical rotations must be completed before the end of the semester in which the clinical was originally scheduled.

Clinical evaluations must be an accurate representation of the clinical experience. Falsification of the clinical experience is grounds for disciplinary action up to and including failure of the course(s). Additionally, the EMS program may elect to, or be required to, report the incident to the Georgia Office of EMS. **Preceptors, fellow students, and other certified or licensed health**

care providers may face disciplinary action of a similar nature for assisting misrepresentation of the clinical experience.

Clinical Documentation

Clinical documentation is an essential part of the student's education and is the sole proof of the student's clinical time. Clinical documentation will be both electronic and paper-based and will be checked bi-weekly by instructors to follow the student's progress and correct any issues found at the time of inspection. There will be a uniform layout of notebooks for ease of inspection by EMS instructors, State of Georgia Office of EMS and Trauma, National Registry of Emergency Medical Technicians, and the Committee on Accreditation for the Emergency Medical Services Professions. Layouts will closely follow the State of Georgia clinical / field requirements file review forms that will be completed at the end of class. State EMS student file review forms will be included in the clinical notebooks.

Safety and Hygiene

Safety is of the utmost importance to the EMS student and clinical preceptors. Any unsafe conditions or practices should be brought to the immediate attention of the instructor. Because of the close contact necessary among students and the frequent use of the same equipment, the **highest level of personal hygiene is necessary**. Gloves and masks will be used when it is deemed appropriate. Decontamination of equipment will be the joint responsibility of instructors and students. A high level of awareness and close adherence to all safety policies is a must.

Criminal background screening –Clinical approval

Students entering their program of study must have a national criminal background check completed through the agency, approved by Wiregrass Technical College, prior to the beginning of clinical rotations at the designated clinical facility. The clinical affiliates will make the decision to approve or deny the student for clinical privileges. Refusal of an affiliate to accept a student will prevent a student from completing the Allied Health program. The student will be responsible for clearing any denials reported from the clinical affiliate through the process established by the agency. Students who are unable to resolve denials may be withdrawn from the Allied health program.

An unsatisfactory national criminal background check may prohibit the student's participation in clinical rotations. If the student is unable to attend clinical rotations, he/she will be unable to complete the clinical competencies of the course and will not be eligible to continue in the program.

Each clinical site affiliated with the College has the right to refuse student clinical privileges at their facility based on the results of the criminal background check. Should the student's clinical rotation be denied by any assigned clinical site, the student will be required to withdraw from the program of study and will receive a grade of W (withdrawal) or F for the course.

For students who are accepted into a rotation with a criminal background, completion of the EMS/Paramedicine Program does not guarantee the student will be eligible to test for the National Registry of Emergency Medical Technicians for state licensure. If the student has a criminal background, it is the student's responsibility to research his/her own eligibility for licensure.

Drug Screen Policy

The following screen is mandatory: 10 panel + Oxycodone + Ethanol. The student will order the drug screen through the approved agency. Results of the drug screen will be made available to the Director of Clinical Affiliations in a secure manner. A positive drug screen report may prevent the student from participating in clinical rotations and a grade of a W (withdrawal) or F will be assigned to the course. While positive results are being investigated, students will not be allowed to participate in clinical.

Conflict Resolution

The EMS Program and WGTC recognize that students will, from time to time, encounter disheartening, unpleasant, and occasionally hostile situations. These situations may stem from interaction between individuals and / or groups of other students, faculty, clinical preceptors or clinical sites, the general public, or the witnessing of emotionally traumatic events.

While the EMS Program cannot protect students from the dangers and harsh realities of the world which are encountered on clinical rotations, we will make every effort to give the student the knowledge and skills necessary to protect themselves. To a great extent the student must take the responsibility to use these tools at the appropriate time. This includes situations in which the language, attitude, and behavior of other students, clinical personnel, and program faculty may innocently or maliciously be offensive. The first step in any of these cases is to notify the involved party of the offense and the student's respective instructor. Should the offensive behavior continue, the student should notify the next person up the chain of command.

Conflicts Occurring in the Classroom

Student conflicts are expected to be handled between the parties involved. In the event that a situation cannot be resolved peaceably between the individual or group of students, the course instructor or Program Coordinator should be notified. The situation will be corrected following program policies, grading criteria, instructional intent, and course objectives.

The following chain of command should be used for problems encountered with the instruction and skills practice in the EMS Program:

- Parties involved
- Instructor / Faculty / Staff present at time of incident
- Course Instructor
- Program Coordinator

Conflicts During Clinical and Field Rotations

Any situation occurring during clinical or field rotation is to be reported immediately to the student's clinical instructor. If a resolution cannot be achieved in a reasonable time between the student, clinical instructor and the clinical site, the student will be excused from that clinical and will be rescheduled as needed. .

Students should understand that the EMS Program is concerned with conflict encountered while on clinical rotations. However, students should also understand that the clinical site has a vested interest in resolving problems internally. It will be the prerogative and responsibility of the clinical site to report problems and resolution decisions to the EMS program.

Recognizing Stress

Students involved in clinical rotations encounter uncontrolled situations often exposing the worst the world has to offer. These situations, either individually or through accumulation, can prove difficult to handle for both inexperienced and veteran personnel alike. Students who encounter an emotionally traumatic event or who begin to feel the accumulation of these events, should notify their course instructor or Program Coordinator as soon as possible.

Students should be aware of feelings such as:

- Isolation
- Inappropriate use of humor
- Depression
- Difficulty eating / lost appetite
- Irritability with family and friends
- Inability to concentrate
- Indecisiveness
- Difficulty sleeping and nightmares

The above lists are all symptoms of emotional stress. If the student feels that they have any of these symptoms, contact your instructor or program coordinator.

Certification and Licensure

Upon satisfactory completion of the EMS program at WGTC, a student may apply to test and become certified as a Nationally Registered EMT / AEMT or Paramedic by the National Registry of Emergency Medical Technicians. The EMS faculty will supply appropriate information concerning certification and licensure routes and processes.

Program Completion and Approval to Test for Paramedics

The Paramedicine program has a vested interest in the success of our students. In order for the student to be successful in passing the National Registry of Emergency Medical Technicians (NREMT) written paramedic exam, students will need to meet additional testing requirements as specified by Platinum Education Group that are not subject to specific grades but are required in order to complete EMSP 2720. These are aligned with the First-Time NREMT Pass Guarantee. The student must meet these requirements in order to pass EMSP 2720 and cleared

as successful course completion with NREMT. If the student meets all of the requirements and does not pass the NREMT exam on their first attempt, Platinum Education Group will refund the student the cost of the failed attempt (testing fee only).

In order to qualify for the guarantee, the student and school must have satisfied all of the following. The student must have

1. Participated in all of the admission assessment evaluations to include:
 - a. Reading assessment (and must demonstrate a reading level at or above the following):
 - i. EMR-6th Grade
 - ii. EMT-8th Grade
 - iii. AEMT and Paramedic-10th Grade
 - b. Learning Preference with the school assigning seating based on learning preferences.
2. Viewed the help videos of: How To Read a Text, How To Take a Test, and How To Study.
3. Evidence of taking at least one online Quiz or Test per Module administered within EMSTesting and with additional evidence of progressive testing.
4. Attained a passing score on one of the Platinum Final Exams at the level the student is working toward.
5. Achieved a score of at least two Exceptional and the remaining scores at least a Good on a timed, comprehensive Computer Adaptive Test involving all of the categories offered by Platinum Educational Group's Adaptive Testing portion.
6. Taken the Registry within at least 3 months of the last class session.
7. Submitted the request so that Platinum Educational Group receives the request within 30 days of receiving the Registry Test results

If all of the above are met, and there is no obvious evidence of cheating or fraud, and the student fails on the first time taking the Written National Registry Examination, all the student has to do is submit proof of their failing results along with their request for money back using the form provided.

Program Expenses

Other than tuition and required textbooks and fees, the EMS program has the following related expenses:

1. Hepatitis B Vaccination Series
2. Annual TB Skin Test (PPD)
3. Drug screen
4. Background check
5. Required clothing for clinical rotations
6. Graduation fee (optional)
7. Physical
8. Safety Vest
9. Clinical Backpack

Program expenses are subject to change without notice.

Students can reference the National Education Standards for their respective level of training in their course textbook, on EMS testing, or at the following locations:

National Emergency Medical Services Education Standards

[https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National EMS Education Standards.pdf](https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National_EMS_Education_Standards.pdf)

Emergency Medical Technician National Education Standards

https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/EMT_Instructional_Guidelines.pdf

Advanced Emergency Medical Technician National Education Standards

[https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/ADV EMT Instructional Guidelines.pdf](https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/ADV_EMT_Instructional_Guidelines.pdf)

Paramedic National Education Standards

[https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/Paramedic Instructional Guidelines.pdf](https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/Paramedic_Instructional_Guidelines.pdf)

HIPPA Compliance

Health Insurance Portability and Accountability Act of 1996

HIPAA is a federal law that requires special training for health occupations students on policies and procedures with respect to protected health information. It is important that the student understand the concepts, especially as it applies to the position and responsibilities as a student.

The Privacy Regulations require clinical sites to create a fair set of practices that:

- Inform people about how their information is used and disclosed.
- Ensure that people have access to their own information.
- Maintain administrative and physical safeguards to Protected Health Information (PHI).

It is important that you are mindful of these regulations, even if you do not routinely encounter protected health information as part of your job responsibilities. PHI is any information that relates to the past, present, or future physical or mental health, or the condition of an individual.

HIPAA is the first federal law establishing privacy standards that define and limit the circumstances in which an individual's PHI may be used or disclosed by others. The law provides patients with more control over how their personal health information is used and disclosed. Policies have been developed on the use and access to information you need to carry out your job duties. The use of PHI should always be kept to what is relevant to the circumstances.

The Use of Protected Health Information

HIPAA requires reasonable efforts to limit use, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. The law requires clinical sites to assess PHI to what is reasonably necessary for a particular purpose and identify who needs access to that PHI.

For disclosures not for treatment, payment, or operations, clinical sites must obtain a signed authorization for release of information. There are circumstances when an authorization is not required, for example, reporting child abuse. These exceptions are listed in the HIPAA Compliance Policy. The clinical sites must reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is not allowed or authorized.

Remember:

- All forms of PHI are covered under the Privacy Rule.
- Clinical sites must assess what PHI is reasonably necessary for a particular purpose.
- For routine or recurring disclosures, the policies and procedures may be standard protocols.
- For non-routine disclosures, departments must develop reasonable criteria for determining the minimum necessary PHI to accomplish the purpose.
- Clinical sites must reasonably safeguard PHI from any intentional or unintentional use or disclosure that is not allowed or authorized.

Clinical sites have agreements that hold their business associates and their agents to the same conditions of privacy and security. If a business associate violates the agreement, reasonable steps must be taken to make sure a breach does not occur again.

Privacy and Confidentiality

Privacy is the right of an individual to be left alone, including freedom from intrusion into one's private affairs and includes the right to maintain control over certain personal information. Confidentiality means that information is not made available or disclosed to unauthorized individuals, entities, or processes.

In healthcare, confidentiality is maintained through the ethical behavior of healthcare workers so that an individual's health information is not disclosed unless called for by law, policy, or with the individual's consent or authorization. With the growth of electronic systems to aid medical diagnostics, claims processing, and research, it is crucial to improve privacy and confidentiality.

Breaches and Sanctions

HIPAA is a federal law and individuals are personally accountable for compliance. Violators will be subjected to sanctions and penalties including:

- Violations of these standards will be subject to civil liability.
- Civil money penalties are \$100 per violation, up to \$25,000 per year.
- Criminal penalties for certain actions could include up to ten years in jail.

Civil penalties are imposed for unintentional violations, which can be just poor private practices. For example, a hospital employee noticed the name of an acquaintance on a discharge list. She saw him a week later at a game and asked him if he was feeling better. While this would probably not generate a formal complaint, she should have known better than to inquire about his medical condition, especially in a public place.

Role of the Office of Civil Rights

The Health and Human Service's Office for Civil Rights is charged with investigating and reviewing HIPAA compliance. For further information, visit their website at www.hhs.gov/ocr/hipaa.

Clinical/Field Internship Affiliates

South Georgia Medical Center (SGMC)

2501 N. Patterson St.

Valdosta, GA 31602

Phone: 229-333-1000

South Georgia Medical Center Mobile

Health Care Services

300 Woodrow Wilson Drive

Valdosta, GA 31602

Phone: 229-333-1000

Smith Northview Hospital (a campus of SGMC)

4280 North Valdosta Road

Valdosta Ga., 31602

Phone: 229-671-2040

South Georgia Ambulance (Grady) Cook County

212 North Parrish Ave

Adel, Georgia 31620

Phone: 229-896-1420

South Georgia Ambulance (Grady) Brooks County

510 N. Walker Street

Quitman, GA 31643

Coffee Regional Medical Center

1101 Ocilla Road

Douglas, GA 31533

Phone: 912-384-1900

Coffee Regional Medical Center

Emergency Medical Services

1101 Ocilla Road

Douglas, GA 31533

Phone: 912-383-5683

South Georgia Ambulance (Grady) Ben Hill County

Emergency Medical Services

302 W. Altamaha Street

Fitzgerald, GA 31750

229-426-5115

Tift Regional Medical Center
901 18st Street
Tifton, GA 31794

Southwell Medical (Tift)
260 MJ Taylor Rd
Adel, GA 31620

Southern Pediatric Clinic
406-M Northside Dr
Valdosta, GA 31602

Irwin County Hospital
710 N Irwin Ave
Ocilla, GA 31774

ED Clinical Tasks

During Emergency Department (ED) clinical, the student should have the opportunity to practice and demonstrate, under the direct supervision of a Registered Nurse (R.N.), Physician, Physician's Assistant, or approved Paramedic preceptor, proficiency for each of the following:

1. Perform patient assessments, including obtaining medical history and a physical examination. The assessment should include a primary and secondary survey, taking and recording the information obtained.
2. Assist and review the treatment of the following trauma and medical patients, when presenting to the ED:
 - Major Trauma
 - Myocardial Infarctions
 - Congestive Heart Failure
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Diabetic Emergencies
 - Asthma Attacks
 - Seizures
 - Psychiatric Problems
 - Overdoses
 - Intoxication / Substance Abuse
 - Renal Failure
 - Gastrointestinal (GI) Emergencies
 - Stroke
 - Extremity Fractures
 - Fever/Sepsis
 - Poisoning
3. Observe and assist in the triage and assessment of all types of patients.
4. Perform peripheral IV or IO insertion on adult, pediatric, and geriatric patients.
5. Perform pharmacological procedures as directed by the clinical faculty.
6. Prepare and administer Intramuscular (IM), Subcutaneous (SQ), Sublingual (SL), PO (by mouth), and Intravenous (IV) medications as directed by, and under the direct supervision of, the clinical faculty.
7. Observe patients for effects of pharmacological agents administered.

8. Assist in cases of cardiac arrest as directed, including the performance of Cardiopulmonary Resuscitation (CPR), management of the airway, and other appropriate procedures.
9. Assist in trauma cases requiring hemorrhage control, suturing, immobilization, and splinting.
10. Carry out the physical assessment of a patient with coronary artery disease.
11. Recognize cardiac dysrhythmias on a cardiac monitor.
12. Identify the signs, symptoms, and treatment of cardiogenic shock.
13. Identify the signs, symptoms, and treatment of congestive heart failure.
14. Participate in the pharmacological and electrical management of the cardiac patient when needed.

Respiratory Therapy Clinical

During the respiratory therapy clinical, the student will be primarily in an observation role. The purposes of this clinical is to expose the student to various respiratory conditions in which they may face. The various conditions include but are not limited to:

- Asthma
- COPD/Emphysema
- Tracheostomy care
- Pneumonia
- Acute Respiratory Distress Syndrome
- Acute respiratory failure
- Pulmonary embolism
- Mechanical ventilation
- Pneumothorax
- Thoracostomy tubes
- Croup
- Acute lung injury

ICU/CCU Clinical

During the ICU/CCU clinical, the student will be primarily in an observation role. The purpose for this clinical is to expose the student to various patients with acute medical and cardiac conditions. The various conditions include but are not limited to:

- Myocardial Infarctions
- Congestive Heart Failure
- Seizures
- Overdoses
- Renal Failure
- Gastrointestinal (GI) Emergencies
- Stroke
- Poisoning
- Fever/Sepsis

EMS Field Tasks

During ambulance clinical and internship, the student should have, under the direct supervision of a clinical / internship preceptor, the opportunity to practice and demonstrate proficiency for each of the following as needed:

1. Perform patient assessments as indicated for trauma, medical, psychiatric, Obstetrics (OB) / Gynecological (GYN) and pediatric patients.
2. Manage the airway in unconscious patients to include the use of proper head positioning, basic airway adjuncts, and advanced techniques.
3. Administration of oxygen using the appropriate delivery devices.
4. Correctly perform Cardiopulmonary Resuscitation.
5. Initiate Peripheral IV or IO insertion in the adult, pediatric, and geriatric patient.
6. Perform venipuncture to obtain blood samples.
7. Correctly place electrodes, record, and interpret Electrocardiograms (ECGs).
8. Assess and manage patients to include, if presented, but not limited to the following conditions and / or Tasks (under direct supervision):
 - Major Trauma
 - Myocardial Infarctions
 - Congestive Heart Failure
 - COPD

- Obstructed Airway
- Diabetic Emergencies
- Asthma Attacks
- Seizures
- Coma
- OB Problems
- Psychiatric Problems
- Overdoses
- Intoxication / Substance Abuse
- Endotracheal Intubation (adult)
- Endotracheal Intubation (pediatric)
- Perform Aseptic Endotracheal Suctioning
- Fracture and Dislocations – Immobilization
- Spinal Immobilizations - Long Spine Board
- Spinal Immobilizations – Kendrick Extrication Device (KED)
- Application of Traction Splints
- Communications with Patient and Hospital
- Needle Chest Decompression
- Needle Cricothyrotomy
- Transcutaneous Cardiac Pacing
- Supervise in the role of the lead Paramedic, assuring proper patient care
- Manage Cardiac Arrest according to AHA standards
- Prepare and Administer IV push medications
- Prepare and Administer IV Drip medications
- Prepare and Administer IM medications
- Prepare and Administer Subcutaneous medications
- Prepare and Administer Inhalation medications
- Demonstrate proper use of communications equipment
- Demonstrate proper use of suction equipment
- Demonstrate proper use of the cardiac monitor
- Assist in the delivery of a newborn
- Apply pediatric immobilization device
- Perform blood glucose test
- Demonstrate the proper use of a pulse oximeter
- Demonstrate the proper use of a scoop stretcher
- Properly Defibrillate Ventricular Fibrillation (V-Fib) / Ventricular Tachycardia (V-Tach)
- Perform the proper techniques for synchronized cardioversion
- Perform Intraosseous infusion
- Perform External Jugular Vein Cannulation

Students should only practice their EMT skills in clinical setting until taught Paramedic skills and found competent in the lab.

Labor and Deliver (L&D) Clinical Tasks

During clinical, the student should have the opportunity to practice and demonstrate, under direct supervision, proficiency for each of the following:

Students are to practice EMT skills until advanced skills are taught and verified in the lab. Students are to receive the permission of the patient and physician prior to participating in a delivery in the hospital setting.

1. Monitor the vital signs of a patient in active labor.
2. Observe fetal monitoring.
3. Monitor fetal heart tones, with the nurse's and mother's permission.
4. Feel and time uterine contractions, with the mother's permission.
5. Observe the signs and symptoms of pre-eclampsia and eclampsia.
6. Observe a cephalic vaginal delivery, with patient and physician's permission.
7. Observe complicated deliveries such as breech and prolapsed cord.
8. Discuss the "inverted triangle" in the resuscitation of a newborn.
9. Observe/Assist in the management / resuscitation of the newborn.
10. Note and record 1-minute and 5-minute Appearance, Pulse, Grimace, Activity, Respiration (APGAR) scores.
11. Observe / assist with the immediate post-delivery care of the mother.
12. Take and record the vital signs of the newborn and mother.

Operating Room Clinical Tasks

During clinical, the student should have the opportunity to practice and demonstrate, **under direct supervision of a Physician, Nurse Anesthetist or other designee by a Physician,** proficiency for each of the following:

1. Observe paralytic / neuromuscular blocking agents / medications
2. Ventilation of patients under sedation
3. Endotracheal Intubation of patients under sedation
4. Placement of Blind Insertion Airway Devices in patients under sedation
5. Auscultation of lung sounds in patients under sedation
6. Auscultation of lung sounds in patients with proper Endotracheal Tube placement
7. Auscultation of lung sounds in patients with proper Blind Insertion Airway Device placement
8. Observe hemodynamic monitoring of patients under sedation
9. Observe Carbon Dioxide (CO₂) capnography wave forms
10. Observe Peripheral Oxygen (SPO₂) wave forms

Pediatric Clinical Tasks

During clinical, the student should have the opportunity to practice and demonstrate, **under direct supervision**, proficiency for each of the following:

1. Perform patient assessments on pediatric patients, including obtaining medical history and a physical examination. The assessment should include a primary and secondary survey, taking and recording the information obtained.
2. Assist and review the treatment of the following trauma and medical patients as appropriate for presentation:
 - Major Trauma
 - Diabetic Emergencies
 - Asthma Attacks
 - Seizures
 - Psychiatric Problems
 - Overdoses
 - Extremity Fractures
 - Poisoning
 - Fever
 - GI Problems
3. Observe and assist in the triage and assessment of all types of patients.

4. Perform peripheral IV or IO insertion on pediatric patients as directed by the clinical faculty.
5. Perform pharmacological procedures as directed by the clinical faculty.
6. Prepare and administer IM, SQ, SL, PO, and IV medications as directed by the clinical faculty.
7. Observe patients for effects of pharmacological agents administered.
8. Assist in cases of cardiac arrest as directed, including the performance of CPR, management of the airway, and other appropriate procedures as directed by the clinical faculty.
9. Assist in trauma cases requiring hemorrhage control, suturing, immobilization, and splinting as directed by the clinical faculty.
10. Recognize cardiac dysrhythmias on a monitor.
11. Participate in the pharmacological and electrical management of the cardiac patient when needed as directed by the clinical faculty.

Students should only perform their EMT skills on pediatric patients until taught Paramedic skills in class and verified in the lab.

Paramedic Program Clinical Learning Objectives

EMSP 2510 - Clinical Applications for the Paramedic - I 75 Clinical Hours

EMSP 2520 - Clinical Applications for the Paramedic – II – 75 Clinical Hours

EMSP 2530 - Clinical Applications for the Paramedic – III – 75 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Cognitive Synthesis
5. Perform health screening and referrals. Psychomotor Guided Response

6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

EMSP 2540 - Clinical Applications for the Paramedic – IV- 37.5 Clinical Hours

EMSP 2550 - Clinical Applications for the Paramedic – V- 37.5 Clinical Hours

EMSP 2560 - Clinical Applications for the Paramedic – VI- 37.5 Clinical Hours

EMSP 2570 - Clinical Applications for the Paramedic – VII – 37.5 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Psychomotor Complex Response
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization

14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

EMSP 2710 - Field Internship for the Paramedic – 75 Clinical Hours

1. Perform as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Guided Response
2. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
3. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
4. Perform basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Guided Response
5. Evaluate the effectiveness of interventions and modify treatment plan accordingly. Cognitive Evaluation
6. Perform as the team leader of a routine, single patient advanced life support emergency call. Psychomotor Guided Response
7. Demonstrate ensuring the safety of the rescuer and others during an emergency. Psychomotor Guided Response
8. Promote the safety of the rescuer and others during an emergency. Affective Characterization
9. Demonstrate completion of the minimum leadership competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response
10. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization

Emergency Medical Technician Clinical Learning Objectives

EMSP 1160 - Learning Outcomes Clinical Applications for the Emergency Medical Technician

1. Perform a basic history and physical examination to identify acute complaints and monitor changes on various patients in the clinical / field setting. Psychomotor Guided Response
2. Display communicating in a culturally sensitive manner with various patients in the clinical / field setting. Affective Responding
3. Demonstrate identification of the actual and potential complaints of emergency patients for various patients in the clinical / field setting. Psychomotor Guided Response
4. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the EMT level. Psychomotor Guided Response
5. Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Guided Response
6. Display professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Responding
7. Implement basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care for various patients in the clinical / field setting. Psychomotor Mechanism
8. Demonstrate appropriate record keeping by reporting and documenting assessment data and interventions for various patients in the clinical / field setting. Psychomotor Guided Response
9. Perform patient assessments and provide pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the EMT level. Psychomotor Guided Response
10. Demonstrate serving as an EMS team member on various emergency calls with more experienced personnel in the lead role. Psychomotor Guided Response
11. Demonstrate how to ensure the safety of the rescuer and others during an emergency. Psychomotor Guided Response

12. Demonstrate completion of the minimum clinical and field competencies for the EMT level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response

Assessment Based Management

Order Description Learning Domain Level of Learning

1. Explain how the EMT's effective assessment is critical to clinical decision making. Cognitive Comprehension
2. Explain how the EMT's attitude affects assessment and decision making. Cognitive Comprehension
3. Given a simulated call, describe the appropriate BLS and ALS equipment to be taken to the patient. Cognitive Comprehension
4. Explain the EMT's general approach to the emergency patient. Cognitive Comprehension
5. Explain the general approach, patient assessment, differentials, and management priorities, appropriate for an EMT for patients with the various complaints. Cognitive Comprehension
6. Describe how the EMT will effectively communicate patient information face to face, over the telephone, by radio, and in writing. Cognitive Comprehension
7. Consider the use of scenarios to develop high level clinical decision making skills for the EMT. Affective Valuing
8. Consider the importance of considering differentials in the patient care, for an EMT. Affective Valuing
9. Follow and practice the process of complete patient assessment on all patients, for an EMT. Affective Valuing
10. Consider the importance of presenting the patient accurately and clearly, for an EMT. Affective Valuing
11. Demonstrate serving as an EMT team leader, and choreograph the EMS response team, perform a patient assessment, provide local / regionally appropriate treatment, present cases verbally and in writing given a moulaged and programmed simulated patient. Psychomotor Guided Response
12. Demonstrate serving as an EMT team leader, while assessing and managing programmed patients or mannequins with various medical complaints, to include: considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor Guided Response
13. Demonstrate serving as an EMT team leader, while assessing and managing programmed patients or mannequins with various traumatic complaints, to include:

considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor
Guided Response

Advanced Emergency Medical Technician Clinical Learning Objectives

EMSP 1530 – Learning Outcomes Clinical Applications for the Advanced EMT

1. Perform a thorough history and physical examination to identify acute complaints and monitor changes on various patients in the clinical / field setting. Psychomotor Guided Response
2. Encourage communicating in a culturally sensitive manner with various patients in the clinical / field setting. Affective Organization
3. Implement identification of the actual and potential complaints of emergency patients for various patients in the clinical / field setting. Psychomotor Mechanism
4. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Guided Response
5. Implement professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Mechanism
6. Encourage professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Organization
7. Implement basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care for various patients in the clinical / field setting. Psychomotor Mechanism
8. Implement appropriate record keeping by reporting and documenting assessment data and interventions for various patients in the clinical / field setting. Psychomotor Mechanism
9. Implement patient assessments and provide pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Mechanism
10. Demonstrate serving as an EMS team member on various emergency calls with more experienced personnel in the lead role. Psychomotor Guided Response
11. Demonstrate how to ensure the safety of the rescuer and others during an emergency while in the role of team leader. Psychomotor Guided Response

12. Display concern for the safety of others in the role of team leader. Affective Responding
13. Demonstrate completion of the minimum clinical and field competencies for the AEMT level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response
14. Demonstrate serving as an EMS team member on at least one emergency EMS call. Psychomotor Guided Response

EMSP 1540 - Clinical and Practical Applications for the Advanced EMT

Learning Outcomes Clinical

Order Description Learning Domain Level of Learning

1. Perform a thorough history and physical examination to identify acute complaints and monitor changes on various patients in the clinical / field setting. Psychomotor Guided Response
2. Encourage communicating in a culturally sensitive manner with various patients in the clinical / field setting. Affective Organization
3. Implement identification of the actual and potential complaints of emergency patients for various patients in the clinical / field setting. Psychomotor Mechanism
4. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Guided Response
5. Implement professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Mechanism
6. Encourage professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Organization
7. Implement basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care for various patients in the clinical / field setting. Psychomotor Mechanism
8. Implement appropriate record keeping by reporting and documenting assessment data and interventions for various patients in the clinical / field setting. Psychomotor Mechanism
9. Implement patient assessments and provide pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Mechanism
10. Demonstrate serving as an EMS team leader on various emergency calls with more experienced personnel in the lead role. Psychomotor Guided Response
11. Demonstrate how to ensure the safety of the rescuer and others during an emergency while in the role of team leader. Psychomotor Guided Response
12. Display concern for the safety of others in the role of team leader. Affective Responding

13. Demonstrate completion of the minimum clinical and field competencies for the AEMT level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response

Assessment Based Management

Order Description Learning Domain Level of Learning

1. Articulate how the AEMT's effective assessment is critical to clinical decision making. Cognitive Application
2. Articulate how the AEMT's attitude affects assessment and decision making. Cognitive Application
3. Determine the appropriate BLS and ALS equipment, given a simulated call, to be taken to the patient. Cognitive Application
4. Characterize the AEMT's general approach to the emergency patient. Cognitive Analysis
5. Characterize the general approach, patient assessment, differentials, and management priorities, appropriate for an AEMT, for patients with various complaints. Cognitive Analysis
6. Characterize how the AEMT will effectively communicate patient information face to face, over the telephone, by radio, and in writing. Cognitive Analysis
7. Respect the use of scenarios to develop high level clinical decision making skills for the AEMT. Affective Organization
8. Respect the importance of considering differentials in the patient care, for an AEMT. Affective Organization
9. Encourage and practice the process of complete patient assessment on all patients, for an AEMT. Affective Organization
10. Respect the importance of presenting the patient accurately and clearly, for an AEMT. Affective Organization
11. Implement the role of an AEMT team leader, and choreograph the EMS response team, perform a patient assessment, provide local / regionally appropriate treatment, present cases verbally and in writing given a moulaged and programmed simulated patient. Psychomotor Mechanism
12. Implement the role of an AEMT team leader, while assessing and managing programmed patients or mannequins with various medical complaints, to include: considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor Mechanism
13. Implement the role of an AEMT team leader, while assessing and managing programmed patients or mannequins with various traumatic complaints, to include:

considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor Mechanism

Statement of Understanding of Confidentiality and the Health Insurance Portability and Accountability Act

4089 Val Tech Road
Valdosta, GA 31602

I have received a copy of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and I understand:

HIPAA is a federal law that requires special training for health-care personnel on policies and procedures regarding protected health information. Protected Health Information (PHI) is any information that relates to the past, present, or future physical or mental health, or the condition of an individual. HIPAA is the first federal law establishing privacy standards that define and limit the circumstances in which an individual's PHI may be used or disclosed by others. The law provides patients with more control over how their personal health information is used and disclosed.

I understand that I cannot disclose any patient information relating to my clinical experiences in any facility for any reason. My clinical information is private and will not be shared in any manner. My clinical information can only be discussed with my clinical instructor or hospital staff members directly related to my patients' care. I understand that if I share information in any way, I may be held legally accountable. I understand that individuals, including students, may be held personally accountable for any violation which may include:

1. Violation of standards may be subject to civil liability.
2. Civil monetary penalties may be incurred.
3. Criminal penalties may include up to ten years in jail.

_____ Printed Student Name	_____ Date
_____ Student Signature	_____ Student ID#
_____ Printed Faculty Name	_____ Date
_____ Faculty Signature	

_____ **Social Media**

Use of social media in ways that violate federal, state, and local laws, regulations, rules, and policies, including the Technical College System of Georgia State Board policies, may result in criminal or civil penalties as well as disciplinary actions. Students must also abide by the Student Code of Conduct. Please refer to the Wiregrass Georgia Technical College Student Code of Conduct:

<https://www.wiregrass.edu/course-catalog/downloads/current.pdf>

_____ **Photography**

Students are prohibited from any photography during clinical. At no time will photos be taken at the scene of an emergency, (i.e., vehicle, patients, activities, procedures performed, or witnessed) even if the patient grants permission to do so. Posting or sharing of such photos is a violation of HIPPA and will result in disciplinary action or removal from the EMS program.

<https://www.wiregrass.edu/course-catalog/downloads/current.pdf>

_____ **Uniform Policy**

I acknowledge that I have received the program uniform policy and that I am required to adhere to the uniform policy as a corequisite to class and clinical participation.

_____ **Sleeping is not allowed during class or clinical rotations**

I acknowledge that students are not allowed to sleep during class or clinical rotations and if found asleep at is a clinical site I may be dismissed for the day and referred to the Program Coordinator for counseling and disciplinary action.

Acknowledgment of Receipt and Review of Student Handbook

I have received and reviewed the information found within the EMS/Paramedic handbook. By my signature below, I attest that an in-class review of the handbook was conducted thoroughly. I have been given the opportunity to ask questions, and I fully understand the information contained within the EMS/Paramedic program handbook. I also understand this statement of understanding is valid for the entire duration of the program, and any changes will be communicated through a program handbook addendum and reviewed at the time of the instituted change.

Student's Signature

Student Number

Student Name Printed

Date