



NMETC
National Medical
Education & Training Center

2017 School Catalog

5 Manley St.
West Bridgewater, MA 02379
(508) 510-3666

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This catalog is true and correct in content and policy

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Institutional Information

Mission and Objectives

Mission Statement

The mission of National Medical Education & Training Center is to prepare students to be competent, caring, and honorable individuals to serve in entry-level positions as members of inter-disciplinary teams in paramedic and emergency technician settings.

Philosophy

National Medical Education & Training Center operates according to the belief that each person is unique, with the ability to think and to do. The Institute provides an atmosphere of mutual respect, student support, a learning environment, faculty and staff to assist and encourage students to develop to their maximum potential—intellectually, socially, physically, and emotionally. While emphasizing academic achievement and professional competence, National Medical Education & Training Center prepares students to be committed to life-long learning and selfless service.

Objectives

In the accomplishment of its primary mission, National Medical Education & Training Center actively directs its resources in achieving the following objectives:

- **Quality**
Sets standards of quality and plans to accomplish them in teaching and learning, in academic programs including core and general education course content, in student services, in all social functions, in facility appearance, and in workmanship.
- **Respect**
Attracts a diverse student population; makes professional and career training opportunities available to minorities, international and adult students; and provides an environment of mutual respect for ethnic, religious, economic and social backgrounds practiced by welcoming and valuing all without regard to race, color or gender.
- **Academic Scholarship**
Strives for high standards in teaching, research and instructional presentations, and in the use of technologies commensurate with the scope and requirements of the programs offered.
- **Service**
Promotes service to our campus, to local and global communities.
- **Integrity**
Consciously integrates ethical values, openness, fairness and transparency of actions into all courses and activities.
- **Safety**
Creates an atmosphere where all within the academic community feel safe physically, socially, philosophically, and psychologically.
- **Health**
Advocates clean and wholesome body, mind, and spirit.
- **Accountability**
Meticulously implements outcomes-based accountability measures to meet the expectations of the institute's many stakeholders including accrediting, state, and federal agencies.

Minimum Expectations

To prepare competent entry-level Emergency Medical Technician-Basic, Emergency Medical Technician-Advanced, and Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

History

The organization known today as National Medical Education and Training Center was founded by Brad and Kimberly Newbury in 2010. In 2014 Medtech acquired National Medical Education & Training Center, however in January of 2016 NMETC was returned to its original owners.

Equipment

In keeping with the high educational standards of the institution, the equipment used in all programs affords students the opportunity to develop a practical, working knowledge of the equipment and materials they likely will be using on the job.

Students will participate in all skills sessions and simulations. Such sessions utilize various manikins, medical and biomedical equipment, audiovisual equipment, and medical supplies. Students must exercise safety, gentleness, and caution when utilizing such equipment. Additionally, students are expected to assist with movement of equipment to and from various skills labs.

Institutional Facilities

NMETC is located in West Bridgewater, MA. The facility is over 8,000 square feet and includes two lecture rooms and ten (10) lab rooms and a interactive simulation area for skills training. Appropriate administrative space is available for staff.

Learning Resource Center

The learning resource center serves the study and research needs of the students, faculty, and staff. The collection consists of a combination of hardcopy and on-line media types such as books, periodicals, databases, and electronic resources. Students are oriented to the resources available by appropriately trained support personnel. Relevant research assignments are made throughout each program of study that requires students to utilize the resources to strengthen their research and analytical skills.

Accrediting Agencies, Approvals, and Memberships

The Department of Public Health issues initial EMS training institution accreditation at the Paramedic level.

The Commonwealth of Massachusetts
Executive Office of Health & Human Services
Department of Public Health
Office of Emergency Medical Services
99 Chauncy Street, 11th Floor
Boston, MA 02111
(617) 753-7300

Administration, Staff, and Faculty

Ownership

National Medical Education & Training Center is owned and operated by Worldwide Health Alliances Inc. a Nevada corporation. WWHA Inc. has principal offices located at 5 Manley St. West Bridgewater, Ma 02379

Catalog Certification

This catalog is current at the time of printing. At any time, it may be necessary or desirable for the institution to make changes to this catalog due to requirements and standards of the state, licensing agency, U.S. Department of Education, market conditions, employer needs, or other reasons. The institution reserves the right to make changes to any portion of this catalog, including the amount of tuition and fees, academic programs and courses, program completion and graduation requirements, policies and procedures, faculty and administrative staff, the academic calendar and other dates, attendance policies, grievance and complaint procedures, and other provisions.

Board of Directors

Bradford Newbury
Kimberly Newbury

Corporate Officers

Bradford Newbury – President/CEO and Treasurer
Kimberly Newbury – Vice President and Secretary

Admission Information

Admission Requirements and Conditions

Paramedic Program and Advanced Emergency Medical Technician Program

1. All applicants must be a high school graduate, possess a General Education Development (GED) certificate, or possess a Home Study certificate or transcript from a Home Study program that is equivalent to high school level and is recognized by the student's home state.
 - a. Evidence of high school graduation or equivalent must be presented prior to the first day of class. Acceptable documentation would include a copy of an original high school diploma, a copy of a high school transcript, which indicates the date of graduation, or a GED certificate, or official notification it has been earned.
 - b. In some cases, extenuating circumstances may exist which prevent students from submitting evidence of high school graduation or GED prior to beginning classes. In these cases, applicants may provide a written attestation, but must provide documentation within 30 days that they graduated from high school or possess a GED. Under unusual circumstances, such as the receipt of foreign transcripts, etc., the 30-day period may be extended. The Campus President must approve all exceptions.
2. All applicants must hold a current EMT-B Certification or Licensure.
3. All applicants must complete an interview with a campus representative.
4. All applicants must complete an entrance evaluation exam, which measures an individual's ability in mathematics and reading comprehension. This requirement is waived for any applicant holding an associate's degree or higher.
5. All applicants must meet anatomy and physiology requirements through previous college credit or by completing a online anatomy and physiology course as a co-requisite at the beginning of the program. This course must be completed within the first 90 days from the start of the program.
6. All applicants must complete a successful criminal background check. It is the student's responsibility to notify NMETC in writing of any subsequent changes in criminal history that occur after the admission background check has been completed. Failure to do so may result in immediate dismissal from the program.
7. All applicants are required to be immunized for the protection of themselves and patients. The student may be subject to specific requirements imposed by state, local, or clinical agencies.
8. All applicants are required to complete an application and pay an application fee. A parent or guardian must sign the applicant if the applicant is under 18 years of age.
9. All applicants are required to attend an orientation prior to the start of classes.

Emergency Medical Technician Program

1. All applicants must be at least 17 years of age.
2. All applicants are required to complete an application and pay an application fee. A parent or guardian must sign the application if the applicant is under 18 years of age.
3. All applicants are required to attend an orientation prior to the start of classes.

Policy of Nondiscrimination

The institution is committed to affirmative implementation of equal employment opportunity in education and employment. The institution does not discriminate against individuals on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation or veteran status in the administration of admissions policies, educational policies, employment policies or any other programs or activities.

For additional assistance related to civil rights under Title IX, contact:

Office for Civil Rights
U.S. Department of Education
400 Maryland Avenue, SW Washington, DC 20202
1-800-USA-LEARN FAX (202) 401-0689
TDD 1-800-437-0833
E-mail: CustomerService@inet.ed.gov

Unlawful Harassment Policy

Thank you

Unlawful Harassment Policy

It is the policy of the institute that all students shall be provided an environment free of unlawful harassment (including sexual harassment), discrimination and intimidation. All students are expressly prohibited from engaging in any form of harassing, retaliating, discriminating or intimidating behavior or conduct. Any student who has engaged in prohibited behavior or conduct will be subject to disciplinary action up to and including dismissal.

Reporting Offenses as described in the Violence Against Women's Act (VAWA):

This applies in the event of an accusation of a rape, acquaintance rape, domestic violence, dating violence, sexual assault or stalking offense.

The proceeding for all reported offences will:

- Have a prompt, fair and objective investigation and resolution
- Be conducted by campus officials who receive annual training on the issues related to the offenses
- Allow accuser and the accused the same opportunities to have other present during the disciplinary proceedings, including the opportunity to be accompanied to any related meeting or proceeding by an advisor of their choice
- Inform both the accuser and the accused simultaneously in writing of the outcome
- Allow the accused and the victim the right to appeal the results using the General Student Compliant Procedure/Grievance Policy as outlined in the school catalog
- Provide notice to all parties once results become final

All reported offenses will be strictly confidential. The Campus President will maintain any document with the mention of the victim information in a secure location.

If the alleged victim is deceased as a result of the crime or offense, the campus must provide the results of the disciplinary hearing to the victim's next of kin, if so requested.

All students are encouraged to report any act of offenses mentioned above by:

1. Notifying your Campus President
OR
2. Calling the HOTLINE: (866) 307-3527

Accommodation Policy

Information pertaining to an applicant's disability is voluntary and confidential. The institute is committed to providing reasonable accommodations to students with disabilities. In order for the institution to assist students with disabilities under the provisions of the Americans with Disabilities Act (ADA), students who request accommodations are required to provide documentation from a medical professional. Such documentation should be dated within the previous five years. No accommodation will be granted retroactively. To be considered for accommodation, a student must notify the institute's Disability Coordinator in writing of the request for accommodation and submit all required documentation.

Student Information and Services

Personal Advising

Students are encouraged to seek assistance from any member of the faculty or staff when problems of a personal nature arise that will have a negative impact on a student's ability to meet his/her educational goals. Information is available on outside agencies that students may contact at their discretion. Neither staff nor faculty members serve as certified or licensed counselors.

Academic Advising

The institute offers academic advising services all students. The institution encourages students to seek academic advisement at any period throughout their program when questions arise.

Student Professional Responsibilities

Courteous behavior and professional conduct, appropriate to a professional environment, is to be displayed at all times. Inappropriate conduct and/or communication will not be tolerated and may be a cause for sanctions or dismissal. Every student is subject to federal and state law and respective county and city ordinances. The conviction of a student for any criminal offense which interferes with the orderly operation of the institute or which the administration feels would endanger members of the institute community may be subject to disciplinary action, up to and including dismissal.

Student Code of Conduct Policy

Students will be held accountable for any breach of the following code of conduct. All students are expected to abide by the institute-wide honor system, which is based on high standards of academic, personal and ethical conduct. Such conduct extends to language, behavior and overall demeanor inside the facilities, on the campus grounds and in off-campus learning settings, whether professional or academic.

Academic

Academic misconduct includes, but is not limited to, the following:

1. Knowingly helping or assisting another person to engage in academic misconduct.
2. Any form of cheating including attempted use of unauthorized materials, copying the work of another student, unauthorized access to and use of computer files, or representing as one's own an examination or any other work submitted for a grade taken by another person.
3. Falsification of any information or citation in an examination or any other written or oral work submitted for evaluation and/or a grade.
4. Submitting another's published or unpublished work in whole, in part or in paraphrase, as one's own without fully and properly crediting the author with footnotes, quotation marks, citations, or bibliographical reference.
5. Submitting as one's own original work, material obtained from an individual or agency without reference to the person or agency as the source of the material.
6. Submitting as one's own original work material that has been produced through unacknowledged collaboration with others without release in writing from collaborators.
7. Obtaining teacher editions of textbooks, test banks, or other instructional materials that are only intended to be accessed by officials, administrators, or faculty members of the institute.

Non-academic

Non-Academic Misconduct includes, but is not limited to, the following:

1. Disorderly, lewd, or indecent conduct, including public physical or verbal action; language commonly considered offensive (not limited to, but including profanity); or distribution of obscene or libelous written or electronic material.

2. Mental or physical abuse of any person (including sex offenses) on institute or at institute-sponsored or institute-supervised functions, including verbal or physical actions which threaten or endanger the health or safety of any such persons.
3. Any act, behavior, or clothing which is of a sexually suggestive, harassing, offensive, or intimidating nature.
4. Stalking or behavior which in any way interferes with another student's rights or an employee's performance or creates an intimidating, hostile, or offensive environment.
5. Intentional obstruction or interruption of teaching, research, administration, disciplinary proceedings, or other institute activities, including public service functions, and other duly authorized activities on institute premises or institute-sponsored activity sites.
6. Failure to comply with directions of institute officials and/or failure to identify oneself to these persons when requested to do so.
7. Theft of, misuse of, or harm to institute property, or theft of or damage to property of the institute community or a campus visitor on the institute premises or at an institute function.
8. Participation in or conducting an unauthorized gathering that threatens or causes injury to person or property or that interferes with free access to institute facilities or that is harmful, obstructive, or disruptive to the educational process or functions of the institute.
9. Tampering with any fire safety equipment except with reasonable belief in the need for such alarm or equipment. Obstruction of the free flow of pedestrian or vehicular traffic on institute premises.
10. Gambling or holding a raffle or lottery at the institute without approval.
11. Unauthorized possession, use, sale, or distribution of alcoholic beverages or any illegal or controlled substances.
12. Unauthorized use, possession, or storage of any weapon, dangerous chemical, or explosive element.
13. The theft of, misuse of, or harm to institute property. Including the destruction of or harm to equipment, software, or data belonging to the institute.
14. Unless otherwise permitted the use of electronic devices in classrooms, labs, and other instructional, event, or support facilities.
15. Students are not permitted to bring their children to class. Children cannot be in the student lounge or anywhere in the building where a student attends class.

Disciplinary action, up to and including expulsion, will be taken toward those who violate these standards.

Dress Code

Students will be training for positions in which they will interact with the public; therefore, it is important that good grooming and dress habits be followed. Students must be clean and well groomed at all times. Inappropriate clothing is listed below. Students not following the dress code could be asked to leave classes for the day.

1. No torn shorts or shirts are allowed.
2. No T-shirts, which could be deemed offensive.
3. No shirts or pants that would be deemed too revealing.
4. No short shorts or miniskirts.
5. No tank tops or sleeveless shirt.
6. No open toe shoes or sandals.

Student Interaction

The majority of the institute's student body is non-traditional and represents a wide range of age groups, cultures, nationalities, and religions. The institution promotes an atmosphere of free and honest inquiry and expression on the part of students in their dealings with each other and faculty and staff.

Personal Appearance

Modesty, cleanliness and well-kept hair, nails and general appearance are important values that reflect personal dignity and integrity for students entering into a professional career. Additional requirements may apply for specific programs.

Intellectual Property Protection and Ownership

The Institution respects intellectual property rights and ownership. These policies ensure against unauthorized use of copyrighted material and information technology systems and provide clear guidance as to ownership of intellectual property.

Copyright Protection

The Institution requires its students to respect the rights of others, including intellectual property rights. The federal Copyright Act (17 U.S.C. § 101, *et seq.*) prohibits the unauthorized making and distribution of copyrighted material. Violations of the Copyright Act, including unauthorized peer-to-peer file sharing, may subject students to civil and criminal liabilities. These liabilities include, but are not limited to, actions by a copyright owner to recover actual damages, profits, or statutory damages, as well as reasonable attorneys' fees and costs, and federal criminal charges that may result in fines and imprisonment.

Use of Institutional Information Technology Resources

The Institution provides its students with access to computer equipment, e-mail accounts, facsimile equipment, copier machines, and the Internet, exclusively for educational activities. The Institution's students are prohibited from using any of the foregoing, or any of the other Institution's information technology systems, for the unauthorized copying or distribution of copyrighted materials, including but not limited to unauthorized peer-to-peer file sharing of copyrighted materials. Downloading, viewing, distributing, or sending pornographic or obscene materials are also prohibited. This prohibited conduct includes bookmarking any pornographic or obscene Web sites or Web sites intended or used for the distribution of unauthorized copies of copyrighted materials, or knowingly opening or forwarding any e-mail, fax, or voice mail messages containing unauthorized copies of copyrighted materials, or any pornographic or obscene materials. Any violation of these policies may result in disciplinary action, up to and including dismissal from the Institution.

Any communications by students via e-mail, instant messenger, voice mail, or fax that may constitute slander or defamation or may be considered abusive, offensive, harassing, vulgar, obscene, or threatening are prohibited. This content includes, but is not limited to, sexual comments or images, racial slurs, gender-specific comments, or any other comments that would offend someone on the basis of age, race, sex, color, religion, national origin, ancestry, physical challenge, sexual orientation, or veteran status. Any individual with a complaint about such communications should refer to the Policy of Nondiscrimination.

Students should not expect computer files, e-mail, voice mail, or Internet bookmarks to be either confidential or private. The Institution employs a number of technology-based and other means to detect and deter unauthorized copying and distribution of copyrighted materials. Students should have no expectation of privacy whatsoever related to their use of the Institution's systems. Even when a message or file is erased, it is still possible to recover the message or file, and therefore privacy of messages and computer files cannot be ensured to anyone. Any computer-generated correspondence, the contents of all computer hard drives on the Institution's premises, and saved voice mail messages are the sole property of the Institution, may be considered business records, and could be used in administrative, judicial, or other proceedings. The Institution licenses software to support its educational processes. Students are not permitted to copy, remove, or install software. By using the computer equipment, software, and communications devices, all students knowingly and voluntarily consent to being monitored and

acknowledge the Institution's right to conduct such monitoring. The equipment is intended for educational purposes only and any other use by students, including but not limited to any of the prohibited conduct described herein, will be treated under the Conduct section of this catalog and may result in disciplinary action up to and including permanent dismissal from the Institution.

General Student Complaint Procedure/Grievance Policy

The institution encourages students to bring all complaints or grievances to the Administration's attention. Many questions or concerns that students may have can be resolved simply through discussion. A student may present a grievance through the following complaint and dispute resolution procedures. The campus will review all complaints or grievances fully and promptly.

Grievances may include misapplication of the campus's policies, rules, regulations or procedures. Please follow these steps when filing a grievance:

STEP 1

A student should first bring the grievance to the attention of the appropriate instructor or staff member.

STEP 2

The student should next bring the grievance to the attention of his or her Program Director or to a Campus Management Team member, such as the Program Coordinator, Clinical Coordinator, or Business Office Manager, as applicable.

STEP 3

The student should next submit an appeal in writing to the Grievance Committee, if the complaint is unresolved, or if steps 1 and 2 are not possible since the complaint is related to an individual listed above.

STEP 4

The Grievance Committee will schedule a meeting with the student to hear the student's complaint and will rule within three business days, or as soon as possible.

STEP 5

The Grievance Committee will notify the student in writing of their decision.

STEP 6

The student may appeal the decision of the Grievance Committee to NMETC's President/CEO Brad Newbury at bnewbury@nmetc.com. The President will review the appeal and issue a final determination.

Documentation of all complaints and their resolution are maintained in the office of the President.

Career Services

Many students who enroll in our program are currently employed in the field. They enroll in our programs to increase their knowledge and skills in the profession in order to advance in their current positions. The institution is dedicated to the success of its students and graduates; therefore, it provides career assistance should it be needed. The goal of career services is to successfully assist graduates to obtain in-field or related field employment. The team is available to assist students throughout their training programs and continues to offer assistance beyond graduation. It should be understood the career services offered are not a guarantee of employment.

All programs of study require students to complete some type of clinical or field training experience. These activities are an excellent way for students to develop their new skills through hands-on, in-field training experiences and to network with potential employers. In some instances, students who successfully complete off-site training requirements are made offers of employment or are referred by site supervisors to

other potential employers. Site assignment is not a guarantee of employment.

Student Activities

Student Health Services

The institute does not provide health services for students. In the event of a student medical emergency, an alerted staff member will dial 911 for medical services. Students requiring nonemergency medical care will be given information about medical services and agencies they may contact. Any costs incurred for medical services will be the student's responsibility.

Vaccinations

Documentation of health examinations, pathology tests, and immunizations may be required for certain programs. Information on any required health examinations, pathology tests, and immunizations including when they are due will be provided during the admissions process.

Student Housing

The Institution does not have dormitory facilities. It is the student's responsibility to find living accommodations.

Tutoring

Students may request tutoring in specific subject matter through their instructors or Program Director.

Reporting Crimes and Other Emergencies

Any individual who wishes to report a crime or other emergency should contact the Campus President or Program Director at the time of the incident. In addition, individuals may wish to call 911. The institute encourages the prompt and accurate reporting of all crimes and other incidents to the National Medical Education & Training Center staff listed above and to the proper authorities as warranted.

The Campus President maintains a log of all reported crimes occurring on campus, which is available for review by interested parties with 48 hours' notice. However, information from the log may be withheld if its release would jeopardize an ongoing criminal investigation or the safety of an individual, cause a suspect to evade detection, or result in the destruction of evidence.

Timely Warnings

National Medical Education & Training Center will issue a timely warning to all students and associates of any on-campus crimes that are reported to campus staff and/or police and are considered a threat to students and associates by means of postings on bulletin boards, flyers and announcements in classrooms.

Drug and Alcohol Abuse Awareness and Prevention

In compliance with the Drug-Free Institutes and Communities Act of 1989, National Medical Education & Training Center has established the following policy toward promoting a drug-free learning environment:

Institute Sanctions

Sanctions will be imposed on a student in violation of the policy regarding use, possession or being under the influence of a controlled substance. For a first infraction, the student and Campus President will have an advising session that will be documented and become a part of the student's permanent record. Students will be directed to professional drug counseling. Any student found to be using or under the influence will be required to re-test within 30 days of the first infraction. Should the re-test result in a positive result the student will be administratively withdrawn from the Institution with no opportunity for appeal. Negative results will result with the student being allowed to continue in the program, but he/she will be subject to random drug testing at any point during the remainder of the program. Positive results from a random drug

test will result in the student being administratively withdrawn from the Institution with on opportunity for appeal.

Sanctions will be imposed on a student in violation of the policy regarding the selling or trafficking of controlled substances. Upon the first infraction, the Institution will immediately administrative terminate for students, and will refer the matter to the appropriate authorities for prosecution. The institution reserves the right, to immediately dismiss any student in violation of this policy, the above outlined procedure notwithstanding. The institution further reserves the right to refer students to the proper legal authorities for prosecution.

Voluntary Treatment, Counseling or Rehabilitation

The institution encourages any student who feels that he or she may have a problem with drugs or alcohol to seek treatment, counseling or rehabilitation. Students are encouraged to meet with the Campus President, in strictest confidence, for assistance in locating appropriate sources of help. The institution will make every effort to work with any individual who voluntarily seeks treatment.

Brochures and information on alcohol and drug use and abuse are located in the Learning Resource Center. Students are encouraged to take this information and share it with others.

Educational Programming

The institution is committed to a drug- and alcohol-free environment, and periodically offers an educational program on substance abuse for the entire student body. Students, staff and instructors are strongly encouraged to attend.

Family Educational Rights and Privacy Act

Student records are maintained for a minimum of seven years from the student's last day of attendance, with academic transcripts maintained indefinitely. The Family Educational Rights and Privacy Act (FERPA) affords eligible students and their parents certain rights with respect to their education records including:

1. The right to inspect and review the student's education records during normal school hours with an appointment within 45 days of the day the Campus President receives a written, dated request for access. The Institution does not permit students to inspect or review confidential student guidance notes maintained by the Institution, or financial records (including any information those records contain) of their parents or guardians.
2. The right to request the amendment of educational records that the student believes are inaccurate, misleading, or a violation of privacy. Students requesting amendment of an education record should submit a written, dated request to the Campus President, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or a violation of privacy. If the Institution decides not to amend the record, the Institution will notify the student in writing and/or verbally of the decision and of the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when he/she is notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without prior consent from the parents or the eligible student, as applicable. The Institution may neither release nor disclose personally identifiable information contained in the student's education records to outside employers, agencies, or individuals without first securing a written release from the parent or eligible student, as applicable, unless permitted by the Act.
 - a. One exception to the above student record release policy permits disclosure without consent to school officials with legitimate educational interests. A school official is a

person employed by the Institution in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff) or a person or company with whom the Institution is affiliated or has contracted (such as an attorney, auditor, or collection agent). A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill a professional responsibility. Upon request, the Institution discloses educational records without consent to officials of another school in which a student seeks or intends to enroll.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the Institution to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Compliance Office
U.S. Department of Education
400 Maryland Avenue SW
Washington DC 20202-4605

These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are eligible students.

Directory of Information Public Notice

Directory Information may be disclosed without the specific authorization of the eligible student. Directory Information is defined as student's name, address, telephone number, e-mail, date and place of birth, photographs/videos taken at events, honors and awards, and dates of attendance. The campus must notify students annually about their FERPA rights and the definition of Directory Information. This may be done by e-mail, by mail or in the catalog.

Personal Property

The institution is not responsible for loss or damage to the property of students.

Academic Information

Hours of Operation

The normal hours of operations for the Institution is as follows:

Business Offices

Monday – Friday 9:00 a.m. to 5:00 p.m.

Classes

Monday – Sunday (Day) 9:00 a.m. to 5:00 p.m.
Monday – Thursday (Evening) 6:00 p.m. to 10:00 p.m.

Academic Calendar

The academic calendar is found as a supplement to the catalog.

Attendance Policy

Students must complete the entire curriculum for their selected programs. ALL absences must be made up. Failure to make up any missed absences will result in dismissal from the program. The student may be dismissed from the program if absent for more than three (3) scheduled classes or two (2) lab sessions. In the event of an absence, the student must notify the instructor or Program Coordinator and initiate the make-up process. Make up assignments for missed lectures will be at the discretion of the Program Director or Program Coordinator. Make-up assignments may include use of recorded lectures, videos, and written summary of missed material. All make-up work must be completed within five (5) days of being assigned by the instructor or Program Coordinator. Failure to complete make up work will result in dismissal from the program.

In the event of an absence, the student must notify the instructor or Program Coordinator to initiate the make-up process. A lab fee of \$30 per hour may be assessed for any make-up work required by the student as a result of an absence of lab sessions or any additional lab sessions conducted after the program has completed.

Students being tardy for class are disruptive to the learning process. Excessive tardiness could negatively impact a student's success in the program.

Maternity Related Leave Policy

In accordance with Title IX, the school will permit a student to take a leave from classes due to pregnancy or related conditions, childbirth, false pregnancy, termination of pregnancy, and recovery for a period of time as is deemed medically necessary by the student's physician. Students should notify the Director of Education if a leave becomes necessary.

Students who leave for pregnancy must contact the Director of Education and provide an estimated date of return for planning of academic activities. Students who are out less than 14 days are allowed to complete and submit any work missed. Missed attendance and any class participation requirements will not negatively impact students' final grades.

Should students be out longer than 14 days, they will be allowed to return and retake the term at no additional cost. Students will be allowed additional time to complete their programs and continue at the same pace with an extended graduation date. Documentation from their physician showing that the student was on leave due to pregnancy, childbirth, false pregnancy, termination of pregnancy, and recovery therefrom must be provided to the school.

Certification, State Board, and National Board Exams

Understanding the requirements of certification, state board, or national board licensing exams is the individual student's responsibility. Such requirements may change during the course of a program. No student is automatically certified or licensed in any way upon program completion, and even if a student obtains certification, the Institution does not guarantee job placement. Although certain programs are designed to prepare students to take various certification and licensing exams, the Institution cannot guarantee students will pass these exams. The Institution makes a reasonable attempt to provide accurate information about test dates and fees for exams.

In some cases, field experience may be necessary to be eligible to take or to successfully pass these exams. In addition, a GED or high school diploma may be required for graduates to take their state, national, or certification exams. Furthermore, the state, employers, and various other agencies may require a criminal background check, fingerprinting, and/or drug testing before a student can be placed in an externship or take professional licensing, certification, or registration exams. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration exams. These students may also be denied a license or certification to practice in some states, even if the certification or licensing exam is taken and passed.

Students are responsible for inquiring with the appropriate agencies about current requirements prior to enrolling in the program of their choice or, if the student's circumstances change, at the time of making application for certification or licensure.

Graduation Requirements

A graduate interview will be scheduled for each prospective graduate with the Program Director. Upon completion of the graduate interview, the completion of all-necessary paperwork, academic compliance and fulfillment of all financial obligations, the student will be granted graduate status. To become a graduate of the institution, students must meet the following requirements:

1. Meet all academic requirements set forth in this catalog
2. Complete required externship/practicum or clinical experience successfully
3. Complete all coursework within the maximum program length
4. Satisfy all financial obligations to the institution

Students who satisfy all other requirements for graduation, but do not satisfy all financial obligations to the institute will be granted a completer status. All graduates are strongly encouraged to participate in graduation ceremonies to celebrate their accomplishments.

Clinical, Practicum, or Externship

Students must have health care insurance to attend paramedic clinical experiences. Students are responsible for their health care bills associated with accidental exposure to communicable diseases and/or injury while participating in any program at NMETC or attending any clinical.

Transcripts

Current or former students may request one free copy of their official transcript by submitting a written request to the institution including the name and address where the transcript should be mailed. Transcript sent directly to the student will be marked to indicate they are unofficial copies. A fee will be charged for additional copies and must be paid in advance before they are processed. Official transcripts will not be released for students who have a past-due account with the institution.

Inclement Weather

In the event of inclement weather, students are to call NMETC or check the Learning Management System (LMS) for updates on cancelations or delays.

Academic Standards

Grading System

The institution prepares for entry-level employment and success in the student's chosen career. Grading is administered to correlate the student's progress in terms related to employee proficiency expected by the healthcare field. Student knowledge, skills, grades, conduct and professional behavior are factors in successful completion of the course. The grading requirements for each program are discussed within the respective program description section of the catalog.

Guidelines of Incomplete Courses

The granting of an incomplete is at the discretion of the Director of Education or Paramedic Program Director. The Director of Education or Paramedic Program Director will make the determination whether the circumstances warrant an incomplete. The incomplete period will be determined on a case-by-case basis as established by the Director of Education or Paramedic Program Director.

For an incomplete grade to be considered, the student must complete the following steps.

1. Submit a request for an incomplete in writing. The request must be received prior to taking the final exam or prior to the course end date.
2. If the incomplete is approved, the student and instructor enter into a written agreement, which includes a course completion plan and established deadline for completion.

Upon completion of the incomplete period, the student will be awarded the earned grade. All incompletes will be cleared within the pre-established timeframe as outlined in the incomplete agreement. Unresolved incompletes will revert to the otherwise earned grade if not resolved by the established date, which includes a zero for the incomplete work.

Mitigating Circumstances

In unusual situations, such as students' prolonged illness or accident, death in the family or other circumstances that make it impractical for students to complete their course of study, National Medical Education & Training Center will determine a reasonable and fair resolution for both parties. Students shall meet with the Campus President and the determination will be made on a case-by-case basis.

Appeals Procedure

Students who wish to appeal administrative actions such as attendance, withdrawal, grading or disciplinary actions should follow these steps.

1. Students should submit a letter of appeal to the President of the campus within three (3) days of notification of an administrative action.
2. The President will convene the Review Committee, within seven (7) days of receipt of the appeal.
3. The student will be invited to present his/her case to the Review Committee.
4. The Review Committee will notify the student of its decision within 3 days for the Review Committee meeting.

Program Transfers/Additional Credentials

Students interested in transferring programs or pursuing additional credentials may do so at the discretion of the Program Director. The student must meet the minimum entrance requirements for the program to which he/she is transferring. Students must transfer all relevant courses, thereby shortening the maximum time frame in the program. Transfer courses are counted in the completion rate and calculated into the CGPA. Courses that are not relevant to the new program will not be transferred or calculated into the CGPA or completion rates according to satisfactory academic progress standards.

Transfer of Credit to Another Institution

National Medical Education & Training Center's programs are career focused and are not specifically designed for transfer to other institutions. However, many institutions with programs similar to National Medical Education & Training Center may allow credit through examination in specific courses.

Grade Rounding Policy

Grades on course assignments and examinations which are determined by percentages involving decimals should be rounded up to the next whole number when equal to 0.5 or greater. When the decimal is equal or less than 0.4 the grade is to be rounded down. This policy also applies to final course grades where the final course grade is determined using percentages with decimals.

Financial Information

Financial Clearance

Tuition and fee charges are due and payable in full at registration. Payment plans must be arranged through the Business Office.

Before final registration, all students must obtain financial clearance. Financial clearance is defined as:

1. Payment in full for the current term
2. A current, signed financial plan on file showing how costs will be covered
3. All required forms on file as requested by the Financial Aid Office

Students with approved payment plans must maintain the payment schedule listed on their financial plan. If the student misses a payment, the student's entire balance becomes due immediately.

Students enrolled and attending the institute agree to pay for tuition, books and fees as detailed in their Enrollment Agreement. The obligation to pay for tuition, book and fee charges is solely the responsibility of the student.

The institute, as a courtesy to the student, provides information and access to available third-party alternatives to help the student meet and satisfy financial obligations to the institute. Students are expected to approach their financial obligation to the institute in a proactive and responsible manner and fulfill payment obligations in a timely manner. Students who fail to meet their financial and payment obligations are subject to the disciplinary process as outlined in the Student Discipline policy. Students who are sixty (60) or more days late on financial obligations are subject to suspension or withdrawal from National Medical Education & Training Center at the discretion of the Campus President.

Students are encouraged to consider all available options for paying for their education. The following are sources that students have utilized to accomplish their educational goals:

1. Savings
2. Employer reimbursement
3. Scholarships
4. Relatives who will help them succeed
5. Credit cards (MasterCard, American Express, Visa, Discover accepted)
6. Cash down payment and interest-free monthly payments
7. Personal loans

Program Changes, Reinstatement & Re-enrollment

Students who wish to reinstate, re-enroll or change their program of study should submit a request to the campus' Director of Education or Program Director. Credit may be given for any courses completed that qualify for credit in the new program. Additional tuition may be charged for additional training required to meet the new program's graduation criteria. Program transfers will be treated as a withdrawal and new start for the purposes of calculating a refund of tuition.

Tuition and Fees

A complete list of attendance costs can be found as a supplement to this catalog.

Withdrawal

To withdraw from a program the student must submit a written notice of withdrawal to the Program Director or Campus President. No withdrawals made verbally or in person will be accepted. Absence from class will not constitute withdrawal from the program. Students who decide to withdraw from a Paramedic program must send their intent to withdraw in writing to the Program Director. The Program Director will notify the Program Coordinator and the Office Manager.

Students who wish to reapply to a Paramedic Program must submit request in writing to the Program Director. The Admission Committee will review the request for readmission.

Dismissal

Student dismissals from the Program are considered by a committee comprised of the Program Director, Program Medical Director and the President of NMETC. Any member may choose to abstain from the meeting for personal or professional reasons. If a student is dismissed, there will be no tuition refund.

Criteria for Consideration of Dismissal includes:

1. Failure to comply with any of the course, program, clinical site or NMETC policies.
2. Failure to demonstrate competency in any of the didactic or lab instruction.
3. Failure to satisfactorily complete all clinical and skill requirements.
4. Failure to work harmoniously with classmates, instructors, preceptors, or other individuals associated with the program.
5. Failure to act in a professional manner befitting EMS personnel while representing this program.
6. Evidence of cheating, plagiarism or falsifying records.
7. Evidence of breach of confidentiality regarding classmates, patients, preceptors, hospital staff, physicians or any other persons associated with this course.
8. Conviction of felonious activity while undertaking this course.

Refund Policy

Students that withdraw from a program prior to the first day of class will receive a 100% refund of tuition. A 50% refund of tuition will be issued if the student withdraws prior to the start of class number three. A 25% refund of tuition will be issued if the student withdraws prior to the start of class seven. No refunds will be issued for withdrawals after the seventh class in the course. The program application fee, cost of textbooks, and other non-tuition fees are not refundable.

Veterans Refund Policy

NMETC policy for the refund of the unused portion of tuition, fees, and other charges in the event that the veteran fails to enter course/program, withdraws, or is terminated from the program prior to completion.

This policy provides that the amount charged to the veteran for tuition, fees, and other charges for a portion of the program/course shall not exceed the approximate pro-rata portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the course/program bears to its total length, within the following limitations

Wherever the word "veteran (s)" is used, it is intended for only persons receiving VA education benefits.

Academic Programs

Paramedic Program

1,152 Clock Hours

Description, Goals, and Objectives

The paramedic certificate program is a professional course designed to prepare individuals to provide advanced pre-hospital care to emergency patients. The program will teach the knowledge, psychomotor skills, attitudes and personal behaviors necessary to function in the role of entry-level paramedic. The goal of the program is to prepare students to be competent paramedics in the local EMS system and prepared for the National Registry of EMT's Paramedic Written and Practical Examinations. The primary function of the National Medical Education and Training Center (NMETC) is to offer a program of study designed to prepare students for careers in pre-hospital emergency care. At a minimum, NMETC prepares students to meet the following objectives as dictated by the National EMS Core Content and Education Standards.

- Exhibit competency in handling emergencies utilizing all basic and advanced life support equipment and skills.
- Evaluate the nature and seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical treatment and transportation to appropriate care.
- Demonstrate the ability to perform safely and effectively the expectations of an entry level paramedic. Provide a service in an environment requiring special skills and knowledge in such areas as communications, transportation, and keeping records.
- Display the ability to serve as liaisons with other emergency services.
- Initiate transportation of patients by safely lifting, moving, positioning and otherwise handling the patient to minimize discomfort and prevent further injury.
- Perform advanced patient assessment and serve as a team leader and patient advocate.
- Gather, interpret and report information verbally and in writing.
- Understand organ systems and pathophysiology pertaining to these systems.
- Utilize effective communication skills when working with patients, family, colleagues, and other healthcare professionals.
- Apply legal and ethical principles to professional behaviors.

Total Program Hours 1,152

Course Number	Course Name	Clock Hours
EMSP 1161	Clinical I – Hospital Internship	250
EMSP 1162	Clinical II – Field Internship	250
EMSP 1334	Introduction to Advanced Practice	64
EMSP 1335	Trauma Management	64
EMSP 1356	Patient Assessment & Airway Management	64
EMSP 2330	Special Populations	64
EMSP 2334	Medical Emergencies	66
EMSP 2238	EMS Operations	64
EMSP 2243	Assessment Based Management	48
EMSP 2444	Cardiology	112
EMSP 2248	Emergency Pharmacology	42
EMSP 2301	Anatomy & Physiology for Paramedic Practice	64
Total Clock Hours		1,152

Program Requirements

Students must successfully complete requirements.

- A grade of 75% or higher on each course exam
- A score of 650 or higher on the final comprehensive capstone exam (HESI Exam)
- Successfully complete the Advanced Cardiac Life Support course
- Pediatric Advanced Life Support.
- Verification of all basic skills competency
- Verification of advanced skills competency
- All clinical objectives from Clinical I, II.
- Affective/professional behavior competencies
- Successful completion of summative capstone exam

Academic Performance

Student knowledge, skills, grades, conduct and professional behavior are factors in successful completion of the course. All three must be satisfactory for the student to continue in the program and graduate. The Paramedic Program consists of twelve (12) separate courses. Each of these courses includes quizzes, assignments, readings, exams, and lectures. To satisfy the objectives of each course the student must complete and submit all required assignments, quizzes and exams. Due dates for course work are listed on the program syllabus or course outline. If a student is going to miss an exam they need to communicate with the Program Coordinator prior to the exam. The Program Director will determine if the reason qualifies as excused. Any student who does not complete an exam by the deadline and it was not excused by the Program Coordinator will receive a zero. They will be allowed to take the retest with a maximum possible score of 80. Exam must be taken within **three (3)** calendar days. In the event that the student scores less than 75% on a course exam, one (1) retest for that exam will be allowed. The retest will have a maximum possible score of 80% and the minimum passing score of 75% still applies. Students may retest **two (2)** Exams in a Paramedic Program. Students must maintain an overall grade point average of 75% throughout the program. If a student's average falls below a 75% the student will be placed on academic probation and may be dismissed from the Paramedic Program. **A final capstone exam consisting of a written exam, adult and pediatric simulation and student presentation is administered at the end of each program (defined by completion of field internship). The student must score a 650 or higher on the final cognitive HESI exam. One retest will be allowed on the final exam and the cost of that exam will be charged to the student account. Students must pass the scenario based high fidelity simulation of an adult and pediatric patient. NMETC's Medical Director, the Paramedic Program Director, and a minimum of one paramedic program faculty member will evaluate this portion of the capstone.**

Grades and course progress is tracked through the learning management system and is available to the student. Review of academic performance and academic counseling is available to the student upon request. The following grading rubric is used for the Paramedic Program:

Grading Rubric- Paramedic Program
Quizzes 20%
Discussion Questions 10%
Course Exams 60%
Final Capstone Exam (must pass with score of 650 or above on HESI)

National Medical Education & Training Center Paramedic Program

Minimum Terminal Competencies

The paramedic program will “prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,” with or without exit points at the Emergency Medical Responder, Emergency Medical Technician, and Advanced Intermediate levels.

NMETC Paramedic Program – Terminal Competencies:

In order to be recommended for certification to the National Registry of Emergency Medical Technicians, a graduate of the NMETC Paramedic program must meet these **Terminal Competencies**.

The EMT-P provides pre-hospital emergency care under medical command authority to acutely ill and/or injured patients and/or transports patients by ambulance or other appropriate emergency vehicle. The Paramedic shall demonstrate at 100 percent competency:

1. An awareness of abilities and limitations;
2. The ability to relate to people; and
3. The capacity to make rational patient-care decisions under stress.

To fulfill the role of the Paramedic, you must be able to demonstrate full competency in your abilities to:

1. Recognize a medical emergency; assess the situation; manage emergency care and, if needed, extricate; coordinate efforts with those of other agencies that may be involved in the care and transportation of the patient; and establish rapport with the patient and significant others to decrease their state of anxiety.
2. Assign priorities to emergency treatment data for the designated medical command
3. Authority, or assign priorities of emergency treatment.
4. Record and communicate pertinent data to the designated medical command authority.
5. Initiate and continue emergency medical care under medical control, including the recognition of presenting conditions and initiation of appropriate treatments, including traumatic and medical emergencies, airway and ventilation problems, cardiac dysrhythmias, cardiac standstill, and psychological crises, and assess the response of the patient to that treatment, modifying medical therapy as directed.
6. Exercise personal judgment and provide such emergency care as has been specifically authorized in advance, in cases where medical direction is interrupted by communication failure or in cases of immediate life threatening condition.
7. Direct and coordinate the transport of the patient by selecting the best available method(s) in conjunction with medical command authority.
8. Record, in writing or dictation, the details related to the patient's emergency care and the incident.
9. Direct the maintenance and preparation of emergency care equipment and supplies.

"Description of the Profession" from the Committee on Accreditation of Educational Programs for EMS Professions 1989 Standards.

Specific Paramedic Performance (Terminal) Competencies per NSC-99, ACLS/PALS 2010 and the 2010

National EMS Education Standards.

In order to receive an endorsement/recommendation to test and certify at the conclusion of the didactic, clinical and field internship portions of the paramedic program, *AT A MINIMUM* a basic entry level student will be expected to demonstrate at 100% competency (without assistance) the ability to:

1. Perform basic life support according to the standards established by the American Heart Association maneuvers as necessitated by the situation;
2. Administer basic emergency skills including, but not limited to: splinting, bandaging, hemorrhage control, and cold application;
3. Establish a therapeutic patient relationship;
4. Communicate verbally and in writing, using fundamental medical terminology;
5. Obtain a history from a communicative patient including chief complaint, pertinent history of the present illness, past medical history, and mechanism of injury;
6. Conduct a comprehensive physical assessment (initial and detailed) on a minimum of:
 - a. 30 pediatric patients (newborn, infants, toddlers, school age, etc.)
 - b. 50 adult patients
 - c. 30 geriatric patients

AND include the following pathologies and complaints:

- a. 10 obstetric patients
 - b. 40 trauma patients
 - c. 20 psychiatric patients
 - d. 30 chest pain patients
 - e. 20 adult respiratory distress patients
 - f. 8 pediatric patients in respiratory distress
 - g. 10 patients with syncope
 - h. 20 patients with abdominal complaints
 - i. 20 patients with altered mental status
7. Properly record and report findings, including pertinent negatives;
 8. Competently initiate IV infusion on minimum of 25 patients, various age groups (At least 15 IV infusions should be obtained during Hospital/Fixed Site clinical rotations and 10 during Pre-hospital clinical rotations.)
 9. Calculate/regulate flow rate for IV infusion given volume, drop factor, time frame
 10. Re-establish an IV infusion that becomes compromised
 11. Remove air from IV tubing
 12. Discontinue an IV infusion
 13. Following Medical Control consultation, apply/inflate MAST while evaluating the patient's response to the procedure;
 14. Calculate the volume of medication to be administered given an ordered dosage
 15. Read drug container labels, and identify components (i.e. name, concentration, expiration date, etc.)
 16. Withdraw solutions from ampoules and vials with an appropriate size syringe
 17. Assemble a preloaded syringe (e.g., Bristoject, Abbojet, preload cartridges, etc.)
 18. Correctly administer an IV push medication to a minimum of 15 patients in various age groups (At least 10 of these should be obtained during Hospital/Fixed Site clinical rotations and 5 during Pre-hospital clinical rotations.)
 19. Administer IM and/or SQ injections in various age groups
 - a. 5 patients (minimum) in various age groups
 20. Calculate, mix, administer IV medication infusion using microdrip tubing;
 21. Maintain the patient's airway and/or provide ventilations using the:
 - a. Oropharyngeal airway
 - b. Nasopharyngeal airway

- c. Pocket mask
- d. Positive pressure ventilator
- e. Endotracheal tube
- f. Bag-valve-mask

The Student must demonstrate the ability to effectively ventilate unintubated patients of all age groups. The student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups.

- 22. The student must demonstrate the ability to safely perform endotracheal intubation. The student should safely, and while performing all steps of each procedure, successfully intubate at least 3 live patients.
- 23. In step by step fashion, describe the generic procedure of rapid sequence intubation
- 24. Perform the suctioning technique in the following situations:
 - a. Oropharyngeal
 - b. Nasopharyngeal
 - c. Endotracheal
- 25. Obtain an EKG:
 - a. Equipment set-up
 - b. EKG electrode application site
 - (1) Standard limb leads
 - (2) Standard 12 lead placement
 - (3) "Quick-look"
- 26. State the area of myocardial infarct or ischemia based on a 12 lead EKG tracing
- 27. Select and administer the appropriate drug for an identified dysrhythmia according to local and national protocol and evaluate the patient's response to the therapy;
- 28. Recognize and provide proper treatment for the following dysrhythmias:
 - a. Normal Sinus Rhythm
 - b. 2nd degree, Type 1 (Wenckebach)
 - c. Second-degree, Type 2
 - d. Sinus bradycardia
 - e. Sinus tachycardia
 - f. Ventricular fibrillation
 - g. PAC's
 - h. PJC's
 - i. PVC's
 - j. SVT/PSVT
 - k. First degree block
 - l. Third-degree block
 - m. Ventricular tachycardia and TDP
 - n. Asystole
 - o. Pulseless electrical activity (PEA)
 - p. Pacemaker rhythm
- 29. Instruct the patient to accomplish the Valsalva maneuver;
- 30. Safely establish transcutaneous pacing, defibrillate or synchronized cardiovert as indicated;
- 31. Accomplish venipuncture using vacuum collection tubes;
- 32. Determine a blood sugar using a glucometer or equivalent chemical testing device
- 33. Employ safety precautions while controlling and restraining a violent patient;
- 34. Intervene in a situation using fundamental crisis intervention techniques;
- 35. Objectively observe and report nonverbal behaviors;
- 36. Assign a neurological score utilizing the Glasgow coma scale;

37. Estimate percentage of burns using the Rule of Nines;
38. Monitor of the patient in labor and decide when birth is imminent;
39. Attend an uncomplicated delivery, including resuscitation of the neonate;
40. Assess and assign an APGAR score for the neonate;
41. Apply primary injury prevention techniques at opportune moments;
42. Recognize basic terms utilized in EMS research
43. State techniques that will preserve a crime scene
44. State the basic functions of incident command
45. State the considerations and PPE needed for both HAZMAT and terrorism events
46. Upon speaking to the lay public, be able to communicate basic concepts of wellness to include, nutrition, stress, alcohol, smoking and illegal drugs
47. Demonstrate the ability to team lead in a variety of prehospital situations on a minimum of 50 patients in various emergency responses
48. Possess the ability to perform patient transfer techniques commonly practiced pre and intra hospital
49. Maintain the ability to perform all skills of the EMT-Basic.

Course Descriptions

Paramedic Program

EMSP1161 Clinical 1 – Hospital Internship – 250 Clock Hours – Prerequisite EMSP 2238

This course is a method of instruction providing detailed education, training, and work-based experience and direct patient/client care at a clinical site.

EMSP1162 Clinical 2 – Field Internship – 250 Clock Hours – Prerequisite EMSP 1161

This course is a method of instruction providing detailed education, training and work-based experience and direct patient/client care at a clinical site.

EMSP1334 Introduction to Advance Practice – 64 Clock Hours – Corequisite EMSP2301

This course is an exploration of the foundations necessary for mastery of the advanced topics of clinical practice out of the hospital. Course Learning Outcomes: at the completion of this module, the student will be required to understand the roles and responsibilities of a paramedic within the EMS system, apply the basic concepts of development and pathophysiology to assessment, and management of emergency patients.

EMSP1335 Trauma Management – 64 Clock Hours – Prerequisite EMSP 2334

This course is a detailed study of the knowledge and skills necessary to reach competence in the assessment and management of patients with traumatic injuries and to safely manage the scene of an emergency. At the completion of this module, the student will be required to integrate the pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the trauma patient.

EMSP1356 Patient Assessment & Airway Management – 64 Clock Hours – Prerequisite EMPS 1334

This course is a detailed study of the knowledge and skills required to reach competence in performing patient assessment and airway management. Course Learning Outcomes: At the completion of this module, the student will be required to take a proper history and perform a comprehensive physical exam on any patient, develop a patient care plan, communicate with others, and establish and/or maintain a patent airway, oxygen-ate, and ventilate a patient.

EMSP2330 Special Populations – 64 Clock Hours – Prerequisite 1355

This course is a detailed study of the knowledge and skills necessary to reach competence in the assessment and management of ill or injured patients in nontraditional populations.

EMSP2334 Medical Emergencies – 66 Clock Hours - Prerequisite 2444

This course is a detailed study of the knowledge and skills necessary to reach competence in the assessment and management of patients with medical emergencies. At the completion of this module, students will be required to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the medical patient.

EMSP2238 EMS Operations – 64 Clock Hours – Prerequisite EMSP 2243

This course provides students the knowledge of operational roles and responsibilities to ensure patient, public, and personnel safety.

EMSP2243 Assessment Based Management – 48 Clock Hours – Prerequisite 2330

This course is the capstone course of the EMSP program. Designed to provide for teaching and evaluating comprehensive assessment-based patient care management. At the completion of this module, the student will be required to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for patients with common complaints.

EMSP2444 Cardiology – 112 Clock Hours – Prerequisite 2248

This course is a detailed study of the knowledge and skills necessary to reach competence in the assessment and management of patients with cardiac emergencies. At the completion of this module, the student will be required to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the cardiac patient.

EMSP2248 Emergency Pharmacology – 42 Clock Hours – Prerequisite 1356

This course is a comprehensive course covering all aspects of the utilization of medications in treating emergencies. The course is designed to complement Cardiology, Special Populations, and Medical Emergency courses. Course Learning Objectives: The student will be required to display a command of general pharmacological terminology, general drug mechanisms, administration routes and administration procedures, and drug dose calculations. Students will be required to demonstrate understanding of the pharmacodynamics, pharmacokinetics, indications, contraindications, possible side effects, and common drug interactions of a variety of medications used in out-of-hospital medical care.

EMSP2301 Anatomy & Physiology for Paramedic Practice – 64 Clock Hours – Prerequisite None

This course is a study of the structure and function of the human body, emphasis will be given to the study of cells and tissues, and anatomical and physiological interrelationships of the skeletal, muscular, nervous, and endocrine systems. This course is designed primarily for Paramedic students.

EMSP2500 Paramedic Capstone Exam- 16 clock hours – Prerequisite EMSP1162 Clinical 2 – Field Internship

This capstone combines cognitive, psychomotor, and affective evaluations of the entry-level paramedic competencies. This is a summative evaluation process to ensure the student is not only well prepared for the NREMT exam but also is well prepared to work independently in the field as a paramedic.

Emergency Medical Technician Program

172 Clock Hours

Description, Goals, and Objectives

The Emergency Medical Technician (EMT) course is designed to prepare individuals to provide basic pre hospital care to emergency patients. The program will teach the knowledge, psychomotor skills, attitudes and personal behaviors necessary to function in the role of entry level EMT. The goal of the program is to prepare students to be competent EMT's in the local EMS system and prepared for the National Registry of EMT's Written and Practical Examinations. The primary function of NEMTC is to offer a program of study designed to prepare students for careers in pre-hospital emergency care. At a minimum, NEMTC prepares students following the *National EMS Core Content and Education Standards*.

1. Exhibit competency in handling emergencies utilizing all basic life support equipment and skills.
2. Evaluate the nature and seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical treatment and transportation to appropriate care.
3. Demonstrate the ability to perform safely and effectively the expectations of an entry level EMT. Provide a service in an environment requiring special skills and knowledge in such areas as communications, transportation, and keeping records.
4. Display the ability to serve as liaisons with other emergency services.
5. Initiate transportation of patients by safely lifting, moving, positioning and otherwise handling the patient to minimize discomfort and prevent further injury.
6. Perform assessment and serve as a team leader and patient advocate.
7. Gather, interpret and report information verbally and in writing.
8. Understand organ systems and have a basic understanding of pathophysiology pertaining to these systems.
9. Utilize effective communication skills when working with patients, family, colleagues, and other healthcare professionals.
10. Apply legal and ethical principles to professional behaviors.

Total Program Hours 192

Section Number	Content	Lecture Hours	Lab Hours
Section 1	Introduction to Emergency Care, Anatomy and Physiology, and Pathophysiology	20	4
Section 2/3	Airway & Patient Assessment	24	8
Section 4	Medical Emergencies	24	16
Section 5	Trauma	24	16
Section 6	Special Populations	12	8
Section 7	EMS Operations	12	24
Total Clock Hours		116	76

Academic Performance

Student knowledge, skills, grades, conduct and professional behavior are factors in successful completion of the course. The Emergency Medical Technician Program consists of seven (7) sections. Each of these sections includes quizzes, assignments, readings, exams, and lectures. To satisfy the objectives of each section the student must complete and submit all required assignments, quizzes and exams. Due dates for course work are listed on the program syllabus or course outline. Failure to submit course work or complete exams by the due date will result a score of zero (0). In the event that the student scores less than 75% on a

section exam, **one** retest for that exam will be allowed. Students may retest **two** (2) section exams. An average grade of less than a 75% for a particular section is grounds for probation or dismissal from the Emergency Medical Technician Program. Students must maintain an overall grade point average of 75% throughout the program. If a student's average falls below a 75% the student will be placed on academic probation and may be dismissed from the Emergency Medical Technician Program. A final exam (HESI) is administered at the end of each program. The student must score a 600 or higher on the final exam. There is no retest or make up for the final exam.

Grades and course progress is tracked through the learning management system and is available to the student. Review of academic performance and academic counseling is available to the student upon request.

Grading Rubric- EMT Program
Quizzes 20%
Section Exams 65%
Final Exam 15% (must pass with a HESI score of 600)

Description, Goals, and Objectives

The Advanced EMT certificate program is a professional course (minimum of 500 hours) designed to prepare individuals to provide advanced pre-hospital care to emergency patients. The program will teach the knowledge, psychomotor skills, attitudes and personal behaviors necessary to function in the role of entry-level paramedic. The goal of the program is to prepare students to be competent AEMT's in the local EMS system and prepared for the National Registry of EMT's AEMT Written and Practical Examinations. The primary function of the National Medical Education and Training Center (NMETC) is to offer a program of study designed to prepare students for careers in pre-hospital emergency care. At a minimum, NMETC prepares students following the *National EMS Core Content and Education Standards*.

- Exhibit competency in handling emergencies utilizing all basic and advanced life support equipment and skills.
- Evaluate the nature and seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical treatment and transportation to appropriate care.
- Demonstrate the ability to perform safely and effectively the expectations of an entry level AEMT. Provide a service in an environment requiring special skills and knowledge in such areas as communications, transportation, and keeping records.
- Display the ability to serve as liaisons with other emergency services.
- Initiate transportation of patients by safely lifting, moving, positioning and otherwise handling the patient to minimize discomfort and prevent further injury.
- Perform advanced patient assessment and serve as a team leader and patient advocate.
- Gather, interpret and report information verbally and in writing.
- Understand organ systems and pathophysiology pertaining to these systems.
- Utilize effective communication skills when working with patients, family, colleagues, and other healthcare professionals.
- Apply legal and ethical principles to professional behaviors.

Program Requirements

Successful completion of the Advanced EMT Certification Program students must successfully meet the following requirements.

- A grade of 75% or higher on each exam
- A score of 75% or higher on the mid-term exam
- A score of 650 or higher on a final comprehensive capstone HESI exam
- Verification of all basic skills competency
- Verification of advanced skills competency
- All clinical and or field internship objectives
- Affective/professional behavior competencies

Academic Performance

Student knowledge, skills, grades, conduct and professional behavior are factors in successful completion of the course. Each of these courses includes quizzes, assignments, readings, exams, and lectures. To satisfy the objectives of each course the student must complete and submit all required assignments, quizzes and exams. Due dates for course work are listed on the program syllabus or course outline. Failure to submit course work or complete exams by the due date will result a score of zero (0). In the event that the student scores less than 75% on a course exam or the midterm exam, **one** retest for that exam will be allowed. The score on the retest will be used to calculate the average of the two exams (the initial module exam and the retest exam). An average grade of less than a 75% for the course is grounds for probation or dismissal from

the program. Students must maintain an overall grade point average of 75% throughout the program. If a student's average falls below a 75% the student will be placed on academic probation and may be dismissed from the Paramedic Program. A final exam is administered at the end of each program. The student must score a 70% or higher on the final exam. There is no retest or make up for the final exam.

Grades and course progress is tracked through the learning management system and is available to the student. Review of academic performance and academic counseling is available to the student upon request. The following grading rubric is used for the program:

Grading Rubric- Paramedic Program
Quizzes 20%
Interactive Chapter Assignments 10%
Discussion Questions 5%
Course Exams 50%
Final Exam 15% (must pass HESI exam with conversion score of 600)

Paramedic Program Clinical Internship

Initial Requirements

Prior to beginning the Clinical Rotation, the student must meet the following requirements.

1. Be cleared to begin Clinical Internship by the Program Director. Any student who begins a clinical internship and has not been cleared by the Program Director will be dismissed from the Paramedic Program.
2. Meet all financial obligations to NMETC.
3. Completed the didactic portion of the EMT-P program with no less than a 75% GPA and has met all other course requirements; i.e. passed ACLS, PALS, and pass Clinical placement HESI exam with a 600 or greater.
4. Show proof of medical coverage (Personal Health Insurance) and maintain such coverage during the didactic, clinical and field rotations. Must have a current physical within the 12 months of the programs end date in which you are found to be in good physical condition by a physician and able to perform the duties of a paramedic intern.
5. Provide proof of immunizations to Measles, Mumps, Rubella, and Hepatitis B Vaccine. Students must also have had two TB test within the year of beginning clinical rotation and the second has to be within 1 month of end of the didactic portion of the program. Which a negative result was found. A base line HIV test is recommended but not required.
6. Drug Testing: Proper chain of custody must be followed and results from testing company must be sent directly to NMETC with proof of successful testing (negative results) on a ten-panel drug screen. If a student has a prescription medication that may alter the results they must provide documentation from their physician prior to taking the drug test.
7. All documentation of immunizations, background check, physical form and drug testing MUST be on hand at NMETC prior to any clinical place being made for a student.
8. (Distant Students Only) Return a signed contract from a secured clinical and field site 4 months prior to completion of didactic component. (NMETC will work diligently to aid the student in securing a clinical site near them; however, if we are not able to accomplish this, the student will have to travel to Massachusetts to complete their clinical and field rotations.)
9. (Distant Students Only) All paperwork mailed to NMETC should be sent Priority Mail, Return Receipt Requested. Original forms should be sent, and the students should keep copies.

Goal

It is the goal of the Clinical Internship to assist the EMT-P student to put into practice all the combined knowledge of both the didactic and psychomotor skills that he/she has obtained during this program, while under the supervision of a clinical preceptor; so as to aid him/her in becoming a competent ALS provider.

Objective

NMETC will evaluate students in the clinical setting by direct observation from an adjunct faculty member, as well as student surveys completed by the clinical preceptors. These will evaluate student's skill competency and proficiency, knowledge base and affective domain.

Liability Insurance

NMETC will cover each student during the didactic, clinical and field rotations in the sum of \$2,000,000/\$5,000,000. Coverage will begin on the day training begins and remain in effect until the student has completed all aspects of the training program. Health Care Providers Insurance Organization HPSO provides coverage.

Required Personal Equipment

It is expected that each student arrive at the clinical site prepared to participate in patient care. To

accomplish this, students are expected to arrive on time with credentials and personal equipment. This shall include, but not limited to: stethoscope, penlight, pen, EMT and CPR/ACLS/PALS cards, notebook, and clinical internship paperwork/book. (Copies of the your signed material should be made frequently in case sheets are lost or damaged.) Please place your name at the top of each documentation sheet along with your state EMT number. Each student must adhere to the NMETC uniform policy at any clinical or field internship.

Clinical Rotation

The clinical internship is divided into several parts as shown below. During this time the student is a representative of this training organization and must act accordingly. The student must have documentation of each skill and time log signed by an approved hospital preceptor. It is the responsibility of the student to maintain these records throughout the training program. Each signature line must be filled out individually. A line through several skills representing duplicate signatures from the same staff member will not count.

Copies of the clinical documentation are not acceptable. If any documentation is lost, the student must get the appropriate paperwork signed again, or must repeat all the skills and time. All students will have tested and be credentialed in ACLS and PALS as part of the Paramedic Program. See the program syllabus. A skill performed in the clinical setting must be conducted under the supervision of an authorized preceptor.

Any student who performs a skill they are not authorized to perform will be terminated from the program and reported to OEMS for discipline.

Each student must participate in 16 hours of clinical studies per week. Failure to do so can result in removal of the program. Clinical Rotations MUST be completed within six (6) months of beginning your clinical rotation. Any student that does not complete clinical and field internship 1 year from the end of the didactic and lab portion of the program will not graduate or be able to continue. Only military deployment and medical conditions that can be documented may be an exception.

Clinical Rotation Hours/Skills

These areas are ideally where we would like to see students placed, but all clinical sites might not have each area within the hospital. In that case, the mandatory areas are ER, OB and OR. 250 hours must be completed regardless of the setting.

Example of suggested clinical rotations

160 Hours	E.D./Triage/I.V Team
20 Hours	ICU or SICU / CCU
20 Hours	OR/Anesthesia
20 Hours	OB-GYN
10 Hours	Psychiatric
10 Hours	Pediatric
<u>10 Hours</u>	Elective (can be used at clinical coordinators discretion)
250	Total Clinical Hours

National Goals

Although clinical time has traditionally been measured in hours, the Program will place a higher emphasis on student progress towards the National Goals. Student progress is measured, real time, using FISDAP. Students must participate skills and procedures, not just observer of them (exception is OB). The syllabus for each clinical course will outline the specific areas students should be focusing on during clinical rotations. Each student should achieve a minimum of 100% of the National Registry Goals in order to complete the program. This will include 100% completion for all assessment and skills goals. Students who do not reach these benchmarks by the end of their clinical or field internship maybe required to complete additional hours to

complete the aforementioned requirements.

Required Skills Clinical Experience Summary

Patient Assessments	Minimum
Adult 18 to 64 years	20
Geriatric 64 years and older	30
Pediatric- Must include the following ages	30
<i>Neonate 0 to 29 days</i>	3
<i>Infant 1 month to 12 months</i>	3
<i>Toddlers 13 months to 3 years</i>	3
<i>Preschool 4 years to 6 years</i>	3
<i>School age 7 years to 13 years</i>	3
<i>Adolescent 14 years to 17 years</i>	3
Impressions (Primary and Secondary)	
Medical	50
Obstetrics (includes 3 live births)	10
Psychiatric/Behavioral	5
Neurological	5
Trauma	40
Complaints	
Abdominal/Gastroinal	20
Altered Mental Status	20
Chest Pain	30
Respiratory – Adult	20
Respiratory – Pediatric	8
Syncope/ Change in Responsiveness	10
Psychomotor Skills	
Airway Management	50
Endotracheal Intubation	3
Medication Administration- Must include-	30
<i>IV Bolus Medication Administration</i>	15
<i>IV Infusion Medication Administration</i>	5
<i>Miscellaneous Medication Administration</i>	10
IV Cannulation	25
EKG Recognition and Interpretation	30

Team Leadership	Minimum Requirement
Pre-hospital Team Leadership	50

All official correspondence in regards to clinical or field internship is to be sent via email to the Clinical Coordinator. Contact information for the Clinical Coordinator Deb Downey dddowney@nmetc.com

Students must also be tested for proficiency and competency on Alternative Airways (Combitube and LMA) NG Tubes, IO infusion, needle decompression, needle cricothyrotomy, and RSI. This proficiency will be documented prior to students beginning clinical rotation and will remain in the students file.

Rotations

While performing any skill, a student must be supervised by a qualified clinical preceptor. Qualified preceptors include RNs, MDs, Dns, PAs, CNM(certified midwife), CRNAs and Paramedics.

Students must schedule a meeting with the clinical coordinators once they have completed their clinical rotations. This is to review paperwork and assure that their documentation is complete and accurate. This must be done before beginning your field internship. Online students will meet via virtual classroom or telephone.

Additional Clinical Fees

Students may be subject to additional clinical site fees. (This fee is not the \$800 Clinical Management fee charged by NMETC.) Any and all additional fees charged by a clinical site for participation in a Hospital or Field intern rotation shall be the responsibility of the student, and is not part of the tuition or any fees of NMETC. This fee will be paid to NMETC and not the clinical site; NMETC will pay the clinical site directly for the student's participation and the student will not cleared for testing or licensure until the debt is satisfied.

Skill Performance

Performance of ALS skills and invasive therapies must be completed by students while under the supervision of a qualified clinical preceptor. Under NO circumstance is a student to take credit for a skill they did not perform (this is grounds for expulsion); nor perform a skill not signed off for or not qualified to perform. Performance of an ALS skill that students are not signed off to perform by the Clinical Coordinator or the Program Director is grounds for immediate dismissal from the training program.

Clinical Rotation Scheduler

Students will be allowed to sign up to shifts at clinical sites that NMETC has an affiliation agreement with. Sign up will be available in FISDAP or by contacting the Clinical Coordinator. No student is allowed to monopolize time at a particular clinical site. Violations should be reported to the Clinical Coordinator or Program Director immediately. Each clinical site may add additional restrictions or procedures. The Program Director or the Clinical Coordinator will make clinical assignments. A student may not participate in a clinical setting he/she has not been assigned to. **Each student is required to complete a minimum of 16 hours in his/her clinical rotation per week.**

Clinical and Field Internship Outside of Massachusetts

The goal of the Clinical Liaison is to oversee and manage distant clinical and field experiences. It is the policy of NMETC to hire a Clinical Liaison (CL) whom is required to be an RN, MD, NP, PA, or Paramedic in the geographic area in which a student is completing his or her clinical and/or field rotation. This is for the purpose of auditing the student's participation in clinical rotation and to have a local contact person in case any issues arise during a student's rotations.

In the case that the student is a member of the military, the Commanding Officer in the students unit may be contacted and asked to assign an impartial superior officer that meets the criteria to act as our auditor.

The duties of the Clinical Liaison (CL) are to review documentation and monitor patient care and affective interactions with patients and staff. The CL interviews staff at internship sites and audits the student's skill paperwork and preceptor evaluations. The CL will be independent and unbiased, and may be compensated for his/her time. This individual will be considered adjunct faculty of NMETC, hired solely for this purpose.

In the event that no person is available to audit the clinical or field internship, a staff member from NMETC will travel to the site to complete the audit.

Audits will include a site visit with the student while they are performing skills and assessments. The CL conducting the audit submits a written report via letter or email describing the student's progress. These

audits include the evaluation of the student's paperwork, conversations with the preceptors that the student has worked with, and direct observation of skills. The CL submits the evaluation forms and any other relevant information about the student that may be needed for validation of the clinical hours and participation.

Internship Paperwork

To aid students in completing the clinical internship, it is necessary to complete certain state and training program paperwork. To aid in alleviating any confusion, the following is a brief description of these forms. Student's paperwork must correlate with entry into the Fisdap system.

Note: Should a student fail to obtain the required number of skills during the clinical rotation and or field rotation, it will be required that students continue their rotation until the required number of skills is completed.

Skill Sign Off Sheet: It is mandated by the State of Massachusetts that a student must accumulate a minimum number of skills during the clinical internship. The skills are documented on skills sheet that is to be filled out by the student and then signed by the clinical preceptor at the completion of each shift, or after each skill is performed. Skills sheets must be signed prior to the end of the each clinical shift. Skills that are not signed WILL NOT COUNT.

To aid students in becoming exceptional ALS providers, it is important that the student's abilities are monitored and areas of needed improvement identified early on.

Patient Assessments: It is important to fully assess a patient during a student's clinical rotation. After conducting a patient assessment, it is required that the skill be signed off by a Clinical Preceptor and then documented in Fisdap. Each patient experience must include the chief complaint, objective and subjective findings, allergies, past medical history, vital signs, medications including dosages, care rendered in the clinical setting and diagnosis of the patient, along with any improvement you observed. Again, these patient assessments will be completed in the Fisdap online program.

Student Preceptor Evaluations: Each student will complete a Preceptor Evaluation form for each of their preceptors. These evaluations are found in Fisdap.

Attention Online Students: All paperwork mailed to NMETC should be sent Priority Mail, Return Receipt Requested. Original forms must be sent, and the students should keep copies.

Clinical and Field Internship Tracking

The following policy will be implemented regarding tracking students in various stages of their Clinical and Field Rotations. This system & policy will allow the Clinical and Field Coordinators to track the progress of students in various stages of their Clinical and Field Rotations. This policy is meant to meet the requirements of National Accreditation. Compliance with this policy is mandatory and any variation of this policy may result in IMMEDIATE termination from the program.

Tracking Student Hours

Once a student has participated in an orientation regarding the Fisdap system, the tracking system must be updated in the following manner.

Students must update their scheduled shifts no later than 23:59 hours every Sunday night. This update will indicate where and when students will be participating in Clinical/Field rotation over the next seven days. If the site allows students to sign up for time beyond those seven days, students would be expected to provide that information as well.

Should a student need to cancel a scheduled rotation he/she MUST immediately return to the FISDAP system and cancel that time. Students will also be required to email the Clinical Coordinator and will be marked absent in scheduler. Please be aware that excessive cancellations are cause for termination. Slots during a rotation are limited; therefore we need to take advantage of available slots accordingly. Repeated cancellation also puts students coming behind at a disadvantage by extending the time that would be needed for them to complete their rotation.

If the tracking system is updated after a student has actually participated in a shift, that time, as well as any skills performed, MAY NOT BE COUNTED towards the final requirements. Students must put scheduled times into the tracking system BEFORE the shift is worked. There are no deviations accepted.

If a shift is scheduled last minute, students must update the tracking system within 24 hours. Last minute sign ups should be in addition to your base 16 hours, unless students canceled a portion of time that week. Should we see last minute shifts, we will compare it to that hospital's official log to ensure students did in fact work that shift.

IMPORTANT: Schedules must be provided in advance so staff may audit participation by visiting students while in clinical rotations. In the event staff discover that students are not where they are reported to be, students may be disciplined by being removed from the site and terminated from the program. Fraudulent activity is monitored and if found the student will be terminated from the program.

Students must make the most of their schedule time. With that in mind, students should not leave early unless there is a unique situation requiring them to do so. If students do leave early, they must email the Clinical Coordinator and Program Director as soon as possible with the reason for leaving early. A quiet emergency department is not a good reason to leave a shift early.

If students are not at the clinical site during the times indicated, either by arriving late, leaving early or failing to attend, and attempt to claim credit either on the tracking system or on the state time log, termination from the program will result. A site audit may take place at any time, and only after documents are submitted for review, will students be advised that such a visit did occur.

Tracking Student Skills

Students must update the skills in FISDAP within five (5) days of when that skill was performed. Any skill or time documented after the five (5) days may not be credited.

Clinical Rotation Cancellations

Cancellation of time at a clinical site should be avoided at all costs. Remember, if a shift is signed up for, other students could not sign up for it. Should illness become a factor and there is need to cancel a day/night rotation, call the site to notify them of the cancellation. Following the cancellation, students must inform the Clinical Coordinator of the cancellation and the reason for it. Students must also mark the shift absent in FISDAP. Failure to notify the site of cancellations by the student could result in suspension from the clinical rotation. If a student sets a pattern of shift punctuality and cancels rotations that student could result in suspension from the clinical component. Students who cancel their clinical rotation within 24 hours of their scheduled time will receive a verbal warning. A second offense may result in removal from clinical site and or the program.

Conduct and Appearance

While at the clinical site, students are expected to behave as a professional. Conduct and appearance at a clinical site represents both the training program and the student's professionalism. Inappropriate conduct

will result in expulsion from the clinical site; which in turn could jeopardize the affiliation with that site. Expulsion from a clinical site for unprofessional conduct will result in expulsion from this training program. It is expected that as part of being a professional, students arrive at the clinical site on time and prepared. Keep in mind that NMETC faculty will be making unannounced inspections at start and finish times of the clinical facility. Students are required to wear the NMETC uniform shirt with Blue EMS pants and appropriate black shoes or boots with a plain black belt. (Exception to this policy is only made where a clinical site requires specialty clothing, i.e. OR scrubs) Any student that attends a clinical rotation out of uniform will be asked to leave the site and may be suspended from that particular site. Further infractions of the uniform policy will result in dismissal from the program. It is a contracted requirement with clinical and field sites that NMETC students be in uniform.

HIPPA

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

Patient confidentiality must be maintained and it is expected that students will respect this confidence. Any breach in HIPPA laws will result in expulsion from the program and be reported OEMS. During orientation, all students will sign, agree and comply with the Clinical Site's HIPPA policy. Please note, while documenting FISDAP reports, or obtaining clinical reports, no patient identifying information is to be recorded or kept in a student's possession.

Infectious Control

It is the policy of this program that universal precautions will be followed on ALL patients. In addition to this policy, each clinical site may have additional policies in force, which students will be expected to adhere to while at the clinical site. It is also the policy of this program that students have standard vaccinations prior to the clinical component. It is strongly recommended, but not required, that you also receive the Hepatitis A/B and Influenza vaccine as well as an HIV base line. Please be advised some clinical sites mandate influenza vaccination.

Students must show documentation of current vaccines; including measles, mumps and rubella (MMR), as well as a TB test as part the application process. If a student has a previous exposure to TB, a chest x-ray must be conducted to prove the disease in not active.

Exposures/Needle Sticks

In the event of an accidental unprotected exposure to communicable diseases or hazardous materials, students must notify the preceptor and seek treatment in the ER immediately. The Clinical Coordinator and Program Director must be notified as soon as possible. An exposure form must be filled out for the hospital, with a copy sent to the Program Director at NMETC. Please contact the campus immediately (508) 510-3666 if an exposure occurs.

Expulsion from a Clinical Site

In the event that a student has been expelled from a clinical site, both the Clinical Coordinator and Program Director must be notified immediately. Fact-finding will be done to find the cause of the expulsion. The student must complete an incident report. The Clinical Coordinator will contact the site and ask for staff documentation of the incident. Due process will be given to the student. The President/Chief Executive Officer of NMETC, Program Director and Medical Director will evaluate the information and determine if any disciplinary action will be taken. This can include possible removal from the program and may be reported to State OEMS at the discretion of NMETC administration.

Problems at a Clinical Site

In the event that students encounter problems at a clinical site, notify the Clinical Coordinator as soon as possible. If the problem warrants leaving the clinical site, notify the Clinical Coordinator or Program Director immediately. Never be confrontational.

Loss of a Clinical Site Affiliation

In the event that an affiliation with a clinical site is lost, it is expected that each student will be able to successfully complete the clinical component with NMETC's remaining clinical sites. The loss of a clinical site, although problematic, does not jeopardize the integrity of the clinical component. In the event that this occurs, all reasonable attempts at securing additional clinical sites will be made.

Summary

Failure to meet all the Policies and Procedures of the Pre-Hospital Training clinical internship may result in suspension or termination from the Paramedic training program and students will not enter their field internship until all clinical goals are met.

Paramedic Program Field Internship

Field Internship

Prior to beginning Field Internships, students must meet all financial obligations to NMETC. Distant Students, return a signed contract from a secured field site, complete all clinical objectives, clinical paperwork and FISDAP must be reviewed by the Clinical Coordinator, and then be cleared by the Program Director

The final part of this training program is the field internship. During the field internship the student is required to ride third party with an ALS level ambulance for a minimum of 250 hours. During this ride time, the student must perform a minimum amount of skills. Both the minimum time and skill points must be performed to complete the internship. The student must maintain current certifications. Students cannot practice in the field until the student receives authorization by the Clinical Coordinator and Program Director.

The student must also maintain documentation of all hours and skills performed. Again, these logs must be original documents and all data must correlate with your FISDAP account. To receive credit for the skills performed, the student must be precepted by a paramedic with a minimum of two-years of experience. Students in Massachusetts will have a working knowledge of the statewide protocols. If outside of Massachusetts, the preceptor/FTO have 2 years of experience and knowledge of the protocols and applicable laws of that state. Once the student has completed all the requirements of the field internship, he/she will schedule a meeting with the Clinical Coordinator or Program Director to review the field paperwork and documentation. When all documentation is accepted, the student then has successfully completed the program and is ready to apply for the state exam. Each student should evaluate the field paperwork to assure that they have met all OEMS requirements for hours, skills and points prior to scheduling an exit interview from the program.

Students are reminded that they have six (6) months to complete the field rotation and required skills. The six-month time period begins once the Clinical Coordinator and Program Director have reviewed the clinical paperwork and notification has been issued allowing students to continue into the Field Rotation portion of the program. This time frame may be shorted to meet the 1 year time restraint on clinical and field internship per Massachusetts OEMS regulations

Field Rotation

Field internships will only begin at the conclusion of the didactic and clinical portion of this program. No field internship is to begin until the clinical rotation is complete and the Clinical Coordinator reviews the paperwork. The Program Director then approves the student for field internship placement. Students are reminded that although they are not reporting to class, they remain the responsibility of this training program. As such, all policies and procedures set forth in this program will remain enforceable. Field requirements are further outlined in the field internship policies and procedures sections of this text.

Once the student reaches the required patient contacts and required skills needed, the student must review his/her paperwork in an exit interview with the Clinical, Field Internship Coordinator or Program Director.

Students will not be allowed to participate in field rotations while working on regularly scheduled shifts. Students are not allowed to receive compensation while on their field rotation from any individual, private or public service, unless the sponsoring agency is allowing the student to participate as an intern during

regular work hours. The student who is working and being paid may participate in a skill and be signed off for that skill if the student is part of a 3-person team in the ambulance and maintains patient contact throughout the call. Only the skill can be counted, not the time that was spent on the call. Only one student is allowed per ambulance per shift for observation privileges.

Team Leader Role

Each student will be required to act as the Team Leader (lead paramedic) for a minimum of 50 ALS contacts.

Team Leads (Field)

In order for a patient contact to qualify as a team lead, students must indicate they were the team leader and perform both the patient assessment and patient interview. The Field Preceptor must also verify the student was the team lead by signing the report form. A team lead self-assessment is available in FISDAP. These are required on all calls where students indicate they are the team lead. These are tools for personal reflection and are not graded, but offer students and instructors insight on a student’s progress toward being an entry-level paramedic.

Required Competencies for Completion of Field Internship

Skills	Minimum
ALS Team Lead	50
Electrical Therapy (Must have either Electrical Therapy or Endotracheal Intubation)	1
Endotracheal Intubation (Must have either Electrical Therapy or Endotracheal Intubation)	1
IV Cannulation	25
Medication Administration - IV Bolus	5
Medication Administration – Miscellaneous	1
EKG Recognition/ 12 lead Interpretation	25

Clinical and Field Internship Outside of Massachusetts

It will be the policy of NMETC to seek out an RN, MD, PA, MSN, CRNA or Paramedic, in the geographic area in which the intern is completing a field rotation. This will be for the purpose of auditing the student’s participation in clinical rotation, which shall include documentation review and interview with staff at the internship rotation. This person will be independent and unbiased, and may be compensated for his/her time. This individual will be considered a private contractor hired solely for this purpose.

In the case that the student is a member of the military, the Commanding officer of the students unit will be contacted and asked to assign an impartial superior officer to act as our auditor. In the event that no person is available to audit the clinical or field internship, a staff member from NMETC will travel to the site to complete the audit. This will be at the expense of NMETC and be considered part of the student’s tuition.

This individual will submit a written report via letter or email describing the student’s progress. This will include; Evaluation of the students paperwork, conversation with the preceptors that the student has worked with. Submissions of evaluation forms and any other relevant information about the student that may be need for validation of the clinical hours and participation will be submitted as well

Additional Field Internship Fees

Any and all additional fee's charged by a field site for participation in an ambulance rotation shall be the responsibility of the student and is not part of the tuition or any fees of NMETC.

Field Internship Rotation

Each student is responsible to know and understand the policies set forth in both the field and clinical rotations policies and procedures booklets. Field internships will begin at the conclusion of the clinical portion of this program. Students are reminded that although they are not reporting to class, they remain the responsibility of this training program. As such, all policies and procedures set forth in this program will remain enforceable. Field requirements are further outlined in the field internship policies and procedures sections of this text. Once the student reaches the required hours and minimum competencies, the student must review his/her paperwork and schedule an exit meeting with the Program Director.

Students found to be falsifying documentation in field or clinical rotations will be immediately terminated from the program. Students must schedule a meeting with the Program Director after completing Field Rotations. This will be the exit interview and will assure that the field documentation is complete. For Distance students this can be done over the phone.

Paramedic Program Clinical & Field Documentation

Clinical and Field Documentation

In order to receive credit for each skill performed in the field the shift skill and evaluation form must be filled out and signed by the preceptor. All patient assessments/ Team Leads performed by the student, shall be completed by the student in the SOAP narrative format and will be evaluated by the Clinical/Field Coordinator for completeness, accuracy, and appropriateness. The student PCRs will be documented in FISDAP and will not include any personal patient information.

All documentation must be maintained in accordance to OEMS regulations. Students remain the responsibility of the training program.

Once issued to the student, documentation binders become the sole responsibility of the student. Any lost paperwork will result in additional time performed and additional skills to be performed in either the clinical or field setting. Students are to keep all documentation in neat, clear wrinkle free order. Any documentation that is not acceptable will have to be repeated.

Advanced Emergency Medical Technician Clinical Rotation

Initial Requirements

Prior to beginning the Clinical Rotation the student must:

1. Meet all financial obligations to NMETC.
2. Completed the didactic portion of the AEMT program with no less than a 75% GPA and has met all other course requirements; i.e. passed ACLS, and Final exam.
3. Show proof of medical coverage (Personal Health Insurance) and maintain such coverage during the didactic, clinical and field rotations. Must have a current physical within the 12 months of the programs end date in which you are found to be in good physical condition by a physician and able to perform the duties of a AEMT intern.
4. Documentation MUST be on hand at NMETC.
5. Provide proof of immunizations to Measles, Mumps, Rubella, and Hepatitis B Vaccine. Students must also have had a TB test within the past six months of beginning clinical rotation! Which a negative result was found. A base line HIV test is recommended but not required.
6. Provide proof of successful testing (negative results) on a ten panel drug screen. Results MUST BE MAILED DIRECTLY TO: NMETC 22 Pleasant St. #3 West Bridgewater, Ma 02379 Attention Director. Only records received by regular USPS mail or equivalent will be accepted as uncompromised medical evidence.
7. (Online Students Only) Return a signed contract from a secured clinical and field site *1 month prior* to completion of didactic component. (NMETC will work diligently to aid the student in securing a clinical site near them, however if we are not able to accomplish this, the student will have to travel to Massachusetts to complete their clinical and field rotations.
8. (Online Students Only) All paperwork mailed to NMETC should be sent Priority Mail, Return Receipt Requested. Original forms should be sent, and the students should keep copies.

Goal

It is the goal of the Clinical Internship to assist the AEMT student to put into practice all the combined knowledge of both the didactic and psychomotor skills that he/she has obtained during this program, while under the supervision of a clinical preceptor; so as to aid him/her in becoming a competent Advanced provider.

Objective

NMETC will evaluate students in the clinical setting by direct observation from an adjunct faculty member of our school and student surveys completed by the clinical preceptors. The surveys will evaluate student's skill competency and proficiency, knowledge base as well as the affective domain.

Liability Insurance

NMETC will cover each student during the didactic, clinical and field rotations in the sum of \$2,000,000/\$5,000,000. Coverage will begin on the day training begins and remain in effect until the student has completed all aspects of the training program. Health Care Providers Insurance Organization HPSO provides coverage.

Required Personal Equipment

It is expected that each student arrive at the clinical site prepared to participate in patient care. To accomplish this, students are expected to arrive on time with credentials and equipment. This equipment shall include, but not be limited to: stethoscope, penlight, pen, EMT and CPR/ACLS cards, notebook, and

clinical internship paperwork/book. (copies of the your signed material should be made frequently in case sheets are lost or damaged.).

Clinical Rotation

The clinical internship is divided into several parts as shown below. During this time the student is a representative of this training organization and must act accordingly. The student must have documentation of each skill and time log signed by an approved hospital preceptor. It is the responsibility of the student to maintain these records throughout the training program. Each signature line must be filled. A line through several skills from the same staff member will not count. Copies of the clinical documentation are not acceptable. If any documentation is lost, the student must get the appropriate paperwork signed again, or must repeat all the skills and time. A skill performed in the clinical setting must be conducted under the supervision of an authorized preceptor.

Any student who performs a skill they are not authorized to perform will be terminated from the program. Each student must participate in 16 hours of clinical studies per week. Failure to do so can result in removal of the program. Clinical Rotations MUST be completed within six (6) months of beginning the clinical rotation.

Clinical Rotation Hours/Skills

100 hours must be completed in a site that will allow the student to meet the clinical objectives.

90 Hours	Emergency Department (ED) or Clinic
<u>10 Hours</u>	Elective: at Clinical Coordinator discretion and may be accomplished in the E.D.
100	Total Clinical Hours

National Goals

Although clinical time has traditionally been measured in hours, the Program will place a higher emphasis on student progress towards the National Goals. Student progress is measured, real time, using FISDAP. Students are awarded points for doing skills and procedures, not for observing them. The syllabus for each clinical course will outline the specific areas students should focus on in the clinical site. Each student must achieve a minimum of 90% of National Goals in order to complete the program. Students who do not reach the assessment and skills benchmarks by the end of their clinical or field internship may be required to complete additional hours above the required amount.

Required Skills Clinical Objectives

The following goals must be successfully accomplished within the context of the learning environment. Clinical experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course. Items in bold are essentials and must be completed. Items in italics are recommendations to achieve the essential and should be performed on actual patients in a clinical setting. Recommendations are not the only way to achieve the essential. If the program is unable to achieve the recommendations on live patients, alternative learning experiences (simulations, programmed patient scenarios, etc.) can be developed. If alternatives to live patient contacts are used, the program should increase the number of times the skill must be performed to demonstrate competency.

These recommendations are based on information from the U.S. Department of Transportation's AEMT and the National Standard Curriculum. Programs are encouraged to adjust these recommendations based on thorough program evaluation. For example, if the program finds that graduates perform poorly in airway management skills, they should increase the number of intubations and ventilations required for graduation and monitor the results. This program will exceed the Intermediate- I85 curriculum for Massachusetts.

Psychomotor Skills

The student must demonstrate the ability to safely administer medications.

The student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.

The student must demonstrate the ability to safely perform esophageal- tracheal intubation.

The student should safely, and while performing all steps of each procedure, successfully intubate at least five live patients or manikins in the laboratory setting.

The student must demonstrate the ability to safely gain venous access in all age group patients.

The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.

The student must demonstrate the ability to effectively ventilate Non-intubated patients of all age groups.

The student should effectively, and while performing all steps of each procedure, ventilate at least five live patients of various age groups.

Ages

The student must demonstrate the ability to perform an advanced assessment on pediatric patients.

The student should perform an advanced patient assessment on at least five (including newborns, infants, toddlers, and school age) pediatric patients.

The student must demonstrate the ability to perform a compressive assessment on adult patients.

The student should perform an advanced patient assessment on at least 10 adult patients.

The student must demonstrate the ability to perform an advanced assessment on geriatric patients.

The student should perform an advanced patient assessment on at least five geriatric patients.

Pathologies

The student must demonstrate the ability to perform an advanced assessment on trauma patients.

The student should perform an advanced patient assessment on at least 20 trauma patients.

Complaints

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with chest pain.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least five patients with chest pain.

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least five adult patients with dyspnea/respiratory distress.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least four pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with abdominal complaints.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least five patients with abdominal complains (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with altered mental status.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least five patients with altered mental status.

Team Leader Skills

The student must demonstrate the ability to serve as a team leader in variety of pre-hospital emergency situations.

All official correspondence is to be sent via email to Clinical Coordinator.

Field Internship Hours/Skills

100 hours must be completed in a site that will allow the student to meet the Field objectives.

The student should serve as the team leader for at least 30 pre-hospital emergency responses.

Rotations

Students must be supervised by an RN, MD, PA, MSN, CRNA or paramedic while performing any required skill. Students must schedule a meeting with the Clinical Coordinator once they have completed their clinical rotations. This is to review paperwork and assure that their documentation is complete and accurate. This must be done before beginning your field internship. Online students will meet via virtual classroom or telephone.

Additional Clinical Fees

Students may be subject to additional clinical site fees. Any and all additional fees charged by a clinical site for participation in a Hospital or Field intern rotation shall be the responsibility of the student and is not part of the tuition or fees of NMETC. This fee will be paid to NMETC and not the clinical site; NMETC will pay the clinical site directly for the student's participation and the intern will not be cleared for testing or licensure until the debt is satisfied.

Skill Performance

Performance of ALS skill and invasive therapies must be performed by the student while under the supervision of a qualified clinical preceptor. Under **NO** circumstance is a student to take credit for a skill they did not perform (this is grounds for expulsion); nor perform a skill not signed off for or not qualified to perform. Performance of an ALS skill that a student is not signed off to perform by either the Clinical Coordinator or the Program Director during your clinical rotation is grounds for immediate dismissal from this training program.

Clinical Rotation Scheduler

Students will be allowed to sign up to clinical sites that NMETC has an agreement with. Shift assignment will be available in FISDAP or by contacting the Clinical Coordinator. No student is allowed to monopolize time or a particular clinical site. Violations should be reported to the Clinical Coordinator or Program Coordinator. Each clinical site may add additional restrictions or procedures.

The Program Coordinator or Clinical Coordinator will assign each clinical site. A student may not participate in a clinical setting he/she has not been assigned to. Each student is required to complete a minimum of 16 hours in his/her clinical rotation per week.

Clinical and Field Internship Outside of Massachusetts

It will be the policy of NMETC to seek out an RN, MD, PA, MSN, CRNA or Paramedic in the geographic area in which any student is completing his or her hospital rotation. This will be for the purpose of auditing the student's participation in clinical rotation, which shall include document review and interview with staff at internship rotation. This person will be independent and unbiased, and may be compensated for his/her time. This individual will be considered a private contractor hired solely for this purpose.

In the case that the student is a member of the military, the Commanding officer of the student's unit will be contacted and asked to assign an impartial superior officer to act as our auditor. In the event that no person

is available to audit the clinical or field internship, a staff member from NMETC will travel to the site to complete the audit. This will be at the expense of NMETC and be considered part of the student's tuition. This individual will submit a written report via letter or email describing the student's progress. This will include; Evaluation of the students paperwork and conversation with the preceptors that the student has worked with.

Internship Paperwork

To aid students in completing the clinical internship, it is necessary to complete certain state and training program paperwork. To aid in alleviating any confusion, the following is a brief description of these forms.

Attendance or Time Sheet

This document provides a running total of the number of hours students spend in a clinical rotation. This sheet should be filled out by the student and signed by clinical preceptor at the completion of each shift prior to leaving the clinical site. Unsigned times do not count towards completion. Student's work must correlate with entry into the FISDAP system.

Note: Should a student fail to obtain the required number of skills during the clinical rotation and or field rotation, it will be required that students continue their rotation until the required number of skills is completed.

Skill Sign Off Sheet

It is mandated by the State of Massachusetts that a student must accumulate a minimum number of skills during the clinical internship. The skills are documented on skills sheet that is to be filled out by the student and then signed by the clinical preceptor at the completion of each shift, or after each skill is performed. Skills sheets must be signed prior to the end of the each clinical shift. Skills that are not signed WILL NOT COUNT. Every line must have a signature. Lines or parenthesis representing duplicate signatures are NOT acceptable.

Student Evaluation Forms

To aid students in becoming exceptional ALS providers, it is important that abilities are monitored, and areas of needed improvement be identified early on so as to allow time to accomplish the objectives of the clinical component. This form should be given to the preceptor at the beginning of the shift, completed and returned the student. This form is then to be given to the Clinical Coordinator. Correlating documentation should be entered into FISDAP to support the information on the clinical and field documentation sheets.

Patient Assessments

It is important to fully assess a patient during the clinical rotation. It is expected that for each patient assessment signed off, a separate patient assessment sheet should follow. This documentation platform is found in FISDAP on the sign in page. Each sheet should include the patient's chief complaint, objective and subjective findings, allergies, past medical history, vital signs, medications including dosages, care rendered in the clinical setting and diagnosis of the patient along with any improvement observed. These patient assessments will be completed in FISDAP and be printed for submission with the clinical paperwork.

Attention Online Students

All paperwork mailed to NMETC should be sent Priority Mail, Return Receipt Requested. Original forms should be sent, and the students should keep copies.

Clinical and Field Internship Tracking

The following policy will be implemented regarding tracking students in various stages of their Clinical and Field Rotations. This system & policy will allow the Clinical and Field Coordinator to track the progress of students in various stages of their Clinical and Field Rotations. This policy is meant to meet the requirement of National Accreditation. Compliance with this policy is mandatory, and any variation of this policy may result in IMMEDIATE termination from the program.

Tracking Student Hours

Once a student has participated in an orientation regarding the FISDAP system, the tracking system must be updated in the following manner.

Students must update their scheduled shifts no later than 23:59 hours every Sunday night. This update will indicate where and when students will be participating in Clinical/Field rotation over the next seven days. If the site allows students to sign up for time beyond those seven days, students would be expected to provide that information as well.

Should a student need to cancel a scheduled rotation he/she MUST immediately return to the FISDAP system and cancel that time. Students will also be required to email the Clinical Coordinator and will be marked absent in scheduler. Please be aware that excessive cancelations are cause for termination. Slots during a rotation are limited; therefore we need to take advantage of available slots accordingly. Repeated cancelation also puts students coming behind at a disadvantage by extending the time that would be needed for them to complete their rotation.

If the tracking system is updated after a student has actually participated in a shift, that time, as well as any skills performed, WILL NOT BE COUNTED towards the final requirements. Students must put scheduled times into the tracking system BEFORE the shift is worked. There are no deviations accepted.

If a shift is scheduled last minute, students must update the tracking system within 24 hours. Last minute sign ups should be in addition to your base 16 hours, unless students canceled a portion of time that week. Should we see last minute shifts, we will compare it to that hospital's official log to ensure students did in fact work that shift.

IMPORTANT: Schedules must be provided in advance so staff may audit participation while in clinical rotations. In the event staff discovers that students are not where they are reported to be, students may be disciplined by being removed from the site and terminated from the program. Fraudulent activity is monitored and will be reported to OEMS.

Students must make the most of their schedule time. With that in mind, students should not leave early unless there is a unique situation requiring them to do so. If students do leave early, they must email the Clinical Coordinator and Program Director as soon as possible with the reason for leaving early. A quiet emergency department is not a good reason to leave a shift early.

If students are not at the clinical site during the times indicated, either by arriving late, leaving early or failing to attend, and attempt to claim credit either on the tracking system or on the state time log, termination from the program will result. A site audit may take place at any time, and only after documents are submitted for review, will students be advised that such a visit did occur.

Tracking Student Skills

Students must update the skills performed in FISDAP within five (5) days of when that skill was performed. Any skill documented after the five (5) days will not be credited to you.

Clinical Rotation Cancellations

Cancellation of time at a clinical site should be avoided at all costs. Remember, if a shift is signed up for, other students could not sign up for it. Should illness become a factor and there is need to cancel a day/night rotation, call the site to notify them of the cancellation. Following the cancellation, students must inform the Clinical Coordinator of the cancellation and the reason for it. Students must also mark the shift absent in FISDAP. Failure to notify the site of cancellations by the student could result in suspension from the clinical rotation. If a student sets a pattern of shift punctuality and cancels rotations that student could result in suspension from the clinical component. Students who cancel their clinical rotation within 24 hours of their scheduled time will receive a verbal warning. A second offense may result in removal from clinical site and or the program.

Conduct and Appearance

While at the clinical site, students are expected to behave as a professional. Conduct and appearance at a clinical site represents both the training program and the student's professionalism. Inappropriate conduct will result in expulsion from the clinical site; which in turn could jeopardize the affiliation with that site. Expulsion from a clinical site for unprofessional conduct will result in expulsion from this training program. It is expected that as part of being a professional, students arrive at the clinical site on time and prepared. Keep in mind that NMETC faculty will be making unannounced inspections at start and finish times of the clinical facility. Students are required to wear the NMETC uniform shirt with Blue EMS pants and appropriate black shoes or boots with a plain black belt. (Exception to this policy is only made where a clinical site requires specialty clothing, i.e. OR scrubs) Any student that attends a clinical rotation out of uniform will be asked to leave the site and may be suspended from that particular site. Further infractions of the uniform policy will result in dismissal from the program. It is a contracted requirement with clinical and field sites that NMETC students be in uniform.

HIPPA

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

Patient confidentiality must be maintained and it is expected that students will respect this confidence. Any breach in HIPPA laws will result in expulsion from the program and be reported OEMS. During orientation, all students will sign, agree and comply with the Clinical Site's HIPPA policy. Please note, while documenting FISDAP reports, or obtaining clinical reports, no patient identifying information is to be recorded or kept in a student's possession.

Infectious Control

It is the policy of this program that universal precautions will be followed on ALL patients. In addition to this policy, each clinical site may have additional policies in force, which students will be expected to adhere to while at the clinical site. It is also the policy of this program that students have standard vaccinations prior to the clinical component. It is strongly recommended, but not required, that you also receive the Hepatitis A/B and Influenza vaccine as well as an HIV base line. Please be advised some clinical sites mandate influenza vaccination.

Students must show documentation of current vaccines; including measles, mumps and rubella (MMR), as well as a TB test as part the application process. If a student has a previous exposure to TB, a chest x-ray must be conducted to prove the disease in not active. A clinical site may request a TB test within 6 months

from beginning clinical time. Failure to comply with this policy may result in either suspension or removal from the training program.

Exposures/Needle Sticks

In the event of an accidental unprotected exposure to communicable diseases or hazardous materials, students must notify the preceptor and seek treatment in the ER immediately. The Clinical Coordinator and Program Director must be notified as soon as possible. An exposure form must be filled out for the hospital, with a copy sent to the Program Director at NMETC. Please contact the campus immediately (508) 510-3666 if an exposure occurs.

Expulsion from a Clinical Site

In the event that a student has been expelled from a clinical site, both the Clinical Coordinator and Program Director must be notified immediately. Fact-finding will be done to find the cause of the expulsion. The student must complete an incident report. The Clinical Coordinator will contact the site and ask for staff documentation of the incident. Due process will be given to the student. The President/Chief Executive Officer of NMETC, Program Director and Medical Director will evaluate the information and determine if any disciplinary action will be taken. This can include possible removal from the program and may be reported to State OEMS at the discretion of NMETC administration.

Problems at a Clinical Site

In the event that students encounter problems at a clinical site, notify the Clinical Coordinator as soon as possible. If the problem warrants leaving the clinical site, notify the Clinical Coordinator or Program Director immediately. Never be confrontational.

Loss of a Clinical Site Affiliation

In the event that an affiliation with a clinical site is lost, it is expected that each student will be able to successfully complete the clinical component with NMETC's remaining clinical sites. The loss of a clinical site, although problematic, does not jeopardize the integrity of the clinical component. In the event that this occurs, all reasonable attempts at securing additional clinical sites will be made.

Summary

Failure to meet all the Policies and Procedures of the Pre-Hospital Training clinical internship may result in suspension from the EMT-P training program and students will not enter their field internship until all clinical goals are met.

Advanced Emergency Medical Technician Field Internship

Field Externship

The final part of this training program is the field internship. During the field internship the student is required to ride third party with an ALS level ambulance 80 hours. During this ride time the student must perform a minimum amount of skills. Both minimum time and skill points must be performed to complete the internship. The student must maintain current certifications. Students cannot practice in the field until the student receives authorization by the Program Director.

The student must also maintain documentation of all hours and skills performed. Again, these logs must be originals and all data must correlate with your Fisdap account. This must be followed as outlined in the field policy and procedure manual. To receive credit for the skills performed, the student must be precepted by a Paramedic with a minimum of two-year experience. Students in Massachusetts will have a working knowledge of the statewide protocols. If outside of Massachusetts then the preceptor/FTO must not only have 2 years of experience, but also possess knowledge of the protocols and applicable laws of that state. Once the student has completed all the requirements of the field internship, the student will schedule a meeting with the Program Director to review the field paperwork and documentation. When all documentation is accepted, the student then has successfully completed the program and is ready to apply for the State exam. Each student should evaluate their paperwork to assure that they have met all OEMS requirements for hours and skills goals prior to scheduling an exit interview from the program.

Students are reminded that they have four (4) months to complete their field rotation and required skills. The four-month time period begins once the Clinical Coordinator has reviewed the clinical paperwork and the student has received notification, permitting continuation into the Field Rotation portion of the program.

Field Rotation

Field internships will only begin at the conclusion of the didactic and clinical portion of this program. No field internship is to begin until the clinical rotation is complete and the Clinical Coordinator clears the paperwork. Students are reminded that although they are not reporting to class, they remain the responsibility of this training program. As such, all policies and procedures set forth in this program will remain enforceable. Field requirements are further outlined in the field internship policies and procedures sections of this text. Once the student reaches the required patient contacts and required skills needed, the student must review his/her paperwork and schedule an exit meeting with the Program Director.

Students will not be allowed to participate in their field rotations while they are working on their regularly scheduled shift. Students should not receive compensation while in field rotation from any individual, private or public service, unless the sponsoring agency is allowing the student to participate as an intern during regular work hours. The student who is working and being paid may participate in a skill and be signed off for that skill if they are part of a 3-person team in the ambulance AND maintains patient contact throughout the call. Only the skill can be counted. The time logged on these calls will not count toward graduation goals. Only one student is allowed per ambulance per shift for observation privileges.

Team Leader Role

Each student will be required to act as the Team Leader (lead AEMT) for a minimum of 30 ALS contacts and will be documented by the preceptor with the provided form.

Team Leads (Field)

In order for a patient contact to qualify as a team lead, the student must perform both the patient assessment and patient interview. The preceptor must also verify that the student was the team lead by signing the report form. A Team Lead self-assessment is available in FISDAP. These are required on all calls where the student indicates that they are the team lead. These are tools for personal reflection and are not graded, but offer the student and the Clinical Coordinator insight into the progress made towards being an entry-level AEMT.

Clinical and Field Internship Outside of Massachusetts

It will be the policy of NMETC to seek out an RN, MD, PA, MSN, CRNA or Paramedic, in the geographic area in which the intern is completing a field rotation. This will be for the purpose of auditing the student's participation in clinical rotation, which shall include documentation review and interview with staff at the internship rotation. This person will be independent and unbiased, and may be compensated for his/her time. This individual will be considered a private contractor hired solely for this purpose.

In the case that the student is a member of the military, the Commanding officer of the students unit will be contacted and asked to assign an impartial superior officer to act as our auditor. In the event that no person is available to audit the clinical or field internship, a staff member from NMETC will travel to the site to complete the audit. This will be at the expense of NMETC and be considered part of the student's tuition.

This individual will submit a written report via letter or email describing the student's progress. This will include; Evaluation of the students paperwork, conversation with the preceptors that the student has worked with. Submissions of evaluation forms and any other relevant information about the student that may be need for validation of the clinical hours and participation will be submitted as well

Additional Field Internship Fees

Any and all additional fee's charged by a field site for participation in an ambulance rotation shall be the responsibility of the student and is not part of the tuition or any fees of NMETC.

Field Internship Rotation

Each student is responsible to know and understand the policies set forth in both the field and clinical rotations policies and procedures booklets. Field internships will begin at the conclusion of the clinical portion of this program. Students are reminded that although they are not reporting to class, they remain the responsibility of this training program. As such, all policies and procedures set forth in this program will remain enforceable. Field requirements are further outlined in the field internship policies and procedures sections of this text. Once the student reaches the required hours and minimum competencies, the student must review his/her paperwork and schedule an exit meeting with the Program Director.

Students found to be falsifying documentation in field or clinical rotations will be immediately terminated from the program. Students must schedule a meeting with the Program Director after completing Field Rotations. This will be the exit interview and will assure that the field documentation is complete. For Distance students this can be done over the phone.

Advanced Emergency Medical Technician Clinical and Field Documentation

Clinical and Field Documentation

In order to receive credit for each skill performed in the field, a run report (PCR/SARF) or equivalent shall be submitted with the required documentation. All patient assessments performed by the student, regardless of the setting, shall require a run report (SARF) or equivalent. This run report shall be completed by the student in the SOAP narrative format and will be evaluated by the Clinical Coordinator for completeness, accuracy, and appropriateness. The student PCRs will be documented in FISDAP and will not include personal patient information.

All documentation must be neat and legible. Lost documentation must be repeated or replaced by student. All documentation must be maintained in accordance to OEMS regulations. Students remain the responsibility of the training program.

Once issued to the student, documentation binders become the sole responsibility of the student. Any lost paperwork will result in additional time performed and additional skills to be performed in either the clinical or field setting. Students are to keep all documentation in neat, clear wrinkle free order. Any documentation that is not acceptable will have to be repeated.

Emergency Medical Technician Field Rotations

Field Rotations Requirements

Students will participate in 10 hours of field internship. Any student qualifying for field rotations will receive a field rotation student package outlining the roles and responsibilities of all parties. Students will not contact any field site directly without written permission by the Program Director of NMETC or his designee. To participate in the field rotations a student must have attained a minimum of 70% GPA, be current on all classwork, and show proof of private medical insurance.

Students must wear their program shirt during field rotations as well as dark blue/black pants, black boots or black sneakers. EMT pants are acceptable. Under no circumstances is a student to report for their field rotation in jeans, high-heel shoes, sneakers, or any other attire that may not be presentable. Should any student violate the dress code he/she shall receive a written warning, and on the second offense will be terminated from the program.

Tuition and Fees

Emergency Medical Technician Program

Tuition	\$900
Application Fee	\$ 50
Textbooks	\$165*

*Cost could vary.

Advanced Emergency Medical Technician Program

Tuition	\$2,200
Application Fee	\$ 100

Paramedic Program

Tuition &	\$7900
Application Fee	\$200
Technology Fee	\$500
Clinical Fee	\$800 - \$1,200*

*Fee could vary depending upon site.

Additional Costs that Could Apply

Replacement Fees for CPR, PAS, or ACLS Cards	\$ 15 Each
Replacement Fee for Student ID	\$ 25
Background Check	\$ 45*
Drug Screen	\$ 45**
HESI Re-Test - Advanced Emergency Medical Technician and Paramedic Programs	\$ 60
HESI Re-Test – Emergency Medical Technician Program	\$ 45
Make-Up Time Fee Missed Class or Lab	\$ 30 per Hour
Paramedic Program Textbooks	\$500***
Advanced Emergency Medical Technician Program Textbooks	\$300***
Processing Fee for Tuition payment plans	8% of balance at beginning of the program, this is a one time fee

*Fee could vary by state or number of residences.

**Fee could vary depending upon drug screening site.

***Costs could vary depending upon vendor.

2016 ACADEMIC START DATES		
Course	Date	Cost
Online Paramedic Program		\$7900
Campus Paramedic Program		\$7900
Online Paramedic Program		\$7900
Campus Paramedic Program		\$7900
Online Advanced EMT Program (AEMT)		\$2250
EMT Program		\$900
EMT Program		\$900

Holiday Break Schedule	
Memorial Day	May 29, 2017
July Fourth	July 4, 2017
Labor Day	September 4, 2017
Columbus Day	October 9, 2017
Thanksgiving	November 23-24, 2017
Winter Break	December 24, 2015 – January 2, 2018

Administrative Staff and Faculty

Administrative Staff	Position Title
Bradford Newbury	President/CEO
Kimberly Newbury	Program Director
Cynthia Goss	Program Coordinator
Patrick Lofgren	Clinical Coordinator
Tanya Beaulieu	Business Office Manager
Patricia Druineaud	Registrar
Faculty	Position Title
Padraig Daly	Instructor
Kelly Donovan	Instructor
Timothy Donovan	Instructor
Nathan Duclos	Instructor
Lawrence Fahey	Instructor
Mark Forgues	Instructor
Melissa Fox	Instructor
Michael Giunta	Instructor
John Georges	Instructor
Jason Gomes	Instructor
James Goss	Instructor
Jacqueline Gould	Instructor
Eric Hoffman	Instructor
Matthew Howley	Instructor
Ronald Kolozie	Instructor
Robert Lincoln	Instructor
Scott Marcosa	Instructor
Tim Medeiros	Instructor
Caitlyn Mavrogeorge	Instructor
Joseph Mavrogeorge	Instructor
Joseph Murphy	Instructor
Ryan Patrician	Instructor
Candy Proctor	Instructor
Gregory Wilkinson	Instructor
Hilary Wilkinson	Instructor