



# MOUNTAIN VIEW

## PARAMEDIC INSTITUTE

### **Student Catalog**

Effective

September 11, 2023



# Mountain View Hospital Paramedic Institute

## Mission

"We are dedicated to improving life in a healing environment."

## Vision

"Innovation Through Collaboration"

## Values and Philosophy

We recognize that staff, faculty, and students are all diverse and dynamic individuals. We, therefore, choose to embrace the following five core values as paramount to the success of those attending MVHPI:

**Personal Integrity**  
**Compassion**  
**Positive Attitudes**  
**Respect**  
**Excellence**

The philosophy and core values guiding EMS Education at MountainView Hospital Paramedic Institute (MVHPI) are to prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior), learning domains with or without exit points at the Advanced Emergency Technician and/or Emergency Technician, and/or Emergency Medical Responder levels. This program will allow the student to develop an awareness of the attitude, behavior, knowledge, and skills that are necessary to function as an effective paramedic in the pre-hospital setting.

**MVHPI is open to all persons who meet the entrance requirements, regardless of age, race, color, religion, national origin, disability, sex, sexual orientation, gender identity or expression.**



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**Ownership**



HCA Healthcare, Inc., through its subsidiaries, provides health care services. The company operates general, acute care hospitals that offer medical and surgical services, including inpatient care, intensive care, cardiac care, diagnostic, and emergency services; and outpatient services, such as outpatient surgery, laboratory, radiology, respiratory therapy, cardiology, and physical therapy services. It also operates psychiatric hospitals, which provide therapeutic programs comprising child, adolescent and adult psychiatric care, and adolescent and adult alcohol and drug abuse treatment and counseling. In addition, the company operates outpatient health care facilities consisting of freestanding ambulatory surgery centers, freestanding emergency care facilities, urgent care facilities, walk-in clinics, diagnostic and imaging centers, rehabilitation and physical therapy centers, radiation and oncology therapy centers, physician practices, and various other facilities. As of 2020, it operated 204 hospitals and approximately 2,000 sites of care, including surgery centers, freestanding ERs, urgent care centers, and physician clinics located in 21 states and the United Kingdom. The company was formerly known as HCA Holdings, Inc. HCA Healthcare, Inc. was founded in 1968 and is headquartered in Nashville, Tennessee.

### **Governing Body of Mountain View Hospital Paramedic Institute**

Hiral Patel, CEO, Mountain View Hospital  
John Rushton, MD, Medical Director  
D. Troy Tuke, BSN, NREMT-P, Program Director  
Susie Kochever, RN, MSN, Academic Manager  
Nicole Brown, MSL, EMT-P, Lead Lab Instructor  
Tiffany Collins, BSN, RN, EMT-P, Lead Didactic Instructor  
Michelle Morrison, RN, Clinical Coordinator  
Michelle Phillips, Administrative Assistant

### **Training Faculty**

The Mountain View Hospital Paramedic Institute (MVHPI) will conduct all programs and courses in accordance with CoAEMSP/CAAHEP standards and Southern Nevada Health District (SNHD) Emergency Medical Services (EMS) Regulations. Only SNHD certified EMS Instructors as outlined in SNHD EMS Regulation 200.500, 200.510, 200.515 and 300.330 are used as adjunct faculty.

### **Content Experts and Subject Matter Experts used as EMS Instructors**

The MVHPI program and other related courses will be conducted in accordance with SNHD EMS Regulations 200.000.

MVHPI will deliver a diverse variety of pre-hospital education to its students. To achieve this goal, only qualified EMS Instructors will be used. The qualifications are outlined in SNHD "District Procedure for EMS-Instructor Endorsement via Challenge" "District Procedure for Preceptor Endorsement" and SNHD EMS Regulation (s) 300.330-300.410.

At times, use of a Subject Matter Expert (SME) in a particular skill or field of practice is needed. If the SME is not a certified SNHD EMS instructor, the MVHPI Academic /Program Director will review the CV and experience of the SME to determine qualification as required by SNHD EMS regulation 300.410.



The SME information will then be forwarded to the SNHD EMS Office for final approval prior to any instruction by the SME to the students attending MVHPI.

Individuals that do not hold a SNHD EMS Instructor certification, but do hold a valid Instructor Certification in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Pediatric Education for Prehospital Professionals (PEPP), Pre Hospital Trauma Life Support (PHTLS), Burn Trauma Life Support (BTLS), Basic Life Support (BLS), or other nationally recognized classes will be treated as an SME, and must provide documentation of such prior to instructing any course or class at MVHPI. A copy of the CV/Resume and all valid certifications for each SME will be obtained by the MVHPI Program/Academic Director and kept on file within the Director's office.

### **Accreditation Status**

MVHPI has been granted full licensure by the Nevada Committee on Post-Secondary Education. MVHPI has submitted an application for accreditation with the Commission on Allied Health Education Programs (CoAEMSP). CoAEMSP has issued a Letter of Recommendation to MVHPI allowing the program to begin. On completion of the application process, CoAEMSP will recommend full accreditation of the MVHPI program to the Commission on Accreditation of Allied Health Programs (CAAHEP). CAAHEP will then grant full accreditation to MVHPI for a period of three years.

### **Commission on Allied Health Education Programs (CoAEMSP)**

8301 Lakeview Parkway  
Suite 111-312  
Rowlett, TX 75088  
(214) 703-8445  
(204) 703-8992 [FAX]  
[www.coaemsp.org](http://www.coaemsp.org)

### **Commission on Accreditation of Allied Health Education Programs (CAAHEP)**

25400 US Highway 19 N., Suite 158  
Clearwater, FL 33763  
(727) 210-2350  
[www.caahep.org](http://www.caahep.org)

### **MVHPI Learning Center Location, Hours, and Holidays**

The MVHPI Learning Center is located at  
3150 N Tenaya Way  
Suites 235/271  
Las Vegas, Nevada 89128

Suite 235 houses the classroom and administrative office. Suite 271 houses the individual breakout rooms, and equipment storage area. Total space for areas noted above is 3000+/- square feet. All equipment meets or exceeds the NREMT and or SNHD EMS Training Center Designation requirements.



### **MVHPI Learning Center Office Hours**

Monday – Friday 8:30 am – 5:30 pm (Excluding holidays)

### **No Holidays are Observed**

Coursework during Thanksgiving break and Winter break (Christmas through New Year's Day) will be completely online.

### **MVHPI Admission Requirements**

All students enrolling at MVHPI must meet the following admission requirements:

- Be 18 years of age.
- A valid driver's license (or valid photo ID) must be provided.
- Currently holds a valid AEMT license issued by NREMT, SNHD, or State of Nevada.
- Recommended minimum of 1-year field experience as an AEMT on an ALS unit with a recognized EMS Agency by SNHD or State of Nevada.
- Students MUST be sponsored by a recognized EMS agency, SNHD or State of Nevada, prior to attending and throughout the completion of the MVHPI Paramedic Program.
- Contact NREMT, SNHD, or State of Nevada with any questions regarding any potential issues that may affect licensure.

### **Credit for Experiential Learning**

MVHPI will not issue any credit for previous learning.

### **Advanced Placement**

MVHPI does not award advanced placement of any type, nor will MVHPI assist in placement for the capstone/internship portion of the course.

### **Readmission to the program**

Any student expelled for cause, after following the disciplinary policy, will not be readmitted to the next cohort. The student/agency shall receive any money available as per the Refund Policy referenced in this document.

Any student dismissed for failure to meet academic standards, may apply with their agency for acceptance after 1 full year has passed (dated from final resolution); however, acceptance is secondary to approval from the Program Director.

The MVHPI program is taught in five distinct education blocks. A student who has successfully completed a block and has to withdraw voluntarily from the course may be readmitted to continue in a



future cohort as space allows. If the student is readmitted to the program within 18 months and holds a course average of at least 75% (at time of withdrawal), the student may not have to repeat any successfully completed blocks. The Program Director will have ultimate discretion. Tuition for the program is prorated based on the refund policy in accordance with NRS 394.381

### **Student Refund Policy**

If enrollment to MVHPI is canceled within three days, 100% of the tuition will be refunded. After three days, the following policy will be used to determine the refund amount.

NRS 394.449 Requirements of policy for refunds by postsecondary educational institutions.

1. Each postsecondary educational institution shall have a policy for refunds which at least provides:

(a) That if the institution has substantially failed to furnish the training program agreed upon in the enrollment agreement, the institution shall refund to a student all the money the student has paid.

(b) That if a student cancels his or her enrollment before the start of the training program, the institution shall refund to the student all the money the student has paid, minus 10 percent of the tuition agreed upon in the enrollment agreement or \$150, whichever is less, and that if the institution is accredited by a regional accrediting agency recognized by the United States Department of Education, the institution may also retain any amount paid as a nonrefundable deposit to secure a position in the program upon acceptance so long as the institution clearly disclosed to the applicant that the deposit was nonrefundable before the deposit was paid.

(c) That if a student withdraws or is expelled by the institution after the start of the training program and before the completion of more than 60 percent of the program, the institution shall refund to the student a pro rata amount of the tuition agreed upon in the enrollment agreement, minus 10 percent of the tuition agreed upon in the enrollment agreement or \$150, whichever is less.

(d) That if a student withdraws or is expelled by the institution after completion of more than 60 percent of the training program, the institution is not required to refund the student any money and may charge the student the entire cost of the tuition agreed upon in the enrollment agreement.

2. If a refund is owed pursuant to subsection 1, the institution shall pay the refund to the person or entity who paid the tuition within 15 calendar days after the:

(a) Date of cancellation by a student of his or her enrollment;

(b) Date of termination by the institution of the enrollment of a student;

(c) Last day of an authorized leave of absence if a student fails to return after the period of authorized absence; or

(d) Last day of attendance of a student, whichever is applicable.

3. Books, educational supplies or equipment for individual use are not included in the policy for refund required by subsection 1, and a separate refund must be paid by the institution to the student if those items were not used by the student. Disputes must be resolved by the Administrator for refunds required by this subsection on a case-by-case basis.

4. For the purposes of this section:

(a) The period of a student's attendance must be measured from the first day of instruction as set forth in the enrollment agreement through the student's last day of actual attendance, regardless of absences.

(b) The period of time for a training program is the period set forth in the enrollment agreement.





(c) Tuition must be calculated using the tuition and fees set forth in the enrollment agreement and does not include books, educational supplies or equipment that is listed separately from the tuition and fees.

### **Account for Student Indemnification**

In the event of the discontinued operation of MVHPI or a violation by the institution per NRS 394.383 to NAC 394.560, an account for student indemnification may be used to indemnify a student or enrollee who has suffered damage as a result of: discontinuance of operation or violation by such institution of any provision of NRS 394.383 to 394.560.

### **Attendance Policy**

**Due to the volume and nature of the content and experiences within the paramedic program, attendance in class, simulation lab, and clinical areas is expected. MVHPI students will follow the attendance policy as noted below.**

#### **Directory of Terms**

**Absent:** Any student missing more than 15 minutes of a class without notifying MVHPI staff as directed.

**Excused Absence:** Any absence by a student in which the student received prior approval from MVHPI staff.

**Tardiness:** Arrival to class after its scheduled start time without prior notification of MVHPI staff as directed. Four or more documented tardies constitute habitual tardiness and the student will be moved into the disciplinary process at step one.

**Absence Due to Illness:** If the student becomes ill with a potentially contagious illness, it is recommended that they do not attend class until they are well. Students must notify MVHPI staff prior to missing class.

Students are allowed to miss 2 classes due to illness/injury. The student must notify the MVHPI Staff prior to missing class. If a student misses more than 2 classes, a doctor's note is required for the third and subsequent absences.

If it is determined by the MVHPI staff that a student is too ill to attend class, the student will be excused and will be responsible for all missed content.

Students missing more than 2 consecutive weeks of didactic will be required to meet with the Academic Manager and Program Director regarding continuation in the program. This will be a case-by-case decision.



**Unexcused Absence:** Any unapproved absence by a student or an absence in which the student did not notify MVHPI staff.

1. **Each student MUST sign-in on the SNHD “EMS Sign-In” form or you will be considered absent for that class. See Appendix B.** This form is scanned for MVHPI electronic records and also sent to SNHD for their records.
2. A student with 3 unexcused absences during the didactic sessions will be subject to the disciplinary process up to and including dismissal from the program.
3. The classroom day consists of 8 hours of instruction two days a week with another 8 hours per week via the online platform. Students must attend the entire day and are only excused during the announced breaks and lunch breaks.
4. Students will be responsible for any content missed.
5. Successful completion of the MVHPI/Agency clinical rotations and field internship are required to graduate from the program.
6. NREMT Cognitive Testing may not occur until the student has successfully completed their internship and completed all the requirements of SNHD for Licensure.

### **Military Deployment**

A full refund will be offered to military personnel presenting orders for extended deployment. All other persons will fall into the Student Refund Policy listed above.

### **Americans With Disabilities Act - ADA**

Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case-by-case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently.  
See Appendix E for ADA Accommodations.

### **Grading Policies**

**A COPY OF EACH STUDENT TRANSCRIPT IS PERMANENTLY MAINTAINED AT THE MVHPI ADMINISTRATIVE OFFICE.**

### **Standard of Academic Progress/Outcomes Assessment**

MVHPI is committed to the accurate assessment and documentation of student and program outcomes. Multiple methods of evaluation will be utilized to track the achievement of the expected outcomes. MVHPI will employ both formative and summative evaluation techniques to ensure that these outcomes/objectives are met. The methods include but are not limited to:



### **Formative:**

- Online Quizzes
- Online Self Assessments
- Sim Lab/ Lab participation
- Oral interviews

### **Summative:**

- Unit Exams
- Comprehensive Final Exam
- National Registry Written Exam
- Paramedic Terminal Competency Form
- Preceptor/Clinical Mentor Evaluations
- Graduate Survey
- Employer Survey

### **Psychomotor:**

- Comprehensive practical exam
- National Registry Practical exam
- Preceptor/Clinical Mentor Evaluations
- Completion of Paramedic Clinical and Lab hours
- Paramedic Terminal Competency Form
- Employer Survey
- Graduate Survey

### **Affective:**

- Student Affective Domain Evaluation Matrix (See Appendix C)
- Preceptor/Clinical Mentor Evaluations

Results of written and psychomotor examinations coupled with affective domain assessments and other observational reports of the students attitude and interpersonal relationships will be considered as part of the final grade.

### **Pass/Fail Criteria:**

All criteria must be rated **Pass** before a percentage grade is assigned for purposes of grading. A **Failing** grade in any of the criteria listed below would result in a final grade of <75%.

- Attendance
- In Class Quizzes and Self Assessments as outlined on the Navigate Platform
- Written exams



- Practical Exams
- Medical Director Reviews
- Affective Domain- One assessment will be completed after each clinical block. (Passing is 3.0 in each matrix category. See Appendix C) Any assessment item below 3.0 results in the initiation of counseling and or discipline as outlined in the catalog.
- Clinical/Field Rides and Internships/Capstone
- National and State Licensing/Certifications

### Grading Scale

Grade	Standing	Percentage
A	Excellent	94-100 %
B	Good	85-93%
C	Pass	75-84 %
F	Fail	0-74.9 %
I	Incomplete	N/A
X	Leave of Absence	N/A
W	Withdrawn	N/A
T	Terminated	N/A

1. Students must maintain a 75% average following the third unit exam. Any student below the 75% average after the third unit exam will be dismissed from the program.
2. Minimum overall average score of 75% must be maintained throughout the remaining unit exams. Any student below 75% average will be dismissed from the course for academic failure.
3. Minimum passing score on Final Exam is 80%.
4. Minimal overall passing score for the course following the Final Exam is a cumulative grade of 75%. The final overall score will be based on the criteria listed below.
5. Students will receive progress reports following the completion of each didactic block and will receive counseling as the need arises.

Itemized weight of each factor producing the final overall grade is as follows;

Written Tests	40%
Lab/Clinical	20%
Written Final	20%
In Class Quizzes/Self Assessments	10%
Affective Domain	10%



1. **MAKE-UP EXAMS:** If a student must miss class on a test day, arrangements should be made to take the test prior to their absence. If an emergency absence occurs, the test will be made up at the instructor's discretion.
2. **FINAL EXAM:** Fisdap Paramedic Readiness Exam
3. Students will be required to perform and satisfactorily complete all ALS level skills as outlined by NREMT, SNHD, State of Nevada, and CoAEMSP Student Minimum Competency Tables. Failure to complete these skills throughout the program, will result in the student failing the course.

### **Medical Director Reviews**

The MVHPI Medical Director will review individual student performance using the following tools:

- Unit Exams.
- Online Lesson Quizzes
- Online Self Assessments
- Field and clinical evaluations
- Faculty recommendations
- Affective Domain scores as noted in Appendix C
- Any other pertinent information

The Medical Director may review this information at any time during the course of the program and can recommend corrective actions up to and including termination of the student from the program. The student has the ability and right to use the grievance policy as outlined in the student handbook if the student disagrees with the recommended course of action.

### **Additional Information for Student Grading and Evaluation**

- Not all material on the written exams is covered in the classroom; however, the material will be available to the student. Exams may be timed. The instructor will announce the time limit if one applies.
- Failure to show consistent and appropriate progress in skills acquisition may result in removal from the program. Failure to progress will result in verbal counseling and a suggested educational remediation plan. A second failure to progress will result in a written warning with required educational remediation. Continued failure will result in probation or dismissed from the program as determined by the program and medical directors.
- MVHPI provides specific certification courses during the paramedic program to practice and apply course content and meet National Standards. This includes, but is not limited to: ACLS, PHTLS, PALS, NRP, TECC and AMLS. These courses must be successfully completed through MVHPI Education sponsored classes unless otherwise approved by the Academic Manager. If the student cannot pass these courses after self-remediation and a 3rd attempt, the student will be dismissed from the program.

### **Schedule of Courses**



Start dates, application and enrollment forms for the course will be available within the “Schedule of Classes” on the MVHPI /HCA website. <https://mountainview-hospital.com/careers/paramedic-Institute/>

### **Cohort Enrollment**

MVHPI Faculty recognizes that there may be instances where an MVHPI participating agency may choose to put forth a candidate for admission to the institute who is licensed as an EMT. MVHPI will consider the request using the following factors:

- Candidate meets all other requirements for entrance into MVHPI
- Years of experience as an EMT
- College degree
- Passes National Paramedic Entrance exam
- Completes Anatomy and Physiology prerequisites
- Candidate interview with MVHPI Program and Academic Director
- Military experience
- The decision to admit said candidate rests solely on the judgment of MVHPI Program Director and Academic Manager

### **Cohort Start Dates**

Cohort 4 is scheduled to begin September 11, 2023

Cohort 5 is scheduled to begin September 9, 2024

Cohort 6 is scheduled to begin September 8, 2025

Cohorts are scheduled to run for approximately 49 consecutive weeks of didactic, lab and clinicals, followed by the internship of 20-30 shifts (Agency Dependent) . The start or end date of courses may change at the discretion of the Program Director. All students enrolled will be notified of any changes as the need arises.

### **Course Summary**

Students who successfully complete the MountainView Hospital Paramedic program (MVHPI) will obtain a working knowledge of personal and customer service, perform a needs assessment and provide national standard quality service. Students will have the knowledge and skills needed to generate differential diagnoses and treat emergent and non-emergent illnesses and injuries of all body systems in people of all ages and gender. Students will have a working knowledge of public and personal safety to promote local, state, and national security operations that protect and care for people. Students will have the knowledge and ability to communicate with patients, families, and colleagues about disease,



illness, and injury processes which lead to treatment, outcome, and improvement measures. Students will be prepared to be the first healthcare point of contact for people undergoing emergent medical or traumatic events and initiate care that will provide the optimum opportunity for a favorable outcome. The MVHPI classroom teaching methods and strategies honor adult learning theories. All education is student-centered, self-directed learning. Adults are interested in applicable learning, and they are able to draw upon their past knowledge and life experiences. Adults are motivated to learn. Innovative strategies such as block learning, flipped classroom, online learning, and digital formats expand student opportunities to direct their own learning.

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**Didactic****744 hours****Introductory**

Lesson 1: Organization and General Plan of the Body

Lesson 2: The Chemistry of Life

Lesson 3: Cells, Tissues, and Membranes

Lesson 20: Introduction to Research: Fisdap Research 101 Course

Lesson 23: Patient Assessment Overview

Lesson 24: Scene Assessment and Scene Safety

Lesson 25: Patient Assessment Techniques and Physical Examination

Lesson 26: History Taking and Differential Diagnosis

Lesson 15: EMS Systems, Roles, and Responsibilities

Lesson 16: Culture of Safety and Crew Resource Management

**Cardiac Unit**

Lesson 41: Pharmacokinetics and Pharmacodynamics

Lesson 42: Medication Administration

Lesson 8: The Cardiovascular System, Part 1

Lesson 9: The Cardiovascular System, Part 2

Lesson 50: Introduction to Electrophysiology and Sinus Rhythms

Lesson 51: Atrial, Junctional, and Ventricular Rhythms, and Heart Block

Lesson 44: Cardiac Drugs

Lesson 46: Drugs Used in the Management of ACS and Obstetrics Drugs

Lesson 52: 12-Lead ECG Interpretation

Lesson 49: Cardiovascular Emergencies

Lesson 53: ACLS and Resuscitation

Lesson 61: Hematologic Emergencies

**Airway Unit**

Lesson 27: The Airway

Lesson 13: The Respiratory System

Lesson 43: Respiratory Drugs

Lesson 48: Toxicology Drugs and Antidotes

Lesson 57: Toxicology

Lesson 28: Respiratory Emergencies, Part 1

Lesson 29: Respiratory Emergencies, Part 2

Lesson 58: Substance Misuse



## Lesson 63: Behavioral Emergencies

### **Medical Unit**

Lesson 54: Neurologic Emergencies

Lesson 4: The Central and Peripheral Nervous Systems

Lesson 45: Nervous System Drugs

Lesson 60: Endocrine Emergencies

Lesson 7: The Endocrine System

Lesson 47: Drugs for Diabetes and Antiemetics

Lesson 10: The Digestive System and Metabolism

Lesson 62: Gastrointestinal and Genitourinary Emergencies

Lesson 11: The Immune System and Microbiology

Lesson 59: Infectious Diseases

Lesson 33: Pathophysiology of Shock and Fluid Resuscitation

Lesson 6: The Urinary System and Acid-Base Balance

Lesson 64: Geriatrics

Lesson 18: Public Health

Lesson 55: Bites, Stings, and Anaphylaxis

Lesson 56: Environmental Emergencies

Lesson 5: The Senses

Lesson 66: Diseases of the Eyes, Ears, Nose, and Throat

### **Trauma Unit**

Lesson 30: Introduction to PHTLS and Trauma Systems

Lesson 31: Kinematics and Mechanism of Injury

Lesson 32: Trauma Assessment: Team Leader and Member

Lesson 12: The Integumentary and Musculoskeletal Systems

Lesson 34: Chest and Abdominal Trauma

Lesson 35: Face and Neck Trauma

Lesson 36: Head and Spine Trauma

Lesson 37: Musculoskeletal Trauma

Lesson 38: Burns and Soft-Tissue Trauma

Lesson 40: Special Trauma Patients

### **Obstetrics and Pediatrics Unit**

Lesson 67: The Reproductive System

Lesson 68: Obstetrics and Childbirth, Part 1

Lesson 69: Obstetrics and Childbirth, Part 2

Lesson 14: Life Span Development

Lesson 70: Pediatrics

Lesson 65: Chronic Care and Special Needs

### **Operations Unit**

Lesson 17: Wellness and Injury Prevention

First Responder Support and Resilience Simulations

Soft Skills for EMS Providers Simulations

Lesson 19: Medicolegal and Ethical Issues

Lesson 21: Communications





Lesson 22: Documentation  
Lesson 71: Mass-Casualty Incidents and Disasters  
Lesson 72: Hazardous Materials  
Lesson 73: Crime Scene Awareness and Weapons of Mass Destruction  
Lesson 74: Transport and Rescue Operations  
Lesson 39: Trauma Combat Casualty Care  
Appendix: Career Development

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**Clinical Rotations** **336 hours**

Clinical rotations will be used to reinforce didactic learning. Students will have the opportunity for practical application of principles learned in the patient care setting under the watchful of trained mentors.

**Clinical immersion areas include but are not limited to:**

1. Anesthesia/ Operating Room
2. Critical Care (Adult, Burn, Trauma)
3. Emergency Room (Adult, Pediatric, Free Standing)
4. Cardiac Cath Lab/ Interventional Stroke Center/ EPS Lab
5. Psychiatric
6. Labor and Delivery
7. Respiratory Therapy
8. Field Rides

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**Capstone Field Internship Evaluation** **360 hours**

The Capstone Field Internship Evaluation is the final phase of training. The student will be placed with a SNHD Field Preceptor assigned by the sponsoring agency. The student will then be evaluated on their ability to provide safe and effective emergency care on scene as the primary care provider. The Capstone Internship Field Evaluation occurs with the student's sponsoring agency.

SNHD Policy sets the minimum number of shifts depending on the shift schedule of the sponsoring agency. MVHPI follows the SNHD Procedure as listed below.

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**Total Program Hours** **1440 hours**

**District Procedure for Paramedic Training**

(EMS Regulations Section 200.400 & 200.410)

To standardize Paramedic training programs conducted within the Clark County EMS System.

**DEFINITION:** A program of training in procedures and skills for Emergency Medical Care as prepared and authorized by NHTSA of the United States DOT as a national standard for certification as a Paramedic pursuant to NRS 450B.195.



**ELIGIBILITY:** For admission to MVHPI Paramedic program, the applicant shall be currently certified as an EMT or AEMT. **Note:** The student must maintain current EMT or AEMT certification throughout the Paramedic course.

**PROCEDURE:**

I The Course coordinator must submit the Course roster to the OEMSTS within 14 (fourteen) days after the Course start date. If the student is not Clark County certified, a copy of the student's current National Registry, State of Nevada, or out-of-state EMT or AEMT Certificate must be submitted.

II. Upon successful completion of the didactic and clinical portions of the Paramedic training program, including the training center's final written and practical examinations, the training center must submit to the OEMSTS the "*Paramedic Didactic/Clinical Course Completion*" form that certifies the student has successfully completed the didactic and clinical portions of the training program. The form must be signed by the course coordinator and Course Medical Director. The Paramedic Intern Applicant must follow the procedure as outlined in the "**District Procedure for Provisional Licensure,**" which will allow the OEMSTS to schedule the written ALS Licensure examination for the students whose names appear on the form.

III. Upon successful completion of the ALS Licensure examination, a Provisional License may be issued by the OEMSTS allowing the student to enter the Field internship portion of the Paramedic training program. A Paramedic Intern must possess a Provisional License prior to performing any ALS procedure outside of the hospital or classroom setting. The Provisional License will expire upon completion of the Paramedic Course and shall not be valid for more than one (1) year from the date of issuance, and is not renewable. The Paramedic Intern must sign the Provisional License prior to issuance, and a copy shall be kept on file in the OEMSTS.

IV. The Paramedic Intern must complete the internship with a permitted 911 responding agency. The internship shall be for a minimum of 360 hours if 12-hour shifts are worked or for a minimum of 480 hours if 24-hour shifts are worked. The Paramedic Intern must be evaluated under the direct observation of an EMS Instructor. The Paramedic Intern must be a third-rider, and must always be with an EMS Instructor when providing care.

V. The SNHD Paramedic Mentorship/Internship Program consists of three phases of structured training, which every new Paramedic Intern must complete in its entirety, as outlined in the Southern Nevada Health District Paramedic Mentorship/Internship Program. **Note:** The internship will be under the direction of the Paramedic's Authorized EMS Training Center.

**Textbooks**

Textbooks and Workbooks are adjuncts to the materials and lectures presented in the courses. It is expected that students will read each assigned section prior to class. Tests and quizzes are based on the material presented in lectures, textbooks, online resources or handouts.



Textbooks are based on the National EMS Education Standards published by the American Academy of Orthopedic Surgeons (AAOS). New Editions of the textbook will be upgraded prior to the start of a new course based on availability.

The following are the textbooks utilized during the course:

- Nancy Caroline's Emergency Care in the Streets
- Advanced Cardiac Life Support Provider Manual
- Advanced Medical Life Support
- Pediatric Advanced Life Support Provider Manual
- Pre Hospital Trauma Life Support 10th Edition
- Tactical Emergency Casualty Care Course Manual
- Textbook of Neonatal Resuscitation (NRP)

### **Tutoring**

Students may ask for an appointment to meet with the instructor or Academic Manager privately before or after class for additional tutoring in the area(s) of weakness. A plan for student success will be formulated and agreed upon by all parties.

Any meetings scheduled with instructors will be arranged to meet at MVHPI ONLY. Any meeting made outside the physical premises of MVHPI will be considered unprofessional conduct on the part of the course instructor and the student. The student will be expelled immediately, and the course instructor will fall into the MVHPI progressive discipline process.

### **Tuition and Fees**

#### **Program and Tuition**

Paramedic Course	\$6970.00
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#### **Tuition paid by agencies:**

Invoices for tuition will be sent to the sponsoring agencies at end of the first week of the program's start date. Tuition payments are to be paid in full by the last day of Didactic Block 1. If the agency can not pay in full by the end of Didactic Block 1, they may make payment arrangements with the Program Director.

#### **Tuition paid by students:**



Students who are self-paying their tuition must pay one half of the tuition by the first day of class. The second half of the tuition is due by the last day of Didactic Block 1. The check is be written out to Mountain View Hospital – MVHPI.

Tuition fees for the MVHPI program DOES include the following:

- 1 MVHPI class polo shirt.
- 1 set of approved scrubs for clinical rotations.
- Course textbooks, access codes, AHA/NAEMT/NRP Provider courses, and classroom/lab materials. Students will have access to all textbooks and course materials through electronic and/or hard copy versions.
- MVHPI Program issued laptops are available upon request for use during the program. Borrowed MVHPI laptops are to be returned to the program at the end of in good workable condition. Students may use personal laptops. \*Laptops are required to be brought to class daily.

Tuition for the MVHPI program DOES NOT include the following:

- National Registry exam fees.
- Fee amount determined by NREMT.
- SNHD licensing/test fees.
- Stethoscope
- Extra approved class polo shirts and scrubs. Students and agencies can order extra uniforms through Campus Club.

### **Career Placement Services**

MVHPI will maintain a job board within its classroom and post current and future employment opportunities.

**COMPLETION OF THE PROGRAM DOES NOT GUARANTEE JOB PLACEMENT OF ANY KIND.**

### **Student Conduct**

#### **Classroom Rules**

1. **SMOKING:** No smoking will be permitted on HCA property.
2. **FOOD:** Food is allowed in the classroom. Must be kept in secured containers and removed at the end of each day.
3. **DRINKS:** Drinks are allowed in the classroom. All drinks must be covered with a lid.
4. Students are not permitted to attend MVHPI class, lab or field internship rides under the influence of illegal substances. Any suspicion or reports of students being under the influence of illegal substances will result in that student being suspended from class, labs, clinicals or internship pending results of an incident investigation (including substance abuse testing, if needed.)
5. Students will be responsible for keeping the classroom clean and organized. They will be responsible for returning equipment to its proper location at the end of each class.



6. Students are expected to behave in a professional and courteous manner at all times as measured by affective domain metrics.(Appendix C).
7. While we will strive to keep our courses in order with the preprinted schedule, please be understanding if conflicts and changes do occur. Scheduling of guest instructors may cause sudden changes or cancellations.
8. Students are expected to perform all duties and skills in a safe and professional manner. Any behavior that puts himself or herself, another student, instructor, or patient in danger of harm will be dismissed from the program.
9. Cell phones, tablets, and computers may be appropriately used for educational purposes during class time. If a student's use of a cell phone, tablet or computer is found to be distracting to themselves or the learning environment, they will be asked to put them away. If there is a need to receive an emergency phone call or text messaging during class please inform the instructor.

### **Uniform Policy**

Approved MVHPI Polo shirts must be worn during all didactic and lab portions of class. Approved MVHPI scrubs will be the standard dress for clinical rotations, unless otherwise noted during clinical orientation.

Pants must be navy blue business type pants. Dickies or cargo (pocket pants) are acceptable.

Students are expected to be properly in uniform throughout the duration of each class session. Uniforms must be clean, pressed, and worn as directed. Wear closed toed shoes.

It is the policy of MVHPI that students, instructors, staff and faculty conduct themselves with the utmost professionalism, especially in the public view, while in uniform. No person should ever engage in conduct unbecoming of a professional member of the Emergency Medical Services while in uniform.

The public perceives any uniformed personnel (fire, police or EMS) to be on-duty at any time they are in uniform. Students are expected to be ever mindful of how they are being perceived in the public view, regardless of their actual activities or the intent thereof.

Uniformed students found to have engaged in conduct unbecoming of an EMS professional will be disciplined, up to and including suspension and/or dismissal from the program.

Students that fail to follow the Uniform Policy will be asked to leave and marked as an unexcused absence. Repeat failure to follow the Uniform Policy will result in progressive disciplinary action up to and including suspension and/or dismissal from the program.

#### **Classroom appropriate dress includes:**

- Dark blue slacks (no jeans or corduroys).
- MVHPI Class Polo.
- Black work shoes or work boots.
- Jackets should be either navy blue or black (not leather).



- Hair should be clean, combed and neatly arranged above the collar. Long hair must be tied back, away from the face.
- All jewelry (with the exception of 1 pair of post earrings and 1 wedding band) is limited to avoid interfering with safety. A watch with a second hand is a mandatory piece of equipment for clinical/field rides.
- Cologne perfumes and scented lotions are discouraged as those items may bother patients.

See Clinical Section for additional uniform policies.

### **Academic Dishonesty/Academic Mischief**

Cheating, plagiarism and other acts of academic dishonesty and academic mischief are serious offenses. Instructors have the right to discipline a student upon suspicion of academic dishonesty/academic mischief or if they deem the student is disruptive or counter-productive to the goals of the class. This disciplinary action may include expulsion.

#### **Steps in Disciplinary Action Include:**

##### **Step 1**

- A. If a student is observed or reported as cheating on exams or assignments by any instructor employed by MVHPI, the student shall receive a "zero" score for the exam/assignment.
- B. Any student behaving in an unprofessional manner; or in an unsafe manner that may put him/herself, a fellow student, a patient, or MVHPI employee at risk in the classroom, clinical or on a ride-along, the student will be removed from the course, clinical or ride-along and disciplined up to include expulsion.
- C. If any student is found to demonstrate unprofessional behavior that would reflect poorly on MVHPI and its Training Facility, the student will move into Step 2 below.

**Note: Unprofessional behavior can be defined as conduct that a reasonable person would find offensive or disruptive. Unprofessional behavior (includes but not limited to): any action that negatively impacts the capacity of the health care team to function according to acceptable and customary standards of cohesion, respect, effective communication, patient/family focus, quality and safety.**

##### **Step 2**

As soon as possible after the incident, the student and instructor(s) shall meet to discuss the incident in detail to determine if any disciplinary action will be necessary.

#### **Potential outcomes include:**

- A. Immediate removal from the course (expulsion)



- B. Elimination of further ride-a longs or clinical experience, resulting in possible failure of the course
- C. Documentation and counseling that put the student on a behavior contract. Possible outcomes for future similar events may result in failure of the program (See Appendix C for Counseling Form.)

### **Step 3**

If another or similar incident occurs during the course, the student will meet with the Academic Manager/Program Director of the course along with a representative of the sponsoring agency (Advisory council member). A final determination will then be made if the student will be permitted to return to the course.

#### **Advisory Counsel Committee (Co-AEMSP) Communities of Interest**

The communities of interest that are served by the program must include, but are not limited to: students, graduates, faculty, sponsor administration, hospital/clinic representatives, employers, police and/or fire services with a role in EMS services, key governmental officials, physicians, and the public. [Standard II.A. Program Goals and Outcomes]

#### **Student Grievance Policy**

Students enrolled in licensed, private postsecondary educational institutions, have the right to register a legitimate complaint with the Commission on Postsecondary Education. Prior to filing a complaint, you must attempt to resolve the issue with school officials according to the policies of the school which you are attending. If you are unable to reach a solution, you may contact the Commission (see below) and we will attempt to resolve the issue.

If a resolution cannot be reached, you will be required to complete a formal complaint; Formal complaints are investigated by staff and a decision by the administrator of the Commission. If either party does not agree with that decision, an appeal to the full Commission may be requested:

NRS 394.520 allows for the following:

1. A full refund can be ordered if it is determined that the school substantially failed to furnish the education agreed to in the enrollment contract;
2. One-half of all the monies paid can be ordered if it is determined that the school substantially furnished the education stated in the enrollment contract but the conditions were substandard to the point the student could not be expected to complete the training.

More information, including complaints forms is available at [www.cpe.nv.org](http://www.cpe.nv.org) or contact:

Commission on Postsecondary Education  
2800 E. St. Louis Avenue  
Las Vegas, NV 89104  
(702)486-7330 (Phone)  
(702)486-7340 (fax)



## General Liability and Health Insurance

The MVHPI requires that each student obtain personal liability insurance consistent with the terms outlined in their sponsoring agency agreement. This policy will cover all students during MVHPI coursework on HCA property or during field rides.

MVHPI requires each student to maintain personal health insurance as outlined in the sponsoring agency agreement. It is the responsibility of individual students to provide their own health coverage in the event of, but not limited to bodily injury, blood borne pathogen exposure, airborne pathogen exposure, toxic chemical exposure, injury resulting from a weapons of mass destruction terrorist attack, injury resulting from a violent patient and/or bodily injury resulting from an act of nature.

## Safety Policy

Good mental and physical health is necessary for an individual to maintain the pace and physical demands that this course entails. All student performance in the classroom and practical setting will be overseen by licensed instructors and preceptors. Each student will address any problems or concerns that he/she may have regarding his/her safety immediately to the individual directly involved with the training in progress. Directions given by training personnel should be followed, or questioned if not understood, to prevent any problems.

All students will perform with normal regard for personal safety as well as the safety of patients and others involved with patient care. **AT NO TIME** will the student perform any act which he/she or the preceptor deem unsafe or that the student/preceptor feels is an inappropriate action for the student to take.

Any student who has an infectious disease (common cold, flu, hepatitis, herpes or cold sore, AIDS, etc.) should not participate in practical skill stations or direct patient care in the clinical or classroom setting without permission from the faculty. These students will be expected to attend class - if their condition permits - and observe others in the practical stations. The student will be held responsible for the instruction and will be expected to practice on his/her own time to maintain skill levels in keeping with class progress at the time. Real patients in the hospital should never be put at risk from students with an infectious disease. Universal Precautions should be observed at all times. Students and staff will be advised of any updates or changes to the Universal Precaution standards.

All manikins, airway adjuncts, etc. will be properly cleaned with disinfectant between student's use (each student will have clean equipment). Due to the nature of the training, it is imperative that all students maintain good personal hygiene habits at all times. A sink and disinfecting soap is available in the area of the classroom or restrooms and will be routinely used by students when working with patients and equipment.

Any student with any new condition requiring accommodations (i.e. pregnancy, limb injury etc.) will be required to present a medical release from a physician. MVHPI Faculty has the option at all times to request a release at his/her discretion.





Any time a student suffers an injury while functioning as a student, he/she will immediately report the occurrence to the course instructor who will immediately report the injury to the MVHPI Program or Academic Instructor. A written incident report will be filed as close to the time of injury as possible to the MVHPI Program Director or Academic Manager.

Some of the procedures and skills performed and practiced during the normal course of paramedic training can be dangerous if not performed correctly and with due care. The college, nor the instructors, are responsible for injury or illness occurring as a result of carelessness or misconduct on the part of the student.

### **Student Health Policy**

All Paramedic students are to adhere to standard body substance isolation and cleaning practices to include hand washing, etc. Each student is at risk of contracting a variety of infectious diseases from their patients and others they have contact with if standard procedures are not followed. Please read the following policies/procedures carefully.

1. Hands are to be washed before all laboratory sessions.
2. Hands are to be washed immediately after (or as soon as possible) patient contact or contact with soiled/contaminated material.
3. Any contaminated clothing should be immediately removed, bagged, and appropriately cleaned before being worn again. Students are responsible for the care and cleaning of their own uniforms.
4. The EMS Infection Control and CDC Guidelines are to be followed at all times.
5. Any question of exposure should be documented and the Clinical mentor or Preceptor notified immediately. It will be the responsibility of the student to notify the Program/Academic Instructor of any exposures or incidents See Incident Section of the handbook.
6. Students must have an Attestation signed by their agency prior to starting the program, verifying that the student is current with vaccinations.
7. Universal precautions are to be employed at all times.

### **Equal Opportunity/Technical Standards**

It will be the policy of MVHPI to be an equal opportunity institution. MVHPI is committed to assuring that all courses are readily accessible to all eligible persons without regard to their race, color, religion, sex, age, national origin, sexual orientation or marital status.

Equality of access is achieved through reasonable classroom accommodations and reasonable adaptation of examination and evaluation procedures.

Becoming a paramedic requires the completion of a professional education program that is both intellectually and physically challenging. A student interested in enrolling in the MVHPI program should



be able to fully perform the essential functions noted in each of the following five categories: observation, communication, motor, intellectual, behavioral and social.

### **1. Observation:**

The applicant must be able to observe demonstrations of physical and psychosocial paramedic interventions, and must be able to accurately observe a patient for the purpose of assessment, intervention, and evaluation. Observation, assessment, and evaluation requires the use of judgment as well as the functional use of the senses of vision and hearing, as well as other sensory modalities such as smell and touch. Examples include but are not limited to:

- Collect information through observation, listening, touching and smell.
- Detect sounds related to body functions with a stethoscope.
- Detect smells and changes in skin temperature related to patient conditions.
- Detect anatomical abnormalities like subcutaneous crepitus, edema, long bone injuries.
- Ability to interpret written, oral, and diagnostic information.
- Process patient and scene information in a thorough and efficient manner and implement proper EMS care.

### **2. Communication:**

An applicant must be able to effectively and efficiently speak, understand, and write the English language at a level consistent with successful course completion. The applicant must be able to communicate effectively and sensitively with patients and members of the health care team. Communication skills are used to gather assessment data, patient teaching, and provision of emotional support for patients and their families. Examples include but are not limited to:

- Ability to communicate verbally in English by telephone or radio equipment.
- Ability to comprehend and read English manuals and road signs.
- Ability to obtain subjective data from the patient, family, and bystanders.
- Ability to document in writing all pertinent subjective and objective information.
- Document interventions and patient response to interventions.
- Report patient data clearly and concisely to other members of the healthcare team in person or via radio.

### **3. Motor:**

Applicants must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic/evaluative procedures. Applicants should be able to execute reasonable motor movements required to provide general or emergency treatment of patients. Such actions require moderate motor strength, coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Examples include but are not limited to:

- Ability to lift, carry, and balance up to 125 pounds. ( 250 pounds with assistance).
- Coordinate fine and gross motor movements.



- Maintain balance from any position.
- Maneuver in small or confined spaces.
- Function with both hands free to perform psychomotor interventions.
- Reach to shoulder height or higher and bend or squat to access patient equipment.
- Perform CPR.
- Lift, push, pull, and manipulate objects that weigh up to 50 pounds.

**4. Intellectual:** The applicant must be able to measure, calculate, reason, analyze and evaluate, synthesize and apply complex information. Students must be fully alert and attentive at all times in the clinical setting. Examples include but are not limited to:

- Ability to use good judgment and remain calm in high-stress situations.
- Recall, collect, analyze, synthesize, and integrate information from multiple sources to properly intervene on behalf of the patient in a safe work environment.
- Problem-solve and use critical thinking methods to apply knowledge and skill.
- Observe and collect data from EMS equipment and devices used in patient care.
- Draw up appropriate medication and prescribed amounts in a syringe.
- Exercise judgment meeting acceptable time frames for patient care delivery. (Acceptable time frames are defined as the ability to carry out a patient care assignment within the allotted clinical time based on the students progress in the program.)
- Adapt to rapidly changing patient conditions and environments.

**5. Behavioral/Social:** Applicants must possess the emotional health required for full use of intellectual abilities, the exercise of good judgment, prompt completion of all responsibilities attendant to the assessment, intervention and evaluation of patients, and the development of mature, sensitive, and effective relationships with patients and co-workers. Applicants must be able to tolerate physically-taxing workloads and to function effectively under stressful conditions, and adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the prehospital and clinical care of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all qualities which the student should possess. Examples include but are not limited to:

- Demonstrate emotional stability to function effectively under stress and adapt to changing environments.
- Maintain effective and mature relationships with others.
- Possess the attributes of compassion, empathy, integrity, honesty, responsibility, and tolerance.
- Possess the ability to modify one's own behavior when it interferes with others on scene or in the learning environment.
- Deal effectively with interpersonal conflict when it arises.
- Maintain effective relationships with all members of the healthcare team.



# CLINICALS

## Purpose and Expectations

The purpose of the clinical and field ride experiences are to apply learned skills, make the best use of learning opportunities, and take the initiative to participate in assessments and skill applications. Students should introduce themselves to the physicians, nurses, PAs, APRNs, and mentors and let the staff know what skills and experiences are needed. Students are to attend the huddles and bedside reports and advocate for themselves.



The student must work along with the direct observation of appropriate licensed or certified personnel. No ALS skills may be performed out of sight of a preceptor. Students should ask appropriate questions when the time is appropriate and ask for constructive feedback from their preceptors. Clinical time should be used to learn about in-hospital patient care that will help improve critical thinking skills when working in the field. When appropriate, students can professionally and respectfully share their knowledge about out-of-hospital patient care. Students are expected to act in such a way as to be helpful to the preceptor, and not to become a burden to them. Students should keep in mind that preceptors at most clinical sites are not obligated to allow the student to perform skills.

### **Clinical Rotation and Field Ride Requirements:**

In order to make all field internships safe and educational, the following guidelines will be followed at all times. Failure to do so may result in removal from the course.

1. Each student is expected to be on time. If the student is going to be late or is unable to attend his/her scheduled field ride rotation or clinical, the student will contact the Clinical Coordinator to advise them of the situation. Missing a clinical rotation or field ride is considered and counted as an absence, as long as notification has been met.
2. No Call/No show OR Leaving early to/from a clinical without calling the Clinical Coordinator will constitute misconduct and can be grounds for dismissal from the MVHPI program.
3. Dress: All students will present themselves appropriately dressed in uniform and exhibit professionalism while in the field or clinical setting. Black work shoes are required for clinical settings.
4. Any breach of confidentiality is grounds for immediate dismissal from the course. Completion of HIPAA training must be documented prior to Clinical rotations and field rides.
5. In order to prevent transmission of potential infectious diseases, students will follow universal precautions during the care of all patients when contact with blood or other fluids are anticipated.
6. The Paramedic, RN or mentor must sign the clinical attendance record. These forms must be returned to the clinical coordinator to receive credit for attending. A penalty of 50% deduction will be entered in the lab/clinical grade, if a student misplaces or does not obtain RN/mentor signature.

### **Attendance**

**If a student is running late or will be absent from a shift, they must contact the clinical site first, then immediately notify MVHPI staff.** A no call/no show leads to disciplinary action. The clinical units have a schedule, so they know whom to expect each day and what time clinicals begin and end.

**Leaving clinicals early without notifying MVHPI Staff will be cause for dismissal from the program.** Students must contact MVHPI for approval before leaving early. The mandatory number of clinical hours per CoAEMSP accreditation and SNHD requirements must be met to complete the paramedic program.



The Preceptor/RN/Mentor needs to sign the Clinical Attendance Record at the end of each shift. Bring the paper clinical attendance sheet to each clinical and return it to the clinical coordinator at the end of the clinical block. Plan to arrive at clinicals 15 minutes before the scheduled start time. Arriving early is professional and expected. Keep in mind, there usually are not any secure places to store personal belongings. Please do not leave any valuables unattended. MVHPI is not responsible for lost or stolen items.

Clinicals start and end as scheduled. Do not start the clinical shift early. (Meaning, do not start early or document early arrival times as the start of the clinical). Students cannot change their times or days without approval from the clinical coordinator. Any scheduling concerns or conflicts should be addressed with the clinical coordinator as soon as possible.

Lunch breaks are 30 minutes during the middle of your shift. Lunches and breaks cannot be taken at the end of the shift.

Missing/rescheduling more than three clinical shifts in the program may result in a penalty of 50% reduction of the lab/clinical grade.

### **Uniforms**

Students must arrive at all hospital clinicals wearing their MVHPI scrubs and closed-toed, clean shoes. Long sleeves can be worn under a scrub top. Some units may require changing into surgical scrubs, which will be issued when students arrive at that site. MVHPI polo shirts with duty wear are to be worn during field rides. Hats are permitted only on field rides. Students must bring a stethoscope, pen light, pen, and paper for assessments and note-taking. Remember to be clean, groomed, and looking professional. Stained scrubs and uniforms are unprofessional, students will need to ensure their uniform is presentable.

MVHPI badges must be worn at all times. A Sunrise badge must be worn when working clinicals at Sunrise. MVHPI and Sunrise badges are Volunteer identification badges and do not allow access to open doors, or supply or med rooms. Students will need staff assistance to enter these areas. If a student badge is lost or missing, the student must contact MVHPI for assistance in obtaining a new badge.

### **Clinical Sites and Field Rides**

Clinicals are held during 2 block periods. Each block follows a didactic portion. Hospital clinicals are scheduled at 3 HCA hospitals: Mountain View Hospital, Sunrise Hospital, and Southern Hills Hospital. HCA's free-standing emergency rooms are also approved clinical sites. Field Rides are completed through the various agencies that the students are employed with and whom MVHPI has current articulation agreements with.

The total clinical and field ride hours scheduled meet the minimum Co-AEMSP accreditation requirement of 336 hours. It is the student's responsibility to schedule 60-hours of field rides each clinical block with their agency. Field rides can be done with another paramedic if a preceptor is not available. Students working field rides with Fire agencies may work 24-hour shifts to meet the minimum 60-hour field ride requirements.

Students should attend these calls: STEMI, Activations, Code Sepsis, Code Blue, Code White, and Rapid Responses. Students may follow patients through imaging, cath lab, surgery, etc. for total patient care learning.



If the shift is slow, seek opportunities to learn from MDs, Nurses, PAs, and preceptors/mentors who are willing to teach. **Observations are still learning opportunities.** Be sure to be helpful whenever possible. If students are instructed to stay in line and lab or told to sit on the sidelines instead of patient care- contact MVHPI as soon as possible in order to ensure timely assistance.

### **Fisdap**

Students have 72 hours after the clinical ends to enter and lock clinical information and evaluations. Late entries may not be accepted and will negatively impact the lab/clinical grade. The evaluations of the preceptor, student, and site must be completed for each clinical entry. A paper form of the student evaluation will be included in the student clinical folder that is issued during clinical orientation for use when the electronic evaluation can not be used.

All Clinical shifts and Field Rides are to be documented in the Green Clinicals Tab. The Blue Field Rides tab is for Internship documentation.

### **Complaints/Discipline**

A complaint about a student from a preceptor, clinical site, or another person may result in disciplinary action, up to and including suspension of scheduled clinicals or dismissal from the program. An investigation initiated by MVHPI may be opened after any complaints or concerns. In the event of an investigation, the student's clinicals will be suspended pending the result of the investigation. The student's employer will be notified that an investigation has been initiated.

### **Injury/Incident/Exposure**

Safety should be the first and foremost concern of the student. Safety for themselves, preceptors and patients is a priority. Any injury, incident, or exposure at a clinical site or field ride must be reported to MVHPI as soon as possible, regardless of day or time (phone/text). An Incident Report must be initiated and submitted to MVHPI within 24 hours of the event. The student must also notify their employer as soon as possible. Students who withhold or hide information about an incident will be suspended pending the result of an investigation. The student may be subject to a urine drug screening following an injury or incident at the request of the MVHPI director's request. The incident form is found in the Appendix section of the MVHPI handbook or the student can contact the clinical coordinator to request the form.

Some incidents to report, but not limited to:

- Personal injury to student
- Personal injury to crew/staff
- Personal injury to patient
- Incorrect medication/defibrillation administration (Mentor staff also need to fill out incident report according to employer policy)
- Blood born/fluid born exposure
- Damage to property Personality conflicts with staff or patients

### **Health Insurance**



Students must maintain health insurance throughout the program. The student's health insurance is to be used for any injuries or incidents requiring medical treatment during clinicals, field rides, or internship. If the student is at clinical, field ride, or internship while on duty when an injury or incident occurs, the student must also notify their employer of the event as soon as possible. If the student has a lapse in health insurance, MVHPI must be notified immediately. Disciplinary action may result if the student does not report a lapse in health insurance.

### **Liability Insurance**

Liability insurance is required for all students before starting Block 1 clinicals. A copy of the terms of the liability insurance must be provided to MVHPI before clinicals begin. Disciplinary action may result if the student does not report a lapse in liability insurance.

### **Clinical Orientation**

A clinical orientation will be held before each clinical block begins. The orientation covers expectations, handbook information, schedules, contacts and directions for the clinical sites, Fisdap and other useful clinical information. A clinical folder will be issued each block with information covered during the orientation. The students will have the opportunity to ask any questions and address any concerns at that time, then review and sign the Clinical Expectations Acknowledgment form with MVHPI staff. A copy of the Clinical Expectations Acknowledgment form will be included in the clinical folder for reference.

### **Objectives for clinicals/field rides/internship**

Assuming the experiences/presenting patients are available, the student is expected to:

1. Perform all facets of a primary and secondary field assessment appropriate for the situation and presenting patients including the development of relevant medical histories. The assessment should incorporate the taking and evaluating of vital signs, clinical observations and symptoms, and a history to anticipate treatment. Vital observations include but are not limited to: blood pressure by auscultation and/or palpation, respiratory pattern and quality, skin color and temperature, pulse rate and quality, chest wall movement, pupillary size and response, and level of consciousness.
2. Observe and perform thorough field evaluations of EACH patient assigned in preparation for the post conference and assigned in field experience case reports.
3. Set up and administer intramuscular, subcutaneous, and intravenous medications under the supervision of a nurse, physician, or paramedic, and identify the possible complications of such therapy.
4. Recite the indications, actions, dosage, and precautions of all medications prior to administration.





5. Perform peripheral IV fluid therapy, change fluids, give fluid challenges, add medications as assigned and adjust flow rates.
6. Recognize the need for and perform endotracheal, nasopharyngeal, and oropharyngeal suctioning utilizing aseptic technique.
7. Recognize the need for and perform oxygen therapy utilizing the appropriate adjunct basing your decision upon the patient's field status. The therapy devices include, but are not limited to the following: Passive adjuncts (ie. Nasal cannula, OPS, vented face masks, etc.) and active adjuncts (ie., cpap, bag-valve-masks, etc.).
8. Perform CPR as a single rescuer and as a member of the team.
9. Recognize the need to perform, when allowed, advanced airway management: endotracheal and esophageal intubation.
10. Observe and assist in the triage of patients.
11. Set up, interpret as required, and follow patients requiring EKG monitoring.
12. Recognize the need and, when allowed, perform defibrillation and/or elective cardioversion.
13. Initiate wound preparation of lacerations.
14. Perform nasogastric intubation under supervision and list the indications and precautions for this treatment.
15. Insert a naso- and/or oro-pharyngeal airway and cite the indications and precautions for this treatment.
16. Assist with trauma cases requiring hemorrhage control and stabilization.
17. Assist with control of shock.
18. Perform effective, appropriate and prioritized radio and telemetry communications.
19. Document all calls in the appropriate manner according to the agency.
20. Display the ability to establish effective rapport and maintain appropriate and professional affective domain in all interactions with patients, mentors, preceptors and those interacting during the program.
21. Demonstrate a working knowledge of SNHD protocols.
22. Demonstrate all basic and advanced life support measures established by the National EMS Standards under the supervision of your assigned preceptor, as they pertain to your presenting patient.



### **Acknowledgement Statement**

I, \_\_\_\_\_, as a participant in the MVHPI Program have  
(Student's Printed Name)  
have read, understand and agree to abide by the following:

- . All of the sections of this Student Handbook



. That paramedic education is a dynamic process and that certain issues arise during the length of the course that constitute the need for this document to change. Changes can include class start dates and curriculum as needed, to stay compliant with state and national requirements.

. I also understand that MVHPI requires health insurance and that I should carry my own policy if I should have an occupational health problem while attending this course of instruction at MVHPI.

. Academic progress will be discussed with the sponsoring agency representative and student as outlined in the Student Handbook. Permission to do so is granted by the student signing this agreement.

. I confirm that (Please initial):

\_\_\_\_\_ I do not require ADA accommodations

\_\_\_\_\_ I do require ADA accommodations, and have 30 days (from date signed) to provide documentation to support requested accommodations. See Appendix E in handbook.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please remove this form after signing and turn in to the Academic Director. A copy of this agreement will be retained in your student file and is available upon request.

\_\_\_\_\_ **LEAD INSTRUCTOR USE ONLY** \_\_\_\_\_

I, \_\_\_\_\_ (Instructor's Name) have reviewed this student handbook in its entirety and have answered any questions that may have arisen. I have also advised the students that if they have any further questions and/or need clarification on anything contained in the handbook to contact the Program/Academic Director at MVHPI.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## APPENDICES

### APPENDIX A

SNHD Attendance Record

### APPENDIX B



Student Counseling Form

**APPENDIX C**

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American Disability Act (ADA)

**APPENDIX A**  
**SNHD EMS TRAINING RECORD**

Agency Name: \_\_\_\_\_

Class ID#: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Student Name (printed)	Student Name (signed)	EMS #
1.		
2.		



3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		



APPENDIX B



Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions



Student Counseling Form

Program Number: 600929

Date: 01/24/2024

Program Name: MountainView Hospital Paramedic Institute

Course Number: 5763

Student Name: Genevieve Canada

Course Start Date: 09/11/2023

Reason for Counseling:

Table with 5 columns: Reason, Class, Lab, Clinical, Field. Rows include Attendance, Academic Performance, Skill Acquisition/Performance, Affective Behavior, and Administrative Probation.

This student has been counseled regarding the following:

Table with 4 columns: Question, Y, N, Date. Rows include Previous Performance Improvement Plan (PIP) Completed, Previous Counseling, and Dismissal.

Student Comments:

Student Signature:

Date:

Faculty Signature:

Date:

Program Director Signature:

Date:



**APPENDIX C**

**EMS PROFESSIONAL AFFECTIVE DOMAIN MATRIX**

Student Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

**RATING CRITERIA:**

1	2	3	4
POOR	FAIR	AVERAGE	EXCELLENT
Not meeting standard or expectation	Barley meets standard or expectation	Meets standard or expectation	Consistently exceeds standard or expectation
CRITERIA	RATING	COMMENTS	
<p><b>Appearance and Hygiene:</b> Clothing and uniform neat, clean, well maintained. Good personal hygiene and grooming.</p>		<p>Specific example:</p>  <p>Improvement plan if needed:</p>	
<p><b>Attitude and Respect:</b> Polite, respectful of all people, professional, teachable, confident, helpful, cheerful, willing.</p>		<p>Specific example:</p>  <p>Improvement plan if needed:</p>	
<p><b>Communication:</b> Speaks clearly; writes legibly, active listener, identifies where and when to share crucial information, adjustment of communication strategies appropriate to situation</p>		<p>Specific example:</p>  <p>Improvement plan if needed:</p>	
<p><b>Compassion/ Patient Advocacy:</b> Responds appropriately to emotional needs of patients and family members,</p>		<p>Specific example:</p>	



<p>demonstrates calm, reassuring, helpful demeanor towards others, demonstrates genuine desire to help, protects patient confidentiality, respects and preserves patient dignity, places patient needs above self-interest</p>		<p>Improvement plan if needed:</p>
<p><b>Diplomacy/Teamwork:</b></p> <p>Thoughtful about words and actions, places success of the team above self-interest, helps and supports all team members, shows respect for all team members, communicates constructively to resolve conflict, flexible and open to change</p>		<p>Specific example:</p> <p>Improvement plan if needed:</p>
<p><b>Integrity:</b></p> <p>Honest, honorable, trustworthy, provides complete and accurate information, demonstrates commitment to moral and ethical principles, responsible for own words and actions.</p>		<p>Specific example:</p> <p>Improvement plan if needed:</p>
<p><b>Leadership:</b></p> <p>Exerts social influence over others towards achievement of a common goal, maximizes the efforts of others, brings calming influence to chaotic situations, delegates efficiently and effectively, helps others recognize their strengths, inspires confidence and motivates others, improvement, humility, redirects with respect, sets example</p>		<p>Specific example:</p> <p>Improvement plan if needed:</p>





<p><b>Motivation and Focus:</b></p> <p>Initiates and maintains goal-oriented behavior, careful and purposeful actions, seeks learning opportunities, identifies helpful tasks and follows through without constant supervision, eager to engage, work, learn and improve, dedicated to goals, invests time and energy, avoids distractions</p>		<p>Specific example:</p>  <p>Improvement plan if needed:</p>
<p><b>Self-Reflection:</b></p> <p>Accepts feedback from faculty, staff, preceptors, mentors and fellow students, makes improvement plan based on feedback, meditates on own character, actions, motives, refreshes skills and knowledge, discovers own strengths and weakness and driving factors, bolsters self-confidence</p>		<p>Specific example:</p>  <p>Improvement plan if needed:</p>
<p><b>Time Management:</b></p> <p>Consistently punctual, completes tasks and assignments on time, utilizes time wisely, balances life demands, maintains structure for learning and progress.</p>		<p>Specific example:</p>  <p>Improvement plan if needed:</p>
<p><b>TOTAL:</b></p>		

The undersigned have reviewed and discussed this evaluation form.

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STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT NAME (PRINT) \_\_\_\_\_

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INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INSTRUCTOR NAME (PRINT) \_\_\_\_\_



**APPENDIX D**  
**INCIDENT REPORT**

**Reported By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Initiation of this form is required within 48 hours for any incident, emergency, or unusual event involving any Mountain View Paramedic Institute students or staff. Such events include but are not limited to injuries, property damage, personal conflicts, exposures or other significant difficulties with activities involving students, instructors, or mentors during didactic, clinical, or internship sections.

**Involved Parties: Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mentor/Supervisor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Witness Parties: Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Describe Incident:**



Did Injuries Occur? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please list and describe each injury below:

Injury Description	Pain Level 1-Low --- 10- High	Medical Treatment Rendered?	Medical Treatment Provided/Comments
		Yes _____ No _____	

Employer Contacted: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Action:

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## APPENDIX E

### AMERICANS WITH DISABILITIES ACT - ALLOWABLE ACCOMMODATIONS

The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification.

The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS.

Exams are designed at least in part to measure the student's ability to read.

A second example is one dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.

Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Description, outlined at the end of this section, describes the required skills and job requirements essential to EMS personnel. This description will guide all accommodations permitted for the EMT and paramedic students.

The following specific points pertain to those involved in EMS training and education programs:

- Students *cannot* be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be *no* accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

There are accommodations that are not allowed in the EMS Program because they are not in compliance with the essential job functions of an EMT or paramedic as outlined in the Functional Job Description. These include, but are not limited to:

ACC EMS Program Policies and Procedures

1. ***Students are not allowed additional time for skills with specific time frames.***
  - Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. ***Students are not allowed unlimited time to complete a written exam.***



- This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
- Students will be allowed a maximum of time and one-half to complete written exams.

3. ***Students are not allowed to have written exams given by an oral reader.***

- The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.

4. ***Students are not provided a written exam with a reading level of less than grade eight.***

- The EMS profession requires a reading level of at least grade eight to work safely and efficiently.

5. ***Students must take all exams during the scheduled time, as a member of the enrolled class.***

- The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and paramedics.
- Exams are given to elicit immediate recall and understanding of emergency situations.
- Students will be permitted a private space to take the exam.
- Refer to the written examination policy of missed exams due to excused absences.

6. ***Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.***

- Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
- Student must be able to understand and converse in medical terms appropriate to the profession.

Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's rights.

The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently?

For more information on the *Americans with Disabilities Act*, you may call the Governor's Committee for Persons with Disabilities at (308) 555-5739.